



Canadian
Collaborative
Mental Health
Initiative

Initiative
canadienne de
collaboration en
santé mentale

National Consultations for the
Collaborative Mental Health Care Charter

Online Survey



November 2005

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**National Consultations for the
Collaborative Mental Health Care Charter:**

On-Line Survey

A report for the
Canadian Collaborative Mental Health Initiative

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November 2005



O u r G o a l

The Canadian Collaborative Mental Health Initiative (CCMHI) aims to improve the mental health and well-being of Canadians by enhancing the relationships and improving collaboration among health care providers, consumers, families and caregivers; and improving consumer access to prevention, health promotion, treatment/intervention, and rehabilitation services in a primary health care setting.



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EXECUTIVE SUMMARY

An important feature of the Canadian Collaborative Mental Health Initiative (CCMHI) is the development of a Charter that identifies both the *principles* that underpin collaborative mental health care and the *commitments* that the signatory organizations agree to undertake to strengthen collaborative mental health care in primary care.

In developing the Charter, the CCMHI first sought input from consumers, families and caregivers on the principles. The CCMHI then conducted a broader consultation with mixed groups of consumers and family members, health providers, academics, policy-makers, and health administrators on both the principles and the actions required to implement them. A variety of methods were used to solicit feedback from across Canada including expert advisory forums, Steering Committee member organization processes and an on-line survey.

The general consensus from all of the consultations is that a *Canadian Collaborative Mental Health Charter* is a good idea and an important building block for promoting necessary system change in mental health. There is majority support for the draft principles along with concrete advice on additional principles to be considered in the foundation document. This advice, along with proposed commitments for actions required to sustain collaborative mental health care into the future, will be incorporated into the final Charter.

The final Charter is an expression of the commitment made by the CCMHI signatory organizations that they will continue to work together to ensure that collaborative mental health care is available to all Canadian residents who can benefit from it.

BACKGROUND

Federal, provincial, and territorial jurisdictions across Canada have agreed on the importance of improving the organization and delivery of primary health care - making it more accessible, comprehensive, interdisciplinary, coordinated and oriented to health promotion. This is particularly critical for mental health services, which are often poorly coordinated, stigmatized and difficult to access.

Key Finding:

Over 76% of the survey respondents from all walks of life and from every region in Canada agreed that the Charter will strengthen the delivery of mental health services in primary health care through interdisciplinary collaboration and consumer involvement.

Support from the Primary Health Care Transition Fund, National Envelope, created an unprecedented opportunity for twelve national organizations to examine and make changes in the way they work together to enhance mental health services in primary health care. These services include mental health promotion, illness prevention, detection and treatment of mental illnesses, rehabilitation and recovery support.

The twelve national organizations that formed the *Canadian Collaborative Mental Health Initiative* in 2004 represent community services, consumers, families, caregivers and self-help groups, dietitians, family physicians, nurses, occupational therapists, pharmacists, psychiatrists, psychologists and social workers. They have come together because they recognize the critical importance of accessible, high quality mental health services, and believe that improved collaboration among, consumers, families, caregivers and care providers is the key to achieving that quality.

The CCMHI is responsible for three key deliverables at the conclusion of the two-year initiative. First, is a *series of reports* that capture the current state of collaborative mental health care nationally and internationally. Second, is a set of *Toolkits* with hands-on advice for the implementation of collaborative mental health care. The Toolkits are directed towards consumers, families and caregivers, educators and clinicians. Third, is the development of a *Charter of*

principles and commitments that will influence the future of mental health care in Canada.

The purpose of the *Canadian Collaborative Mental Health Charter* is to:

- ✓ Express principles of effective, high quality collaborative practice to guide the relationships and partnerships among primary health care and mental health care professionals, consumers, families and caregivers.
- ✓ Articulate a shared commitment to continue to strengthen primary health care by ensuring that it encompasses the delivery of mental health services through interdisciplinary collaboration and consumer involvement.
- ✓ Sustain the CCMHI partnership by serving as a vehicle for CCMHI members to provide a consistent message to government on a variety of issues, including policy, legislation and funding requirements to support collaborative mental health services.

INTRODUCTION

In May 2005, the CCMHI solicited feedback from 145 consumers, family members and caregivers during 14 sessions in seven cities across the country on draft statements that reflected the characteristics of effective collaborative mental health care in Canada, called Principles. The goal of the consultations was to ensure that the Principles truly reflected the experiences and aspirations of people with personal knowledge of the current mental health services and a sense of how services could be strengthened. As a result, the Principles were revised and rewritten into simpler, more assertive and less tentative language.¹

¹ See a copy of the full report entitled *National Consultations for the Collaborative Mental Health Care Charter: Consumers, Families and Caregivers* available on the CCMHI Web site at <http://www.ccmhi.ca>

The CCMHI then held a series of Expert Advisory Forums involving 158 people in seven cities across Canada in June 2005. The purpose of these forums was to seek expert opinion and advice from consumer and caregiver associations, health professionals, policy-makers, academics and other stakeholders in the field on the revised Charter Principles and to articulate the specific actions required to enact them.²

Over the spring and summer months, each CCMHI Steering Committee national organization member also consulted with his or her own constituent membership on the Charter principles and proposed actions. (Feedback was solicited from over 500 members across ten health disciplines utilizing a variety of methodologies including focus groups, surveys, presentations, and/or written workbooks.)

In July 2005, an on-line survey was conducted to obtain feedback from a wider audience. The individual on-line survey questions closely modelled the Expert Advisory Forum facilitated discussion format.

PURPOSE OF THE ON-LINE SURVEY

The CCMHI decided to complement the advice received from its cross-country consultations held with individual consumers, families and caregivers, consumer associations and health professionals (from a variety of disciplines) with a public on-line survey. The purpose of the on-line consultation was to provide members of the general public with an opportunity to express their views on the same issues and questions about collaborative mental health care

² See a copy of the full report entitled *National Consultations for the Collaborative Mental Health Care Charter: Expert Advisory Forums* available on the CCMHI Web site at <http://www.ccmhi.ca>

that earlier focus group and facilitated workshop consultations had gathered expert opinion upon.

METHODOLOGY

A Web-based survey was developed based on information obtained from consultation with members of the CCMHI Steering Committee. The survey could also be downloaded and printed for fax back if preferred by the respondent. Also available for review and/or download with the survey was a “Background” paper describing CCMHI and definitions of terms used in the survey, and a “Charter Principles” paper. A copy of the survey is included in Appendix I; copies of the Background and Charter Principles are included in Appendix II.

