Collaborating to improve service systems: Consumer and family member perspectives on getting help for mental health, substance use and violence (MSV)

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Faculty/Presenter Disclosure

• **Presenter:** Rebecca Haskell-Thomas

• **No Conflicts of Interest To Report**

• **Relationships with commercial interests:**
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  – **Other:**
Overview

Researching Health in Ontario Communities (RHOC)/Five Views

- Consumer Journey Study (Consumers & Family)
- Service Provider Interviews
- Provincial Databases
- General population survey
Goals of the Study

Focused on consumers’ and family members’:

① Positive and negative experiences using services

② Suggestions on how to improve the system of care
Methods: Locations & Inclusion Criteria

2 communities in Southwestern ON
  ➢ urban & rural

Purposive Sampling
  • 18 years or older
  • Resident of the local community, and:
    • **Consumer Sample:** Had personally experienced & sought help for a MH or SU problem within the past 5 years
    • **Family Sample:** Had a relative with previous or current MH or SU problem who sought help in past 5 years
Methods: Procedure

Recruitment of Participants

Informed Consent

Structured interview

Resources & Reimbursement

Initial analysis & revision of script

Transcription & Analysis

Collate and Disseminate Findings
## The Sample

<table>
<thead>
<tr>
<th>Community</th>
<th>Consumers (N = 73)</th>
<th>Family members (N = 41)</th>
<th>All (N = 114)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>56 (76.7%)</td>
<td>31 (75.6%)</td>
<td>87 (76.3%)</td>
</tr>
<tr>
<td>Rural</td>
<td>17 (23.3%)</td>
<td>10 (24.4%)</td>
<td>27 (23.7%)</td>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>Consumers (N = 73)</th>
<th>Family members (N = 41)</th>
<th>All (N = 114)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>36 (49.3%)</td>
<td>7 (17.1%)</td>
<td>43 (37.7%)</td>
</tr>
<tr>
<td>Women</td>
<td>37 (50.7%)</td>
<td>34 (82.9%)</td>
<td>71 (62.3%)</td>
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</tbody>
</table>
The Sample cont’d: Co-Occurrence of Problems

- Mental health, substance use and violence, 39.8%
- Mental health only, 15.0%
- Substance use only, 5.3%
- Substance use and violence, 11.5%
- Mental health and substance use, 14.2%
- Violence only, 2.7%
We asked....

Can you please tell us about the difference services/informal supports you/your family member accessed for help with problems related to [mental health, substance use, violence]?

What was this experience like?

- Great/good/just what I/they needed
- Okay
- Not what I/they wanted/needed

Why do you describe it that way?
## Experiences Seeking & Receiving Care

<table>
<thead>
<tr>
<th>Why Described as Positive or Negative</th>
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<tbody>
<tr>
<td>1. Atmosphere</td>
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<tr>
<td>2. Someone to talk to / who listens</td>
</tr>
<tr>
<td>3. Whether support person had similar experiences</td>
</tr>
<tr>
<td>4. Medication issue</td>
</tr>
<tr>
<td>5. Program content or characteristics (C)</td>
</tr>
<tr>
<td>6. Holistic and/or coordinated care (C)</td>
</tr>
<tr>
<td>7. Referrals/aftercare &amp; access (FM)</td>
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</tbody>
</table>
6. Holistic and/or Coordinated Care (C)

For me the experience has been tough because I am dealing with multiple different things... whether it’s sexual abuse, whether it’s also the alcohol and drug abuse and then also the biological factors. So it’s a lot of different little pies and it seems like... you talk to this person for this section, and then you talk to another person for this section and... it doesn’t feel organized... you’re saying one thing to one person and then another thing to another person and sometimes honestly they contradict each other...

(Male Consumer, Urban)
7. Referrals/Aftercare (FM)

- Whether referrals were made/connected to appropriate help
- Speed of process of getting help

.... each time that he visited one of the hospitals we were kind of begging them, pleading for them to please admit him because we didn’t want to take him back home like none of us could go to work feeling ... that he’s going to harm himself. So I would say every time we took him to the hospital we were hoping that they were gonna take him in, and then direct us somehow on what we can do because we didn’t know what to do.

(Family Member, Rural)
# Findings:
Perceptions of How to Improve Services

## Themes for Consumers & Family Members

1. More or specific services or programming
2. Facilitate access
3. Characteristics of support program/atmosphere
4. Characteristics of support people/staff
1. More Specific Services/Programming

- More local programming generally
- Outreach
- More opportunities to talk
- More combined, coordinated and thorough services generally

...do better assessments in identifying these issues instead of putting people in programs that kind of focuses too much on one because... it’s all interrelated... I mean the approach should be more collaborative... and team oriented...

(Female Consumer, Urban)
2. Facilitate Access

- Easier and more timely access/immediate support generally

- Can’t get help unless things are very bad/in severe crisis

- **No Wrong Door Approach**

- More free/affordable services or medication (including better insurance coverage)
3. Characteristics of Support Program

• More flexible & client-centred, less bureaucratic

• More holistic & thorough

• Better communication, coordination & collaboration across services and/or sectors (C)

• More mandatory programs, monitoring or oversight (FM)

• More family/informal support system involvement in formal services (FM)
I think there should be a way to involve all the relevant family members...in...setting up any kind of a program for a person with mental illness or substance abuse problem, because it’s not an individual problem, it’s a family problem..

(Female Family Member, Urban)
Conclusion

• Inclusion of consumer and family member perspectives
• Intentionally sought positive experiences
• Majority had experienced co-occurring problems
• Importance of information & referrals
• Preferred holistic programs and/or collaboration across services
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