



**Alberta Health
Services**

This material is intended for general information only and is provided on an “as is”, “where is” basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information.

This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.



Alberta Health Services

Knowledge Bites Lunch 'n' Learn

November 21, 2019

Engaging youth & young adults in mental health service evaluation



Maria Kim, BSc
Research & Evaluation Coordinator
Addition & Mental Health (AMH)
Information, Evaluation &
Professional Practice (IEPP)
Business Intelligence (BI)
Decision Support Services (DSS)

What to expect from this presentation

Approximately 25 minutes of Maria blabbering about:

- ▶ General overview of the ACCESS: Open Minds
- ▶ What is the AOM Edmonton clinic & its (primary) research study?
- ▶ Why is engaging youth & young adults important?
- ▶ Development of current Recruitment & Follow-up Strategy used at AOM Edmonton clinic for data collection **
- ▶ Important learnings
- ▶ Engagement strategies learned (that you may be able to apply too!)

What is ACCESS: Open Minds?

- ▶ **What?** ACCESS: Open Minds (AOM) is a pan-Canada research initiative that is implementing a unique mental health service delivery model* and evaluating its impact over 5 years (project end date: Sept 2020)
 - ▶ *model co-developed by youth, young adults, families & caregivers, and service providers
- ▶ **How?** AOM services are evaluated using a combination of self-rated, clinician-rated, satisfaction measures, as well as clinic statistics (# of referrals, completed appointments, service utilization*, etc.)
- ▶ **Who?** Recruiting participants (AOM clients) into longitudinal study, in which they provide feedback over 2 years period after 1st AOM contact (1,3,6,9*,12,24 months)
- ▶ **Why?** It's no secret MH services across our nation is fragmented...at best. There needs to be a change. So why not evidence-informed change?
- ▶ There are 15 sites across Canada contributing data to this study

AOM sites across Canada

* - indicates an Indigenous-specific AOM site

★ Ulukhaktok, NWT*

- ★ Mistissini, QC*
- ★ Puvirnituk, QC*
- ★ (Dorval-Lachine-LaSalle) Lachine, QC
- ★ (RIPAJ) Montreal, QC
- ★ (Parc-Extension) Montreal, QC

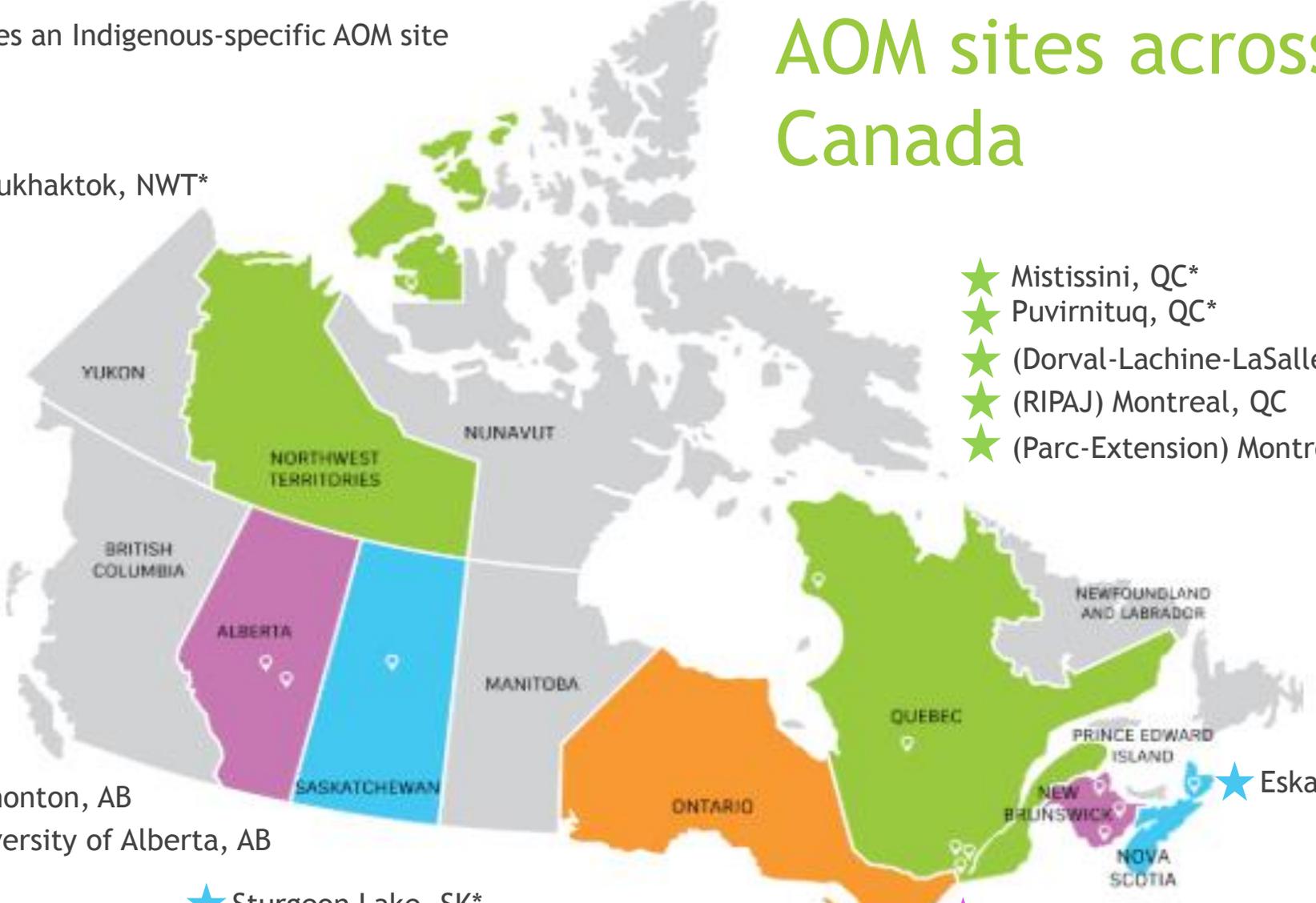
- ★ Edmonton, AB
- ★ University of Alberta, AB

