



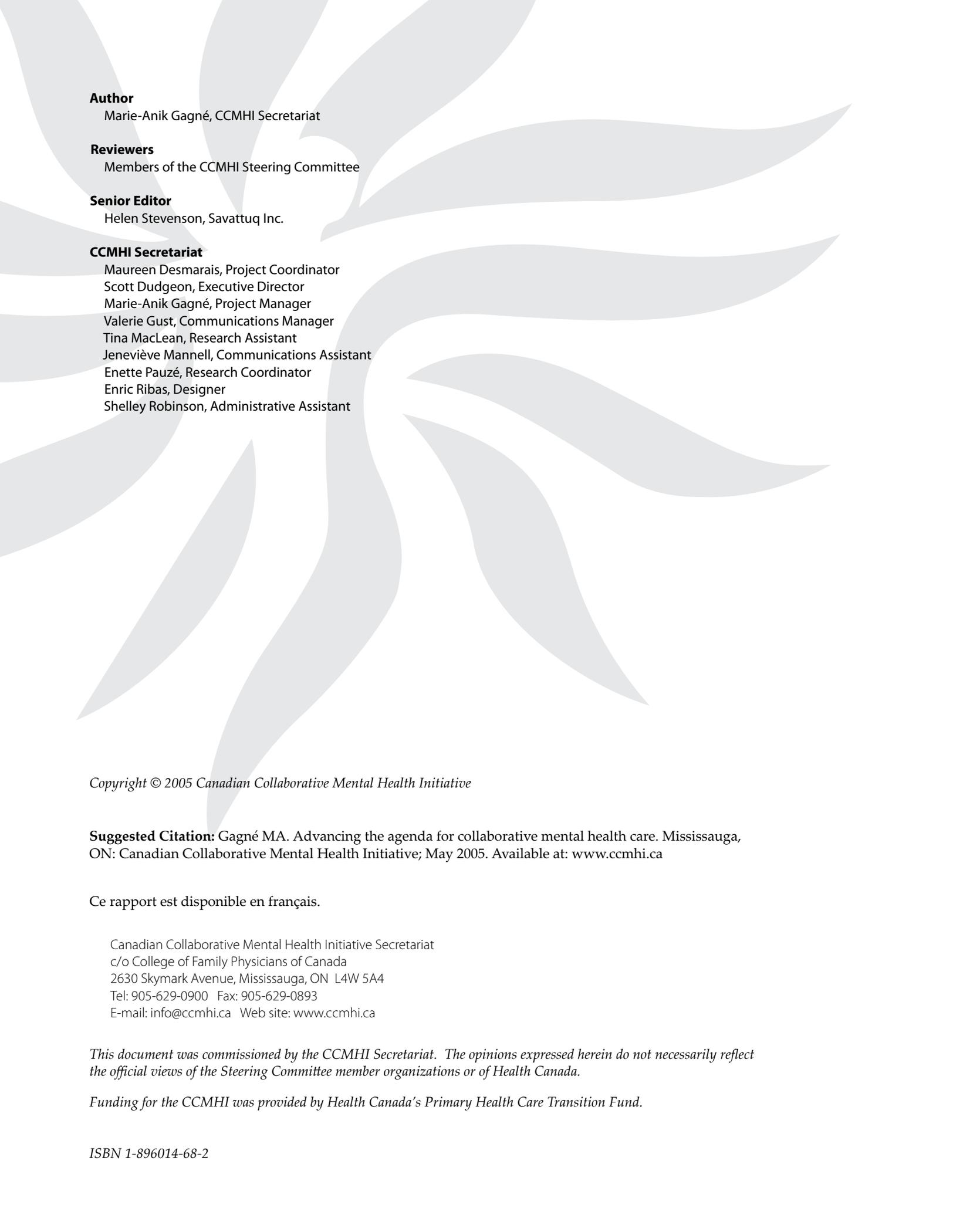
Canadian
Collaborative
Mental Health
Initiative

Initiative
canadienne de
collaboration en
santé mentale

Advancing the Agenda for Collaborative Mental Health Care

1

May 2005

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Advancing the Agenda for Collaborative Mental Health Care

*A paper for the
Canadian Collaborative Mental Health Initiative*

Prepared by:
Marie-Anik Gagné, PhD

May 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.

