Presenter Disclosure

Presenter: Dariya Gusovsky

I have nothing to disclose

1. Introduction to community governed primary care

2. Background and methods of survey

3. Descriptive quantitative analysis of results

4. Thematic analysis of results

Agenda

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1. To identify factors that support or hinder effective partnerships between primary care providers and mental health agencies

2. To understand how to assess the effectiveness of partnerships

3. To understand the importance of partnerships between primary care providers and mental health agencies

Learning Objectives

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Who We Are

The Alliance for Healthier Communities is the voice of a vibrant network of community-governed primary health care organizations.

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Our Members Provide:

> Comprehensive primary healthcare within an inter-professional environment

>> Health services oriented towards what community members identify as their most important needs.

> Strong focus on the social determinants of health

>> Care for populations with complex needs

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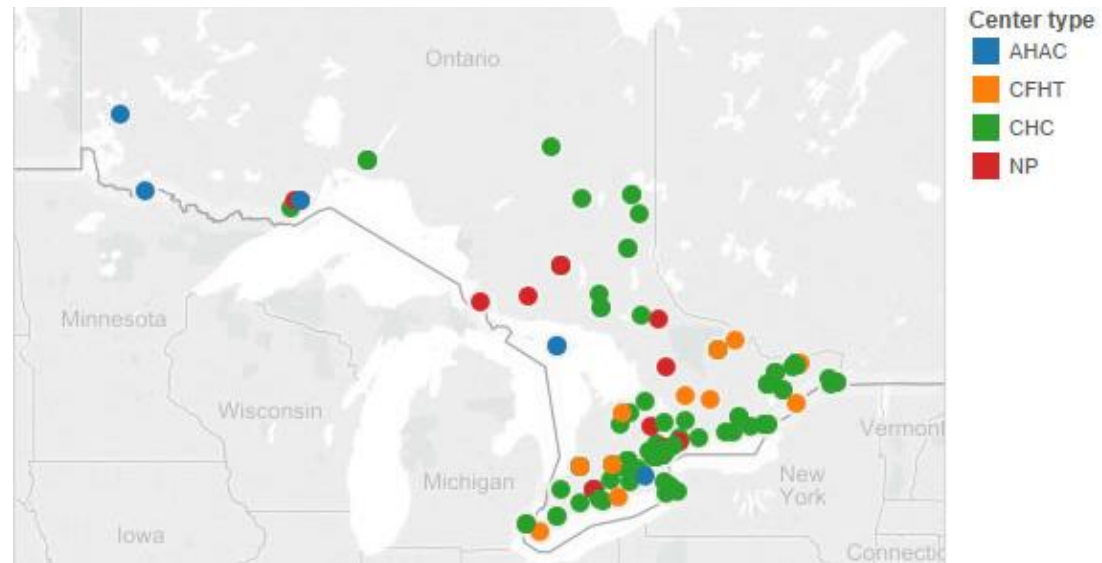Alliance pour des communautés en santé

Today we represent...

CHCs 72
Community Health Centres

AHACs 11
Aboriginal Health Access Centres

Center type
- AHAC
- CFHT
- CHC
- NP

Community Family Health Teams
CFHTs 7

Nurse Practitioner-Led Clinics
NPLCs 14

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Model of Health and Wellbeing

The Alliance for Healthier Communities has developed an evidence-informed Model of Health and Wellbeing (MHWB) to guide delivery of primary health care.

