

## PROFILES OF COLLABORATIVE PRACTICES IN YOUTH MENTAL HEALTH (YMH) TEAM NEWLY IMPLEMENTED IN PRIMARY CARE

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## BACKGROUND

The organization and delivery of youth mental health (YMH) services has become an important issue over the last decades.

- Various innovative models of care organization have been implemented in order to foster a better articulation of primary care and specialized services.
- In Quebec, a health reform introduced YMH teams in health and social services community organizations (CSSS). This health reform was introduced at the same time as an action plan in mental health (PASM).

The youth mental health teams' mandate is:

- 1) to offer services to youth whose mental health problems require a more specific expertise
- 2) to provide support to other primary care providers both inside and outside the CSSS
- 3) to assess and direct the demands of services in YMH through a continuum of care

## AIM OF THE STUDY

This study focuses on the transformation of YMH services associated with the PASM and, more specifically, on YMH teams implemented in primary care.

The objectives were:

- 1) To explore the way different YMH teams define their role in the continuum of services,
- 2) To appraise the collaborative practices both with other primary care youth teams and with specialized mental health services,
- 3) To identify factors that promote continuity or that bring discontinuity in the provision of services to youth and their families.

## METHODOLOGY

Part of a larger longitudinal mixed methods research on collaborative care in YMH conducted within seven primary care organizations (CSSS) in the region of Montreal, Quebec.

### Data collection

- Group interviews with primary care YMH team members
- 62 participants from different professional backgrounds

### Data analysis

- Thematic analysis to describe the organizational models and the collaboration dynamics within each team
- Cross-case analysis to assess key issues related to the organization of services encountered by the newly implemented YMH teams.

## RESULTS

- 1) An identity in construction
- 2) A position « Between the line »
- 3) Different profiles of collaboration practices

### 1. AN IDENTITY IN CONSTRUCTION

A decade after the PASM implementation, YMH teams still struggle to define their identity.

- Perception that the mandate is vague and the model of services still in process of clarification.
- Two mains trends emerge in the way teams define their roles:
  - Mainly define their role in terms of support and complementarity with primary care teams
  - Mainly define their role in terms of direct services to youth and families.

*« We are trying to define what should be treated here, when we should support the other teams so they can do their job, and what really should be our job here. At the moment, we have the impression that we are some kind of a melting pot of everything ».*

### 1. AN IDENTITY IN CONSTRUCTION (2)

**Necessity to developp a new culture of intervention between community services and child psychiatry.**

*« In youth mental health it takes an hybrid identity. We are not in the medical culture of child psychiatry but also, we are not in the community services culture or in prevention/promotion field. We are in something more specific where it takes interdisciplinarity. So there is a challenge there I think. There is still something that is still to be born ».*

### 2. A POSITION « BETWEEN THE LINE »

- The PASM reform led YMH teams to play a crucial role in the evaluation of referrals and liaison between primary care programs and specialized services.
- This interface position can put YMH teams in a difficult position.

### 3. DIFFERENT PROFILES OF COLLABORATIVE PRACTICES

In silo practice	Multidisciplinary team	Inter-team collaboration
<ul style="list-style-type: none"> <li>• Very few contacts among YMH team members</li> </ul>	<ul style="list-style-type: none"> <li>• Strong sense of belonging to the YMH team</li> <li>• High level of interaction and co-intervention between YMH team members</li> </ul>	<ul style="list-style-type: none"> <li>• The YMH team's role is mainly defined in terms of support and complementarity with other primary care professionals</li> <li>• Few co-intervention with professionals from the YMH team</li> </ul>
<ul style="list-style-type: none"> <li>• Very few contact with the other primary care teams</li> <li>• Perception that collaborative work is not valued by the managers</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical reluctance to share information with professionals from other teams</li> <li>• Few inter program links and identification of some administrative burdens</li> </ul>	<ul style="list-style-type: none"> <li>• Joint case discussions, clinical supervision and training</li> <li>• Flexible administrative procedures and practices between programs</li> </ul>
Sequential intervention	Co-intervention mainly within the YMH team	Inter-team intervention

### FACILITATORS AND BARRIERS TO COLLABORATIVE PRACTICES

**Crucial factors to successful and optimal collaborative care models:**

- Access to clinical supervision by mental health specialists
- Organizational support which recognizes the time needed to accomplish collaborative tasks

**Factors negatively impacting the continuity of care :**

- Pressure linked to waiting lists
- Optimization measures that discourage co-intervention and limit the possibility of collaboration

*« People are wondering really is: is this in my backyard or in yours? An again, I think it's this kind of accountability process that's behind all of that. Because the more you shovel in somebody else backyards, the less you have in yours, the shorter your waiting list gets, and the more your team seems effective ».*

### CONCLUSION

- 1. Clarification of the YMH teams' mandate**  
→ Clarification is a necessity to prevent YMH teams to become overwhelmed by excessive referrals.
- 2. Clarification of the YMH teams' model of service delivery**  
→ A balance between direct interventions with children and families and a consultation-liaison mandate is crucial to avoid the reproduction of a specialized model of service delivery located in primary care.
- 3. Administrative and organizational barriers to the development of collaborative care practices**  
→ Important to ensure that management remains in the service of clinical practice  
→ A better fluidity between youth teams and mutual support among professionals prevents the reproduction of a hierarchical model centered around the figure of the expert.

Thank you !  
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