



Canadian
Collaborative
Mental Health
Initiative

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Canadian Collaborative Mental Health Initiative

**National Conference on Shared Mental Health Care
Calgary, Alberta
May 2006**



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*Establishing Collaborative Initiatives Between Mental Health
& Primary Care Services for Rural & Isolated Populations*

A companion to the CCMHI planning & implementation
toolkit for health care providers & planners

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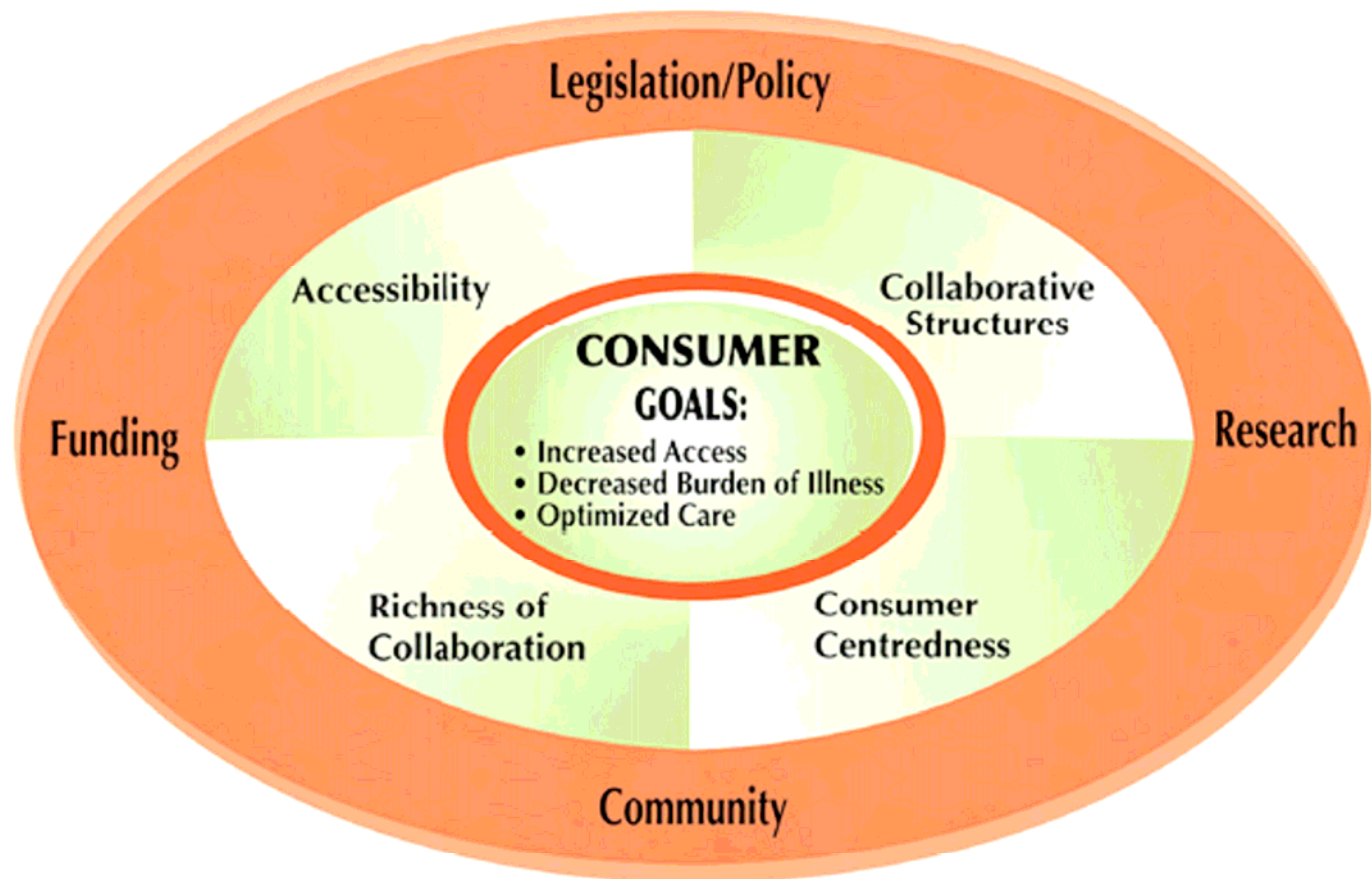
7th National Conference on Shared Mental Health Care, May 11-13, 2006, Calgary, Alberta



