

# *Canadian Collaborative Mental Health Care Project*

## **Proposal, Primary Health Care Transition Fund, National Envelope**

### ***Submitted By:***

**The College of Family Physicians of Canada**

### **On behalf of the Canadian Consortium on Collaborative Mental Health Care consisting of:**

Canadian Alliance on Mental Illness and Mental Health  
Canadian Association of Occupational Therapists  
Canadian Association of Social Workers  
Canadian Federation of Mental Health Nurses  
Canadian Mental Health Association  
Canadian Nurses Association  
Canadian Pharmacists Association  
Canadian Psychiatric Association  
Canadian Psychological Association  
Dietitians of Canada  
Registered Psychiatric Nurses of Canada  
The College of Family Physicians of Canada

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# ***Part A: Description of Organization***

## **Title of the Proposed Initiative:**

Canadian Collaborative Mental Health Care Project

## **Legal Name of Organization:**

The College of Family Physicians of Canada

*On behalf of the Canadian Consortium on Collaborative Mental Health Care consisting of:*

Canadian Alliance on Mental Illness and Mental Health

Canadian Association of Occupational Therapists

Canadian Association of Social Workers

Canadian Federation of Mental Health Nurses

Canadian Mental Health Association

Canadian Nurses Association

Canadian Pharmacists Association

Canadian Psychiatric Association

Canadian Psychological Association

Dietitians of Canada

Registered Psychiatric Nurses of Canada

The College of Family Physicians of Canada

## **Contact Information:**

The College of Family Physicians of Canada

2630 Skymark Avenue

Mississauga, Ontario L4W 5A4

Tel.: 905-629-0900; Fax: 905-629-0893

Email: [flemire@cfpc.ca](mailto:flemire@cfpc.ca)

Incorporation Number: 036045-7; Incorporation Date: March 16<sup>th</sup>, 1968

Board Chair: Dr. Alain Pavilanis

## **Chair, Canadian Collaborative Mental Health Care Project / Contact person:**

Nick Kates, MB.BS FRCP(C)

40 Forest Ave.

Hamilton, ON L8N 1X1

Tel.: 905-521-6133; Fax: 905-521-6107

Email: [nkates@mcmaster.ca](mailto:nkates@mcmaster.ca)

# ***Part B: Context, Challenges and Linkages***

## **Vision of Mental Health Care in Canada**

*Our shared vision of mental health care in Canada is of a well-integrated public health system with health care providers from a variety of backgrounds working in partnership with consumers and their families, communities and each other, to enable consumers to access prevention, health promotion, treatment / intervention and rehabilitation services from the most appropriate provider, when they need it, in a location that is accessible and with the fewest obstacles.*

## **Project Vision**

*The partner organizations of the Consortium will contribute to realizing this vision by strengthening relationships and improving collaboration among health care providers, consumers, their families and communities. We will develop a charter that defines collaborative care and forms the foundation for the development and implementation of collaborative care strategies to improve the well-being of Canadians with mental health problems.*

## **Context**

Many Canadians (in this proposal the term Canadians refers to all residents of Canada, including citizens, landed immigrants and refugees) do not receive the mental health care and support they need. In a survey of Ontario residents, only 21% of respondents with a psychiatric disorder indicated that they used mental health services<sup>1</sup> and a lack of treatment was also found in a study of Edmonton residents who had mental health problems<sup>2</sup>. A recent study of Ontario residents with depression found that more than half of respondents did not receive any form of treatment or intervention<sup>3</sup>. Furthermore, many individuals with serious medical problems have co-existing mental health problems, typically depression or anxiety, that are not detected<sup>4,5</sup>. A failure to recognize and treat co-morbid mental health problems leads to poorer compliance with medical treatment/intervention, poorer outcomes and increased health care costs<sup>6,7</sup>. To improve mental health care, Canadians must have access to detection, prevention, health promotion, treatment / intervention and rehabilitation services.

Research indicates that mental health care is a significant component of primary care and primary health care providers are uniquely positioned to assist in providing mental health care<sup>8,9,10</sup>. In a study of Ontario residents, over 60% of respondents with a psychiatric disorder indicated that they receive mental health care from their family physician, often with no involvement from other mental health care providers<sup>1</sup>. Furthermore, recent data indicates that up to 70% of all visits to primary health care providers are for problems related to mental health<sup>9</sup>. This suggests the important role

## ***Part B: Context, Challenges and Linkages***

primary care can play in identifying and treating the mental health problems of Canadians.

Mental health refers both to the absence of mental illness and to the broader concept of mental well-being that enhances the ability of the individual to form relationships, work, and participate in community and social activities. Mental health care services include, but are not limited to, prevention, health promotion, rehabilitation, assessment and treatment/intervention. Partnerships in mental health care involve health care providers, consumers and their families and communities, working together, each contributing their knowledge, skills and expertise to respond to the unique needs of each consumer.

Primary health care providers are responsible for meeting the physical and mental health needs of Canadians by providing diagnostic, treatment / intervention and preventive services and working closely with consumers, families and community resources, as well as providing a link to other health care providers with expertise in specific health care areas<sup>11</sup>. There is increasing evidence that early detection and intervention produce more effective outcomes for consumers with mental health problems<sup>12</sup>. For many mental health problems, primary health care settings present the first and sometimes the only opportunity for early intervention. Collaboration among primary health care providers and specialized mental health care providers can ensure that primary health care providers are aware of the prodromal symptoms of mental health problems, can initiate treatment / intervention and access the services of specialized mental health care providers when needed.

Specialized mental health care providers (including, but not limited, to nurses, occupational therapists, psychiatrists, psychologists and social workers) provide services that should complement and support services provided by primary health care providers. Their expertise in mental health care enables them to deliver services that the family physician or other primary health care provider may not have the knowledge, skills or time to offer. Community based services and supports, public health and social services, housing and employment services also play an important role in contributing to the overall mental health care in Canada. Together, primary health care providers, specialized mental health care providers, community/social services, consumers, their families and communities can work collaboratively to enable Canadians to receive co-ordinated mental health care.

There are several barriers that can prevent Canadians from receiving mental health care when needed. These include problems accessing the services of specialized mental health care providers when needed and lengthy waiting times between the time of referral to a mental health care provider and the initiation of treatment/intervention. Furthermore, the services delivered by primary health care providers are often poorly integrated with those provided by specialized mental health care providers and community/social services. Providers are often uncertain of their own role, and lack knowledge of other providers' training, capabilities and limitations<sup>13-18</sup> and may have limited knowledge of community resources and social services<sup>19</sup>.

## ***Part B: Context, Challenges and Linkages***

These barriers are aggravated by a shortage of health care providers and an absence of funding mechanisms to support collaborative activities. In addition, limited personal networks, poor co-ordination of mental health and primary care reform planning in many jurisdictions and the absence of a communications infrastructure, have contributed to a disjointed and inaccessible mental health care system.

More effective collaboration among health care providers, consumers and their families and communities, supported by appropriate funding mechanisms, will strengthen the system's capacity to respond to the mental health needs of Canadians. Research shows that more effective collaboration improves access to specialized mental health consultation<sup>20,21</sup> and treatment/intervention<sup>22</sup> and increases the emphasis on mental health promotion, prevention and early detection.

Strengthening the relationships between health care providers, consumers and their families and communities requires the development of new models of collaboration. These models, which can be adapted to meet the needs of different communities and populations, are based upon the belief that by working collaboratively the overall outcome will be greater than if each stakeholder works in isolation. Collaborative care models can strengthen the capacity of primary health care to identify and treat mental health problems, and enable current resources to be used more efficiently and effectively. To achieve this, collaborative mental health care is based on the following principles:

- Health care providers, consumers, their families and communities are part of a single public health care system in which all partners need to work together to improve the well-being of consumers
- Primary health care providers have ongoing relationships with consumers and their families that are strengthened by the support of specialized mental health care providers
- The work of specialized mental health care providers is enhanced through support and collaboration with primary health care providers
- No single provider can be expected to have the time and skills to provide all the necessary care a consumer may require
- Professional relationships among providers must be based upon mutual respect and trust, and supported by policy and funding models that promote collaboration
- Roles, responsibilities and activities of providers should be defined by, coordinated with, complementary to, and responsive to the changing needs of consumers, their families and other caregivers

## ***Part B: Context, Challenges and Linkages***

- Prevention and promotion efforts should be integrated into collaborative care models to reduce the severity of mental illness
- Models of collaborative care should be responsive to the context in which mental health care is provided and the resources that are needed and available
- Collaborative care models should be expected to show positive benefit / cost results in relation to current patterns of expenditure<sup>23</sup>.

