Shaping Collaborative Processes

Influences of Professional and Organizational Identities

Denise Aubé (1), Catherine Vallée (1,3), Léo-Roch Poirier (1), Louise Fournier (2,3), Sarah Descôteaux (3)

(1) Institut national de santé publique du Québec ; (2) Centre de recherche du CHUM (CRCHUM); (3) Université de Montréal

10th National Conference on Collaborative Mental Health Care, Hamilton, May 2009

Institut national de santé publique Québec

PROJET DIALOGUE

Acknowledgements

CHSRF FCRSS

Québec
- Fonds de la recherche en santé
- Institut national de santé publique
- Ministère de la Santé et des Services Sociaux

GIRU
Groupe interuniversitaire de recherche sur les urgences

PARTICIPATING CSSS

PROJET DIALOGUE

Agenda

- Quebec Health System Historical Background on a Structural Level
- Quebec Mental Health Action Plan (June 2005)
- Dialogue Research Program (2006-2010)
- Contextual Analysis
- Tensions Felt within Local Service Networks
- Conclusion

PROJET DIALOGUE

Quebec Health System Historical Background on a Structural Level

- Recurrent restructuring processes around the same usual suspects
  - Accessibility, continuity, quality of care, cost containment
- 1971: Quebec public health system:
  - Creation of CLSC (with **generic psychosocial** and medical services)
  - Creation of Regional Boards
  - Maintenance of private medical services for family physicians
- Emergence of community mental health organizations:
  - Grass-root movement orientation
  - Proposed an alternative paradigm

Quebec Historical Background on a Structural Level

- Primary care (PC) local service networks (LSN) seen as health system foundation

1995 : 1st merging wave

- Hospitals to upgrade their specialized tasks (some will merge, some will disappear)
- Community Health Centres to upgrade their community mandates:
  - By playing a larger role for post-hospitalization care
  - By including in their mission long term facilities, considered as main living settings for institutionalized elder

Quebec Historical Background on a Structural Level

- 2004: 2nd merging and down-sizing wave
  - Merging of different and complementary health organisations on a local basis with unique administrative boards: 95 Health and Social Services Centres (CSSS)
  - CSSS mandates: to develop functional local service networks with specific focus on some programs, one of them being mental health (MH)

Quebec Historical Background on a MH Public Policy Level

- 1989: MH public policy promoting MH prevention, MH treatment and rehabilitation
  - 1st move: to promote social integration and ambulatory health and psychosocial services for people with severe MH diseases
- 1997: ministerial orientations
  - Same focus, with more investment in ambulatory services and further promotion of assertive community treatment (ACT) program
- 2005: ministerial MH action plan
  - PC must address "all MH disorders" and develop local networks to optimize services

Quebec MH Action Plan (2005)

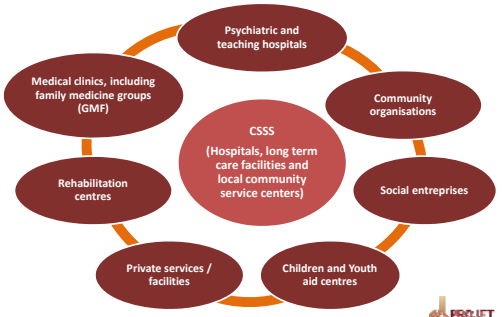
PC is considered as the main component of MH care delivery, using LSN to optimize services

Implementation of MH multidisciplinary teams in CSSS addressing all MH disorders (adult / youth) and supporting PC providers

Centralized access point to MH services, located in PC , for all MH services

Identification of clinical advisors to support PC workforce

Local Services Network (LSN)



Dialogue Research Program

Overall goal

- To identify the contextual and organisational factors that influence the quality of mental health primary care services

Dialogue Research Program

Contextual study

Organisational study

Clientele study

Contextual Study Methodological Overview

2006 — 2007-2008 — 2009

- **MULTIPLE CASE STUDY : n=15**
- **DATA COLLECTION**
  - **Focus groups with key informants (n>200)**
  - **Individual interviews**
    - **Local respondents**
    - **Regional respondents**
    - **Family physicians**
  - **Documentary sources**

Data Analysis

2006-2007:

- Historical background for the last 10 years
- MH services description in all LSN
  - Diversity on multiple dimensions (partnerships, resources, access to specialised services …)

2007-2008:

- First analysis of change implementation
- In depth description of collaborative links within and outside the health system
  - Implementation process is associated with collaboration
  - Stability of human resources is critical

Data Analysis

2009

- How can we explain what we observe, considering:
  - The role and identity of key informants
  - Evolution of time
  - How people revisit the sense given to current transformations

Data Analysis (2009)

Collaborative dynamics observed within LSN

Iterative sense-making processes for various actors

Tensions observed between professional, managerial and organisational identities

Selected Examples

Considerations:

- MH Action Plan main structural measures
- Extended scope:
  - Primary and specialized care in LSN
  - Community organizations
  - Mixed identities
  - Dialectic tensions
  - Continuous reshaping

Primary Mental Health Teams
A Few Tensions…

- Renewal of human resources (HR) / Renewal of practices
- Development / Consolidation MH Teams
- Loss of expertise / Openness and capacity for adaptation
- Professional identities / New roles
- Structure / Clinical process

Centralised MH Access Point
A Few Tensions…

- Needs/ Potential of response (Ethical)
- Assessment / Intervention
- Centralised access point in PC / Consultation liaison in specialised care (MEL)
- Specialisation / Complementary
- Scope of MH access point / Inclusion of partners

Community Organisations
A Few Tensions…

- Autonomy/ Sub-contracting
- Top-down / Bottom-up
- Collaboration / integration
- Professional HR / Grass-root movement

Organisational Identities

- Maintaining coherence / Redefining mandates and practices
- Structure / Process
- Accountability / Outcomes

Conclusion

The Quebec mental health action plan, as a policy, brought :

- A population-based planning process, with a strong emphasis in primary care
- Legitimacy to introduce changes in the local service network level, including collaborative initiatives
- As a consequence, a need for redefining professional and organisational identities

Conclusion /2

The Quebec mental health action plan,
as a policy, was brought within contexts where :

- the control over resources varies
- multiple changes co-occurs
- actors' span of control differs
- dynamic tensions challenge all actors involved

Questions or comments

Thank you!

Denise Aubé: denise.aube@inspq.qc.ca
Catherine Vallée: catherine.vallee@inspq.qc.ca
Léo-Roch Poirier: leo.poirier@inspq.qc.ca