

## Making the Connection

This issue of the Catalyst will focus on the efforts of the CAHO community to improve treatment in the area of mental health. In the CAHO community, we have some of the best clinicians and researchers dedicated to working with, and treating, patients with a number of different mental health diagnoses.

In doing so, we hope to help remove the stigma of mental health issues and alleviate the fears of, and provide hope to, family members, friends and colleagues, that a patient in our care will receive the best quality care. Providing the right care increasingly requires working with the right partners – inside and outside of our hospitals.

Community-based approaches have evolved in quantity and quality in Ontario as the focus moves from hospitalization to community-based support. CAHO member hospitals are dedicated and committed to working collaboratively with community-based organizations within, and outside, of our community. Working together, we can develop the knowledge and tools needed to assist those who need help the most.

This issue of the Catalyst will feature the CAHO Transitional Discharge Model (TDM) ARTIC Project. This is the first CAHO ARTIC Project that shows CAHO hospitals working collaboratively with non-CAHO partners. Working with the Ontario Peer Development Initiative (OPDI) we will partner with the greater mental health community to transition care into the community with peers who have lived experience managing their mental health diagnoses and can provide the necessary supports outside the hospital.

For the CAHO community this serves as a great opportunity to translate evidence on the treatment of mental health issues into better care for Ontarians. The community-based approach provided in the CAHO TDM ARTIC Project will empower the clients using it. Better care can be provided at less cost as community support groups are available to help clients as they need it, reducing the possibility of readmission to hospital.

The quality of care can be increased through partnerships with a number of different organizations working together, and each with a stake in the collective health of the people who make up our communities and are there to help clients once they have been discharged from the hospital. By focusing on the development and integration of innovative care beyond the hospital setting, CAHO member hospitals are helping to improve the quality of care for patients overcoming the challenges of mental health issues.

## In the Spotlight

Dr. Tempier has been chief of the Department of Psychiatry at the Hôpital Montfort since July 2011. He is also a full Professor of Psychiatry in the Faculty of Medicine at the University of Ottawa, and Scientific Director of the Mental Health Research Unit at the *Institut de recherche de l'Hôpital Montfort*.

Dr. Tempier came to Canada from France where he earned his specialty degrees in psychiatry from the University of Aix-Marseille II in 1978. Continuing his education after his arrival in Canada in 1981, he earned his « *Certificat de spécialité de la province du Québec* » as well as the Fellowship of the Royal College of Physicians of Canada in 1983 and his Master of Sciences in Community Health at the University of Montreal in 1997.

Since arriving in Canada, he has been Chief Psychiatrist at the Malartic Psychiatric Hospital in Abitibi, Québec, and then a consulting psychiatrist at the « *Centre Hospitalier de la Vallée de l'Or* » in Val-D'Or, Québec, and also at the Douglas Hospital in Montreal. In 1992, he became Chief of Continuing Care Services and Director of the Rehabilitation Day Center at the McGill University Health Centre. At that time, he was also an Associate Professor in the Department of Psychiatry and a member of the division of Social and Transcultural Psychiatry at McGill. In 2005, he became Chief Psychiatrist for the Saskatoon Health Region, and tenured Professor of Psychiatry and Department Head in the College of Medicine, University of Saskatchewan. Dr. Tempier became an Honorary member of the World Psychiatric Association in 2011, and in 2012 he was named Distinguished Fellow of the Canadian Psychiatric Association (DFCPA).

Dr. Tempier is well known for his teaching and research expertise and has been carrying out externally-funded research projects since arriving in Canada. His research interests include the diagnosis and treatment of individuals with mental illness and addiction, the prevalence of mental illness in specific populations and more specifically comparative epidemiological findings with different populations. He is also interested in mental health service research. He is especially interested in the collaborative care model where primary care physicians and professionals share their care with psychiatrists and mental health specialists. In addition, Dr. Tempier has published more than 75 peer-reviewed papers and has presented extensively on a national and international scale.

CAHO Catalyst recently sat down with Raymond and asked him to reflect on his work and research at Hôpital Montfort.

**1. Along with a colleague of yours – Dr. Isaack Biyong – you set up a trans-cultural mental health clinic for francophone refugees and immigrants coming from troubled regions around the globe. Can you describe the challenges you faced in setting up the clinic and describe the results to date and the success of the clinic?**

One of the challenges was the development and organization of the clinic. There was a significant need for this kind of service and another challenge was to offer culturally-sensitive care to a large number of patients who came from several parts of the world, especially French-speaking Africa. There is strong interest and support from the Montfort Mental Health Program and several seminars and events will be offered within the transcultural aspect of mental health and global health. To our knowledge, this is the first clinic of this type within the Ottawa network of mental health services.

