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Commission de la santé mentale du Canada

Environmental Scan of Provincial Initiatives Directed Toward Improving Primary Mental Health Care Delivery

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Mental Health Strategy for Canada

The *Mental Health Strategy for Canada* recommends advancing the role of primary healthcare by:

- Strengthening collaboration between primary health care and mental health care; and
- Enhancing the role of primary healthcare in facilitating self-management care and promoting positive health.

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Knowledge Exchange Centre (KEC) Goals

- To facilitate the development and mobilization of evidence-informed knowledge in the mental health community
- To increase the capacity of mental health stakeholders to routinely adopt and integrate knowledge exchange practices
- To explore potential pan-Canadian synergies and opportunities for collaboration
- To leverage existing best and promising practices across the country

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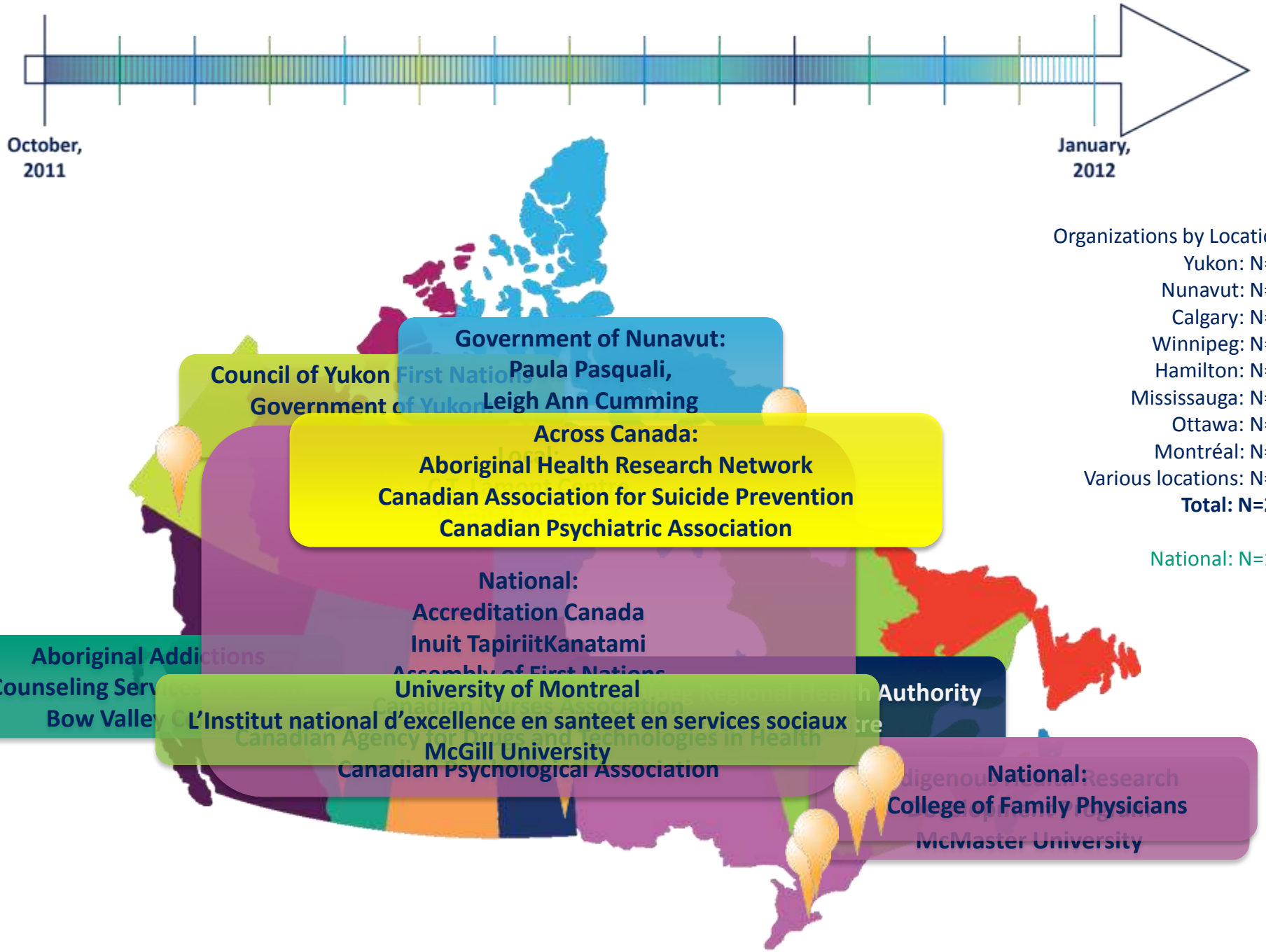
Collaborative Healthcare: Exchange, Evaluation & Research (CHEER)

