

Progress in Interprofessional Collaboration

- I am the “boss”... “top of the heap” “expert” (but I learn from and rely heavily on family physicians, nurses, social workers, occupational therapists, psychologists etc....how does that work?)
- All mental health / mental illness knowledge originates from THE GOD OF PSYCHIATRY
- I will see your patient now (and give him/her back when I feel like it....don't call me, I'll call you (maybe))


Interprofessional Care Progress

- **Late 1980's:**
- Explosion in biological approach to mental illness with exponentially increasing influence from pharmaceutical industry/ drug trials
- Increased training of family medicine trainees in primary care aspects of mental health/illness
- Increased complaints from GP's re gulf between themselves and mental health care for their patients
- DSM IV; explosion of psychiatric diagnoses and “scientific” approach to diagnoses (not used by GP's or other MH professionals)
- Strong antipsychiatry movement which intensified tensions between increasingly visible “other” mental health professionals and psychiatry (biomedical model in early decline)

- I am missing the “person” (is it patient or client or consumer)
- What happened to talking and listening
- What about their life problems, housing, families, supports, work, life stories
- Where did the “art” go...my soul has been misplaced
- What!?!? I only see 20 -30 percent of the mentally ill in the community!!?

Interprofessional Progress Psychiatry

- **1997:** first position paper by joint national collaborative mental health care committee (Nick Kates/ Marilyn Craven) identifying major problems in the fragmented approach to mental health care
- Focus on psychiatrists and family physicians with the aims being increased communication, improved access and improved knowledge exchange
- Primary Care Reform gathers steam/ family physicians are listened to
- Ditto for other mental health care professionals and organizations
- Increased presence of Shared Care in the mainstream psychiatric literature with numerous pilot projects across Canada/ strong influence from UK where primary care based mental health was ahead of us
- Major shared projects in Ontario (Hamilton), Nova Scotia (Halifax) and Alberta (Calgary)
- Mental illness begins to be recognized as world public health problem

- Is anybody listening to me...I am the Dr. after all
- There is more than one way to deliver mental health care???
- Maybe these family physicians and all those other people can teach me something.
- Hey! Maybe a  Team!!!
- You want me to see how many patients???!?! You want to watch me work???!?

Interprofessional Progress Psychiatry

- Increased presence in community of Community Mental Health Agencies with ++ antipathy between them and psychiatry
- Increased awareness of "recovery" model/ "demedicalization" of mental health care
- Hospital emptying and bed cutting in mental health in full swing/ homelessness explodes
- Addictions and mental health care are "worlds" apart
- Now we have DSM IV; more diagnoses/ industry has "moved in"/ we are increasingly reliant on them for funding/ education/ research
- Psychotherapy in psychiatry is manualized and dying ("can't get a free dinner talking about that stuff")

**Progress in Collaboration
Psychiatry**

- 2000
- marked increase in collaboration clinically, educationally, in research and MH care planning
- community mental health agencies become a fact of life
- Collaborative care models explode in numbers, models, sizes
- Nurse practitioners increase visibility in primary care
- I am working regularly in family physicians offices
- Increased awareness and reliance on multidisciplinary teams for community based mental health care
- Family Health Teams arrive in Ontario (2005)
- Addictions and mental health finally lay down the hatchet and begin talking.
- CANMEDS 2000: clinical expert (consultant), communicator, collaborator, manager, health advocate, scholar, professional

- CanMeds 2000: my goodness am I supposed to be all that!??
- OMG....there aren't enough of us! Help!!
- This is fun!!! I have so many more friends at work!
- I am beginning to feel really valuable
- What the heck does Collaboration and Interprofessional mean??
- Am I using all my skills or just becoming a consult machine?
- Where does all this fit with the hospitals and emergency rooms and subspecialties....are we with or against each other

**Progress in Interprofessional Collaboration
Psychiatry**

- **Present Day:**
- My department has recently moved toward making collaborative IP care the central approach to implementing psychiatric care in the community
- Collaboration now (potentially) includes all the players in mental health care delivery and we are reaching out to develop working relationships with them
- collaboration is infiltrating education in medicine and health sciences
- Shared care psychiatrists are still uncommon/ the gulf between psychiatry and other professions is still wide but we have begun to swim toward each other
- Opportunities for knowledge exchange are increasing exponentially
- I am still puzzled and searching for an understanding of what mental health is/ for an identity and clear job description
- Money appears to be drying up just as we are getting rolling
- I am hopeful!

