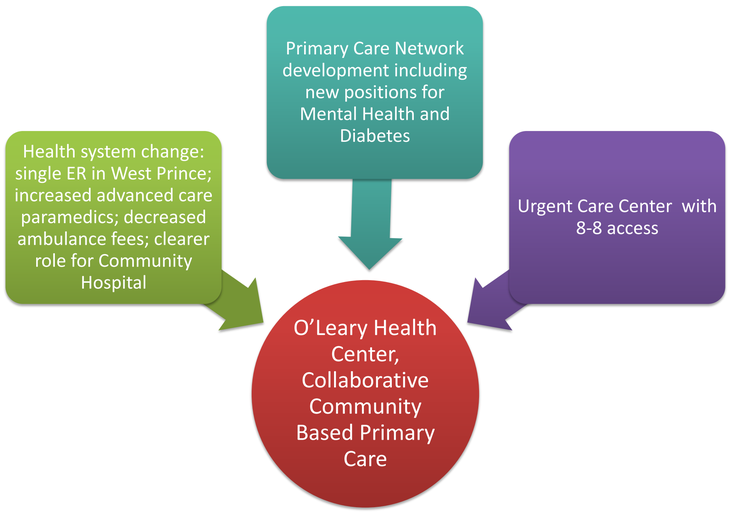
Expanding the Continuum of Mental Health Care in P.E.I.

Purpose of this presentation is to share the context and framework, for the development of collaborative mental health services, in enhanced primary care services on P.E.I. and illustrate it's application in O' Leary Health Center.

The Case for Change in O' Leary.

The picture at the time of change:

•About the community: population 861; catchment of 15, 000 people; lies 130 km from Charlottetown and 60 kilometers from Summerside; primary industries agricultural (17%), retail (14%), and manufacturing (11%).
•Five ? Physicians.
•Community Hospital with 13 acute care beds and 24/7 Emergency Room, Long Term Care Facility (collocated).
•Second Community Hospital in Alberton, with 24/ 7 ER, located 23 km away.
•Beechwood Family Health Center, recently moved from privately owned to provincially owned and managed with increased staff to support care with physicians .



History and Background:

In 2008 Prince Edward Island underwent a health system review. As part of that review a renewed model of primary based care was developed with a:

"shift in emphasis to ensure that the majority of people's needs can be met close to home as possible."
(Corpus Sanchez, 2008,p.32)

Activities would include:

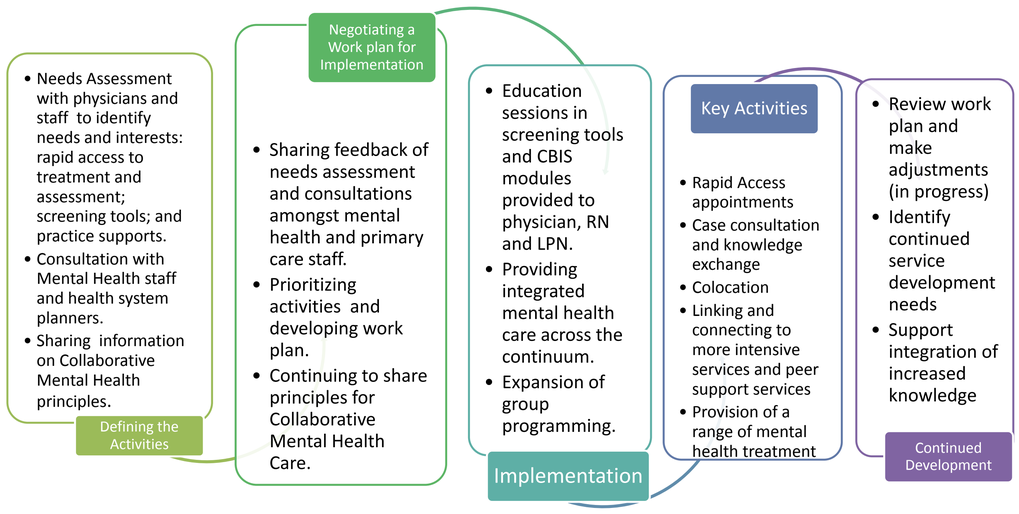
•Ensuring ongoing access to primary care providers.

•Ensure access to self health enablers.

•Strengthen chronic disease management, public health, and community based mental health and addictions.

