



**18th Canadian Collaborative
Mental Health Care Conference (2017)**

Connecting People in Need with Care

June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario

Families Amongst the Agencies: Service Provider Perspectives
Noah Spector, M.S.W., RSW, PhD (Cand.)
CHEO Mental Health Program

PRESENTER DISCLOSURE

- **Presenter:** Noah Spector, M.S.W, RSW, PhD (Cand.)
- **Relationships with commercial interests:**
 - **Grants/Research Support:** None
 - **Speakers Bureau/Honoraria:** None
 - **Consulting Fees:** None



**18th Canadian Collaborative
Mental Health Care Conference (2017)**
Connecting People in Need with Care
June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario



Bureau du développement
professionnel continu
Office of Continuing
Professional Development



LEARNING OBJECTIVES

- 1) Describe evolving collaborative practices between community and hospital based children's mental health services;
- 2) Describe service providers' views of facilitators and barriers to collaboration between hospital and community based mental health services;
- 3) Evaluate these evolving practices, enablers and barriers in the context of service users' views of moving between evolving mental health services in Ottawa, Ontario.



**18th Canadian Collaborative
Mental Health Care Conference (2017)**
Connecting People in Need with Care
June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario



Bureau du développement
professionnel continu
Office of Continuing
Professional Development



Collaborative Mental Health care between Community and Hospital-based practitioners

- Young people with complex mental health challenges need a spectrum of services;
- These services involve both hospital and community based services;
- Service providers are often overwhelmed and under-resourced.

(Johnson, Wistow, Schulz, & Hardy, 2003; McLean, 2012; Spenser et al., 2006)

Previous Literature on collaborative MH Care

Gaining access and moving through the system

- Differential service engagement based on SES;
- Only 1 in 6 young people in Ontario who require it are receiving adequate MH care

(In) Consistency of information

- Noticeable to families when information is (in)adequately shared between service providers;
- Gap in focus on how young people and their families experience information sharing between services (informational continuity).

Specific service provider actions

- Secure feelings about treatment result from consistent and predictable relationships between clients and their service providers;
- Clients want to feel that their treatment is integrated into their broader lives and that they are "known" by their service providers.

Recent research on frequent users of ED services (18+)

Facilitators:

- strong working relationships between service users and providers,
- timely access to coordinated services, and
- seamless transitions to needed supports increased perceived care continuity.

Barriers

- difficulties engaging this population,
- short intervention duration, and
- A lack of a single accountable service provider to address health and social needs.

Change is Underway

- According to the Ontario government's mental health strategy, young people and their families can access all services through: “ **lead agencies**”—agencies that triage and distribute services based on need;
- Lead agencies have implemented approaches such as the “Choice and Partnership Approach” to facilitate greater choice for families and quicker connections to services.

Research Questions

a)1. How do families experience collaborative care in their interactions with various professionals (e.g., school, community, medical practitioners) regarding their child's psychiatric diagnosis? In particular

- How do young people and their families who are veterans of interagency collaborative mental health treatment describe their previous experiences?
- How do new-to-treatment families describe their evolving experiences of continuity of care, specifically informational continuity, between the various professionals who collaborate to provide mental health care for their child(ren)?

Focus of Today's Presentation:

2. What perspectives on collaborative care do community and medical professionals offer in response to this study's descriptions of new-to-treatment and veteran adolescent and family experiences?

My perspective

Hermeneutic Phenomenology

- Knowledge about phenomena in a particular time and place.

Social Constructionism

- Knowledge created and re-created between Researcher and Research participants attending to:
 - Discourse
 - Professional Cultures

Research Design

Stage I:

- **Population:** 3 Adolescents (2M: 1F) & 5 Parents (4F: 1M)
- **Methods:** Separate Interviews or focus groups with older youth (16 years of age and older) and their parents at least six months after the beginning of their collaborative treatment between the Children's Hospital and the Community Agency.

Stage II:

- **Population:** 3 Adolescents (3F) & 4 parents (2M:2F)
- **Methods:** Interviews at the beginning and end of a 3-month period with emerging adolescents (12 – 14 years of age) and their parents as they began receiving collaborative treatment between the Children's Hospital and the Community Agency.

