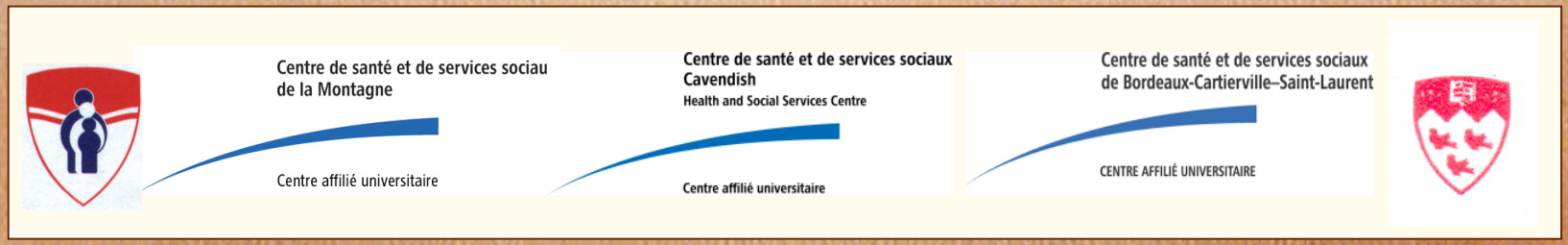
Partnership and Youth mental health services in urban multicultural settings

A CIHR funded partnership study

11th National Conference on Collaborative Mental Health Care
May 14th 2010

Lucie Nadeau, Alex Battaglini, Cécile Rousseau, Marie-Claire Laurendeau, Annie Jaimes, Suzanne Deshaies



Plan of presentation

- Background
- Presentation of the study and its preliminary results on:
  - Historical context
  - Implementation of a referral/communication instrument, serving as a case study of the partnership.
- Discussion: partnership in a multicultural context

background

- Implementation of Quebec's *Mental Health Action Plan 2005-2010,* known as the *PASM*. (trousse d'information, janv 2008)
  - Patient-centered services
  - Population responsibility given to CSSSs rather than to hospital based psychiatry departments.
  - Strengthening at first of the general services
  - Integration of services via:
    - Hierarchy of services
    - Partnership between institutions through service agreements.

Background:
Quebec Mental Health Action Plan (*PASM)*

- A clinical project : to locally organize the transformation brought by the *PASM.*
- The institutions in each network should have a joint triage system (« Guichet d'accès unique »)

Presentation of the study:

Objective :

- **A study** looking at partnership in youth mental health services within health and social services networks in urban multicultural settings.

Methods:

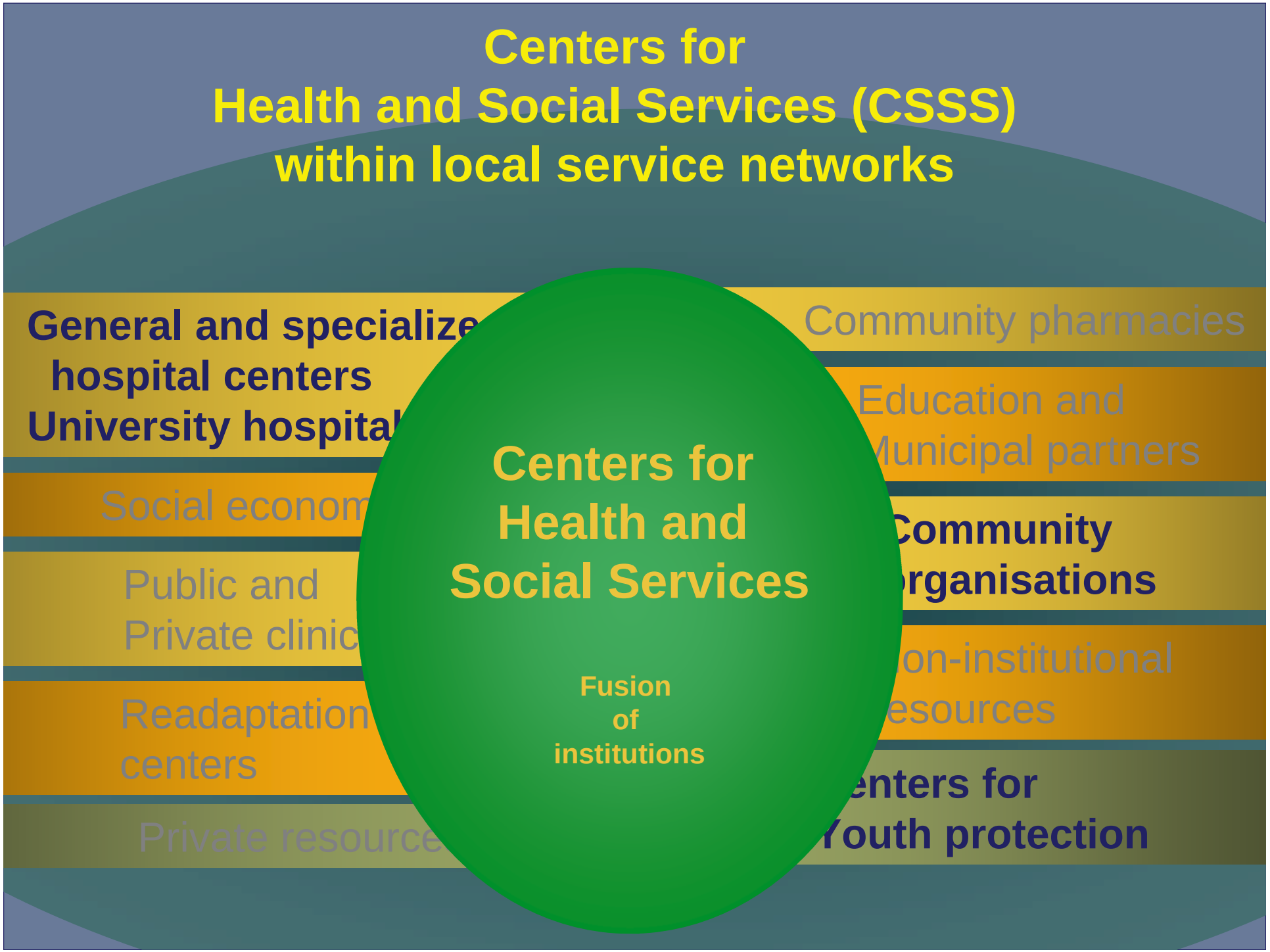
- Longitudinal participatory research
- Mixed method of data collection