MHWB defines health in the same way as the World Health Organization:

"a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[1]

1. WHO Constitution. (n.d.). Retrieved from https://www.who.int/about/who-we-are/constitution

Community Development & Innovative MH&A Programs

Member centres engage in community development work and innovative programs tailored to community needs

Examples include:

> Meditation workshops

> Yoga for widows

> Art therapy

> Community gardens

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MH&A Demographics

All CHC clients generally younger, poorer, and have higher levels of material deprivation, residential instability, and comorbidity complexity when compared to Ontario comparison group

Ontario's CHCs serve **higher than average** rates of:

	CHCs	Average (for Ontario)
Psychotic Disorders	26%	16%
Concurrent Disorders	25%	13%
Chronic Diseases (COPD)	20%	12%
Material Deprivation	43%	26%

MH&A, Mental health and addictions; CHCs, Community Health Centres

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Partnerships are an Effective Way to Address Complex Mental Health and Addiction Needs

Primary care providers often engage in partnerships with local mental health and addictions agencies to coordinate care and fill in gaps

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Understand MH&A core services and identify who was providing service

Understand breadth and depth of partnerships

Dedicated staff composition

Innovative examples of MH&A service delivery

Methods

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

The survey was composed of:

> Likert scale questions

> Narrative questions

Topics asked included:

> Which agencies they partner with

> How effective partnerships are

> What constitutes effectiveness

> What gaps and barriers exist in securing effective partnerships

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Survey response characteristics

61 Centres responded

59% response rate

CHCs
71%

AHACs/ACHCs
13%

NPLCs
10%

CFHTs
7%
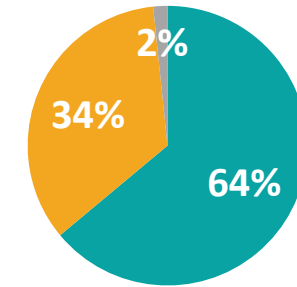
Locality

- Urban
- Rural
- Isolated

2% / 34% / 64%

Equity-seeking groups assisted

Group	Value
Indigenous	44%
Francophone	31%
LGBT2Q+	53%
Racialized	39%

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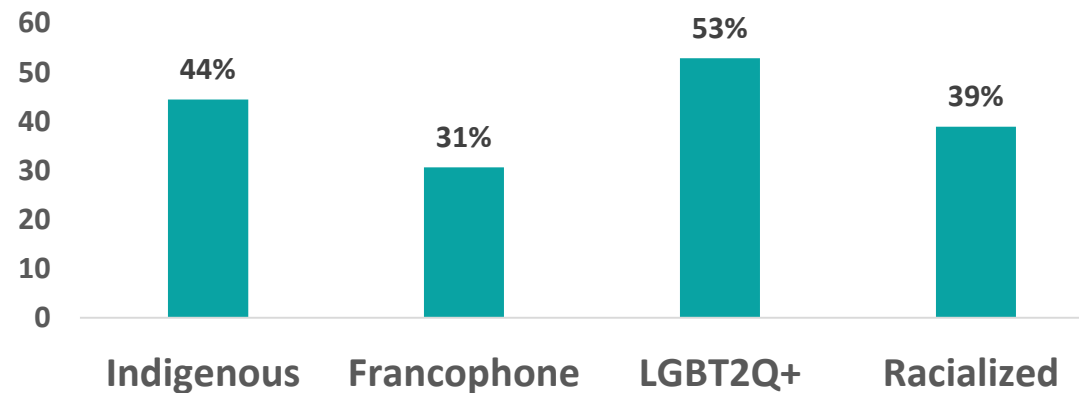
Dedicated staff and provision of services

Provision of services for:

Mental Health	Yes **95%**	No **5%**
Addictions	Yes **60%**	No **40%**

Centres with dedicated mental health and/or addictions staff:

