


## Families Amongst the Agencies


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### Learning objectives

1. Present a definition of professional cultures that is useful to improve collaborative mental health practice.
2. Using this definition, explain views of families on what contributes to their perceptions of continuity of care.
3. Provide questions to consider in speaking across different professional cultures when constructing plans of care that are experienced as coherent by families.




### Declaration of conflict

- Speaker has nothing to disclose with regard to commercial support.
- Speaker does not plan to discuss unlabeled/ investigational uses of commercial product.




### Structure of the presentation

1. Context
2. Theoretical background
  - Social Constructionism
    - Discourse
3. Definition of professional cultures
  - Present work on professional cultures
4. Methodology: Theory in practice
  - Lens



### Structure of the presentation

5. Methods
  - Perspectives
  - Research process
6. Findings
7. Results
8. Discussion



### Context

- The government of Ontario is currently implementing a comprehensive mental health and addictions strategy:
  - Called, *Open minds, healthy minds* (Government of Ontario, 2011), this strategy has resulted in capacity building at the local level and the identification of lead agencies in many Ontario communities.
  - This strategy is one of the results of the efforts of the Canadian Mental Health Commission and has built upon extensive work on systems integration which includes interprofessional collaboration and continuity.

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## Theoretical Background

- **Social constructionism:** the study of the creation and re-creation of knowledge as a process which is influenced by discourses and happens within sub-cultures such as collections of professionals.

**Discourses:** Unspoken agreements between members of a society or subculture which guide common practices. These can be informal, like what is known as "common sense", or formal such as laws and accepted definitions (e.g., psychiatric diagnoses).

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## Definition of professional cultures

Each profession, bounded within a different agency, has a particular culture. These cultures are analogous to those traditionally studied between societies (Hall, 2005; Kleinman & Mendelsohn, 1978; Petrie, 1978).

**Present work on professional cultures:**

- Walking and talking" versus "sitting and talking" (Madsen, 2014)
- Historical legacies which effect current efforts towards collaboration in Ontario (e.g., Mulvale & Bougeault, 2007)

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## Methodology: Theory in action

- Ethnographic case study of collaborative mental health care in Ottawa, Ontario shared between hospital and community based mental health teams.

➤ **Lens:** Investigation into the families' experiences of "social worlds" (Clarke, 2005), in this case social worlds are defined as professional cultures and associated discourses (i.e., definitions, social practices and historical legacies).

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## Methods: Participants and perspectives

Two perspectives sought:

1. Veteran and new to treatment families' experiences of collaborative mental health care and continuity resulting from a child's psychiatric diagnosis.
2. Service providers' responses to summaries of families' experiences.

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## Methods: Research Process

Stage 1	
Participants: Families (4) recruited as veterans of collaborative care	Results: Data regarding the experience of collaborative care.
Stage 2	
Participants: Families (3) interviewed as they began collaborative treatment at one and three months	Results: Descriptions of collaborative care in practice and families' views on continuity
Stage 3	
Participants: Stage 2 families and service providers (22)	Data: Reflections on brief summaries of data from stage 2.

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## Results: Professional Cultures

*I: How would you describe what [community counsellor] is helping you with?*  
*R: She's helping me with, what's the word again, my emotions, my feelings and she's helping us out with clothing too for me.*  
*I: ...And then the person who's seeing you at [children's hospital]?*  
*R: Yeah I saw them once.*  
*I: What kind of stuff are you hoping they'll help you out with?*  
*R: To figure out what's wrong with me.*  
 (Stage 2, 14 y/o youth, initial interview)

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**Results: Professional Cultures**

*Yeah she's had lots of different assessments but we've never had a doctor who's been willing to say. "She has this"*

*(Stage 1 Parent, adolescent veteran focus group)*

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**Results: Providing connections**

*I want to say that actually we've been pretty fortunate...ummm...between [children's hospital] and [community counselling agency] when P1 was in [children's hospital, inpatient unit], [community counsellor] would come and visit...*

The other thing [community counsellor] did for us that was fabulous was she managed to get my son counselling because way before anything happened with [youth RP], he was starting to spiral.

*(Stage 1, parents adolescent veteran focus group)*

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**Results: Providing connections**

*[community counsellor] was like, [family physician] told me blah blah blah" like we had done all the paperwork and everything so they could talk about it and they could know what everything was going on. But he'd be like, "Oh what happened last week that like whatever" and I'm like, "Whoa how did you know about that?"*

*(13 y/o youth, stage 2 initial interview )*

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**Results: Missed connections**

*...There's many schools of thought in the system and that is a huge challenge. Because and one of the biggest opposing factors is in the industry that is a challenge is the substance abuse side versus the mental health side. OK?*

*(Parent, adolescent veteran focus group)*

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**Results: Missed connections**

*If we questioned it, well what happened to that diagnosis or we don't understand, or how'd you get to that diagnosis, we were questioning them and that was not okay. We were questioning the diagnoses. That's what they actually said in this letter. You're questioning our diagnoses. Yeah, you're treating our 15 year old daughter, of course we're going to question it.*

*( Stage 1 parent, individual interview)*


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**Results: Families navigating the system**

*I found that most families that go to the [emergency room] that are my clients are ones on waiting lists*  
*(Stage 3, community worker, community team interview)*

*My experience is that we rely on the family to say 'I've just been to the walk in clinic'*


*(Stage 3, Hospital worker, hospital team interview)*

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### Results: Families navigating the system


*...I don't think it's really one person who's in charge. I think everyone has to work together and they have to think of the best solution or...yeah that's how I see it. I've never seen like one person be...like one person make the choice, one person to decide that this how it's going to be done.*

(14 y/o youth, stage 2 final interview)

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### Findings

- **Professional Cultures:**
  - Community based agencies focused on reinforcing skills and bolstering supports;
  - Hospital based services focused on diagnosing problems and suggesting solutions.
- **Providing connections:**
  - Connecting care between care transitions;
  - Looking holistically at families' needs

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### Findings


- **Missed connections:**
  - Different ideas between agencies, no one to bridge the gap;
  - Families feeling unable to ask questions about their child's care.
- **Families navigating the system:**
  - Parents as case managers;
  - Families working to make sure everyone is working together.

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### Discussion

**Questions to consider for care planning:**

1. What are the people around the table doing to provide connections?
2. What are the ways in which agencies around the table explain the problems this family faces?
3. What information and tools does this family need to navigate the system?


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