

# Creating Effective Partnerships for the Treatment of Mental Health & Addictions in Community Health Centres

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Special thanks to Nicole Nazareth



Alliance for Healthier Communities  
Alliance pour des communautés en santé

## Introduction

Ontario's Community Health Centres (CHCs) serve mental health clients with higher than average rates of psychotic disorders, concurrent disorders, chronic diseases, and social issues such as material deprivation. In order to manage the complicated needs of their clients, CHCs often engage in partnerships with local mental health and addiction agencies to coordinate care and fill in gaps.

## Alliance for Healthier Communities

The Alliance for Healthier Communities is Ontario's voice for community governed primary health care. The Alliance has developed an evidence-informed Model of Health and Wellbeing (MHWB) to guide delivery of primary health care.



## Methods

A survey was sent to 104 member centres to understand the factors enabling and inhibiting effective partnerships

The survey aimed to:

- > Understand MH&A core services and identify who was providing services
- > Understand breadth and depth of partnerships
- > Dedicated staff composition
- > Innovative examples of MH&A service delivery

The survey was composed of:

- > Nominal questions
- > Interval (Likert scale) questions
- > Narrative questions

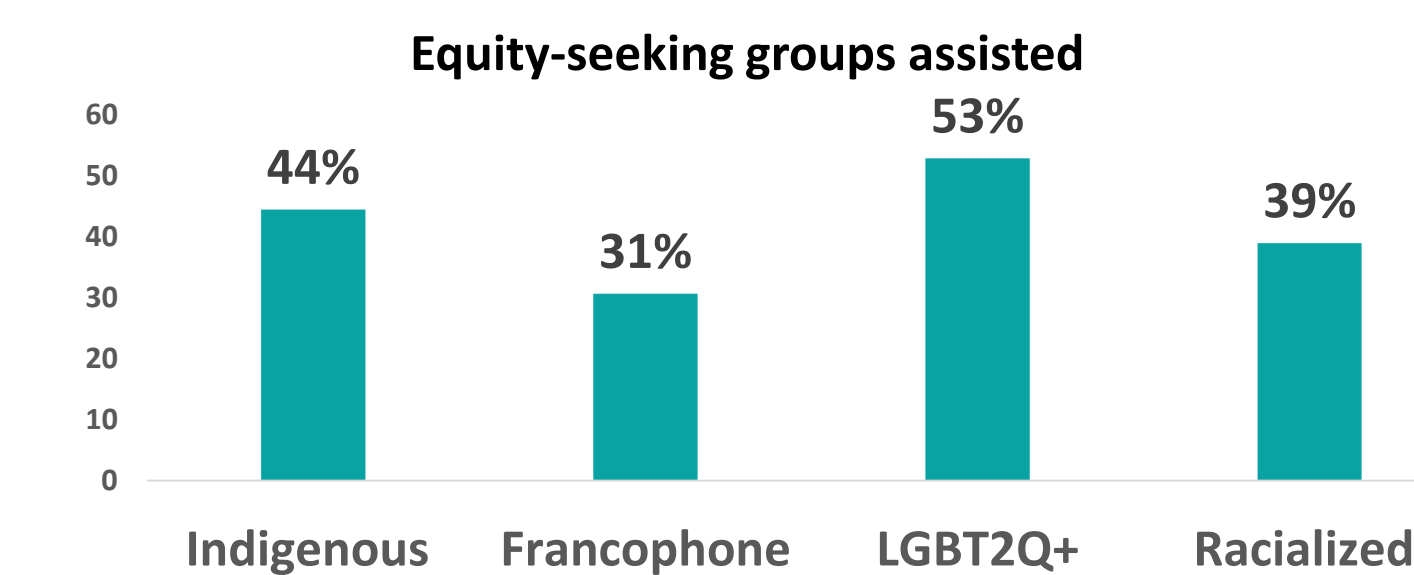
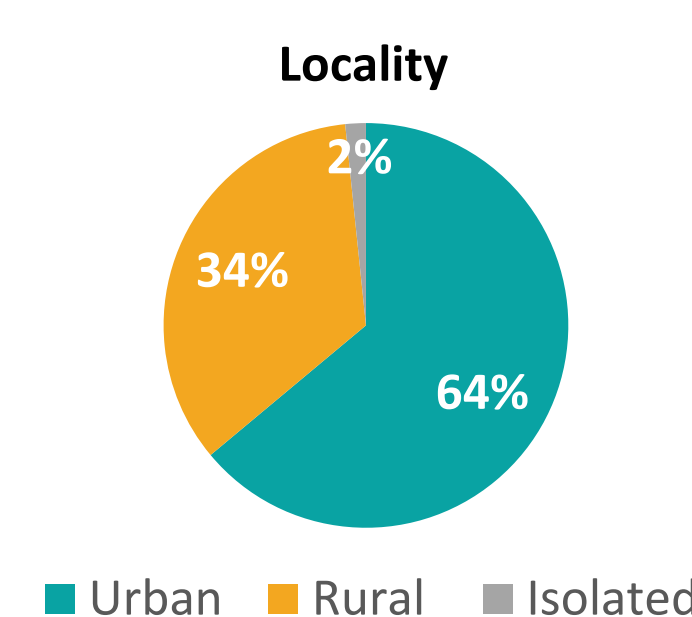
The survey was sent to the centres Executive Director, and asked for the most appropriate person to complete it

