



**18th Canadian Collaborative
Mental Health Care Conference (2017)**

Connecting People in Need with Care

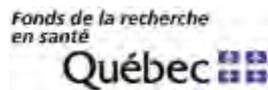
June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario

**Ten years of research in collaborative youth mental health (YMH) care
in multiethnic and socioeconomically diverse neighbourhoods: lessons learned**

Lucie Nadeau, Janique Johnson-Lafleur, Cécile Rousseau

PRESENTER DISCLOSURE

- **Presenters:** Lucie Nadeau, Janique Johnson-Lafleur, Cécile Rousseau
- The presenters have not received any commercial support and have no conflicts to declare
- This work was supported by the *Fonds de la recherche en santé du Québec* (FRSQ), the Quebec Ministries of Health and Social Services (MSSS) and Education, Recreation and Sports (MELS), the *Centre de liaison sur l'intervention et la prévention psychosociales* (CLIPP), and the Canadian Institutes of Health Research (CIHR)



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Thank you to all participants and the research team

Researchers and research assistant

(in alphabetical order)

Alex Battaglini, Prudence Bessette, Emmanuelle Bolduc, Joanna Broadhurst, André Delorme, Suzanne Deshaies, Sarah Fraser, Anne-Marie Gagné, Kateri Germain, Annie Jaimes, Vania Jimenez, Janique Johnson-Lafeur, Györgyi Kizer, Sophia Koukoui, Lucyna Lach, Marie-Claire Laurendeau, Audrey Laurin-Lamothe, Vanessa Lecompte, Toby Measham, Diana Miconi, Nicolas Moreau, Lucie Nadeau, Garine Papazian-Zohrabian, Pierre Pluye, Annie Pontbriand, Jacques Rhéaume, Zoé Richard-Fortier, Lourdes Rodriguez Del Barrio and Cécile Rousseau.

LEARNING OBJECTIVES

- **Learning Objective 1**

Gain knowledge related to challenges and facilitators of collaborative YMH care in multiethnic and socioeconomically diverse neighbourhood

- **Learning Objective 2**

Reflect on the influence of reforms and institutional environments on collaborative YMH care services

- **Learning Objective 3**

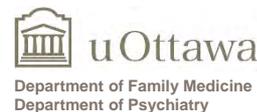
Appreciate the benefit of mixed-method and multi informant (youth, parents, clinicians) complementary perspectives in research in collaborative YMH care



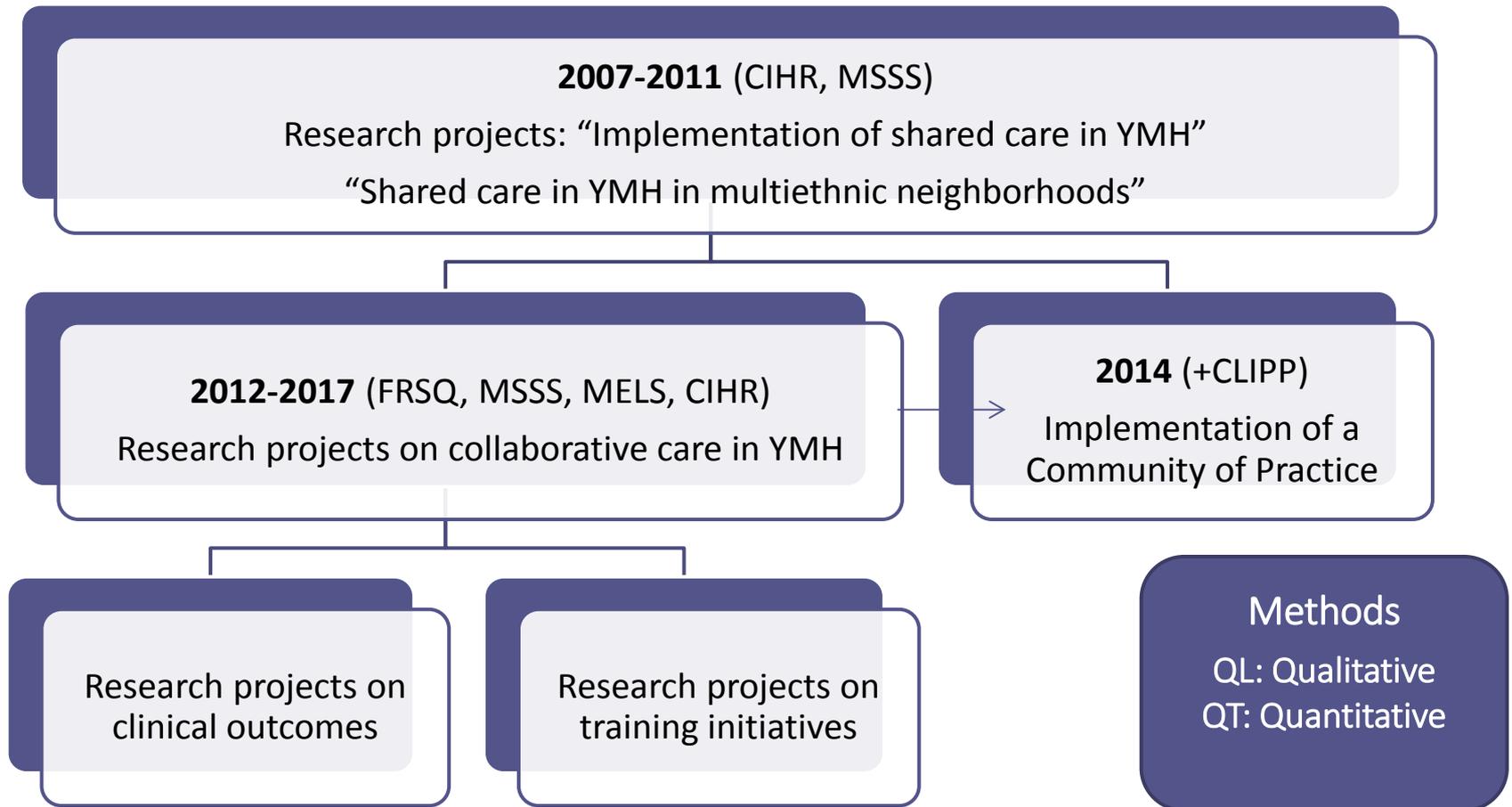
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Research program in collaborative youth mental health (YMH) care