The Commission, in partnership with key stakeholders is undertaking a 5-year pan-Canadian initiative to contribute to measurable improvements in the field of primary mental health care and substance use in Canada.



Organizations by Location
Yukon: N=2
Nunavut: N=2
Calgary: N=1
Winnipeg: N=2
Hamilton: N=2
Mississauga: N=1
Ottawa: N=9
Montréal: N=3
Various locations: N=3
Total: N=25

National: N=10

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CHEER Steering Committee

The mandate of the MHCC CHEER Project Steering Committee is to:

- Provide guidance and expertise in shaping the development, implementation and evaluation of the CHEER project
- Identify opportunities for cross-organizational synergies
- Explore mechanisms for leveraging existing initiatives across Canada
- Contribute to the development of a sustainability plan

The Steering committee is led by two co-Chairs: Dr Francine Lemire (CFPC) and Dr Nick Kates (HFHLT, McMaster University)

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Initial CHEER Planning

The CHEER Initiative aims to gather a wide range of stakeholders across the country including stakeholders with lived experience and expertise to identify, leverage and disseminate best practices.

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Supported Self Management

Training Programs to Increase Competencies

Chronic Disease

Rural and Remote

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Environmental Scan: Purpose

- To inform the development of the CHEER Initiative

- To scan developments in primary care and mental health and substance use services and systems in each of the Canadian provinces and territories

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Environmental Scan: Method

- Utilized publicly available documents to compile summaries for each province and territory

- All materials accessed between July and December 2011 (however developments are in constant evolution)

- Only accessed materials published since 2000

- Shared written summaries with government representatives in each province and territory and undertook semi-structured interviews

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Environmental Scan: Limitations

- Static “snapshot” of a dynamic set of developments

- Relied initially on publicly available documentation

- Individual government representatives may not be aware of all pertinent plans and developments

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Family Physician: Population Ratios

- Range from 64/100,000 (Nunavut – total of 21) to 190/100,000 (Yukon)
- Average for Canada: 103/100,000

Psychiatrist: Population Ratios

- Range from 2/100,000 (Northwest Territories) to 15/100,000 (Nova Scotia)
- Average for Canada: 13/100,000

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Ontario

Population 2011: 13,372,996

Family Health Teams have been Ontario's main primary care initiative since 2005. The teams combine physicians with other professionals, including nurses and nurse practitioners. Other providers, including of mental health care, can be included, or the teams may refer patients for other types of care

The province provides some extended funding for treating patients with mental health and/or addiction problems in its primary-care fee schedule

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Ontario cont.

In 2010, Ontario's Select Committee on Mental Health and Addictions released an action plan. One of its 23 recommendations was to include people who could treat mental health and addictions (such as social workers and psychotherapists) in interdisciplinary primary care models.

That recommendation was not repeated, however, in the Ontario Ministry of Health and Long-Term Care 2011 paper, "Open Minds, Healthy Minds" a comprehensive mental health and addictions strategy. Its goals include improving mental health and well-being, creating healthy, resilient, inclusive communities; identifying mental health and addictions problems early and intervening; and providing timely, high quality, integrated, health and other human services.

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Quebec

Population 2011: 7,979,663

A 2000 review of the organization and financing of health and social services proposed a health system with primary care as its foundation, offering more comprehensive and integrated services, including psychosocial and mental health services.