Acknowledgements

- CCMHI
- Our employers
 - St. Joseph's Care Group
 - Brandon University

Framework for collaborative mental health care



Introduction

- Canadians residing in rural & isolated areas:
 - are a culturally unique and diverse population.
 - share common problems in terms of health status & access to health care.
- Trend towards progressive deterioration of health the greater the distance from urban areas:
 - lower life expectancy than the national average;
 - higher rates of disability,
 - violence,
 - poisoning,
 - suicide and accidental death;
 - and more mental and physical health issues
- Particularly important to look at the needs of Aboriginal Peoples since they constitute one of the largest segments of isolated populations.

Consultation process

- **Working group established in 2005**

- **Strategies used in the development of the toolkit included:**
 - **surveys (consumer & care provider)**
 - **several focus groups
(reaching consumers, families & caregivers)**



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Rural & Isolated Population Questionnaire* (Full, Provider)

Hello, my name is Dr. Jack Haggarty and I am a psychiatrist from Thunder Bay Ontario, working with a Canada-wide group seeking feedback from those living in rural or isolated parts of our country.

It is well known that providing mental health services to those living in rural or isolated areas of Canada is difficult.

Recent ideas regarding how to improve mental health care includes providing it as close as possible to where physical health problems are treated (ie. family doctor or clinic).

In an effort to learn more about mental health in rural or isolated parts of Canada, the Canadian Collaborative Mental Health Initiative is seeking comments and feedback from patients or consumers of health services and service providers (counsellors, psychologists, nurses, doctors, pharmacists for example) in rural areas across Canada. The information obtained from these questionnaires will be incorporated into a “toolkit” we are creating to help Canadian communities start effective collaborative mental health care networks.

We would appreciate your answers to the questions below to assist us in improving the way mental health services are delivered in the area where you live and receive health care.

Forward responses to the fax or mailing address at the bottom of page 2.

1. Describe how you have involved key stakeholders - consumers, patients, families, and community groups such as advocacy and support groups - in your organization.
2. Describe how your population is different from the general population in terms of needs and mental health issues. How does this population present to the primary care setting?
3. Could you identify and discuss any primary health care/mental health collaborative initiatives that specifically address the unique needs of rural and isolated populations?

Definition of Rural and Isolated

- ***Rural & small town communities are those that have 10,000 or fewer residents & are situated outside commuting zones of large metropolitan areas & cities.***
- ***'Isolated' implies having limited or no road access nor ready access to specialized services.***

Accessibility

- *“We are very isolated in our area & often don't have transportation to services. There is no local bus, taxi etc. to get people to Thunder Bay for services that we don't have. It is also very expensive to take the Greyhound bus to Thunder Bay...” For most consumers, this traveling necessitates days or weeks away from family & social support, not to mention the incurred costs for sustenance & accommodation.*
- *“The community often does not see our clients as being in need of accommodation. The mental health field has not done a very good job of identifying & communicating client access needs.”*

Accessibility

- use diverse channels of communication, to disseminate health care information.
- regional health authority sub-organizations or other bodies
- self-help manuals for consumers
- telemedicine helps overcome distance & isolation from service providers.
- Providing transportation to services to specialist care

Consumer centredness

“Although rural/isolated consumers may be more likely to engage with service providers who are not of their local community (i.e., privacy & confidentiality, dual relationship issues), these service providers MUST, MUST, MUST, be willing to take the time to develop collaborative relationships over time (& to maintain these relationships) otherwise consumers may be reluctant to work with these “outside” service providers.”

Consumer centredness

- Meetings between consumers & providers.
- Consumer/advocate complaints officers
- Capacity for self-referrals to mental health services.
- Transportation to services

Collaborative structures

“My biggest dream would be that people throw the jurisdictional issues out of the window. Basically the province, the health authorities, the feds, & the bands need to get together & stop working in silos & work together to assist this population [Aboriginal Peoples] with their mental health.”

Collaborative structures

- ❑ **Treatment teams should consider including community advisory committee members & consumers.**
- ❑ **Providers are often informal & involve non-clinicians (e.g., clergy, teachers, care providers).**
- ❑ **Accredited training in mental health care to local providers.**
- ❑ **A network of formal and informal supports is critical to supporting clinicians providing primary mental health care.**

Richness of collaboration

“We have created a community health initiative & invited all service providers & agencies in the community to participate in the development of a community participatory action research project with the goals of documenting local service need in mental health & addictions & barriers to access while at the same time providing a low threshold navigation service for clients who need assistance with a complex service system.”