The survey consisted of the following sections:

- ✓ Respondent demographic information including postal code identification of geographic location, self-description of occupation/health affiliation, and number of years in practice
- ✓ Reaction to CCMHI Principles (separate question for each Principle)
- ✓ Barriers to and enablers for implementing collaborative mental health care
- ✓ Actions or changes that respondents may enact at an individual, association or system-wide level
- ✓ Agree/disagree to a “Charter” to strengthen mental health services in primary health care through interdisciplinary collaboration and consumer involvement

The survey was piloted with members of the CCMHI Steering Committee prior to dissemination. It was then made available online in English and French at the CCMHI Web site (<http://www.ccmhi.ca/>) using the Zoomerang software tool (<http://www.zoomerang.com/>).

An e-mail notification advising the 1000+ people on the CCMHI contacts database about the opportunity to respond to the survey was forwarded one week before the survey went “live”. Once the survey was on-line, the CCMHI Web site invited people to participate (see Appendix III). CCMHI Secretariat staff also participated in several conference poster sessions and presentations across the country where they invited anyone interested in mental health to visit the Web site and complete the survey.

The public on-line survey requesting feedback to the Charter Principles and additional suggestions for actions to implement them was solicited from July 11 to August 16, 2005.

Survey Analysis

The survey contained two types of data, quantitative (including a variety of yes/no and multiple choice questions) and qualitative (19 comment fields).

The crosstab and quick report features available in the Zoomerang software tool were used for tabulating the quantitative data.

All survey comments were imported from the Zoomerang software into an Access database. Qualitative responses were collected and analyzed for key emerging themes, issues and groupings.

Each comment was reviewed and assigned to one or more of the following themes:

- Access: - geographic distance, transportation, rural and remote communities, waiting lists, eligibility criteria
- Accountability: - professional accountability, agency accountability, personal accountability for self-care
- Advocacy: - lobbying for resources, pushing for system changes, building broad consensus, community-wide health promotion, prevention and early intervention
- Barriers: - professional differences in power and influence, “turf” issues, attitudinal barriers to collaborative care, respect
- Collaboration: - working in teams, collaborative service delivery in mental health, cooperation, communication, time requirements
- Confidentiality: - privacy issues, patient rights, access to information, consent
- Consumer-centred: - involving the consumer, family and caregivers in treatment planning, governance, program planning, references to recovery
- Diversity: - cultural sensitivity and cultural competency, respect for individual differences, spirituality, marginalized sub-populations, Canadian norms
- Education: - health provider training at the front-line level, knowledge transfer across disciplines, pre and post licensure training, public education about mental health and mental illness
- Funding: - resources (human, financial, lack of mental health services), cost of collaboration, health provider payment
- Policy: - government, legislation, system development and direction
- Research & Monitoring: - evaluation, tracking outcomes, keeping current on best practices, evidence-based, needs assessments, developing common criteria for success, monitoring programs and follow-up
- Stigma: - social stigma, isolation, marginalization, lack of public awareness
- Technology: - the adoption of technology, e-health record, access to information

SURVEY RESULTS

There was an overwhelming and encouraging response to the survey. In just five weeks **there were 604 surveys completed** (23 French, 581 English). People responded from every province and territory in the country and every professional and consumer group represented at the CCMHI Steering Committee table. (There appeared to be little difference between the French or English responses so the results have been combined for the purposes of this report.) See *Table 1: Distribution of Survey Respondents by Geography and Discipline*.

There were an additional **338 partial surveys** completed (16 French, 322 English). The partial surveys were *not* included in the survey results due to limitations in the data collection using the web-based Zoomerang survey tool.

Description of Respondents

In all, **70%** of the respondents self-identified as **health providers** according to the health professional disciplines listed in the survey. (These disciplines reflect the ten national health provider organizations that comprise the CCMHI Steering Committee.) The largest response rate within the health provider grouping was from **psychiatrists (17.5%)**. The majority of health providers that responded to the survey had **more than ten years of practice** in the field (72% English, 81% French).

The next largest sector of respondents (18.5%) self-identified as “Other than health provider” in the health disciplines list provided in the survey. “Other than health provider” included students, retired health practitioners, health planners, recreation and rehabilitation therapists, community mental health workers, and health administrators or managers. Respondents also indicated if they were from government services (1.2%) or an academic affiliation (2.6%). All together, **22.2%** of the respondents to

the on-line survey represented feedback from people in the **public sector** who had not had an opportunity to be heard through the cross-country CCMHI consumer, family and caregiver focus groups or the member association's advisory forums.

People who self-identified as **consumers, family members or caregivers** comprised 7.8% of the respondents.

Table 1: Distribution of Survey Respondents by Geography and Discipline

REGION	Dietitian	Family Physician	Nurse	Occupational Therapist	Other	Pharmacist	Psychiatrist	Psychologist	Registered Psychiatric Nurse	Social Worker	Consumer	Government	Academic	Grand Total	Per cent
British Columbia		6	6	7	18		14	1	2	16	6		4	80	13.2%
Yukon Territories											1			1	0.2%
Northwest Territories and Nunavut		1	2		1									4	0.7%
Alberta	3	1	5	2	10	2	11	5	2	10	4		2	57	9.4%
Saskatchewan				2	4		2	4		11	5			28	4.6%
Manitoba	1		5	11	12		6	1	17	8	2		1	64	10.6%
Ontario	1	6	28	9	54	1	45	13	6	27	20	6	9	225	37.3%
Quebec		3		1	3		15	2		5	2	1		32	5.3%
New Brunswick	1			1			2	1		5	1			11	1.8%
Nova Scotia	1	2	13	1	6		7	5	1	8	3			47	7.8%
Prince Edward Island				1										1	0.2%
Newfoundland & Labrador	1	2	19	6	4		1	1	2	11	3			50	8.3%
(blank)				1			3							4	0.7%
Grand Total	8	21	78	42	112	3	106	33	30	101	47	7	16	604	
Per cent of Total Responses	1.3%	3.5%	12.9%	7.0%	18.5%	0.5%	17.5%	5.5%	5.0%	16.7%	7.8%	1.2%	2.6%		

CHARTER PRINCIPLES

(original consultation draft)

1. All Canadians have a right to appropriate and timely health services that will support a healthy mind, body and spirit.
2. The needs of the individual will direct the provision of mental health services.
3. Access to collaborative mental health services in primary health care settings will be improved.
4. Mental health services will be flexible to meet the varying needs of each individual receiving care.
5. Individuals receiving mental health services are respected partners in their health care. Families, caregiver and/or support networks may also be partners if directed by the individual.
6. Individuals expect to have services that respect their cultural and spiritual beliefs and preferences.
7. Effective collaboration requires:
 - a) mutual respect and support
 - b) willingness to learn from each other
 - c) knowledge of the skills and competencies of fellow members of the interdisciplinary team
 - d) effective communication
 - e) clearly articulated and mutually agreed upon treatment goals
 - f) shared decision-making
 - g) clear definitions of roles and responsibilities
 - h) mutual accountability
8. The range of service and support options for persons receiving mental health services will be communicated to the consumers, families and caregivers.
9. We will speak with one voice to government about the need for policies, legislation and funding mechanisms that facilitate access to collaborative mental health care.