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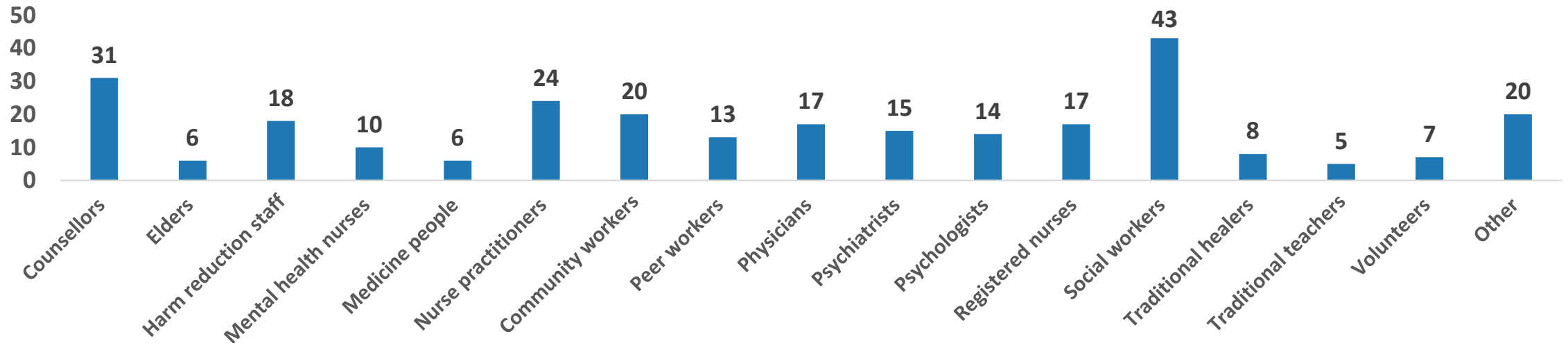
Provision of support and/or additional training for dedicated staff