INTRODUCTION

Mental illness is one of the most significant health problems or disorders facing Canadians, many of whom are not getting the care they need. For a variety of reasons, including familiarity, convenience and accessibility, Canadians seek assistance from their primary health care providers for mental health concerns.

The Canadian Collaborative Mental Health Initiative (CCMHI), established in March 2004 with a two-year mandate, is working to enhance mental health services in primary health care through:

- ∞ a series of research and discussion papers
- ∞ numerous implementation strategies in

the form of toolkits

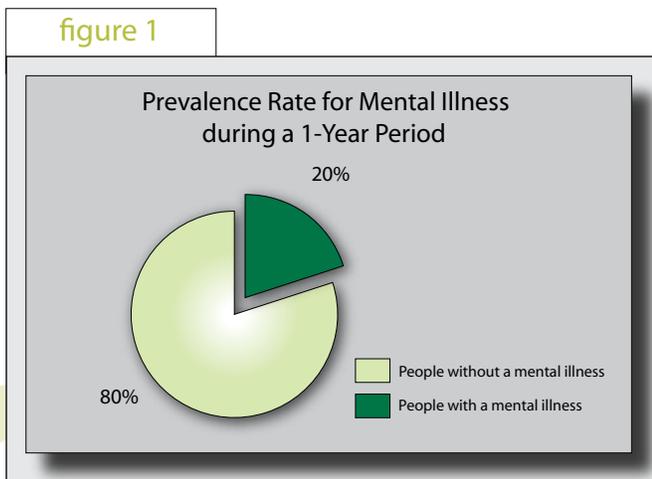
- ∞ the creation of a national Charter for collaborative mental health care

This document:

- ∞ reviews the barriers that prevent people from accessing mental health services in primary health care
- ∞ describes collaborative mental health care and how this approach can alleviate some of these barriers
- ∞ lists barriers to collaborative mental health care
- ∞ relates the activities that the CCMHI is undertaking to *Advance the Agenda of Collaborative Mental Health Care in Canada*

DID YOU KNOW?

Previous studies have estimated that nearly one in five Canadian adults will personally experience a mental illness¹ during a 1-year period.² (Figure 1)



Prevalence estimates vary greatly depending on the type of disorder and the population groups included in the calculations. Some populations may be more prone to having or reporting a mental illness; some jurisdictions may have more services available; and some jurisdictions may place a greater emphasis on mental health promotion and prevention. For example, lifetime prevalence values range from 5.4% in Korea to 31.4% in Montreal.³

1. 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).
2. Health Canada. A Report on Mental Illnesses in Canada. Ottawa, ON; October 2002.
3. Waraich, P., Goldner, E., Somers, J., and Hsu, L. Prevalence and Incidence Studies of Mood Disorders: A Systematic Review of the Literature. Canadian Journal of Psychiatry 2004; 49(2):124-138.

Only 61% of individuals who had a self-reported mental health problem or disorder consulted a professional for their problem during their lifetime.⁴ (Figure 2)

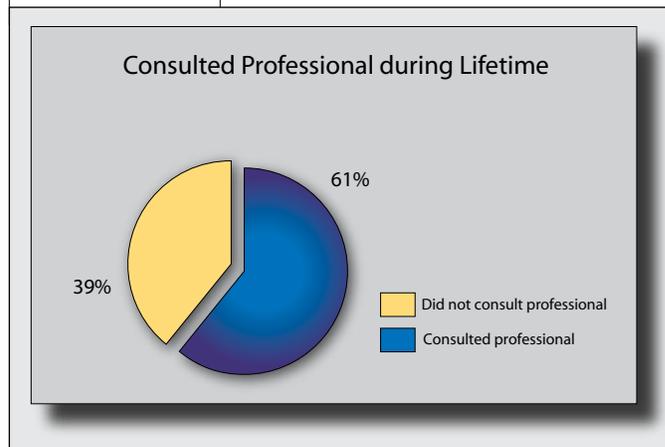
Of the 61% of Canadians who consulted a professional for a mental health problem or disorder, 45% consulted their family physician, followed by a psychiatrist (25%) and psychologist (23%). Others consulted social workers (21%), religious advisors (8%) and nurses (6%) (Table 1). There were also individuals who consulted either a family physician, a psychiatrist, or both (Table 2)⁵. In other studies, 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

Approximately one in seven Canadians reported that they did not receive the care they needed for their emotional or mental health needs.