2007-2011: Main research results (QL + QT)

Importance of clinical interprofessional discussions, modulated modes of communication and harmonizing administrative and clinical priorities

importance of continuity of care and a welcoming environment

Importance of addressing cultural differences between families and professionals

Importance of integrating family interventions

Nadeau L, Jaimes A, Johnson-Lafleur J, Rousseau C (2017). Perspectives of migrant youth, parents and clinicians on community-based mental health services: negotiating safe pathways. *Journal of Child and Family Studies*. doi:10.1007/s10826-017-0700-1

Rousseau, C., Laurin-Lamothe, A., Nadeau, L., Deshaies, S., & Measham, T. (2012). Measuring the quality of interprofessional collaboration in child mental health collaborative care. *International journal of integrated care*, 12(1).

Nadeau, L., Jaimes, A., Rousseau, C., Papazian-Zohrabian, G., Germain, K., Broadhurst, J., ... & Measham, T. (2012). Partnership at the forefront of change: Documenting the transformation of child and youth mental health services in Quebec. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 21(2), 91.

2014

Implementation of a Community of practice (CoP) in YMH

Objectives of the CoP are:

- To facilitate the exchange of expertise and knowledge
- To encourage a culture of interprofessional and interorganizational collaboration



Activities

Lunchtime thematic discussions
(Average of 20 participants)

Interorganizational half-day meetings
(Average of 40 participants)

Newsletter to CoP members

To vitalize exchanges and inform (research info, KT activities, etc.)

- Web platform**
(communaute-smj.sherpa-recherche.com)
- Resources (articles, podcasts, tools, links)
 - Thematic fact sheets
 - Members' directory
 - Discussion forum

Reviewed after its implementation

TISSONS DES LIENS



>> Un lieu d'échange sur les soins en collaboration pour les intervenants et les gestionnaires en santé mentale jeunesse. **Devenez membre!**



COMMUNAUTE-SMJ.SHERPA-RECHERCHE.COM

Centre de santé et de services sociaux
de la Montérégie

Centre universitaire

Community of Practice: evaluation (N=46)

Satisfaction

- I'm satisfied with my experience (76%)
- The themes interest me (81%)
- I have an interest in participating to activities (65%)

Impacts

- The CoP is useful for my practice (71%)
- My participation allows me to reflect on my practice (79%)
- To be a member allows me to feel less isolated (65%)

Liveliness

- I want to share experiences (59%) and resources (64%)
- I feel comfortable to speak during activities (37%)
- I have the impression that I have things to bring to the group (52%)



"An enrichment and a pause necessary to reflect on our clinical practice."

"Pooling of experiences, professional stimulation, important hindsight on our practices."

"Resourcing."

2012-2017: Research program

Research projects on clinical outcomes

- “Partnership and youth clinical outcomes”
- “Characteristics of interventions and quality of services”

Research projects on training initiatives

- “Continuing education and interinstitutional concertation”

2012-2017: Research program

Research projects on clinical outcomes

- “Partnership and youth clinical outcomes”
- “Characteristics of interventions and quality of services”

2012-2017: Research program

TYPE OF INTERVENTION

- Individual (psychotherapy or medication)
- Systemic (including family intervention / therapy)
- Multimodal (mixed)

SOCIAL FACTORS (psychosocial adversity)

Socioeconomic status
Migratory status and duration of migration (if relevant)

FAMILY FACTORS

Household size/ Single parent or Two parent
Parents' level of education/ Proficiency of an official language
Family cohesion and conflict (FES)

INDIVIDUAL FACTORS

Age / Gender / Clinical presentation at T0 (Dx et SDQ)

QUALITY OF PARTNERSHIP

(Independent moderator variable)

- Perception of Interprofessional collaboration (PINCOM.Q)
- Shared decision-making comfort (ECD-p)

INSTITUTIONAL CHARACTERISTICS

- Duration of the « *Guichet d'accès* » (single window-access mechanism)
- Respondent psychiatrists' model

QUALITY OF SERVICES

- **Outcome (SDQ)**
(associated symptoms and dysfunction)
T0 - T1 (6 months) - T2 (1 year)

Clinical outcomes: Main research results

QT (preliminary results): clinical outcomes

QT (preliminary results): organizational factors

QT : Social and family factors

QT + QL (preliminary results): types of interventions

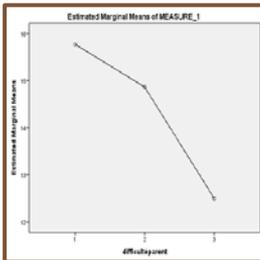
Rousseau C, Pontbriand A, Nadeau L, Johnson-Lafleur J (submitted) Perception of interprofessional collaboration and co-location of specialists and primary care teams in youth mental health. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*.

