**ENHANCING COMMUNITY LINKAGES
FOR BETTER ANXIETY AND DEPRESSION CARE
IN PRIMARY MENTAL HEALTH SERVICES**

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INTRODUCTION

➢ Anxiety and mood disorders are the most common mental disorders in the Canadian population   Fournier et al. 2007

➢ ≈ 80% of people with anxiety and mood disorders who consult seek help in primary care   Fournier et al., 2007

➢ Only a $\frac{1}{4}$ of people with anxiety and mood disorders receive guideline concordant care   Duhoux et al., 2008

➢ In recent years there has been significant interest in improving the quality of care for chronic diseases, including mental disorders like depression and anxiety disorders

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CHRONIC CARE MODEL (Wagner, 1998)

Community
Resources and policies

Health systems
Organization of health care

Self-management support

Delivery system design

Decision support

Clinical information systems

Informed, activated **patient**

Productive Interactions

Prepared, proactive **practice team**

Improved outcomes

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INTRODUCTION

What does the Chronic Care Model say?

❖ Developing partnerships with community organizations that support and meet patients' needs

  ➢ Identify effective programs and encourage appropriate participation
  ➢ Form partnerships with community organizations to support and develop interventions that fill gaps in needed services
  ➢ Advocate for policies to improve patient care

www.improvingchroniccare.org

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COMMUNITY LINKAGES - EVIDENCE

➢ Within studies of the CCM, evidence for the importance of community linkages is generally not impressive Kriendler 2008

➢ Community linkages component tends to receive less attention from researchers, managers and clinicians than the four more clinical components of the CCM

➢ Problems:
  ➢ Community component underdeveloped
  ➢ Little guidance for implementation
  ➢ Fewer strategies shown to be effective

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PROJECT CIBLE QUALITÉ

➢ A knowledge translation (KT) program initiated by researchers at l'Institut national de santé publique du Québec (INSPQ) that aims to improve the quality of primary mental health care services in the province of Quebec

➢ The program is based on Wagner's chronic care model

➢ Involves the active participation of actors from six local health and social service networks

➢ The KT program targets primary care services for anxiety and mood disorders
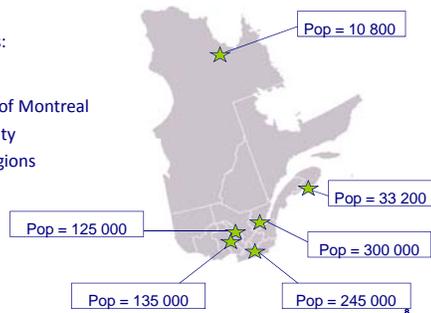
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PROJECT OBJECTIVES

- To offer strategies and tools to actors involved in primary mental healthcare in order to facilitate the adoption and implementation of components of the chronic care model

- To examine the organizational and contextual factors that may facilitate or hinder the implementation of these strategies

- To assess the impact of the knowledge translation program on the level of implementation of the components

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LOCAL SERVICE NETWORKS

Participating sites:

- 2 in Montreal
- 1 just outside of Montreal
- 1 in Quebec City
- 2 in distant regions

Pop = 10 800

Pop = 33 200

Pop = 125 000

Pop = 300 000

Pop = 135 000

Pop = 245 000

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ACTORS IN A LOCAL SERVICE NETWORK

Hospitals and University hospital centres

Community pharmacies

Education Municipalities

Social economy enterprises

Community organizations

Health and social service centre (CSSS)

Merger of:
Local health and social service centres (CLSCs)
General hospital centres
Residential and Long-term care centres

Non-institutional resources

Family medicine groups and medical clinics

Private resources

Rehabilitation centres

Youth protection centres

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THREE PHASES OF THE PROJECT

KT PROGRAM DEVELOPMENT	KT PROGRAM AND DEVELOPMENT OF LOCAL QI PLANS	IMPLEMENTATION OF LOCAL QI PLANS
May 08 - Sept 08	Sept 08 - May 09	May 09 - April 10