Response to Charter Principles

Each principle statement was written as a separate yes/no question in the survey. The Principle was written in full and the question read:

“Do you agree that Principle # X should be included in the Charter? If not, please comment.”

The following sections provide a brief overview of the survey responses, including comments that highlight general reactions to each Principle question. See Table 2: Response to Charter Principles.

Principle #1: All Canadians have a right to appropriate and timely health services that will support a healthy mind, body and spirit.

Of the 597 responses, **88% strongly agreed** and **10% somewhat agreed** to this Principle. There were several comments that highlighted the importance of a holistic approach to health and well-being to ensure recovery.

Several comments were in support of the concept of “appropriate and timely” but suggested that a definition of “appropriate” may be helpful. Access to “timely health services” was considered most desirable in principle, however, it was often noted that additional mental health resources are required to put this principle into practice.

Principle #2: The needs of the individual will direct the provision of mental health services.

Sixty-six per cent of the survey respondents **strongly agreed** and an additional **31% somewhat agreed** to this Principle statement and supported the concept of an individualized, consumer-centred approach to mental health care. However, there were many comments asking, “Who defines the

needs?” and “How do you determine individual wishes/wants versus needs?”

It was also strongly suggested by survey respondents that one must balance the rights and needs of the individual with the needs of the family/caregivers and the community that one lives in.

Principle #3: Access to collaborative mental health services in primary health care settings will be improved.

Seventy- two per cent of the survey respondents **strongly agreed** to this principle. Although survey respondents agreed that there must be more dialogue among health care providers and that collaboration is key to better treatment outcomes, using the term “*be improved*” suggested that this Principle was more of a goal or measurable outcome statement rather than a vision statement.

Principle #4: Mental health services will be flexible to meet the varying needs of each individual receiving care.

Of the 594 survey respondents, **76.5% strongly agreed** and **18% somewhat agreed** with this Principle. It was noted that flexibility may be limited by the range of available resources and that this can be especially challenging in rural and remote areas.

Principle #5: Individuals receiving mental health services are respected partners in their health care. Families, caregivers and/or support networks may also be partners if directed by the individual.

Sixty-nine per cent of the 595 survey respondents **strongly agreed** and **24.5% somewhat agreed** to this Principle.

Survey comments reflected an ongoing tension between the rights of the individual (including privacy, informed consent and confidentiality issues) and the involvement of families and caregivers as partners in the provision of mental health

services and supports. All agreed that in principle, consumers should be involved in their own treatment planning. However, many survey respondents raised concerns about one's ability to make good decisions or have good judgment during periods of mental illness and strongly suggested the inclusion of families and community supports to help their loved ones manage and recover from their illness.

Principle #6: Individuals expect to have services that respect their cultural and spiritual beliefs and preferences.

The **majority** of the 594 respondents (**67.5%**) **supported** this Principle and the concept that an understanding of one's culture and beliefs is central to good mental health care. However, there was concern expressed by several respondents about cultural or spiritual beliefs or practices that counter Canadian law or operate outside Canadian societal norms and may contra-indicate treatment plans.

Several survey respondents reacted to the word "expect" and suggested it be changed to "will have" or "shall have" or "should be respectful".

Principle #7: Effective collaboration requires:

- a. Mutual respect and support;**
- b. Willingness to learn from each other;**
- c. Knowledge of the skills and competencies of fellow members of the interdisciplinary team;**
- d. Effective communication;**
- e. Clearly articulated and mutually agreed upon treatment goals;**
- f. Shared decision-making;**
- g. Clear definitions of roles and responsibilities; and**
- h. Mutual accountability.**

The **strongest support** overall was for **d) Effective communication**. In total, **92%** of the survey respondents identified effective communication as critical for successful collaboration. There was also high support (**over 80%**) for **a)**

Mutual respect and support, and g) Clear definitions of roles and responsibilities.

Principle #8: The range of service and support options for persons receiving mental health services will be communicated to the consumers, families and caregivers.

Again, there was strong support for this Principle (72% **strongly agreed** and 24% **somewhat agreed**) with the proviso that families and caregivers are only to be informed with the consent of the individual receiving mental health services.

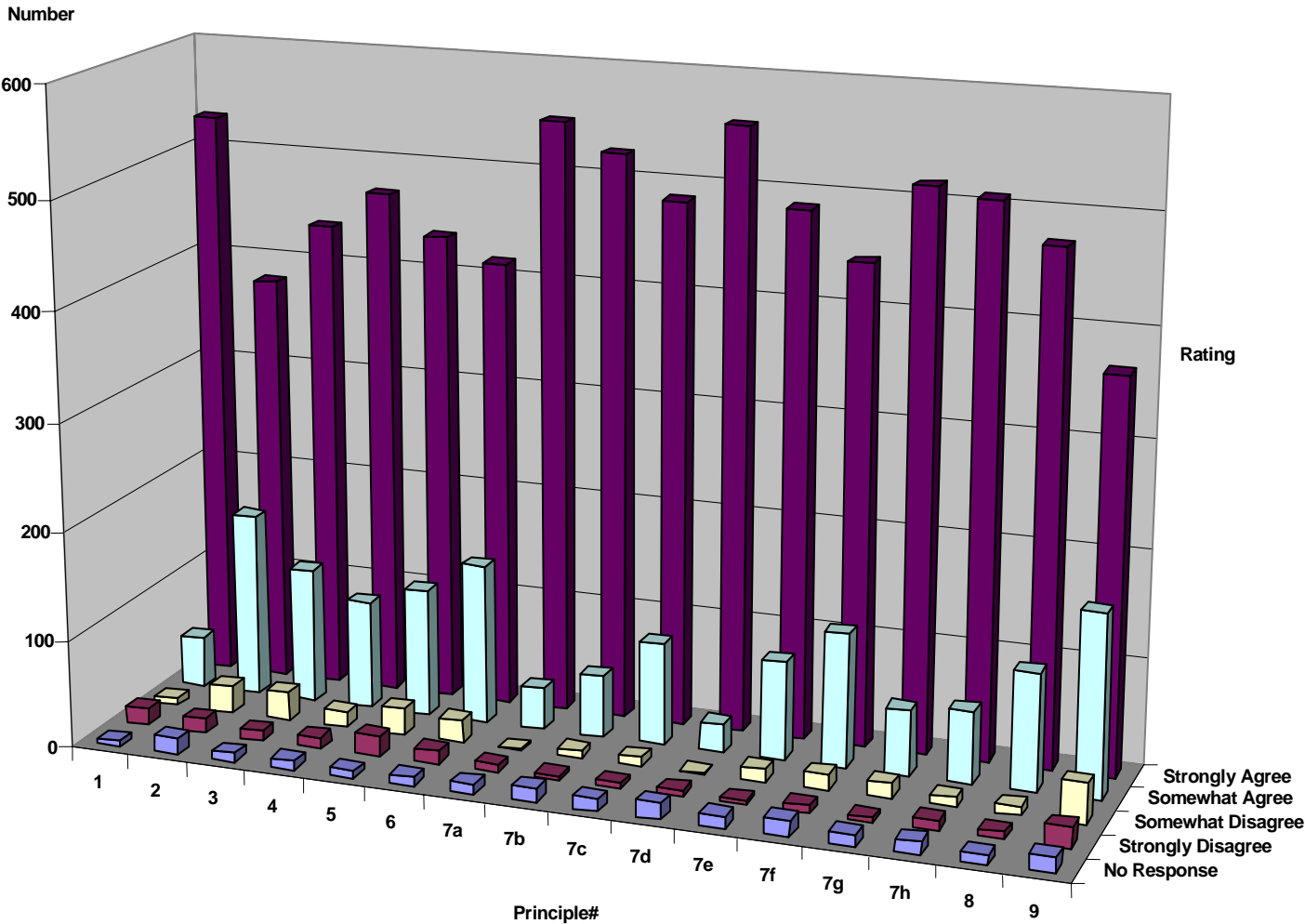
Comments were also made that the range of available and accessible services and supports will vary across communities based on local resources.

