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

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 110 km from Charlottetown and 60 Kilometers from Summerside; primary industries agriculture (17%), retail (14%), and manufacturing (11%).
• Few 7 physicians.
• Community Hospital with 13 acute care beds and 24/7 Emergency Room, Long Term Care Facility (located).
• Second Community Hospital in Alberton, with 24/7 ER, located 23 km away.
• Bessborough 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.”
Activities would include:
• Ensuring ongoing access to primary care providers.
• Ensure access to self help 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 areas each with a Manager, Medical Director, Nurse Clinical Lead, and care 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

Key Activities
• Needs Assessment with physicians and staff to identify needs and develop rapid access to services.
• Sharing feedback of needs assessment and developments amongst mental health and primary care staff.
• Prioritizing activities and developing work plan.
• Continuing to share principles of Collaborative Mental Health Care.

Tiered Approach: matching service to patient needs

Tier 1: transient, mild to moderate, chronic but stable mental health conditions and those at risk of developing.
Activities: enhanced screening, early intervention, supported self management, mental health informed education, treatment and service planning in collaboration with Mental Health Clinicians and Primary Care staff.
Location: Primary Care Network settings provided mostly by CMH staff.

Tier 2: moderate mental health conditions including new onset and recurrent conditions of moderate severity.
Activities: brief treatment (group or individual), assessment and treatment planning, self management support, linkage and connections to appropriate services.
Location: Primary Care Network settings provided mostly by Primary Care staff.

Tier 3: complex mental health conditions.
Activities: treatment of greater intensity and duration, provided by multidisciplinary mental health teams, which can include psychotherapy, medication management, psychosocial rehabilitation and case management.
Location: Community Mental Health Clinic sites provided by mental health staff.

Tier 4: complex mental health conditions of greater severity.
Activities: hospital or intensive level of care and recovery and rehabilitation activities.
Location: hospital, Modified Assertive Community Outreach, Post Hospital Discharge groups.

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.

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 realisation of outcomes.
• 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 cleaner 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.

References:
Corpus Sanchez International Consultancy, (October 2008), An Integrated Health System Review in P.E.I., Corpus Sanchez International Consultancy, 2008 October.

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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.