★ Sturgeon Lake, SK*

★ Chatham-Kent, ON

- ★ Elsipogtog, NB*
- ★ (P.E.E.R.) Saint John, NB
- ★ Caraquet, NB
- ★ Moncton, NB

★ Eskasoni, NS*



AOM Edmonton

What is the AOM clinic?

AOM Edmonton is a youth-friendly walk-in Addiction & Mental Health clinic serving youth & young adults (aged 16-25) located in the Bill Rees YMCA.

The AOM clinic offers individual intake services and mental health supports to youth & young adults. Clients are invited to utilize our drop-in support services **while waiting for AMH services** to be initiated after intake.

A variety of drop-in services are available at the clinic:

- > Single session support
- > Education & Employment support
- > Addictions Counselling
- > Social Work
- > Peer Support
- > Family Engagement Team
- > Recreation & Leisure programming

*The AOM clinic is unable to offer short-term therapy to clients given the nature of our walk-in model & staff capacity to manage the load of drop-in & intakes.

Participatory Research in AOM Edmonton

Who

- Young people (16-25) who come to the AOM Edmonton clinic and complete an single session intake with one of our lovely Intake Coordinators

What

- Clients are then invited to participate in AOM longitudinal study (if they had indicated interest on the intake package)

Why

- To evaluate the services and supports at AOM Edmonton (e.g., has been helpful or no?). Study results will be used to advocate for better MH services to Canadian policy makers

How

- By meeting with a AOM research member, they will answer some questions regarding previous MHS experiences & provide on-going evaluation of AOM Edmonton services through follow-ups.

Youth Engagement: Why is it important?

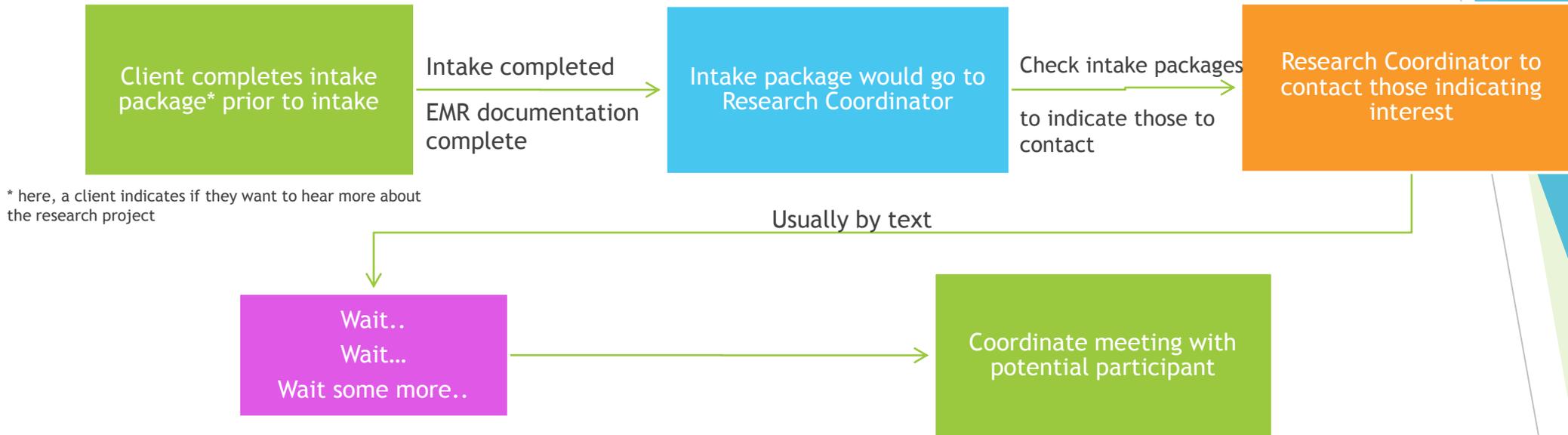
1. Early intervention approaches are shown to be effective in promoting positive health outcomes in a variety of mental health disorders (Literature Review by: Davis, Cathy; Martin, Graham; Kosky, Robert; O'Hanlon, Anne, 2000)
2. Aged 15-25 is the critical age range where most mental illness begin to emerge (Health at a glance: Mental and substance use disorders in Canada. Statistics Canada Catalogue no. 82-624-X)
3. Yet... young people have some of the lowest rates of mental health service engagement (Stroud, Mainero, & Olson, 2013) and concerns with disengagement with treatment after initiating (Edlund et al. 2002; Olfson et al., 2009)

