Interdisciplinary Collaboration between Primary Care, Mental Health and Public Health: Staff Perspectives and Client Stories (Panel)

# 11th Canadian Conference on Collaborative Mental Health, Winnipeg May 14, 2010

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# Winnipeg













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## **Session Objectives**

- Overview of our Interdisciplinary Team
- Our work panel perspective
- Results from two Formal Evaluations that support collaboration and integration
- Case Scenarios
- Panel Discussion

#### Who Are We?



Nor'West Co-op Community Health Centre, Winnipeg Regional Health Authority and Family Services and Consumer Affairs



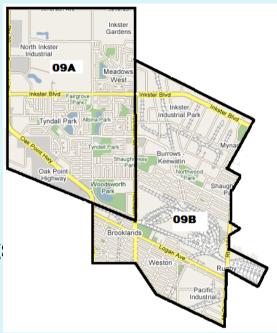


- Primary Care
- Mental Health
- Community Development
  - Public Health
- Early Learning and Childcare
  - Nor'West Mentor
  - Counselling Services
  - Aboriginal Health Outreach
    - Family Violence
  - Immigrant Women's Counselling
    - A Woman's Place

# **Inkster Community**Northwest area of the city

#### Diverse

- Many neighbourhoods
- Co-op Housing and several Manitoba Housing with the most populous housing
- 5 Mental Health Group Homes
- Filipino, Aboriginal, East Indian and Caucasian
- Recent influx of immigrants and refugees
- higher STIs, teen pregnancies, unemployment and poverty



**Area** 18.1 sq.km

**Population** 31953

## Nor'West Co-op CHC Board



- Only Co-op CHC in Manitoba
- Not for profit,Programs offered in partnerships –Primary Health Care
- Inkster Community or city-wide (population specific)





#### **Original Vision**

#### The study in 1972 called "Health through Co-operation" said

"The mainstay of our philosophy has been a desire to provide the <u>best</u> <u>possible health care</u> to the community at the <u>most realistic cost</u>".

• However, the simple bringing together under one roof of a wide range of varying health services personnel does not mean that a totally integrated and co-ordinated system of health services delivery will somehow magically evolve...

#### Teamwork is the key.

- The Team must recognized the following facts:
- "that the needs of one individual may differ radically from those of another, in terms of the strength of the support required; and
- that the needs of any individual may change"





#### 1972

AT THE NOR'WEST CENTRE PREVENTIVE CARE WILL BE A FACT, NOT A CONCEPT; THE PHYSICIAN WILL BECOME A MEMBER OF A HEALTH CARE TEAM, NOT THE LEADER; THE PATIENT WILL BECOME AN INDIVIDUAL, NOT AN ILLNESS; AND HEALTH CARE WILL INVOLVE THE DENTIST, THE NURSE, THE NUTRITIONIST, THE SOCIAL WORKER, THE PHARMACIST, THE COMMUNITY WORKER AND THE COMMUNITY WORKING TOGETHER, NOT IN ISOLATION FROM EACH OTHER

And Nor'West was born

# Integration of Community Mental Health Worker

- Member of Primary Care Interdisciplinary Team
- Joint Management and PHIA Agreements
- Co-location in primary careunique



### **Primary Care Team**

- PC -Interdisciplinary Team
- Many points of Access
- Physicians,
- PC nurses
- Nurse Practitioner
- Mental Health Worker
- Health Promoter / Dietitians
- Clinical Pharmacist
- Aboriginal Social Worker
- Relationship Counsellors
- Community Facilitators
- Medical receptionists



#### Collaboration

- Joint PHIA, integrated charts and goal sheet
- Joint reception and phone
- Joint case team and service coordination
- Primary care team
- Co-visiting,
- See the Right Provider at Right Time
- Client centered and driven care



#### **Mental Health Clients Can:**

- See a Primary Care Physician or Nurse Practitioner
- Have blood work, injections as nec.
- See any provider on site
- Participate in any group
- Be on any advisory group or Board
- Participate in research studies

# **Recovery Process**

#### **What Works**

- No Wait Lists
- Consulting and Debriefing
- Ongoing Communication
- Kindness
- Sharing of knowledge and resources
- Transparency

#### **Health Promotion**

- Role of Health Promoter Dietitian
- Clients are referred from mental health worker or self-refer to programs or for individual nutrition/lifestyle counseling
- Catering Initiative
- Fun with Food and Fitness
- Chronic Disease Programs (Diabetes Support Group, Get Better Together)

#### **Inkster in Action**

- 3 Partner Strategic Priority 3 year research
- Goal To enhance nutrition and promote physical activity to residents of Inkster Community
- **Included:** programs, individual lifestyle counselling, questionnaires, client interviews and focus groups
- Participants that took part in evaluation experienced several mental health conditions including Depression, Bipolar affective disorder, Schizophrenia, and Attention Deficit Disorder.

