

Shaping Collaborative Processes Influences of Professional and Organizational Identities

Denise Aubé (1), Catherine Vallée (1,3), Léo-Roch Poirier (1),
Louise Fournier (2,3), Sarah Descôteaux (3)

(1) Institut national de santé publique du Québec ; (2) Centre de
recherche du CHUM (CRCHUM); (3) Université de Montréal

10th National Conference on Collaborative
Mental Health Care, Hamilton, May 2009



Acknowledgements



- Fonds de la recherche en santé
- Institut national de santé publique
- Ministère de la Santé et des Services Sociaux



PARTICIPATING CSSS



Agenda

- Quebec Health System Historical Background on a Structural Level
- Quebec Mental Health Action Plan (June 2005)
- Dialogue Research Program (2006-2010)
- Contextual Analysis
- Tensions Felt within Local Service Networks
- Conclusion



Quebec Health System Historical Background on a Structural Level

- Recurrent restructuring processes around the same usual suspects
 - Accessibility, continuity, quality of care, cost containment
- 1971: Quebec public health system:
 - Creation of CLSC (with **generic psychosocial** and medical services)
 - Creation of Regional Boards
 - Maintenance of private medical services for family physicians
- Emergence of community mental health organizations:
 - Grass-root movement orientation
 - Proposed an alternative paradigm



Quebec Historical Background on a Structural Level

- Primary care (PC) local service networks (LSN) seen as health system foundation
- 1995 : 1st merging wave
- Hospitals to upgrade their specialized tasks (some will merge, some will disappear)
 - Community Health Centres to upgrade their community mandates:
 - By playing a larger role for post-hospitalization care
 - By including in their mission long term facilities, considered as main living settings for institutionalized elder



Quebec Historical Background on a Structural Level

- 2004: 2nd merging and down-sizing wave
 - Merging of different and complementary health organisations on a local basis with unique administrative boards: 95 Health and Social Services Centres (CSSS)
 - CSSS mandates: to develop functional local service networks with specific focus on some programs, one of them being mental health (MH)



Quebec Historical Background on a MH Public Policy Level

- 1989: MH public policy promoting MH prevention, MH treatment and rehabilitation
 - 1st move: to promote social integration and ambulatory health and psychosocial services for people with severe MH diseases
- 1997: ministerial orientations
 - Same focus, with more investment in ambulatory services and further promotion of assertive community treatment (ACT) program
- 2005: ministerial MH action plan
 - PC must address “all MH disorders” and develop local networks to optimize services

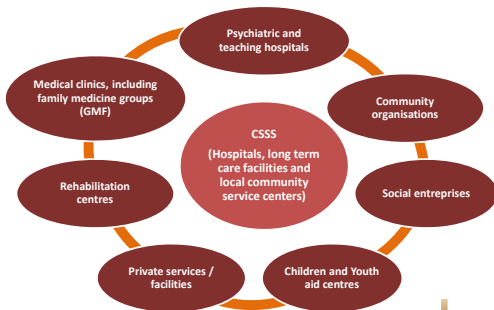


Quebec MH Action Plan (2005)

- PC is considered as the main component of MH care delivery, using LSN to optimize services
- Implementation of MH multidisciplinary teams in CSSS addressing all MH disorders (adult / youth) and supporting PC providers
- Centralized access point to MH services, located in PC, for all MH services
- Identification of clinical advisors to support PC workforce



Local Services Network (LSN)



Dialogue Research Program

Overall goal

- To identify the contextual and organisational factors that influence the quality of mental health primary care services



Dialogue Research Program


Contextual study

Organisational study


Clientele study



Contextual Study Methodological Overview



- **MULTIPLE CASE STUDY** : n=15
- **DATA COLLECTION**
 - Focus groups with key informants (n>200)
 - Individual interviews
 - Local respondents
 - Regional respondents
 - Family physicians
 - Documentary sources



Data Analysis

2006-2007:

- Historical background for the last 10 years
- MH services description in all LSN
 - Diversity on multiple dimensions (partnerships, resources, access to specialised services ...)

2007-2008:

- First analysis of change implementation
- In depth description of collaborative links within and outside the health system
 - Implementation process is associated with collaboration
 - Stability of human resources is critical



Data Analysis

2009

- How can we explain what we observe, considering:
 - The role and identity of key informants
 - Evolution of time
 - How people revisit the sense given to current transformations



Data Analysis (2009)

Collaborative dynamics observed within LSN

Iterative sense-making processes for various actors

Tensions observed between professional, managerial and organisational identities



Selected Examples

Considerations:

- MH Action Plan main structural measures
- Extended scope:
 - Primary and specialized care in LSN
 - Community organizations
 - Mixed identities
 - Dialectic tensions
 - Continuous reshaping



Primary Mental Health Teams A Few Tensions...

Renewal of human resources (HR) / Renewal of practices

Development / Consolidation MH Teams

Loss of expertise / Openness and capacity for adaptation

Professional identities / New roles

Structure / Clinical process



Centralised MH Access Point A Few Tensions...

Needs/ Potential of response (Ethical)

Assessment / Intervention

Centralised access point in PC / Consultation liaison in specialised care (MEL)

Specialisation / Complementary

Scope of MH access point / Inclusion of partners



Community Organisations A Few Tensions...

Autonomy/ Sub-contracting

Top-down / Bottom-up

Collaboration / integration

Professional HR / Grass-root movement



Organisational Identities

Maintaining coherence / Redefining mandates and practices

Structure / Process

Accountability / Outcomes



Conclusion

**The Quebec mental health action plan,
as a policy, brought :**

- A population-based planning process, with a strong emphasis in primary care
- Legitimacy to introduce changes in the local service network level, including collaborative initiatives
- As a consequence, a need for redefining professional and organisational identities



Conclusion /2

The Quebec mental health action plan, as a policy, was brought within contexts where :

- the control over resources varies
- multiple changes co-occurs
- actors' span of control differs
- dynamic tensions challenge all actors involved



Questions or comments

Thank you!

Denise Aubé: denise.aube@inspq.qc.ca
Catherine Vallée: catherine.vallee@inspq.qc.ca
Léo-Roch Poirier: leo.poirier@inspq.qc.ca