RESEARCH INFORMING POLICY: SELECTED HITS AND MISSSES IN ALBERTA

Found in Translation
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Angus H Thompson, Ph.D.
Institute of Health Economics
Edmonton, Canada
RESEARCH

In a Broad Sense

An activity involving information gathering for the purpose of formulating or testing an idea or hypothesis
Handling of MH Patients in the ER

- WPA anti-stigma campaign – Canada pilot
- Issue identified by a former patient
- Napkin Questionnaire /CCHFA collaboration

Synergy in the pilot region
National change in hospital accreditation
Handling of MH Patients in the ER ✓

ER Accreditation Guidelines

1.0 The examination, interview process, & space are adequate for the safety, security, and privacy of patients & staff (4 items)

2.0 There is a client/pt. /family rights policy that defines its application to mentally ill individuals (6 items)

3.0 Staff will be available who have competence in the management of mental health emergencies (3 items)

4.0 Services to psychiatric patients will be evaluated (3 items)

Details: http://www.socialproblemindex.ualberta.ca/Systems.htm#Canadian

Handling of MH Patients in the ER √

- WPA anti-stigma campaign – Canada pilot
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Synergy in the pilot region

National change in hospital accreditation

Synergy

Direct access to policy maker

Serendipity
Response to a Therapist’s Murder

• 1991?. Edmonton Mental Health Clinic
• Internal investigation and report
• Plexiglass, badges, & back to the door

None would have prevented that death

60 clinics — 60 years — 20,000 seen

Forgetting the purpose
Responsibility “Must do something”
Likely not preventable & at a cost
National Anti-Stigma Campaign

• Consensus that MH stigma is significant
• The Mental Health Commission of Canada

But. Education-based anti-stigma programs have not been effective

Policy in Spite of the Evidence
Responsibility “Must do something”

But, 5th International Stigma Conference, Ottawa, June 2012 – Top speakers
National Suicide Prevention Strategy

- Promoted by Canadian Association for Suicide Prevention
- October 4, 2011. The House of Commons passed a motion in support

But. There is no evidence that we know how to prevent suicide

Policy in spite of the evidence
Responsibility “Must do something”

Response to a child’s suicide

- Early 1980s. 17 year-old Aboriginal boy
- Deputy Minister: Children do die!
- Investigation: Policies, training, staffing
- Training programs, policies, heads rolled

Normal mortality except~18 yrs/Precipitous
Response to a child’s suicide

Response to a child’s suicide

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Normal mortality except~18 yrs / Precipitous Suicide note: Fear of turning 18

Ext. Investigation → Wrong → Policy change
Sci. Res. → adept DM(2) → Policy change
But DM(1) and suicide note ignored
Response to a child’s suicide

- Early 1980s. 17 year-old Aboriginal boy
- Deputy Minister: Children do die!
- Investigation: policies, training, staffing
- Training programs, policies, heads rolled

Research: Normal mortality except ~ 18 yrs

Suicide note: Fear of turning 18

Forgetting the purpose?

Paradigm shift – assuming CW blame

More Don Flemings
Funding a Day Treatment Centre  X

• Outpatient group treatment (Gr. Prairie)
• Only funded MH NGO with outcome data
• No bearing on funding

Data showed therapeutic benefit

Funding based on other criteria

Outcomes not part of the paradigm

Arguments for process, anti outcome

Forgetting the purpose?
Out of Control Health Expenditures

- Government expenditure analysis ~1990
- Projected increases → unsustainable
- Health policy changes (cuts/privatization)

Data unadjusted: inflation, aging, pop.

Minimal impact → most would pay more

CORRECTED ALBERTA PROVINCIAL GOVERNMENT
HEALTH EXPENDITURES 1975-2001
POPULATION, INFLATION & AGE ADJUSTED
Out of Control Health Expenditures

- Government expenditure analysis ~1990
- Projected increases → unsustainable
- Health policy changes (cuts/privatization)

Data unadjusted: inflation, aging, pop.

Minimal impact → most would pay more

Public policy ≠ public sentiment

Poor timing of report publication

Special interest groups

Engagement Change Factors

Research project leaders should:

• Put the policy-usefulness of their research findings to the forefront of their objectives and their work programmes
• Include partners from the world of policy-making in their project team in order to ensure that policymaking priority areas are addressed
• Ensure a dialogue between experts and non experts
• Develop more ways of engaging with the broader public
• Embed social & ethical reflection within the everyday practice of science
• Provide continuously updated information on progress & results
• Discuss the added-value of the scientific research & its policy-usefulness
• Prepare readable, understandable, and usable policy briefings

Observed Change Factors

Serendipity / Readiness / Timing

Forgetting the purpose / Paradigm shift

Must we always do something?

Direct access to policy maker

Leadership qualities

Special interest groups & their motives
For More Information:

Angus H Thompson
Institute of Health Economics

gthompson@ihe.ca

socialproblemindex.ualberta.ca
ALBERTA WORKFORCE 1976 - 2009
EDUCATION PYRAMID INVERSION

1976 Census

- <High School: 52.2%
- High School: 20.8%
- Tech/Trade: 17.4%
- University: 9.6%
ALBERTA WORKFORCE 1976 - 2009
EDUCATION PYRAMID INVERSION

1976 Census
- <High School: 52.2%
- High School: 20.8%
- Tech/Trade: 17.4%
- University: 9.6%

1991 Census
- <High School: 27.9%
- High School: 24.8%
- Tech/Trade: 32.1%
- University: 15.2%
ALBERTA WORKFORCE 1976 - 2009
EDUCATION PYRAMID INVERSION
Creative Sentencing

- Environmental Protection Violation
- One employee fabricated information
- Had a mental health condition

Judge diverted penalty (fine) to IHE
MH Promotion workshop (evaluated)

Progressive court program
Serendipity
Policy preceded the research
## Thwarted Change Factors

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<th>EXPERIENCE</th>
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<tr>
<td>Forgets purpose</td>
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<td>Predetermined policy</td>
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## Dicey Change Factors

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