Diabetes and Mental Health Peer Support Project

Report on the Regional Roundtable Discussions on Diabetes and Mental Health

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Canadian Mental Health Association
Ontario
Mental health for all

Ontario Peer Development Initiative
Initiative ontarienne de développement favorisant l'aide entre pairs
Supporting Consumer/Survivor Initiatives Throughout Ontario
À l'appui de initiatives des usages survivants à travers l'Ontario

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Background

The Diabetes and Mental Health Peer Support (DMHPS) project brings diabetes knowledge to people who are working and volunteering as peer supporters in the mental health sector, so that they can support their peers to understand diabetes risk factors, to learn and practice diabetes prevention strategies, and to self-manage diabetes. Mental health peer support is a long-established best practice in Ontario. Peer supporters are paid staff on teams with mental health professionals and they are also paid staff and volunteers in Ontario's network of consumer/survivor initiatives (CSIs), which are community-based, self-help organizations run by and for people with lived experience of the mental health system. The DMHPS project has provided diabetes peer support training to 80 mental health peer supporters working and volunteering in CSIs in eight regions of Ontario. All had previously received training in the core skills of mental health peer support.

The DMHPS project also aims to increase the diabetes and primary health care sector's awareness of the role that mental health peer support could play in diabetes prevention and self-management support. Addressing diabetes in people with mental illness is a challenge for primary care and diabetes professionals and organizations. Collaborating with mental health peer support organizations and integrating peer support into the work of diabetes and primary health care professionals could help the diabetes sector to address the high risk of and relatively poor outcomes for diabetes in this population. With the support of an advisory committee that includes diabetes experts and primary health care organizations, the DMHPS project has undertaken a number of activities to engage this sector, including a series of regional roundtable discussions.

Funded for two years (2010-2012) by the Lawson Foundation, the DMHPS project was created and is steered by a partnership of three organizations and two individuals: the Canadian Mental Health Association, Ontario, the Ontario Peer Development Initiative, the Provincial Consumer Survivor LHIN Leads Network, Betty Harvey (clinical advisor), Cheryl Forchuk (evaluator) and Christine Grace McMulkin Gayler (training design and facilitation). (See Appendix 1 for a full description of the partners.)

Further information about the project is available at www.diabetesandmentalhealth.ca.

Overview of the Roundtables

Between December 2011 and February 2012, the DMHPS project held eight regional roundtables across Ontario.[1] The purpose was to bring together the mental health and diabetes/primary health care sectors in each region to discuss how to improve diabetes prevention and self-management for

[1] Hamilton, London, North Bay, Ottawa, Penetanguishene, Richmond Hill, Smiths Falls and Thunder Bay

people with mental illness, particularly involving the role of peer support. The roundtables were meant to be a catalyst for local action.

Through presentations, sharing and discussion, the roundtables created an opportunity for participants to make connections with people from organizations across both sectors. People learned about each other's programs and services and perspectives around diabetes and mental health and mental illness. The presentations and the discussion with CSIs furthered diabetes/primary health care participants' understanding of the contribution of mental health peer support and of the role it can play in the prevention and self-management of diabetes. The conversations generated energy, ideas and next steps to improve diabetes prevention and self-management, including the expansion of the role of mental health peer supporters.

Roundtable Objectives

The specific objectives for the roundtables were to:

1. Increase cross-sector awareness and make connections among people and organizations.
2. Raise awareness of the important role that peer supporters, as people with lived experience of mental illness, and consumer/survivor initiatives can play in diabetes prevention and management.
3. Develop a greater understanding of how various roles in the community can work together to improve diabetes and mental health supports.
4. Empower peer supporters with local connections and resources to support new opportunities to fulfill their role.
5. Connect organizations and people together and seed some ideas for partnership among local diabetes and mental health service providers.