	Yes	No	N/A
Mental health services	85%	4%	12%
Addiction services	40%	5%	54%

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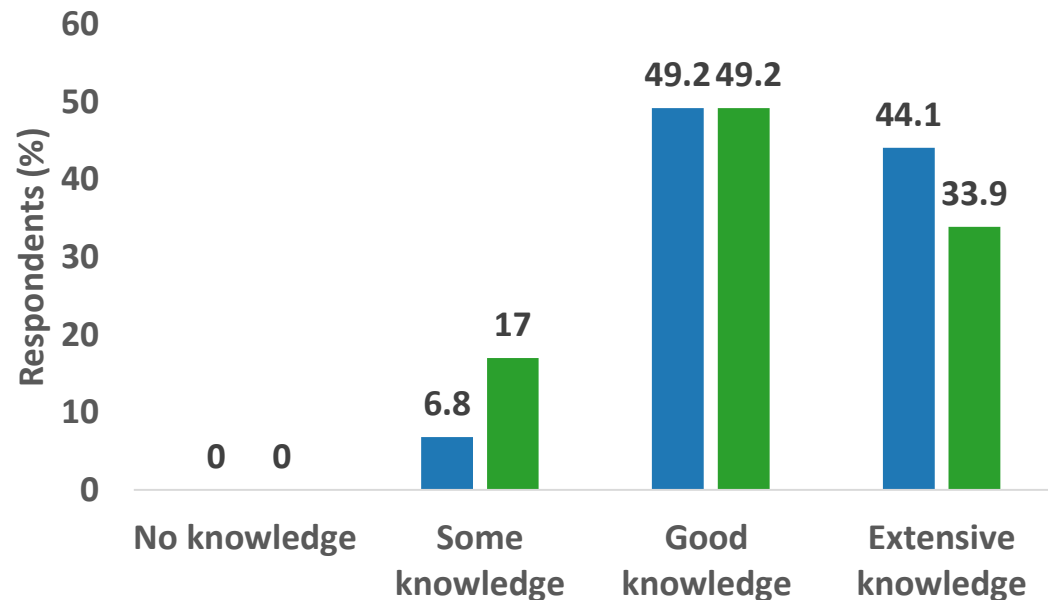Alliance pour des communautés en santé
