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Highlighting the benefits of a team approach

To many, it might seem that Canadians talk about only 2 subjects — the weather and the state of our health care system. Moreover, most of what we say isn't complimentary about either topic. The degree of patient dissatisfaction may vary from province to province, but the overriding opinion (held by 78% of Canadians) is that our health care system needs an overhaul.[1] We hear that other countries are doing a much better job of managing their publicly funded systems and that Canada (currently ranked 11th out of 23 Organisations for Economic Co-operation and Development countries) has a long way to go in improving its programs.[2] With the recent federal government focus on wait-time guarantees and better coordination of care for specific conditions like cancer, the pressure on health care professionals to provide more for less seems relentless.

In addition to that general dissatisfaction with our health care system, Canadian pharmacists have the added frustration of witnessing inappropriate prescribing, outrageous waste, and bureaucratic hurdles that often make it difficult to address the patient management problems we encounter on a daily basis. We may have the feeling that there's very little we can do about these issues and regularly have the sense that other health professionals lack any appreciation of our unique skill set and what we could contribute to the improvement of the system.

Against this rather pessimistic backdrop, 2 federally funded programs geared to promoting an interdisciplinary approach to health care stand out. Both the Enhancing Interdisciplinary Collaboration in Primary Health Care and the Canadian Collaborative Mental Health Initiative projects focused on collaboration between professionals as a means of improving patient outcomes and the effective utilization of our scarce health professional resources.

These initiatives couldn't have come at a better time. Canada has a long way to go to approach the participation in multidisciplinary teams common in countries like Germany, the Netherlands, and the UK.[3] And with the chances of a Canadian individual having a mental illness in their lifetime estimated to be 1 in 5 and over 10% of Canadians having a mental illness at any given time,[4] the need for a collaborative approach to the management of mental health is significant.

So what does this mean for the average community pharmacy practitioner? Well, for a start, it means that in many instances, other health professionals *will* be receptive to your recommendations and may even seek your opinion on specific drug therapies or adherence issues. As Dr. David Gardner explains, "Pharmacists are busy mental health service providers, although they often do not recognize themselves as such. However, the sheer number of psychotropic medications dispensed per year in Canada, second only to cardiovascular drugs, suggests otherwise." Working with other health professionals for the benefit of your mutual patients or clients only makes sense.

The opportunities to collaborate are right in front of you. We hope that the content of this *CPJ* supplement will make this process as painless as possible.

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A skeptic's collaborative experience

COLLABORATION HAS BEEN A BUZZWORD OVER THE PAST FEW YEARS. IT'S been talked about in health care circles and has entered the political world, enough so that the Primary Health Care Transition Fund had a national envelope dedicated to fostering collaboration among health care providers. If so many people are on the collaboration bandwagon, it must be a good thing, right?

I must admit, at the beginning of the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) and Canadian Collaborative Mental Health Initiative (CCMHI) projects, I doubted that we would end up with documents that all the groups around the table would sign. It took a while for the steering committees of both groups to gel. Basically, we had to go through much the same process that front-line health care providers must before they can collaborate. We had to get to know each other, understand different perspectives, define our goals, find common ground, and finally, arrive at decisions we were all comfortable with.

It took a bit of time, but I was surprised at how quickly we began to collaborate. More than once, someone from another profession would step up to defend pharmacists. Or I would question whether something would be acceptable to psychologists, or any combination of one profession trying to understand another.

After a bit more time, suggestions were made that were acceptable to most people around the table. Those who objected were given the chance to explain their perspective and we worked to find a solution. In other words, we collaborated to reach a common goal.

When EICP first started, members of the Steering Committee were asked if they thought we would be able to reach agreement from all represented associations. Most of us were skeptical. We thought we'd have the majority of associations sign the Principles and Framework document, but not all. I remember attending a Leaders' Forum put on by the EICP initiative when it dawned on me that we were going to have sign-on from all 10 associations.

I've experienced collaboration first-hand in health care through various practice settings. Palliative care will always stand out as the area where collaboration was so obvious and essential, yet so unobtrusive. Like every other pharmacist in the country, I've experienced frustration from a lack of collaboration and the problems it causes for patients. Getting started on collaboration seems like a daunting task in most venues, but so important when you are faced with patients who cannot get what they need because of poor communication or a lack of teamwork.

Are the EICP and CCMHI documents the single solution to the collaboration problem? No, they aren't. What they are, however, is historic. The 2 projects have managed to get groups of both health care professionals and patients to agree. They agree on why collaboration needs to happen and what is needed to move it forward.

