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## Listening to Achieve Success

### Session/Workshop # D5

6<sup>th</sup> National Conference on Shared Mental Health Care

Saturday May 13, 2006

*Dr. Patti Reed Principal Consultant, Distance Learning Group*



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## *LISTENING TO ACHIEVE SUCCESS*

An overview of the tools and methodology for a national consultation process undertaken by CCMHI to build consensus endorsement of the Canadian Collaborative Mental Health Charter.



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## What was the Goal of the Canadian Collaborative Mental Health Initiative?

To improve the mental health and well-being of Canadians by **strengthening the relationships and improving collaboration** among health care providers, consumers, families and communities.



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## LEADERSHIP

- ❖ Twelve associations came together that had a willingness to commit the time and energy over 2 years to strengthen the delivery of mental health services in primary health care through interdisciplinary collaboration



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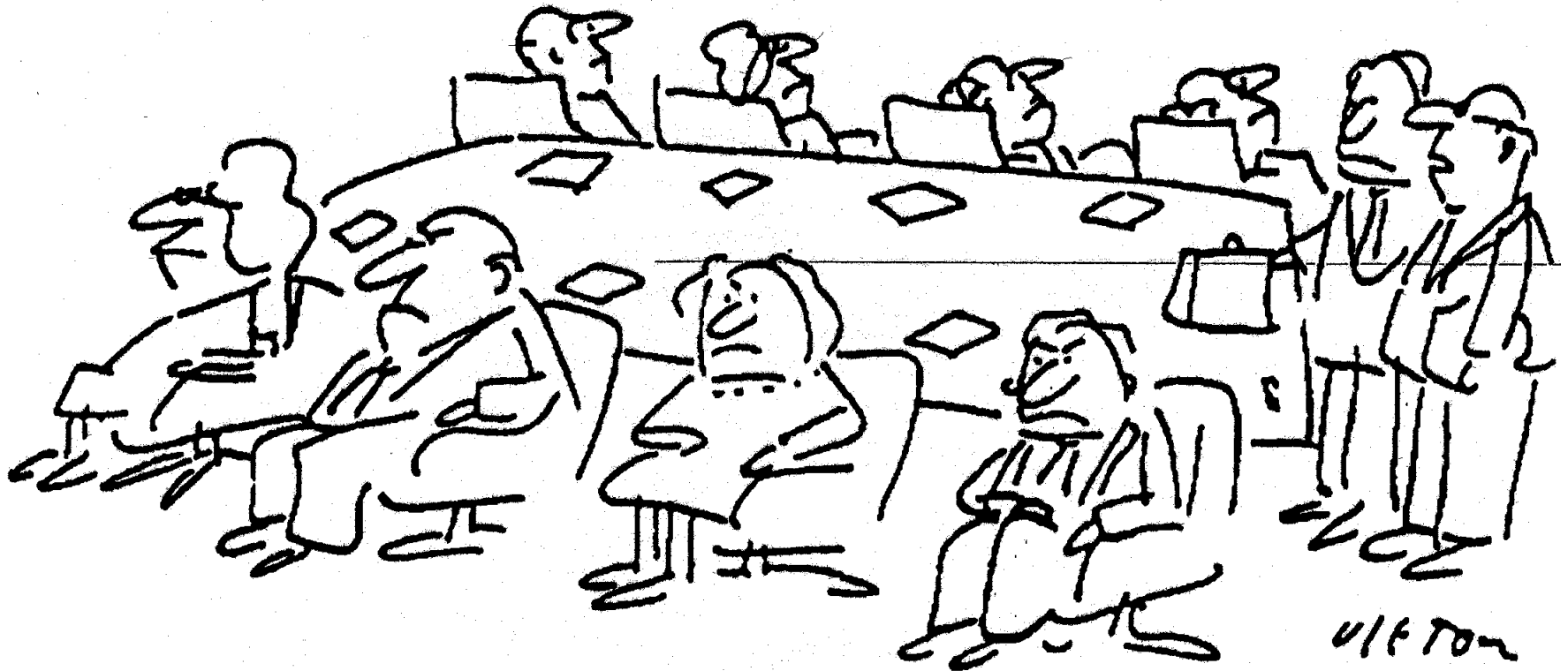
## Canadian Collaborative Mental Health Initiative Partner Organizations