Pontbriand A, Rousseau C, Nadeau L, Johnson-Lafleur J (submitted). L'organisation des services en santé mentale jeunesse au Québec : les équipes santé mentale jeunesse comme structure d'interface. *Revue canadienne de santé mentale communautaire*.

Nadeau L, Lecomte V, Rousseau C, Pontbriand A, Johnson-Lafleur J (2016). Collaborative youth mental health service users, immigration, poverty and family environment. *Child and Adolescent Mental Health*. doi:10.1111/camh.12196

Rousseau C, Nadeau L, Pontbriand A, Johnson-Lafleur J, Measham T, Broadhurst J (2014). La santé mentale jeunesse : un domaine à la croisée des Chemins, *Santé mentale au Québec*, 39 (1), 101-118.

QT (preliminary results): clinical outcomes



	<i>M</i>	<i>ET</i>
T0	15,77	(6,37)
T1	14,86	(6,45)
T2	12,50	(6,65)

$F(2,87) = 18,09, p < .001$

Significant decrease in symptoms

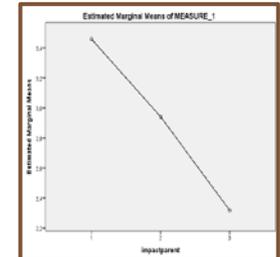
(Emotional and behavioral difficulties score - SDQ)

Significant decrease in impairment

(Impact scores - SDQ)

	<i>M</i>	<i>ET</i>
T0	3,46	(2,66)
T1	2,94	(2,68)
T2	2,32	(2,67)

$F(2,87) = 15,66, p < .001$



Decrease in levels of family conflicts

(FES scores)

QT : organizational factors

A better **perception of interprofessional collaboration** is associated with a decrease in emotional and behavioral difficulties, and a decrease in level of family conflicts, between T0 (baseline) and T1 (6 months).

A greater **comfort in decision-making processes** leading to choice of intervention is associated with less emotional and behavioral difficulties, and with a lower impact score (T1).



QT : Social and family factors (N=140)

Research results suggest that:

Family conflicts have a significant role in behavioral and emotional problems in youth

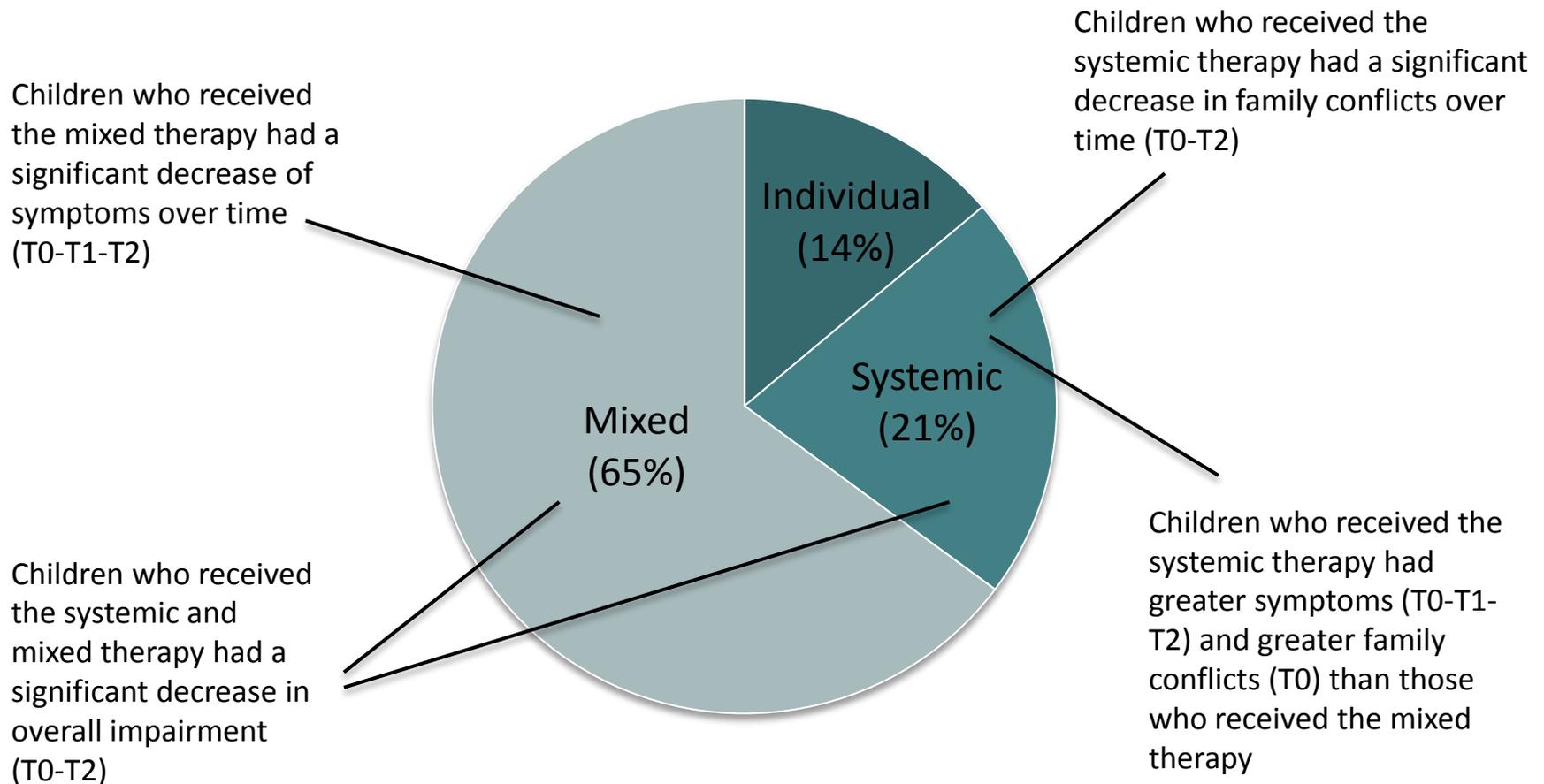
Family environment is more central as a contributing factor compared with poverty and immigration