This supplement to the *CPJ* is your guide to the 2 projects. Use it as a starting point for attempts in collaboration. Use it to find some of the gems from the projects' toolkits and documents. Use it to provide better patient care. ■

Collaboration definitions

CCMHI: "Collaborative practice is an inter-professional process of communication and decision-making that enables the separate and shared knowledge and skills of health care providers to synergistically influence the client/patient care provided."[1]

EICP: "Interdisciplinary collaboration refers to the positive interaction of 2 or more health professionals, who bring their unique skills and knowledge to assist patients/clients and families with their health."[2]

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Interdisciplinary Collaboration in Primary Health Care

The work of the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative focused on how to create the conditions for health professionals to work together in the most effective and efficient way to produce the best health outcomes for individuals and their families — the patients, clients, and consumers of our national health system.

The Initiative, spearheaded by a Steering Committee of 10 national health care associations and one health care coalition, brought together leaders, health professionals, and key stakeholders in Canada's primary health care system in a change process designed to facilitate more interdisciplinary collaboration.

The Initiative built upon previous work and research that confirms the benefits of interdisciplinary collaboration to patients/clients, communities, and health professionals in primary health care.

Pre-dating the EICP Initiative is a history of effective interdisciplinary collaboration in health that offers valuable lessons and important information that complements the work of more recent projects funded by Health Canada's Primary Health Care Transition Fund (PHCTF). After extensive pan-Canadian consultation and research, the Initiative developed the following principles and framework.

The principles are critical to establishing collaboration and teamwork to achieve the best health outcomes. The framework, building upon these principles, illustrates the structural and process elements required to support collaborative primary health care. The elements must be present in order to sustain a health system that maximizes the benefits of interdisciplinary collaboration. Together, the principles and framework form a blueprint of how the primary health care system should develop.

Adapted from the Principles and Framework for Interdisciplinary Collaboration in Primary Health Care. For the full document go to www.eicp-acis.ca.

> "Interdisciplinary collaboration refers to the positive interaction of 2 or more health professionals, who bring their unique skills and knowledge to assist patients/clients and families with their health decisions."
>
> — *Canadian Association of Occupational Therapists, 2005*

What is primary health care?

Primary health care is the first level of contact with the health system, bringing health care as close as possible to where people live, learn, and work. To be effective, a primary health care (PHC) system is integrated with other services and sectors, such as secondary and tertiary health care, education, workplace, child welfare, and the criminal justice system. Effective responses at the primary health care level also diminish the need for services at other levels and in other sectors. Working together, the combined knowledge and skills of health professionals become a powerful mechanism to enhance the health of the population served. A shared vision for primary health care, guided by strong principles and values and supported by effective infrastructure and funding, will deliver the kind of health care Canadians expect. Interdisciplinary collaboration must be a part of that vision.

Principles

The principles that underpin interdisciplinary collaboration in primary health care in Canada reflect shared values and create a foundation for professional and system-wide approaches to primary health care policies, programs, and services. The 6 principles are:

- Patient/client engagement
- Population health approach
- Best possible care and services
- Access
- Trust and respect
- Effective communication

These principles reflect the consensus opinion of the EICP Steering Committee and are based on research literature as well as on the opinions of health professionals in primary health care, health professional organizations, and the public. The principles do not stand alone — they are interrelated and must be considered as a unified whole.

Patient/client engagement

Individuals and their families are the clients, patients, and consumers of primary health care in Canada. They are the priority focus, and services must be responsive to their needs and respectful of their cultural, linguistic, age, and gender differences. Patient/client engagement in their own health issues and health-related decisions, together with a corresponding client-centred approach by health professionals, is a fundamental operating principle for primary health care in Canada.

At the primary health care level, health professionals work together to optimize the physical, cognitive, and mental health and wellness of their patients/clients with a goal of addressing immediate problems, preventing future health concerns and promoting healthy lifestyles.

In this continuum of care, those patients/clients are actively engaged in decisions and the management of their health status. Patient/client privacy and confidentiality are always paramount.

Population health approach

A population health approach is a consistent and rational way to set priorities, establish strategies, and make investments in action to improve the health of the population. Health professionals, planners, and leaders work with members of the community to assess needs and health problems present in a community. Primary health care professionals balance the mandates derived from population health needs analysis with the needs of individual patients who come for care. Services are provided in a holistic fashion across the continuum of care, including health promotion and prevention, treatment, referral, therapy, supportive care, and palliation.

Programs and services are tailored to address the determinants that influence patient/client health. Services are evaluated to assess their impact on the health of the population and the health of patient/clients and families.

Best possible care and services

Health professionals from all disciplines involved in primary health care aspire to deliver the best care and services possible. Health professionals use the results of research as a basis for setting quality standards and making decisions about the treatment

Framework

The EICP framework is built upon the foregoing foundational principles. The framework describes the characteristics of a systemic approach to primary health care. Attention to the following 7 key framework elements is required to sustain interdisciplinary collaboration in primary health care:

- Health human resources
- Funding
- Liability
- Regulation
- Information and communications technology
- Management and leadership
- Planning and evaluation

These framework elements do not stand alone — they are interrelated and must be considered as a whole.