Richness of collaboration

- ❑ **Improving co-ordination of services with other providers will decrease the burden on family physicians & other first-line providers.**
- ❑ **Using a pyramid model of health care provision will serve a greater number of consumers more effectively, i.e., have proctors & supervisors for community health workers so that psychiatrists are not the first point of contact.**
- ❑ **Flexibility in role assignments is often required to ‘get the job done’.**
- ❑ **Access to clinical supervision or peer supervision for ‘backup’ is key, even if this involves going outside of the geographical area.**
- ❑ **Training in collaboration for those working in the area is an effective approach.**

Community

“Our organizations had good success in having community volunteers support through the participation of 120 volunteers. Their support has included the provision of direct service, fundraising and governance. In order to engage the community it is useful to have a positive and substantial profile and understanding and support for your cause. Strategies that promote the above include positive stories within the media, events hosted within the community that profile the organization in a positive way.”

Community

- ❑ Information displays, health services & screening sessions (for depression, anxiety & other issues) be provided in malls, schools & other community locations.
- ❑ Walk-in mental health services could be established.
- ❑ Non-physicians referring patients to mental health services may decrease delay for services.
- ❑ Supportive housing & employment & respite help are lacking.
- ❑ More self-help & community development groups for children & seniors are needed, such as Community Kitchens programs.
- ❑ Advertisement of local services & information through the Internet, radio & local television regarding dealing with common mental health problems & promoting day-to-day healthy living should be pursued.
- ❑ Inclusion of key community members on advisory committees for primary health & other mental health initiatives is important.

Legislation/policy

“Realistically there are HUGE jurisdictional issues! Every community is different; some people want outside expertise to come in, others don’t want them in. Basically information that I have from youth for example is that the band chiefs & councils aren’t invested in preventing suicide & providing youth programs. They’re hiring people in first nation to do quality mental health type counseling that really don’t have proper training, & don’t have the proper support. The federal government comes & provides a day of therapy every two weeks, there is no crisis services. There’s the nursing station that is run by the federal government & doesn’t want to talk to the wellness workers who are in the community & when we have discharge information if we give it to the nursing station, they won’t give it to the wellness people.”

Legislation/policy

- ❑ **Consider a needs assessment prior to implementation of services.**
- ❑ **Providers need freedom to work & collaborate in unique ways.**
- ❑ **Enable providers to create flexible services (strict rules/standards may not work).**
- ❑ **Promote 'generalist' broad-based training.**

Funding

“Big expensive primary health centres end up being subsidized by the best practice, least intrusive, closest to home kinds of interventions that end up drying up mental health. If mental health continues to be funded through the same source as the one that funds primary care health & hospital we are going to continue to be underfunded because those deficits & the funds will go to places that make themselves heard. Mental health historically & currently is well recognized as marginalized & often overlooked.”

Funding

- Financial incentives are necessary to attract and retain
- Funding for mental health should be separate from physical health.
- Fund change: permanent mandated collaborative initiatives should be considered.
- Resources to consumers with higher levels of need
- High priority for
 - Youth
 - employment
 - recreational funding mental health promotion activities

Research


“NAPHWI - Northern & Aboriginal Population Health & Wellness Institute – is working on 3 particular things: diabetes, youth suicide, & traditional & spiritual healing. They are trying to work hard with these 4 communities to assist them to come up with their own plans on how they can start preventing youth suicide.”

Research

- ❑ Methodological issues, i.e., definition of rural, challenges of appropriate methods of research.
- ❑ Obstacles to access, i.e., reasons for rural/urban differences.
- ❑ Consider both quantitative ('how much') and qualitative ('how come')
- ❑ Evaluate from numerous vantage points, symptom, Fxn, QoL...
- ❑ Determine time- and cost-effective tools relevant to rural and isolated populations.
- ❑ Why suicide rates are higher in rural and isolated areas
- ❑ Consider literacy rates and preferred language
- ❑ Front-line workers considered effective 'screening tools' very valuable.