Participants

The mix of participants was slightly different at each roundtable. The range of organizations included:

- Local Health Integration Networks
- Diabetes service delivery organizations
- Diabetes Regional Coordination Centres
- Canadian Diabetes Association local chapters
- Community Care Access Centres
- Home and community care organizations
- Public Health Departments
- Family Health Teams, Community Health Centres, and a Nurse Practitioner Clinic

- Community mental health services, including Canadian Mental Health Association branches, housing providers, and other services
- Hospitals providing mental health services and chronic disease services
- Consumer/survivor initiatives, hospital-based mental health peer support services and hospital psychiatric patient councils
- Native Friendship Centres
- Food banks
- Nursing education programs
- Schizophrenia Society

Numbers ranged from 14 to 22 people at each roundtable. A total of 138 people from 93 organizations across the province were involved.

Structure of the Roundtables

A local CSI was engaged in each of the eight regions to organize the local roundtable. In general, CSIs found that both peer supporters and professionals from a range of health and social organizations were eager to participate, indicating a growing awareness of the challenges of addressing the needs of people with mental illness and diabetes.

Each meeting began with a presentation by the Ontario Peer Development Initiative (OPDI) on mental health peer support and CSIs in Ontario, including an explanation of the types of activities carried out by CSIs, what peer support workers do, their training, and the evidence for its effectiveness. Next, OPDI provided an introduction to the Diabetes and Mental Health Peer Support project, including an outline of the diabetes training curriculum, the goals of the project and how the diabetes and primary care sectors are involved. (See Appendix 2 for the presentation.)

Following the presentation, participants shared what they do related to mental health peer support and/or diabetes support for people living with mental health problems and illnesses. Each person shared their perspective on the needs that they see in their community. Following a break, there was a discussion of possible ways to collaborate to address the needs and particularly to integrate mental health and diabetes peer support into the work of diabetes care providers and related organizations. The meeting ended with participants completing a questionnaire asking them what they learned from the meeting and the next steps they will take following the day's discussion.

Themes

Most diabetes and primary health care representatives at the roundtables expressed how challenging they found it to reach people living with mental health problems and illnesses. Others, particularly in rural communities, described their concerns about how big an issue mental illness is

in much of the population they serve and how few resources are available to meet the need. Collaboration with mental health services and with CSIs is already beginning in some communities. This report describes some current initiatives underway that were shared at the roundtables and some of the ideas people came up with that they will explore in future. These are grouped below under eight themes that emerged from the discussions. Recommendations for planners and policy makers to support both current and future initiatives follow.

Diabetes services in CSI and mental health service settings

- Diabetes educators in some communities are taking their services to mental health programs to better reach this population. As a result of the roundtables, other diabetes services will explore ways to work more closely with mental health service providers, including CSIs.
- Some mental health service providers have physical health care/diabetes professionals on staff, ranging from a single health professional to a team providing a comprehensive range of services and support.
- One of the challenges faced by single diabetes practitioners is access to resources for clients if the agency does not provide a comprehensive range of services. In fact, lack of access to resources is a major reason behind mental health services developing their own primary health care programs.

Collaboration with CSIs to provide self-management groups

- Community health centres and diabetes service providers in some regions have begun conversations with CSIs and mental health agencies about self-management programs such as WRAP (Wellness Recovery Action Plan) and the Stanford self-management support program. As a result of the roundtables, other diabetes service providers, regional self-management coordinators and community health centres will explore diabetes and mental health peer supporter-led self-management programs with local CSIs.

Ideas for the future

- A group of local organizations in one city will explore the best point of access for peer-facilitated support groups for people with mental illness being served by any of the following: a mental health housing organization, a primary care diabetes program that already has many people with mental illness getting care, and a local CSI.
- Some mental health organizations with diabetes/physical health programs that do not involve peer support will explore involving diabetes and mental health peer supporters in their programs.

Involving peer support workers on diabetes/primary health care teams

- At this point in time, there are no peer support workers on diabetes or primary health care teams.

Ideas for the future

- Some Diabetes Regional Coordination Centres will look at how to link mental health peer support with primary care.
- Some CSIs have offered to second peer support workers to interested services (mental health, diabetes or other services).