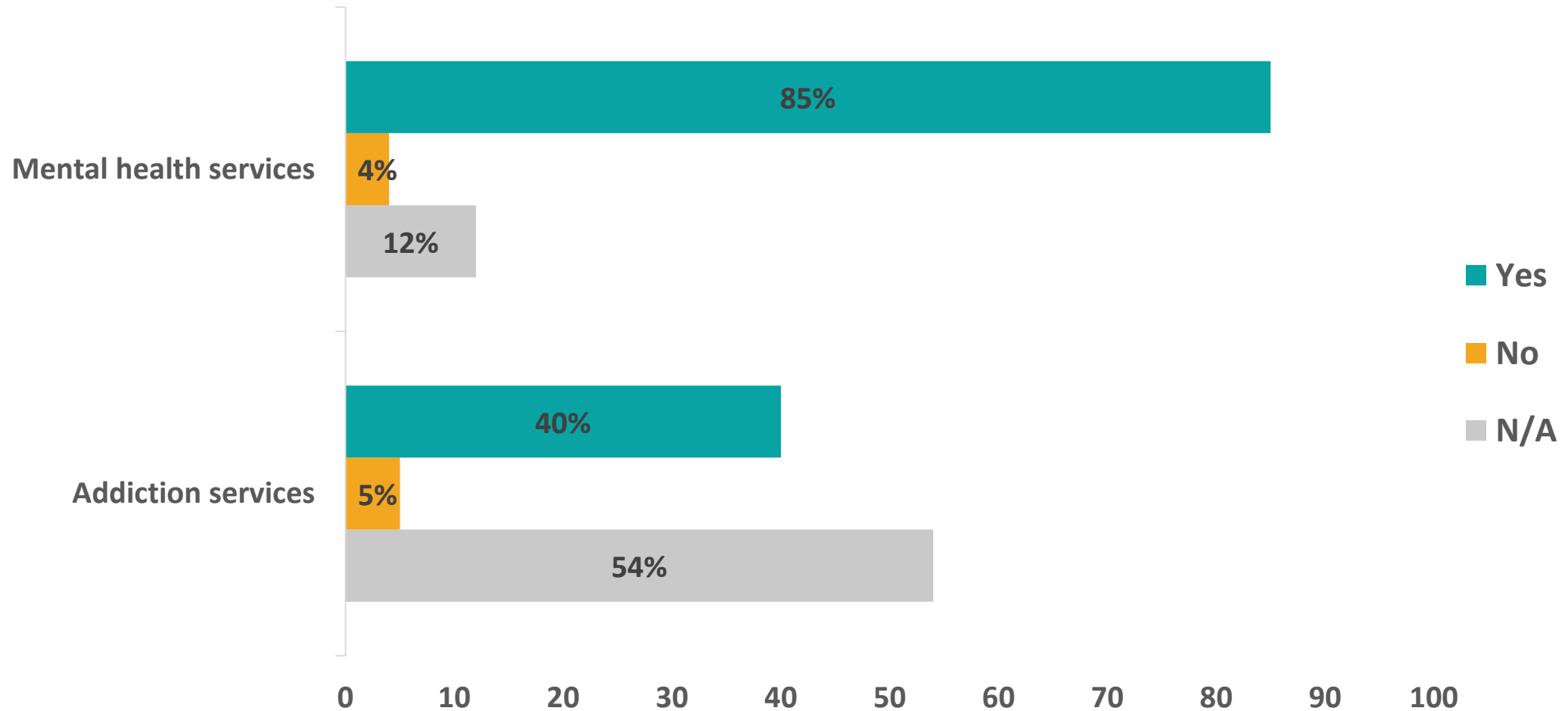
Additional training requested in order to provide improved care
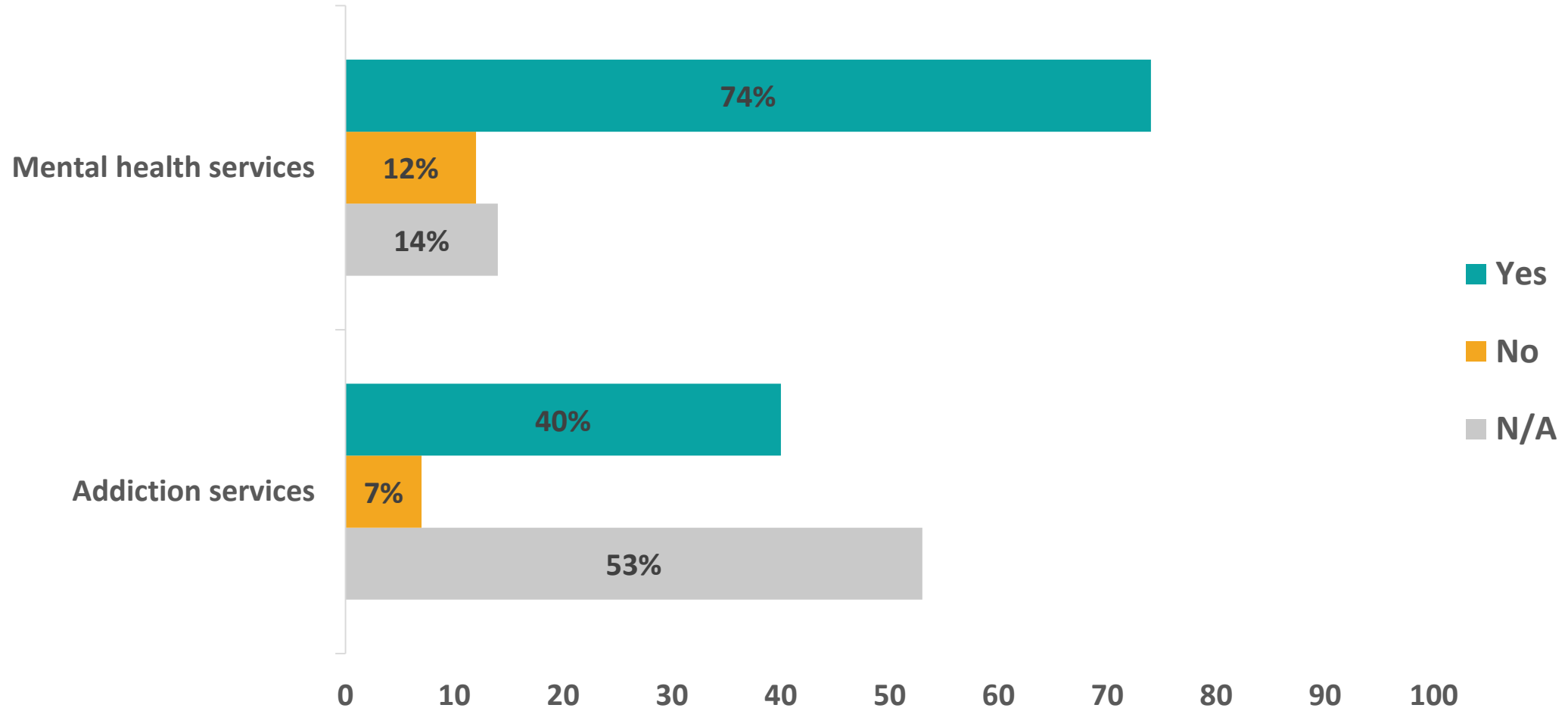
Knowledge rating of community agencies and their scope