Principle #9: We (signatory organizations to the Charter) will speak with one voice to government about the need for policies, legislation and funding mechanisms that facilitate access to collaborative mental health care.

Although the intent of this Principle was broadly supported, suggestions to speak in a “*unified voice*” or “*a collective voice*” were offered as more inclusive and would allow “*space for other voices*”. As one survey respondent commented, “*The more voices the better*”. It was also suggested that several points of view may be more advantageous and that one voice isn’t enough to influence government.

When asked if the above **Principles were clear** in their statements, 90% of the 542 survey respondents indicated “**yes**”.

Table 2: Response to Charter Principles



When asked, “What if anything **should be added** to the Charter Principles?” the majority of the individual comments fell into six consistent areas of opinion.

1. Recovery: Survey respondents suggested that the principles are missing a specific reference to recovery and strength-based capacity-building as a goal in treatment. Concepts such as community inclusion, quality of life and the importance of community supports are not articulated. Along with recovery, the idea of *wellness* and the relationship of a person’s mental health to income, housing, employment and the social determinants of health should be added.
2. Equity of Access: Survey respondents suggested a new principle emphasizing that mental health is as important as physical health and that anyone with a mental illness should be able to receive services regardless of his/her ability to pay.
3. Adequate Resources: Survey respondents suggested that timeliness is a major concern as there are long waiting lists for many mental health services and they are not accessible. An added principle about funding adequate resources to meet demand, including enough front-line staff to provide services, and further recognizing the additional costs for rural and remote areas or to serve people with language or cultural barriers, was strongly articulated.
4. Measurable Outcomes: Seven survey respondents indicated that there should be an added principle about evaluation and quality assurance with a quantifiable description of how services will be improved (through collaboration). Respondents wanted measurable goals, a commitment to research and evidence-based service delivery that is continually revised as knowledge grows.

“The right of consumers to have timely access to affordable housing, affordable legal counsel, and the best care and treatment available, no matter where they live (rural versus urban; Ontario/BC versus NF or NS or the North).

Consumer/Nurse, Nova Scotia

“The ability to have unrestricted (free of financial burden and free to choose from multiple service providers) access to mental health services”.

Psychologist, Saskatchewan

“Equity of access to services for all populations, young and old, rural and urban with funding based on population needs and proportional to the population in a given region/area”.

Psychiatrist, Eastern Ontario

“A statement that resources must be provided by the state to enable low income individuals to take part in treatment/therapy etc”.

Consumer, Eastern Ontario

“[Add a principle about] adequate funding to prevent further erosion in programming and to allow sufficient community support for individuals to be cared for as close to home as possible”.

Community provider, Northern Ontario

5. Privacy and Confidentiality: Some concerns were expressed about the need for a statement about informed consent and the right to privacy in collaborative health settings.
6. Family Involvement: Comments were made about the important and integral role of family members and suggested a statement clearly articulating a stronger voice for family involvement.

Additional individual comments suggested that promotion and prevention need to be included in the principles as well as including people with addictions and people with developmental disabilities (and mental illness).

"I don't think the signatories can agree to speak with one voice. Signatories can agree to dialogue, to support each other in common goals, to research and publish statements based on dialogue of issues from various perspectives, make recommendations based on research and dialogue."

Registered Psychiatric Nurse,
Manitoba

When asked, "What, if anything, **should be omitted** from the Charter Principles?", forty of the 88 individual comments indicated "nothing" or "no change". The only consistent area of response was in reference to Principle #9, "We (signatory organizations to the Charter) will speak with one voice...care." It was suggested that this may be perceived as "narrow and limiting" or reflect "special interest" and should not be included as a principle.

Barriers

Survey respondents were asked to check statements from a list of barriers or challenges that they felt could get in the way of implementing collaborative mental health care.

Consistent with the feedback from the Expert Advisory Forum consultations held in June 2005, the highest number of survey responses (89%) indicated that the **biggest barrier** to collaborative mental health care is "not enough **funding** for mental health services", followed by "stigma associated with mental illness" (66%) and "not enough funding for primary care" (65%). Advocacy at both the political level (for policy and funding support) and at the community level (to

promote mental health and raise awareness) was often suggested by respondents.

An additional barrier to collaborative mental health care that was identified in over 160 individual comments across all disciplines was the lack of mutual respect, territoriality, “silo mentality”, “turf wars” and “professional protectionism” among health providers. This attitudinal barrier was seen as a critical issue that must be addressed in order to get “buy-in” from people in the field to work collaboratively to deliver mental health services.

Enablers

Survey respondents were asked to check statements from a list of factors that they thought may be helpful for implementing collaborative mental health care.

There were three **enabling factors** considered to be most helpful for implementing collaborative mental health care:

1. the national focus on mental health issues by the Public Health Agency of Canada and Health Canada (78%),
2. the increasing number of collaborative mental health initiatives currently operating in Canada (73%), and
3. the support of national mental health advocacy organizations (such as the Canadian Alliance on Mental Illness and Mental Health and the Canadian Mental Health Association) (71%).

Common Themes for Action to be Taken

Survey respondents were asked, **“What are some actions or changes that can be implemented/promoted/supported at a personal, profession/association or system-wide level to promote collaborative mental health care?”**

The most commonly described actions were grouped into four major theme areas: collaboration, consumer-centredness, education and advocacy. See [Figure 1: Survey Respondents Common Themes for Action](#) (the “Other” category represents the combined total comments for the themes of technology, confidentiality, research and monitoring, stigma, and accountability).