Preliminary results

1. Appraisal of the historical context and process of implementation of the *Mental Health Action Plan* in each 3 different settings.
2. Case study: the partnership potential of a referral/communication tool.

1. Historical context

- 2005: Fusion of community local service centers (CLSC) and other institutions in Centers for Health and Social Services (CSSS), demanding a reorganization of services.


Centers for
Health and Social Services (CSSS)
within local service networks
General and specialize
hospital centers
University hospital
Social econom
Public and
Private clinic
Readaptation
centers
Private resource
Centers for
Health and
Social Services
Fusion
of
institutions
Community pharmacies
Education and
Municipal partners
Community
rganisations
on-institutional
esources
enters for
outh protection

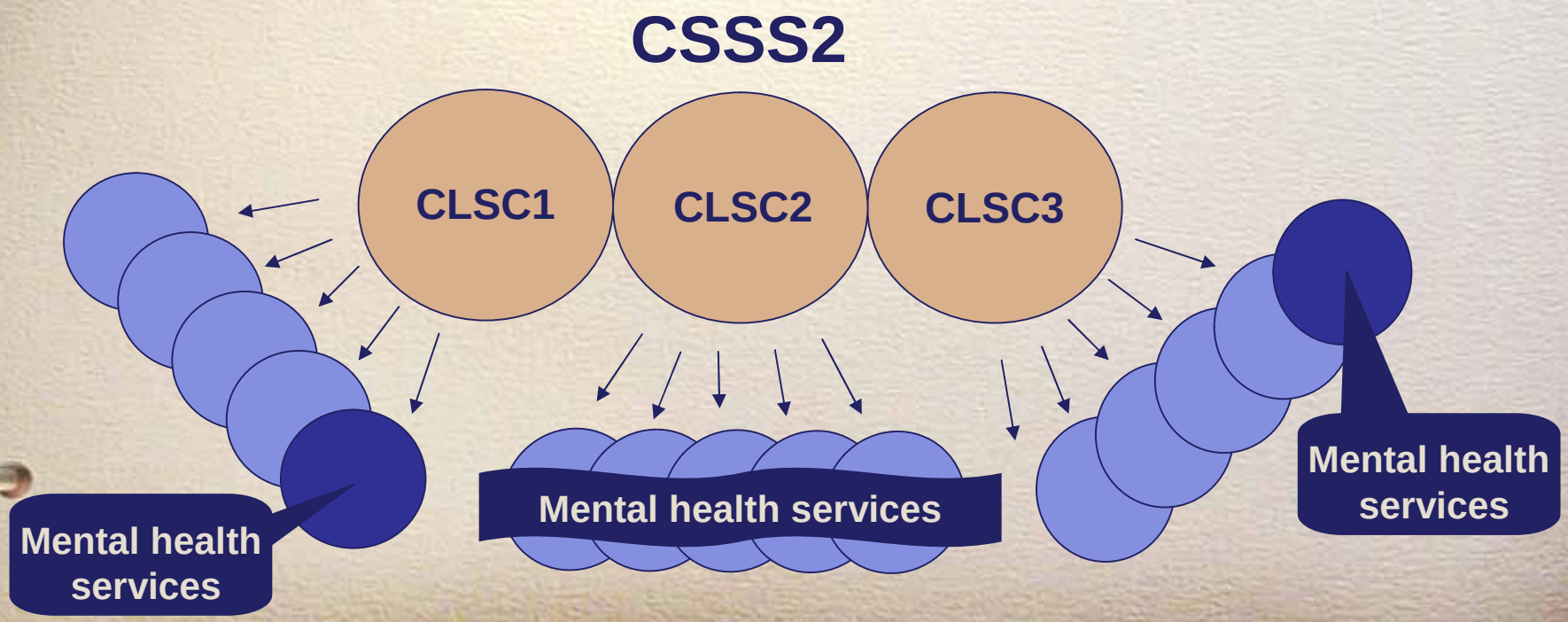
Historical context

Fusion into CSSSs that implied putting together:

1. Different service organizations and partnership patterns
2. Different institutional cultures (previous partnership history)
3. Different populations and clienteles

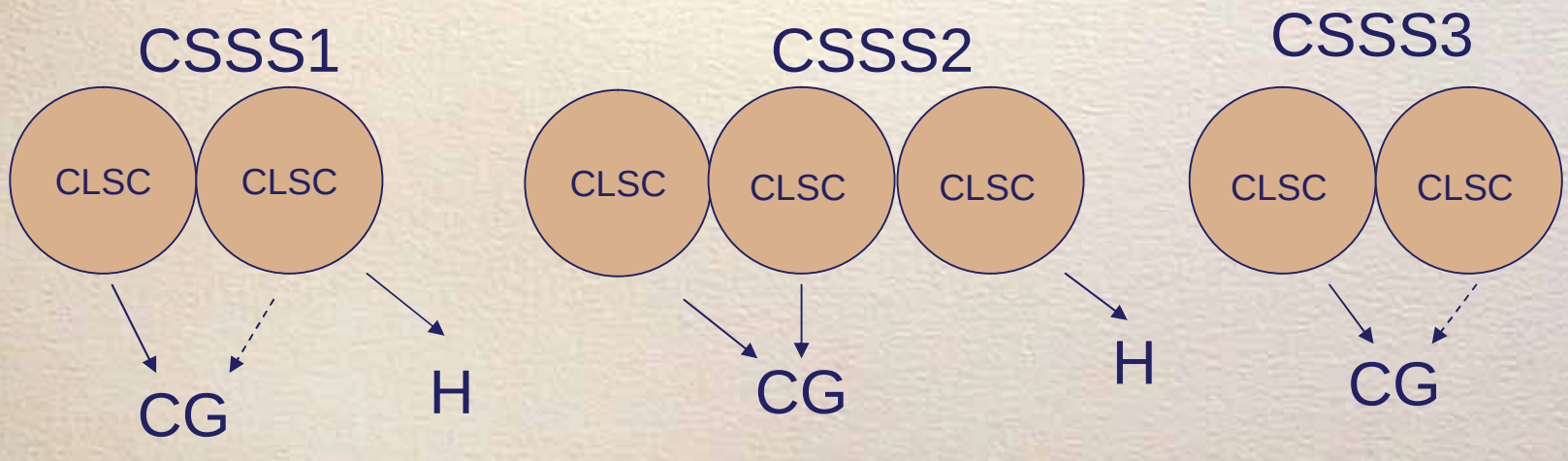
Historical Context:
1. Different Service organization

- In CSSS2: 3 CLSC merged,which had either a transversal or a horizontal mental health team



Historical context:
2. Different institutional cultures

- Among the CLSCs, some had established networking with hospitals, others were more strongly networking with community groups.

