

Ontario College of Family Physicians Collaborative Mental Health Care Network

An 8 Year Retrospective

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Disclosures

- The OCFP CMHCN is funded by the Province of Ontario MOHLTC
- The OCFP CMHCN has been the recipient of unrestricted educational grants from Astra Zeneca, Eli Lilly and Glaxo Smith Kline

Rationale for CMHCN

- Knowledge gaps are frequent/not pursued
- Poor access to MHA providers
- Poor collegial relationships
- Slow response times
- Inadequate responses

OCFP CMHCN Goal

- To enhance the capacity of Ontario Family Physicians to provide optimal care to patients with mental disorders and addictions.

Objectives of the CMHCN

1. Provide timely support of service provision (email, phone, face-face)
2. Foster Family physician collaboration with Psychiatrists/GP psychotherapists
3. Provide interactive *continuing* medical education to family practitioners
4. Improve physician satisfaction with collegial relationships in MHA
5. Foster MD community – at a distance
6. Reduce time to optimal treatment

Program Description

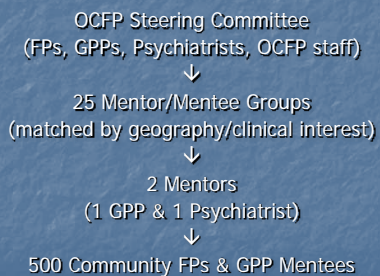
Unique Features of OCFP CMHCN

- Program designed and governed by provincial primary care organization (OCFP)
- Responsible to family physicians
- "At-a-distance" collaborative care
 - Addresses geographical, logistical and resource distribution challenges in Ontario
- Point of care service support and continuing professional development

Fundamentals

- Modes of communication-email, phone, face to face between mentors/mentees
- Facilitators of communication – small groups/annual conference/mentor outreach
- Relationship building essential

CMHCN Organization



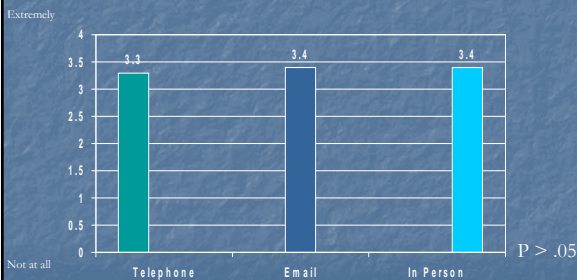
Program Logistics

- Mentor/Mentee individual interactions
- CME: conference, modules, materials
- Pre/Post Program Survey analysis
- Small Group Case Based Sessions
- Mentor Development

Collaboration at a distance defined

- Mutually respectful collegial relationship determined by physician need
- Initiated by Family Physician mentee
- Occurs predominantly via email/phone
- Supported by face to face events

Satisfaction with Contact Method



"mentoring" in CMHCN context

- Physician mentoring
- Learning occurs in the heat of practice when motivation and application are highest.
- Provides unique opportunity to shape **attitudes** towards mental health and addictions care

Mentoring: Facilitating Variables

- Mentees demonstrate concern and need
- Mentees are grateful self-effacing
- Mentors transfer knowledge directly/indirectly
- Mentors demonstrate expertise
- Mentors promote generalization
- Mentors encourage and support
- Mentors equalize communication
- * refer to GTA paper

Learning Relationship

- *Knowledge' hierarchy* valued/maintained by mentees
- *Power' hierarchy* diminished by mentors- 'Humble experts'



- Safe and secure interpersonal space for revealing needs/concerns without shame
- Educational transfer contextualized in trusting relationship

Achievements

- Development of expanding Body of Work
- Professional Development-
personal/community
- Sustainable interprofessional
collaborations
- Sustained Funding
- Education Module Development

Achievements

- Annual conference – creative opportunity
- Iterative process allowing for identification
of actual vs perceived learning needs
- Model Spawning other programs
- Steering committee sustainability
- **Utilization of email as medium for
knowledge exchange**

Challenges

- **Evaluation**
- Novelty – little guidance available
- Geographical Barriers
- Group Size and **Activity**
- **Issue of Utilization**
- Funding-Limited Resources

Challenges

- Funding-Limited Resources
- Competition with other areas of practice
- Mentor Selection & Training
- Limited inclusion of Nursing, Psychology and Social Work
- Administrative
 - Program Fidelity
 - Development of Rules/Regs
 - Policing

Things we have learned

- GTA
- Surveys
- Focus groups
- Relationships are essential
- Unexpected need for hierarchy based on knowledge and skill rather than power

Surprises

- Utilization rates
- The spawning of other networks
- The level of commitment of the steering committee and the OCFP (given it is MHA)
- Level of interest from other jurisdictions/content areas
- Discrepancy between perceived or anticipated needs and questions actually asked