Collaboration

All comments that made reference to providing collaborative mental health care, working in teams, communication among health providers, and multi-disciplinary approaches were entered under the theme of “collaboration”.

“From my experience, the involvement of families etc. is necessary for many who are mentally ill and too often families are prevented from playing a role by patients who are too ill to recognize the good that can result from the participation.”

Psychiatrist, Ontario

“I believe that this is the right of the individual as to whom they want involved in care, however, it should be recognized that families/significant others must be respected partners as well, as they bear a large share of the burden of care at various times.”

Nurse, Manitoba

In response to questions throughout the survey, the highest number of comments made were on the need to promote and practice **collaboration** at a local level. It was suggested that effective communication is key to collaborative mental health care and that health practitioners must, *“Talk the talk and walk the walk”* (Nurse, Manitoba).

Survey respondents stated that they would **actively promote and support** collaborative mental health care. Consistent comments such as, *“participate at planning tables that promote collaboration”, “initiate and advocate collaborative practice”, “give voice to activities that support collaborations”, “research and promote best practice”, “post Charter as a standard of care”, “support colleagues to do more and promote the programs that allow faster access to the system”, “participating in collaborative initiatives to support actions”, “encourage co-workers to do same”, and “share information”* were made.

Consumer-Centredness

All comments that made reference to involving the consumer, family and caregivers in treatment planning, governance, program planning, or evaluation were grouped under the category of consumer-centredness.

The second most frequent comments made in the survey responses were about **consumer-centredness** and specifically, about the importance of **involving families**, caregivers and personal support networks as partners in recovery.

Education

The theme of education included comments about health provider training at the front-line level, knowledge transfer across disciplines, pre- and post-licensure training, and public education about mental health and mental illness.

Overall, the **most significant call to action** across all survey respondents was for **education**. For health providers, this includes education and interdisciplinary practicums on how to collaborate effectively across disciplines; education on the roles and expertise of the collaborative team members; and education on effective communication and conflict resolution.

Ongoing education of the public on mental health and mental illness to reduce stigma as well as a public awareness campaign on what collaborative models of care are all about were also emphasized.

Advocacy

All comments with reference to lobbying for resources, pushing for policy and system changes, building broad consensus, working together to support system change, and community-wide health promotion or raising public awareness about mental health and mental illness were grouped under the category of advocacy.

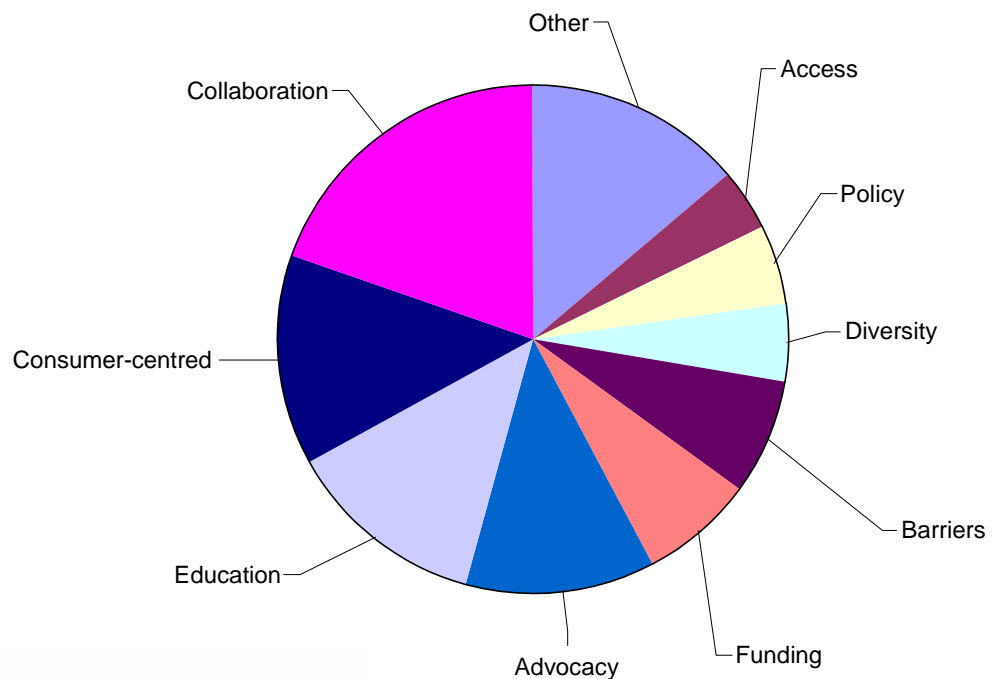
"Natural helping systems and support networks are the foundation of wellness for an individual. No man is an island."
Social Worker, Ontario

"Implement changes to educational system to promote interdisciplinary collaboration. Reinstate and enforce evidence based standards of practice for mental health services. Create opportunities for power restructuring."
Occupational Therapist, British Columbia

"[I] suggest including mental health as a component of all health professionals curriculum (including preferred education methods, collaboration with mental health agencies)."
Dietitian, New Brunswick

Several survey respondents used the term “lobby” when proposing particular actions at the professional/association or system level to implement the Charter principles. There was a suggested need to raise the profile of mental health and mental illness to effect policy change and to enable access to adequate resources to provide collaborative mental health care.

Figure 1: Survey Respondents Common Themes for Action



“A charter sets a foundation but action is also required and all stakeholders must be engaged to ensure success.”

Psychiatrist, Nova Scotia

“The charter is a first step – needs a comprehensive distribution and implementation strategy to ensure its uptake.”

Academic, Manitoba

The last survey question asked the following:
Do you agree that the Charter will strengthen the delivery of mental health services in primary health care through interdisciplinary collaboration and consumer involvement?

Seventy-six per cent of the survey respondents **agreed** that “the Charter will strengthen the delivery of mental health services in primary health care... consumer involvement.”

Many qualified their response with “if it leads to action”. Comments included such statements as [the Charter] “is leading the way”, “is a beginning”, “provides a roadmap”, “moves mental health to the forefront”, “has potential”. However, several people suggested that actions to implement the Charter require both the political will to make the requisite policy changes and funding to ensure success.

CONCLUSION

There was a broad cross-section of respondents to the on-line survey from the public, consumers, families and caregivers, health disciplines and from regions across Canada.

The findings from this survey indicate that the majority of respondents found that the original nine principles were clear in their statements. When survey respondents were invited to *add* to the principles (and indicate what may be missing) the main suggestions included: recovery, equity of access, adequate resources, measurable outcomes, privacy and confidentiality, family involvement, promotion and prevention.

When survey respondents were asked what to *omit* from the principles, almost half of the comments recommended “nothing”. However, it was strongly suggested that the Charter signatory voice be a collective voice rather than “one voice”.