Rural issues

- Providing diabetes self-management support for people with mental health problems and illnesses in rural areas is extremely difficult. CSIs do not always have a mandate or the means to provide peer support outside of cities and towns, although some do. In some regions, self-management support groups are operating in some small communities, but these are not specific to people with mental health problems. In other regions, there are few if any self-management support groups in the rural communities.
- Access to appropriate dental care, foot care, counselling or primary care in rural areas is also a problem, compounded by poverty, lack of transportation, and a shortage of psychiatrists. There are resources available for seniors only. Some diabetes services see clients for whom they feel the primary diagnosis is depression, but they have nothing to offer, either from their service or in terms of referral.
- One CSI is using its social media sites to provide resources and information to members.

Ideas for the future

- There was a suggestion to develop partnerships between CSIs, organizations with telehealth equipment (such as a Community Health Centre) and rural organizations interested in integrating diabetes and mental health peer support, to provide tele-peer support.
- There was some interest in looking at how organizations can collaborate to address lack of transportation in rural communities, such as having a shared vehicle.

Education and training for diabetes professionals and for peer supporters

- In many regions, local diabetes educators participated in the diabetes and mental health peer support training as “guides on the side” to answer any questions people had about diabetes. This also helped to develop relationships between the diabetes educator and the local CSI hosting the training.

- Some diabetes services have engaged CSIs to educate their diabetes educators about working with people living with mental illness and about the role of peer support. As a result of the roundtable, others are also planning to do so.

Ideas for the future

- At one roundtable, a suggestion was made that OPDI write a proposal to the Ontario Diabetes Strategy Self-Management Project to train more mental health peer supporters in the two LHINs present at the roundtable, including an orientation to diabetes mental health peer support for health care providers and a mapping of potential opportunities for collaboration. This application has been submitted.
- A diabetes network that runs educational events for health care providers is willing to provide training to other programs and broaden education events to include people in the mental health sector.

Healthy living programs in CSIs and mental health services

- Many CSIs, mental health housing providers and community mental health services are addressing healthy living. Some have funding from the CMHA Ontario Minding Our Bodies project to do so (see Appendix 3). Some are using other sources of funds to do gardening, nutrition education, cooking classes, exercise programs, and support for shopping for healthy food choices.
- One mental health agency has a personal trainer on staff to run exercise programs on-site and in people's homes.
- In one community, the hospital and community agencies have partnered to offer a smoking cessation group for people with mental illness.

Metabolic clinics

- An award-winning metabolic clinic has been established at a mental health hospital in one region. The local CSI and the clinic are working together to involve peer support. A general hospital in another region is developing a metabolic clinic. A collaborative mental health team is involved in the development.

Ideas for the future

- A member of the collaborative care team will discuss with the local CSI how peer support can be integrated into the metabolic clinic.
- A Community Health Centre is interested in looking at the possibility of establishing a metabolic clinic.

Partnering with food banks

- Some food banks are tailoring their programs to address poverty, diabetes and people living with mental illness through specialized diabetes hampers, special diet cards for CSI members, providing produce, help with food choices, a community garden and community kitchens.

Ideas for the future

- A food bank offering various types of food programs is looking to partner to take programs out to the community (rural and small towns) and to get people to their programs.

A variety of funding opportunities were identified at some roundtables and collaborative proposals may be explored.

Recommendations for Planners and Policy Makers

1. Clarify mandates and reduce conflicts between catchment areas and funding requirements to enable referrals and outreach.

Different funding rules and catchment areas prevent professionals from accessing resources in other agencies. In addition, some regional diabetes programs are providing outreach and off-site services while others feel that their funding requirements restrict them. Diabetes Regional Coordination Centres could support information sharing across the province so that diabetes service providers that are doing outreach can share with other diabetes service providers how they are able to do this. Catchment and funding barriers to referrals could be addressed through the LHIN and through cross-LHIN discussion where organizations provide services across LHINs.

2. Create a system-level role for peer supporters, provide funding for positions, and educate health professionals about how to work with them as a team.

Health professionals and funders often perceive peer support as something that belongs in the realm of volunteers. There are two issues: One is resistance to inclusion of peers in interprofessional teams. The other is paying for what has been understood as a volunteer role. Funding models for paid qualified peer support workers for diabetes should be developed and funded. Education should be provided to health care providers to raise awareness of the training, role and impact of peer support and how to work with peer

supporters as part of a professional team. System-level recognition and inclusion of the role of peer support is also needed.

