

CMHA-NL Public Reporting Project

Presenting to
NLCAHR Research
Exchange Group
on Mental Health

November 3, 2020



**Canadian Mental
Health Association**
Newfoundland and Labrador

Public Reporting Project

- To develop bi-annual public reports to benchmark & provide comment on the state of mental health & addictions & related services in NL
- Purpose(s):
 - identify gaps in services
 - Identify opportunities for quality improvements based on emerging & best practices, and
 - be an ongoing public voice to support change in the NL mental health & addictions system for persons with lived experience & those yet to experience mental health & substance use & related challenges
- Independent. Evidence-based. Persons with Lived Experience (PLE) Focus

Governance

- Sponsored and funded by CMHA-NL
- External Advisory Committee
- Project Manager
- Researchers
 - CMHA-NL
 - Independent
 - PLE – Recruited from Interviews
- NLCHI support

Background

- Towards Recovery Action Plan - NL
 - Public reporting on progress
- NLCHI public reports and surveys
- Regional Health Authorities reporting
- Accreditation surveys
- Other provincial reports (e.g. ON)
- National organizations reports and studies
- Academic research papers
- What is missing? **PLE insights.**

Project Design

- Recruitment
 - Call for Participants sent out through various channels: Advisory Committee member organizations, community and non-profit groups, Memorial University, health authorities, etc.
 - Successes: low-barrier interview methods used to connect with more marginalized PLE
 - Challenges: recruitment not representative; sample is mainly metro white Canadian-born with relatively high education/wealth status.
 - Most under-represented populations statistically likely to have less positive experiences with MHA services

Project Design

- Qualitative, semi-structured interviews
 - Focus on: access, navigation, effectiveness, relationships, & stigma in MHA services
- Thematic coding with mixed inductive/deductive approach
 - CMHA & NLCHI collaborated on establishing common codes and definitions, use of standardized table to log codes and associated quotes

Findings to date

- **Continuity:** PLE report that effective care is associated with having a consistent provider who is an appropriate match. Establishing such a relationship is made difficult by system constraints.

“I know that [walk-in counselling] is available to me, but I haven't felt compelled to go back because I realized I would have to explain myself again and again and again, and I would have to narrow my focus, like a drive-thru, like, *OK, well, here's what I'm in for today.*”

Findings to date

- **Navigation:** PLE report that one needs to have lots of resources – internal (stamina, resilience) and material (money, education, connections) – to most effectively navigate the system.

“Navigating the system is really exhausting for someone who's already sick.”

“I am often concerned that someone who does not have the tools for advocacy [...] that they wouldn't necessarily get the same experience from mental health services that I might.”

Findings to date

- **Reactive:** PLE report that the system is more reactive than preventative. One needs to be 'in crisis' to get timely services, but can also be denied care and/or mistreated if they are 'too unstable'

"Services were better after being arrested than they were trying to prevent it from happening in the first place."

"We need to do better because if I came in with a broken arm, they would treat it then and there. If I came in with a cardiac problem, based on severity, you might be admitted right away. But if you go in with a mental health issue, they can't see it unless you're acting out."

Findings to date

- **Confidence:** PLE do not trust the MHA care system and/or providers to be competent or act in their best interest.

“I was a parent believing in a medical system. [...] It was the worst thing I ever did.”

“A lot of trans people are afraid to go into mainstream mental health services because they don't feel like they'll be seen and read for who they are.”

“I felt like they didn't listen. They were more concerned about how they wanted to do things, not how it affected me.”

Timetable

- Interviews: June 2020
- Transcription: July, August 2020
- Analysis: August to present 2020
- Drafting: November to January 2021
- Committee Review: February 2021
- Revisions: March-April 2021
- Publication: May 2021

Conclusion

- Appropriate review of MHA services requires both system and PLE-defined indicators

Questions?



Thank you

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