



Canadian
Collaborative
Mental Health
Initiative



Canadian Collaborative Mental Health Charter

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.

March 2006

The opinions expressed in this publication are those of the CCMHI member organizations and do not necessarily reflect the official views of Health Canada.

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Preamble

The 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, and the Registered Psychiatric Nurses of Canada acknowledged the importance of integrating mental health and primary care through the establishment of the Canadian Collaborative Mental Health consortium. This consortium, with support from Health Canada's Primary Health Care Transition Fund, led to the Canadian Collaborative Mental Health Initiative (CCMHI). This initiative is a two-year project, which has broadened the understanding of collaborative mental health care through a number of research and working papers, and promoted collaborative mental health care through the development of toolkits for consumers, families, caregivers and providers.

The members of the Canadian Collaborative Mental Health consortium believe that the people of Canada are entitled to a health system with the capacity to help them meet both their physical and their mental health needs – whether those needs are illness prevention, early detection, treatment, rehabilitation or recovery. These associations, working together, believe that access to appropriate mental health services can be strengthened through effective collaboration among health professionals, consumers, families and caregivers on the care team.

Mental Health issues affect nearly everyone. One in five Canadians experience mental illness at some point in their lives – often with devastating impact on the individual and on the individual's family, friends, and colleagues. Mental illnesses are highly prevalent chronic conditions and a major source of disability. Mental health concerns can include a number of issues from addictions and substance use, depression and anxiety, to psychosis.

Most people who could benefit from mental health services do not receive the care they need. Mental health problems can co-exist with, or be related to, physical problems. It is clear from the growing body of evidence that mental health services are optimized when providers with backgrounds in primary health care and in mental health care work collaboratively with consumers, their families and caregivers toward the attainment of goals set by the consumer. The focus of this *Charter*, and indeed the work of the Canadian Collaborative Mental Health Initiative, is on facilitating collaboration among consumers and health care providers. Mental health is an integral component of primary health care.

Signatories to this *Charter* commit their organizations to continuing to work together to improve access to good mental health services through collaboration among consumers, families, caregivers, and primary health care and specialized mental health care providers. They have determined the principles that characterize effective collaborative mental health care and the commitments required to ensure that collaborative mental health care is available to all Canadians who can benefit from it. This *Charter* is an expression of the commitment made by the associations to continue to work together to strengthen the delivery of mental health care.

Charter Principles

The *Canadian Collaborative Mental Health Charter* reflects the commitment of national consumer and provider organizations of mental health services to improving the mental health of persons in Canada. These organizations, who are signatories to the *Charter*, agree to promote and support the *Charter* through their membership.

The signatory organizations agree that the following Principles form the foundation of collaborative mental health care and agree to promote these Principles among their members and stakeholders:

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 Approach

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.

Principle 3: 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.

Principle 4: Partnership

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

This principle acknowledges that collaborative care depends on consumer participation in all aspects of self-care including assessment, intervention, decision-making and management.

* "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.

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.

Those people that are most marginalized in society often experience higher levels of mental and physical health problems and the greatest difficulty accessing services appropriate to their needs.

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.

Principle 6: Information Exchange

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.

Principle 7: Resources

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.

Charter Commitments

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

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.

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).

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.

Commitment: Collaborate

Promote interprofessional education to increase the collaborative 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.

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.

Commitment: Advocate 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.

Charter Endorsement

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 *Canadian Collaborative Mental Health Charter*.



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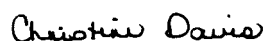
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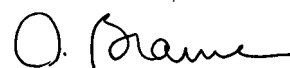
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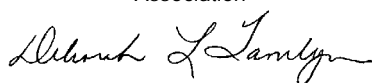
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Dated March 2006

Glossary

BEST PRACTICES Technique or methodology that, through experience and research, has proven to reliably lead to a desired result. [Interchangeable with “Better Practices” and “Good Practices”]
(Based on discussions held in January 2005 between a number of national and regional initiatives funded by the Primary Health Care Transition Fund)

CONSUMER A recipient of mental health care and related support services to meet the individual’s needs in any care setting. [Interchangeable terms include “patient”, “user”, “client”]
Adapted from: Canadian Medical Association; Canadian Nurses Association. Working Together: A joint CNA/CMA collaborative practice project. HIV/AIDS example [background paper]. Ottawa: CM; Mar. 25, 1996. p.24 Available through the CMA’s Member Service Centre 1867 prom. Alta Vista Dr. Ottawa ON K1G 3Y6; tel.: 800663-7336 ext.2307, fax. 613-731-9102 ; e-mail: cmamsc@cma.ca

CONSUMER-CENTRED Care that is respectful and responsive of individual consumer preferences, needs and values, ensuring that patient values guide all clinical decisions.
Adapted from: Institute of Medicine (U.S.) Committee on Quality of Health Care in America. Crossing the quality chasm: a new health system for the 21st century. Washington, D.C.: National Academy Press; 2001. 364p.

INTERDISCIPLINARY A range of collaborative activity undertaken by a team of two (2) or more individuals from different disciplines applying the methods and approaches of their respective disciplines.
(Based on discussions held in January 2005 between a number of national and regional initiatives funded by the Primary Health Care Transition Fund)

PRIMARY HEALTH CARE An individual’s first contact with the health care system characterized by a spectrum of comprehensive, coordinated and continuous health care services such as health care promotion, diagnosis, treatment and chronic disease management.
Adapted from: Mable AL, Marriot J. Sharing the learning: the Health Transition Fund synthesis series: primary health care health. Ottawa: Health Canada; 2002. 48p Available at: http://www.hc-sc.gc.ca/hcf-fass/english/primary_en.pdf and Nova Scotia Advisory Committee on Primary Health Care Renewal, 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>

PRIMARY HEALTH CARE SETTING Primary health care is delivered in many settings such as the workplace, schools, home, health-care institutions, homes for the aged, nursing homes, day-care centres, offices of health care providers, and community clinics. It is also available by telephone, health information services and the Internet.
Klaiman D. Increasing access to occupational therapy in primary health care. Occupational Therapy Now Online. 2004 Jan-Feb;(1). Available at: <http://www.caot.ca/default.asp?pageid=1031>

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