Twelve national organizations, representing community services, consumer, family and self help groups, dietitians, family physicians, nurses, occupational therapists, pharmacists, psychiatrists, psychologists and social workers from across Canada are working together to improve the mental health care of Canadians. We are working together because we recognize a need for greater collaboration among health care providers, consumers and their families and communities. Together, we have designed a project that will engage in activities to remove barriers to greater collaboration.

Our shared vision is of a country where consumers receive the most appropriate service, from the most appropriate provider, when they need it, in a location that is accessible and with the fewest obstacles. The partnering organizations of this project will contribute to realizing this vision by strengthening relationships among national organizations of health providers, consumers and communities. Together, the partners will develop a charter to define their inter-relationship(s) and develop strategies to support collaboration among individual health care providers, consumers and community/social services.

Greater collaboration and utilization of collaborative care approaches will have an optimal impact on the mental health care of Canadians by:

- Improving prevention, detection and treatment/intervention of mental health care problems and promotion of mental well-being
- Increasing support for health care professionals that provide mental health care
- Improving access to specialized mental health care providers when appropriate
- Improving physical health care for individuals with serious and persistent mental illnesses
- Improving mental health care for individuals with physical health problems
- Improving relationships and facilitating partnerships among health care providers, consumers and their families and communities
- Utilizing public funds more efficiently and effectively

## ***Part B: Context, Challenges and Linkages***

### **Challenges Addressed by the Canadian Collaborative Mental Health Care Project**

Many barriers have been identified that prevent access to mental health services and community/social services. The following obstacles need to be removed to ensure that all Canadians are able to access the most appropriate service from the most appropriate provider, when they need it and in a location that is accessible to the consumer:

- Lack of necessary resources to meet the mental health care needs of all Canadians
- Financial and funding barriers preventing participation in collaborative care approaches and access to specialized mental health care providers
- Language and cultural variations that prevent some Canadians from accessing mental health care services and community / social services
- Mental health care intake procedures vary between services and are often confusing for health care providers initiating referrals
- Health care provider attitudes and knowledge of each other's roles, responsibilities and skills is often limited
- Geographical barriers prevent some Canadians from accessing mental health care services and community / social services
- Poor co-ordination of primary health care and mental health care reform planning
- Stigma and discrimination associated with mental health problems

No single provider or service can be expected to have the time and skills to meet the mental health needs of all individuals with mental health problems, however through greater collaboration among health care providers, community/social services, consumers and communities, these barriers can be minimized. For example, collaboration among health care providers can facilitate greater access to mental health care for Canadians living in isolated or rural geographical areas. Furthermore, for some Canadians, mental health care services and community/social services are accessible, however the stigma associated with mental health problems and the need for mental health care often deters them from seeking help<sup>24</sup>. Traditionally, people requiring the services of specialized mental health care providers have been expected to attend mental health clinics, even though they may prefer to access services in



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settings that are both more familiar and comfortable. The mental health care needs of many Canadians could be better met in a location that is both physically accessible and comfortable for the consumer. By building relationships among primary health care providers, specialized mental health care providers and consumers, services can be moved to a setting that meets the needs of consumers. Greater collaboration will begin to address these and other challenges and reduce barriers to accessing mental health care.

Collaboration among primary health care providers, specialized mental health care providers, consumers, their families and communities will enhance the effectiveness of all health care providers in meeting the mental health needs of Canadians. To meet the needs of consumers, primary health care providers need to be able to access specialized mental health providers to discuss mental health care issues, seek guidance and refer to providers with more specialized skills when appropriate.

This project's goals, objectives and activities have been designed to improve collaboration and build relationships among health care providers, community/social services, consumers, their families and communities. The twelve national organizations, working in partnership to develop this project have already begun the process of communicating and educating each other regarding their respective backgrounds, roles, responsibilities and skills. The project's activities will be built on a foundation of respect and knowledge of each other's roles, skills and responsibilities in mental health care.

Through greater integration and collaboration among health care providers, consumers, their families and community supports, consumers will be more likely to access services that could prevent, delay and / or minimize episodes of illness, improve health outcomes and contribute to a more efficient utilization of existing resources.

## ***Part B: Context, Challenges and Linkages***

### **Linkages to Other Primary Health Care Renewal Efforts**

The Canadian Collaborative Mental Health Care Project will build upon recent findings and experiences in primary health care renewal. In addition, input into the project will be obtained from many stakeholders who are involved in other primary health care renewal efforts, and the findings of this project will be disseminated to all stakeholders.

Specifically, this project will:

- Integrate recommendations from the recent Romanow and Kirby Reports and the Federal / Provincial / Territorial Health Accord, that reinforce the role of primary care as the foundation of health care and identify the need to strengthen links between primary health care providers and other health care providers
- Identify the increasing number of collaborative care approaches being implemented across Canada and synthesize lessons learned by these projects
- Establish links with provincial initiatives both pre-dating and resulting from the Provincial Envelope of the Primary Health Care Transition Fund. Many of these initiatives have strengthened primary health care through collaborative care approaches. This project will build relationships with provincial, territorial and regional health planners to ensure that the recommendations developed through the project are relevant to and will complement these initiatives.
- Utilize information obtained by provinces and territories to assess the needs of residents living in their jurisdictions
- Develop specific strategies that can assist provincial, territorial, regional planners and funders in incorporating key concepts that will support greater collaborative care within current health care and community / social service planning
- Establish fora for open communication among health care providers, consumers, families and communities that will build on the momentum generated by the Romanow Report, which recommended stronger relationships among primary health care providers and other health care providers
- Develop links with other medical and health specialties interested in working collaboratively with primary health care providers
- Identify strategies to strengthen and empower individuals, families and communities in preventing and coping with mental illness
- Assist in the identification of future research priorities and opportunities to improve mental health care in Canada

## ***Part B: Context, Challenges and Linkages***

### **Challenges Addressed by the Project that are a Challenge Throughout Canada**

The Canadian Collaborative Mental Health Care Project will contribute to addressing mental health care challenges being faced throughout Canada. As this is a national project, emphasis has been placed on addressing challenges that will impact many Canadians of a variety of ages, geographical locations, cultural backgrounds and mental health needs.

The project has been designed to assist communities with special needs in developing local, and as such, relevant strategies to adapting collaborative care approaches to meet the mental health needs of the members of their community. Within this context, the term “community” is not limited to a geographic definition, but includes a group of people that share one or more characteristic. For example, collaborative care strategies will be developed to assist in addressing the mental health needs of special populations, which may include ethno-cultural communities, First Nation communities, homeless populations, people with serious mental illness, as well as communities defined by geographical area, such as rural or isolated communities. Although these strategies will be local and community driven, many of the strategies will have common characteristics that can be generalized to other communities or groups of Canadians.

The strategies developed through this project will be shared through a number of different mediums including a national website, a final report that will be distributed to the membership of the Consortium, provincial partners and other organizations and conferences. By ensuring access to the information gathered through this project, other organizations and individuals can continue to build on its findings.