Stage III:

- **Population:** 14 Hospital-based & 8 Community-based Service Providers (6M:16F)
- **Methods:** Separate presentations and discussions of initial results with service providers at the Children's Hospital and the Community Agency to gather their reflections.

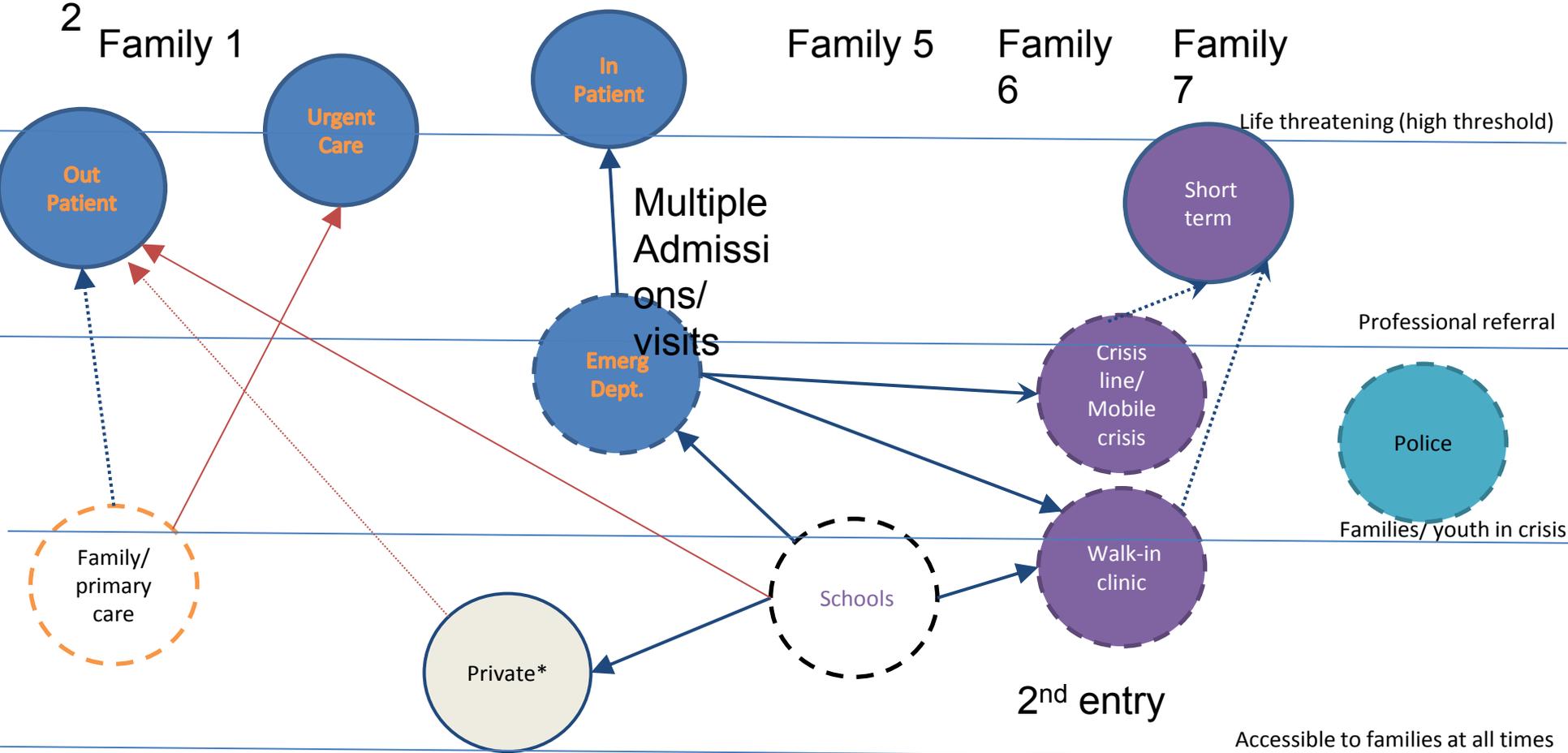
Stage I representative quote, service coordination

So [Community Agency worker] has been really trying to reach out to Jonah ¹ and really trying to with the people around the table [different service providers] figure out who's doing what because she recognizes that Jonah has been bounced around.

