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 & Mental Health Collaboration

Francine Knoops on behalf of the Steering Committee

Collaborative Mental Health Care Conference,
Montreal, June 27, 2013

Faculty/Presenter Disclosure

- **Faculty:** Francine Knoops

- **Relationships with commercial interests:**
  - **Grants/Research Support:** Nil
  - **Speakers Bureau/Honoraria:** Nil
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  - **Other:** Nil

- **Disclosure of Commercial Support**: No commercial support

- **Mitigating Potential Bias**: Not applicable

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OUTLINE

- About the "collaboration"
- About the background papers by members of the Scientific Advisory Committee *The State of Knowledge, Emerging Evidence & Implications*
- Key areas of agreement that emerged from the Leaders Forum
- Your experience

Learning Objectives

- Provide at least an example of how this collaborative initiative is relevant to your practice or policy setting
- Identify at least one strategy that could be included in the recommendations for improving collaboration across addictions, mental health and primary care services so that every door is the right door for people with mental health and addictions problems
- Identify one person with whom you wish to continue the dialogue on effective collaboration across addictions, mental health and primary care.

•The collaboration

- WHO
  - Canadian Executive Council
  - Canadian Centre on Substance Abuse
  - Mental Health Commission

WHY

- Train has left - administrative integration of mental health and addictions
- Range 15-20% overlap addictions/mental health (Rush et. al. See CJP Dec 2008 – 18.5%) and 1.7% 12 month prevalence,
- National Treatment Strategy and the Mental Health Strategy for Canada reinforce system needs
  - value of tiered approach
  - need for seamless integrated care where ever they present
  - General understanding about benefits of enhanced collaboration for more effective and responsive services across continuum
  - Lack clarity about ingredients of effective collaboration at point of service

Purpose

- Build knowledge base about effective collaboration
- Recommend strategies
- Focus:
- on 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

Process

- What evidence on the ingredients for effective collaboration in screening, assessment, and treatment, and for achieving collaboration ?
  - Scientific Advisory Committee
  - Background papers
- Experience of people on the ground
  - Leaders' Forum - May 2013
- Best advice paper – Draft Fall 2013

Who

- Collaborating Organizations Steering Committee
  - Rita Notarandrea, Canadian Centre on Substance Abuse
  - Francine Knoops, Mental Health Commission of Canada
  - Beverley Clarke & Barry Andres, Canadian Executive Council on Addictions
- Scientific Advisory Committee
  - Kathy Aitchison, Roger Bland, Peter Butt, Gloria Chaim, Nick Kates, Eduardo Perez, Dan Reist, Brian Rush, Peter Selby, Wayne Skinner

Key reference Points – prior work 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

- Canadian Centre on Substance Abuse. (2008). A *Systems Approach to Substance Use: Recommendations for a National Treatment Strategy Final Report.*
- http://www.nationalframework-cadrenational.ca/uploads/files/TWS_Treatment/nts-report-eng.pdf

- Canadian Centre on Substance Abuse. (2009). *Concurrent Disorders*. http://www.ccsa.ca/2010%20CCSA%20Documents/ccsa-011811-2010.pdf

- Mental Health Commission of Canada. (2012). *Changing Directions, Changing Lives: The Mental Health Strategy for Canada.* http://www.mentalhealthcommission.ca/English/node/721n

- Mental Health Commission of Canada. (2012). *Collaborative Care for Mental Health and Substance Use Issues in Primary Care: Overview of Reviews and Narrative Summaries.* http://www.mentalhealthcommission.ca/English/node/5157

Question

- How is this collaborative initiative is relevant to your practice or policy setting?