## ***Part B: Context, Challenges and Linkages***

### **Long-Term Impact of Project**

The project will lay a solid foundation for improved collaboration between health care providers, consumers, their families, communities, and government and community policy makers. The longer-term impact of the project will include:

- Production of a comprehensive strategy for strengthening collaborative mental health care that will inform, assist and be a resource to:
  - Health system planners at federal, provincial, territorial and district levels
  - Primary health care providers, specialized mental health care providers, and other professionals and administrators providing front line services
  - Academic health science centres
  - Researchers in public health and community/social services
  - Mental health advocacy, self help and community/social service organizations
  - Professional associations
- Development of a charter of understanding among the twelve partner organizations that will influence future activities of these organizations and the providers and consumer groups they represent
- Development of recommendations for adapting collaborative mental health care approaches to facilitate the integration of services provided by primary health care providers and health care providers from other specialities
- An increase in awareness and understanding of successful collaborative care initiatives that will support future collaborative care initiatives of primary health care providers, specialized mental health care providers, other health care providers and service organizations interested in similar initiatives
- A description of collaborative care approaches and strategies for adapting collaborative care approaches to better meet the mental health needs of under-served communities and populations
- Identification of research priorities in mental health care

# ***Part B: Context, Challenges and Linkages***

## **Support for the Project**

Support for the Canadian Collaborative Mental Health Care Project will come from four main sources:

### **Members of the Consortium**

1. Partner organizations forming the Consortium:
  - Canadian Alliance on Mental Illness and Mental Health (includes self help and advocacy groups, such as the Mood Disorders Society of Canada, Autism Society Canada, and the Schizophrenia Society of Canada)
  - Canadian Association of Occupational Therapists
  - Canadian Association of Social Workers
  - Canadian Federation of Mental Health Nurses
  - Canadian Mental Health Association
  - Canadian Nurses Association
  - Canadian Pharmacists Association
  - Canadian Psychiatric Association
  - Canadian Psychological Association
  - Dietitians of Canada
  - Registered Psychiatric Nurses of Canada
  - The College of Family Physicians of Canada

### **External Partners**

2. Provincial and territorial governments and local health jurisdictions including:
  - Provincial Governments of:
    - Alberta
    - British Columbia
    - Manitoba
    - New Brunswick
    - Newfoundland
    - Nova Scotia
    - Ontario
    - Prince Edward Island
    - Quebec
    - Saskatchewan
  - Territorial Government of Northwest Territories
  - Local health jurisdictions of:
    - Brant Health District (Ontario)
    - Calgary Health Region (Alberta)
    - Capital Health Region (Halifax, Nova Scotia)
    - Winnipeg Regional Health Authority (Manitoba)

## ***Part B: Context, Challenges and Linkages***

3. Other organizations and individuals with an interest in collaborative mental health care including:
  - Department of Family Medicine, McMaster University, Hamilton, Ontario
  - Department of Psychiatry & Behavioural Neurosciences, McMaster University, Hamilton, Ontario
  - Mental Health Evaluation and Community Consultation Unit, University of British Columbia, Vancouver, British Columbia
4. Representatives of other national organizations that have already been or will be invited to participate in specific aspects of the project.

Contact information for partner organizations is included in Appendix 2. Letters of support from the partnering organizations, supportive provincial and territorial governments, local health jurisdictions and other supportive organizations are included in Appendix 3.

### **Role of Partners**

#### **Members of the Consortium**

The Consortium will be composed of the twelve member organizations. Each member organization will provide up to two representatives who will contribute their time and expertise to the following activities:

- Participate in Consortium meetings (approximately 3 times / yr) and conference calls, to monitor the progress of the project, provide direction to project team and monitor budget
- Provide a link to their respective organizations for the gathering of information and dissemination of project findings
- Participate in the development of a joint charter of a shared vision of collaborative care and implementation within their organizations
- Champion the principles of collaborative care within their organization and membership to facilitate changes to practice
- Participate in the evaluation of the project and its impact within the membership of their organization
- Participate in the review of project activities and contribute to the development of strategies for adapting and implementing collaborative care approaches
- Participate in the development of recommendations to policy-makers, planners and funding organizations
- Participate in communication, dissemination and public relations activities

# ***Part B: Context, Challenges and Linkages***

## **External Partners**

The external partners, including provincial, territorial and local health jurisdictions, and other individuals and organizations with an interest in collaborative care, have been asked to participate in the following activities:

- Inform project staff regarding the current mental health needs of the residents of their jurisdictions and collaborative care approaches currently being utilized
- Provide feedback regarding strategies for implementing collaborative care approaches to ensure that the proposed strategies are relevant and meet the needs of all residents of Canada
- Provide a link to networks of primary health care providers, mental health care providers and consumers through which the findings of the project can be disseminated
- Provide input on educational materials developed through the project
- Review project materials as they are developed, with particular emphasis on determining the relevance of these materials to meeting the specific needs of Canadians living in their jurisdictions
- Discuss how the ideas being developed through the project could be adapted to or integrated with their planning activities

# ***Part C: Proposed Initiative***

## Canadian Collaborative Mental Health Care Project

### **Goals, Objectives & Measurable Outcomes**

#### **Overall Aim**

The Canadian Collaborative Mental Health Care Project will improve the mental health and well-being of Canadians by strengthening relationships and improving collaboration among health care providers, consumers, families and communities.

#### **Specific Goals, Objectives & Measurable Outcomes:**

##### **A. Analysis of the Current State of Collaborative Care**

###### ***Goal***

- Compilation of information that will increase our knowledge of the current state of collaborative care including:
  - Components that make collaborative care a successful approach to meeting the mental health needs of residents of Canada
  - Roles and responsibilities of health care providers, consumers, families and communities utilizing collaborative care approaches
  - Barriers to greater collaboration in mental health care
  - Educational needs of health care providers utilizing collaborative care approaches

###### ***Objectives***

We will examine the current knowledge and practice of collaborative care to answer the following questions:

- What are the components of successful collaborative care approaches?
- How can we adapt collaborative care approaches to meet the needs of specific populations and communities?
- What is the optimum preparation for health care providers, consumers, families and communities to work collaboratively?
- How can greater collaboration be fostered among providers from different disciplines?
- How should collaborative care approaches be integrated into federal, provincial and territorial health planning strategies?

The information gathered through this process will be the foundation upon which we will build both the charter and collaborative care strategies.



## ***Part C: Proposed Initiative***

### ***Measurable Outcomes***

- An analysis of the current state of collaborative care will lead to the following outcomes:

#### ***Short term***

- Baseline data on the current knowledge and practice of collaborative care will be compiled
- Data from the analysis will inform and guide charter development and the development of specific strategies
- A clearinghouse for the dissemination of information on current projects and research will be established by December 2004 and will be utilized by health care providers, consumers and family members
- Recommendations for integrating collaborative care principles and models into health care planning will be presented to provincial, territorial and regional representatives by March 2006

#### ***Longer term***

- Professional organizations will make changes to their Standards of Practice/ professional guidelines

## **B. Charter Development**

### ***Goal***

- To develop a shared vision of collaborative care acceptable to all partners of this project. The charter will embody the commitment on the part of the Consortium to work together to increase collaboration in the delivery of mental health care services and community/social services across Canada. The charter will inform and guide other aspects of the project.

### ***Objectives***

- Consortium partners will adopt the principles of the charter by December 2005.
- Members of the Consortium will work together to increase collaboration among their respective members to implement the charter.
- Development of new partnerships among providers, consumer and family and community groups will be promoted.

### ***Measurable Outcomes***

#### ***Short term***

- Consensus will be achieved amongst participating organizations on principles of collaborative care to be adopted by their organizations.
- Organizations will affirm their commitment to the implementation of the charter.

## ***Part C: Proposed Initiative***

- Members of the Consortium will adopt collaborative care principles outlined in the charter by December 2005.
- Principles of charter will be communicated to members of all participating organizations.

### ***Longer term***

- Implementation of the charter will result in:
  - Enhanced knowledge and understanding of the principles and practices by the membership of the Consortium members
  - Changes in practice by members of the professional groups within the Consortium
  - Infrastructure established to support partnerships and increasing multidisciplinary collaboration and education
  - Development of / linkages with jurisdictional collaborative inter-professional working groups

## **C. Development of Specific Approaches and Strategies for Collaborative Care**

### ***Goal***

- To develop specific strategies for removing barriers to implementing collaborative care approaches and adapting collaborative care approaches to meet the mental health needs of Canadians.