(Mother, Stage 1 Focus group)

1. Pseudonym selected by research participant

Collaborative MH care for emerging adolescents: Entry Into the system



Legend

- ← (solid blue) Reported Referral
- ← (solid red) Inferred Referral
- ← (dotted blue) Waiting List
- (dashed) Publicly accessible

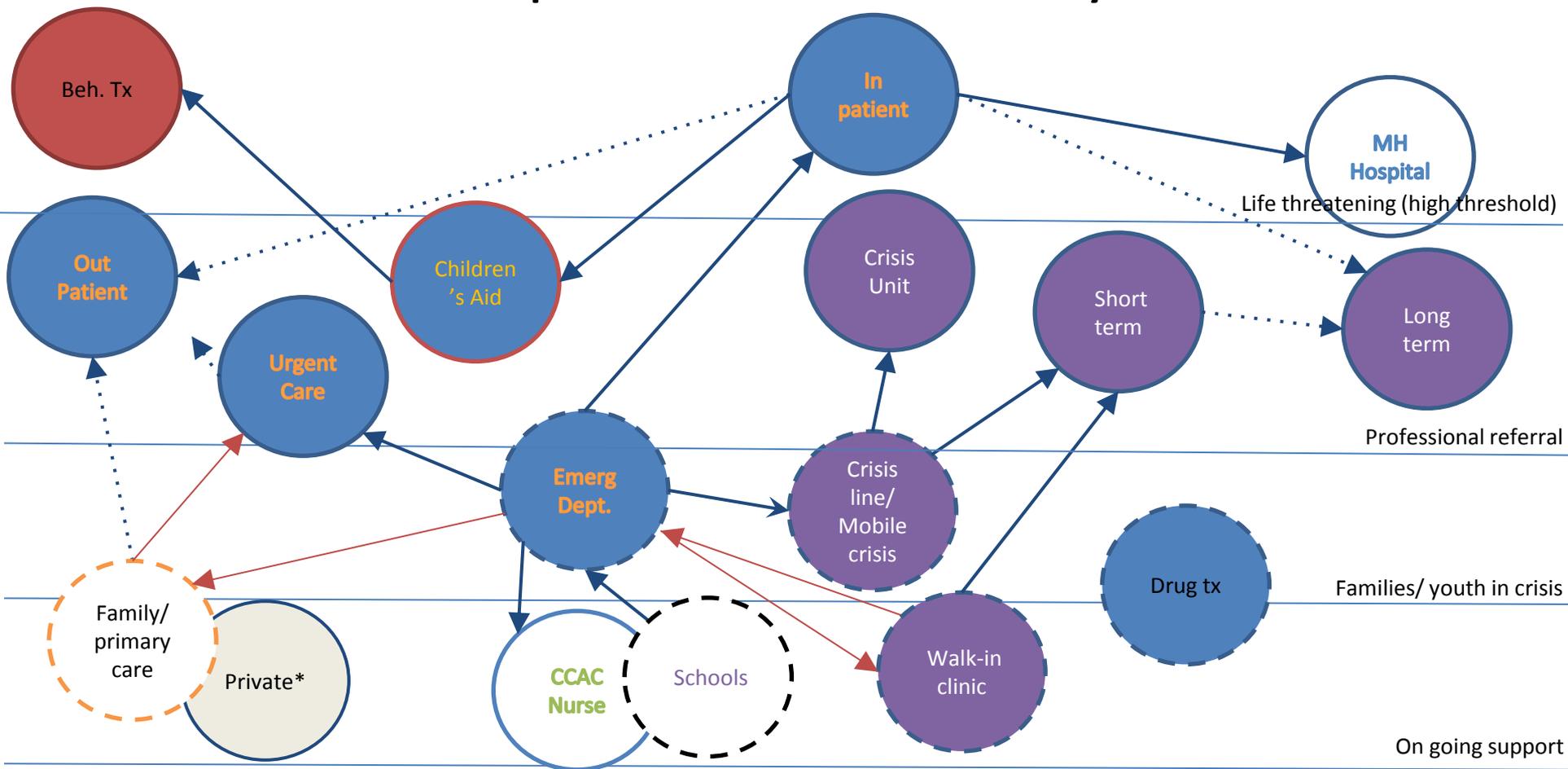
*not accessible to most families due to finances

Stage II representative quote, service coordination

...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)

