



FINDING A COLLABORATIVE CURE

*A mother's story of her teenage daughter's eating disorder
and how collaborative mental health care provided the resources they needed.*

Susan feels a profound sense of relief when she comes to the Cowie Family Medicine Clinic in Halifax, Nova Scotia.

Over the past two years Susan has been through what she describes as “one of the hardest things I ever had to do,” as she dealt with her teenage daughter’s eating disorder. After Susan sought treatment for her daughter, Anna, at an eating disorder clinic, it turned out that the collaborative care program offered by their family physician at the Cowie Clinic would be what provided the guidance and support Anna needed to get better.

“It was like coming full-circle,” Susan recalls.

When Anna first got sick, Susan convinced her to see their family physician of the last ten years, Dr. Ajantha Jayabarathan, or “Dr. AJ” as she is called. However, without a full-time adolescent psychiatrist at the Cowie clinic, Anna was referred to a local eating disorder clinic. She gave it a try, but it was only a matter of time before Anna and her mom came back to Dr. AJ and were introduced to the collaborative arrangement offered at Cowie.

The Cowie Clinic provides an alternative to traditional mental health care. Instead of referring clients in need to a psychiatrist, psychologist or social worker, the clinic’s family physicians, family practice nurses and family practice residents seek advice from specialists such as child/adolescent social workers and a psychiatrist who make regular visits to the

clinic. And when needed, these specialists meet with clients in person.

According to Susan, the Cowie clinic had that “personal touch.” She explains, “You have that comfort level – that background.”—For Susan and Anna, it is a comfort that came with knowing their family physician, with being able to openly discuss and evaluate their options, and with making joint decisions for Anna’s care. The personal care Anna received at Cowie was a relief for Susan, who had struggled with her own feelings of helplessness and guilt during Anna’s illness.

“It was awful. It was the worst thing I’ve ever been through...you’re racked with guilt. You question everything you say and do. It’s hard not to become addicted to monitoring everything she does, every move she makes.”

While Anna was still visiting the eating disorder clinic, Susan decided to attend the sessions with her, which meant taking time off work. But she was prepared to do whatever it took to help her daughter get better, even at the expense of her own mental health.

“Your instinct as a mother is ‘I have to fix this. This is my child, she’s broken, and I need to fix her.’ If she has a cough, you buy cough medicine; if she has the flu, you buy some Graval[™]...the most frustrating part of all is you can’t fix it, but your instinct is telling you that’s what you should be doing,” Susan explains.



Susan immersed herself in books and information about her daughter's illness, and eventually she started to see a counsellor herself to help her deal with the extra stress it was putting on her life. "There were days when I would go to work and find an empty office and cry all day. I felt that if I did it at home, I would make Anna feel guilty, which would of course lead to that type of [bulimic] behaviour."

While receiving treatment at the eating disorders clinic, Anna's illness progressed to a critical point where she was diagnosed with major depression and was prescribed medication. Due to unclear roles and a lack of communication, however, there was no follow-up care and Anna slipped further out of control.

It is exactly this type of communication gap that collaborative programs like the Cowie clinic are set up to prevent. By having professionals in primary health care, such as family practice professionals, working collaboratively with mental health care practitioners on an individual case, clients such as Anna can be assured of more personal attention and care.

Anna is doing much better these days and is well on the path to recovery from her eating disorder. Susan gives credit to Anna's personal resolve as well as the resources available to them at the Cowie clinic for her improvement.

Susan says, "I think having the other team here that [Dr. AJ] works with, having all the different aspects--the nurse, the nutritionist, the psychiatrist, the psychologist, the counsellor – having all of those resources available to her really helped make the resources that we needed available to us...I think you need all of those ingredients to make it work. It's not something that just one person can do."

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The Cowie Family Medicine Clinic in Halifax, Nova Scotia is an example of the successful integration of mental health care in a primary health care setting. It is one of nearly a hundred collaborative mental health care initiatives that are profiled in a new directory that the Canadian Collaborative Mental Health Initiative (CCMHI) is compiling. The directory entitled "Collaborative Mental Health Care in Primary Health Care: A Review of Canadian Initiatives" demonstrates the wide range of primary health care environments in which collaborative mental health initiatives can take place and the many unique combinations of providers who work together to share their knowledge and expertise. These new partnerships and new places are what offer new hope to consumers, families and caregivers – improving their access to mental health services and increasing their involvement in tailoring a treatment plan. For more information on the work of the Canadian Collaborative Mental Health Initiative, a two-year project funded by Health Canada's Primary Health Care Transition fund, visit: www.ccmhi.ca or e-mail: info@ccmhi.ca.