## Results

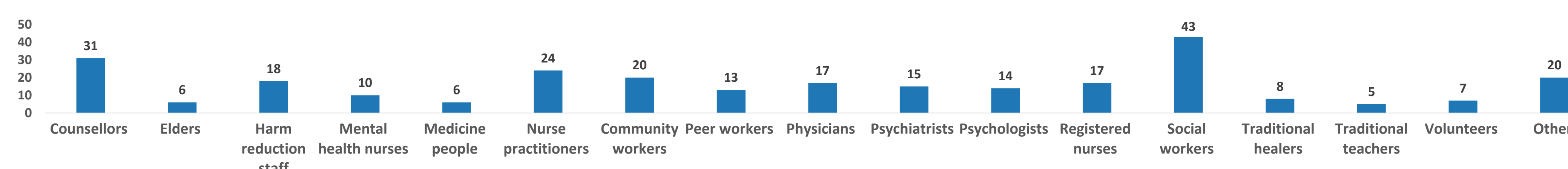
61 Centres responded

58% response rate

CHCs 71% AHACs/ACHCs 13% NPLCs 10% CFHTs 7%

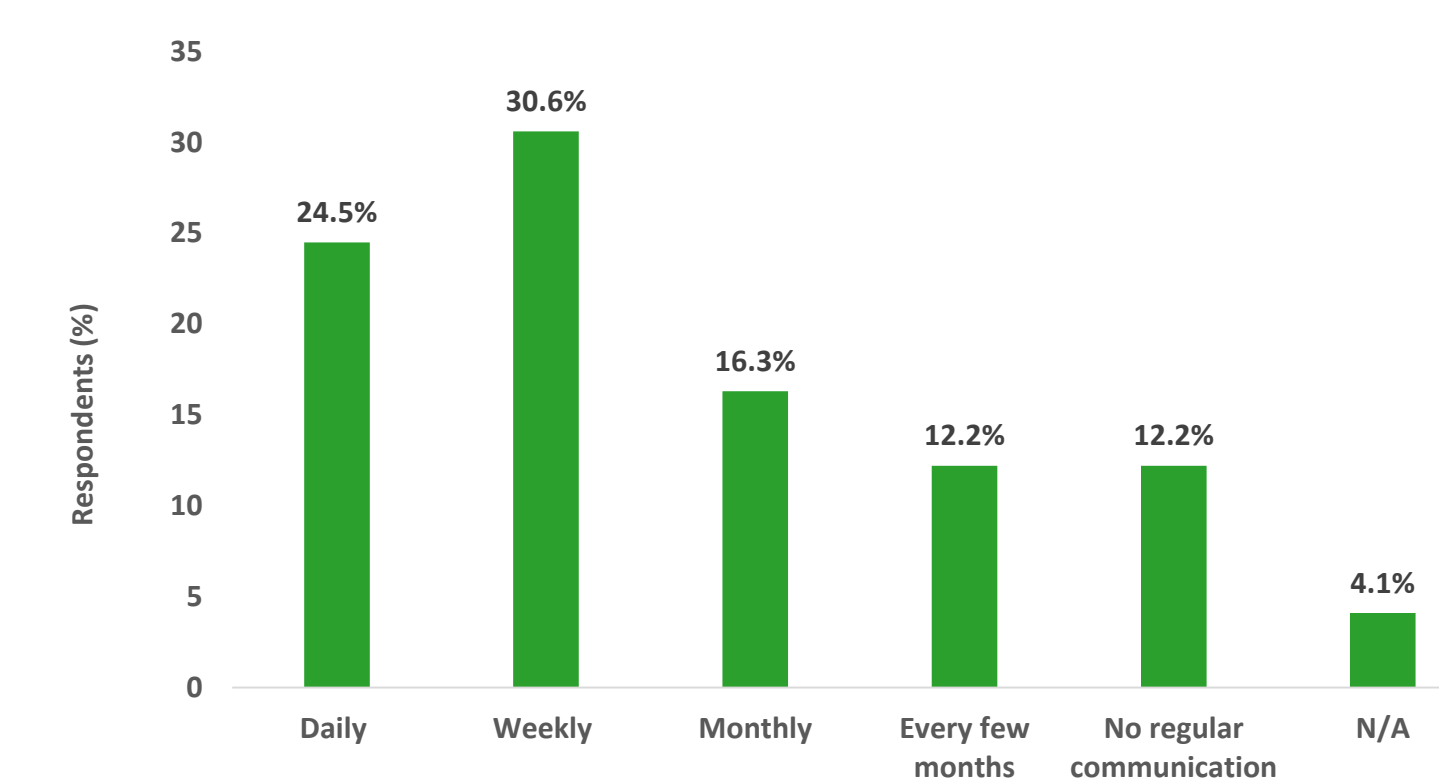