### ***Objectives***

Members of the Consortium will be provided with the resources to meet the following objectives:

- Develop materials, tools, presentations and workshops for educating consumers and their families, primary health care providers, specialized mental health care providers, funders, and health policy planners on the following:
  - Principles of collaborative care
  - Implementing and evaluating collaborative care approaches
- Roles, responsibilities and activities of consumers, families, primary health care providers, specialized mental health care providers and other caregivers
- The role collaborative care can play in early detection, prevention and rehabilitation
- Draft strategies for adapting collaborative care approaches to meet the mental health needs of specific populations across sectors
- Develop strategies for addressing each of the following barriers to implementing collaborative care approaches:
  - Funding strategies to support collaborative care activities
  - Human resource issues

## ***Part C: Proposed Initiative***

- Training of current and future health care providers
- Collaborate with selected Regional Health Authorities who are interested in implementing these approaches in their jurisdiction

### ***Measurable Outcomes***

#### ***Short term***

- Development of specific approaches and strategies for collaborative care will result in the following outcomes:
  - Evidence of the adoption of initial elements of these strategies in provincial and territorial planning
  - Adoption and implementation of key elements of these strategies by (at least 3) Regional Health Authorities / Health Districts
  - Changes to practices in existing mental health / primary care programs
  - Recommendations for changes in educational curricula / training programs related to collaborative care, which will be communicated to the appropriate educational organizations

#### ***Longer term***

- Project findings will be used to influence primary health care and mental health care policy and reforms
- Change in practices within participating organizations
- Evidence of the adoption of key elements of these strategies in provincial and territorial planning

### **D. Dissemination of Project Findings**

#### ***Goal***

- To disseminate the project findings and materials to all stakeholders including primary health care providers, specialized mental health care providers, consumers and their families, funders, health policy planners, educators, service administrators and national organizations.

#### ***Objectives***

Members of the Consortium will be provided with the resources to meet the following objectives:

- Provide updates on the findings of the project through newsletters sent to the membership of the partnering organizations
- Develop a final report on the findings of the project including:
  - The current state of collaborative care
  - Charter on the shared vision of collaborative care
  - Components of collaborative care that make it a successful approach to meeting mental health needs

## ***Part C: Proposed Initiative***

- Strategies developed to remove barriers to implementing collaborative care approaches and adapting collaborative care approaches to meet the mental health needs of all residents of Canada
- Distribute the final report to the membership of the partnering organizations, all external partners, funders, policy planners, educators, service administrators, and national organizations
- Implement plans to educate consumers and their families, primary health care providers, specialized mental health care providers and other caregivers regarding collaborative care approaches and the roles, responsibilities and skills of each partner
- Establish an interactive portal website that will provide information on collaborative care approaches and project findings

### ***Measurable Outcomes***

- Dissemination of project findings will have the following outcomes:

#### ***Short term***

- Greater knowledge and understanding of collaborative mental health care approaches and strategies, and the roles and responsibilities of each partner, including health care providers, consumers, families and communities
- Compilation of baseline data on current levels of knowledge and attitudes of members of participating organizations
- A database documenting increases in the number of collaborative initiatives during this project
- Ideas and recommendations will be communicated to all key stakeholders / target groups through a variety of media
- Increased numbers of presentations related to collaborative care at professional meetings/conferences
- Publication of the findings of this project in professional journals
- Presentation of project findings and recommendations at professional meetings and on-line web sites
- Increasing (month by month) frequency of visits to project's interactive web-site

## ***Part C: Proposed Initiative***

### **Objectives of Primary Health Care Transition Fund, National Envelope**

The activities of Canadian Collaborative Mental Health Care Project will address all of the Primary Health Care Transition Fund National Envelope Objectives.

#### **PHCTF Objective:**

**Enhance the sustainability of the primary health care system by engaging stakeholders and the public in dialogue on primary health care renewal;**

**Maximize synergies and the use of collaborative approaches to renewal by providing fora for information sharing on primary health care renewal experiences.**

The Canadian Collaborative Mental Health Care Project addresses these objectives by obtaining input from stakeholders through the participation of the twelve national organizations in developing this project. As well, input from these organizations will be elicited through the development of a charter on the shared vision of collaborative care. Throughout this project, external partners, including government organizations, health care providers, consumers and families will be invited to contribute their knowledge, ideas, and experiences of collaborative care approaches, as well as to provide input into materials being developed.

#### **PHCTF Objective:**

**Educate the public about primary health care renewal**

The Canadian Collaborative Mental Health Care Project will address this objective by developing informative materials to increase the public's awareness of the benefits of collaborative care and its impact on access to mental health care. This project will also develop tools to educate the public on the roles, responsibilities and skills of various health care providers that may be involved in sharing the responsibility for providing mental health care for consumers. Educating the public regarding the relationship between primary health care and mental health care is necessary to ensure the successful implementation of collaborative care approaches.

## ***Part C: Proposed Initiative***

### **PHCTF Objective:**

**Improve the availability and quality of information on primary health care nationally;**

**Create common practical tools to address the challenges that will arise during the renewal process.**

The Canadian Collaborative Mental Health Care Project will address these objectives by engaging in activities designed to analyze the current state of collaborative care in Canada, which will provide a wealth of information on the working relationships between primary health care and specialized mental health care providers. This analysis will allow for the development of a series of publications and workshops for health care providers and will include specific recommendations for enhancing the identification and treatment/intervention of mental problems by primary health care providers.

### **PHCTF Objective:**

**Facilitate changes to practice patterns for primary health care providers.**

The Canadian Collaborative Mental Health Care Project will address this objective through the collaboration of the twelve national organizations to develop a charter on the shared vision of collaborative care. As these organizations represent primary health care providers, specialized mental health care providers, consumers, families and other providers from across Canada, commitment to the charter will facilitate changes to how primary health care providers diagnose and treat mental health problems and how they link consumers to specialized mental health care providers. This project will also develop strategies for implementing collaborative care approaches to meet the mental health needs of Canadians with special needs. To ensure that collaborative care approaches are implemented, recommendations and strategies to financially support collaborative care activities will be an important component of this project.

### **PHCTF Objective:**

**Facilitate collaboration among professions involved in primary health care.**

Through the development of this project, the twelve national organizations have already started to meet this objective. These partnering organizations have developed this project because of their commitment to optimizing mental health outcomes for Canadians by working collaboratively. This project formalizes collaboration among health care providers, as well as consumer and family groups.

# ***Part C: Proposed Initiative***

## **Canadian Collaborative Mental Health Care Project** **Activities**

### **A. Analysis of the Current State of Collaborative Care**

Project partners will be provided with the resources to complete the following activities:

- Conduct surveys and focus groups of key stakeholders (including primary health care providers, specialized mental health care providers, consumers, families and other caregivers) to determine:
  - Formal and informal collaborative care approaches being utilized among primary health care providers, specialized mental health care providers, other health care providers, consumer groups, caregivers, and family groups. This activity will build on a review of collaborative care projects completed by the Canadian Psychiatric Association and The College of Family Physicians of Canada Collaborative Working Group in 2002 and published as “Shared Mental Health Care: A Compendium of Current Projects”<sup>25</sup>.
  - Factors that contribute to and limit the success of collaborative care approaches
  - Primary health care providers and specialized mental health care providers’ knowledge of each other’s roles, responsibilities, competencies and skills
  - Primary health care providers and specialized mental health care providers assessment of their education and training needs in the area of collaborative care
- On-site visits to programs that are employing collaborative care approaches
- Review of collaborative care approaches utilized by other health care providers in Canada and in other countries
- Review of current education and training in collaborative care approaches
- Review of the literature on collaborative care in Canada and in other countries. The foundation for this literature review has already been completed by M.A. Craven and R. Bland in 2002 and published as “Shared Mental Health Care: A Bibliography and Overview”<sup>26</sup>.
- Develop links with provincial, territorial and regional health authorities to identify the needs of their populations

# *Part C: Proposed Initiative*

## **B. Charter Development**

- Conduct an extensive process of self-examination, information sharing and discussion within and among the partnering organizations to develop a shared vision of the principles of collaborative care. This consultation process will include the following activities:
  - Review of each professional organization's current service delivery practices, especially as they relate to other care providers
  - Identify obstacles to optimal programs and practices
  - Identify barriers to collaboration
  - Identify the training and development needs of each organization's constituent members regarding utilization and participation in collaborative care approaches
  - Review of each professional organization's current relationships and partnerships with consumers, their families and communities and the principles that govern these interactions

The charter will be divided into two complementary components:

1. Principles of care and practices that govern relationships and partnerships among organizations within the Consortium
  2. Principles of care and practices that govern relationships and partnerships among the organizations within the Consortium, consumers, their families and communities and their links to public policy.
- Present the charter to federal, provincial, territorial and regional health authorities, provider associations, and consumer groups to elicit feedback and ideas for its implementation. Following feedback, review and revise the charter to eliminate any barriers to its successful implementation.
  - Develop and execute a plan for the implementation of the charter by the membership of partnering organizations, as well as implementation at provincial and local levels.



