



Canadian Executive Council on Addictions
Conseil exécutif canadien sur les toxicomanies



Canadian Centre
on **Substance Abuse**
Centre canadien **de lutte**
contre les toxicomanies



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Enhancing Addictions and Mental Health Collaborative Care

**Presentation: Collaborative Mental Health Care Conference
Toronto, June 20-21, 2014**

Faculty/Presenter Disclosure

Faculty: April Furlong, Wayne Skinner, Francine Knoop, Robert Eves

Following applies to all faculty:

- ▶ **Relationships with commercial interests- Grants/Research Support:** Nil
 - ▶ **Speakers Bureau/Honoraria:** Nil
 - ▶ **Consulting Fees:** Nil
 - ▶ **Other:** Nil
- ▶ **Disclosure of Commercial Support:** No commercial support
- ▶ **Mitigating Potential Bias:** Not applicable

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Outline

- ▶ About the initiative – our process
- ▶ Discussion of relevance to you in your setting
- ▶ Overview of the best advice paper – our findings
- ▶ Your experience: two discussion points 30-40 min



Learning Objectives

1. Provide at least one example of how enhanced collaboration between addictions and mental health is relevant to your practice or policy setting
2. Identify at least one key consideration for action that can support those charged with implementing collaboration on the ground
3. Identify one person with whom you wish to continue the dialogue on effective collaboration across addictions, mental health and primary care



Why

- ▶ Train has left - administrative integration of mental health and addictions
- ▶ Range 15-20% overlap addictions/mental health: Rush et. al. CJP Dec 2008 – 18.5% & 1.7% 12 month prevalence.
- ▶ 35% of inpatient admissions to mental health facilities have co-occurring MH and SU disorders. (CIHI)
- ▶ National Treatment Strategy and the Mental Health Strategy for Canada reinforce
 - ▶ value of tiered approach
 - ▶ need for seamless integrated care wherever people are present
 - ▶ benefits of enhanced collaboration to generate more effective and responsive services across continuum
- ▶ Lack of clarity about ingredients of effective collaboration at point of service



Pan Canadian Collaborative Project:

Purpose

- ▶ Build knowledge base about effective collaboration
- ▶ Recommend practical strategies
- ▶ Focus:
 - ▶ point of service
 - ▶ range of collaborative relationships
 - ▶ support recovery oriented approaches to care
 - ▶ not just concurrent disorders
 - ▶ build on work done to date
- ▶ Deliverable: joint best advice paper



Objectives

- ▶ Establish what evidence we do have about the ingredients for effective collaboration in screening, assessment, and treatment, and for achieving collaboration
- ▶ Share and glean from experience on the ground
- ▶ Produce best advice paper
- ▶ Continue to engage more stakeholders in the discussion



Who and How

- ▶ Steering Committee – funding, process design & oversight
 - ▶ Canadian Centre on Substance Abuse
 - ▶ Mental Health Commission of Canada
 - ▶ Canadian Executive Council on Addictions
 - ▶ Scientific Advisory Committee
 - ▶ Provide guidance, prepare background papers. draft content for the best advice paper
 - ▶ Kathy Aitchison, Roger Bland, Peter Butt, Gloria Chaim, Nick Kates, Dan Reist, Brian Rush, Peter Selby, Wayne Skinner
 - ▶ Best advice paper editor-in-chief (Brian Rush) with researcher-writer (April Furlong)
 - ▶ Leaders Forum
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Leaders Forum

- ▶ Cross section of mental health and addictions service providers, planners and users

 - ▶ inform the development of a *Best Advice* document on strategies for effective collaboration for addiction and mental health care:
 1. evidence-informed key ingredients of effective collaboration in addiction and mental health care
 2. the practice, program, policy, and/or system changes required for effective collaboration
 3. the key steps to be undertaken in implementing what we know to achieve effective collaboration
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Question

- In pairs, take a few minutes to share a concrete example of how enhanced collaboration between addictions and mental health is relevant to your practice or policy setting