Centres with dedicated mental health and/or addictions staff:

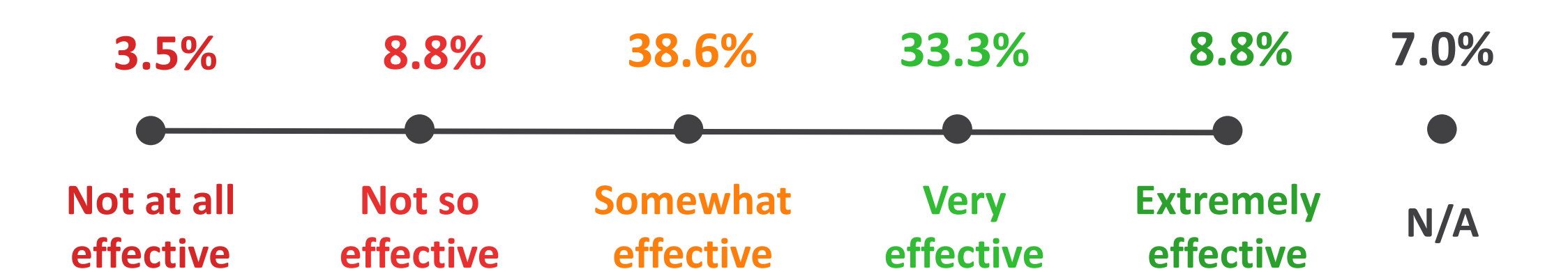


## Results Cont.

Q: How often do you communicate with partners?