Per cent of Individuals with a Mental Disorder Consulting Various Health Professionals in their Lifetime

table 1	
Type of Professional Consulted	% of Individuals Consulting
Family Physician	45
Psychiatrist	25
Psychologist	23
Social Worker	21
Religious Adviser	8
Nurse	6

figure 2



Per cent of Individuals with a Mental Disorder Consulting a Family Physician and/or a Psychiatrist in their Lifetime

table 2	
Type of Professional Consulted	% of Individuals Consulting
Family Physician	25
Psychiatrist	23
Family Physician and Psychiatrist	20

4. Kasman, N., and Hay, C. Prevalence of Mental Illnesses and Related Service Utilization in Canada: An Analysis of the Canadian Community Health Survey. Working paper prepared for the Canadian Collaborative Mental Health Initiative, Mississauga, Ontario, Canada.
 5. Kasman et al. Working paper.
 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.

Reasons Listed for not Receiving Mental Health Care

1. Accessibility:

- ⌘ could not afford to pay
- ⌘ problems with transportation/ child care/ scheduling

2. Acceptability:

- ⌘ preferred to manage oneself
- ⌘ did not think anything would help

- ⌘ did not know how or where to get help
- ⌘ afraid to ask for help
- ⌘ did not get around to it/ did not bother
- ⌘ language barriers
- ⌘ personal/ family responsibilities

3. Availability:

- ⌘ waiting time too long
- ⌘ professional not available in area
- ⌘ professional not available when required

WHAT IS BEING DONE

What is being done about these issues?

Health Canada has recognized the importance of enhancing mental health services in primary health care, by funding the CCMHI. The CCMHI is a reflection of the growing importance of high quality mental health services delivered collaboratively within the primary health care setting. It also reflects the urgent need to strengthen the capacity of primary health care providers in this context. The CCMHI was formed to advance this agenda by a consortium of 12 national organizations, representing community services, consumer,

The goal of the CCMHI is to *improve the mental health and well-being of Canadians by strengthening the relationships and improving collaboration among health care providers, consumers, families and caregivers.*

family and self-help groups, dietitians, family physicians, nurses, occupational therapists, pharmacists, psychologists, psychiatrists, and social workers.

Health Canada has recognized the need to enhance primary health care services through the Primary Health Care Transition Fund. The goals of this fund include:

- ⌘ encouraging more primary health care organizations to provide comprehensive services to populations
- ⌘ emphasizing health promotion and disease prevention
- ⌘ emphasizing chronic disease management
- ⌘ ensuring 24/7 access
- ⌘ building multidisciplinary teams
- ⌘ facilitating the coordination and integration of other health services
- ⌘ emphasizing collaboration

BARRIERS TO MENTAL HEALTH CARE

What are the barriers to mental health care?

There are many reasons why Canadians are not getting the care they need, primarily the:

- ∞ lack of necessary resources to meet the mental health care needs of all Canadians
- ∞ language and cultural variations that prevent some Canadians from accessing mental health care services and community and social services
- ∞ varying mental health care intake procedures between services, which are

often confusing for health care providers initiating referrals

- ∞ health care provider attitudes and limited knowledge of each other's roles, responsibilities and skills
- ∞ geographical barriers that prevent some Canadians from accessing mental health services and community and social services
- ∞ poor coordination of primary health care and mental health care reform planning
- ∞ stigma and discrimination associated with mental health problems

ADDRESSING THESE BARRIERS

Collaboration is key!

No single provider or service has the time and skills to meet the needs of all individuals with mental health problems. However, through greater collaboration among health care providers, community and 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 care for Canadians living in isolated or 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 their knowledge of the role, responsibilities and skills of others, and contributing to a change in attitudes.

Collaborative mental health care is key to addressing the challenges and barriers to accessing mental health care.

