"*Mental Health In-patients' Experiences In An Interprofessional Collaborative Care Setting*"

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Overview of presentation:

1. Background
2. Purpose of the study
3. Approach taken
4. Preliminary findings
5. Take home message
6. Next steps

Interprofessional care:

The delivery of interprofessional care is based on a model of collaborative practice.

Interprofessional collaboration……..

is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners**, patients/clients/ families** and communities to enable optimal health outcomes.

(Canadian Interprofessional Health Collaborative, 2010)

Mental health:

is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2005)

Mental illnesses are recognized as a serious and growing problem in Canada (Canadian Mental Health Association , 2011)

70% of patients seen by physicians involve psychological problems (CPA, 2011)

It is estimated that 1 in 5 Canadians will develop a mental illness at some point in their lives (Health Canada, 2002)

Collaborative mental health care:

Is seen as key to enhancing the services provided to mental health patients and their families

However challenges do exist including a lack of understanding among health care professionals about the expertise of other mental health/social care providers

(Canadian Collaborative Mental Health Initiative, 2005)

Gaps in the literature:

- There is limited evidence to inform the implementation of interprofessional model of care for mental health patients

- Interprofessional collaboration is to include the patient, however the role of patients in the collaborative process is unclear.

(Campbell et al., 2011)

Purpose of the study:

1. To explore and describe the patient's experience

2. To better understands the patient's overall contribution to their personalized care and

3. How the dynamic of patient involvement works with respect to IPC

Approach:

- Partnership: a community hospital in central Ontario with an inpatient mental health program that provides assessment, treatment and support

- Data collection:
  - Observation (May 2012 –May 2013)
  - Survey (currently ongoing)
  - Interviews (currently ongoing)

Sample:

10 professionals

Inclusion Criteria: practicing for over 6 months in ON, as paid employees in a mental health facility, and those who are at 3 months post return from leave.

Exclusion criteria: Residents and medical students

10 inpatients

Inclusion criteria: cognitively stable as identified by the attending physician, been diagnosed with schizophrenia and/or anxiety and/or psychosis and other mood disorders, ages 19-70 received care from at least 2 health professionals

Exclusion Criteria: cognitively nonfunctional in patients, experiencing a state of crisis, suicidal, and/or suffer from neurodegenerative diseases (dementia) and/or Alzheimer's as comorbidities.

Collaborative Practice Assessment Tool (CPAT):

- Valid and reliable tool for measuring healthcare team members' perceptions of working collaboratively (Schroder et al., 2011).
- CPAT Includes 9 domains; for this study has been modified to 25 questions that covered domains specific to this study, and to increase participation. (leadership, communication, community linkages, and patient involvement)
- Respondents are asked to rate their level of agreement along a 7-point scale ranging from the lowest value of 'Strongly Disagree' to the highest value of 'Strongly Agree', and additional open-ended questions.

Interview questions: health/social care professionals:

1. What is your professional role in the mental health program at the hospital?
2. How long have you worked in this role in the mental health program at the hospital? At other health facilities/hospitals?
3. What is your understanding of interprofessional care?
4. Can patients be part of the IP team? To what extent can they become involved?
5. How does interprofessional care function on a large-scale?
6. What are your expectations of interprofessional care?

Interview questions: inpatients

1. Tell me about your experiences of the interprofessional care you're now receiving at the hospital?
2. What is your understanding of interprofessional care?
3. How do you think interprofessional care works?
4. What do you expect from interprofessional care?
5. What experiences do you wish of interprofessional care?
6. Have you been admitted to the mental health clinic here within the past 30 days? For how long did you stay?
7. When do you expect to be discharged from the clinic? Are you aware of your discharge plan?

Note: Questions adapted from the study completed at Toronto Western Hospital Family Health Centre by Shaw (2008).

National Interprofessional Competency Framework – guide analysis:

The six competency domains are:

1. interprofessional communication
2. patient/client/family /community-centered care
3. role clarification
4. team functioning
5. collaborative leadership
6. interprofessional conflict resolution

Findings based on observations:

- Daily IPC rounds at the mental health clinic were organized around discharge planning, and not enough focus on patient education of treatment and recognition of patient goals

- Physicians and psychologists are absent from IPC rounds at the clinic. Rounds involved nurse managers, nurses, sometimes a social worker and community partners if available to attend

Findings based on survey:

- Data collection is ongoing

Findings based on patient interviews:

Greater focus on patient education:

"They should inform patients a lot more of what medication we're receiving and possible side effects, allergies, that can make that illness worse. What am I taking and how is it going to help me,"

Care is heavily focussed on medication with patients:

"I need someone to listen and understand why I'm here as opposed to give me pills,"

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Interviews with professionals:

Disorganization of discharge planning - creates a “revolving door” of patients coming back to clinic after discharge:

“There is a push for decreasing length of stay, which creates a huge revolving door. For example I can tell you in the short stay unit, 5 of the 9 patients today have been here within the last two months.. So how is it effective for the system?”

(social worker)

Need to improve communication between physician and nurses responsible for executing discharge plan:

“Discharge planning is chaotic, we’ll have 2 planned but all of a sudden slammed with 4 or 5 extra ones”

(nurse manager)

Take home message:

While it is too early to draw any conclusions, what is interesting is:

- Absence of physicians from the IPC rounds
  - How does this impact the perceptions of the other members of the team? Does this signal lack of communication?
  - How does this impact interprofessional collaboration?
  - Who provides leadership for IPC?

- Develop strategies to address the revolving door experience for patients
  - Is the patient actually involved?
  - Does the goal of discharging patients as soon as possible conflict with delivering care and engaging the patient?

Nest steps:

- As noted, the presentation is based on very preliminary data
- Complete data collection
- Analyze the survey data and interview data

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Comments and Questions?