

Sharing the Wealth

A Collaborative Model of Mental Health Services
Across Six Different Community Health Centres

10th National Conference on Collaborative Mental Health Care
The Next 10 Years: Advancing the Vision and Voices of Collaboration
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Learning Objectives:

- Understand the benefits of a collaborative model through a case based presentation
- Become familiar with best practices for the successful implementation and ongoing service delivery of collaborative mental health care for clients who may be non-insured or not proficient in English

Overview of the TUHA Model

- Partnership between 6 different Community Health Centres and a Community Mental Health Program at the University Health Network
- Each CHC has a psychiatrist and mental health clinician providing mental health consultation and services for clients who may or not be insured, proficient in English or have a CHC physician

- Representation from each CHC and UHN sit on the TUHA Executive Committee that meets bi-monthly to discuss program issues, plan educational workshops and refine the evaluation process

- Since 2003 there has been a 43% ↑ in # of clients receiving assistance through the TUHA program
- In 2007/08 – 12% of clients were non-insured

In 2007/08 services have been provided in the following languages:

– Chinese	– Spanish
– Farsi	– Korean
– Arabic	– Somali
– Portuguese	– Vietnamese
– Russian	

Reasons for Consultations

- Depression
- Psychological symptom/complaint
- Employment Problem
 - Unemployed
 - Work related
- Relationship problem (Child, Partner, Parent, Family)

- Anxiety
- Social problem
- Poverty/financial problem
- Risk factor (non specific)
- Sleep disturbance
- Substance Abuse
 - Alcohol
 - Drugs

Case Study

- 55-year-old woman
- lives with her youngest daughter
- arrived in Canada in 1995 from South America
- speaks Spanish

Initial Presentation

- Lived in a shelter
- no status in Canada
- no provincial health card or health coverage
- no financial support
- reluctant to see a psychiatrist

History of Presenting Illness

- Ms. V-L left her country two years after her husband's sudden death
- Her brother-in-law physically and sexually assaulted her and threatened to kill her
- Her oldest daughter committed suicide

Presentation

- PTSD symptoms (intrusive memories, flashbacks, and nightmares of traumatic events, intense anxiety symptoms, emotional numbing and avoidance)
- symptoms of depression (profound sadness, anergia, insomnia, increased appetite with a 40 lb weight gain in the preceding year, poor concentration and suicidal ideation)

Stressors

- Poor financial situation
- No status in Canada and no health card
- No housing
- Language barrier
- No social support network
- One daughter left at home

Past psychiatric history

- None

Family psychiatric history

- None

Past medical history

- Hypertension
- No history of substance or alcohol use

Medication

- Antihypertensive (HCTZ, Atenolol)

Personal History

- Lost her father at the age of 8
- lived an upper class life
- Obtained a BA in college
- BA-related work
- a good marriage and social life

Course

- Immigration/refugee claim
- Finances (medication, procedures, Ontario Works)
- Housing (housing transfer)
- ESL classes at CHC
- Spanish speaking clinician
- Medical/psychiatric health
- Liaison – CHC providers – hospital providers

Outcome

- Housed in supportive housing
- Canadian citizen
- Employed
- Mental health improved (until recent stressor)

Benefits of the Program

- ↑ confidence and comfort working with patient with mental health issues
- Language capacity of mental health specialists
- On site service delivery
- Continuity of care, which increases comfort with CHC providers and clients
- Knowledge exchange
- Easier access to emergency services

- Direct communication about a client with service providers
- Increases integration of services within a CHC
- Access to mental health services for non-insured clients
- Assessments, diagnosis and treatment plans developed collaboratively

- ### Benefits for Clients
- ↑ access for hard to reach populations
 - Inclusive service delivery where clients have input
 - Available at one location
 - Access to assessment and treatment in a timely fashion
 - Clients showed improved or stable levels of functioning

- ### What Clients have to say....
- About their care....**
- Teamwork, including myself, can't get any better"
 - Tailored to my needs
 - "beautiful partnership with my CHC"
- Decision Making**
- Really great about letting me make decisions about my care"

Access

- “very inclusive”
- Everything at one location. Beautiful, safe, secure for me”
- “ I was surprised how quickly I was seen”

84% would tell others to come to the CHC if they had mental health problems

Promising Practices of this Model

- Shared vision and goals
- Clear statement of roles, authority, and shared responsibilities
- A coordinating structure
- Conformity and policies in procedures
- Strong leadership
- Continual focus on evaluation