For some Canadians, mental health, community and social services are accessible. However, consumers are often deterred from

seeking mental health care because of the stigma associated with mental health problems. Furthermore, people requiring specialized mental health care traditionally have been expected to attend mental health clinics even though they may prefer to access services in more familiar and comfortable settings. Clearly, the mental health care needs of many Canadians could be better met in a location that is both physically accessible and comfortable for the

consumer. By building relationships among primary health care providers, specialized mental health care providers and consumers, families, and caregivers, mental health services can be moved to a setting that better meets the needs of consumers. Furthermore, given the strong correlation between physical illness and mental health problems, these new relationships can contribute to the well-being of all consumers.

COLLABORATIVE MENTAL HEALTH CARE

What is Collaborative Mental Health Care?

Collaborative mental health care is a concept that emphasizes the opportunities to strengthen the accessibility and delivery of mental health services in primary health care settings through interdisciplinary collaboration. It is not a fixed model nor a specific approach.

More specifically, collaborative mental health care is a *range of practice models* that:

- *involves consumers, families, and caregivers, as well as health care providers from mental health and primary health care settings—each with different experience, training, knowledge, and expertise*
- *promotes mental health and provides more coordinated and effective services for individuals with mental health needs*
- *works in a range of settings including community health centres, primary*

health care provider practices, an individual's home, schools, or community locations such as shelters

- *varies according to the needs and preferences of the individual and the knowledge, training, and skills of the providers*

According to a review of the literature and existing initiatives, there are many configurations for collaborative mental health care initiatives.

The configuration of these initiatives varies according to existing jurisdictional and/or system level factors, such as: policies, legislation, funding structures, community needs, resources and readiness, and evidence-based research. At the service delivery level, initiatives vary in terms of *accessibility*, for instance how consumers can access mental health services in primary health care settings (e.g., a social worker and nurse practitioner providing services together in a shelter or a psychiatrist regularly working with primary health care providers in a family

Figure 3. Collaborative Mental Health Care Framework



health clinic). Initiatives will also vary according to the *richness of their collaboration*. For example, initiatives can involve as few as two and as many as five or more disciplines; some initiatives will focus on transferring knowledge among collaborative partners, others less so. The *collaborative structures* of initiatives will also vary. For example, some have a project manager, formal

evaluation protocol, and/or memorandums of understanding with their partners. Finally, the extent to which the *consumer is at the centre* of the planning, evaluation, and governance of the initiative and treatment decision-making process varies from one initiative to another. (Figure 3)

BARRIERS TO COLLABORATIVE CARE

What are the barriers to collaborative mental health care?

Achieving progress in enhanced collaboration among primary health care and mental health partners, consumers, families, and caregivers requires an understanding of the barriers that impact collaborative mental health care. These barriers are as follows:

System Barriers

Policy Barriers

- ❧ lack of coordination among primary health and mental health care reforms, leading to a fragmented health care system with gaps and overlaps in the delivery of care
- ❧ lack of policy and funding to support health human resources (HHR) plans developed to avert a HHR crisis
- ❧ lack of adequate supply of the requisite professionals to manage the growing

- demand for mental health care
- ↪ lack of reward systems that allow reasonable access to the full range of capabilities to meet demands
- ↪ remuneration structures that do not support collaborative interaction among health care providers; for example, payment methods based on service delivered by individuals
- ↪ tendency of professional liability schemes to focus on the individual provider rather than teams of providers

Planning Issues

- ↪ lack of longer-term policy planning
- ↪ need for planning across the full spectrum of health and social services to ensure the mental health and well-being of the entire population
- ↪ disconnect between mental health reform and other relevant social issues (e.g., housing, prevention, judicial system)
- ↪ insufficient funding to implement health care policies
- ↪ increased pressure on mental health and primary health care sectors without additional funding, due to the switch from hospital to community-based mental health care

Legislation or Regulation Issues

- ↪ inhibited collaboration among multidisciplinary professionals due to regulated scopes of practice
- ↪ liability issues that may make providers reluctant to include consumers in the collaborative process
- ↪ liability schemes that may actively discourage collaboration among providers

- ↪ restrictions imposed by privacy legislation on sharing client information that is often necessary for interdisciplinary collaboration
- ↪ need for cultural change in legal approach, shifting the focus away from finding one guilty individual