# **Inkster in Action: Findings and Client Stories**

- The following were reported during individual interviews:
  - Increased self esteem and helped establish supportive and constructive social networks
  - Enhanced social skills
  - Achieved healthier diet and active lifestyle
  - Less isolation
  - Reduced hospitalization

#### **Future – HANS**

- Health promotion peer led self-help groups based on Japanese Model Inkster and Seven Oaks Areas.
- Participants will be empowered to monitor their own physical, social, emotional and mental health and wellbeing.
- Monitor indicators such as BP, BS, Stress, Sleep patterns, Nutrition and physical activity logs etc
- Ongoing self management and ownership of own health.

# Client Story Mrs. C.

#### Mrs. C.

"The work that she (mental health worker) did for me in the beginning impacted my health, life, and whole society. What she has done for me, it is a growth. If that wasn't done, I would be cut off ... That state put me to the hospital for 3-6 weeks in the past. With this work, I haven't been in the hospital for that long; just overnight... It helped me be an outpatient instead of being at the hospital... They support my handicap. They make it a more even playing field. They help me to be part of society. It's not my only benefit; society is benefited from me."

# Client Story Ms E.

#### **Resource Centres**

- 3 Resource Centres
- Partnerships
- Increased access to health and social services
  - support, counselling
  - Programs and resources
  - Free phone, computer
  - advocacy and referral
  - community advisories
  - Events Health Fairs, concerts, BBQs
  - Welcoming



#### **Formal Team Evaluation**

- Formal Evaluation between Nor'West and WRHA Inkster Public Health and Mental HealthTeam – 2008 and 2009
- **Purpose**: To identify factors affecting primary care and public health integration and collaboration, and factors affecting staff's attainment, maintenance and utilization of Public Health Core Competencies in Partnerships, Collaboration and Advocacy, and Diversity and Inclusiveness.

#### **Team Evaluation**

- WRHA Research and Evaluation unit and financial support from Public Health Agency of Canada
- Methodology:
  - **Phase 1** Formative Evaluation using Appreciative Enquiry process with interdisciplinary team including mental health worker and focus groups and partner interviews;
  - Phase 2 client interviews and focus group
- Positive findings and clear examples of collaborative factors.

#### **Findings: Staff and Partners**

#### Reported findings:

- Enhanced understanding of clients and the community
- More inclusive and holistic health services to support clients and the community
- Increased ability to respond to urgent situations.
- Increased support for employees and opportunities for skill development
- Enhanced accessibility for diverse and underserved populations

# **Findings: Staff and Partners**

- Findings highlight key factors for consideration in planning future collaborations including:
  - Design of space, co-location, absence of cubicles
  - Integrated structures and processes joint reception, charts, case meetings, co-visiting
  - Staff diversity being valued– having different skill sets, perspectives and cultural backgrounds
  - An organizational culture and leadership that promote trust, flexibility and staff knowledge of available resources.
    - staff being open to collaboration and flexible,
    - staff knowing each other's roles and trusting each other
    - leadership playing active role in promotion of collaboration

## **Findings: Client Perspectives**

- Clients expressed being happy and satisfied with services
- Stated that Staff understand their diversities, respect their values and beliefs, and provide care with dignity;
- Clients stated positive impact on improving their health and ability to manage health conditions and cope with their life situations
- Clients expressed increased accessibility and increased coordination and continuity of care; co-location
- Increased well-being and quality of life; and trust building

#### **Findings: Client Perspectives**

• "It works fairly good. They listen so they can connect you. I saw nurse, doctor, mental health worker, pharmacist, dietitian. Mental health because after I had a heart attack, I had anxiety, post-traumatic stress. 3 doctors, 8 trips to ER. Nobody would listen. Then it took one doctor here to listen. Then doctor listens and says, okay, I would like you to see this person and this person."

## **Monthly All Staff Meeting**

Nor'West Co-op, Winnipeg Regional Health Authority, Family Services and Consumer Affairs and Parent Child Coalition

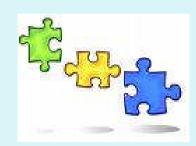


# Joint Quality, Safety and Commitment to Excellence

- Three partner QI Team
- Three Priorities identified:
  - Job Shadowing
  - Ethics Team
  - Professional Development Team
- Social Wellness Team
- Workplace Safety and Health
- Staff Retreats



### **Key Messages**



- Leadership
- Champions
- Culture of Teamwork, diversity and respect
- Co-location and space
- Quality and Patient Safety
- Client

# Community Story – Trauma

**Sharing Circle** 

to share, grieve and heal.

#### **Our Thanks to**

The Staff at Nor' West and the Inkster Public Health and Mental Health Team

WRHA Research and Evaluation Unit

Gerry Kaplan and Associates

The Public Health Agency of Canada



#### Questions

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