Progress in Interprofessional Collaboration
Family Physician

- Academic family medicine was in its infancy/I graduated in the second FM residency program in 1973
- I was in a teaching unit/ psychiatrist who "lived" down the hall"/ a really good addictions worker/we made relationships with them
- There was not a "model" of mental illness in primary care and very little literature ...we just did it/ we collaborated but we had to go and find it ourselves
- I was not aware of DSM I or II
- We have always been networkers and brokers of community services
- Far less psychopharmacology/ I don't think that we knew too much about what psychiatrists did in their offices/ we thought it was strange
- I was trained in inpatient psychiatry/ not very relevant to what I would do in practice
- I learned most of my mental health careknowledge in practice

Progress in Interprofessional Collaboration
Family Physician

- I learned from other GP's/ I don't think that most psychiatrists had much understanding of what I did but our psychiatrist did/ he was very rare/ he had been a family physician himself.
- The first time I thought about psychiatry in family practice : Michael Balint (The Dr, His Patient and His illness)
- I didn't hear about "Shared Care" till late 1990's/ first thought about applying it in about 2000 when the opportunity became a possibility
- Off and on over time I had relationships with nurses, public health nurses, social workers etc. who did mental health care
- I worked in CMHC with nurses doing MHC in the 1970's/ joint house calls/ psychosocial assessments
- I felt constantly out of my depth/ much more so than now with the presence of other professionals within my "team"

Progress in Interprofessional Collaboration
Family Physician

- I moved to rural family practice in 1997
- Part of a Primary Care Reform Pilot Project with 5 other rural practices
- I remember hearing one of my young colleagues fighting to get a patient with psychosis seen
- Accessing psychiatry was next to impossible/ it made my heart sink when I had to do it
- I felt almost completely on my own with a wide variety of really hard problems...I really missed the academic medicine and access to psychiatry (for which we paid by seeing some of their vey complex patients)
- When I worked with CPSO I worked with GP psychotherapy groups teaching them boundaries etc/ no interface with psychiatry

**Progress in Interprofessional Collaboration
Family Physician**

- We began a collaborative relationship with a psychiatrist in 2002
- With the collaborative model I can get help when I need it
- I feel better about starting the process with my mentally ill patients
- I have more confidence in my own skills/I don't feel out on a limb/ less likely to feel out of my depth
- I feel I have a conduit to the generic mental health service

- I have seen the growth of CMH services/ they now come to my office/ mental health workers, psychogeriatric clinician
- We have formalized our relationship with mental health and other professionals/ we feel like we are weaving a net work.
- It is what we have always done but we have more willing partners now. The learning goes in both directions and the mutual respect is more evident

**Progress in Interprofessional Collaboration
Social Worker**

- **Beyond Multidisciplinary Referral Toward Interdisciplinary Care**
- The change has been toward strong and persistent advocacy for consumers and their families
- Decrease in "culture of the expert" and increased recognition of the importance of lived experience of mental illness and the process of recovery
- Increased awareness of social determinants of mental illness and their influence in recovery process
- FHT's further emphasize that mental illness is a chronic disease and that management, self care, support are more likely than "cure"
- Increased recognition of the importance of "Networks and Linkages" among formal providers and inclusion of community supports outside the formal "mental health care system"

**Progress in Interprofessional Collaboration
Social Worker**

- **Implications for Consumers**
- Joint responsibility of tertiary and primary care providers in collaboration and improved access to MH care
- Improved communication (and understanding) amongst various mental health professions based on personal relationships around patient care
- More equal contribution of more professionals in the recovery process
- Increased inclusion of consumer, families and community supports in the collaborative recovery process
- Serving people where they live
- **Implications for Providers**
- Reduced isolation and improved mutuality and support
- Attitudinal shift toward mutual trust for all colleagues' contributions to improved outcomes for individuals, families and supporters
- More face to face contact amongst professionals/ potential for closer relationships

**Progress in Interprofessional Collaboration
Social Worker**

- **Silos and Solitudes 1970's and early 1980's**
- Traditional, hierarchical multidisciplinary relationships
- Culture of "the expert"
- Prescriptive referral process
- Primacy of psychopharmacology in treatment of mental illness
- Huge communication and understanding gulfs between psychiatrists, family physicians and community services providers
- **Implications for Consumers:**
- Barriers to accessing service and care/ lack of systemic community service/ falling through the cracks
- People lost social roles, meaningful occupation, income support, housing, family and social relationships
- **Implications for Providers**
- Isolation/ shouldering burden of care alone/ often out of our depth

**Progress in Interprofessional Collaboration
Social Worker**

- **My Present Job: Specialized Mental Health Rural Outreach Worker**
- Provide direct specialty services
 - intake and triage
 - assessment
 - time limited treatment
 - shared care/ direct collaborative relationships with other community based professionals
 - linkage and access to specialty services
- Community Development and Education
- Collaborative Program Development

Progress in Interprofessional Collaboration

- **Nursing Evolution: Diploma to Baccalaureate to NP**
- **RN: Hospital based 2 Years**
- Provide physical care
- Focus on the environment
- Dependent
- Follow orders
- **BScN: University 4 years**
- Assessment
- Critical thinking
- Evidence based
- Patient advocate

Progress in Interprofessional Collaboration
Nurse Practitioner

- **NP- PHC: Master's 2 years**
- Improve patient's access to care
- Manage care
- Collaborate
- Independent, interdependent
- Diagnose, prescribe, order diagnostic tests

