

EVOLUTION OF GERIATRIC MENTAL HEALTH OUTREACH SERVICES

Monday August 15, 2011
3:00pm – 4:00pm

Brought to you by:
The Mental Health, Addictions, and Behavioural Issues
Community of Practice

“In all affairs it's a healthy thing,
now and then, to hang a question
mark on the things you have long
taken for granted.”

Bertrand Russell
British author, mathematician, & philosopher
(1872 - 1970)

Changing the Conversation

Today we propose to:

- ▣ Reflect on our history and successes
(outreach development)
- ▣ Have an informal conversation about the current landscape in Ontario health care
(why now?)
- ▣ Commit to a series of conversations to explore the impacts of the system evolutions on our role

Outreach Development

First Generation

Focus	Function	Targets
<ul style="list-style-type: none"> • Multidisciplinary shared-care - shared care defined as psychiatrist / family doctor 	<ul style="list-style-type: none"> • Emphasis on clinically-directed care 	<ul style="list-style-type: none"> • Highly complex older person with primary mental health challenges

Outreach Development

Second Generation

Focus	Function	Targets
<ul style="list-style-type: none"> • Shared direct care <ul style="list-style-type: none"> - Learning and development - Service improvement • Protocol-driven step care (Bartel) 	<ul style="list-style-type: none"> • Persons, families, and their improved health • Capacity development • Service improvement 	<ul style="list-style-type: none"> • Person and their families • Health provider • Organizations • Liason critical (Draper)

Outreach Development

Third Generation

Focus	Function	Targets
<ul style="list-style-type: none"> • Within and across sectors 	<ul style="list-style-type: none"> • Increased emphasis on organization, capacity and inter-organization • Improvement science (QI) • Transition service 	<ul style="list-style-type: none"> • Health care systems (IMICT, BSS 3 pillars) <ul style="list-style-type: none"> - System management - Intersectoral development - Capacity building

Why Now?

- An ↑ in **demands** is matched with finite or a ↓ in resources
- Is this sustainable?

Why Now?

- Culture of quality improvement (QI)
- Shifts from sector to systems
- Self management
- Early detection, prevention, and health promotion
- Active, informed person/family
- Increased accountability and measurement
- Shift in roles and responsibilities
 - ▣ Resource specialist versus expert
 - ▣ Increased emphasis on “*Triple Hat Practitioner*”
 - ▣ Function driven rather than profession

Why Now?

- Leadership opportunities, for example:
 - Behaviour Support Ontario
 - MOHLTC Announcement
 - www.bssproject.com
 - National Integrated Model for Seniors MH Services (MHCC Practice Guidelines)
 - Common Assessment and GMHO Dialogue
 - OCAN and RAI-CHA
 - Provincially-Linked and Regionally-Led BSS Conversations
 - Sept 27th , Sept. 30th and Oct 4th

Why Now?

- Clusters of service populations
 - Low Risk
 - Prevention, Early Detection, Health Promotion
 - Intermediate Risk- the “tipping point”
 - Acute decline in the community
 - High Risk
 - cost, use, need

Why Now?

Based on your practice experience, what are some other compelling reasons to start this conversation?

Where Might We Be Going

Natural progression of the role suggests a **fourth** generation

Focus	Function	Targets
<ul style="list-style-type: none"> • All of the above plus an increased client capacity (KT) and community 	<ul style="list-style-type: none"> • Increased emphasis on: <ul style="list-style-type: none"> - Stigma - Self management - Health promotion - Early detection - Peer support - CDPM - Collaborative care x 3 	<ul style="list-style-type: none"> • Individual / family • Teams / organization • Health system • Community • Targeted groups • Attention to diversity

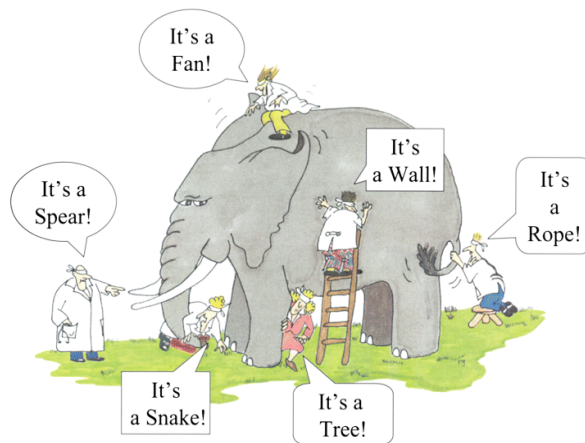


Your thoughts.... Reflections? Reactions?

Are you interested in continuing this conversation together?

Is There An Opportunity?

Different lens, different meaning, different approach



Opportunity for Moving Ahead

- **Needs**
 - How will we creatively match person and family needs with our services, as the demands increase?
- **Skills and Resources**
 - What types of future skills and resources are needed for GMHO teams and how do we develop these?
- **Opportunities**
 - What are our possible roles, responsibilities and opportunities along the prevention/self management – high risk/high cost continuum?
- **Partnerships**
 - Who do we partner with now, how about in the future and what could those enhanced partnerships look like?
- **System Resource and Presence**
 - How do we or could we define ourselves within an enhanced behavioural support system and framework?
- **Collective Synergy and Support**
 - Do we have a blue print or road map to collectively guide us forward?

Next Steps

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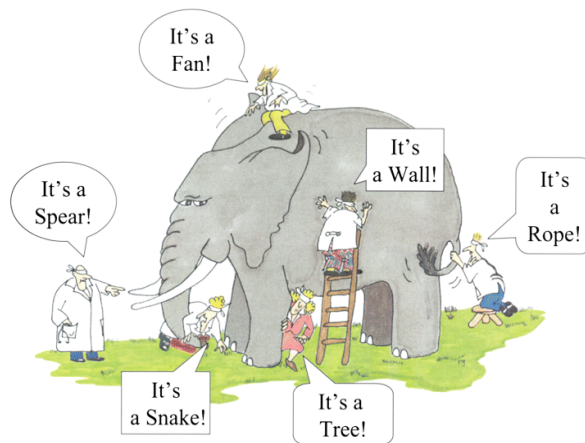


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