

**Innovation in Collaborative
Mental Health Care:
An Aboriginal Community-Based Model
at Mnaamodzawin Noojmowin Teg on
Manitoulin Island**

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OVERVIEW

- Background to Mental Health Care
- Research questions addressed in this case study of shared care in a rural Aboriginal context
- Participatory Action Methodology
- Results
 - Description of the model
 - Strategies for successful collaboration
 - Integration of Western and Aboriginal approaches
- Discussion
 - Challenges & Benefits
 - Future directions

BACKGROUND to SHARED CARE in MENTAL HEALTH

- Primary mental health care
- Collaborative approach between family physicians and mental health care providers
- Continuum of care

BACKGROUND TO ABORIGINAL MENTAL HEALTH CARE

Many First Nations are dealing with:

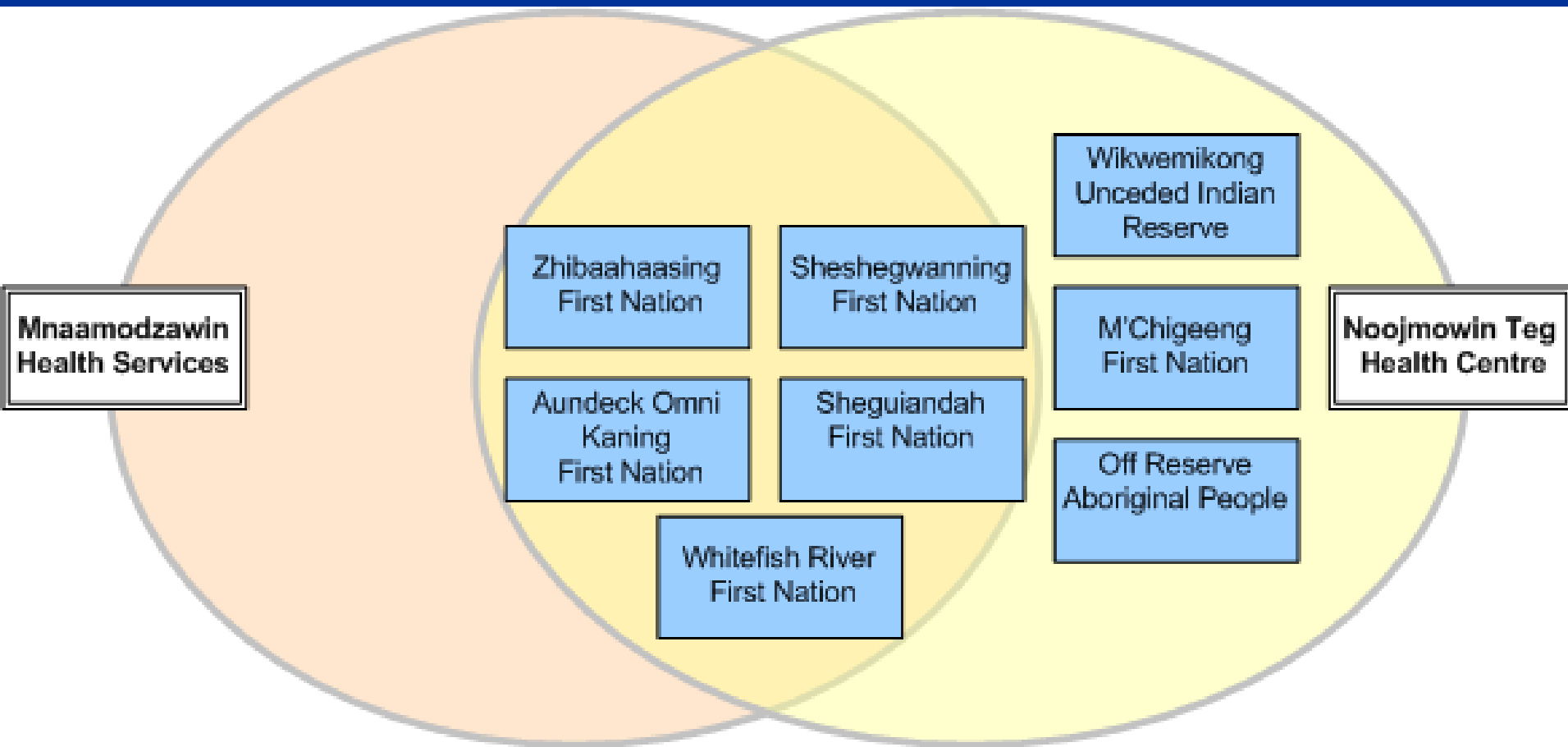
- Consequences of colonialization
- Complex mental health issues
- Cross-jurisdictional and cultural barriers to care
- Serious lack of financial and health human resources

RESEARCH QUESTIONS

1. What are the key features of the interdisciplinary model of shared care for mental health services?
2. What strategies have providers implemented to facilitate a continuum of mental health services for Aboriginal clients in a northern, rural context?
3. How is the team facilitating collaborative care that includes both Western and Aboriginal mental health care approaches?