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



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**This might be tougher than we expected**



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- ❖ Each partner organization had two representatives at the planning table
- ❖ Canadian Alliance on Mental Illness and Mental Health (CAMIMH) was represented by the Executive Director of the Mood Disorders Society of Canada and the CEO of the Schizophrenia Society of Canada
- ❖ CCMHI came together because each organization has a stake in the provision of mental health services

*As the working relationships among the CCMHI Steering Committee were being built, members were actively trying to understand the world from the other person's point of view and ultimately modeling the beginning requirements for inter-disciplinary collaboration.*



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## Purpose of the Canadian Collaborative Mental Health Charter

- ❖ To express principles of effective, high quality collaborative mental health to guide the relationships and partnerships among primary health care and mental health professionals, consumers, families and caregivers
- ❖ To 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



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## Purpose (cont'd):

- ❖ To sustain the CCMHI partnership by serving as a vehicle for the CCMHI members to speak with one voice to government on a variety of issues, including policy, legislation and funding requirements to support collaborative mental health care



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## Charter Task Group

- ❖ Developed 9 Principles to guide collaborative mental health care in the primary care context
- ❖ Endorsed by CCMHI Steering Committee in **March 2005**



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## Consumer, Family & Caregiver Consultations April 11 – 23, 2005

- ❖ 145 people attended 14 focus groups in 7 locations across Canada: Halifax, Montreal, Sudbury, Winnipeg, Saskatoon, Whitehorse, Vancouver
- ❖ Focus groups held with youth, seniors, Francophone, First Nations/Aboriginal/Métis, consumer only, caregiver only, consumer/caregiver combined



## Consumer, Family & Caregiver Consultations

- ❖ Principle #1: We believe that all Canadians have a right to appropriate and timely mental health services...**Added:** “that will support a healthy mind, body and spirit.”
- ❖ Principle #5: We recognize individuals requiring mental health services and their families are partners in decision-making about their health care...**Added:** families, caregivers, personal support networks as partners in care *“if directed by the individual”*.
- ❖ Requested that language be made simpler, more assertive, less tentative
- ❖ **Principles were widely endorsed**
- ❖ Consumers and family members appreciated that they were asked to share their experiences and opinions



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## CCMHI Vision Statement

Consumer consultations inspired the CCMHI Steering Committee to strengthen its vision statement to:

**Making Mental Health Care Work**

**New Partners**

**New Places**

**New Hope**



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## Charter Workbooks May 2005

- ❖ Revised Principles (including consumer, family and caregiver comments) documented in Workbooks
- ❖ Workbooks were divided into 3 parts:
  1. Background material about CCMHI, collaborative mental health and a glossary of terms.
  2. Set of questions on the revised draft Charter Principles.
  3. Set of questions on what actions individuals and professional organizations need to do to implement the Principles.



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## Charter Workbooks

- ❖ Workbooks were pre-circulated to Steering Committee members for professional Association membership consultations and to registrants for the Expert Advisory Forums



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## Expert Advisory Forums June 2005

- ❖ Consultations were designed to get a broad cross-section of participants from a variety of mental health and affiliated backgrounds including family physicians, psychiatrists, pharmacists, nurses, psychologists, social workers, occupational therapists, dietitians, consumers, family members and caregivers, government representatives and academics
- ❖ 158 people attended one-day Forums in 7 locations across Canada: St. John's, Québec City, Val-d'Or, Toronto, Edmonton, Yellowknife, Victoria



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## Expert Advisory Forums (cont'd):