Similar to earlier consultation processes conducted by the CCMHI, a major *barrier* to implementing collaborative mental health care is identified as a lack of funding. However, survey respondents suggested that major *enablers* to implementing collaborative mental health care are the relatively recent national focus on mental health and mental illness and the increasing number of collaborative mental

health initiatives in operation in different areas across Canada.

At the *individual level*, actions or changes that survey respondents identified for the promotion of collaborative mental health care was to *personally engage* in collaborative activities within their own practice at the local level. This included such things as exerting influence at planning tables, connecting with other community providers, providing education and increasing awareness of collaborative care initiatives in their own working environments.

Also as individuals, actions to incorporate the concept of being “*consumer-centred*” and involving family members, caregivers, social support systems and community in collaborative mental health care was strongly recommended.

At the *professional or representative organization level*, the actions or changes that were consistently identified were *education* initiatives in all venues. This included interdisciplinary training pre- and post-licensure, practice in successful models of collaborative mental health care, consumer and family education, and public education.

At a *system-wide level*, the actions or changes identified for the promotion of collaborative mental health care were *advocacy and lobbying* activities. This included lobbying for policy changes and the recognition of mental illness as a health issue and subsequent funding allocations to improve access to care.

“It is of critical importance to make our passage into a knowledge based society. This charter will serve to mark the passage of mental health care into a new era. It is leading the way for the rest of allopathic medicine and alternative medicine.”

Social Worker/Academic,
Eastern Ontario

Survey respondents also proposed actions for advocating on behalf of people with mental illness to reduce stigma and improve the quality of life for consumers and families.

In summary, over 76% of the survey respondents from all walks of life and from every region in Canada agreed that the CHARTER will strengthen the delivery of mental health services in primary health care through interdisciplinary collaboration and consumer involvement.

The CCMHI wishes to express its appreciation to everyone who took the time to complete the survey and share the insight of their experiences in the extensive comments recorded. This summary of survey responses will be incorporated into feedback to the final *Canadian Collaborative Mental Health Charter* document.



APPENDIX I – SURVEY FORM





Charter Survey

If you would like more information before you submit your survey please visit,

www.ccmhi.ca/en/consultations.html

When you have completed your survey, please mail or fax to:

The Canadian Collaborative Mental Health Initiative

2630 Skymark Ave., Mississauga, ON L4W 5A4

Fax: (905) 629-0893

PART 1 - PRELIMINARY QUESTIONS

1 Please enter the first 3 characters of the Postal Code of where you work or live (e.g., M5V) :

2 Please check all descriptions that apply to you:

- I am a health service provider
- I use mental health services as a consumer, caregiver, or family member
- I am a policy-maker (e.g., government, regulatory body)
- I am an educator (e.g., academic institution, research)
- I am a member of the public and neither provide or use mental health services
- Other (please specify):

3 If you are a health service provider, please choose the discipline that currently applies to you:

- Dietitian
- Family Physician
- Nurse
- Occupational Therapist
- Pharmacist
- Psychiatrist
- Psychologist
- Registered Psychiatric Nurse
- Social Worker
- Other (please specify):

4 If you are a health service provider, please indicate how many years you have spent in practice:

- 0-2 years
- 3-5 years
- 6-10 years
- more than 10 years

PART 2 - CHARTER PRINCIPLES

Please tell us what you think of each of the nine Charter Principles.

5 Do you agree that Principle #1 should be included in the Charter? If not, please comment.

Principle # 1: All Canadians have a right to appropriate and timely health services that will support a healthy mind, body and spirit.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Comments:

6 Do you agree that Principle #2 should be included in the Charter? If not, please comment.

Principle # 2: The needs of the individual will direct the provision of mental health services.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Comments:

7 Do you agree that Principle #3 should be included in the Charter? If not, please comment.

Principle # 3: Access to collaborative mental health services in primary health care settings will be improved.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Comments:

8 Do you agree that Principle #4 should be included in the Charter? If not, please comment.

Principle # 4: Mental health services will be flexible to meet the varying needs of each individual receiving care.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Comments:

9 Do you agree that Principle #5 should be included in the Charter? If not, please comment.

Principle # 5: Individuals receiving mental health services are respected partners in their health care. Families, caregivers and/or support networks may also be partners if directed by the individual.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Comments:

10 Do you agree that Principle #6 should be included in the Charter? If not, please comment.

Principle # 6: Individuals expect to have services that respect their cultural and spiritual beliefs and preferences.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Comments:

11 Do you agree that Principle #7 should be included in the Charter? If not, please comment.

Principle # 7: Effective collaboration requires:

(a) mutual respect and support

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

(e) clearly articulated and mutually agreed upon treatment goals

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

(b) willingness to learn from each other

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

(f) shared decision-making

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

(c) knowledge of the skills and competencies of fellow members of the interdisciplinary team

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

(g) clear definitions of roles and responsibilities

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

(d) effective communication

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

(h) mutual accountability

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Comments:

13 Do you agree that Principle #8 should be included in the Charter? If not, please comment.

Principle # 8: The range of service and support options for persons requiring mental health services will be communicated to the consumers, families and caregivers.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Comments:

14 Do you agree that Principle #9 should be included in the Charter? If not, please comment.

Principle # 9: We (signatory organizations to the Charter) will speak with one voice to government about the need for policies, legislation and funding mechanisms that facilitate access to collaborative mental health care.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

Comments:

Please tell us your overall opinion of the Charter Principles as a commitment on the part of providers, consumers and community groups to work together.

15 Are they clear?

- Yes
- No

16 What, if anything, do you feel should be added to the Charter Principles?

Comments:

17 What, if anything, do you feel should be omitted from the Charter Principles?

Comments:

PART 3 - BARRIERS AND ENABLERS

18 Please check the barriers or challenges that you feel could get in the way of implementing collaborative mental health care: (check all that apply)

- not enough policy or legislation that supports collaboration
- not enough funding for primary care services
- not enough funding for mental health services
- not enough funding for collaborative initiatives
- not enough interdisciplinary training before going into practice
- not enough interdisciplinary training while in practice
- not enough health professionals
- unsupportive professional cultures
- not enough evidence or research to support collaboration
- not enough information-sharing among professionals
- geographic areas which are very large or remote
- limitations imposed by professional regulatory bodies
- not enough knowledge for effectively involving consumers in governance, policy, planning
- not enough time to spend participating in collaborative initiatives
- inadequate compensation for participating in collaborative initiatives
- stigma associated with mental illness

19 If there are other barriers or challenges that you feel could get in the way of implementing collaborative mental health care, please specify:

Comments:

20 Please check the factors that you think may be helpful for implementing collaborative mental health care.

- provincial/territorial reform of primary health care
- national focus on mental health issues by the Public Health Agency of Canada and Health Canada
- initiatives funded by the Primary Health Care Transition Fund (including CCMHI)
- provision of a national coordinating program for collaborative mental health care
- transfer of federal Health Accord funds to provinces
- international trends that support collaborative mental health care
- increasing number of collaborative mental health care initiatives currently operating in Canada
- growing research evidence base supporting collaboration and consumer involvement
- support of the Senate Standing Committee on Social Affairs, Science and Technology (Kirby Report)
- cross-Canada consultations to get input and ideas from the public
- support of national mental health advocacy organizations (e.g., Canadian Alliance on Mental Illness and Mental Health)

21 If there are other factors that may be helpful in implementing collaborative mental health care, please specify:

Comments:

PART 4 - ACTIONS TO BE TAKEN

We realize that the Principles only have value if they lead to positive action.

