CHALLENGES OF INTEGRATING NETWORKS: ADDRESSING THE TRANSFORMATION OF ROLES AND RELATIONSHIPS WITHIN THE YOUTH MENTAL HEALTH SYSTEM IN QUEBEC’S MULTIETHNIC NEIGHBOURHOODS

Symposium
June 15th 2012, Vancouver
13th Canadian Collaborative Mental Health Care Conference

Presenters: Lucie Nadeau, Suzanne Deshaies, Janique Johnson-Lafleur
The symposium presenters, Lucie Nadeau, Suzanne Deshaies and Janique Johnson-Lafleur, and the authors, have no affiliations, monetary support or conflict of interest from commercial source for these presentations.
Context

• A vast mental health reform, The Quebec Plan d’action en santé mentale (PASM) (Mental Health Action Plan) was put in place starting in 2005, and since then has progressively been implemented (Ministère de la Santé et des Services sociaux, 2005).

• It put primary care rather than hospital-based care at the forefront of mental health service delivery.
In parallel, local community service centers (CLSC) were merged into Health and Social Services Centers (CSSS), and Local Service Networks (RLS) were implemented to ensure a complete range of services from primary care to tertiary care could be available for any patient. A network of institutions and professionals whose formal and informal relationships constitute the crux of Child and youth Mental Health (CYMH) services delivery.
• The involvement of CSSSs in mental health care in Quebec contrasts with the organisation of services in other provinces, where primary care involves mostly family medicine.

• A hindered access to CYMH care, and a profile of service utilisation focused on child psychiatry visits (Benigeri et als, 2007).
The PASM implementation required
1) negotiations between hospitals and CSSS’s by requiring a transfer of budgets and/or professionals from hospitals to CSSSs,
2) imposing a triage intake system designating the CSSS as the unique entry point to request mental health services for a given geographical sector.
3) ‘Psychiatre-répondant’ either in situ or visiting

These decisions involved major transformations of collaborative and partnership behaviours between child and adolescent psychiatry and CSSS services, the consequences of which have not yet been documented.
The studies presented at the symposium

- Done during the PASM reform
- In multiethnic neighborhoods
- Involving 3 CSSSs in Montreal, QC:
  - CSSS de la Montagne
  - CSSS Bordeaux-Cartierville-St-Laurent
  - CSSS Cavendish
References


Plan of the symposium:
3 presentations and discussion with the audience

Presentations

• 1) Partnership at the Forefront of Change: Documenting the Transformation of Child and Youth Mental Health Services in Quebec

• 2) Forms of identity of stakeholders from three Montreal area Health and Social Services Centers: Mental Health Services

• 3) The clinical space as a mediating pole for multiple communication issues

Discussion
PARTNERSHIP AT THE FOREFRONT OF CHANGE: DOCUMENTING THE TRANSFORMATION OF CHILD AND YOUTH MENTAL HEALTH SERVICES IN QUEBEC

Presenter: Lucie Nadeau


13th Canadian Collaborative Mental Health Conference
Vancouver, June 15th 2012
Aim of the study

This study documents

1) perceptions of changes in child and youth mental health (CYMH) services following the reform
2) facilitators and obstacles to collaboration and partnership in CYMH services
3) specific challenges related to collaboration and partnership when servicing multi-ethnic populations.
# Methods

- qualitative participatory research study
- collected data using semi-structured individual interviews, focus groups and participant observation in community based health and social service institutions.
- Purposeful sampling
- Thematic analysis was performed.

<table>
<thead>
<tr>
<th>Type of data collection</th>
<th>participants</th>
<th>Time frame</th>
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</thead>
<tbody>
<tr>
<td>Semi-structured individual interviews</td>
<td>n=30 (6 managers, 24 primary care clinicians - social workers, psychologists, psycho-educators, art therapists and general practitioners)</td>
<td>Nov. 2009 to August 2010</td>
</tr>
<tr>
<td>Focus-groups</td>
<td>n=7 (managers of CSSS and hospitals)</td>
<td>2010</td>
</tr>
<tr>
<td>Participant observation</td>
<td>Clinical meetings, team meetings, interinstitutional meetings</td>
<td>2009 to 2012</td>
</tr>
</tbody>
</table>
The network participants in the study

- Children and Youth
- Youth Mental Health
- Youth in Difficulty
- Childhood, Family, Youth
- Family crisis intervention
- Healthy School
- CSSS
- RLS
- Hospitals
- Schools
- Youth protection