Importance of taking into account the specific characteristics of the immigrant population studied

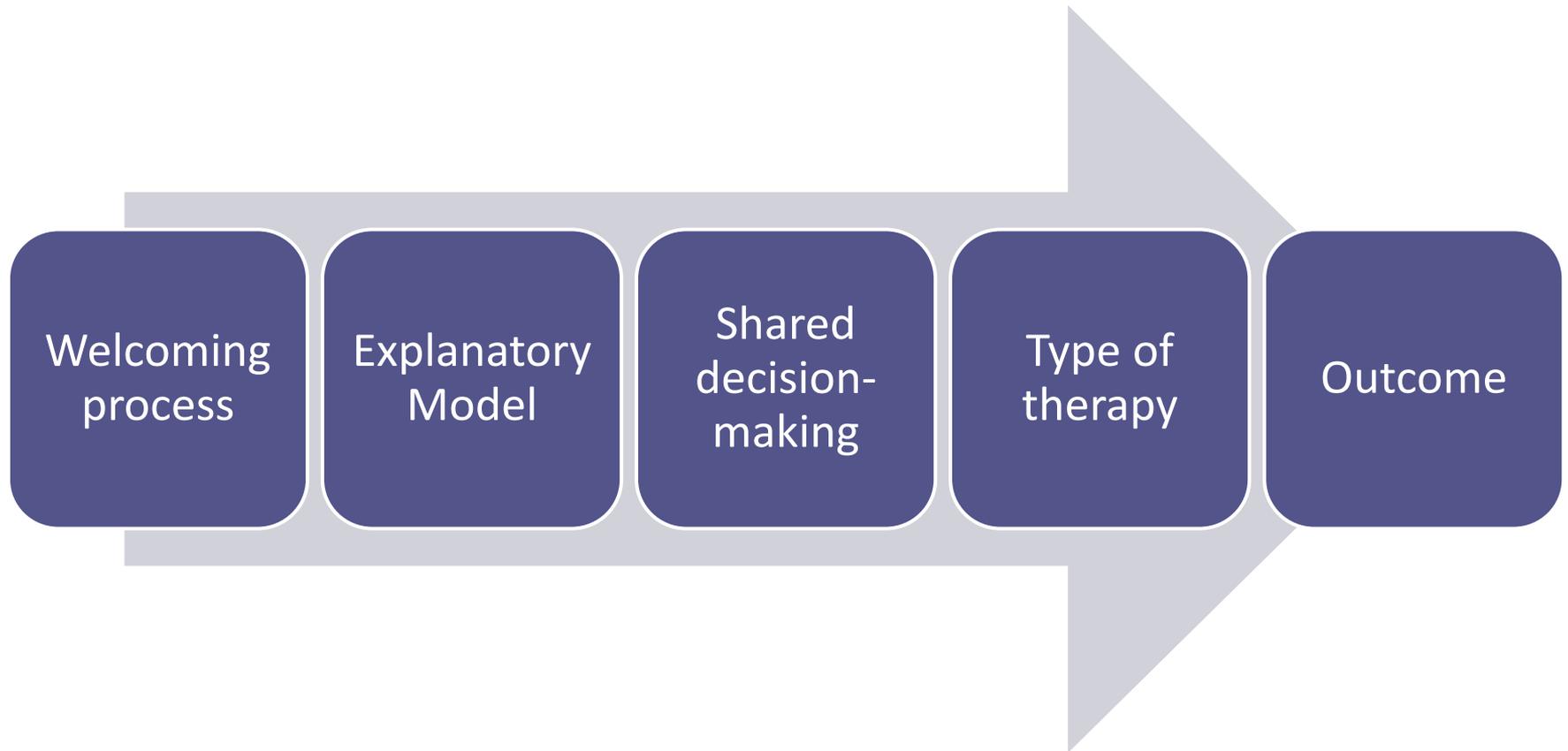


Interventions aiming at engaging families and transforming family environment are promising in YMH, as well as collaborative models of services supporting primary care settings in addressing family issues

QT (preliminary results): types of intervention



QL: Types of interventions (and process of care)



Kleinman A., Eisenberg L., Good B. Culture, illness, and care: clinical lessons from anthropological and cross-cultural research. *Ann Intern Med* 1978;88:251–88.