If this is the case: How can we engage youth & young adults to access MH support?

How about this novel idea? Wait for it...

What if we were to ASK youth & young adults **DIRECTLY?**

Traditional Research Recruitment Method



► Flaws with the method:

1. Some clients felt obligated to indicate 'yes' to consent to be contacted for research
2. Delay of Research Coordinator receiving contact information; documentation is important!!
3. Time-consuming (weekly text reminders for 3 months)
4. "Chasing" people to coordinate appointments...

► Some factors to consider:

- Research Coordinator was community-based (not clinic). Space capacity was an ongoing concern
- Community recruitment meetings could take 3+ hours...
- 1 recruited participant = 5 follow-ups (1, 3, 6, 12, & 24 months)

Timeline

- ▶ **January 2018:** Started position as Research Coordinator (RC) (N=33)
- ▶ **February 2018:** Integrated research measures into intake process
- ▶ **March 2018:** Began recruitment using traditional method (N=52)
- ▶ **May 2018:** Casual research assistant (RA) hired to assist conducting community follow-ups (N=67)
- ▶ **October 2018:** 100 consented participants! (N=100)
- ▶ **November 2018:** Mass texts implemented (N=116)
- ▶ **February 2019:** New consent form requires written permission to be contacted (N=142); RC meets with AOM Edmonton Youth Council to get feedback on recruitment & engagement strategies
- ▶ **March 2019:** RC pilots post-intake recruitment (N=160)
- ▶ **May 2019:** 1.0 FTE RA hired to recruit participants post-intake (N=184)
- ▶ **November 2019:** (N=263...and counting! 😊)

Text n' Wait?
Nothing like the good ole'
Text n' Chase!