Collaborative MH care for emerging adolescents: Experienced continuity



Legend

- ← Reported Referral
- ← Inferred Referral
- ⋯ Waiting List
- ⊖ Publicly accessible

*not accessible to most families due to finances

Results of Stage I & II interviews

Experience of mental health services

- Young people and their parents **seek evidence of connection** when their care is shared by multiple practitioners,
- When this evidence is lacking, families seek services in a **constant crisis mode**;

Informational Continuity

- Families feel that they can manage their child's care best, **when service providers visibly share information.**

Professional Cultures

- Difference between the “**walking and talking**” **community based services** and “**sitting and talking**” **hospital-based services** can lead to missed connections and misunderstandings.

STAGE III: SERVICE PROVIDER REFLECTIONS

Stage III: Service Provider Demographic Characteristics

Community-based service providers (N=8)

Hospital-based service providers (N=14)

Characteristic	Values
Age range	Data not provided
Female: Male	6:2
Profession	Data not provided
Years in the field	Data not provided

Characteristic	Values
Age range	28-77
Female: Male	10:4
Profession SW: OT: Psych: MD ¹	3:1:5:4
Years in the field	4-30

Seeking Evidence of Connections

- *“They try this, and they try that, and they kind of fumble along until something happens, but they’re not sure what they’re getting or how they got there.”*
 - *Children’s Hospital Service Provider*

Continual crisis mode

- “One of the things that parents spend a ton of time doing is seeing ‘what other services can I get?’”
 - *Children’s Hospital Service Provider*

- “Families, too, they’re kind of fishing for services to avoid or to look at wait lists a little bit differently.”
 - *Community Agency Service provider*

- *I found that most families that go to the [emergency room] that are my clients are ones on waiting lists*
 - *Community Agency Service Provider*

Family experiences

- *My experience is that we rely on the family to say 'I've just been to the walk in clinic'*
 - *Children's Hospital Service Provider*
- *"I think families in distress can feel abandoned by the message that they are in charge."*
 - *Children's Hospital Service Provider*

Professional Cultures

- *“Yeah, we assess a lot, here at [Children’s Hospital]. There are lots of opportunities to be assessed. Treatment, I think the perception is that, more often, [is delivered elsewhere].”*
 - *Children’s Hospital Service Provider*

Professional Cultures

- *“because I work at [Children’s Hospital], they somehow think I’m better; I’m not.”*
 - *Children’s Hospital Service Provider*
- *“My experience is when a family is seeing someone through [Children’s Hospital] outpatients, [service providers] never return my calls. . . . You get the idea of the level of respect [they have] for the work that I’m trying to do. “*
 - *Community Agency Service Provider*

Forging Stronger Connections

- *“Where collaborative care actually works is from workers who work [or have worked] in various settings.”*
 - *Community Agency Service Provider*
- *“I have noticed that people prefer to call people they know, or you have the number at hand, or you know how they will react.”*
 - *Children’s Hospital Service Provider*

Changing Professional Cultures

- *“twenty years ago, truly no one was working together, you wouldn’t see a psychiatrist and a [Community Agency] worker doing [a therapeutic group] together.”*
 - *Community Agency Service Provider referring to a current joint initiative between the Children’s Hospital and the Community Agency*

Facilitators and Barriers to Collaborative Mental Health care

Facilitators

- Relationships between service providers (both formal and informal);
- Breaking down of boundaries between professions;
- Putting service users at the centre of care.

Barriers

- Disorganized service systems
- Families experiencing systems as opaque when they are in crisis

Ideas for clients of collaborative mental health services

- Service providers in different agencies are often very busy. It is important to make sure that they know about what you've already tried. It is your right for your service providers to talk to each other and to choose which service providers talk to each other about what information;

Ideas for clients of collaborative mental health services

- Service providers in different agencies may have different ways of explaining your concerns and the treatments they are offering. It is important to share your understanding of what they are doing and what you have been told before. It is your right to know how people understand what you are going through and what they think you need to get help.

Thank you!

- Questions?