## ***Part C: Proposed Initiative***

### **C. Development of Specific Approaches & Strategies for Collaborative Care**

Building upon the analysis of the current state of collaborative care, and the lessons learned from consultation within and among partnering organizations in the development of the charter, the following activities will be completed:

- Establish a forum for experts to interpret the information gathered through the analysis of the current state of collaborative care and develop strategies and guidelines for the application of collaborative care to meet the needs of populations with specific needs
- Develop strategies for addressing barriers to further collaboration, with particular emphasis on the financial and funding impediments
- Develop materials, tools and guidelines to support the implementation and evaluation of collaborative care approaches
- Develop guidelines for training current and future health care providers in collaborative care models
- Develop educational tools for the professional development of primary health care providers and specialized mental health care providers utilizing collaborative care approaches
- Develop networks with government partners, other national organizations and stakeholders in different parts of Canada. Utilize these networks to obtain feedback regarding materials developed through this project
- Integrate project findings into a comprehensive strategy for implementing collaborative mental health care in Canada

## *Part C: Proposed Initiative*

### **D. Dissemination of Project Findings**

- Disseminate project findings and strategies for implementing collaborative care approaches. This will occur through a variety of methods including a final report, the national shared care conference, presentations, workshops, newsletters and a website. For a detailed description of the dissemination plan, refer to page 38.

The activities of the Canadian Collaborative Mental Health Care Project have been designed to explore how greater collaboration can improve mental health care for Canadians. While the activities themselves will lead to greater collaboration, the

process of working together will also create opportunities for primary health care providers, specialized mental health care providers, consumers, families, other health care providers and health planners and funders to learn from each other and develop a deeper understanding of and respect for one another's roles in providing mental health care to Canadians.

# ***Part C: Proposed Initiative***

## **Summary of Project Activities**

### **A. Analysis of the Current State of Collaborative Care**

- Conduct surveys and focus groups of key stakeholders (including primary health care providers, specialized mental health care providers, consumers, families and other health care providers) to determine the current state of collaborative care approaches across Canada
- Review collaborative care approaches attempted or employed in Canada and in other countries
- Review current education in collaborative care approaches
- Review of the literature to identify and analyse collaborative care approaches, challenges and barriers
- Identify the needs of the Canadian population through networks of provincial, territorial and regional health authorities

### **B. Charter Development**

- Develop a shared vision of the principles of collaborative care
- Elicit feedback on the charter from stakeholders and revise charter accordingly
- Implementation of the charter by the membership of partnering organizations

### **C. Development of Specific Approaches and Strategies for Collaborative Care**

- Develop specific approaches and strategies for collaborative care that can be adapted to meet the needs of special populations
- Invite national, provincial, territorial and local stakeholders to participate in the development of specific approaches and recommendations
- Develop approaches and strategies for implementing and evaluating collaborative care models
- Develop approaches and strategies for training current and future health care providers in collaborative care models
- Produce written materials summarizing key findings and recommendations
- Develop a comprehensive strategy for implementing collaborative mental health care in Canada

### **D. Dissemination of Project Findings**

- Disseminate project findings and strategies for implementing collaborative care approaches through a variety of methods including a final report, the national shared care conference, presentations, workshops, newsletters and project website.

# *Part C: Proposed Initiative*

## Project Timeline

<b>Activity</b>	<b>Timeline</b>						
	<b>Jan-Mar 2004</b>	<b>Apr-Jun 2004</b>	<b>Jul-Sept 2004</b>	<b>Oct-Dec 2004</b>	<b>Jan-Mar 2005</b>	<b>Apr-Jun 2005</b>	<b>Jul-Sept 2005</b>
<b>A.</b> Analysis of the Current State of Collaborative Care							
<b>B.</b> Charter Development							
<b>C.</b> Development of Specific Strategies							
<b>D.</b> Dissemination							



**Indicates activity during this time period**

# *Part C: Proposed Initiative*

## Project Budget

<i>Activity</i>	Jan-Mar 2004	Apr-June 2004	July-Sept 2004	Oct-Dec 2004	Jan-Mar 2005
	\$ (000's)	\$ (000's)	\$ (000's)	\$ (000's)	\$ (000's)
<b>ANALYSIS OF THE CURRENT STATE OF COLLABORATIVE CARE</b> Interdisciplinary collaboration literature review & analysis Review of policy research, studies & analysis Review of training in collaborative care approaches Identifying, cataloguing & collating information on existing collaborative care activities Surveys Meetings with/visits to select projects	40	40	40	40	40
<b>CHARTER DEVELOPMENT</b> Research within member disciplines on guidelines & standards Preparation of charter (facilitation & meeting(s)) Writing of charter (inc. translation) Presentation of charter to stakeholders	0	40	70	70	30

# Part C: Proposed Initiative

## Project Budget

<i>Activity</i>	Jan-Mar 2004	Apr-June 2004	July-Sept 2004	Oct-Dec 2004	Jan-Mar 2005
	\$ (000's)	\$ (000's)	\$ (000's)	\$ (000's)	\$ (000's)
<b>DEVELOPMENT OF SPECIFIC APPROACHES &amp; STRATEGIES FOR COLLABORATIVE CARE</b> Includes the review and analysis of literature, establishment and meetings of working group, preparation of strategy, development of recommendations, preparation of report, translation, printing and dissemination activities for each strategy. Tool Kits (3) <ul style="list-style-type: none"> <li>Principles of Collaboration</li> <li>Implementing Collaborative Care</li> <li>Evaluation of Collaborative Care</li> </ul> Evidenced-Based Guidelines (3) <ul style="list-style-type: none"> <li>Prevention &amp; promotion</li> <li>Early detection</li> <li>Rehabilitation</li> </ul> Strategies to Address Barriers <ul style="list-style-type: none"> <li>Funding</li> <li>Human resources</li> <li>Training</li> </ul>	0	25	45	65	65
<b>POLICY GUIDELINES</b> <ul style="list-style-type: none"> <li>Specific Issues</li> <li>Specific Populations</li> </ul>	0	0	10	50	50

## Project Budget

<i>Activity</i>	Jan-Mar 2004	Apr-June 2004	July-Sept 2004	Oct-Dec 2004	Jan-Mar 2005
	\$ (000's)	\$ (000's)	\$ (000's)	\$ (000's)	\$ (000's)

<b>COMMUNICATION AND DISSEMINATION</b> Consultations: National Round Table Consultations: Membership of Partnering Organizations Support for Annual Conferences Web Site (to establish & maintain) Develop resource center Seed funding for local groups / frameworks Preparation, translation, printing & dissemination of final report	10	75	115	115	80
<b>ORGANIZATIONAL MEETINGS</b> (Members of Consortium) Meetings of National Working Group (3/yr) Meetings of Consultation Group (provide guidance to staff) (6/yr) Stipends (time compensation paid to organizations)	50	50	25	50	50
<b>HUMAN RESOURCES</b> Project Manager Research Contracts/Hiring Writing / Communication Contracts/Hiring Administrative Assistant Secretary Financial Administration (book-keeping & payroll) Professional Fees (legal fees, contract & maintenance consultations)	60	100	100	100	100