Please complete the following sentences in questions 22, 23 & 24 to describe what actions can be taken to promote collaborative mental health care.

22 As an individual, some actions or changes I can implement are:

23 In my profession or representative organization, some actions or changes I can promote are:

24 At a system-wide level, some actions or changes I can support are:

PART 5 - CHARTER FEEDBACK

Based on your review of the proposed Charter Principles and subsequent Commitments, please tell us your views on the creation of a national Collaborative Mental Health Care Charter.

25 Do you agree that the CHARTER will strengthen the delivery of mental health services in primary health care through interdisciplinary collaboration and consumer involvement?

Yes
 No

Comments:

26 Do you have any additional comments on the Charter?

Comments:

Thank you,
for taking the time to provide us with your feedback.

Survey Results

The results from this survey will help the CCMHI improve the collaboration between the various health care providers, consumers, families and caregivers, and implement this new model of care for all Canadians.

To receive a copy of the results by e-mail, please provide the following contact information:

(Results should be available by the end of September 2005.)

Mr/Mrs/Ms/Dr : _____

First Name: _____

Last Name: _____

Telephone: _____

E-mail: _____

APPENDIX II – SURVEY BACKGROUND AND CHARTER PRINCIPLES





Canadian Collaborative Mental Health Initiative

July 2005

Background Information

More about CCMHI

The Canadian Collaborative Mental Health Initiative (CCMHI) has a 2-year mandate to improve the mental health and well-being of Canadians through *collaborative mental health care*. The goal has two components: to enhance the relationships and improve collaboration among health care providers, consumers, families and caregivers; and to improve consumer access to prevention, health promotion, treatment/intervention and rehabilitation services in a *primary health care setting*. To this end, there are three key products well underway: a series of **Research Papers** that captures the current state of collaborative mental health care; several **Toolkits** geared towards providers, consumers, families and caregivers, policy makers and educators; and a **Charter** of principles and commitments that will influence the future of mental health services. CCMHI receives its funding from Health Canada's Primary Health Care Transition Fund.

CCMHI Partners

- 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
- College of Family Physicians of Canada
- Dietitians of Canada
- Registered Psychiatric Nurses of Canada

About the Charter Consultations

The CCMHI, which is supported by a consortium of twelve national organizations, is developing a **Charter for Collaborative Mental Health Care**. The organizations involved in this task represent community services, consumers, families and caregivers, self-help groups, dietitians, physicians, nurses, occupational therapists, pharmacists, psychologists, psychiatrists and social workers. CCMHI

wishes to hear from as many individuals as possible on the proposed Charter.

This on-line survey provides an opportunity for all Canadians including those receiving or delivering mental health services such as individual consumers, families and caregivers, providers, policy makers, funders, and regulators, to share their ideas.

Why Change?

Good mental health is central to our sense of well-being.¹ The consequences of poor mental health are well known. These consequences may include limits in activity participation and social roles: family and social networks break down, employment or educational opportunities are lost, physical health and safety is at risk, and workplace productivity suffers.

Studies have estimated that one in five Canadian adults will personally experience a mental illness² during a 1-year period.³ However, studies show that only 61% of individuals who had a self-reported mental health problem or disorder consulted a professional for their problem during their lifetime.⁴ Of the 61% of Canadians who consulted a professional for a mental health problem or disorder, 45% consulted their family physician.⁵ Family physicians reported that 25% to 50% of their time was consumed by the identification and management of the mental health needs of their patients.⁶ In other words, the majority of Canadians who seek help for their mental health will consult a primary health care provider.

There are reasons for consulting a primary health care provider:

- ☞ less stigma is attached to seeking care from a primary health care provider.
- ☞ many people with physical health problems have co-occurring mental health problems
- ☞ many people maintain a long term relationship with a trusted primary health care provider.

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, families and caregivers, these barriers can be minimized.

For example:

- ☞ Collaboration among health care providers can facilitate greater access to mental health services for

1. Statistics Canada, Canadian Health Survey: Mental Health and Well-Being, 2003
 2. Based on the Canadian Community Health Survey (CCHS) Cycle 1.2, on Mental Health and Well-Being, conducted in 2002. This survey examined the prevalence of various mental disorders (i.e., major depressive episode, manic episode, panic disorder, agoraphobia, and social phobia), and mental health problems (i.e., alcohol and drug dependence, gambling, suicide, distress, and eating disorders).
 3. Kasman, N., and Hay, C. Prevalence of Mental Illnesses and Related Service Utilization in Canada: An Analysis of the Canadian Health Survey. Report prepared for the Canadian Collaborative Mental Health Initiative, Mississauga, Ontario, Canada; July 2005. Available at: <http://www.ccmhi.ca>
 4. Kasman, et al. In press 2005
 5. Kasman, et al. In press 2005
 6. Craven MA, Cohen M, Campbell D, et al. Mental health practices of Ontario family physicians: a study using qualitative methodology. Canadian Journal of Psychiatry 1997; 42(9):943-949

Canadians living in isolated rural geographic areas.

- ☞ Collaboration can streamline intake procedures and improve the coordination between mental and physical health care.
- ☞ Effective collaboration can also facilitate knowledge transfer among all stakeholders, thus enhancing knowledge of the role, responsibilities and skills of others and contributing to a change of attitudes.

Definitions

“**Collaborative Mental Health Care**” is not a fixed model; rather it involves consumers and their families and caregivers, together with health care providers from both mental health and primary health care settings. Each individual comes with different experience, training, knowledge and expertise, and works together to promote mental health and provide more coordinated and effective services for individuals with mental health needs.