- ❖ Participants worked in small groups that were intentionally “mixed” to ensure perspectives from different backgrounds and experiences
- ❖ Key actions were identified through a “card sort” process
- ❖ Egalitarian approach – all opinions valued equally regardless of roles or titles



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## Expert Advisory Forums (cont'd):

- ❖ **Overall positive reaction** to the Principles and to the concept of a national Collaborative Mental Health Charter
- ❖ Suggested some Principles be combined, add introductory preamble, make language more assertive
- ❖ **Add** statements/discussion about **concepts** such as:  
stigma, prevention/promotion, broader determinants of health, wellness and recovery, needs of families and caregivers, knowledge transfer, ways to collaborate, diversity



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## Common Themes for Action

- ❖ **Increase funding**
- ❖ **Provide interdisciplinary education (pre-service and continuing ed)**
- ❖ **Increase public awareness/promote anti-stigma initiatives**
- ❖ **Advocate**
- ❖ **Learn to work collaboratively**
- ❖ **Improve access**



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*Co-creation builds ownership and commitment.*

R. Axelrod, Terms of Engagement

Ownership is the taking hold of a strategy or course of action and making it your own. When you own something you sustain it and see it through to the end. When you make a commitment you promise to perform, produce and perpetuate a course of action.



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## Public On-Line Survey July 11 – August 15, 2005

- ❖ Opportunity for the general public to express views
- ❖ Same format as the Workbooks (feedback on 9 Principles and requested strategies for action)
- ❖ Used to validate research data re: barriers/enablers
- ❖ **Overwhelming and encouraging response** to the Principles and the Charter - **604** completed surveys
- ❖ Highest response from Ontario (1/3)
- ❖ Highest health discipline response from psychiatrists (17.5%)



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## Survey Respondents by Discipline/Region

Region	Dietitian	Family Physician	Nurse	Occupational Therapist	Other	Pharmacist	Psychiatrist	Psychologist	Registered Psychiatric Nurse	Social Worker	Consumer	Government	Academic	Grand Total	% of Total Response
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%	
<b>Grand Total</b>	<b>8</b>	<b>21</b>	<b>78</b>	<b>42</b>	<b>112</b>	<b>3</b>	<b>106</b>	<b>33</b>	<b>30</b>	<b>101</b>	<b>47</b>	<b>7</b>	<b>16</b>	<b>604</b>	
<b>% of Total Response</b>	<b>1.3%</b>	<b>3.5%</b>	<b>12.9%</b>	<b>7.0%</b>	<b>18.5%</b>	<b>0.5%</b>	<b>17.5%</b>	<b>5.5%</b>	<b>5.0%</b>	<b>16.7%</b>	<b>7.8%</b>	<b>1.2%</b>	<b>2.6%</b>		



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## Public On-Line Survey

### Feedback on Principles

Most frequent comments were about:

**Consumer-centredness** and the importance of involving families, caregivers, personal support networks as partners in recovery.

*“Natural helping systems and support networks are the foundation of wellness for an individual. No man is an island.”*

Social Worker

*“Mental wellness is more than an individual state. In my mind it also means healthy relationships and inclusion in a community.”*

Social Worker



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## Public On-Line Survey

### **Feedback on Actions** (to implement Principles)

Most frequent actions identified were:

- ❖ **Interdisciplinary education**
- ❖ **Public education (anti-stigma)**
- ❖ **Practice collaboration at the local level**  
“Talk the talk and walk the walk.”
- ❖ **Advocate to increase funding**



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## On-Line Survey

- ❖ “The Charter will strengthen the delivery of mental health services in primary health care through interdisciplinary collaboration and consumer involvement.” **83% agreed**
- ❖ Comments: “is leading the way”, “is a beginning”, “provides a roadmap”, “has potential”
- ❖ Must lead to **action**

