



**18th Canadian Collaborative
Mental Health Care Conference (2017)**

Connecting People in Need with Care

June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario

*Collaborative Family Involvement in Adult Mental
Health Care: Narratives from 3 Countries*
David Humphreys

PRESENTER DISCLOSURE

- **Presenter:** David Humphreys
- **Relationships with commercial interests:**
 - **Grants/Research Support:** None
 - **Speakers Bureau/Honoraria:** None
 - **Consulting Fees:** None
 - **Other:** Winston Churchill Memorial Trust (WCMT) Travelling Fellowship



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MITIGATING POTENTIAL BIAS

- **Presenter:** David Humphreys
- **Mitigation of conflict:** The Winston Churchill Memorial Trust (www.wcmt.org.uk) is UK's national memorial to Sir Winston, and each year the Trust awards Travelling Fellowship grants to UK citizens in a range of fields to enable Churchill Fellows to carry out research projects overseas. These projects are designed to exchange ideas and best practice, and build greater understanding between peoples and different cultures, in order that professions and communities in the UK can benefit from these shared experiences.



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LEARNING OBJECTIVES

- 1) Review examples from Canada, USA & UK of collaborative family & carer involvement in adult mental health care;
- 2) Identify strategies that could be used in primary care health systems which might improve collaborative family and carer involvement;
- 3) Describe how strategies of collaborative family and carer involvement might benefit hard to reach client populations.



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Collaborative Care & Family Involvement

'Should we envision a 'tri-optic' where health care is a true integration of perspectives from biomedical providers, psychosocial providers and family members in addition to incorporating the patients view?

Mauksch, L. & Fogarty, C. 2015.

Tri Optic Principles

- ▶ Teams of Health and Mental Health professionals working in concert
- ▶ Biological, psychological and social aspects of treatment are given equal importance
- ▶ Patient's family included as a crucial component of treatment

Bloch, D, 1993 C.J. Peek
2015

Site selection

- ▶ Primary care, similar socio-economic populations, open treatment access

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Principles of Health Care Delivery

Triple Aim

- ▶ Improving the patient experience of care (including quality and satisfaction);
- ▶ Improving the health of populations;
- ▶ Reducing the per capita cost of health care;

Institute of Health Improvement (IHI) 2012

Narrative from Canada

- ▶ Use of groups
- ▶ Variety of therapeutic models used
- ▶ Motivational interviewing
- ▶ Co-location
- ▶ Team collaboration
- ▶ Care across the lifespan appropriate to need
- ▶ Family systems-based training emphasises family involvement



Narrative from USA

- ▶ Systemically trained doctoral level clinicians
- ▶ Co-located peripartetic team
- ▶ Immediate availability
- ▶ Flexibility
- ▶ Highly collaborative



Narrative from UK

*'At present 2¾ million patients come to GP surgeries each year with depression or anxiety.....this means that **we need an extra 10,000 therapists.**'*

Layard, R 2006

- ▶ Self referral to Well-Being Team
- ▶ Diagnosis using nationally agreed criteria
- ▶ Evidence based treatment: Model of choice CBT
- ▶ Family involvement only at invite of patient



Strategies for Improvement

- ▶ Identify ways to enable all clinicians to hold the tension between the individual and relational locus of pathology
- ▶ Incorporating systems thinking in all clinician training as a framework for developing collaboration
- ▶ At assessment, systematically agree with patient the form and nature of family/carer involvement
- ▶ Utilising local resources that are available, and accessible behavioural health interventions to all clinicians, patients and family/carers



Benefits for Hard to Reach Populations

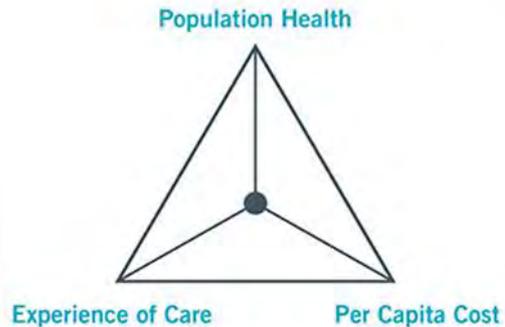
- ▶ Discussing family/carer involvement at assessment stage identifies potential resources for treatment and support
- ▶ With family/carer involvement, clinicians thinking and working systemically have a greater understanding of the range of cultural and social contexts
- ▶ A collaborative organisational structure enables the clinical team to engage with these particular populations wherever they are



Summary

Triple Aim

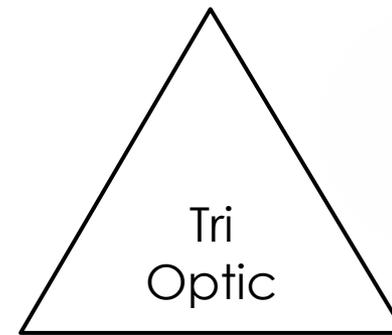
The IHI Triple Aim



Institute for Health Improvement
2012

Tri Optic

Team Collaboration



Biopsychosocial
treatment

Family Involvement

Bloch, D, 1993 C.J.
Peek 2015

- Family and carer involvement offers a potential bridge between Tri Optic and Triple Aim

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