Health human resources

The education, use, availability, and distribution of health human resources (HHR) are at the core of the shift to interdisciplinary collaboration in primary health care. Interdisciplinary collaboration will maximize the skill sets and competencies of all health professionals for the benefit of their patients/clients. This is true whether they are working in the publicly funded or the private side of the health system. Research on the supply and demand, productivity and demographics of human resources in the health sector will provide the basis for planning.

Progressive recruitment and retention activities, such as providing a healthy workplace, enhancing the professional satisfaction of each health professional and offering a suitable work-life balance, will ensure that the health human resource requirements in PHC are met. Interdisciplinary collaboration will help address the work-life balance issues experienced by many professionals, while at the same time improve the quality of service delivered to patients/clients. Within this interdisciplinary environment, professionals will be supported in developing their competencies to align with population needs.

Effective teams function best when there are clearly articulated roles and responsibilities for each health professional on the team. Professionals will gain the necessary understanding of how to work together through integrated interdisciplinary education programs. Skill development is required in areas such as patient/client engagement, team building, communication, conflict resolution, and the use of information technology.

Funding

Innovative funding models have the potential to create a positive incentive for health professionals who are considering interdisciplinary collaboration. Payment methods for health professionals (fee-for-service, salary, capitation, or various blended mechanisms) must facilitate and promote interdisciplinary collaboration. The provision of health services (whether public or private), as well as payment for services (user-pay, tax-based, or co-pay), must respect the principles of interdisciplinary collaboration. Effective primary health care in Canada requires adequate and reliable funding.

Liability

Liability is a concern for all health professionals, and this is especially true when they are asked to work in a collaborative setting. Two directions are needed: 1) Each member of the collaborative practice team should have his or her own adequate liability protection or insurance to protect himself or herself from liability,

and management of health problems. Services are continuously evaluated to measure health outcomes, ensure accountability, track performance, and assure quality. This focus on quality, along with consistent evaluation, is a key principle for interdisciplinary teams because it inspires a high standard of care and service delivery, and a commitment to continuous improvement.

Access

Where interdisciplinary collaboration is present in primary health care, patients/clients have access to the "right service, provided at the right time, in the right place, and by the right health professional." Through this approach, geographic barriers are minimized and services are available close to where people live, work, and learn. Equity of access to primary health care teams must also respect age, income, gender, culture, language, religion and/or lifestyle factors and differences.

Trust and respect

Trust and respect among health professions is at the heart of interdisciplinary collaboration in primary health care. Each profession brings its own set of knowledge and skills — the result of education, training and experience — to collaborative care. A collegial environment that supports shared decision-making, creativity, and innovation boosts the capacity of individual professionals, teams, and health systems.

A commitment to teamwork and collaboration allows health professionals to learn from each other and gain an understanding of the competencies of their peers. The health of the patient/client can benefit from the distinct contributions of various professionals.

Effective communication

Effective communication at both the organizational and interpersonal levels is the hallmark of productive interdisciplinary collaboration in health care. To make collaboration work, health professionals must be skilled in active listening and effective conversation whether they are interacting with patients/clients or with colleagues.

Professionals, and the systems they work in, must have the ability to support team information-sharing and decision-making, while resolving conflicts appropriately.

and insurers and protective associations should work together to ensure that no gaps exist in the coverage/protection given to the various members of the collaborative practice team; and 2) there should be clearly legislated scopes of practice for each health care professional involved in the collaborative practice team. Patient safety and risk management activities must be pursued in an environment where participants are protected from liability.

Regulation

Support from regulatory colleges and their commitment to reviewing and adjusting their policies to address and encourage an interdisciplinary approach will be key. In addition, mechanisms are needed to enable regulators of various health professions to work together.

Information and communications technology

Sharing information among team members is essential to improving continuity of care and service delivery, and information and communications technology creates those critical information pathways. Continuity of information between and among health professionals correlates with improved quality of care and administrative processes, and improved patient safety.

Technological communications supports, such as e-mail and even telehealth systems involving satellite technology, mean that health professionals and administrators can collaborate more easily and access accurate and up-to-date information when they need it. The result is improved access and more effective services for patients and clients and the communities they live in.

Learning about and adapting to communications technologies is a key challenge for health professionals. Hastening their comfort with electronic information systems, through education and training, is a priority if collaborative teams are to become more commonplace.

Electronic health care records (EHRs), slowly evolving in Canada, are forming an information "backbone" for health administrators and professionals. An interoperable, private, and secure EHR will be fundamental to the ability of a team of health professionals to collaborate, now and in the future.

Management and leadership

Leaders must be committed to a vision for collaborative primary health care. Existing models offer a wealth of information about best practices in areas such as workplace health, job satisfaction, and retention and recruitment. Skills development for managers in areas such as communication, change management, teamwork, and leadership is critical to the successful operation of interdisciplinary teams.