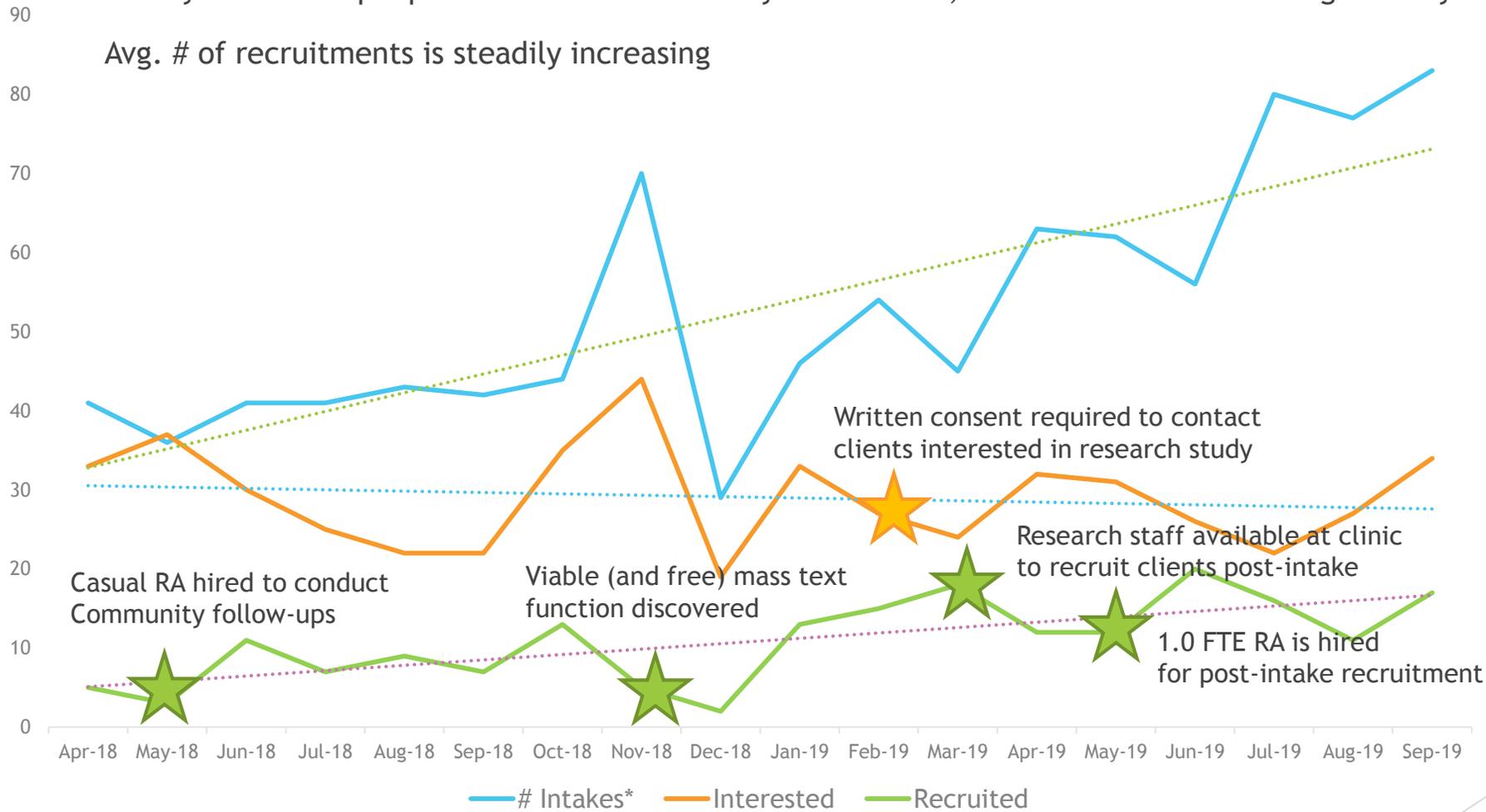
*Text n' debate your
career choice...?!*

Yay!

* Line indicate PER MONTH

Steady amount of people interested in the study each month; better indicator of those genuinely interested

Avg. # of recruitments is steadily increasing



Note: # of drop-in support sessions is not included in this graph, but those have been increasing greatly over past 3 months. (over 180 since we began to capture this data in April 2019)

Major Learnings

- ▶ Integrated data collection
 - ▶ We respect that time is valuable... taking 3+ hours to participate in a study is not. Integrating data collection saves everyone time.
- ▶ “Foot in the door” technique
 - ▶ Full-time research staff at the clinic = increased ability to recruit participants post-intake (Sorry, but-actually-not-at-all sorry to Eric’s previous employer... 😊)
 - ▶ Participants now can “put a name to a face” when contacted by research staff afterwards
 - ▶ Currently working on tablets to facilitate intake process & to identify interested participants PRE-intake
- ▶ New consent to contact for research purposes form
 - ▶ Resulted in proportionately less people indicating interested in research. Time saved: Research staff can focus on recruiting those genuinely interested
- ▶ Be organized & have a system. Be patient
 - ▶ “Be persistent, but friendly” - AOM participant
 - ▶ Especially in conducting community follow-ups!! (Thank you Kristen, you superstar!)
- ▶ Have passionate people working on things they are passionate about

Opportunities for Engagement

- ▶ Be flexible (as much as you can); young adulthood is a difficult time....so keeping track of pre-scheduled appointments is probably not top priority.
 - ▶ Walk-in option is nice because schedules can be unpredictable
 - ▶ The AOM research team uses a team-based approach. Cross-training allows us to be super flexible.
- ▶ ‘Text’ me if you can!
 - ▶ ‘Phone anxiety’ is real (and more common than you think). Texting offers solace from this
- ▶ Whenever you can, give youth/young adults a choice.
 - ▶ Whether it be the appointment location (if possible), choice of dates for next appointment, given a variety or ‘menu’ of options to pursue, or even something as small as what chair they would like to sit in.
- ▶ Create a comfortable environment
 - ▶ If you’re not sure what this means; ask!
- ▶ Patient-centered care is the core of AHS
 - ▶ “Get on their level” - meeting clients where they are at is most important.

Questions?



- ▶ For any questions unable to be answered in the session, please send them to the following email address:
maria.kim@albertahealthservices.ca
- ▶ Please visit: www.accessopenminds.ca for more information on the national project and to keep up on the latest findings and publications!