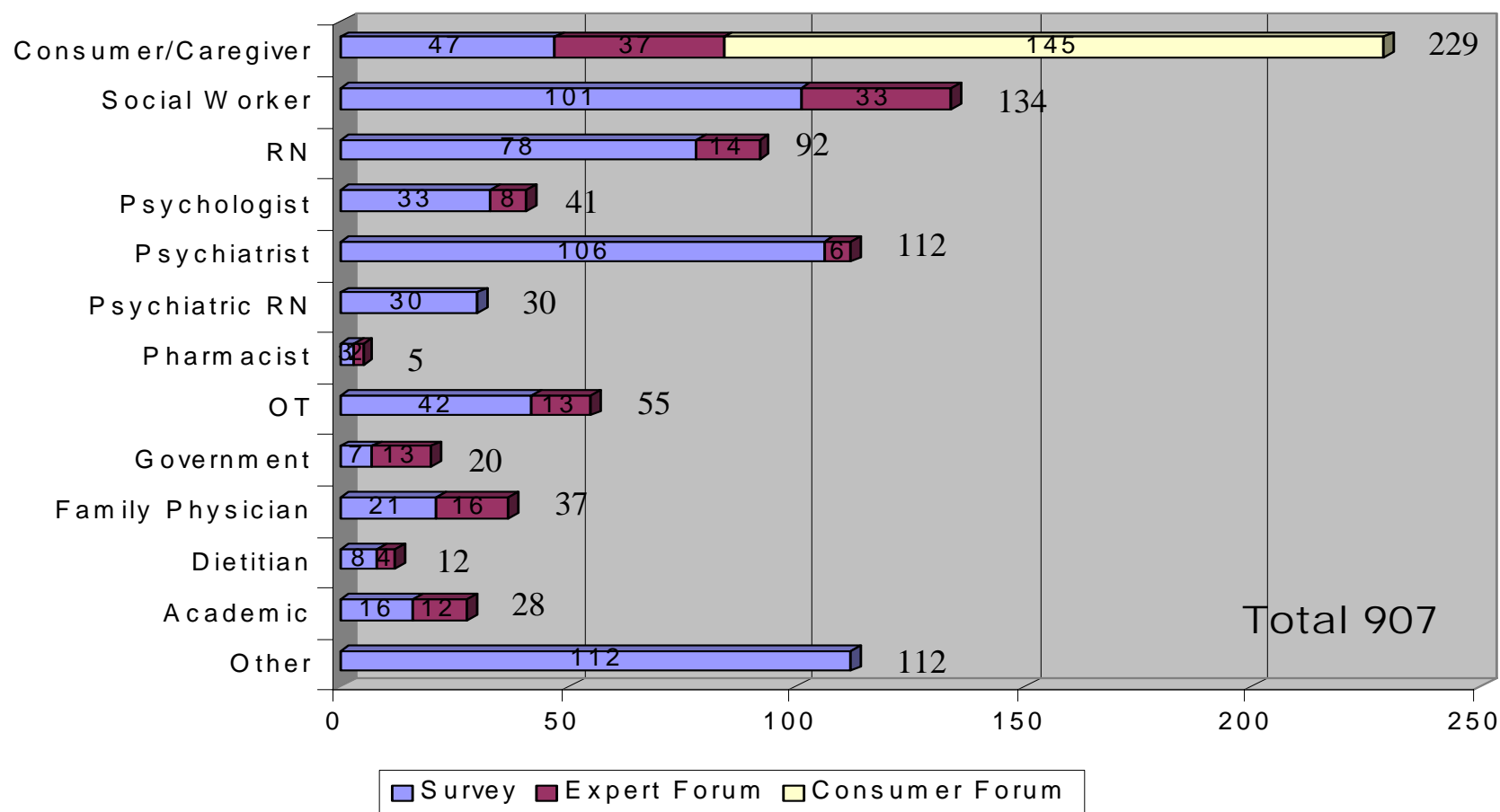


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## Total Feedback of all Participants by Discipline





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## CCMHI Association Consultations July- Sept. 2005

- ❖ Each CCMHI member association utilized their own methods of consultation to solicit feedback among their professional memberships including focus groups, presentation and discussion at professional conferences, surveys, annual meetings



