

Shaping collaborative processes

Making sense of a mental health policy

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CSSS Participating Sites

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Agenda

Overview of Quebec's ministerial Mental Health Action Plan (MHAP)

Overview of Dialogue Research Program

Implementation of primary mental health teams within CSSS

Tensions felt within Local Services Networks

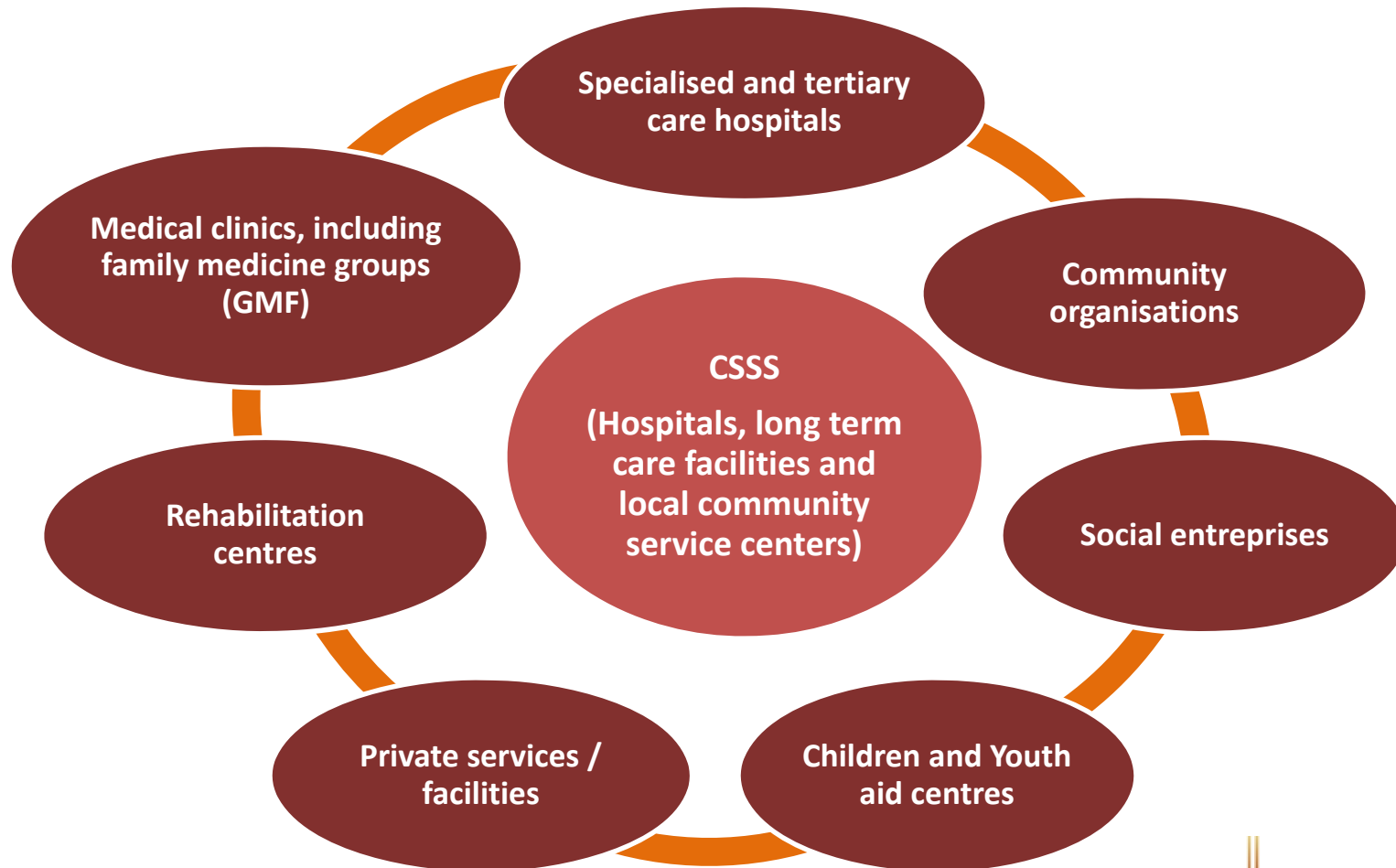
Conclusion

Quebec Mental Health Action Plan (2005)

Primary care is considered as the main component of mental health care delivery, using local networks to optimize services

- Implementation of mental health multidisciplinary teams in CSSS addressing all MH disorders (adult / youth) and supporting primary care providers
- Identification of clinical advisors to support primary care workforce
- Centralized access point to mental health services, located in primary care, for all mental health services

Local Services Network (LSN)



Dialogue Research Program

Overall goal

- To identify the contextual and organisational factors that influence the quality of mental health primary care services

Dialogue Research Program

Contextual study

Organisational study

Clientele study

Contextual study

Methodological overview



- **MULTIPLE CASE STUDY : n=15**
- **DATA COLLECTION**
 - Focus groups with key informants (n>200)
 - Individual interviews
 - Local respondents
 - Regional respondents
 - Family physicians
 - Documentary sources

Data analysis

Tensions observed between professional, managerial and organisational identities

Iterative sense-making processes for various actors

Collaborative dynamics observed within Local Services Networks

Primary mental health teams (CSSS)

Implementation issues

- Control over hospital beds or psychiatric resources
- Level of complexity within the Local Services Network (number of partners and divergent organisational culture)
- Geographical constraints
- Difficulty in mobilizing family physicians

Organisational issues

- Clientele that is effectively served
- Reallocation of resources / chronic lack of human resources
- Level of cooperation of specialized care (psychiatrists)

Primary mental health teams

A few tensions...

Renewal of HR / Renewal of practices

Development / Consolidation MH Teams

Loss of expertise / Openness and capacity for adaptation

Professional identities / New roles

Structure / Clinical process

Centralised MH Access Point

A few tensions...

Needs / Potential of response (Ethical)

Assessment / Intervention

Centralised access point in PC / Consultation liaison in specialised care (MEL)

Specialisation / Complementary

Scope of MH access point / Inclusion of partners

Community organisations

A few tensions...

Autonomy / Sub-contracting

Top-down / Bottom-up

Collaboration / Integration

Professional HR / Grass-root movement

Organisational identities

Maintaining coherence / Redefining mandates and practices

Structure / Process

Accountability / Outcomes

Conclusion

The Quebec Mental Health Action Plan, as a policy brought :

- A population-based analysis, with strong anchorage in primary care
- Some legitimacy to introduce changes in the Local Services Networks level
- Important changes in most LSN, including collaborative initiatives
- Dynamic and dialectic tensions that challenge all actors of Local Services Networks
- A need for redefining professional and organisational identities



Questions or comments

Thank you!

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