Summary points

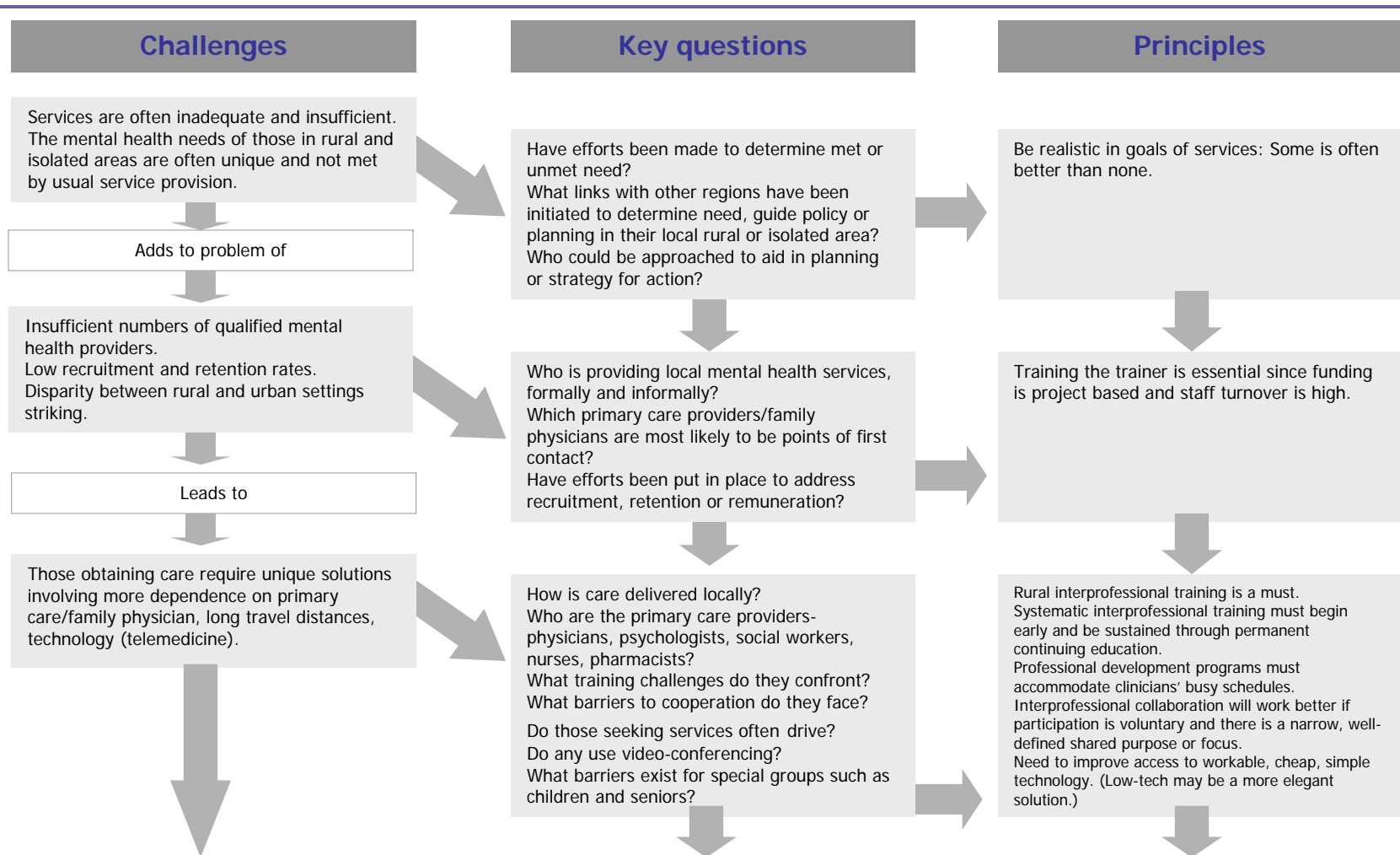
- Promotion: Health promotion & training involve whole community.
- Training: Rural interprofessional training :
 - Begin it early & provide through permanent continuing education.
 - Accommodate health care providers' time constraints.
 - 'Training the trainer', staff turnover is high
- Confidentiality: Help seeking & collaboration are deterred by lack of privacy and 'everyone knows everyone'.
- Flexibility: Interprofessional collaboration will work better if participation is voluntary & there is a narrow, well-defined shared purpose or focus.
- Technology: Need to improve access to workable, cheap & simple technology (low-tech may be a more elegant solution).
- Connection: Need formalized relationship with urban specialists.