Charles C, Gafni A, Whelan T (March 1997). "Shared decision-making in the medical encounter: what does it mean? (or it takes at least two to tango)". Social Science & Medicine 44 (5): 681–92

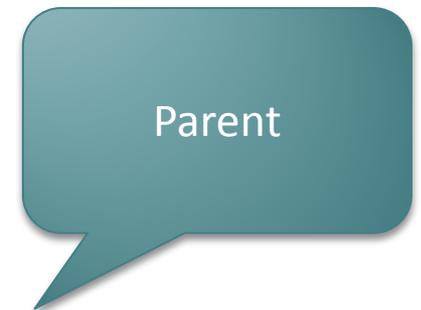
Participants (sub-sample of immigrant families)

- Narratives from triads of youth (or child), parents, primary clinician

N=22 triads

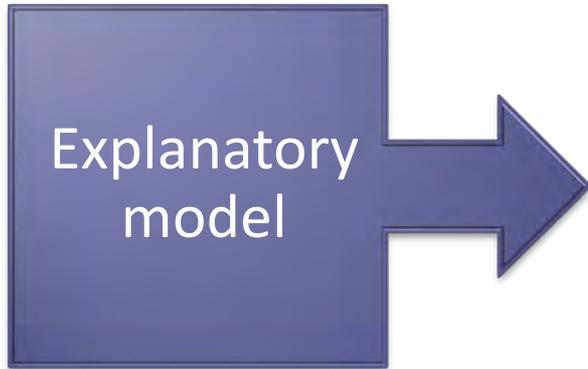
(99 individual interviews)

- At T1 (post 6 months)
- and T2 (post 1 year)





- Engagement in therapy closely linked to comfort with the welcoming process.
- Importance of the care setting (rooms, waiting room, welcoming process)
- Importance for the institutions to welcome different languages (and use interpreters)



- No clear divergence in models, contrary to expected, but divergence in terms of attitude towards treatment
- Rather a multi-factorial model often with family adhering to part or whole.
- Narratives around culture rarely expressed, more so about context



- Active (we) vs passive (they) position towards decision regarding therapy, but not necessarily indicative of type of engagement / outcome.
 - Active position usually associated with positive outcome / some passive position indicative of poor alliance / Some passive position while confidence in services and therapist and engaging well in therapeutic process (Particularly in cases of trauma)
- Determined in part by (cultural) values (politeness, tendency towards more paternalist representation of clinician-patient rapport, importance of performance) and family characteristics and clinician's attitude.
- Lack of knowledge of the system, unclear what can be offered, and what each profession does.



- Individual therapy rarely a definite plan.
 - Individual work may be a first step if the parent(s) is too fragile, or because of major conflict, or of absence of parent
- Much family intervention / therapy: not a classic family therapy
- Much need to adapt to the family context, challenges

Outcome

- Some examples of outcome being negatively influence by incapacity to develop a shared decision-making
- Family therapy / intervention without individual can mean less influence on one prominent symptom as per parent, yet much influence on family dynamics.
(converging with QT results)

2012-2017

Research program on collaborative care in YMH

Research projects on
training initiatives

- “Continuing education and interinstitutional concertation”

What are Interdisciplinary Case Discussion (ICD) Seminars?



Continuing education in transcultural (youth) mental health for professionals and trainees

Monthly 3-hour meetings bringing together professionals from health and social service institutions (primary care), youth protection and schools

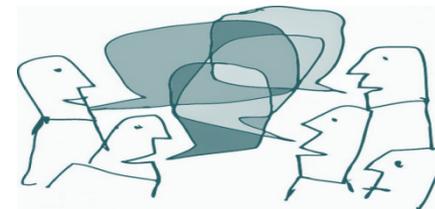
In depth clinical case discussions around a situation brought by a team (alternating each month between institutions)

Research objectives of the evaluative study (2013-2015)

- To study the impact of ICD Seminars in terms of:
 - The transfer of clinical knowledge and clinical know-how
 - The quality of partnerships
 - The subjective experience of participants

Research results

ICD seminars: improve interventions



- Improve the evaluative capacities of professionals (information collection)
- Encourage taking into account and integrating biological, family, social and cultural factors
- Support the elaboration of a multimodal intervention

Research results

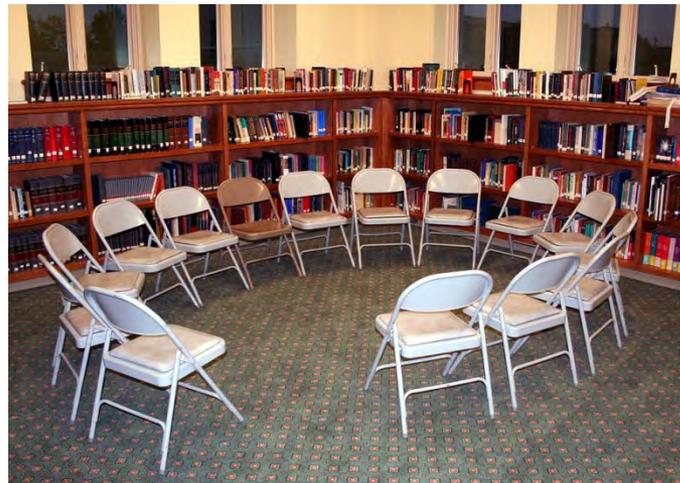
ICD seminars: facilitate partnership



- Help to overcome interdisciplinary barriers and to work in complementarity
- Help to deconstruct prejudices and build bridges between the institutions
- Facilitate referrals and joint working

