



Canadian
Collaborative
Mental Health
Initiative

Initiative
canadienne de
collaboration en
santé mentale

June 1, 2005

Michael Decter
Chair
Health Council of Canada
Suite 900, 90 Eglinton Avenue East
Toronto, ON M4P 2Y3

Dear Mr. Decter

Thank you for the opportunity to meet with the Health Council of Canada at its meeting in Regina on May 25th. The work of the Health Council of Canada is very important – acting on behalf of Canadians to ensure that the benefits of the Health Accord accrue to Canadians as intended.

Similarly, the national Primary Health Care Transition Fund initiatives are working hard to ensure that the ideals expressed in the Health Accord have tangible and enduring benefit. These projects are working flat out to engage experts and consumers across Canada to breathe life into the vision embedded in the Accord – a vision of primary health care that is more accessible, more interdisciplinary, more focused on prevention and more collaborative. Through the work of these initiatives this new vision will be expressed in the areas of interdisciplinary collaboration in primary health care, maternal care, e-therapeutics, primary health care nurse practitioners, and collaborative mental health care.

There was one consistent message in the presentations you received at the Regina meeting. We are all doing good work, meeting our goals and developing strategies, which will have lasting value. However, the renewal of primary health care is a delicate undertaking, and there will inevitably be slippage and wasted effort without the establishment of some entity to continue the joint efforts of these initiatives beyond their short timeframes

I also want to take this opportunity to underscore our initiative's message regarding mental health. Mental health is a category of disorders that are highly prevalent, a major contributor to preventable hospitalizations, a leading cause of disability and one of the most significant drains on our nation's productivity. One in five Canadians will experience a treatable mental illness in their lifetime. One in five.

It is therefore unthinkable that the Health Accord was very nearly silent on the entire issue and puzzling that its only mention was in the context of home care. The Canadian Collaborative Mental Health Initiative, a consortium of national professional and consumer associations dedicated to improving the delivery of mental health care in



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primary health care settings, shares Council's view that primary health care is the most appropriate venue for making significant improvements in access to mental health care and enhancing the breadth and quality of available services. It is a highly acceptable setting which has the potential to achieve integration of care for highly-related mental and physical health issues and a natural starting point for integration of services upstream and downstream. It also warrants real attention, as the sector requires significant strengthening if it is to meet its full potential.

We would like to enlist the Council's help in this great task of strengthening the capacity of the primary health care sector to meet the mental health needs of Canadians through interdisciplinary collaboration. There are several tangible ways you can accomplish this:

- acknowledge that mental health care is a very important activity for primary health care providers – the majority of visits to primary care providers have an accompanying mental health component;
- when looking for opportunities to strengthen primary health care (by making it more accessible, more interdisciplinary, more collaborative) look to mental health to both illustrate and drive these changes. There are many great examples of collaborative mental health care that make the same points you have been making, and which have successfully integrated mental health and primary care services;
- when focusing on chronic conditions, as you intend to do, pay attention to 2 specific chronic conditions that have very high rate of prevalence and a high impact on the nation's disability-adjusted life years – depression and anxiety disorders. For examples of successful implementation of the key components of chronic disease management (patient-centred, self management, patient learning, goal-setting, interdisciplinary team) look to the achievements of collaborative mental health care.
- when supporting the development of new delivery and funding models for primary health care, advocate for the roles that these new models will play in promoting mental health and treating mental illness.
- advocate for adequate resources for this starved component of the health system and recommend that new investments in mental health support collaborative mental health care.

Above all, we would like to see the Health Council of Canada call for the creation of a National Centre for Collaborative Primary Mental Health Care that will be able to build upon and sustain the work of the CCMHI and other transition fund projects that have developed a wealth of useful information and developed guidelines for providers, consumers, administrators and funders but which will need to be updated and disseminated on a continuing basis.



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This body would have the mandate to nurture collaboration between mental health and primary care services across Canada – to keep on top of the growing body of research, to maintain databases, to foster links and the exchange of ideas between individuals in different parts of the country engaged in similar work, to disseminate information to stakeholders across the country and to continue to encourage innovation in collaborative primary mental health care. We expect the modest ongoing investment in a secretariat to support this centre would be a fraction of the ongoing benefits of sustained improvements.

Sincerely,

Scott Dudgeon
Executive Director
Canadian Collaborative Mental Health Initiative