3. Hire peer support workers on diabetes and primary health care teams, ensuring they are supported by CSIs.

Diabetes and mental health peer supporters are seeking employment and can complement the work of health professionals. For this reason, the DMHPS project recommends a partnership between CSIs and diabetes providers, so that where a peer support worker is working in a diabetes organization they remain connected to a CSI.

4. Provide self-management support programs within hospital psychiatric services.

The current focus within many psychiatric services to address mental health alone is changing in some regions. It is important to reinforce this so that the mental and physical health of people using these services are addressed together. Hospital patient councils who provide peer support could be trained in diabetes peer support and offer self-management groups. In order to do this effectively, the hospital psychiatric services must make this a priority and fund it appropriately.

5. Create more metabolic clinics and include mental health peer support.

It was recommended that the metabolic clinic at Waypoint Centre for Mental Health Care in Penetanguishene, which was created from within existing resources, be replicated in other communities. Metabolic clinics may not necessarily have to be within a hospital setting but could be based in community health organizations.

6. Provide diabetes and mental health peer support through home care.

Community Care Access Centres and their contracted home care service providers see people with mental health problems and diabetes but are not funded or trained to address the two health problems together. Personal support workers in at least one community provide services to an inner-city population, including homeless people, many of whom have diabetes and mental illness and who may not be receiving care elsewhere. Personal support workers are not trained to address diabetes. Peer support workers could play a role.

7. In planning and funding for diabetes/physical health care in mental health organizations, include qualified peer supporters on the team.

Where diabetes is being addressed within mental health organizations, peer support is not always offered as part of diabetes prevention and management.

8. Improve access to primary health care and improve monitoring of diabetes by family physicians when care is provided.

Many people with mental illnesses do not have primary health care physicians or nurse practitioners. Some of these people are getting their primary health care needs addressed through a mental health organization but in many communities mental health services cannot provide this care. Where people have family doctors, the latter are often not providing comprehensive monitoring of diabetes.

9. Address the lack of access to care and to peer support in rural communities.

Most CSIs across the province serve the community in which they are located, and do not have the means to travel. Some CSIs are providing access to information and support electronically. Peer support via telehealth could be explored. Some rural communities have a shortage of mental health services. Many lack adequate services generally.

10. Improve access to medication for people on low incomes.

Poverty forces people with diabetes and mental illnesses to choose between paying for diabetes or mental health medications.

11. Train more mental health peer supporters in the diabetes module.

Not all LHIN regions have people who were trained in diabetes and mental health peer support, and in those that do, more are needed.

12. Provide diabetes education to mental health professionals.

There is a need for mental health professionals to have a better understanding of how to address diabetes. Specifically, mental health nurses expressed a desire to receive diabetes training. Diabetes training for mental health professionals was developed in London, Ontario, some years ago. A diabetes “boot camp” for family health team nurses is also available in Ontario. These resources could be made available to the mental health sector.

13. Evaluate the outcomes of diabetes and mental health peer support for people receiving peer support.

The DMHPS project does not have funding at this point to do so.

Evaluation

Feedback from roundtable participants was overwhelmingly positive. Sharing information about the project, about peer support, learning about the CSIs in their communities, meeting people from the CSIs and from the diabetes and other sectors generated energy and excitement about mental health peer support and its role in diabetes prevention and management. People expressed that they had greater awareness of both diabetes and mental health initiatives. They also gained greater understanding of peer support and the evidence for it and of each other's interest in collaboration.

- "I learned [about] the multitude of [diabetes] resources available [and] what they want to expand."
- "I learned a whole lot about [the local CSI]. I can now recommend their programs to my clients."
- "Gaining knowledge regarding peer support and diabetes will open lots of doors."
- "There are more opportunities for providers to work together than I was aware of."

There were many comments that the best take-away of the roundtable was breaking the silos of diabetes and mental health — the opportunity for networking, building bridges and the spirit of cooperation that came out of the day.