Lessons learned

- Collaborative care in YMH requires **time** and **spaces** for **dialogue**
 - For actors to engage in the process
 - To self-reflect
 - To empower clinicians as actors in YMH (agency)
 - To empower patients and families
 - To built confidence on the process of collaboration



- **Continuity of care and organizational culture influence outcomes**



- **Need for an equilibrium between individual and family interventions**



- **Usefulness of research: a voice for all actors**



Thank you

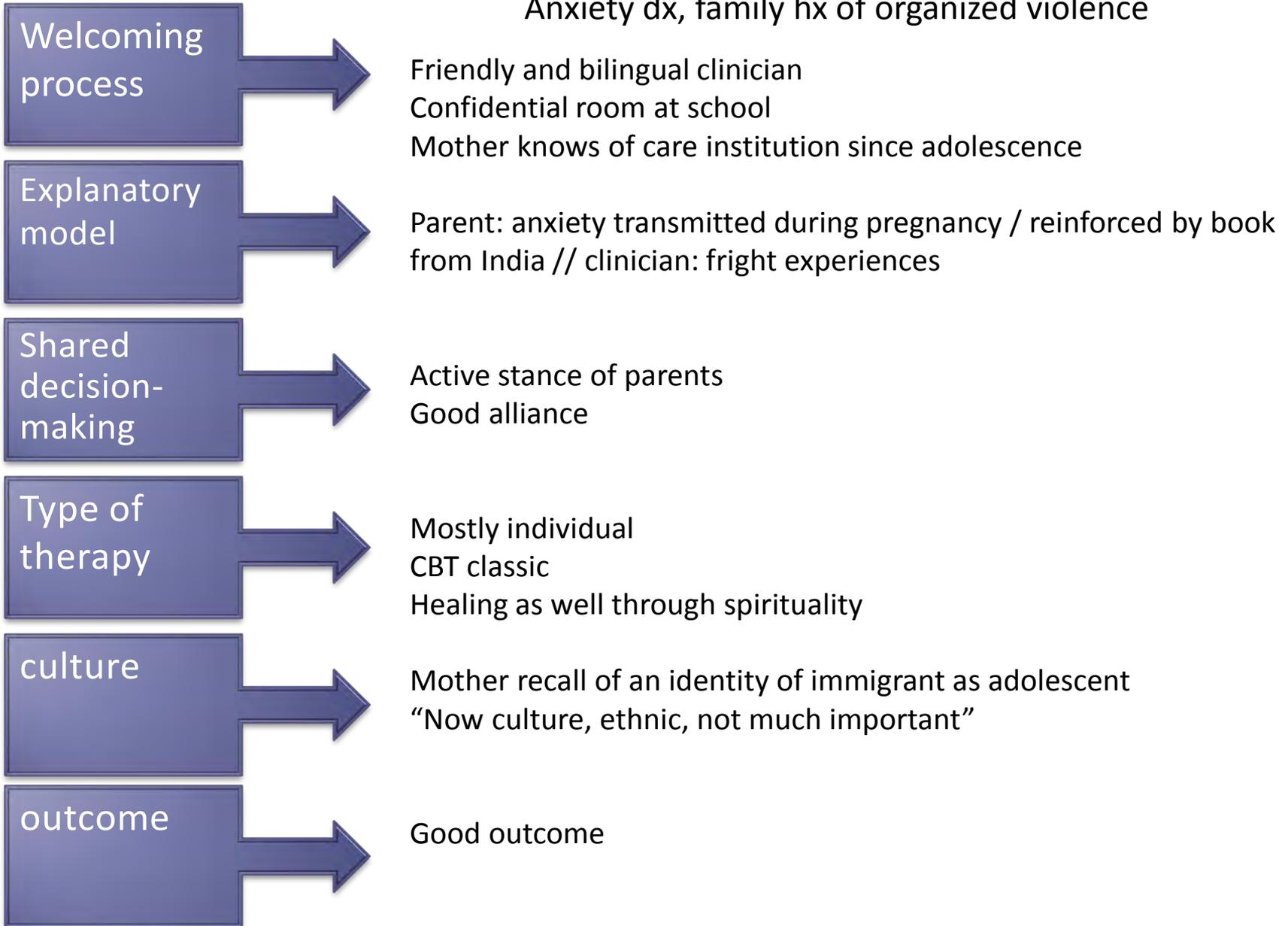


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EXTRA SLIDES

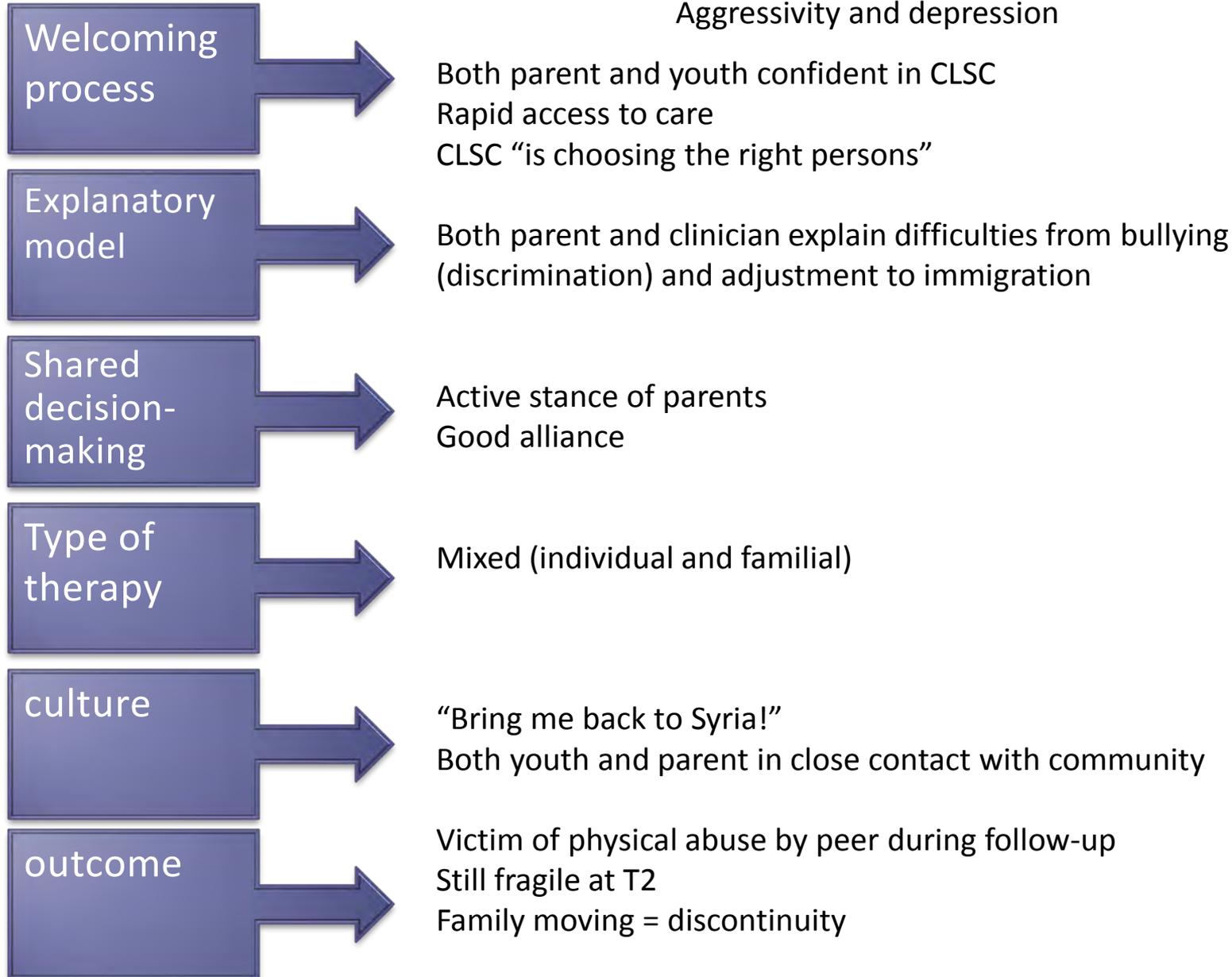
Case illustration 1

F 12, 2nd generation migrant from South Asia
Anxiety dx, family hx of organized violence