Mental health community agencies

Respondents (%)

- No knowledge: 0 / 0
- Some knowledge: 6.8 / 17
- Good knowledge: 49.2 / 49.2
- Extensive knowledge: 44.1 / 33.9

■ Mental health community agencies ■ Mental health services scope

Addiction community agencies

Respondents (%)

- No knowledge: 1.7 / 1.7
- Some knowledge: 22.4 / 25.4
- Good knowledge: 44.8 / 47.5
- Extensive knowledge: 31 / 25.4
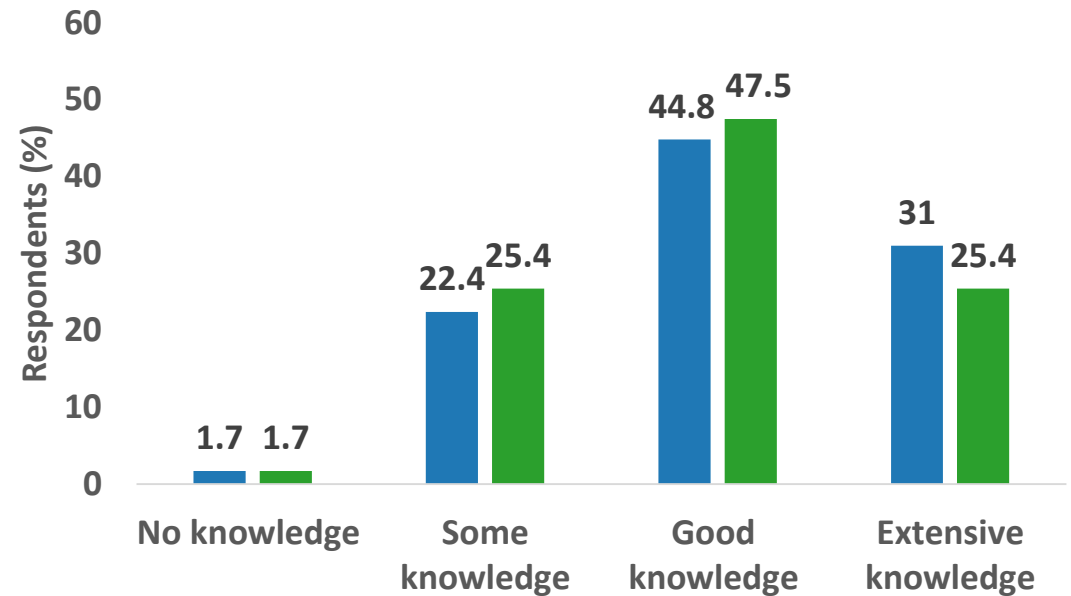
■ Addiction community agencies ■ Addiction services scope

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Examples of community agencies

> Local Canadian Mental Health Association (CMHA)

> Local Children's Mental Health Ontario (CMHO)

> Local non-profits

Learning moment:
> There are many other kinds of partnerships
> Local police   > Methadone clinics   > Hospitals   > Schools