- Major participation
- No participation
Findings:

building networks

- Within institutions (collaboration)
- Between institutions (partnership)

Buterfly wing (fr.123rf.com) – a complex network
# 1. Collaboration within institutions

**Facilitating Factors**

- Communicating
- Clinical discussions
- Presence of child psychiatrists on the CSSS site

**Challenges**

- Balancing the administrative mandate (increasing access by minimizing waiting lists) and the clinical goal of offering good care.
- Challenges in implementing multidisciplinary work
- Statistical documentation
- Servicing vulnerable families with multiple needs
Evolution of collaboration

• Collaboration evolved

✓ with YMH teams better established

✓ With increased opportunities for communication

✓ overall discourse of informants focused more on building an innovative model of youth mental health care integrated in community-based services.
## 2. Inter-institutional partnership

### Facilitating factors

- Round tables and clinical meetings offering
  - (1) continuity
  - (2) cooperation
  - (3) trust building
- the work of key actors (including child psychiatrists and liaisons)

### Challenges

- new tensions into the relationships between CSSSs and hospitals
- hospital-based model (vertical) vs CSSS-based model (horizontal)
Evolution of partnership

✓ Knowledge translation activities intensified the networking and brainstorming around strategies to enhance partnership.

✓ Increased comfort around the triage intake process once it was established in the CSSSs.

✓ With time, some successes in inter-institutional transfers were acknowledged, and positive training experiences occurred.
Maison à palabre
(galichon.com)
3. Aspects related to collaboration and partnership when servicing multi-ethnic populations

- positive aspect of the community-based work.
- A need for the whole network to acknowledge this diversity and to reflect on how to adapt interventions.
- Transcultural aspect of child psychiatry consultations and consulting with colleagues as instrumental in helping mediate cultural perspectives about care between families and different partners.
- Working with cultural diversity added complexity in situations where families were experiencing a lot of psychosocial adversity.
- Interpreters as important partners.
Discussion:
Starting to generate a common vision

• Recent reports on problematic multi-sectoral collaboration and a professional resistance to community-oriented care (Thornicroft et al, 2010) underline obstacles interfering with collaboration between professionals and institutions in child and adolescent mental health (Nadeau et al, 2012).

• Vast reforms within systems can be more easily faced with professionals being active actors of the process and creating shared meaning (Edquist & Hommen, 1999).
Building a common culture of care and shared leadership.

• Direct experiences of coordination likely provide an increase in comfort and a fertile space to foster collaboration and innovation.

• CSSS professionals requested types of clinical discussions and training that called for leadership sharing as opposed to a more classical hierarchical model.

• Distributed leadership: a model of collectively held power of influence and decision-making (Chreim et al, 2010).

• Collective leadership positively influence change management (Buchanan et al, 2007), and appears to be a critical ingredient for success in a complex transformation such as the PASM reform (Nadeau et al, 2012).
• Convergence with quantitative results (Nadeau et al, 2012):

Four major factors significantly influenced interprofessional collaboration in CYMH (Nadeau et al, 2011):

✓ Motivation
✓ Organizational culture
✓ Group leadership
✓ Social support

• Same key aspects as a Norwegian study (Ødegård & Strype 2009).
A special attention to vulnerable families

- Accessibility and optimal care to vulnerable families with multiple psychosocial needs, including migrants families with multiple needs, are important challenges in collaborative child and youth mental health.

- The quality of partnership and of collaboration appears crucial especially in these circumstances.
References:


• Thornicroft, G., Alem, A., Dos Santos, R.A., Barley, E., Drake, R.E. et als (2010). WPA guidance on steps, obstacles and mistakes to avoid in the implementation of community mental health care. World Psychiatry.9(2), 67-77.
Thank you to all our participants
Forms of identity of stakeholders from three Montreal area Health and Social Services Centers: Mental Health Services

Suzanne Deshaies, Eddy Guarino, Alex Battaglini
InterActions, centre de recherche et de partage des savoirs, CSSS de Bordeaux-Cartierville – Saint-Laurent, Montréal, Québec
And
Dr. Cécile Rousseau, McGill University, CSSS de la Montagne, Montréal, Québec
13th Canadian Collaborative Mental Healthcare Conference, June 15-16, 2012 Vancouver, B.C.
Presentation Outline