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## CCMHI Consortium

### **Top Priorities for Action:**

- ❖ **Increase funding**
- ❖ **Education**
- ❖ **Anti-stigma and mental health promotion**
- ❖ **Advocacy**
- ❖ **Learn to collaborate**





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## Canadian Collaborative Mental Health Charter

### ❖ Charter Principles **revised**

Reduced to five value statements with introductory preamble

### ❖ Commitments **developed** to implement Principles

Based on themes/priorities identified in Expert Advisory Forums, On-line Survey, Steering Committee membership feedback from **2500 people**



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## Key Learning

***The process is as important as the product.***

No written statement will engage people. It is through dialogue and discussion that people attach meaning and value to the product.



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## Leaders' Forum September 2005

- ❖ More than 60 leaders from the participating national associations, federal and provincial government and other Primary Health Care Transition Fund projects attended a one day meeting in Toronto
- ❖ Purpose was to review and endorse the Principles and Commitments (actions) in the draft Charter to then forward to national association Boards of Directors for sign-off
- ❖ Full day was spent clarifying issues and building consensus



## Leaders' Forum (cont'd)

- ❖ Principles were shortened to be *clear, compelling* and *memorable*
- ❖ Added a principle on health promotion and prevention
- ❖ Principles should be stated as “rights”
- ❖ Added a principle on the importance of a well-supported and funded health care system
- ❖ Added a commitment on quality service
- ❖ Added a commitment on seeking resources

**Leaders agreed that they support the Charter and that it can move forward for sign-off.**



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# Canadian Collaborative Mental Health Charter

## Principle 1: Promotion and Prevention

**All Canadian residents have the right to live in a society that promotes health and provides for the prevention and early detection of mental health problems.**

- ❖ This principle acknowledges that health has many biological, psychological and social determinants. It outlines the responsibility of Canadian society to adopt a population health approach to attend to the social determinants of health of its residents.

## Principle 2: Holistic

**All Canadian residents have the right to health services that promote a healthy mind, body and spirit.**

- ❖ This principle supports the view that health is more than the absence of disease. It also recognizes the links between physical and emotional well being.



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# Canadian Collaborative Mental Health Charter

## Principle 3: Access to Collaboration

**All Canadian residents have the right to collaborative, effective and timely mental health services.**

- ❖ This principle acknowledges the importance of appropriateness and accessibility to mental health care, at or through the individual's first point of contact with a health care provider or system. Collaboration supports this by involving working partnerships among consumers and professionals at the levels of policy and program planning, evaluation and training, as well as front-line care and practice.



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# Canadian Collaborative Mental Health Charter

## Principle 4: Partnership

**Consumers\*, along with their social supports,\*\* have the right and responsibility to be full partners in their recovery.**

- ❖ \*"Consumer" refers to a person who uses mental health services; other terms such as "patient", "client" or "person with a mental illness" may also be used in reference to a consumer.
- ❖ \*\*Social supports include people that play a significant support role such as family members, caregivers, friends, clergy or community agencies as identified by the consumer.
- ❖ This principle acknowledges that collaborative care depends on consumer participation in all aspects of self-care including assessment, intervention, decision-making and management.



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# Canadian Collaborative Mental Health Charter

## Principle 5: Respect

**All Canadian residents have the right to receive mental health services and supports in a manner that respects their diverse needs.**

- ❖ Diverse needs may pertain to age, gender, culture, language, creed, race, economic standing, accommodation status, education, sexual orientation, and spiritual beliefs.
- ❖ This principle emphasizes the importance of flexible and responsive mental health services designed to fit the needs of the individual – not expecting the individual to “fit” into a prescribed program. As people’s needs and goals change over time, individualized services and supports must also change to remain responsive.



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# Canadian Collaborative Mental Health Charter

## Principle 6: Informed

**All Canadian residents have the right to be informed about the range of mental health services and supports that can meet their needs.**

- ❖ This principle expects the health care provider(s) to present and discuss the risks and benefits of treatment options. Treatment alternatives need not be limited to those that are publicly funded.