Appendices

Appendix 1: Diabetes and Mental Health Peer Support Project Steering Committee

Canadian Mental Health Association (CMHA), Ontario
Founded in 1952, CMHA Ontario, is a non-profit, charitable organization committed to improving the lives of people with mental illness and their families, and to the promotion of mental health for all Ontarians. CMHA Ontario achieves its mission by being a leader in the evolution of Ontario's mental health and addictions system. We contribute our knowledge, resources and skills to provincial policy development and implementation. We promote mental health in collaboration with others. We further equitable access to mental health services and champion the reduction of mental health disparities. And we serve our branches in building their governance and leadership capacities. More information about CMHA Ontario may be found on our website at www.ontario.cmha.ca.

Cheryl Forchuk, RN, PhD
Project Evaluator, Diabetes and Mental Health Peer Support Project
Cheryl Forchuk is a Professor at the School of Nursing, Faculty of Health Sciences, with a cross-appointment to the Department of Psychiatry, Schulich School of Medicine and Dentistry, University of Western Ontario. She is a Scientist and Program Leader for the Health Outcomes and Health Services Group at Lawson Health Research Institute, London, Ontario. She received her Bachelor of Science in Nursing and Bachelor of Arts in psychology from the University of Windsor. She received her Master of Science in Nursing from the University of Toronto with a clinical specialty in mental health-psychiatric nursing and her PhD from the college of nursing at Wayne State. Dr. Forchuk has published on many topics including: denial, therapeutic relationships, and sexuality. Her current research includes exploring the nurse-client relationship, recovery from psychosis, the transition from psychiatric hospital to community, housing issues related to mental health, and diversity issues related to homelessness.

Christine Grace McMulkin Gayler
Module Developer, Diabetes and Mental Health Peer Support Project
Project Consultant, OPDI Peer Support Core Essentials™ Program
Christine is the founder of Christine Grace and Community, a community of peers, families, practitioners and leaders devoted to mental health recovery. Christine is engaged in transformative projects and offers in-person and distance learning forums. For more information, please visit www.christinegraceandcommunity.com.

Betty Harvey, RNEC, MScN
Clinical Advisor, Diabetes and Mental Health Peer Support Project
Betty Harvey is a Clinical Nurse Specialist/Nurse Practitioner at St. Joseph's Health Care Primary Care Diabetes Support Program in London, Ontario. She is a Canadian Diabetes Association expert advisor, has expertise in diabetes and mental illness, and has developed community-based initiatives to address diabetes in people with serious mental illness.

Ontario Peer Development Initiative
The Ontario Peer Development Initiative (OPDI) is the provincial voice of over 60 consumer/survivor initiatives, peer support organizations, alternative businesses, and patient councils. OPDI values the experiential knowledge of people with lived experience in shaping a valued, recovery-oriented, community-based mental health system that acknowledges the fundamental importance of peer support. OPDI is currently creating a Peer Support Toolkit with funding from the Ontario Trillium Foundation. For more information, please visit www.opdi.org.

Provincial Consumer/Survivor LHIN Leads Network
The Provincial Consumer/Survivor LHIN Leads Network is provincially mandated to provide leadership for Local Health Integration Network–funded consumer/survivor initiatives throughout Ontario and to advise regionally and provincially.

Appendix 2: Regional Roundtable Presentation

This presentation by OPDI set the stage for each regional roundtable discussion by providing an introduction to the Diabetes and Mental Health Peer Support project, including an outline of the diabetes training curriculum, the goals of the project and how the diabetes and primary care sectors are involved. Download the presentation at www.diabetesandmentalhealth.ca/regional-roundtables/.

Appendix 3: Minding Our Bodies Project

Minding Our Bodies is a multi-year project (2008-2013) to increase capacity within the community mental health system in Ontario to promote physical activity and healthy eating for people with serious mental illness. MOB serves as an "incubator" to help mental health service providers in Ontario, together with community partners, develop and deliver evidence-based physical activity and healthy eating programs, improve access to local resources, and promote social inclusion.

MOB is an initiative of the Canadian Mental Health Association, Ontario, in partnership with Echo: Improving Women's Health in Ontario, Mood Disorders Association of Ontario, Nutrition Resource Centre, YMCA Ontario, and York University's Faculty of Health, with support from the Healthy Communities Fund.

For more information about the project, visit www.mindingourbodies.ca.