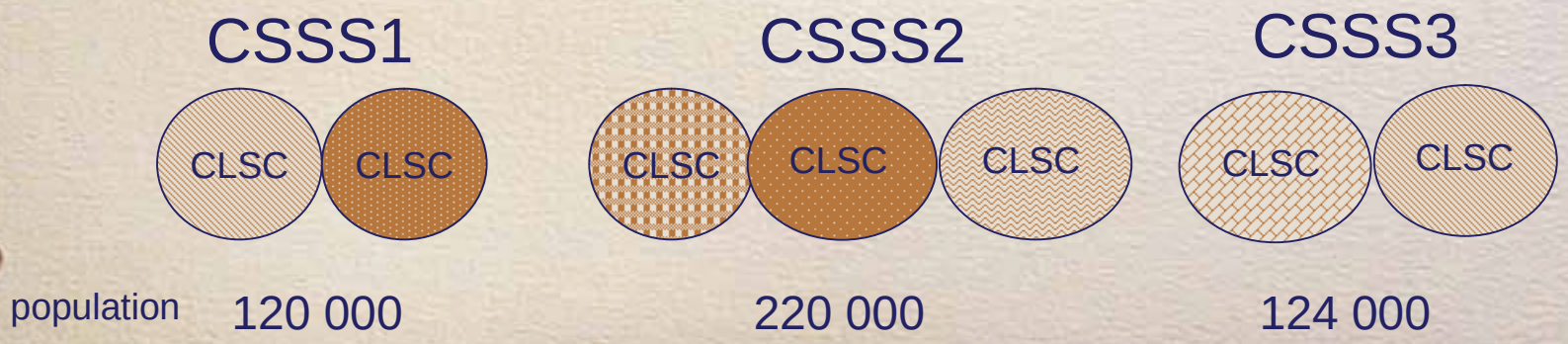


CG: community group

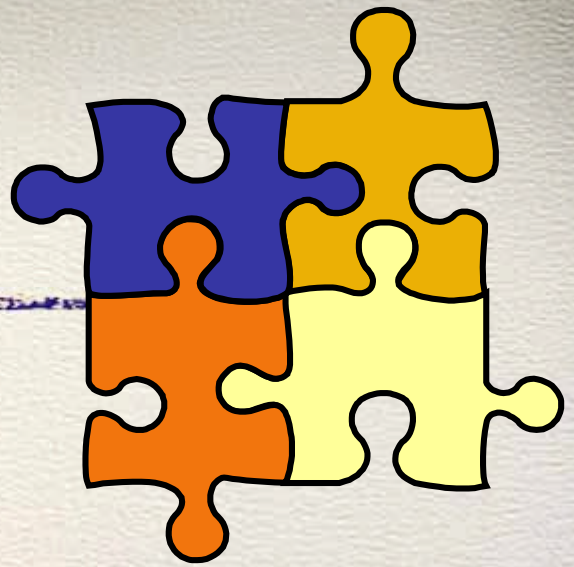
H: Hospital

Historical context:
3. Different populations and clienteles

- CLSC have been put together where there are major ethnic or socio-economic differences between their populations, from poor neighborhoods and low early literacy to important wealth, as well as size of territory and of population differences.



Historical context



- Each CSSSs used a different method
  - To device their « projet clinique »
    - This was done with an announcement of a participatory process but different level of participation were achieved. (some change of managers got at times in the way of this process. Some top down decisions were taken).
  - To put in place their joint referral process “guichet d’accès”.
    - True partnership was weakened by the painful process of resource allocation.

A particular partnership

Partnership steps (Bilodeau & als (2003)

1. Problem identification
2. Gather actors
3. Roles
4. Mobilization

- The *PASM* implied that the work on partnership was to start at the **role taking step**, limiting the networks input in the first two steps.

- It brought within the network:
  - Opportunities
  - Tensions

- Challenges arose in defining / putting in place local service networks and mediating with other institutions around resources
- An obvious tension arose between CSSSs and hospitals.
- An atmosphere of suspicion brought by a fight for resources
- Some viewed their previous networking as too dense, other as too light.