Strong administrative support, coupled with appropriate governance structures, is necessary. The time and resources needed for collaboration must be accounted for. The governance structure needs to facilitate and support client and community engagement.

Planning and evaluation

Strong administrative support is required for the planning and evaluation of primary health care and must include relevant information systems. Effective planning must be based on the characteristics and needs of the population served and support interdisciplinary collaborative care and service models.

Evaluation frameworks and assessment tools to measure the performance of interdisciplinary collaborative practices and primary health care are being developed. The use of these frameworks and tools must be encouraged in evaluating teams and organizational outcomes and should include benchmarks for quality improvement. ■

Christine LeBlanc, B. Journalism

Susan Troesch and the Mid-Main Community Health Centre

When she first started at Mid-Main Community Health Centre in Vancouver, BC, 8 years ago, Susan Troesch worked in a space originally used to store dressings and other supplies. Now, the clinical pharmacist shares a larger space with the clinic's staff.

"Our office is a place where we all work together, so all the team members are in one room. That's another way to promote a team — make sure you're all in the same space, with no walls between you. It makes a big difference," she explains.

The health centre Troesch calls "the best place in the world" is so committed to collaborative primary care that members are constantly being approached by groups wanting to learn from their approach. In fact, the non-profit organization was consulted as part of the Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative.

Susan Troesch (centre), pharmacist at the Mid-Main Community Health Centre, confers with client/patient Dena Wildegrube (left) and nurse practitioner Lenore Riddell (right).

The Initiative's focus groups found high levels of client satisfaction. "They felt connected and supported," Troesch says, adding that the greatest reward of working as a team is improved patient outcomes.

Since Mid-Main's opening in 1988, physicians and staff have been dedicated to providing the best care possible for their clients through collaboration. In 1998, Troesch was asked to talk to the team about pharmaceutical care, then for one year she volunteered her services for a half-day per week. Eventually the physicians, recognizing how she rounded out their interdisciplinary care, adjusted their own salaries to find funding to hire her on a permanent part-time basis. In addition to the clinical pharmacist and 4 part-time physicians, there is a nurse practitioner, a chronic disease coordinator who is also a dietitian, and several medical office assistants. There is also a dental clinic on-site.

"After you've been doing this for a while you see the benefits and you know you just can't go back. I've dreamed about this kind of cooperation and teamwork since I graduated, but the good news is the technology is now catching up, so it's going to be possible for pharmacists to step away from [the dispensary counter]."

When Troesch graduated from the University of British Columbia's Faculty of Pharmacy in 1974, manual typewriters were the norm. Now Mid-Main uses an electronic medical record, introduced 18 months ago, which automates some tasks and frees up time for her to do more clinical work. Troesch, who also works as a clinical instructor at UBC, says the changing role of pharmacy technicians will also help pharmacists contribute more to collaborative primary care.

Her duties have grown from answering drug information questions and seeing some clients after their physician appointments, to managing the smoking cessation program, providing diabetes and asthma education, performing shared-care with other team members for home-bound elderly clients, and supervising the warfarin monitoring program. She also authorizes prescription refills and some dosage adjustments.

"My role has expanded. That's the joy of being a pharmacist in primary care. We have the basic knowledge and the expertise [that allows us] to quite easily pick up whatever knowledge we need to take on new skills, and I think the physicians realize that."

It did take some time for Troesch and the physicians to become familiar with each other's skill sets, and then to brainstorm about the best ways for her to use her particular skills on the team.

"One of the lessons I've learned is if you're going to have pharmacists in a primary care practice, they need to be there at least 2 half-days each week, to really build the relationship and have enough time to focus on projects. You can get them in the door for 4 hours a week, but it's going to take much longer to build the team," she adds.

Troesch advises pharmacists interested in becoming part of

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Developing a collaborative practice

Barry Power, BScPhm, PharmD; David M. Gardner, BScPharm, ACPR, PharmD, MSc

COLLABORATION MEANS DIFFERENT THINGS TO DIFFERENT PEOPLE. In the context of patient care, the literature uses multiple definitions (see page S4). Though the definitions vary somewhat between the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) and Canadian Collaborative Mental Health Initiative (CCMHI) projects, the common and essential component of collaboration is the existence of a group of people (including health professionals and patients) working together to improve a patient's health.[1,2] Both projects emphasized the patient's role as an active participant in all patient care decisions, and the need for timely and respectful communications.