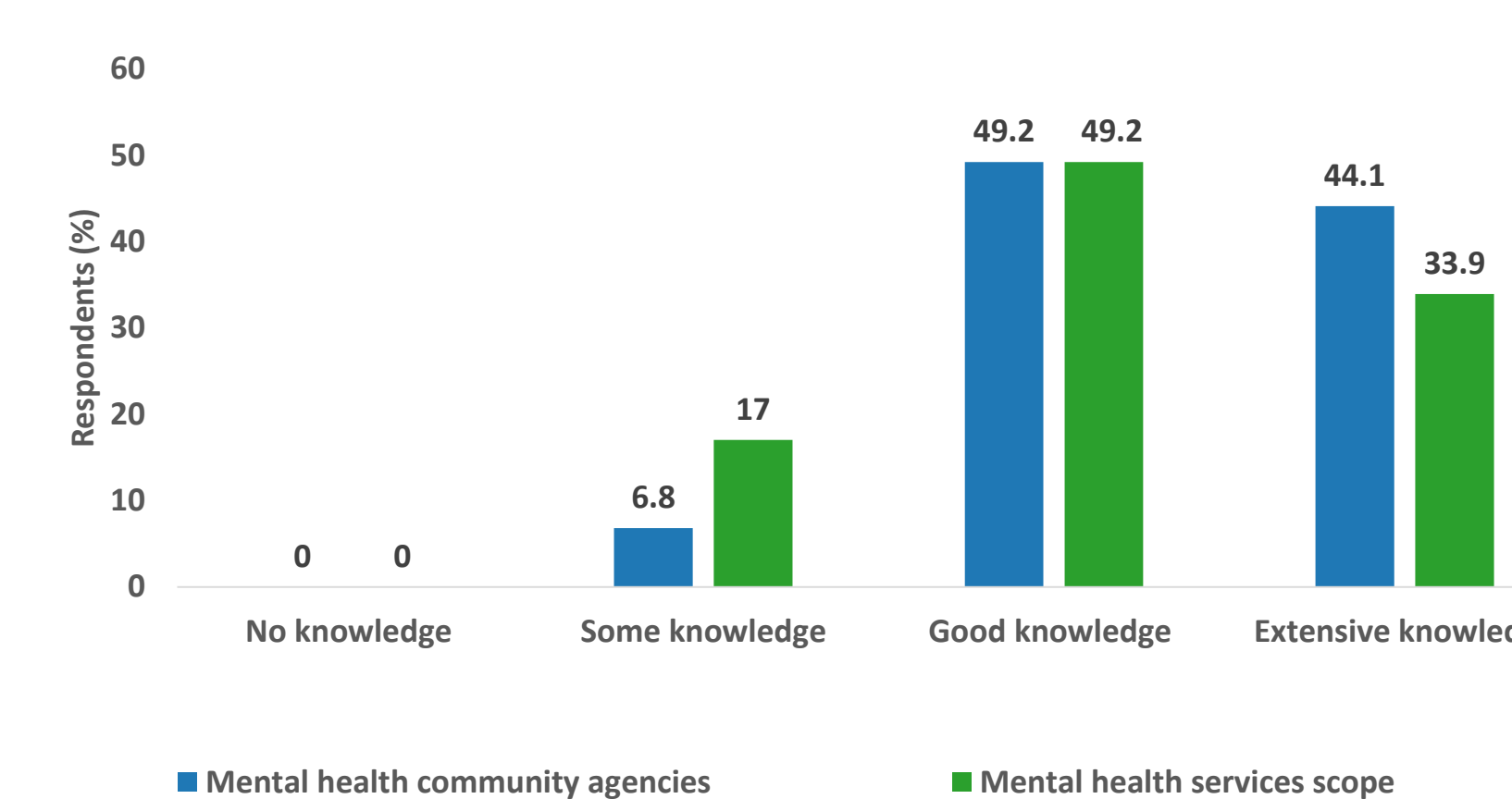


Q: How effective do you find your partnerships overall?