**2. What can health care providers do to be more sensitive to the needs of mental health clients to ensure their recovery is a positive one?**

Key components include listening, being attentive and accepting the needs of patients, whatever those needs are. It is critically important to give patients adequate time to clearly express their needs, and to have an open mind in order to accept what patients are telling us. To achieve this goal, you need expertise and time and it is sometimes difficult to have the 'ideal' time or to understand what each patient wants to tell us throughout their mental health issue or trouble.

(Anecdotally, Dr. Tempier gives his e-mail address to his patients so they can reach him in case of need.)

**3. What do you see as the biggest challenges in your current role?**

The biggest challenge includes the lack of adequate time and the fact that we have to serve so many patients within many time constraints. Recruitment and retention of psychiatrists is my biggest concern as our mission is not only clinical but also to teach and conduct research as Hôpital Montfort is part of the teaching network of the University of Ottawa, Faculty of Medicine.

**4. Can you share with CAHO Catalyst some of the priorities at Hôpital Montfort when it comes to mental health research and care?**

Our research continually aims to improve service delivery and quality of care in particular to offer the best possible services to minority groups such as Francophones living in a language minority context in Ontario.

**5. When you are not working, what do you like to do in your spare time?**

Sports, I like to bike every day (not in Winter time though!), downhill ski, golfing. Spend time on SKYPE with family members (my two sons live in London, UK!), gardening (this makes me relax after a heavy work day!), martial arts (I did karate and now Kung Fu. There are links between Asian martial arts and healing !), petting our cat.

## CAHO News

**The CAHO TDM ARTIC Project works with community partners to support mental health care**

Mental health awareness is growing in Canada and solutions to provide better care are evolving. One area of focus is on successful community integration to ensure those who need support receive it and decrease the reliance on in-patient and emergency room care. The CAHO community is advancing the use of evidence in this area.

One of the newest projects in the CAHO ARTIC Program - the *CAHO Implementing the Transitional Discharge Model (TDM) ARTIC Project* - is an evidence-based model focusing on the transition of people with mental health diagnoses from the hospital to the community. It was selected as part of the ARTIC Program's most recent focus on supporting the Ministry of Health and Long-Term Care's (MOHLTC) focus on *Transitions in Care*. The TDM is based on three basic assumptions:

1. People heal in relationships (including staff and peer relationships)
2. Transitions in care are vulnerable periods for individuals with a mental illness
3. A network of relationships provided during transitional periods assist in recovery

For the first time in the CAHO ARTIC Program, community-based organizations have been asked to partner with a CAHO ARTIC Project to encourage greater collaboration and coordination of the care the CAHO community provides patients, as well as developing personalized care. "We can increase the quality and efficiency of care dramatically for people with mental health challenges by using evidence-based approaches to collaboration and coordination between hospitals and community supports," said Dr. Cheryl Forchuk, CAHO TDM ARTIC Project Lead.

The Ontario Peer Development Initiative (OPDI) is an organization of organizations; mental health Consumer/Survivor Initiatives (CSIs) and Peer Support Organizations (PSOs) across Ontario. According to OPDI, CSIs and PSOs are run by and for people with lived experience of a mental health and/or addiction issue. No two are the same, but all approach their activities from the common understanding that people can and do recover with the proper supports in place, and that peer support is integral to successful recovery.

"Within the CAHO TDM ARTIC Project, OPDI can act as the liaison between the project and our Consumer/Survivor Initiatives and Peer Support Organization groups," said Deb Sherman, OPDI Executive Director. "As the project goes along, we can assist in disseminating knowledge and linking different groups together. As well, this serves as a great opportunity to introduce community-based peer support groups to hospitals that are not currently linked with any. Even though the idea of peer supports is not new, this opportunity allows us to show what peer supports are capable of and how hospitals can work with CSIs in the community, so that when patients are discharged they can access our peer support groups for continued support and avoid a return trip to the hospital."

The work currently being undertaken through the CAHO TDM ARTIC Project, and organizations like OPDI, is timely and relevant in light of the MOHLTC's Health Links initiative. According to the Ministry, patients with the greatest health care needs make up five percent of Ontario's population but use services that account for approximately two-thirds of Ontario's health care dollars. Better coordination of care for these patients across and within communities will result in better care and significant health system savings.



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