“**Collaborative Partnership**” is a mutually beneficial arrangement, agreement or understanding whereby two or more parties work jointly toward a common end.⁷

“**Consumer**” is a recipient of health care and related support services to meet the individual’s needs in any care setting.⁸ [Interchangeable terms include “patient”, “user”, and “client”]

“**Primary Health Care**” is an individual’s first contact with the health system characterized by a spectrum of comprehensive, coordinated and continuous health care services such as health promotion, diagnosis, treatment and chronic disease management. Primary health care is delivered in many settings such as the workplace, home, schools, health care institutions, the family physician’s office, homes for the aged, nursing homes, day-care centres and community clinics. It is also available by telephone, health information services and the Internet.⁹

More Information

Canadian Collaborative Mental Health Initiative
 2630 Skymark Avenue
 Mississauga, Ontario, L4W 5A4
 Tel: (905) 629-0900 Fax: (905) 629-0893
 E-mail: info@ccmhi.ca
 Web site: www.ccmhi.ca

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7. Adapted from: Duffy Group Partners in Planning. Co-operation & collaboration: melding tradition with innovation. Toronto: The Change Foundation, May 2005. Available at: [http://www.changefoundation.com/tcf/tcfbul.nsf/faf9f5c4d4ab768605256b8e00037216/435cb6bd9442323d85256d82004e703d/\\$FILE/Co-operation&Collaboration.pdf](http://www.changefoundation.com/tcf/tcfbul.nsf/faf9f5c4d4ab768605256b8e00037216/435cb6bd9442323d85256d82004e703d/$FILE/Co-operation&Collaboration.pdf)
 8. Adapted from: Canadian Medical Association; Canadian Nurses Association. Working together: A joint CNA/CMA collaborative practice project. HIV/AIDS example [background paper]. Ottawa: CMA; 1996. p. 24.
 9. Adapted from: Mable AL, Marriott J. Sharing the learning: the Health Transition Fund synthesis series: primary health care health. Ottawa: Health Canada; 2002. Available at: http://www.hc-sc.gc.ca/htf-fass/english/primary_en.pdf and Nova Scotia Advisory Committee on Primary Health Care Renewal. Primary health care renewal: action for healthier Nova Scotians, May 2003. Halifax, NS: NS Department of Health; 2003. p. 1. Available at: <http://www.gov.ns.ca/health/primaryhealthcare/Final%20Report%20May%202003.pdf> and Klaiman D. Increasing access to occupational therapy in primary health care. Occupational Therapy Now Online. 2004 Jan-Feb;6(1). Available at: <http://www.caot.ca/default.asp?pageid=1031>



Charter Principles

- 1) All Canadians have a right to appropriate and timely health services that will support a healthy mind, body and spirit.
- 2) The needs of the individual will direct the provision of mental health services.
- 3) Access to collaborative mental health services in primary health care settings will be improved.
- 4) Mental health services will be flexible to meet the varying needs of each individual receiving care.
- 5) Individuals receiving mental health services are respected partners in their health care. Families, caregivers and/or support networks may also be partners if directed by the individual.
- 6) Individuals expect to have services that respect their cultural and spiritual beliefs and preferences.
- 7) Effective collaboration requires:
 - (a) Mutual respect and support;
 - (b) Willingness to learn from each other;
 - (c) Knowledge of the skills and competencies of fellow members of the interdisciplinary team;
 - (d) Effective communication;
 - (e) Clearly articulated and mutually agreed upon treatment goals;
 - (f) Shared decision-making;
 - (g) Clear definitions of roles and responsibilities; and
 - (h) Mutual accountability.
- 8) The range of service and support options for persons receiving mental health services will be communicated to the consumers, families and caregivers.
- 9) We (signatory organizations to the Charter) will speak with one voice to government about the need for policies, legislation and funding mechanisms that facilitate access to collaborative mental health care.

APPENDIX III – INVITE E-MAIL LETTER



Dear Friends of CCMHI:

The Canadian Collaborative Mental Health Initiative (CCMHI) invites you to participate in a **SURVEY** on a Collaborative Mental Health Care **CHARTER** for Canada. The survey will run on-line from July 11 to August 15, 2005.

This survey is one of a range of consultations that are being undertaken to ensure that the Charter is a reflection of the experiences and aspirations of people across the country. These consultations will result in a Charter that can be endorsed by the 12 national associations involved with the CCMHI.

Therefore, it is essential that we get feedback from people who have both a knowledge of current mental health services – whether as a consumer, family member or caregiver, or as a health provider – and a sense of how services can be strengthened.

When the Charter is complete, it will be made up of **Principles** – that describe what constitutes good collaborative mental health care in the primary health care context, combined with **Commitments** - that describe actions for working together to implement the Principles.

At this stage of the two-year project, the CCMHI has drafted the **Principles** based on input from cross-Canada consumer, family and caregiver consultations. The Principles are not finalized and the CCMHI is open to further input. The CCMHI is also inviting input on the **Commitments** – potential strategies and action plans required to implement these principles.

We value and appreciate your advice.

Best regards,

Scott Dudgeon
Executive Director
Canadian Collaborative Mental Health Initiative

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Mississauga, ON L4W 5A4
Tel: (905) 629-0900 ext. 215
Fax: (905) 629-0893
www.ccmhi.ca
info@ccmhi.ca

NATIONAL CONSULTATIONS

- | | |
|----|------------------------------------|
| 1. | Consumers, Families and Caregivers |
| 2. | Expert Advisory Forums |
| 3. | Online Survey |
| 4. | Synthesis Report |

Other CCMHI Resources

RESEARCH SERIES

- Barriers and strategies
- Framework
- Annotated bibliography
- Better practices
- Canadian initiatives
- Policy review
- International initiatives [unpublished internal document]
- Health human resources
- Prevalence of mental illness and service utilization
- Interprofessional education
- Aboriginal mental health [unpublished internal document]
- The state of collaborative mental health care

TOOLKIT SERIES

- Collaboration between mental health and primary care services
 - Aboriginal peoples
 - Children and adolescents
 - Ethnocultural populations
 - Individuals with serious mental illness
 - Individuals with substance use disorders
 - Rural and isolated populations
 - Seniors
 - Urban marginalized populations
- Working together towards recovery
- Pathways to healing for First Nations people
- Strengthening collaboration through interprofessional education

STEERING COMMITTEE

Joan Montgomery, Phil Upshall
Canadian Alliance on Mental Illness and Mental Health

Terry Krupa, Darene Toal-Sullivan
Canadian Association of Occupational Therapists

Elaine Campbell, Jake Kuiken, Eugenia Repetur Moreno
Canadian Association of Social Workers

Denise Kayto
Canadian Federation of Mental Health Nurses

Keith Lowe, Penelope Marrett, Bonnie Pape
Canadian Mental Health Association

Janet Davies
Canadian Nurses Association

David Gardner, Barry Power
Canadian Pharmacists Association

Nick Kates [CCMHI Chair], Francine Knoops
Canadian Psychiatric Association

Lorraine J. Breault, Karen Cohen
Canadian Psychological Association

Linda Dietrich, Marsha Sharp
Dietitians of Canada

Robert Allen, Barbara Lowe, Annette Osted
Registered Psychiatric Nurses of Canada

Marilyn Craven, Francine Lemire
The College of Family Physicians of Canada

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