Frequency of communication with partners in regard to shared clients
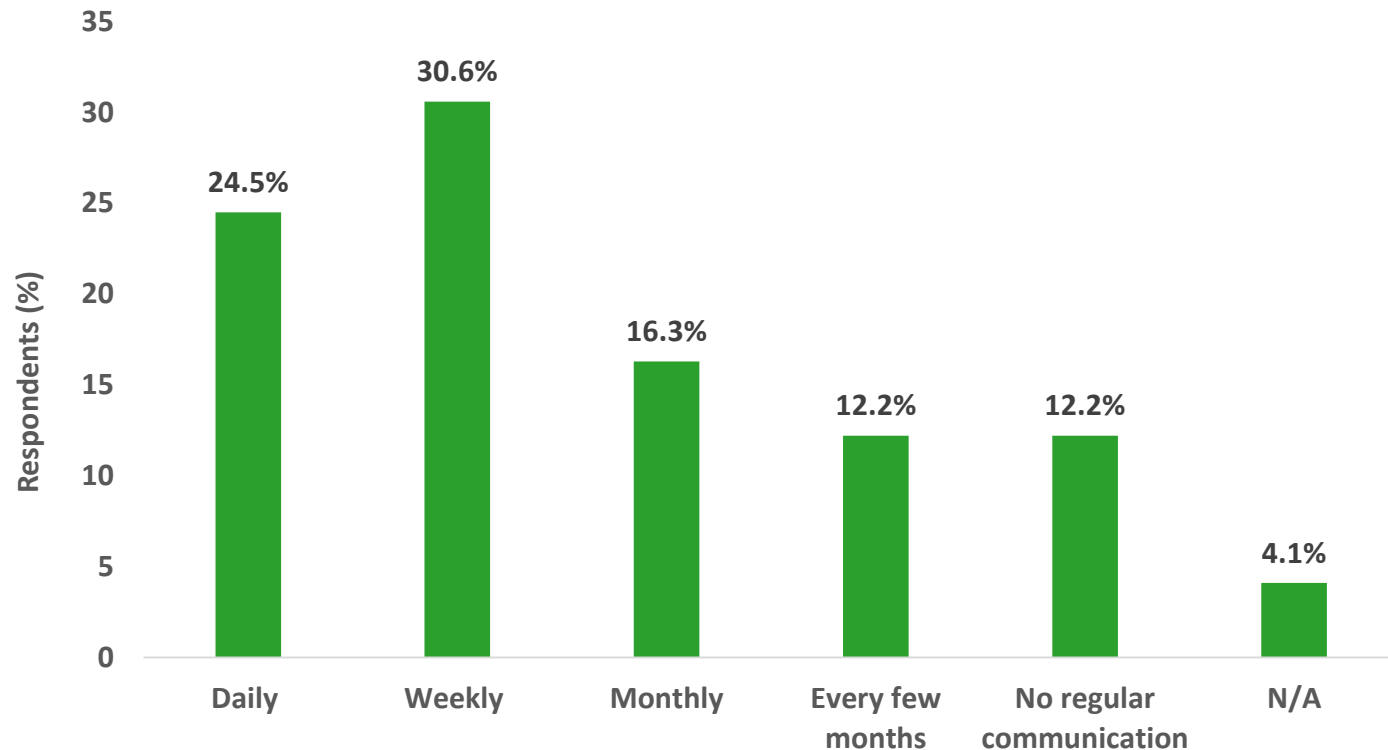
Preferred method of communication:
> Phone 70.1%
> Case conferences 59.7%
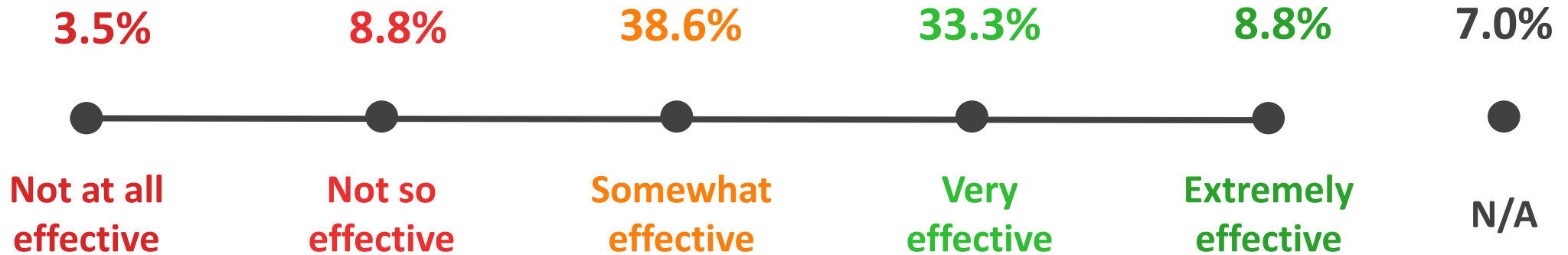> Email 31.6%
> OTN 7.0%
> Other 28.1%
> N/A 7.0%

Other included:
> Face to face and in-person meetings
> Fax
> Shared through EMR/Coordinated Care Plans

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Rating of effectiveness

Q: How effective do you find your partnerships overall?

3.5%	8.8%	38.6%	33.3%	8.8%	7.0%
Not at all effective	Not so effective	Somewhat effective	Very effective	Extremely effective	N/A

Thematic analysis – Barriers

Developing an equitable and effective partnership is challenging!

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

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Thematic analysis – Facilitators

Shared culture [Biggest facilitator of partnerships]

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

> Clarity around roles/expectations/formalization

>> Clear MOUs and well developed referral protocols

Communication

> Use of common EMRs and co-located spaces

Client-centred focus

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

Time

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

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Conclusion

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

> Often without sufficient resources

> They need to feel confident that referred clients will receive treatment in a respectful way

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

> Nurture, trust and a common culture are important

> Data sharing and role clarification are essential

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

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Thank you

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