Patients benefit from collaboration through improved health outcomes and the ability to have input into their health care. Earlier collaborative care research came primarily from hospital settings, where team practice is common. Hospital-based tertiary care research has demonstrated the positive impact of adding pharmacists to an inpatient team or outpatient service and physically placing them with the rest of the team members.[3-7] Does this mean everyone has to be under the same roof to have a positive impact? No. Other trials that examined the impact of pharmacists who are not co-located still show benefits such as problem identification and recommendations to improve therapy.[8-10]

Pharmacists are not the only profession with a financial investment in a physical practice setting of their own. Psychologists, physiotherapists, and dentists, for example, will have their own physical infrastructure, so it is unreasonable to expect collaboration to only take place in situations where all professions are co-located. Co-location facilitates collaborative care by providing access to common records, easier communication across providers, and professional relationships among the participants. When co-location is not appropriate, pharmacists can use alternative approaches to develop relationships and processes for collaborative care. The EICP Framework elements address many infrastructure issues often seen as barriers to collaboration.[1]

A major stumbling block is knowing where to start. There are no absolute rules for establishing or running a collaborative practice. There are many ways to achieve collaborative patient care. Both EICP and CCMHI developed toolkits to help professionals develop their teams and build collaborative practices.

The following is a suggested approach for a pharmacist to start practising in a more collaborative manner.

Team building and evaluating tools

IMPACT: www.impactteam.info

Ontario Ministry of Health — Guide to interdisciplinary team roles and responsibilities: www.health.gov.on.ca/transformation/fht/guides/fht_inter_team.pdf *or* www.health.gov.on.ca/transformation/fht/fht_mn.html

Saskatchewan Ministry of Health — Team development and implementation in Saskatchewan's primary health care sector: www.health.gov.sk.ca/ps_phs_teamdev.pdf

Primary Health Services Branch, Saskatchewan — Team effectiveness tool: www.eicp.ca/en/toolkit/trust/team-effectiveness-tool.pdf

Saskatchewan Health Quality Council — Quality improvement resources: www.hqc.sk.ca (then choose Resources, then QI Tools)

Step 1: Scan your environment

Are any health professionals either close by or working with your client base? Are there any patient/consumer groups active in your area? Finding out who would be willing to collaborate will help your focus, but keep all options in mind. For example, a dietician and pharmacist could improve the care for patients with several conditions, including dyslipidemia, hypertension, or diabetes. Boost this combination by adding a mental health nurse, general practitioner, or psychiatrist, and tailoring your efforts to patients with mental illnesses (who are at higher risk of cardiovascular diseases).

Also, find out what is happening in your area in terms of health care reform. Is there a regional initiative underway that could support the need for collaboration?

Step 2: Contact a potential partner using a specific focus

For your first contact, use a specific situation, such as the need to improve adherence in a given population. Having a goal or plan makes the transition less daunting. Many well-established

teams have a specific population (e.g., geriatric) or condition (e.g., heart failure) as their focus.

Jointly decide on the scope of your discussions. For example, you could approach a physician to discuss improving medication adherence in chronic conditions. Approach a dietician to discuss working together to improve the quality of information provided to patients with salt-restricted diets.

Step 3: Set up a meeting

Prepare for the meeting in advance. No one wants to work with someone whose poor organizational skills will increase the workload.

Step 4: Define scope, roles, and responsibilities

Discuss the scope of your first area of collaboration, based on your focus. For example, if your focus is patients with depression, the scope could be adherence issues. For a discussion on preventing heart disease, the scope could be working together to ensure currently recommended medications are offered to all eligible patients.

Decide who does what and establish processes for patient referral and information sharing. Other areas for process development will be identified as you work through this step. Make a list and tackle each item in order.

Revisit the scope, roles, and responsibilities often to make sure the system you are developing meets patients' and all involved health care providers' needs. Don't be afraid to make changes along the way.

Step 5: Integrate and collaborate

Integrating work processes and information systems may be possible and logical for some pharmacists, but not for others. Collaboration can and does take place without fully integrated systems such as electronic health records. Integrate what you can. Collaborate according to the plan you jointly developed earlier. Revisit the plan regularly to see what is working and what needs to change. Celebrate your successes, no matter how small.

Many pharmacists find they are initially seen as a source of drug information, but as the relationship with the other team members develops, their role transforms into a much more integral part.

Step 6: Evaluate throughout the process

Regular check-ins with the team members help identify areas that are working well and those that can be improved. This also helps develop team continuity. Seeking input from each member fosters understanding of the other professionals' needs as health care providers and individuals. What works with one team member may not with another. ■

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a team to start wherever they are. "Community pharmacists can build a relationship with local physicians, perhaps starting by providing drug information, chart reviews, and monitoring.

"What we need to do is promote interdisciplinary teams all over… We need to get pharmacists and physicians on-site together somehow. And that could be the community pharmacists going to physician offices in their neighbourhood." ■

For more information on the program at the Mid-Main Community Health Centre, contact Susan Troesch at susantroesch@telus.net.

David M. Gardner, BScPharm, ACPR, PharmD, MSc

Collaborative mental health care: Effective and rewarding

Many who read this supplement, whether front-liners, managers, regulators, and even pharmacy leaders, are likely to find it interesting but, to be honest, will do nothing with it. Such is human nature.