Funding

- ↪ inadequate sustainable funding for primary health care
- ↪ insufficient funding for some mental health professionals, in some cases leading to recruitment and retention difficulties and challenges when collaborating with well-funded providers
- ↪ inadequate funds for the required administrative support
- ↪ lack of funding for consumer groups or to support the involvement of families and caregivers
- ↪ under funding of basic services
- ↪ lack of funding to train students in collaboration
- ↪ lack of funding to develop placements for students in mental health clinical settings
- ↪ funding schemes that do not always support long-term planning

Research Issues

- ↪ lack of consistent evidence to identify best practices due to the early stages of collaborative mental health care
- ↪ lack of common evaluation tools being used across similar collaborative mental health care initiatives

Accessibility Barriers

- ❧ difficulty maintaining confidentiality in small communities
- ❧ reluctance of people to seek help due to the stigma associated with mental illness
- ❧ challenges in rural and isolated communities related to staff recruitment and retention, and the additional costs associated with delivering health care to isolated communities
- ❧ limited access to primary health care services, which are necessary for collaborative mental health care

Teamwork Barriers

- ❧ no overall culture of collaboration
- ❧ traditional hierarchical structures, which do not lend themselves well to collaborative work and interactions
- ❧ attitudinal barriers, whereby some people do not believe that collaborative mental health care works
- ❧ language and/or terminology differences that can act as a barrier among professional groups and alienate peer-support workers and consumers from participating in collaborative mental health care
- ❧ lack of interprofessional communication
- ❧ lack of understanding and respect among professionals
- ❧ differing professional cultures
- ❧ overlapping role of many providers

Structural Barriers

- ❧ lack of funding and policy directives, and reticence of health care providers that have impeded the development of information systems critical to facilitating collaborative care
- ❧ lack of funding to support infrastructure (e.g., coordinators, program managers)
- ❧ lack of funding for project evaluation

Barriers to Consumer-Centredness

- ❧ significant number of underserved groups that face unique challenges with varying mental health needs
- ❧ lack of information in the literature describing effective methods of involving consumers in collaborative approaches
- ❧ traditional structures that do not lend themselves to involving consumers
- ❧ lack of respected and distinct role for peer support workers; peer support is often implemented as a stop-gap measure (that is, cheap mental health labour) and not part of the mental health team
- ❧ difficulty recruiting consumers that can participate at all levels of collaborative mental health care
- ❧ divisiveness among consumer groups
- ❧ lack of cooperation among consumer and/or caregiver groups
- ❧ fragmented voluntary system, partly due to the funding structure and insufficient funds to maintain the voluntary system

ADVANCING THE AGENDA

What is the CCMHI doing to advance the agenda of collaborative mental health care in Canada?

The CCMHI commissioned a number of papers to examine the barriers to collaborative mental health care in greater detail; developed a series of strategic implementation toolkits to address these barriers; and, drafted a Charter for collaborative mental health care that the CCMHI consortium signed.

Research Papers

There are 12 papers, 10 of which focus on exploring barriers to collaborative mental health care. The intent of these papers is to capture the current state of collaborative mental health care; explore the challenges in greater depth to facilitate the development of strategies (i.e., the toolkits); and, provide a baseline against which to measure progress.

Papers that set the stage for the activities of the CCMHI

Advancing the Agenda for Collaborative Mental Health Care

Reviews the barriers that keep people from accessing mental health services in primary health care. Describes collaborative mental health care and how this approach can alleviate these barriers. Lists a number of barriers associated with collaborative mental health care. Relates the activities that the CCMHI is undertaking to advance the agenda of collaborative mental health care in Canada.

What is Collaborative Mental Health Care? An Introduction to the Collaborative Mental Health Care Framework

Identifies four key elements of collaborative mental health care (accessibility, richness of collaboration, collaborative structures, and consumer centredness) and the fundamentals that influence collaborative mental health care (policy/ legislation, funding, research, and community). The subsequent papers are organized according to these key elements and fundamentals, thus creating a common thread throughout the work of the CCMHI.

Papers that review all aspects of collaborative mental health care

Annotated Bibliography of Collaborative Mental Health Care

Reports the trends found in the literature between 2002-2004 on the integration of mental health care in primary health care. Reviews over 800 articles and chapters found in peer-reviewed journals and the grey literature.

