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

Dariya Gusovsky & Dr. Jennifer Rayner
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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

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

Centres with dedicated mental health and/or addictions staff:

<table>
<thead>
<tr>
<th>Mental Health Community Agencies</th>
<th>Addiction Community Agencies</th>
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<td>[Graph showing knowledge distribution]</td>
<td>[Graph showing knowledge distribution]</td>
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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

Results Cont.

Q: How often do you communicate with partners?

![Communication frequency chart]

Q: How effective do you find your partnerships overall?

![Partnership effectiveness chart]

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.

Alliance for Healthier Communities

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