What Is Collaborative Mental Health Care?

An Introduction to the Collaborative Mental Health Care Framework

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Introduction

A Framework was developed based on previous research and an analysis of existing collaborative mental health care initiatives.

This Framework:

- introduces key components of collaborative mental health care
- guides the discussion in the Canadian Collaborative Mental Health Initiative (CCMHI) research papers
- identifies the need for future research.

The goal of the Canadian Collaborative Mental Health Initiative (CCMHI) is to enhance the capacity of primary health care providers to meet the mental health care needs of consumers through collaboration among health care partners, including: primary and mental health care providers, consumers and caregivers.

We believe that collaborative mental health care in primary health care settings decreases the burden of illness experienced by individuals with a mental illness by optimizing their care and increasing access to mental health services, mental health promotion and wellness.

Collaborative Mental Health Care is defined by its *key elements*:

- Accessibility
- Collaborative Structures
- Richness of Collaboration
- Consumer Centredness

The success and ease of implementation of collaborative mental health care will be determined, in part, by *fundamentals*:

- Congruent policies, legislation and funding regulations
- Sufficient funds
- Evidence-based research
- Community needs



Fundamentals

Policies, Legislation, Funding Regulations and Funds

Policies, legislation and funding regulations need to be congruent with the principles of collaborative mental health care and sufficient funds need to be made available to facilitate the implementation of collaborative initiatives.

Support for the concept of collaborative mental health care, as it is reflected in policies, legislation and funding allocations, has increased since 2000. However, there are policyrelated barriers to collaborative mental health care. These barriers can be grouped into two broad categories. The first category involves current efforts to reform the primary health and mental health care systems; challenges emerge when reform strategies are not coordinated. The second category encompasses legislation and policies as they relate to health human resources; in particular, issues related to remuneration, scope of practice and liability schemes.

Research and Community

Collaborative mental health care initiatives should also emerge from evidence-based research through the identification and implementation of best practices and should be based on the needs and resources of individual communities.

Key Elements

There are four key elements that help define collaborative mental health care: *accessibility*, *collaborative structures*, *richness of collaboration* and *consumer centredness*.

Accessibility

The goals of collaborative mental health care are met by increasing *accessibility* to mental health services. This includes mental health promotion, illness prevention, detection, and treatment in primary health care settings, or "bringing the services closer to home".

Providing mental health services in primary health care settings can be accomplished through various means, for example:

- providing direct mental health care in primary health care settings, or
- providing indirect mental health support to primary health care providers in primary health care settings.

In the first instance, mental health care is provided by a mental health specialist¹; in the second, mental health care is delivered by a primary health care provider who is supported by or consults with a mental health specialist.

Strategies developed by various collaborative mental health care initiatives to provide mental health services in primary health care settings include the following:

- mental health specialist offers direct mental health care in primary health care setting:
 - scheduled visits in primary health care settings
 - co-location of mental health and primary health care services

¹ An individual with mental health expertise, be it related to health promotion, prevention, diagnosis, treatment, self-help or peer support.

mental health specialist offers indirect mental health care in primary health care setting by supporting primary health care provider either formally or informally.

Collaborative Structures

Successful collaborative mental health care initiatives recognize the need for *systems and structures* to support collaboration.

First, providers will either create or be part of an organizational *structure* that will define the ways in which people have agreed to work together. This structure can be:

- formal (e.g., service agreements, coordinating centres, collaborative networks)
- informal (e.g., verbal agreements between providers).

Second, providers will organize or create *systems* that will define how they agree to accomplish certain key functions of collaborative mental health care, for example:

- referral strategies (e.g., forms, referral networks)
- information technology (e.g., electronic client records, web-based information exchange, teleconferencing, videoconferencing, email, list serve)
- evaluations (e.g., developing evaluation instruments and agreeing to adopt certain evaluation instruments, methodologies and software in common).

Richness of Collaboration

A central feature of effective collaborative mental health care is the *richness of collaboration* among health care partners, including: primary and mental health care providers, consumers and caregivers.

Characteristics of *richness of collaboration* include:

- knowledge transfer among health care partners through various educational initiatives, for example:
 - courses, lectures, tutorials, seminars, rounds, rotations, case discussions, internships, workshops, seminars, symposia
 - education materials, such as: research papers, studies, books, guides, manuals
- the involvement of health care partners from a wider range of disciplines (e.g., nurses, social workers, dietitians, family physicians, psychologists, psychiatrists, pharmacists, occupational therapists, peer support workers)
- communication among all health care partners.

Consumer Centredness

The needs of consumers are at the core of collaborative mental health care. *Consumer centredness* calls for consumers to be involved in all aspects of their care, from treatment choices to program evaluation, and for initiatives to be designed to address the needs of specific groups; in particular, those that are often underserved or have a great need for both primary and mental health care.

A growing number of collaborative mental health care initiatives emphasize the role of the consumer by allocating time and resources to consumer and/or caregiver:

- education (e.g., educational materials, sessions or information centres)
- peer support
- participation in the development of collaborative mental health care initiatives (e.g., focus groups, committees) and in the development and implementation of program evaluations (e.g., instrument design, roles as interviewers or respondents)
- participation in adapting mental health promotion and treatment interventions to individual needs, including cultural experience.

Conclusion

There are four key elements that define collaborative mental health care: *accessibility, collaborative structures, richness of collaboration* and *consumer centredness*.

Collaborative mental health care is ultimately influenced by these fundamentals: policies, legislation, funding, research, and community needs and resources.

In our upcoming series of papers on the current state of collaborative mental health care, the discussion will be framed according to these key elements and fundamentals. The series of forthcoming implementation Toolkits and the collaborative mental health care Charter will also be based on this Framework.

This document is available in either English or French.

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