□ The chart below, developed by the Rural and Isolated Expert Panel, summarizes some of the main issues involved in the provision of collaborative mental health care in rural and isolated communities.

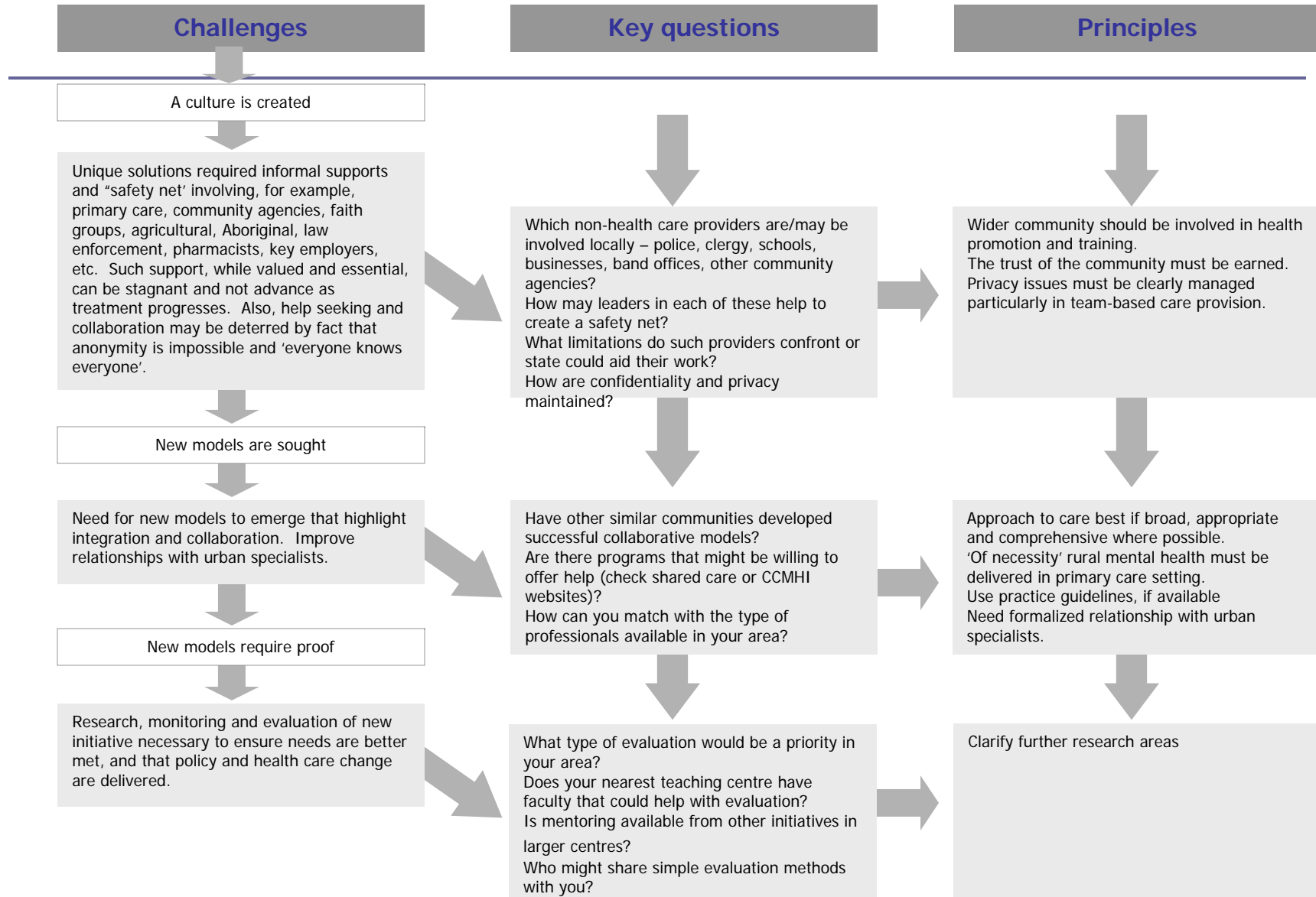
The chart below, developed by the Rural and Isolated Expert Panel, summarizes some of the main issues involved in the provision of collaborative mental health care in rural and isolated communities.

Providing effective collaborative mental health care in rural and isolated areas



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