Best Advice Paper: language and scope

- ▶ “addiction” and “mental health”
- ▶ prevention/health promotion versus treatment
- ▶ service versus system focus



Key findings: Models and Mechanisms

- ▶ A range of models
 - ▶ but some common features : effective linkages, trust and reciprocity, etc.
- ▶ Supporting mechanisms for collaborative care
 - ▶ Single multidisciplinary assessment
 - ▶ Shared E medical record
 - ▶ Centralized access point to care
 - ▶ SBIR
 - ▶ Linkage managers or system navigators



Key findings: Benefits from collaboration

- ▶ More coordinated and seamless services and supports for people with complex conditions
- ▶ Improved access to services –more doors the right door
- ▶ Early detection and intervention
- ▶ Clinical value of integrated care – address multiple concerns at once
- ▶ Improved continuity of care
- ▶ More satisfied health care consumers
- ▶ Improved client/patient outcomes and reduced costs



Best Advice Paper: overview

- ▶ Distilled best advice into key considerations for action across four areas
- ▶ Covers key principles and elements to enhance collaboration
- ▶ Includes illustrative examples of leading practices or approaches
- ▶ Provides some resource documents
- ▶ Emphasizes that everyone has a role to play



Key considerations for action:

Process focused

- ▶ Inclusion of client and family voice
- ▶ Supporting change at different levels of the organization
- ▶ Engaging and building relationships across multidisciplinary teams



Key considerations for action: screening and assessment

- ▶ Need to extend service delivery network
 - ▶ Teachable moments
 - ▶ Opportunities for prevention
- ▶ Risk Assessment – Continuum
- ▶ Staged Approach
- ▶ Different models
 - ▶ Integrated
 - ▶ cross sectoral collaboration
 - ▶ specialists in general settings