• Methodology
• Related Concepts
• Identity forms
Methodological approach and procedure

• Research objectives
• Stages of data collection
• Secondary analysis
• Procedures and analytical framework
Theoretical concepts

- Identity
- Construction of professional identity
- Identity strategies
- Identity forms
### Concepts generated from the analysis

#### Concepts related to biographical identities

<table>
<thead>
<tr>
<th>Scale/dimension</th>
<th>Disciplinary</th>
<th>Organizational</th>
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</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Employment status</td>
<td>Current work team, Former work team</td>
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<tr>
<td>Mesosocial</td>
<td>Interdisciplinary team</td>
<td>institution</td>
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</table>

#### Concepts related to relational identities

<table>
<thead>
<tr>
<th></th>
<th>Internal links</th>
<th>External links</th>
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</thead>
<tbody>
<tr>
<td>Collaborative links</td>
<td>Organizational collaboration</td>
<td>Formal collaboration</td>
</tr>
<tr>
<td></td>
<td>Interdisciplinary collaboration</td>
<td>Teamwork proximity</td>
</tr>
<tr>
<td>Conflictual links</td>
<td>Organizational tension</td>
<td>Tension formal</td>
</tr>
<tr>
<td></td>
<td>Interdisciplinary tension</td>
<td>Interagency tension</td>
</tr>
</tbody>
</table>
Concepts generated from the analysis (continued)

• UNDERLYING VALUES

At a professional level:

– Empowerment - Recovery - Accessibility - Continuity – Efficiency

• At an organizational level:

– Interdisciplinary collaboration – Organizational collaboration - *Interorganization* partnership
<table>
<thead>
<tr>
<th></th>
<th>Individualistic</th>
<th>Collectivist</th>
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</thead>
<tbody>
<tr>
<td><strong>FORMAL</strong></td>
<td>TEAM IDENTITY</td>
<td>NETWORK IDENTITY</td>
</tr>
<tr>
<td><strong>INFORMAL</strong></td>
<td>PROFESSIONAL IDENTITY</td>
<td>INTERPROFESSIONAL IDENTITY</td>
</tr>
</tbody>
</table>
Team identity:

- Team work identity
- Close collaboration, organizational and formal, but also interorganizational tensions
- Professional support values, purpose, support, friendliness, understanding, closeness, approach, quick response
Network identity:

• Institution / manager
• Formal collaboration and proximity, but also formal and inter-organizational tensions
• Organizational value (communication with partners)
Identity of profession:

• Professional status \ former work culture
• Collaboration and organizational proximity, but also organizational tension
• Professional values (understanding and approach)
Interprofessional identity:

• Interdisciplinary team

• Interdisciplinary collaboration and proximity, but also inter-organizational tensions

• Organizational values (strong bond, simplicity, structural flexibility, common team culture and openness to partnership)
Interpretation of results

• From the perspective of the stakeholders

• From the perspective of the research team
The clinical space as a mediating pole for multiple communication issues

Presenter: Janique Johnson-Lafleur
L Nadeau, P Pluye, C Rousseau, T Measham, J Rhéaume, L Kirmayer, V Jimenez
Research assistants: A Jaimes, J Johnson-Lafleur

In partnership with Centre de santé et de services sociaux (CSSS) de la Montagne
Funding by Ministère de la Santé et des Services sociaux du Québec (MSSS)

13th Canadian Collaborative Mental Health Care Conference
Vancouver, June 15 2012
Introduction

STUDY OBJECTIVE

• To present the perspective of youths, their parents, and clinicians on mental health services (accessibility, effectiveness, satisfaction), in a context of partnership between institutions, and inter-professional collaboration.
Background

LITERATURE

• Little is known about youths’ perceptions of mental health care services (Gampetro et al. 2012)

• Help-seeking preferences: youths turn mainly to friends and family when they experience mental health problems (Leavy et al. 2011; Rickwood et al. 2007).

• Barriers to services use by youths (broadly categorized) : availability, accessibility, acceptability, equity (WHO 2001).