My hope, however, is for the opposite to happen — for the front-line pharmacist to innovate using only the resources on hand, and for program planners, practice leaders, corporate and society bosses, and civil servants to work cooperatively to improve pharmacists' care of people with mental illnesses. I'm certainly comfortable initiating change, even if that means cajoling, chiding, and guilting people into it, particularly when it is for a good cause.

Though I am a proponent of our beloved pharmaceutical care philosophy and process, I have often found it to be much too centred on the pharmacist-patient relationship. Shouldn't we partner with our health professional colleagues too? Working in teams collaboratively has numerous obvious advantages, though for me, the critical advantage is improved health outcomes for patients.

Stop for a moment and ask yourself what you could do tomorrow that would enhance your ability to collaborate with your patients and your interprofessional colleagues who provide mental health services. Doing just one thing would be a terrific start.

The collaborative inroads made by pharmacist Susan Troesch are highlighted in this supplement (see p. S8). Though I don't know Susan personally, from my own experience as a student on rotation at that same clinic in 1996, I can assure you that her role at the Mid-Main Clinic includes supporting the delivery of mental health services.

Do you need to work in a physician's office or multidisciplinary health clinic like Susan to provide collaborative mental health care? Nuh-uh, nope, and no. To my way of thinking, collaborative mental health care simply requires that you are a critical part of a well-functioning team that includes several health care professionals and families sharing in the care of patients.

The concept of the team is crucial — similar to ski patrollers on a large mountain. Each person knows the strengths of others and has expectations of their teammates. Overall planning and communication are crucial, since the team is typically spread out. To be effective, the team needs to regroup regularly, make adjustments to plans, and problem solvude(e)0(f-5.7(ly).lans,)-1R a p4w6h for enhancudes suppor ou are in t7.9aoe yloyThoug1-12a pha9ma.5(I549 Tw[(s

Canadian Collaborative Mental Health Charter

The Canadian Collaborative Mental Health Initiative (CCMHI) was started by 12 national organizations that came together to broaden the understanding of collaborative mental health care. With support from Health Canada's Primary Health Care Transition Fund, the 2-year project created research and working papers, toolkits, and the "Canadian Collaborative Mental Health Charter."

The project's members believe Canadians are entitled to a health system that meets both their physical and mental health needs. A growing body of evidence demonstrates that effective collaboration between health professionals, patients, families, and caregivers strengthens mental health services.

The Initiative's goal, and the Charter's focus, is to improve the mental health and well-being of Canadians by enhancing the relationships and improving collaboration among health care providers, patients, families, and caregivers; and improving consumer access to prevention, health promotion, treatment/intervention, and rehabilitation services in a primary health care setting.

Definitions

Consumer refers to a person who uses mental health services; other terms such as "patient," "client," or "person with a mental illness" may also be used in reference to a consumer.

Social supports include people who play a significant support role, such as family members, caregivers, friends, clergy, or community agencies as identified by the consumer.

Principles

The Charter reflects the commitment of national consumer and provider organizations of mental health services to improving the mental health of persons in Canada. These organizations, which are signatories to the Charter, agree to promote and support the Charter through their membership.

The signatory organizations agree that the following principles form the foundation of collaborative mental health care and agree to promote these principles among their members and stakeholders:

Promotion and prevention

All Canadian residents have the right to live in a society that promotes health and provides for the prevention and early detection of mental health problems.

Health has many biological, psychological, and social determinants. This principle outlines the responsibility of Canadian society to adopt a population health approach to attend to the social health determinants of its residents.

Holistic approach

All Canadian residents have the right to health services that promote a healthy mind, body, and spirit. Health is more than the absence of disease. This principle recognizes the links between physical and emotional well-being.

Collaboration

All Canadian residents have the right to collaborative, effective, and timely mental health services. This principle acknowledges the importance of appropriateness and accessibility to mental health care, at or through the individual's first point of contact with a health care provider or system. Collaboration supports this by involving working partnerships among consumers and professionals at the levels of policy and program planning, evaluation and training, as well as front-line care and practice.

Partnership

Consumers, along with their social supports (see box for definitions), have the right and responsibility to be full partners in their recovery.

Collaborative care depends on consumer participation in all aspects of self-care, including assessment, intervention, decision-making, and management.

Respect

All Canadian residents have the right to receive mental health services and supports in a manner that respects their diverse needs.

Diverse needs may pertain to age, gender, culture, language, creed, race, economic standing, accommodation status, education, sexual orientation, and spiritual beliefs.

Adapted from the Canadian Collaborative Mental Health Charter. For full document, go to www.ccmhi.ca/en/products/charter.html

The people most marginalized in society often experience higher levels of mental and physical health problems and the greatest difficulty accessing services appropriate to their needs.

This principle emphasizes the importance of flexible and responsive mental health services designed to fit the needs of the individual — not expecting the individual to "fit" into a prescribed program. As people's needs and goals change over time, individualized services and supports must also change to remain responsive.

Information exchange

All Canadian residents have the right to be informed about the range of mental health services and supports that can meet their needs.