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EVALUATION

➤ Focus on implementation, processes and outcomes

➤ Collect both quantitative and qualitative data

➤ Adapted version of Assessment of Chronic Illness Care (ACIC) tool

   ➤ Adapted for Quebec context

   ➤ Focus on care for anxiety and depressive disorders

   ➤ Pre-post design with comparison group

➤ Qualitative analyses of meetings with local working group (recordings), journal notes, interviews with key actors
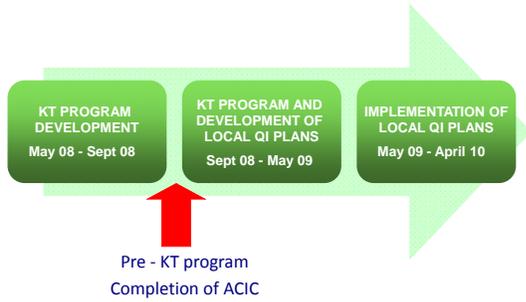
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ASSESSMENT OF CHRONIC ILLNESS CARE (ACIC)

➤ Assessment tool developed to help organizational teams identify areas of improvement in their care for chronic illness, and to evaluate the level and nature of improvements in their system

➤ Based on the six areas of system change suggested by the Chronic Care Model

➤ Tool that aims to assess organization of care, from poor to optimal organization of care for chronic illnesses
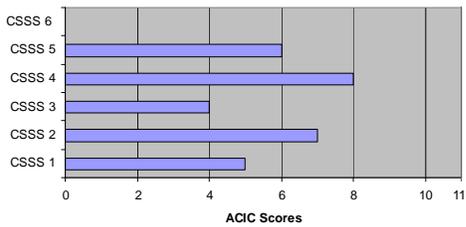
Bonomi et al., 2002

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Pre - KT program
Completion of ACIC

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COMMUNITY LINKAGES - ACIC RESULTS

Linking patients to outside resources

0-2 = Not done systematically	3-5 = A list of identified resources in an accessible format
6-8 = A designated staff person ensures linkages	9-11 = Active coordination between HS, CO and patients

COMMUNITY LINKAGES - ACIC RESULTS

Partnerships with community organizations
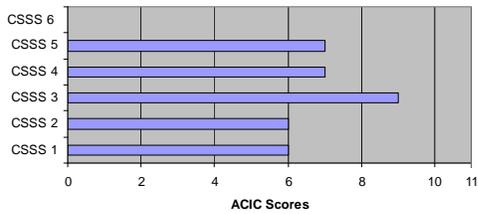
0-2 = Do not exist	3-5 = Are being considered but have not yet been implemented
6-8 = Are formed to develop supportive programs and policies	9-11 = Are actively sought out to develop supportive programs and policies

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COMMUNITY LINKAGES - ACIC RESULTS

Community programs and feedback

Chart: ACIC Scores (x-axis 0 to 11) by CSSS 1 through CSSS 6

- CSSS 6
- CSSS 5
- CSSS 4
- CSSS 3
- CSSS 2
- CSSS 1

ACIC Scores

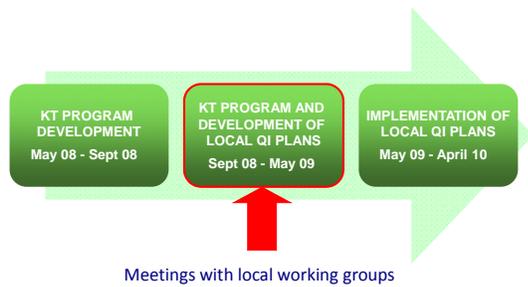| 0-2 = Do not provide feedback about patient progress | 3-5 = Provide sporadic feedback | 6-8 = Provide regular feedback through formal mechanisms | 9-11 = Regular feedback with input from patients used to modify programs |