# Part C: Proposed Initiative

## Project Budget

<i>Activity</i>	Jan-Mar 2004	Apr-June 2004	July-Sept 2004	Oct-Dec 2004	Jan-Mar 2005
	\$ (000's)	\$ (000's)	\$ (000's)	\$ (000's)	\$ (000's)
<b>OVERHEAD ADMINISTRATIVE EXPENSES</b>					
Office Supplies and Stationary	80	40	40	40	40
Telecommunication Expenses (phones, modem links, long distance charges etc.)					
Printing and Photocopying					
Postage / Courier					
Insurance					
Audit					
Central Infrastructure Set-up & Maintenance (payroll systems, project contracts, funder reports etc.)					
Advertising & Hiring					
Rent (including space, hydro, heat etc.)					
Equipment (computers, IT support, printer, scanner etc.)					
Travel Expenses (for staff)					
<b>SUB-TOTAL</b>	240	370	445	530	455
<b>EVALUATION (approx. 7.5% of total)</b>					
<b>TOTAL</b>					



# ***Part C: Proposed Initiative***

## **Evaluation Plan**

To assess this project's contribution to primary health care renewal in Canada, an independent consultant will be hired to evaluate the project's success in achieving its objectives. Specifically the consultant will be responsible for the following activities:

### **Intended Outcomes**

1. An evaluation will be conducted to determine whether the measurable outcomes outlined at the commencement of this project have been achieved. These outcomes include:

#### **A. Analysis of the Current State of Collaborative Care**

- A written report outlining the lessons that were learned by assessing the current state of collaborative care including:
  - Components that are required to make collaborative care a successful approach to meeting the mental health needs of residents of Canada
  - Roles and responsibilities of primary health care providers, specialized mental health care providers, families, and consumers in collaborative care approaches
  - Educational and professional development needs of primary health care providers, specialized mental health care providers and students entering these fields.
- A comprehensive review of the current literature on collaborative care

#### **B. Charter Development**

- A written document outlining the charter and implementation of the charter by the membership of all the partnering organizations.

#### **C. Development of Specific Approaches and Strategies for Collaborative Care**

- Comprehensive written strategies for collaboration between primary health care providers and specialized mental health care providers that will include:
  - Resources required to support collaborative care initiatives
  - Training required to prepare current and future health care providers to work in collaborative care approaches
  - Models for involving consumer groups, caregivers and community resources in collaborative care models
  - Guidelines for the implementation and evaluation of collaborative care approaches

## ***Part C: Proposed Initiative***

- Strategies for implementing collaborative care approaches that meet the needs of special populations
- Written recommendations for:
  - Applying collaborative care approaches in health care
  - Integrating project findings with primary health care and mental health care policy and reforms
  - Utilizing collaborative care approaches in the prevention and early detection of mental health problems
  - Defining evaluation and research priorities

### **D. Dissemination of Project Findings**

- Development of written materials
- Development of a web-site
- Presentations to stakeholders, including members of the partner organizations and health system planners and funders.

2. The success of meetings with stakeholders will be evaluated according to criteria determined prior to each event.

3. The collaborative development of a charter by all twelve partner organizations is a significant milestone, which will offer many lessons on the process of working collaboratively, building relationships and developing consensus among national organizations with a variety of mandates. An evaluation of this process will analyse the steps taken in the development of the charter by assessing each step's contribution, or lack of, to the successful completion of this task.

### **Unintended Outcomes**

The evaluation will identify outcomes that may not have been predicted or identified at the beginning of the project

### **Time of Evaluation**

As some outcomes can be measured relatively soon after the project's commencement, evaluation will be implemented at the beginning of this project and will continue throughout the project's duration.

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### **Role of Project Partners in the Evaluation**

The twelve partnering organizations, will contribute to the evaluation in the following ways:

- As members of the steering committee, the project's partners will work with the evaluation consultant throughout the duration of the project
- The project's partners will work with the evaluation consultant on specific aspects of the project that may be linked to their particular area of expertise

### **Role of Stakeholders in the Evaluation**

Other stakeholders, including consumers, will be invited to participate in the evaluation of the project by providing information on the impact and success of activities in which they participate. As well, stakeholders will be asked to provide their opinions as to whether the strategies developed for the implementation of principles of collaborative care meet their needs and the needs of the people they serve.

### **Monitoring Ongoing Progress**

Specific indicators for monitoring ongoing progress in reaching the measurable outcomes for this project will include:

- Development of consecutive drafts of the charter, strategies and implementation manuals that illustrate the process of developing the final products
- Development of a database of information on collaborative care approaches, current education and training in collaborative care and information on the mental health needs of Canadians with a variety of unique needs
- Expansion of networks throughout the project, which will be used to disseminate the findings of the project

# *Part C: Proposed Initiative*

## **Dissemination Plan**

Information and findings will be disseminated through a variety of methods throughout the duration of this project. The goal of dissemination will be to keep all stakeholders informed and involved in the process to ensure that recommendations and strategies for implementing collaborative care approaches are relevant and meet the needs of their intended audience.

Mediums for dissemination will include, but are not limited to:

- Production of an updated review of the literature on collaborative care
- Production of an updated compendium of collaborative care projects in Canada
- Production of a charter on the shared vision of collaborative care
- Production of a series of monographs and inter-disciplinary workshops on the following topics:
  - Implementing a collaborative care project
  - Evaluating a collaborative care project
  - Utilizing collaborative care approaches to meet the needs of underserved or disadvantaged populations
  - Developing partnerships with consumers, families, and community/social services through collaborative care approaches
  - Training current and future health care providers to work collaboratively
  - Utilizing collaborative care approaches to improve mental health promotion and illness prevention strategies in primary health care
- Final report outlining all of the project findings

Methods of dissemination will include, but are not limited to:

- Presentations to the representatives of the twelve partner organizations with the expectation that they will present the information and findings to the membership of their respective organizations
- Inter-disciplinary presentations to the membership of the twelve partnering organizations and representatives of federal, provincial, territorial governments and local health jurisdictions

## *Part C: Proposed Initiative*

- Inter-disciplinary presentations at the annual National Conference on Shared Mental Health Care, conferences held by the twelve partnering organizations for their membership and other relevant meetings and conferences
- Publication of project findings in journals produced by the twelve partnering organizations, as well as other relevant academic publications
- Development of a website that will inform and educate stakeholders regarding collaborative care and project findings
- Publication of project findings in the newsletters and bulletins of the partnering organizations
- Establishment of working groups representing partner organizations at provincial, regional and local levels

Project findings will be disseminated to the following stakeholders:

- Membership of the twelve partnering organizations
- Consumer groups
- External partners of the project including provincial, territorial and local health jurisdictions
- Policy planners and funders
- Other organizations or individuals that have an interest in collaborative care

To ensure that this project is designed to meet the needs of stakeholders, the project proposal has been disseminated to representatives of the partnering organizations and representatives of provincial, territorial and local health jurisdictions. Feedback on the goals, objectives and activities of this project have been incorporated into this proposal and will influence the direction of the project. Relationships and networks created through the development of this project will continue to grow throughout the project's duration, developing into self-sustaining partnerships that will exist beyond the project's completion.

# References

## Sustainability

The Canadian Collaborative Mental Health Care Project will be the first step in the development of an ongoing strategy for collaboration among primary health care providers, specialized mental health care providers, other health care providers, consumers, and their families and communities. This project will involve the twelve national organizations, federal, provincial and territorial government organizations, consumer groups and other groups working together to incorporate collaborative care approaches into their future planning. It is expected that the foundation and relationships created by this project will ensure that these stakeholders continue to engage in dialogue on the best methods of providing optimal mental health care for Canadians.

It is anticipated that through the process of developing strategies for collaborative care, stakeholders will begin to develop methods of increasing their collaboration with each other and organizations will develop new paradigms for providing care through collaboration. In addition, it is expected that within the twelve partner organizations, a commitment to a shared vision of the principles of collaborative care will promote changes in education, training and relationships. This project will be a foundation upon which partners can continue to build their relationships beyond the timeframe of the project's activities.