This principle expects the health care provider(s) to present and discuss the risks and benefits of treatment options. Treatment alternatives need not be limited to those that are publicly funded.

Resources

Mental health services must be supported by policy and provided with adequate financial and human resources.

Effective collaboration takes time and resources to be successful. The availability of mental health and addiction services (from prevention and early intervention through to treatment, rehabilitation, and recovery) and access to an integrated team of health professionals requires clear policy direction and innovative funding models to sustain collaborative mental health care.

Charter commitments

It is understood by the signatories that their capacities to make the changes necessary to implement these principles in day-to-day practice vary with their respective roles and mandates. Accordingly, the signatories agree to advocate for, facilitate and/or undertake the following commitments:

Provide leadership

Advocate (federal, provincial, territorial governments) for the development of pan-Canadian mental health policies and implementation strategies that support the Charter principles.

Provide leadership and guidance, and encourage practices that support collaborative mental health care.

Reduce stigma

Advocate for a pan-Canadian education and public awareness campaign to better educate people about mental health and mental illness.

Develop and implement strategies for reducing stigma and discrimination associated with mental illness that can be applied across various settings (e.g., health, community, workplace, school).

Be consumer driven

Promote formal inclusion and involvement of consumers, families, and caregivers and/or their associations in mental health service planning, policy development, and evaluation.

Respect diversity

Establish common guidelines for the delivery of mental health services that respect individual differences and the context of culture in mental health and mental illness.

Collaborate

Promote interprofessional education to increase the collaborative skills of consumers and health care providers and to build knowledge about the expertise and potential contributions of other partners.

Promote interprofessional competencies in collaborative mental health care within each health care provider profession through regulatory and accreditation standards.

Work together as health care and consumer associations to inform, advise, and support primary health care reform initiatives to include mental health and mental illness.

Enhance access

Continue to work together as health care associations to advocate for, build, and sustain the policy, program, and resource infrastructure to support collaborative mental health provider education and practice.

Embrace quality

Continue to support research, evaluation, and the implementation of effective practices in collaborative mental health care.

Advocate for resources

Continue to work together as health care associations to advise and inform funding bodies about the financial and human resources needed to deliver effective and timely collaborative mental health care. ■

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"The principle benefit of the Charter is that there's a commitment at the most senior levels in each of the organizations to continue to work with the other parties to strengthen the delivery of mental health services by making them more accessible, more collaborative, and more in touch with what consumers actually need," says Scott Dudgeon, the executive director of the CCMHI.

"The principles are reinforced by some very tangible commitments. It will be easy for people in the organizations to see what needs to be done, what they need to be doing together, and what each association ought to be doing with its own resources and with its own members to continue the work that this project initiated."

Funding for the CCMHI provided by Health Canada's Primary Health Care Transition Fund ended in May 2006, but communication continues between the 12-member organizations. For more information on the CCMHI, or to download the research series, toolkits and Charter, visit: www.ccmhi.ca (French: www.iccsm.ca). ■

Common ground: The Canadian Collaborative Mental Health Initiative

THE TRICK TO DEVELOPING COLLABORATIVE MENTAL HEALTH CARE IS, it turns out, working together.

"A very diverse group of organizations with very different agendas have been able to find common ground, rise above some of our differences, and collaborate," says Dr. Nick Kates, chair of the Canadian Collaborative Mental Health Initiative (CCMHI). "As we've said a number of times, if we can't make collaboration work here, we can't really expect it to happen anywhere else. And I think we have been able to."

The initiative was created by senior representatives of 12 national organizations — dietitians, doctors, nurses, occupational therapists, pharmacists, psychiatrists, psychologists, social workers, and organizations that represent patients, families, and caregivers.

The CCMHI was founded on the idea that when mental health care service providers and primary care providers work together with patients, families, and caregivers, the people who use the services do better. Health Canada funded the CCMHI through the Primary Health Care Transition Fund, and the Canadian Pharmacists Association began working with the 11 other member organizations to bring collaborative care to life across the country.

Kates, a professor of psychiatry at McMaster University and a collaborative care expert, has seen the evidence that collaborative care works. In fact, he says, the difference it makes is "enormous." Whether it's access to care, clinical outcomes, or satisfaction with service, he says, the research shows that patient outcomes improve.

As the CCMHI website (www.ccmhi.ca) notes, people often turn to their primary care providers for help, but they may not contact other mental health care providers. Bringing mental health care into primary care and engaging patients gives them more options — from prevention and health promotion to treatment, rehabilitation, and recovery.

The way to make those connections happen, Kates adds, is to help service providers share their expertise in well-functioning teams. That's where the CCMHI stepped in.

The CCMHI's handiwork

To promote collaborative care, the CCMHI set out to develop 3 sets of products.

Adapted from text by Jeff Kraemer.