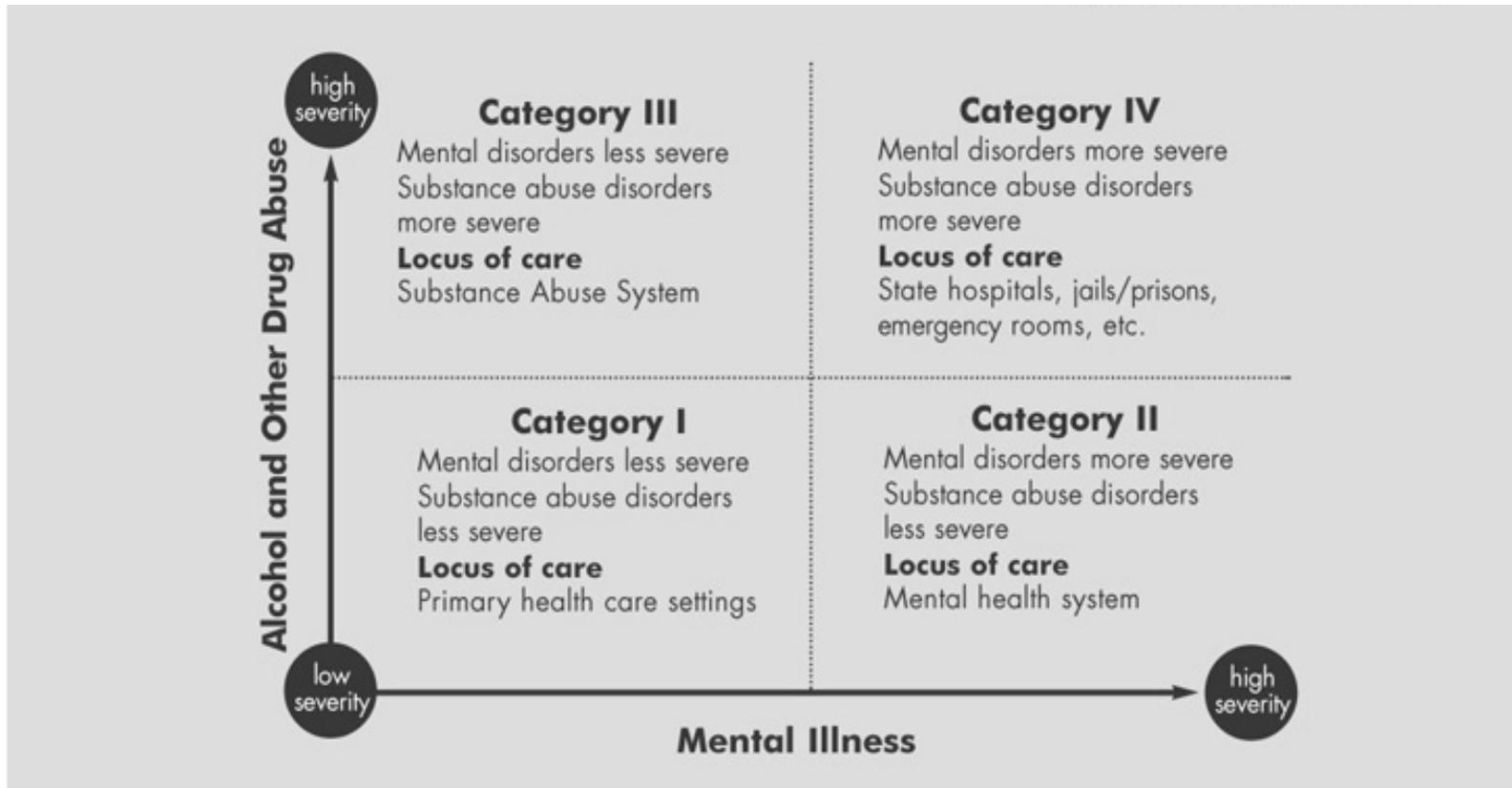


Key considerations for action: treatment and recovery

- ▶ Clients at the core of collaboration
 - ▶ Strategies : supporting client agency, affirmation, promote involvement, enlist social support, elicit feedback
- ▶ Models of collaborative connections with other helpers
 - ▶ Integrated care pathways
 - ▶ Stepped Care
 - ▶ Quadrant model



Key considerations for action: treatment & recovery – Quadrant Model



Source: Centre for Substance Abuse Treatment (2005)

Key considerations for action:

In building capacity for collaboration

- ▶ Human Resources
- ▶ Technology



Key considerations for action:

Evaluation

- No shortage of collaborative efforts underway

- Commitment needed to doing and supporting evaluation --and in using the results



Call to Action

At Pan-Canadian level:

- ▶ Commitment of the 3 sponsoring organisations
- ▶ Governments, professional groups, consumer & family advocacy groups

At systems level: what can all stakeholders do?

At practice level :

- ▶ What can clients, families, supports
 - ▶ What can service providers do
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Discussion

Share your experience and/or evidence you have about effective collaborative mental health & addictions care

- **Identify a key consideration for action from your perspective to help those charged with implementing collaboration on the ground.**

- **What can you do?**
 - **Identify one person with whom you wish to continue the dialogue on effective collaboration across addictions, mental health and primary care.**



Reflection sub-questions for Question 2

- ▶ What are you currently doing or observing in policy, practice and programs that is
 - ▶ Supported by the evidence
 - ▶ Not reflected in the evidence but we know to be effective? How do we know?
 - ▶ Exemplars of effective policies, practice and programs.
- ▶ What can you see that needs to be changed or addressed in your practice, programs and policy setting to achieve effective collaboration?



Follow up

- ▶ Rita Notarandrea at the Canadian Centre on Substance Abuse rnotandrea@ccsa.ca
- ▶ Francine Knoops at the Mental Health Commission of Canada fknoops@mentalhealthcommission.ca
- ▶ Beverley Clarke bev.clarke@easternhealth.ca or Barry Andres barry.andres@albertahealthservices.ca
Executive Leaders on the Canadian Executive Council on Addictions

THANK YOU



KEY REFERENCE POINTS – PRIOR WORKS BY THE THREE ORGANIZATIONS

- ▶ Canadian Executive Council on Addictions. (2008). *On the Integration of Mental Health and Substance Abuse Services and Systems*. <http://www.ccsa.ca/ceca/activities.asp>
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