References

- Fleury, M. J., Grenier, G., Bamvita, J. M., Perreault, M., & Caron, J. (2012). Determinants associated with the utilization of primary and specialized mental health services. *Psychiatric Quarterly*, 83(1), 41–51. <http://doi.org/10.1007/s11126-011-9181-3>
- Foucault, M. (1984). *The Foucault reader*. New York (Vol. 1). Pantheon Books.
- Haggerty, J. L., Reid, R. J., Freeman, G. K., Starfield, B. H., Adair, C. E., & McKendry, R. (2003). Continuity of care: a multidisciplinary review. *BMJ : British Medical Journal*, 327(7425), 1219–1221. <http://doi.org/10.1136/bmj.327.7425.1219>
- Hall, P. (2005). Interprofessional teamwork: professional cultures as barriers. *Journal of Interprofessional Care*, 19(1), 188–196. <http://doi.org/10.1080/13561820500081745>
- Haraway, D. J. (1988). Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective. *Feminist Studies*, 14(3), 575–599. <http://doi.org/10.2307/3178066>

References

- Heidegger, M. (1967). *Being and Time*. Blackwell.
- Johnson, P., Wistow, G., Schulz, R., & Hardy, B. (2003). Interagency and interprofessional collaboration in community care: the interdependence of structures and values. *Journal of Interprofessional Care*, 17(1), 70–83. <http://doi.org/10.1080/1356182021000044166>
- Kirmayer, L. J. (2005). Culture, context and experience in psychiatric diagnosis. *Psychopathology*, 38(4), 192–196. <http://doi.org/10.1159/000086090>
- Kirmayer, L. J. (2005). Culture, context and experience in psychiatric diagnosis. *Psychopathology*, 38(4), 192–196. <http://doi.org/10.1159/000086090>
- McLean, S. (2012). Barriers to collaboration on behalf of children with challenging behaviours: A large qualitative study of five constituent groups. *Child and Family Social Work*, 17(4), 478–486. <http://doi.org/10.1111/j.1365-2206.2011.00805.x>

References

- Naert, J., Roose, R., Rapp, R. C., & Vanderplasschen, W. (2017). Continuity of care in youth services: A systematic review. *Children and Youth Services Review*, 75(2016), 116–126. <http://doi.org/10.1016/j.childyouth.2017.02.027>
- Paré, D. A. (1995). Of families and other cultures: The shifting paradigm of family therapy. *Family Process*, 34(1), 1–19. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1545-5300.1995.00001.x/full>
- Petanidou, D., Mihas, C., Dimitrakaki, C., Kolaitis, G., & Tountas, Y. (2014). Selected family characteristics are associated with adolescents' subjective health complaints. *Acta Paediatrica (Oslo, Norway : 1992)*, 103(2), 201–6. <http://doi.org/10.1111/apa.12466>
- Poremski, D., Harris, D. W., Kahan, D., Pauly, D., Leszcz, M., O'Campo, P., ... Stergiopoulos, V. (2016). Improving continuity of care for frequent users of emergency departments: Service user and provider perspectives. *General Hospital Psychiatry*, 40, 55–59. <http://doi.org/10.1016/j.genhosppsych.2016.01.004>

References

- Spenser, H. R., Lipton, H., Steele, M., Stretch, N., McGrath, P., & Gilles, A. (2006). *Canadian Collaborative Mental Health Initiative. Establishing collaborative initiatives between mental health and primary care services for children and adolescents*. Mississauga, ON. Retrieved from http://www.sharedcare.ca/files/EN_CompanionToolkitforChildrenandAdolescents.pdf
- Tobon, J. I., Reid, G. J., & Brown, J. B. (2015). Continuity of Care in Children's Mental Health: Parent, Youth and Provider Perspectives. *Community Mental Health Journal*, 51(8), 921-930. <http://doi.org/10.1007/s10597-015-9873-5>
- van Manen, M. (1997). *Researching Lived Experience, Second Edition: Human Science for an Action Sensitive Pedagogy*. Left Coast Press.
- Waibel, S., Henao, D., Aller, M.-B. B., Vargas, I., Vázquez, M.-L., & Vázquez, M. L. (2012). What do we know about patients' perceptions of continuity of care? A meta-synthesis of qualitative studies. *International Journal for Quality in Health Care*, 24(1), 39–48. <http://doi.org/10.1093/intqhc/mzr068>
- York, A., & Kingsbury, S. (2013). *The Choice and Partnership Approach: A service transformation model*. Exeter, UK: CAPA Systems Ltd.