The knowledge and experience gained by the stakeholders involved in this project will be helpful to primary health care providers, specialized mental health care providers, consumers, and other health care providers. Partnering organizations will be valuable resources as advisors and consultants in the development of policy regarding the funding and implementation of collaborative care approaches.

Links with federal, provincial and territorial planners are an essential part of the sustainability of the project. The recommendations developed through this project, including those related to funding mechanisms to support collaborative care, will be consistent with other primary health care renewal planning and mental health reform initiatives. It is anticipated that the findings of the project will be incorporated, to varying degrees, into future federal, provincial and territorial planning strategies.

At the completion of this project, the twelve partnering organizations will explore the feasibility of an ongoing centre of excellence in collaborative care projects and policy that will serve as a national resource to assist federal, provincial, territorial and regional governments in developing, analysing and implementing collaborative care projects. If such a centre is seen as desirable, the partnering organizations will explore potential funding options.

## References

1. Parikh SV, Lin E, Lesage AD. Mental health treatment/intervention in Ontario: selected comparisons between the primary care and specialty sectors. *Can J Psychiatry*. 1997 Nov;42(9):929-34.
2. Bland RC, Orn H, Newman SC. Lifetime prevalence of psychiatric disorders in Edmonton. *Acta Psychiatr Scand Suppl* 1988;38:24-32.
3. Parikh SV, Lesage AD, Kennedy SH, Goering PN. Depression in Ontario: under-treatment/intervention and factors related to antidepressant use.
4. Rogers M, White K, Warshaw M., Yonkers K. Prevalence of medical illness in patients with anxiety disorders. *Int J Psychiatry Med*. 1994;24(1):83-96.
5. Stover E, Fenton W, Rosenfield A., Insel T. Depression and comorbid medical illness: the National Institute of Mental Health perspective. *Biol Psychiatry*. 2003 Aug 1;54(3):184-6.
6. Ciechanowski PS, Katon WJ, Russo JE. Depression and diabetes: impact of depressive symptoms on adherence, function, and costs. *Arch Intern Med*. 2000 Nov 27;160(21):3278-85.
7. Simon GE, Von Korff M, Barlow W. Health care costs of primary care patients with recognized depression. *Arch Gen Psychiatry*. 1995;52:850-856.
8. Orleans CT, George LK, Houpt JL, Brodie HK. How primary care physicians treat psychiatric disorders: a national survey of family physicians. *Am J Psychiatry* 1985;142(1):52-7.
9. Craven MA, Cohen M, Campbell D, Williams J, Kates N. Mental health practices of Ontario family physicians: a study using qualitative methodology. *Can J Psychiatry*. 1997 Nov;42(9):943-9.
10. Gatchel RJ, Ordt MS. *Clinical Health Psychology & Primary Care*. Washington D.C.: American Psychological Association; 2003.
11. Sefran DG. Defining the future of primary care: What can we learn from patients? *Ann Intern Med*. 2003;138:248-255.
12. McGorry PD, Killackey EJ. Early intervention in psychosis: a new evidence based paradigm. *Epidemiol Psychiatr Soc*. 2002 Oct-Dec;11(4):237-47.
13. Balestrieri M, Willimas P, Wilkinson G: Specialist mental health consultation and referral in ambulatory primary care: a research lacuna. *Gen Hosp Psychiatry* 1987;9:111-17.

## References

14. Creed F, Gowrisunkur J, Russell E, et al: General practitioner referral rates to district psychiatry and psychology services. *Br J Gen Pract* 1990;40:450-54.
15. Cummins R, Smith R, Inui T. Communication failure in primary care. Failure of consultants to provide follow-up information. *JAMA* 1980;243:1650-2.
16. Stansfeld SA, Leek CA, Travers WM, et al. Attitudes toward community psychiatry among urban and rural general practitioners. *Br J Gen Pract* 1992;42:322-25.
17. Von Korff M, Myers L. The primary care physician and psychiatric services. *Gen Hosp Psychiatry* 1987;9:235-40.
18. Williams P, Wallace B. General practitioners and psychiatrists – do they communicate? *BMJ* 1974;1:505-7.
19. Lipkin M, Jr. Psychiatry and primary care: a culture divided by a common cause. *New Dir Ment Health Serv* 1999(81):7-15.
20. Biderman A, Yeheskel A, Tandeter H, Umansky R. Advantages of the psychiatric liaison-attachment scheme in a family medicine clinic. *Isr J Psychiatry Relat Sci* 1999;36(2):115-21.
21. Kates N, Craven MA, Crustolo AM, Nikolaou L, Allen C, Farrar S. Sharing care: the psychiatrist in the family physician's office. *Can J Psychiatry* 1997;42(9):960-5.
22. Katon W, Roberson P, Von Korff M, and others. A multifaceted intervention to improve treatment/intervention of depression in primary care. *Arch Gen Psychiatry* 1996;53(10):924-32.
23. Canadian Psychiatric Association, College of Family Physicians of Canada. Shared mental health care in Canada: Current status, commentary and recommendations. Ottawa, Ont: Canadian Psychiatric Association and College of Family Physicians of Canada; 2000.
24. Kates N., Craven M., Bishop J., Clinton T., Kraftcheck D., LeClair K., Leverette J., Nash L., Turner T., Shared Mental Health Care in Canada. Supplement to *Canadian Journal of Psychiatry* 1997 42:8 and *Canadian Family Physician* Volume 43, October 1997.
25. Canadian Psychiatric Association and College of Family Physicians of Canada Collaborative Working Group on Shared Mental Health Care. (2002). Shared mental health care in Canada: A compendium of current projects.



## References

26. Craven MA, Bland R. Shared mental health care: a bibliography and overview. *Can J Psychiatry* 2002 Apr;47(2 Suppl 1):iS-viiiS, 1S-103S.
27. Regier DA, Narrow WE, Rae DS, Manderscheid RW, Locke BZ, Goodwin SK. The de facto US mental and addictive service system. Epidemiologic catchment area prospective 1-year prevalence rates of disorders and services. *Arch Gen Psychiatry* 1993;50:85-94.
28. A model for the reorganization of primary care and the introduction of population based funding. *The Victoria Report@ The Advisory Committee on Health Services*, Health Canada, Ottawa 1995.
29. Commission on the Future of Health Care in Canada (Roy, Romanow, Commissioner), *Building on Values-The Future of Health Care in Canada*, Final Report, Government of Canada, November 2002.
30. Standing Senate Committee on Social Affairs, Science and Technology, *Recommendations for Reform, Volume Six*, October 2002 and *Mental Health and Mental Illness: Workplan (Phase One)*, February 2003.

# ***Appendix 1: Glossary of Terms***

## **Appropriate Mental Health Care / Provider**

The term appropriate mental health care refers to an individualized care plan that has been developed in partnership with the consumer, which is meant to meet his / her unique needs. The term appropriate provider refers to the provider who is best able to meet the consumer's needs at that particular stage of their illness / recovery.

## **Charter**

This refers to a written declaration articulating a commitment to specific concepts and course of action.

## **Collaborative Care**

Collaborative care involves providers from different specialties, disciplines or sectors working together to offer complimentary services and mutual support, to ensure individuals receive the most appropriate service from the most appropriate provider in the most suitable location, as quickly as necessary, with a minimum of obstacles. Collaboration can involve better communication, closer personal contacts, sharing of clinical care, joint educational programs and/or joint program and system planning.

## **Specialized Mental Health Care Provider**

This refers to a health care provider who has additional training and / or specialized skills in managing mental health problems and mental disorders. They can be a first point of contact for individuals with mental health problems, (such as a primary mental health care provider) or accessed by referral from another provider, often a primary health care provider.

## **Primary Health Care Provider**

This refers to a health care provider working in a general (primary care) setting, which could be the first point of contact with the health care system for an individual with a physical or emotional problem. Working with consumers, family members and other community providers, primary health care providers emphasise health promotion and prevention, offer diagnostic, treatment / intervention and rehabilitation services and provide links to more specialized care or community resources.