The first was a series of 10 papers that look at how collaborative mental health care is practised in Canada. The papers cover a wide range of issues, such as attributes of and barriers to collaboration. Kates sees these papers as a way of preparing evidence to make the case for collaborative care.

CCMHI also created a series of 12 toolkits. Working groups across the country tailored the toolkits to 3 different audiences: patients, families and caregivers; educators; and service providers. The first group can take advantage of 2 different toolkits. One toolkit looks at how historical, political, social, and economic conditions affect the mental health of First Nations people. The other, "Working Together Towards Recovery," talks about how to access services and work with service providers who can contribute to the recovery process.

The CCMHI's leaders realized that collaborative mental health care wouldn't catch on unless service providers were trained to think and work collaboratively. So another toolkit addresses educators, with a focus on using interprofessional education to promote collaborative care. This toolkit includes a section on the background of teaching collaborative care, as well as a sample lesson plan, 4 case studies, and other hands-on tools for teachers.

The third set of toolkits focuses on service providers and planners. The core product for this group is a general toolkit on practical steps for implementing collaborative mental health care initiatives. Eight companion toolkits were developed for specific audiences: Aboriginal peoples, children and adolescents, ethnocultural populations, individuals with serious mental illness or substance use disorders, rural and isolated populations, seniors, and urban marginalized populations.

It's the Initiative's third product, though, the "Canadian Collaborative Mental Health Charter," that may have the most enduring benefit.

Based on extraordinary pan-Canadian consultation with over 2500 people, the Charter was crafted to keep the momentum of collaborative mental health care going after the CCMHI formally ended in May 2006. It distills the ideas behind collaborative mental health care into a set of 7 fundamental principles, and sets out commitments from the partner organizations to follow through on those principles. (See p. S12-13 for the principles and commitments.)

Continued on p. S13

Resources

CCMHI

Canadian Collaborative Mental Health Initiative
c/o The College of Family Physicians of Canada
2630 Skymark Avenue
Mississauga, ON L4W 5A4
Tel 905-629-0900
Fax 905-629-0893
info@ccmhi.ca
www.ccmhi.ca/en/products/charter.html

EICP

The Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative
c/o The Conference Board of Canada
255 Smyth Road
Ottawa, ON K1H 8M7
Tel 613-526-3090, ext. 460
Fax 613-526-4857
info@eicp-acis.ca
www.eicp-acis.ca

Collaboration

Shared Mental Health in Canada
Dr. Nick Kates, Director
Hamilton HSO Mental Health & Nutrition Program
40 Forest Avenue, 2nd floor
Hamilton, ON L8N 1X1
Tel 905-521-6133
nkates@mcmaster.ca
www.shared-care.ca

Canadian Health Services Research Foundation
1565 Carling Avenue, Suite 700
Ottawa, ON K1Z 8R1
Tel 613-728-2238
Fax 613-728-3527
www.chsrf.ca

Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics (IMPACT)
Centre for Evaluation of Medicines
105 Main Street East, Level P1
Hamilton, ON L8N 1G6
Tel 905-522-1155, ext. 3968
ldolovic@mcmaster.ca
www.impactteam.info

Mental Health

Canadian Alliance on Mental Illness and Mental Health
c/o The Mood Disorders Society of Canada
3-304 Stone Road West, Suite 736
Guelph, ON N1G 4W4
Tel 519-824-5565
Fax 519-824-9569
www.camimh.ca

Canadian Mental Health Association
180 Dundas Street West, Suite 2301
Toronto, ON M5G 1Z8
Tel 416-484-7750
Fax 416-484-4617
info@cmha.ca
www.cmha.ca

Canadian Psychiatric Association
141 Laurier Avenue West, Suite 701
Ottawa, ON K1P 5J3
Tel 613-234-2815
Fax 613-234-9857
cpa@cpa-apc.org
www.cpa-apc.org

Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, ON K1P 5J3
Tel 613-237-2144
Fax 613-237-1674
Toll free 1-888-472-0657
cpa@cpa.ca
www.cpa.ca

Depression & Anxiety Information Resource & Education Centre Toll-Free (DIRECT)
Gayle Stoness, Program Manager
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1280 Main Street West
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ACCESS (National Program of Education and Consultation in Psychiatry)
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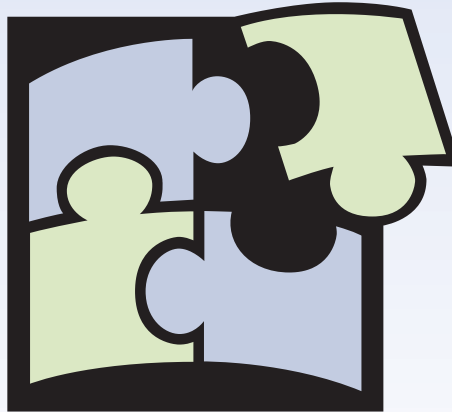

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Watch for our next supplement on the practical management of vaccines!