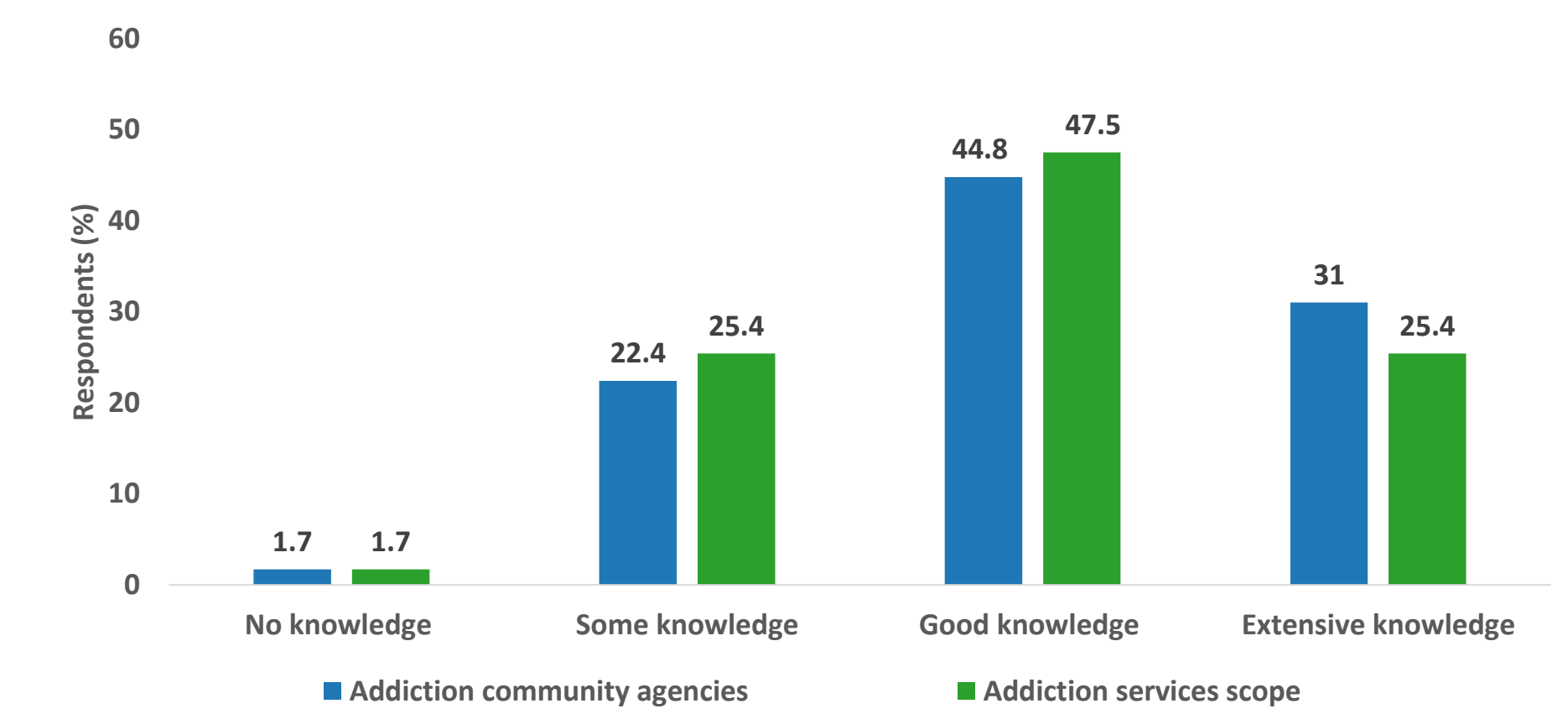


Knowledge of community agencies and their scope

Mental health community agencies



Addiction community agencies



## Facilitators

### Time

>It takes time to get to know your partners and build trust

### Client-centred focus

>Needs specific service for clients (especially important for equity seeking populations)

### Communication

>Use of common EMRs and co-located spaces

### Shared culture

>Biggest facilitator of partnerships

>An aligned vision on service delivery, common goals and methodologies

>Clarity around roles/expectations/formalization

>Clear MOUs and well developed referral protocols

## Barriers

### Time

>Extensive wait lists for treatments and referral processes

### Lack of clarity

>Misunderstandings  
>Bureaucracy of referring process

### Lack of data sharing

>No shared EMR and inadequate case conferencing

### Competing cultures/philosophies

>Harm reduction vs. abstinence for addictions  
>Competing priorities - different requirements for funding adds pressure  
>Staff buy-in for partnerships on the ground

Developing an equitable and effective partnership is challenging!

## Conclusions

Primary care organizations are carrying out **large** amounts of MH&A work

Partnerships are **challenging** to create, but are **valued and needed** to serve complex populations with MH&A needs

As we enter an environment where partnerships are encouraged, it is important to remember that they take effort and time to build, and each organization must be aligned appropriately in order to provide the **highest level of care for clients**