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# Canadian Collaborative Mental Health Charter

## Principle 7: Resourced

**Mental health services must be supported by policy and provided with adequate financial and human resources.**

- ❖ Effective collaboration takes time and resources to be successful. The availability of mental health and addiction services (from prevention and early intervention through to treatment, rehabilitation and recovery) and access to an integrated team of health professionals requires clear policy direction and innovative funding models to sustain collaborative mental health care.



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# Canadian Collaborative Mental Health Charter

## ❖ Commitments

It is understood by the signatories that their capacities to make the changes necessary to implement the principles in day-to-day practice vary with their respective roles and mandates. Accordingly, the signatories agree to work collaboratively to advocate for, facilitate and/or undertake the following commitments.



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## Canadian Collaborative Mental Health Charter

### **COMMITMENT: PROVIDE LEADERSHIP**

- ❖ Advocate (federal, provincial, territorial governments) for the development of pan-Canadian mental health policies and implementation strategies that support the Charter Principles.
- ❖ Provide leadership and guidance and encourage practices that support collaborative mental health care.



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# Canadian Collaborative Mental Health Charter

## **COMMITMENT: REDUCE STIGMA**

- ❖ Advocate for a pan-Canadian education and public awareness campaign to better educate people about mental health and mental illness.
- ❖ Develop and implement strategies for reducing stigma and discrimination associated with mental illness that can be applied across various settings (e.g. health, community, workplace, school).



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# Canadian Collaborative Mental Health Charter

## **COMMITMENT: BE CONSUMER DRIVEN**

- ❖ Promote formal inclusion and involvement of consumers, families and caregivers and/or their associations in mental health service planning, policy development and evaluation.

## **COMMITMENT: RESPECT DIVERSITY**

- ❖ Establish common guidelines for the delivery of mental health services that respect individual differences and the context of culture in mental health and mental illness.



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# Canadian Collaborative Mental Health Charter

## **COMMITMENT: COLLABORATE**

- ❖ Promote interprofessional education to increase the collaboration skills of consumers and health care providers and to build knowledge about the expertise and potential contributions of other partners.
- ❖ Promote interprofessional competencies in collaborative mental health care within each health care provider profession through regulatory and accreditation standards.
- ❖ Work together as health care and consumer associations to inform, advise and support primary health care reform initiatives to include mental health and mental illness.



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# Canadian Collaborative Mental Health Charter

## **COMMITMENT: ENHANCE ACCESS**

- ❖ Continue to work together as health care associations to advocate for, build and sustain the policy, program and resource infrastructure to support collaborative mental health provider education and practice.

## **COMMITMENT: EMBRACE QUALITY**

- ❖ Continue to support research, evaluation and the implementation of effective practices in collaborative mental health care.



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# Canadian Collaborative Mental Health Charter

## **COMMITMENT: CALL FOR RESOURCES**

- ❖ Continue to work together as health care associations to advise and inform funding bodies about the financial and human resources needed to deliver effective and timely collaborative mental health care.



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## Canadian Collaborative Mental Health Charter

**We, the signatories, on behalf of our respective Associations, agree to work collaboratively to uphold the Principles and actively endorse the Commitments as written in the Collaborative Mental Health Charter.**



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## National Association Board Approval

- ❖ Charter reflects national consultations with the Consumers, Families and Caregivers Focus Groups, Expert Advisory Forums, Steering Committee Association membership, public on-line survey and the Leader's Forum.
- ❖ A six month national consensus-building collaborative engagement process

***When people focus on what they want to create, they become excited and energetic.***



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## CCMHI Canadian Collaborative Mental Health Charter

- ❖ October 2005 – February 2006
- ❖ Charter presented to national association Board of Directors for approval and sign-off
- ❖ Unanimously endorsed – agree to uphold the Principles and fulfill Commitments – ongoing legacy of CCMHI Primary Health Care Transition Fund project



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