



Canadian  
Collaborative  
Mental Health  
Initiative

Initiative  
canadienne de  
collaboration en  
santé mentale

# **Submission to the Standing Senate Committee on Social Affairs, Science and Technology**

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Canadian Collaborative Mental Health Initiative**



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## **The Canadian Collaborative Mental Health Initiative**

The Canadian Collaborative Mental Health Initiative (CCMHI) was funded by Health Canada through the Primary Health Care Transition Fund as one of five national strategies. National professional associations representing nurses, psychiatrists, family physicians, social workers, occupational therapists, pharmacists, psychologists and dietitians and associations representing mental health consumers and community providers have come together to develop a national strategy for strengthening the links between mental health care providers, primary health care providers and consumers and their families that will improve access to timely and effective mental health care from the most appropriate provider in the most suitable location across Canada.

### **Dr. Nick Kates MB.BS. FRCP(C)**

*Dr. Kates is Chair of the Canadian Collaborative Mental Health Initiative (CCMHI). He is professor and vice-chair of the Department of Psychiatry and Behavioural Neurosciences at McMaster University with an appointment in the Department of Family Medicine. For 11 years he has been the Director of the Hamilton HSO Mental Health and Nutrition Program, which has successfully integrated mental health and nutrition services into the offices of 80 family physicians in Hamilton, Ontario. He is also the Director of the recently established Ontario Centre for Collaborative Primary Health Care.*

Senator Kirby, members of the Standing Senate Committee on Social Affairs, Science and Technology, distinguished guests – thank you for the opportunity to meet with you, to convey the appreciation of the consortium I represent for the work of your committee, and to address some of the questions raised in your 3<sup>rd</sup> report.

The CCMHI believes that primary health care is an appropriate setting for the delivery of many mental health services and that Canadians are entitled to a primary health care system with the capacity to help them meet their mental health needs – whether those needs are illness prevention, early detection, treatment, rehabilitation or recovery. How do we make this happen?

Your report acknowledges the importance of shared care – collaboration between family physicians and psychiatrists. Our initiative builds on shared care's accomplishments over the last decade, but acknowledges the essential contributions of a broad range of health care professionals, as well as the contribution to be made by patients and their family caregivers – as partners in care. A major motivation for our initiative is the belief that effective collaboration, which builds linkages between different parts of the health care system, is an essential step



towards realising one of your stated goals, that *every consumer should have access to the full continuum of services and supports, delivered in a seamless fashion.*

Our initiative comes at a time of rapid change in primary health care. Canada's provinces and territories are moving towards reforms of primary health care that will include alternate models of funding to straight fee for service, interdisciplinary teams, client-centred care, evidence based approaches, electronic health records, a greater emphasis on health promotion and illness prevention, with the integration of a variety of specialised services to increase access to a broad range of high quality services. This creates a tremendous opportunity.

## **Benefits of Integrating Mental Health Services within Primary Care Settings**

We know that the successful integration of mental health services within primary care settings can address a number of the problems identified in your earlier reports.

- Evidence from an increasing number of Canadian and international programs indicate that it can significantly improve access to mental health services, for general populations and for specific populations that have difficulty accessing mental health services. These populations include individuals from a different culture or whose first language is not English, seniors, children, individuals from disadvantaged urban communities (often with complex needs) and individuals with a dual diagnosis or concurrent disorder.
- It can address the mental health issues of individuals with chronic medical problems being managed in primary care, where untreated co-morbid depression and anxiety contribute to increased health system costs and poorer health outcomes.
- When mental health providers are working as part of a primary care team in a true seamless, collaborative model, barriers to referral disappear.
- Primary care providers are able to manage a broader range of problems because of the additional support available and specialist expertise can be drawn upon not only to see cases but to provide consultation, review cases, provide education or assist with utilization of other community resources.
- These approaches have the potential to be much more responsive to the needs of consumers. People using these services indicate high levels of satisfaction with the care they receive and being seen in nontraditional mental health settings, feeling that this can also significantly reduce the stigma.



Integrating mental health services in primary care has other important benefits, which address specific questions raised in your report.

- It opens up new opportunities for early detection that are not possible in traditional mental health settings. Many problems present at an early stage in primary care but are not referred on because they are not identified or back up resources are not available. Bringing mental health providers into primary care is one way of increasing the skills of primary care providers in recognition and detection, and having access to immediate assessments with the initiation of treatment if required.
- It allows existing resources to be used more efficiently. Mental health specialists are functioning more (but not exclusively) as consultants but also are available to provide ongoing care and to discuss cases where additional input is required but the person may not need to be seen.
- It increases system capacity. The primary care provider can manage a wider range of cases (with the additional support) increasing the capacity of primary care to handle mental health problems. Similarly, the capacity of the mental health system is expanded as more individuals are being treated (in both primary care and mental health services).
- Primary care also offers unique opportunities for monitoring the progress of individuals who have been identified with a serious mental illness (or any other chronic condition), and for secondary prevention particularly if an electronic medical record is employed.

### **Questions Raised in Report 3: Issues and Options for Canada**

In your report you raise a number of questions related to the role of primary care. We would like to attempt to briefly answer these and make some specific suggestions. We would also like to demonstrate how our initiative is beginning to address a number of these issues.