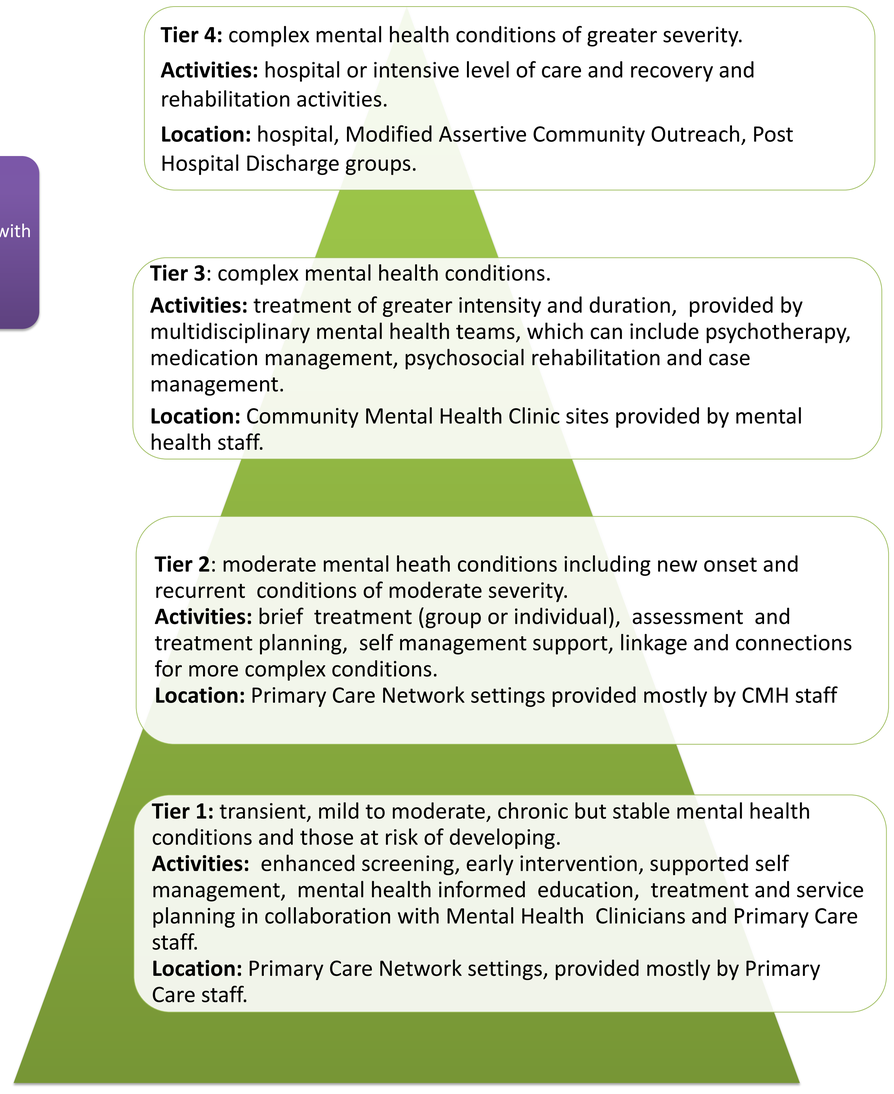
From this emerged the development of the Primary Care Networks. P.E.I. was divided into five geographical catchment area each will include a Manager, Medical Director, Nurse Clinical Lead, and core teams made up of 4-8 physicians, Nurse Practitioner, Registered and Licensed Practical Nurses and Administrative Support. To support and provide care, Diabetes Educators, Community Nutrition, and Community Mental Health will work within Network sites, ensuring all Islanders have access to primary care teams, within 30 km of their home.

The Collaborative Planning Process between O' Leary Health Center and Mental Health Services



Things we have learned so far:

•Increased utilization of Mental Health services from members of this community, as compared to when their only access was in the neighboring community.
•Using a comparative sample of referrals over a three month period in this neighboring community, there appeared to be no decrease in referrals from O' Leary, which could suggest an overall increase in utilization and access to mental health services, by members of the O' Leary community.
•Use of rapid access appointments initially low, though those who report using these appointments report satisfaction.
•One CMH staff person noted that the availability of these appointments appear to provide "more calm" and believe that it has created more confidence between CMH and Primary Care staff.
•In the first education session primary care staff reported more confidence in recognizing and talking to patients about depression and anxiety, but not in treating (Tier 1) mental health conditions.
•In the second education session, primary care staff reported more confidence in use of screening tools but no major change in their ability to use the tools to support patients (CBIS manual). As noted by one primary care staff member: "the manual is excellent resource, will take time to utilize".
•In individual interviews, Community Mental Health staff observed that: it was more challenging to manage their schedules to allow for consultation and collaboration, but felt better mutually informed about the individual they were assisting, felt there was better access for clients, and felt supported.
•One CMH staff person shared that she felt greater sense of hope in her work being able to meet a greater range of needs .
•Most common conditions currently being treated by CMH staff are anxiety and depression.
•The CMH staff also provide outreach services in the community of Tyne Valley, located, 37 Kilometers away.
•The shift in priority to primary care and re-design of access away from emergency care was perceived by some members of the community as a loss of hospital. Some members of the community petitioned, and attempted legal action. This sense of loss persists with some members of the community. As recently reported in the Journal Pioneer, on April 29, 2011, members of the community petitioned to have Emergency Room services reinstated.



Framework for the Expanded Mental Health Services Continuum

(adapted from Paxton et al., 2000)

Next Steps & Future Work:

•O' Leary Health Center experience has provided the opportunity to understand the benefits and challenges of providing a range of mental health services in a site of co-location.
•While the visiting clinician model will likely be more feasible in other PC Network sites, development process has highlighted the importance of collaboration in both practice and in service development.
•Using the visiting clinician model, Community Mental Health staff will focus on providing Tier 2 mental health care, and supporting primary care staff to provide Tier 1 mental health care. The activities , or methods to provide this care will be mutually defined between Primary Care and Community Mental Health.
•Expand methods to gather information and data to inform our evaluation of services and impacts on care and reallocation of resources.
•Align Mental Health Services programs to provide support for self management of chronic or recurrent conditions.
•Development underway in Kings Network sites and expanded development in the West Prince Network.
•Expand the continuum of mental health services to provide clearer links in programming with peer support. A self help group has been developed with the support of CMHA in the West Prince area.
•The Mental Health Services Strategy is occurring concurrently with Primary Care Network development and implementation. The continuum helps to clarify what care is most appropriately provided in which setting and by which provider.
•Establish greater integration of psychiatry services with Primary Care Network collaborative structures.

Developed by BobbiJo Flynn,
Community Mental Health Clinical Leader
Mental Health and Addictions,
Community Hospitals and Primary Care,
Health PEI
16 Garfield St. , Charlottetown Prince Edward Island, C1A 7N8
902-620-3781, bjflynn@ihis.org

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