There are two main primary care initiatives in Quebec, family medicine groups and network clinics. The family medicine groups consist of six to ten physicians working with nurses and sometimes other providers to offer primary care services to registered patients. Network Clinics provide a broad range of primary care services as well as access to radiology, laboratory and other more specialized services for urgent cases (CSBE, 2009).

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Quebec cont.

Quebec has Centres de Santé et de Services Sociaux (health and social services centres) and is seeking to coordinate care with family physicians. Quebec's latest mental health plan was released in 2005; it emphasizes promoting mental health and preventing mental illness, as well as the need to develop and strengthen mental health services in primary care. It called for primary care mental health teams in health and social services centres serving populations of 50,000 or more.

Quebec developed an interdepartmental action plan for addiction services in 2006. The health and social services centres are also the entry point for addiction services and treatment.

Quebec is developing a 2012-2017 mental health action plan.

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British Columbia

Population 2011: 4,573,321

Divisions of Family Practice are "… local organizations of family physicians who are prepared to work together at the community level to improve clinical practice, offer comprehensive services to patients, and participate in health-service decision making in partnership with their regional health authority and the Ministry of Health Services"

The Practice Support Program offers training sessions for physicians and their medical office assistants designed to improve practice efficiency and to support improve delivery of patient care. Chronic disease management and mental health are two of the training areas offered by the program

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British Columbia cont.

Guidelines have been developed to address a number of mental health and substance use issues. A fee incentive program provides additional funding (on a fee-for-service basis) for physicians to provide guideline based care where the care would be outside the normal practice.

Other initiatives include specialist to physician telephone advice fees (which can include mental health advice) and s a rapid access to psychiatry program for individuals with mood disorders.

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British Columbia cont.

In 2010 BC released its latest ten-year mental health and substance use plan (Ministry of Health Services & Ministry of Children and Family Development, 2010)

The plan commits to six milestones, one of which is specific to primary mental health care:
By 2015, the number of British Columbians who receive mental health and substance use assessments and planning interventions by primary care physicians will increase by 20%.

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Nunavut

Population 2011: 33,322,

Nunavut as a separate territory came into existence on April 1, 1999. The population in Nunavut is unique among the Canadian provinces and territories as about 84% of the population identifies itself as Inuit. This presents some challenges to the usual method of health services delivery, as the predominant cultural differs in ways that should be taken into account when services are required.

Nunavut health care is delivered through Health Centres (currently 26 are listed on the Nunavut web site, which includes 1 hospital and 1 public health centre), and is primarily delivered by nurses, with access to physicians often dependent upon a referral from the local community nurse

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Nunavut cont.

In recent years nursing vacancies in Nunavut have approached 50% in 2008 (Nunavut Tunngavik Inc., 2009), placing increased strain on existing nurses and other health professionals throughout the territory.

Virtual care (telehealth) is often used and care delivery “on site” may be performed by whatever professional is present in more remote communities.

Nunavut released an addictions and mental health strategy in 2002 (Nunavut Health and Social Services, 2002). It calls for a community based approach and a combined addictions and mental health framework.

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Nunavut cont.

Given the relatively high birthrate and young population (the report states that at the time 1/3 of Nunavut's population was under 15) there needs to be a focus on prevention and education about addiction and mental health problems (i.e., not just treatment of existing problems) as well as programs that target children and youth

Suicide is a large problem (rates are very high compared to other parts of Canada) in Nunavut. In September of 2011 the Nunavut government web site released a suicide prevention strategy and action plan The need for a strategy around suicide was a priority issue mentioned in almost all reports.

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Conclusions

•All provinces & territories are working on primary health care reform and some have focused attention on initiatives related to primary mental health care

•Primary healthcare approaches to substance use are generally absent or problematic

•Where they exist, primary mental health care services are being implemented according to models that differ considerably from province to province, providing a series of “natural experiments”

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Questions?

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Thank you – The CHEER Initiative Team!

Please direct questions and comments to Louise Lapierre:
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