#### **1. What needs to be done to improve mental health care at the primary care level?**

Achieving this requires a comprehensive strategy with a number of components: These include:

- a) An analysis of the strengths and elements for success of existing projects, barriers and principles to follow when integrating mental health services in primary care
- b) The development of specific resources (such as toolkits, handbooks) to assist clinicians, administrators and funders interested in establishing collaborative projects
- c) A training strategy to ensure the next generation of learners to both learn about collaboration and to learn collaboratively, to prepare them for this style of practice after



graduation

- d) The establishment and evaluation of pilot projects in different provinces, communities and for specific populations that currently underutilize mental health services
- e) The identification of model programs that could serve as examples for future projects
- f) The development of a charter of principles committing mental health and primary care providers, consumers, families and mental health advocacy groups to working collaboratively
- g) Dissemination of findings from these projects to the widest possible audience
- h) New funding strategies that address identified barriers, including alternatives to fee for service, changes in provincial billing tariffs to support indirect (non-billable) services including telephone consultation, and new funding that will allow additional resources to be integrated within primary care settings
- i) An emphasis on key components of client centred care including self-management, new partnerships between providers and consumers, care plans, peer support and consumer involvement in service planning, delivery and evaluation
- j) A common framework for the development of models of care, based upon the chronic disease management framework, which include innovative models of care ranging from early detection to tertiary prevention, self-management, changes in primary care to support these programs, and links with community and hospital resources
- k) A commitment to evaluation of all collaborative projects, using agreed upon outcome measures. These are currently being developed in another Primary Health Care Transition Fund project organised by a group at Mheccu in British Columbia
- l) A plan to find ways to incorporate primary care within mental health programs to address the (often unmet) physical health needs of individuals with a severe mental illness

The CCMHI has started to address a number of these issues.

- We have completed an analysis of the current state of collaborative mental health care including research in the role of education as a determinant of collaboration and papers on policy, international trends and other important context-setting papers
- We are developing a dissemination strategy for consumers, providers and the public
- We are developing a series of strategies for overcoming identified barriers and establishing collaborative projects
- We are preparing a charter which will articulate a vision of a client-centred collaborative mental health care as an integral element of primary health care, an action plan for achieving this vision to be developed through the engagement of consumers and front-line professionals across the country and a commitment on the part of the professional



associations represented in our consortium to implement the action plan

- We are working closely with federal, provincial and territorial jurisdictions to look at how these ideas can be incorporated in their planning
- We are working with national associations and academic centres to develop a strategy for enhancing the training that learners receive

## **2. How can collaborative working relationships between primary health care providers and mental health professionals be encouraged?**

This can be encouraged by the dissemination of examples of successful models, the charter committing partners to working together, new funding strategies, new training strategies.

## **3. Should psychiatrists function as consultants to, or as members of, multidisciplinary primary health care teams?**

Psychiatrists – and other mental health specialists - should be seen as members of the primary care team, even though they may only be in the primary care setting for a brief period of time each week. Their role will include consultation, follow-up / stabilisation of selected cases, case discussions with primary care providers, educational activities and telephone back-up when not in the primary care setting.

## **4. What specialized services can be relocated effectively to primary health care settings?**

A wide variety of services that can be effectively relocated to primary care and many individuals currently being managed in out-patient mental health services can be seen in primary care, if appropriate supports are available. Even with these resources in place, however, there will be a number of problems that are better managed in out-patient services, although further research is required to determine which populations are best served in which setting.

Specifically, self-management, early detection, consultation, mental health promotion, psychological and pharmacological treatments, monitoring, case co-ordination, peer support and some rehabilitation activities can be provided in primary care, if resources are available. These can be delivered by psychologists, social workers, nurses, occupational therapists, psychiatrists, family physicians, nurse practitioners, care navigators, pharmacists, dietitians and peer support workers, along with expanded roles for family caregivers and other community agency staff.



**5. How can psychologists and social workers be made part of a team of mental health service providers? Where would the money come from for their services, given these services are not covered under Canada’s publicly funding health care insurance system?**

These specialists need to be seen as part of primary health care teams, and funded as such. This could be through new funding for primary health care, the secondment of staff from existing mental health services, the relocation of selected mental health services in primary care settings.

**6. What are the major barriers to implementing shared mental health care? How much funding is necessary to implement the collaborative care approach?**

Major barriers include time constraints, lack of funding for these programs, billing tariffs which do not support indirect services, attitudes, lack of the necessary training and skill development, and an under-appreciation of the role consumers can play in collaborative partnerships.

Regarding funding, there is no absolute figure, as programs will always need to adjust the scope of their activities depending on their resources, but there are existing guidelines for the time allocation required for specific roles.

## **How to Sustain the Gains Already Made?**

As you can see, there is very real alignment between your committee and our project. Your assessment of the issues, your vision for a desired future state, your charter of consumers rights and your goals for achieving an improved mental health care system are remarkably consistent with what has been learned by the system leaders who make up our steering committee.

It was Einstein who said that “insanity is doing things the same way we’ve always done them and expecting different results”. We believe that the work we and many others are doing in exploring new ways of integrating mental health services in primary care settings is a recognition that our traditional models aren’t always working well.

Our initiative will make significant progress towards the goal of greater collaboration between mental health and primary care sectors, and – uniquely – create a national plan for one aspect of mental health care. But as a Primary Health Care Transition Fund Project, our funding ends on March 31<sup>st</sup>. 2006. We would therefore like to end with one specific recommendation.

To sustain these gains, we would recommend that a National Centre be established to continue



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the work begun by the CCMHI and to promote continuing integration of mental health and primary care services. This will include maintenance of a web-site, updating the list of references and recent research, co-ordinating the activities of national organisations, advocating for collaboration and assisting with its implementation with provincial, territorial and federal governments and providing a co-ordinating point for the dissemination of information on collaborative care and successful projects.

On behalf of the CCMHI I would like to thank you for your time today and the tremendous contribution you are making to the debate about the future of mental health and addiction services in Canada.