Documenting the Dynamics of Partnerships

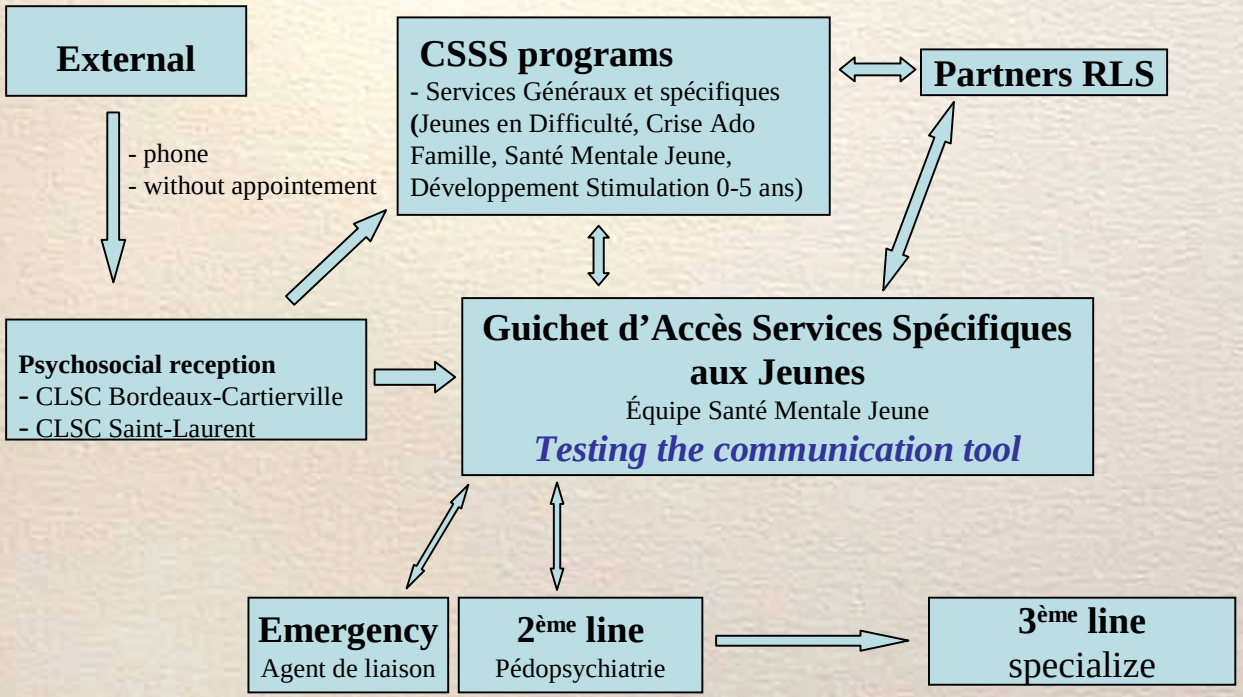
- Implement of the referral / communication instrument to illustrate the dynamics between partnerships in their local context.

  – Initial purpose, as a referral instrument :
    - To improve the capacity to reach vulnerable youths.
      – Adapt to reach vulnerable youths from ethnic groups
    - Simple and validated (doctors, psychiatrists, nurses, psychologist in schools, in health centers, etc.)
    - To improve referral process (priorities)
    - To gather information to facilitate assessment

    And, as a communication instrument :
    - To facilitate interaction between partnerships.
    - To develop a common language used by different partnerships
    - To improve partnership dynamics.

Example

Example : path of a request in an institution and of the instrument as a communication and referral support



The instrument

- Three sections
  1. Socio-demographic
  2. Situation assessment
     - Problem identification (health, school, family, etc.), history, symptoms, **cultural adaptation and migration experience**, trauma, etc.
  3. History and influent factors (events, past assessment, family's expectation, etc.)
- 27 pages with guidelines

Observations : Implementation

- Use depends on :
  - the perception (utility, benefits, reasons, purpose, practice modification, etc.)
  - Historical and structural context
- Tensions raising through transaction between:
  - Professionals/administration, different teams, professionals in a same team, social partners, families, etc.

Observation

- Many ways of implementation
  - With and without partnerships
  - Modification of tool (shorter version)
  - Purpose : as reference, as evaluation tool or as follow up tool
- Implementation must take into account :
  - local particularities
  - Importance of appropriation
  - Importance of historical settings (within the establishment and within partnerships)

What happened to the cultural and migration section ?

- Interesting, but !
  - Excluded in modified versions
- Why ?(hypotheses)
  - Trivialization of cultural and migratory factors
  - Interpretation issues
  - Immigration vs. cultural

Discussion

Partnership is a process of appropriation and is a witness of the capacity to adapt.

In a multicultural context

- The concern for the socio-cultural characteristics of the population is left in the background in face of the energy devoted to organizing/debating about the other aspects of partnership.
- The emphasis is put on tensions between administrative and clinical levels and between institutions
- The referral/communication instrument illustrates ambivalence towards socio-cultural issues
  - Could help to reach youth from ethnic groups but : need to improve cultural competency (formation); address migratory factors; use of interpreters.

Discussion :
Questions arising from the results

- What do institutions do about socio-cultural issues, what space do they give them?
- Which structures are likely to favor the contribution of community groups integrating cultural diversity issues?
- Language around the ‘patient-centered’ care is about an individualistic view of care.
- How can we consider cultural adaptation of services within institutions?
  - Within the cultural competency framework?
  - Or through the concept of cultural safety, going back to the Maöri concept (Ramsden,1997)?

- Gracias