## ***Appendix 2: Contact Information***

### **Members of the Consortium**

#### **Canadian Alliance on Mental Illness and Mental Health**

c/o The Mood Disorders Society of Canada  
#736, 3-304 Stone Rd. W.  
Guelph, Ontario N1G 4W4  
Tel.: 513-824-5565  
Fax: 519-824-9569

#### **Canadian Association of Occupational Therapists**

CTTC Building, 3400-1125 Colonel By Drive  
Ottawa, Ontario K1S 5R1  
Tel.: 613-523-2268  
Fax: 613-523-2552

#### **Canadian Association of Social Workers**

402-383 Parkdale Avenue  
Ottawa, Ontario K1Y 4R4  
Tel.: 613-729-6668  
Fax: 613-729-9608

#### **Canadian Federation of Mental Health Nurses**

104-1185 Eglinton Avenue East  
Toronto, Ontario M3C 3C6  
Tel.: 416-426-7029

#### **Canadian Mental Health Association**

810-8 King E.  
Toronto, Ontario M5C 1B5  
Tel.: 416-484-7750  
Fax: 416-484-4617

#### **Canadian Nurses Association**

50 Driveway  
Ottawa, Ontario K2P 1E2  
Tel.: 613-237-2133  
Fax: 613-237-3520

#### **Canadian Pharmacists Association**

1785 Alta Vista Drive  
Ottawa, Ontario K1G 3Y6  
Tel: 613-523-7877  
Fax: 613-523-0445

## ***Appendix 2: Contact Information***

### **Canadian Psychiatric Association**

260-441 MacLaren  
Ottawa, Ontario K2P 2H3  
Tel.: 613-234-2815  
Fax: 613-234-9857

### **Canadian Psychological Association**

205-151 Slater St.  
Ottawa, Ontario K1P 5H3  
Tel.: 613-237-2144  
Fax: 613-237-1674

### **Dietitians of Canada**

604-480 University Avenue  
Toronto, Ontario M5G 1V2  
Tel.: 416-596-0857  
Fax: 416-596-0603

### **Registered Psychiatric Nurses of Canada**

#201, 9711-45 Avenue  
Edmonton, Alberta T6E 5V8  
Tel.: 780-434-7666  
Fax: 780-436-4165

### **The College of Family Physicians of Canada**

2630 Skymark Avenue  
Mississauga, Ontario L4W 5A4  
Tel.: 905-629-0900  
Fax: 905-629-0893

## ***Appendix 2: Contact Information***

### **Provincial and Territorial Partners**

#### **Alberta Mental Health Board**

PO Box 1360  
10025 Jasper Avenue  
Edmonton, Alberta T5J 2N3  
Tel.: 780-422-2233  
Fax: 780-422-2472

#### **British Columbia, Ministry of Health Services Mental Health & Addictions Division**

6-1, 1515 Blanshard St.  
Victoria, British Columbia V8W 3C8  
Tel.: 250-952-1608  
Fax: 250-952-1689

#### **Manitoba Health\* Mental Health Programs**

300 Carlton St.  
Winnipeg, Manitoba R3B 3M9  
Tel.: 204-786-7101

#### **Government of Newfoundland and Labrador Department of Health and Community Services**

PO Box 8700  
St. John's, Newfoundland and Labrador A1B 4J6  
Tel.: 709-729-3657  
Fax: 709-729-3416

#### **New Brunswick Health and Wellness**

PO Box 5100  
Fredericton, New Brunswick E3B 5G8  
Tel.: 506-453-3888

#### **Integrated Community Services Health and Social Services, Northwest Territories**

PO Box 1320, CST-6  
Yellowknife, NT X1A 2L9  
Tel.: 867-873-7926

#### **Nova Scotia, Department of Health Mental Health, Physician and Pharmaceutical Services**

PO Box 488  
Halifax, Nova Scotia B3J 2R8

## ***Appendix 2: Contact Information***

### **Primary Health Care and Physician Policy Branch Health Services Division, Ministry of Health, Ontario \***

5700 Yonge Street, 3<sup>rd</sup> Floor  
North York, ON M2M 4K5  
Tel.: 416-327-7498  
Fax: 416-327-9427

### **Queens Health Region, Prince Edward Island**

Mona Wilson Building, PO Box 2000  
Charlottetown, Prince Edward Island C1A 7N8  
Tel.: 902-368-4911  
Fax: 902-368-6189

### **Quebec**

1075 Chemin Ste-Foy  
3e étage, Québec G1S 2M1  
Tel.: 418-266-6836  
Fax: 418-266-6807

### **Saskatchewan Health Quality Council**

Atrium Building, Innovation Place  
241-111 Research Drive  
Saskatoon, Saskatchewan S7N 3R2  
Tel.: 306-668-8810  
Fax: 306-668-8820

## **Regional Health Partners**

### **Brantford General Site**

200 Terrace Hill St.  
Brantford, Ontario N3R 1G9  
Tel.: 519-751-5544

### **Calgary Health Region**

#201, 2675-36 Street NE  
Calgary, Alberta T1Y 6H6  
Tel.: 403-297-4986

### **Department of Psychiatry, Dalhousie University**

4031 A.J. Lane Building, Queen Elizabeth II Health Sciences Centre  
5909 Veterans Memorial Lane  
Halifax, Nova Scotia B3H 2E2  
Tel.: 902-473-7356  
Fax: 902-473-4887

## ***Appendix 2: Contact Information***

### **Winnipeg Regional Health Authority \***

18<sup>th</sup> Floor-155 Carlton  
Winnipeg, Manitoba R3C 4Y1  
Tel.: 204-926-8081  
Fax: 204-943-7904

### **Other Organizational Partners**

#### **Department of Psychiatry & Behavioural Neurosciences, Faculty of Health Sciences, McMaster University**

301 James St. S., Fontbonne 4<sup>th</sup> Floor  
Hamilton, Ontario L8P 3B6  
Tel.: 905-522-1155  
Fax: 905-540-6533

#### **Faculty of Health Sciences, Department of Family Medicine McMaster University**

1200 Main St. W., HSC-Room 2V11  
Hamilton, Ontario L8N 3Z5  
Tel.: 905-521-2100 ext. 76195  
Fax: 905-521-5594

#### **Mental Health Evaluation & Community Consultation Unit Department of Psychiatry**

**The University of British Columbia**  
2250 Wesbrook Mall  
Vancouver, British Columbia V6T 1W6  
Tel.: 604-682-3504  
Fax: 604-822-7726

\* = awaiting letter of support

## ***Appendix 3: Letters of Support***

### **Members of the Consortium**

- Canadian Alliance on Mental Illness and Mental Health (includes self help and advocacy groups, such as the Mood Disorders Society of Canada, Autism Society Canada, and the Schizophrenia Society of Canada)
- Canadian Association of Occupational Therapists
- Canadian Association of Social Workers
- Canadian Federation of Mental Health Nurses
- Canadian Mental Health Association
- Canadian Nurses Association
- Canadian Pharmacists Association
- Canadian Psychiatric Association
- Canadian Psychological Association
- Dietitians of Canada
- Registered Psychiatric Nurses of Canada
- The College of Family Physicians of Canada



## ***Appendix 3: Letters of Support***

### **Provincial and Territorial Partners**

- Alberta
- British Columbia
- Manitoba (\* Letter to follow in a few weeks)
- New Brunswick
- Newfoundland
- Northwest Territories
- Nova Scotia
- Ontario (\* Letter to follow in a few weeks)
- Prince Edward Island
- Quebec (\* Letter to follow in a few weeks)
- Saskatchewan

## ***Appendix 3: Letters of Support***

### **Regional Health Partners**

- Brant Health Districts (Ontario) (\* Letter to follow in a few weeks)
- Calgary Health Region (Alberta)
- Queen Elizabeth II Health Sciences Centre (Nova Scotia)
- Winnipeg Regional Health Authority (Manitoba) (\* Letter to follow in a few weeks)

## ***Appendix 3: Letters of Support***

### **Other Organizational Partners**

- Department of Family Medicine, McMaster University, Hamilton, Ontario
- Department of Psychiatry & Behavioural Neurosciences, McMaster University, Hamilton, Ontario
- Mental Health Evaluation and Community Consultation Unit, University of British Columbia, Vancouver, British Columbia