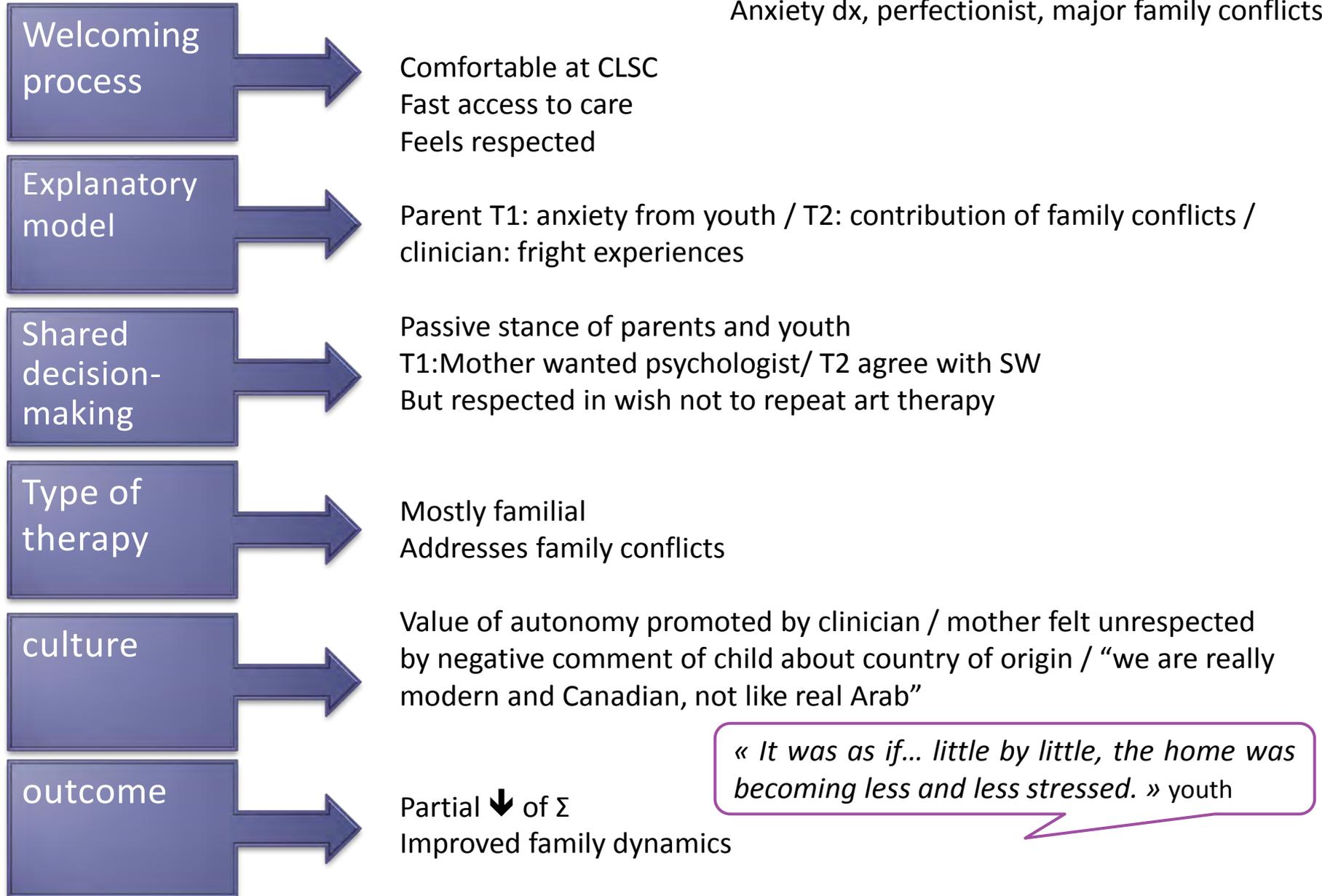
Case illustration 2

M 10, 1st generation recent migrant, Syria
Aggressivity and depression



Case illustration 3

F 14, 1st generation migrant from Jordan
Anxiety dx, perfectionist, major family conflicts



« It was as if... little by little, the home was becoming less and less stressed. » youth

Research projects

“Partnership and youth clinical outcomes” (QUAN)

“Characteristics of interventions and quality of services” (QUAL)

Participants (QUAN)

	DLM	BCS	SOV	CVD	ODI	DLL	PSC	TOTAL	A venir	Total Prévu
T0	95	39	24	31	14	8	6	217	0	217
T1	78	32	17	27	12	6	5	177	0	177
T2	63	27	15	17	11	5	4	142	11	153

Participants (QUAL)

	DLM	BCS	SOV	CVD	ODI	DLL	PSC	TOTAL
N d'entrevues individuelles réalisées	67	33	30	35	25	8	7	205
N de personnes différentes interviewées	41	20	19	20	15	5	5	125
• Enfants	15	7	7	8	5	1	1	44
• Parents	11	7	6	6	5	2	2	39
• Intervenants	15	6	6	6	5	2	2	42
N de familles interviewées	15	8	6	6	5	2	2	44
N de triades (incluant celles sans T2)	10	5	6	6	5	1	1	34

Research projects

“Partnership and youth clinical outcomes”

“Characteristics of interventions and quality of services”

Mixed methods study: sample description (to be updated)

<i>Participant characteristics (n = 125)</i>	<i>%</i>
Participating parent	
Mother	78
Father	22
Child gender	
Boys	60
Girls	40
Child age (<i>M</i> = 10,26 years, <i>SD</i> = 3.24)	
Parent born in Canada	
Yes	47
No	53
If no, number of years in Canada (<i>M</i> = 10 years, <i>SD</i> = 7.13, range 1-49)	
Child born in Canada	
Yes	77
No	23
Annual family income (CAD)	
- 20,000\$	23
20,000\$ - 60,000\$	35
60,000\$ +	42
Highest level of completed education	
High school or less	16
Professional training or college	41
University	43
Marital status	
Biparental	66
Single	34

Research projects

“Partnership and youth clinical outcomes”

“Characteristics of interventions and quality of services”

Quantitative analyses (preliminary results): organizational factors

Structure, models of services and partnership

- A better perception of interprofessional collaboration is associated with a decrease in emotional and behavioral difficulties, and a decrease in level of family conflicts, between T0 (baseline) and T1 (6 months).

Variables	Change in difficulty score between T0-T1 (parent)	Change in family conflict score between T0-T1 (parent)
	β	β
perception of interprofessional collaboration	-,28	-,39
R ²	,08	,15
F	3,18 [†]	6,91*

* $p < .05$, [†] $p < ,08$

Research projects

“Partnership and youth clinical outcomes”

“Characteristics of interventions and quality of services”

Quantitative analyses (preliminary results): organizational factors

Structure, models of services and partnership

- A greater comfort in decision-making processes leading to choice of intervention is associated with less emotional and behavioral difficulties, and with a lower impact score.

Variables	Difficulty score T1 (parent)	Impact score T1 (parent)
	β	β
Decision-making process leading to choice of intervention	,36	,39
R ²	,13	,15
F	5,24*	6,39*

* $p < .05$