Better Practices in Collaborative Mental Health Care: An Analysis of the Evidence Base

Builds on the Annotated Bibliography and through analyzing the evidence, moves towards identifying better practices in collaborative mental health care.

Collaborative Mental Health Care in Primary Health Care: A Review of Canadian Initiatives

Reviews approximately 100 collaborative mental health care initiatives in Canada.

Each initiative is described and emerging trends discussed. Volume I is the Analysis; Volume II is the Resource Guide.

Papers that examine system level factors

 *Collaborative Mental Health Care in Primary Health Care Across Canada: A Policy Review*

Reviews relevant mental health and primary health care policies and legislation in each province and territory that support or hinder the implementation of new collaborative mental health care initiatives.

 *Collaborative Mental Health Care: A Review of Selected International Initiatives* [Unpublished internal document]

Examines activities related to the integration of mental health services in primary health care in select countries (i.e., Australia, New Zealand, United Kingdom, United States, and Europe, particularly The Netherlands). Outlines some of the policies that support collaborative mental health care and provides examples of initiatives.

 *Health Human Resources in Collaborative Mental Health Care*

Studies the scope of practice, liability issues, and regulations of health care providers from various disciplines, and how these factors encourage or inhibit the implementation of collaborative mental health care.

Papers that examine barriers related to accessibility, richness of collaboration, and consumer-centredness

 *Prevalence of Mental Illnesses and Related Service Utilization in Canada: An Analysis of the Canadian Community Health Survey*

Analyzes the Canadian Community Health Survey: Mental Health and Well-Being,

to show which professionals people with mental health problems are consulting in their treatment, as well as whether there is collaboration among professionals in treating an individual. Reviews factors that may act as barriers to accessing services.

 *Interprofessional Education Initiatives in Collaborative Mental Health Care*

Reports on a survey of university departments, professional associations and community organizations conducted to determine the extent to which courses in mental health were being offered in a collaborative fashion to a wide range of health care professionals.

 *Providing Mental Health Services to Aboriginal Peoples Through Collaborative Mental Health Care: A Situation Report* [Unpublished internal document]

Summarizes research, reports, and statistics that document and address major mental health challenges facing Aboriginal Canadians. Provides an initial examination of current mental health care models serving Aboriginal people.

Paper that summarizes the findings of all of the above papers

 *Current State of Collaborative Mental Health Care*

Summarizes the reports commissioned by the CCMHI to provide a picture of the current state of collaborative mental health care.

Strategies to Advance the Collaborative Mental Health Care Agenda

Toolkits for Consumers, Families and Caregivers

There are several primary groups of stakeholders, each of whom would benefit from tools to assist them in advancing the collaborative mental health care agenda. These stakeholders include: consumers, families and caregivers; health care providers; planners; and educators.

🔗 *Working Together Towards Recovery: Consumers, Families, Caregivers and Providers*

Tailored to consumers, families and caregivers wishing to know more about mental health and mental illness, how to access services and the type of professionals that can assist them in their recovery. This toolkit also offers an outline of complementary therapies and self-care as well as the contributions and needs of caregivers. Finally, this toolkit includes a guide to “getting involved”, describing self-management as well broader involvement.

🔗 *Pathways to Healing: Mental Health Guide for First Nations People*

Offers a basic overview of mental health and mental illness along with a contextual section outlining the impact of historical, social, economic and political conditions on the mental health of these peoples. There are tools in this document to foster holistic care.

Toolkits for Educators

🔗 *Strengthening Collaboration through Interprofessional Education: A Resource for Collaborative Mental Health Care Educators*

Serves as an educational resource to assist in the implementation of educational initiatives and programs that promote collaborative mental health care in primary health care settings. The toolkit is targeted to education program developers in regulatory agencies, professional associations, regional health authorities, family health teams, governmental departments, and educators within both academic (universities and colleges) and care delivery settings.

This toolkit highlights the importance of interprofessional education in promoting collaborative care. It offers four case studies and several activities accompanied by a sample lesson plan and other useful tools to aid educators in the implementation of educational events.