Overview of the Background Papers by Scientific Advisory Committee Members

- **Introduction and Background**
  - Brian Rush & Dan Reist
- **Screening and Assessment**
  - Gloria Chaim, Brian Rush
- **Collaborative Care Pathways for Treatment & Recovery**
  - Peter Selby and Wayne Skinner
- **Achieving Collaboration**
  - Bette Reimer, Dan Reist, Brian Rush, Roger Bland

Paper 1: Background – Context
(Rush and Reist)

- highlights issues of language and scope
  - "addiction" and "mental health"
  - prevention/health promotion versus treatment
  - service versus system focus

Paper 1: Effective collaboration for mental health and addictions care: what do we know?
(Rush and Reist)

- There are many factors motivating efforts for improved collaboration
  - Better services and supports for people with complex conditions
  - Improved access to services
  - Early detection and intervention
  - Clinical value of integrated care
  - Improved continuity of care
  - More satisfied health care consumers
  - Improved client/patient outcomes and reduced costs
- Given the many motivating factors and perceived benefits many different models of collaboration will be relevant

What do we know… (con't)?

- There are many different uses and meanings of the term "collaboration"
- Important nuances include:
  - Service versus system integration
  - Collaboration on a continuum – communication, consultation, coordination, co-location, integration
  - Integration : vertical versus horizontal; structural versus functional; normative/values-based
  - Degree of integration: information sharing and communication, cooperation/coordination; collaboration; consolidation; integration
- Language can be confusing but it requires us to be precise in our goals and how we will measure success

Paper 1: Implications *(Rush and Reist)*

- Need to keep exploring models and methods for improved collaboration but bringing more consistency to terminology and conceptual frameworks

- Evaluation is key to our learning and sharing lessons learned in this area of our work
  - Must include a "theory-of-change" that articulates the why and how of collaboration
  - Need to incorporate some of the newer models of evaluation – developmental evaluation and complex systems thinking

- Better means needed for sharing project plans and results – role for knowledge exchange and engaging researchers, decision-makers and people seeking services and supports

Paper 2: Screening and Assessment *(Rush & Chaim)*

- ***Objective of the paper***
- To highlight the importance of screening and assessment as core functions within a comprehensive mental health and addiction treatment system, *and the importance of collaboration across multiple sectors* to have population-level impact on mental health and well-being, including substance use risks and harms

Paper 2: Effective collaboration for mental health and addictions care: what do we know? *(Rush & Chaim)*

- Collaborative models have the opportunity to provide the range of resources required to provide optimal care that includes:
  - Application of a diversity lens, with a particular focus on developmentally-informed tools and processes
  - Staged model for screening, assessment and outcome monitoring
  - Combining screening and assessment with motivational, case management and brief or extended therapeutic interventions

- Service response protocols are necessary – screening alone is not enough to be effective

What is emerging? *(Rush and Chaim)*

Promising models of collaboration:

- Collaborative Care – integrated treatment & support (e.g., SU expertise in MH settings; MH expertise in SU settings)

- Cross-sectoral Collaboration – screening for SU & MH in generic settings (e.g., SBIR, cross-sectoral "screening networks")

- Collaboration – addiction and mental health specialists in generic settings (e.g., SU & MH specialists in EDs, schools)

Paper 3: Treatment and Recovery
(Selby & Skinner)

- ***Objective of the paper***
- Describe conceptual issues relevant to the management of complexity
  - Relation centred planning
  - Collaboration- Integration continuum
  - Situate within chronic disease model for clinical services
  - Concurrence of problems along a continuum rather than silos
  - Right care, right person, right time

Paper 3: Effective collaboration for mental health and addictions care: what do we know?

(Selby & Skinner)

- Driven by fiscal realities
- Evidence base: sub optimal
- Engagement is critical
- Individuals with mild to moderate mental health or substance related problems may be best served in primary care settings with integrated specialty care as appropriate
- Integrating primary care into specialty settings shows some promise especially for those at greatest risk of fragmented services and most vulnerable.
- Strong and integrated primary care is a consistent feature of effective health care systems

Paper 3: What do we know?
(Selby & Skinner)

- A comprehensive and person centred approach to ensure the person receives care that address multiple needs in a coordinated and efficient way at multiple levels and in which the person is engaged in managing their own health
- Building effective communications, relationships and trust to improve quality, outcomes, generate effective inter-professional teams, and support high quality primary care.
- Evolving supportive infrastructure to promote effective operations that lead to improved outcomes, activate key change levers including funding, policy and regulatory levers, ensure well designed computerized information systems are in place as well that there is clarity around practices and standards of care.