RESULTS: The Model

- Regional Integration of Two Aboriginal Primary Care Providers



RESULTS: The Model

Core Team:

- Mental health program manager
- Psychologist
- Traditional coordinator
- Mental health workers
- Mental health nurse/ case manager for severely mentally ill & geriatric clients

RESULTS: The Model

Secondary Service Providers – Visiting Consultants:

- Psychiatrist
- Visiting Psychologist
- Traditional Healer

RESULTS: The Model

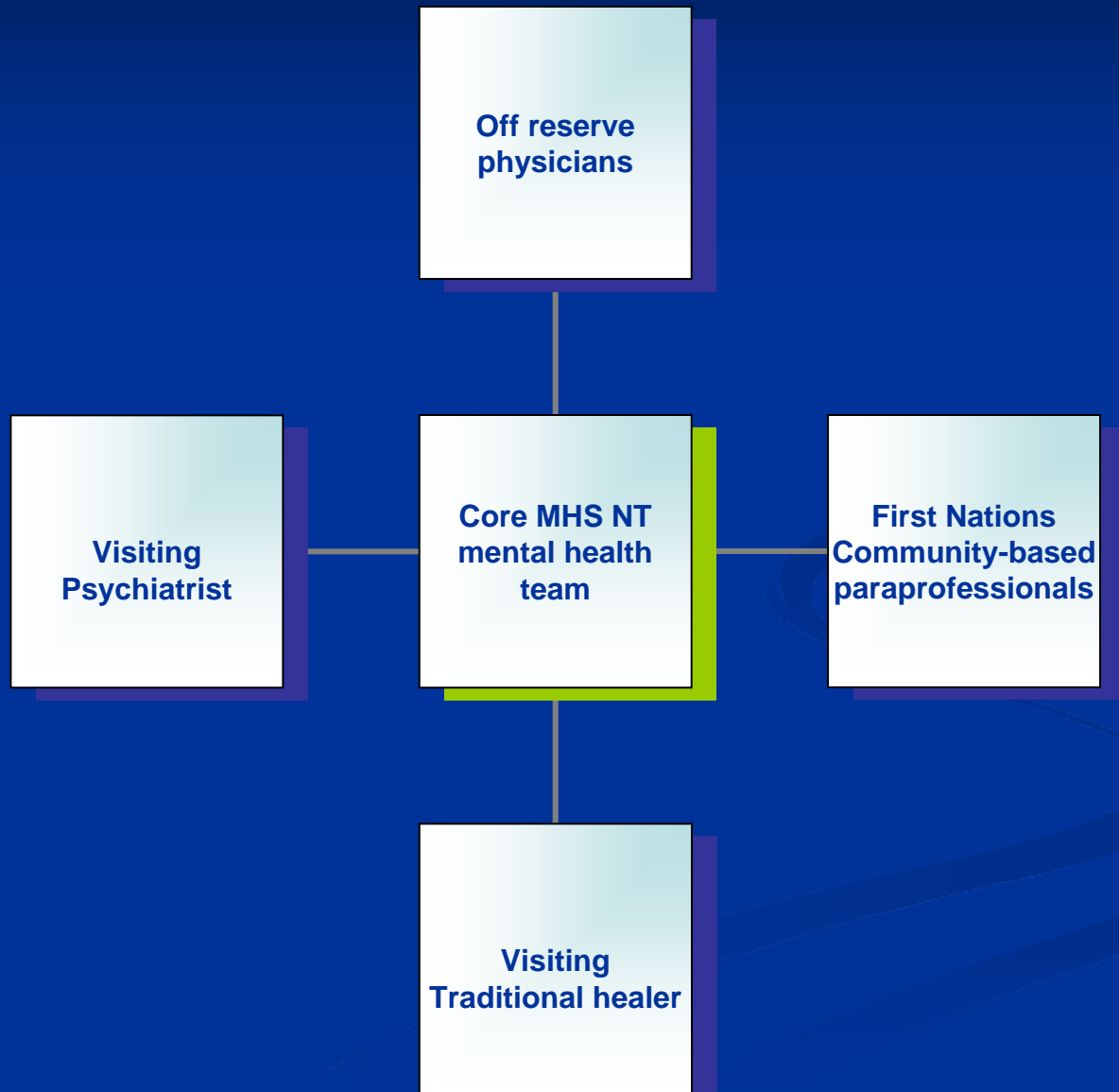
Community-based local providers:

- Physicians
- Paraprofessionals

RESULTS: The Model

- Continuum of Care with Mental health team
- Continuum of Care and Visiting Consultants
- Continuum of Care with Local Providers
- Interdisciplinary Community Outreach Model