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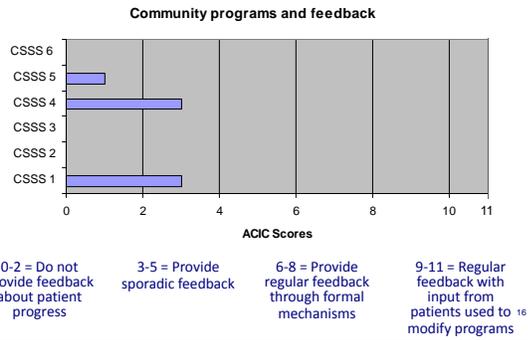
COMMUNITY LINKAGES - SUMMARY

➢ Most sites seem to have developed at least some relationships with community partners

➢ Several sites have a designated staff member who ensures that service users can access community resources

➢ Little feedback about patient progress in community support services

➢ Community linkages → In 4 of 6 LSN, the component that scores highest among the six CCM components

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KT PROGRAM AND DEVELOPMENT OF LOCAL QI PLANS
Sept 08 - May 09

IMPLEMENTATION OF LOCAL QI PLANS
May 09 - April 10

Meetings with local working groups

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COMMUNITY LINKAGES - A CLOSER LOOK

- Significant diversity in relationships between CSSSs and community partners
- Small mental health teams looking to establish themselves first, then reach out to community partners
- Partnerships vary because of:
  - Type of region (urban vs rural)
  - Client characteristics
  - Organizational history and culture (are community partnerships valued?)
  - Other (geography, ideology, etc.)
- Little representation of community actors in local working groups

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PROJECT
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IMPROVING THE QUALITY OF PRIMARY MENTAL HEALTH CARE

KT program:

Community linkages component

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COMMUNITY LINKAGE STRATEGIES

Three main strategies, inspired by the scientific literature:

Strategy 1 → Identify resources in the community and enhance access to these services

- Make a list and/or map of community resources
- Keep the list (or map) up to date and make it available to staff, service users and their families
- Encourage patients to participate actively in programs offered in the community
- Establish fluid reference mechanisms with community organizations
- Participate in promoting activities taking place in the community

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COMMUNITY LINKAGE STRATEGIES

Strategy 1 → Identify resources in the community and enhance access to these services

Some examples that we observed from participating sites:

➢ CSSS in Montreal → « Les rendez-vous Jeanne Mance »

➢ CSSS in Quebec City → Web-based list of resources

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COMMUNITY LINKAGE STRATEGIES

Strategy 2 → Form partnerships with community actors in an effort to:
1) Identify gaps in services
2) Support and develop new programs, services or policies that complement existing services

➢ Establish communication mechanisms that facilitate collaborations with community leaders and partners

➢ Work with partners to collectively define strategies to improve the quality, accessibility and continuity of care

➢ Share resources in order to develop new interventions or support existing programs and services

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COMMUNITY LINKAGE STRATEGIES

Strategy 2 → Form partnerships with community actors in an effort to:
1) Identify gaps in services
2) Support and develop new programs, services or policies that complement existing services

Some good examples from participating sites:

➢ "Clinical Projects" for each CSSS

➢ In Montreal → "Le Carrefour Communautaire-Institutionnel"

➢ Links with Health Education Centres, "Healthy Schools" projects, etc.

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COMMUNITY LINKAGE STRATEGIES

Strategy 3 → Collaborate in order to raise awareness about mental health issues and reduce stigma

- Establish forums for exchanges with the public, community education and participation
- Recruit and train volunteers to help raise awareness about mental health issues
- Engage in advocacy activities and encourage the development of policies that improve care for people with mental illness and promote mental health

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COMMUNITY LINKAGE STRATEGIES

Strategy 3 → Collaborate in order to raise awareness about mental health issues and reduce stigma

Some examples from participating sites:

- Coalitions emerging from the "Carrefour Communautaire-Institutionnel"
- Participation in "Mental Health Week", organized by Quebec branch of CMHA
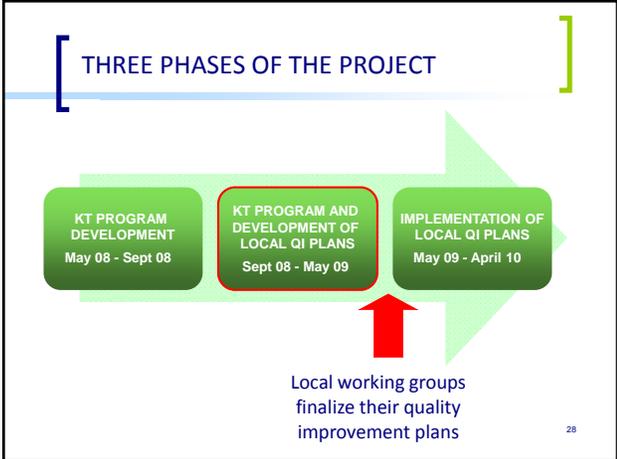
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KEY MESSAGES TO LOCAL WORK GROUPS

- Importance of having a broad vision of community (intra- and intersectoral actions) and broad goals
- Some key actors
  - Service users, families and friends
  - Peer support workers
  - Community organizers / liaison agents
- Providing optimal care often requires that service users, their families and friends, mental health teams and community partners are *informed, prepared and motivated* to work together

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Local working groups
finalize their quality
improvement plans

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LOCAL QI PLANS - COMMUNITY LINKAGES

Strategy 1

➢ Become more familiar with community resources and organizations → visits to organizations and invitations to team meetings

➢ Integrate community partners in collaborative care and care pathways

➢ Make work spaces available to community partners → share resources

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LOCAL QI PLANS - COMMUNITY LINKAGES

Strategy 2

➢ Integrate community partners in collaborative care and care pathways

➢ Gain access to continuing education and training opportunities (University hospitals centres)

➢ Implement clinical practice guidelines with local Family Medicine Groups

➢ Share self-management (SM) tools, conduct SM courses in the community → co-animation

➢ Links with local libraries → provide access to educational and self-management materials on depression, anxiety and mental health

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LOCAL QI PLANS - COMMUNITY LINKAGES

Strategy 3

➢ Add information about mental health problems on tv screens in clinic waiting rooms

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Conclusion

➢ Community component of CCM model should not be viewed as independent of other components

➢ Interventions can target the continuum of care
  ➢ Health promotion, disease prevention, treatment, and support
  ➢ Do we have the right model?

➢ Building effective relationships and collaborating with community partners is not always easy!
  ➢ May involve adapting relationships, procedures and structures
  ➢ Can be time consuming, resource intensive and complex

  Lasker 2001

➢ Important to formalize and evaluate initiatives!

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IMPROVING THE QUALITY OF PRIMARY MENTAL HEALTH CARE

THANKS!

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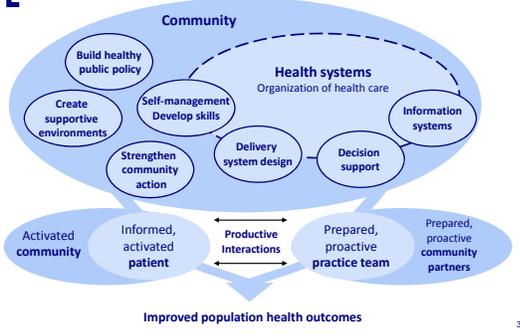**INSPQ, Montreal**

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Expanded Chronic Care Model

Community

Build healthy public policy

Create supportive environments

Self-management
Develop skills

Strengthen community action

Health systems
Organization of health care

Delivery system design

Decision support

Information systems

Activated community

Informed, activated patient

Productive Interactions

Prepared, proactive practice team

Prepared, proactive community partners

Improved population health outcomes

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