Paper 3: Implications *(Selby, Skinner)*

- We need to lead the change
- Culture shift:
  - "For every ill there is a pill versus every pill will make you ill"
- Have a model for collaboration/integration
- Change can be slow
- Interprofessional competencies needed

Paper 4: Achieving Collaboration
(Reimer, Reist, Rush, Bland)

- ***Objective of the paper***

- To provide an overview of our knowledge base about what "works" in terms of collaboration and how best to achieve and sustain it

- Identify implications of this body of knowledge

Paper 4: Effective collaboration for mental health and addictions care: what do we know?

(Reimer, Reist, Rush, Bland)

- Keeping in mind the many nuanced definitions of "collaboration can be boiled down to three levels:
  - Treatment – e.g., communication and interaction between providers about an individual or family member
  - Program – e.g., multi-disciplinary teams or linkages between programs
  - System – e.g., structures and processes that support an array of programs and policies
- Integration at one level does not ensure integration at another level
- Lack of integration at the systems level can impede integration at the program or treatment level

Paper 4: What do we know .. Con't

- Synthesizing the knowledge base on collaboration/integration is complicated by complexity of the various models and populations as well as evaluation strategies and opportunities
- However, some highlights include:
  - People with less severe problems may be best served in primary care or other generic settings
  - Integrating primary care into speciality settings shows some promise especially for most complex situations and vulnerable
  - strong and integrated primary care is a consistent feature of effective health care systems

Paper 4: What is emerging?
(Reimer, Reist, Rush, Bland)

- To increase integration and collaboration we need to focus on three areas
  - Person-centred approach emphasizing coordination of services and engaging the person in managing their own health
  - Building effective communications, relationships and trust across providers and inter-professional team members
  - Building the supportive structure for effective operations, including change levers, policy, information technology, core competencies, standards of care, "customer analysis" and engagement

Leaders Forum

- Cross section of mental health and addictions service provides, 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

Leaders Forum: areas of agreement

- We are not starting from zero – many promising practices and system efforts
- Can't let lack of consensus on definitions and language stall efforts
- Want to continue to engage together - move to KE
- **On some key ingredients – a few key themes that emerged**
- Persons with lived experience need to be central to collaboration efforts
- It is all about relationships
- Mutual respect
- Change management /implementation is critical
- Can't make impact without addressing social determinants too
- Health human resources dimensions : training, cultural competencies-safety
- Sharing understanding and information key - need repository and KE mechanisms to share experiences and good practices

Next steps

- Draft paper in the fall
- Commitment by the three organizations to continue the collaboration with focus on KT/E

Learning Objective 2

Sharing your experience & evidence on ingredients of effective collaborative mental health & addictions care :

- Identify at least one strategy that could be included in the recommendations for improving collaboration across addictions, mental health and primary care services so that every door is the right door for people with mental health and addictions problems

Reflection Questions

- What are you currently doing or observing in policy, practice and programs that is
  - Supported by the evidence
  - Not supported by the evidence but we know to be effective? How do we know?
  - Exemplars of effective policies, practice and programs.
- What needs to be changed or addressed in practice, programs and policy to achieve effective collaboration?
- What are the key policies, practices and programs that support collaboration?
- What are key steps to be undertaken to implement what we know to achieve effective collaboration

Final Question

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

Follow up

- If you wish to get on the email list for the best advice paper or have input: - leave me your card or email

fknoops@mentalhealthcommission.ca

- Your experience and perspectives are valuable !

- THANK YOU