RESULTS: The Model

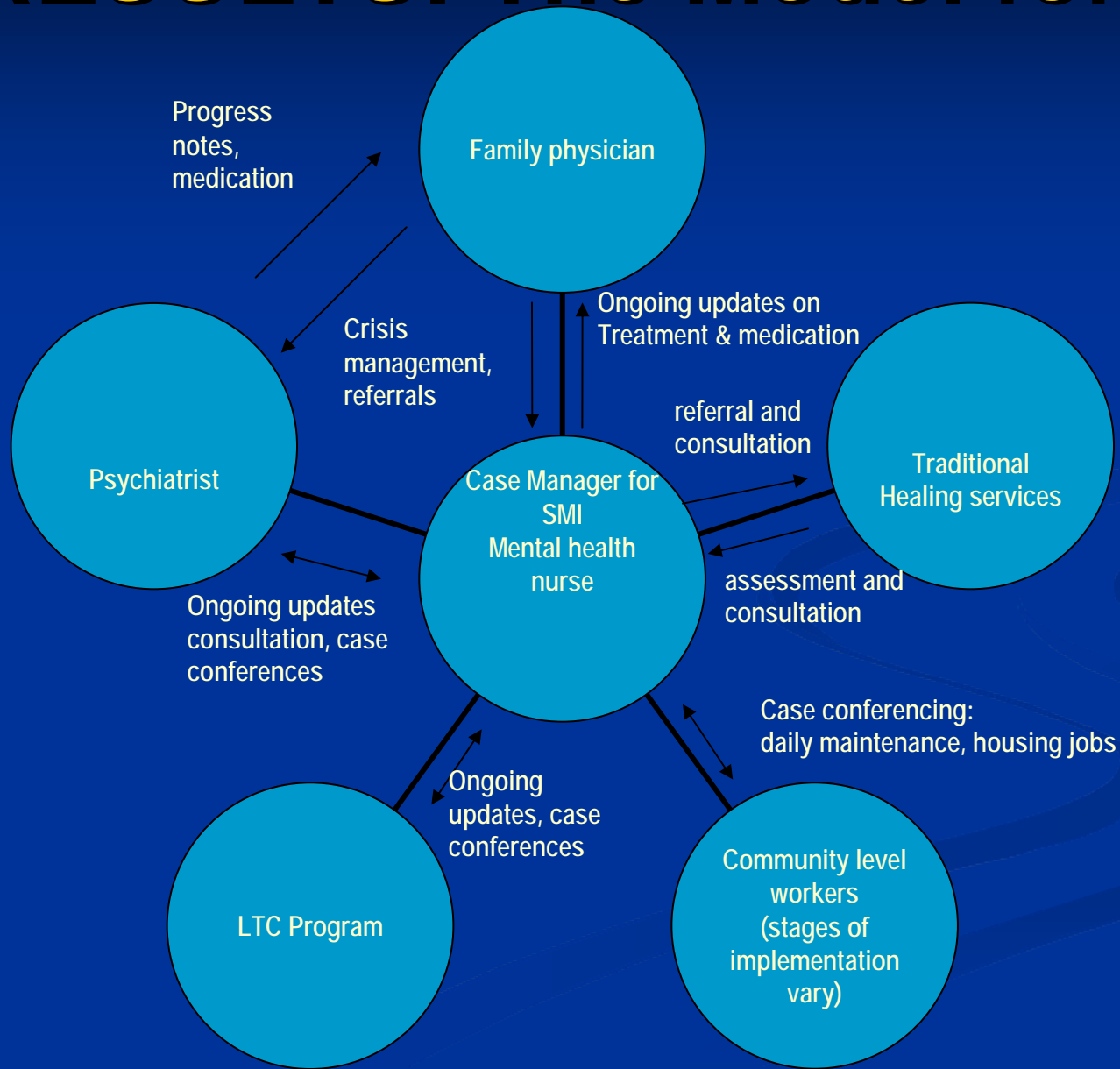


RESULTS:

Strategies for successful collaboration

- Weekly Intake Meetings
- Case Management
- Peer Supervision and Informal Case Consultation

RESULTS: The Model for SMI



RESULTS:

Integration of Western and Aboriginal Approaches

- Weekly Intake Meetings
- Traditional Aboriginal Healing Protocols
- Focus on Comprehensive Capacity Building

RESULTS

- Service model is supported by very high levels of client and provider satisfaction
- Interdisciplinary integration of clinical and traditional Aboriginal approaches is well established
- Level of cultural competence of services is perceived as very high by clients
- Qualitative data shows significant positive client, family and service outcomes

Discussion: Benefits

- Clients
 - Improved continuity of care
 - Improved management of illness
 - Reduced wait times
 - Culturally competent care

Discussion: Benefits

- Providers
 - Reduced isolation
 - Supportive environment

Discussion: Ongoing challenges

- Chronic lack of core funding
- Recruitment of health human resources
- Consistent collection of client outcome data
- Aboriginal framework for outcomes

CONCLUSIONS

- A promising practice:
 - The Mnaamodzawin Noojmowin Teg approach to shared care
- Future research
 - More systematic data collection and outcomes research
 - Aboriginal approaches to outcomes
 - Long-term research to improve our understanding of traditional Aboriginal approaches to mental health

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Questions?

