



Quebec's Mental Health Action Plan 2005–2010

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Context

In the early 2000s, Quebec was faced with several realities concerning its population's mental health and the state of its mental health care system:

- Mental health problems affected one person in every six;
- Suicide rates were the highest in Canada;
- Significant problems with accessibility to and continuity of mental health services;
- Poorly developed mental health services for children and youth;
- Inadequate support for people with milder or more transient mental health problems;
- Insufficient services for reintegrating people into society (e.g. support for housing, employment, education).

The MHAP represents a major reform destined to provide Quebec with a more efficient and responsive mental health care system.

In 2003, the Auditor General of Quebec observed that the province's mental health system did not respond adequately to the population's needs and disapproved the lack of leadership that was needed to effectively transform the system. In June 2005, the ministère de la Santé et des Services sociaux (MSSS) (Ministry of Health and Social Services) launched the Mental Health Action Plan (MHAP) 2005-2010 in order to address these challenges. The MHAP built on the major reforms underway throughout Quebec's health care system. It was inspired particularly by the notions of population-based responsibility and a hierarchical provision of services. Also guided by principles such as empowerment and recovery, the MHAP's main goal was to ensure that the province had an efficient mental health care system that offered better care and improved access to treatment and support services for all people suffering from mental health problems. The MSSS believes that strengthening the province's primary mental health care services is the foundation for achieving this goal.



Guiding principles

Population-based responsibility

The notion of population-based responsibility implies that regional and local authorities are both responsible for organizing services responding to the characteristics and needs of the population within their territory as opposed to those of service users exclusively.

Hierarchical provision of services

A hierarchical provision of services aims to ensure that different levels of care are available to meet the population's various needs. There are three main levels:

- First line (or primary care) services are accessible to the entire population and aimed at responding to the majority of mental health problems;
- Second line (or specialized) services are for more serious or complex problems;
- Third line (or ultra-specialized) services are for more rare, but very serious or complex problems.

Empowerment and recovery

Empowerment involves recognizing that people are able to make choices and actively participate in decisions that concern them. Recovery is a highly personal process whereby individuals take control of their lives and seek fulfillment despite the limitations their illness imposes on them.



Some key elements of the MHAP

Primary care mental health teams

Among the MHAP's key elements is the creation of primary care mental health teams (one geared towards youth and one for adults) within the *centres de santé et de services sociaux* (CSSS) (Health and Social Service Centres) having 50 000 inhabitants or more in their territory. Usually at the core of these teams are general practitioners, psychologists, social workers and nurses, though other health professionals (e.g. occupational therapists, pharmacists, nutritionists) may also be members. These mental health teams share their expertise and provide support to other primary care providers (e.g. general practitioners, pediatricians) both inside and outside the CSSS and offer treatment and support services to people whose mental health problems require a more specific expertise. They may also provide services to people who do not have a general practitioner or who may have a more serious yet stable condition. When necessary, a person requiring more specialized (second or third line) mental health care can be referred to such services by the primary care mental health team. These teams are also expected to support their clients' recovery process, ensure their reintegration into the community and engage in mental health promotion and prevention activities.

The impact of the MHAP has been felt within the health system and much progress has been made in its implementation.

Mental health *guichet d'accès* ("centralized access point")

According to the MHAP, the mental health *guichet d'accès* represents the entry point for access to primary care mental health services within the CSSS and more specialized mental health care services. Within each primary care mental health team, designated members take the role of the *guichet d'accès*, which involves evaluating individuals referred to the *guichet* and determining whether their care would be best managed by their primary care provider, the primary care mental health team or more specialized services. The *guichet* may also direct individuals towards other services within the local service network. In essence, the *guichet d'accès* guides the person to the services that best suit their needs and plays a key role in ensuring accessibility and continuity of care.

Shared care and "responding" professionals

Shared care is a collaborative approach to care that involves providers from different disciplines, levels of care or sectors working together to ensure that people with mental health problems receive the right services from the right providers at the right place and at the right time. Shared care encourages active sharing of knowledge and expertise between providers and is based on principles such as improved communication, clear roles as well as mutual support and respect. In addition, such an approach encourages providers to better inform their clients and help them participate more actively in decisions that concern them. Consistent with the notion of shared care, the MHAP introduced the role of "responding" professionals. These professionals, often psychiatrists but sometimes other professionals, act as an expert resource for the primary care mental health teams and other primary care providers with whom they share a service agreement. Their role is not to intervene directly in client care, but rather provide advice, guidance and leadership.

Conclusion

The MHAP represents a major reform destined to provide Quebec with a more efficient and responsive mental health care system. Like all other important reforms, the MHAP has faced its share of opposition and setbacks. However, its impact has been felt within the health system and much progress has been made in its implementation.

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