• Little evidence of key models for youth-friendly primary care services (Tylee et al. 2007)
Methods

• Pilot study, exploratory research

• Qualitative study: semi-structured individual interviews with 16 participants, more specifically 5 triads (youth, parent, clinician) and 1 additional parent (12 to 15 years old adolescents)

• Interviews were conducted at a particular moment: transition, creation of youth mental health teams (2009-2010)
Findings

• Three main themes emerged from families’ discourses

• Difficulties and benefits of collaborative care were named by clinician
1. The improvement of communication within the family

« I find that the services are very helpful. It helps us to be able to talk in a suitable manner, correctly, using the right words. As if we can talk instead of insinuating, or being afraid to talk about it, or hiding it, or not knowing what to do with it. I find that it’s really beneficial for my child. »

Parent

« Once you’re in the meeting, you actually get to communicate with them [your parents] about how you act and you realize how harmful your behavior is. Like that’s what I find useful. And you actually get a chance to realize how your parents feel by their own words. »

Youth
1. The improvement of communication within the family

- The importance of involving the family in therapy: clinical and administrative considerations

- Primary care, with its diversity of professions, succeeds in offering spaces for family therapy acknowledged as effective by families

- One of the main concern of youths with mental health care needs: personal and family relationships (Gampetro et al. 2012)
2. Balancing confidentiality, accessibility and collaboration

« [Interviewer: Where do you prefer to have the follow up?] Not at school. [...] Before, it was good in school, but not now because my son is in high school. He could feel embarrassed if his friends knew that he might have a problem. He could get an inferiority complex. »

Parent

« I always wonder what type of relationship the CLSC psychologist should have with the school. Should we warn when kids have suicidal ideas? Should we ring the alarm? [...] What is the relationship with school in these cases? I guess there’s a link between the CLSC and school, or that there’s someone in schools that makes the link. There should be a psychologist in school usually, right? »

Parent
2. Balancing confidentiality, accessibility and collaboration

- Confidentiality and accessibility: what role for schools?
- Finding a balance between confidentiality issues and effective communication to foster ethical and appropriate care
- Issues to be considered on a case-by-case basis, with particular attention to vulnerable populations
- Different notions of confidentiality come into play in the clinical space (variety of socio-cultural groups)
- The youth’s best interest: tension between importance of confidentiality and importance of the involvement of parents (Sanci et al. 2005)
3. Continuity of places and people

« [My wish would be to] continue with the services. And also to make sure that everything is ok afterwards. Not only being there during the crisis, and then to let everything down. [...] To have the same person, in the same context, it’s reassuring. [...] I think it’s a plus when we’re talking about mental health, when we’re talking about people in distress. [...] Actually, it’s essential. »

Parent

« [Interviewer: Are there things that you would like to see done differently?] Maybe not to switch rooms. I kind of like seeing the same familiar room. »

Youth
3. Continuity of places and people

- Families are not always aware of clinicians’ professional roles and titles. Primacy of the relationship with a specific person

- The importance of continuity of places and people is named by families: familiarity, trust

- Confusion increased by professional turnover

- Importance of the clinical frame and of the establishment of a trusting relationship (Rickwook et al. 2007)
4. Clinicians’ perspective on partnership and collaboration

“When things are not going well, you don’t bear the load of the difficult cases by yourself. We can really consult on a specific issue to make sure that our intervention plan is going in the right direction. It is very supporting.”

Clinician 4

“It was very unusual for me to work with so many other people. [...] I found it very hard to figure out who was supposed to do what. [...] I know it is something that the CLSC is still working on, sorting out like what is [each team’s] role? [...] It is much more easier to collaborate and to cooperate and to share information when fifteen people are not involved in the case. [...] To me it is either that I am adapting to the new system, which I am sure is part of it, but also I find the shared or figuring out things works better.”

Clinician 3
4. Clinicians’ perspective on partnership and collaboration

DIFFICULTIES*
- Confusion around roles and responsibilities of each clinician
- Sometimes, difficulties to clarify inter-institutional mandates
- Confusion around the selection of the main case worker (who’s in charge?)

BENEFITS
- Support from colleagues
- Sharing the burden of complex cases
- Input from child psychiatry consults
- Training in multicultural interventions

*Similar issues were found in Ødegård 2005 (Norway)
Conclusion

• Vulnerability issues: for families but also for systems

• The importance of a safe space for partnership (youth-friendly and clinician-friendly): no generic model, case-by-case basis

• The clinical space as a mediating pole for multiple communication issues (among institutions, professionals, family members): for the best interest of youths
Thank you to families, clinicians, CSSS de la Montagne, and MSSS

Presenter: Janique Johnson-Lafleur

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