Toolkits for Providers and Planners

🔗 *Collaboration Between Mental Health and Primary Care Services: A Planning and Implementation Toolkit for Health Care Providers and Planners*

Created for providers wishing to establish or enhance the mental health services they provide through collaboration. This general toolkit offers readers a guide to all aspects of planning, implementing and evaluating a collaborative mental health care initiative, including assessing needs, setting goals and objectives, developing a budget, building a team, maintaining a well-functioning team, managing change and monitoring the initiative.

Companion Documents

There are eight companion documents designed to be used in conjunction with the

general toolkit. They offer tips on adapting the general toolkit for the needs of particular communities. The general and population-specific toolkits are not intended as clinical guides but offer practical advice on different aspects of establishing successful collaborative initiatives.

Eight companion toolkits:

Establishing collaborative initiatives between mental health and primary care services for:

- ❖ *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*

Charter

There are a number of barriers to collaborative mental health care relating to people's attitudes that require system-level change. The CCMHI is developing a charter of collaborative mental health care principles and action plans as a legacy to advance the agenda for collaborative mental health care.

The members of the CCMHI consortium have developed a vision for a future where primary health care providers have the capacity to meet the mental health care needs of their consumers through collaborative mental health care. The Collaborative Mental Health Charter (Charter) outlines that vision and will act as a guide in implementing the required actions.

The timing for the CCMHI and the Charter is ideal: efforts to promote collaborative mental health care are gaining momentum,

particularly at a time when primary health care renewal has become a national priority.⁷

By endorsing the Charter, the twelve CCMHI signatories will formalize their commitment to improving the health and well-being of Canadians, by providing access to mental health services through primary health care. Their signatures are a commitment to adopt collaborative mental health care principles at a system, organizational, and individual level. Charter signatories are also being asked to identify what steps are required by their organization to make progress towards achieving this vision. Finally, each organization is being asked to make a firm commitment to follow up on those actions by committing to five action steps.

They will:

1. Review their policies, practices, and program decisions to ensure compatibility with the Charter;
2. Develop an action plan to implement the vision according to the principles outlined in the Charter;
3. Publicly and regularly report on their progress in implementing the action plan;
4. Increase their collaborative inter-association and interdisciplinary activities; and
5. Advocate within the broader community to increase the number of signatories to the Charter.

7. Pawlenko, N. Collaborative Mental Health Care in Primary Health Care Settings Across Canada: A Policy Review Report prepared for the Canadian Collaborative Mental Health Initiative, Mississauga, Ontario, Canada; June 2005. Available at: <http://www.ccmhi.ca>

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appendixA

GLOSSARY OF TERMS & ACRONYMS

Terms

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'].⁸

8. Canadian Collaborative Mental Health Initiative, 2005, In-house definition.

COLLABORATION IN PRIMARY HEALTH CARE

Two (2) or more primary health care providers working together with the consumer, family and caregiver for purposes of improving health outcomes and system capacity that involves joint information sharing, goal setting and decision making.⁹

COLLABORATIVE PARTNERSHIP

A mutually beneficial arrangement, agreement or understanding whereby two (2) or more parties work jointly toward a common end.¹⁰

CONSUMER

A recipient of health care and related support services to meet the individual's needs in any care setting.¹¹ [Interchangeable terms include 'patient', 'user', and 'client']

INTERDISCIPLINARY

A range of collaborative activities undertaken by a team of two (2) or more individuals from varying disciplines applying the methods and approaches of their respective disciplines.¹²

PRIMARY HEALTH CARE

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 offices of health care providers, homes for the aged, nursing homes, day-care centers and community clinics. It is also available by telephone, health information services and the Internet.¹³

Acronyms

CCMHI	Canadian Collaborative Mental Health Initiative
CCHS	Canadian Community Health Survey
HHR	Health Human Resources

9. Adapted from: Grady GF, Wojner AW. Collaborative practice teams: the infrastructure of outcomes management. AACN Clin Issues. 1996 Feb;7(1):153-8. and Bruner C. Thinking collaboratively: ten questions and answers to help policy makers improve children's services. Washington, DC: Education and Human Services Consortium; 1991.
10. 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)
11. 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.
12. Reflects the discussions held in January 2005 between a number of national and regional initiatives funded by the Primary Health Care Transition Fund
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