

DOMAINS AND EXAMPLES OF QUESTIONS FOR EXPLORATION

Domain	Population	Examples of Questions for Exploration
<p><i>Independent living: supports and barriers</i></p> <p>Maintaining a sense of self-autonomy or independence is a basic human right.</p> <p>Determining which services/programs or other characteristics best support independent living (i.e., in the community) is key to improving the well-being of those with mental health challenges.</p>	<p>Seniors</p>	<ul style="list-style-type: none"> • What does the individual/support/caregiver understand about independent/interdependent living? • Are there early identification traits or screening measures that can aid in determining levels of support? • What are the mental health outcomes for the individual/caregiver? • What are the needs of informal caregivers to be able to continue to successfully care for individuals? • What are the informal supports contributing to successful independent living? • What type of investment in this type of service would alleviate the burden of cost of continuing care? • What models of service delivery are available? Can these be adapted? • Do service provider's attitudes towards aging influence care provision? • How does an individual's attitude influence acceptance/refusal of service? • How does the community view this population? • What are the supports needed by caregivers to allow them to help seniors and persons with disabilities (with or without mental health issues) maintain independence? • How can you help the mentally ill, disabled persons, and seniors stay well and out of hospitals, and also get out of hospital when they are admitted? • What are the costs/benefits to the system of providing individualized home care services (and how can these changes be introduced to traditional limited scope of home care services)? • What kinds of supports in the community (e.g., Alcoholics Anonymous) help individuals maintain their independence? How can we increase the capacity of volunteer and other organizations to use best practices for individuals accessing their services?
	<p>Persons with disabilities</p>	<ul style="list-style-type: none"> • How can best practice resource models (such as the ACT Model) be implemented/ expanded across systems to improve home and community life for all disability groups? • How do you integrate funding models to expand best practice models across the system to address all aspects of supports, not just personal supports? ("integrated funding models") • How have other jurisdictions successfully implemented integrated funding models? What needs to be done in Alberta to adapt these models in Alberta? • How do we recruit and retain service providers? • What are the skills, capacities and culture of the "highly skilled" service providers? How do we build these skills/ resources? How do we replicate effective models? • How can best practice models be effectively adapted to meet current service provider availability? What is the core skill set? • What are the successful implementation components of best practice models focused on supporting/ enabling independent living? • What are the supports needed by caregivers to allow them to help seniors and persons with disabilities (with or without mental health issues) maintain independence? • How can you help the mentally ill, disabled persons, and seniors stay well and out of hospitals, and also get

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<p>Employment</p> <p>Employment is an area of priority for the Ministry.</p> <p>Supporting people's independence and self-reliance through assistance with their gaining and maintaining meaningful employment is an important issue.</p>	<p>Seniors</p>	<ul style="list-style-type: none"> • Which industries are showing growth and decreases in employing seniors? This has been done for youth, can it be done for seniors? • What kinds of accommodations need to be made to encourage seniors with mental health issues to volunteer or work? • What are the physical/mental health benefits of volunteering? • What is the impact of the downturn in the economy on the mental health of seniors? • What is the job satisfaction of seniors employed in Alberta? Which industries and sectors show high job satisfaction among seniors? • How can we reduce stigma in the workplace (specific to seniors and mental health) • How do we support seniors with mental health to stay employed? • How do you tailor stress management programs to seniors? • How do we support family caregivers who are also employed? (i.e., compassionate care program) • What is the optimal age of retirement from a mental/physical/economical standpoint? • How do we support seniors who are transitioning into a new/different industry/job? • What are the best practices for transitions into retirement – what should be done, what can be done? • How can stigma be addressed for seniors in the workplace? • Are there better ways to measure and promote employment than simply FTEs (e.g., part-time and volunteer opportunities)? This can be an issue, as funded agencies only recognize full-time employment. Should we measure these factors as indices of quality of life? • What are the critical success factors in companies that are disability-competent? Are there tangible benefits for those companies (i.e., a solid business case for recognizing strengths and assets)? • Are there supports in place (e.g., accommodations, etc.) that help individuals stay employed? • Are there measures of stigma in the workplace that potentially create barriers?
	<p>Persons with disabilities</p>	<ul style="list-style-type: none"> • How can we ensure that known universal values drive system change; how do the values and desires of the target client population align with the existing system and its policies? • Do current government and service organization policies support the achievement of desirable outcomes for this client population? • How do we turn the use of incentives/funding towards transformation of the 'system' such that it is rewarded when it achieves identified outcomes? • Are there better ways to measure and promote employment than simply FTEs (e.g., part-time and volunteer opportunities)? This can be an issue, as funded agencies only recognize full-time employment. Should we measure these factors as indices of quality of life?

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<p><i>Poly-pharmacy</i></p> <p>A large proportion of the Ministry's budget is spent on medications for seniors and persons with disabilities.</p> <p>Many individuals with mental illness are prescribed multiple medications to treat different conditions/ diagnoses.</p> <p>Adherence to and reimbursement and over/under use of medications represent some of the challenges for this population. Non-adherence may lead to relapse or other medical conditions.</p>	<p>Seniors</p>	<ul style="list-style-type: none"> • How do you transfer and sustain the use of knowledge generated by multi-disciplinary practice to a broader range of health professionals across Alberta in urban and rural settings? What are the impacts of this type of service delivery on adherence in seniors? • Long-term cohort study (historical) of transition to polypharmacy in seniors. • What are the factors that influence physician prescribing practices? • How does polypharmacy impact independence and employment via improved quality of life? Are there measures of quality of life (e.g., hours worked, social activities, etc.) that should be routinely measured in those with mental illness using various medications? Similarly, does improved quality of life improve medication adherence? • Can we use existing sources of data to better understand quality of life issues (e.g., comparison of different types of pharmacotherapies on quality of life measures)?
	<p>Persons with disabilities</p>	<ul style="list-style-type: none"> • Can elements of other models that we know work be put together into a program that would make a 'difference'? • What needs to go into the design of a customized program that will be successful for this target population? • What are the factors that influence physician prescribing practices? • Prevalence / effectiveness of strength-based approach – application to persons with disabilities and mental health issues • How does polypharmacy impact independence and employment via improved quality of life? Are there measures of quality of life (e.g., hours worked, social activities, etc.) that should be routinely measured in those with mental illness using various medications? Similarly, does improved quality of life improve medication adherence? • Can we use existing sources of data to better understand quality of life issues (e.g., comparison of different types of pharmacotherapies on quality of life measures)?
<p><i>Strength-based approaches</i></p> <p>The system of care should move from a deficit or disability-based approach to a strength-based approach, where people are viewed as full citizens.</p> <p>Finding ways to build</p>	<p>Seniors</p>	<ul style="list-style-type: none"> • Explore and evaluate how other strength-based models of innovation (e.g., Kate Lorig's research from Stanford University) can be applied to address mental health issues in Alberta. • Review existing literature for knowledge transfer strategies to identify best practices for improving social capital, in terms of maintaining and increasing existing strengths in one's social system. Also, has this changed over time, given the relative independence of the upcoming cohort of seniors? • What are best practices in setting up and maintaining registries of: volunteering; employment opportunities; and other community involvement options, to highlight seniors' existing skills and sharing expertise? • Knowledge transfer research in sources of information and funding (e.g., assistance developing grants) so seniors can launch their own ideas. What is the impact of doing this for small scale research and community building initiatives? • What is the impact of non-clinical interventions in terms of assisting with psychiatric symptomatology (i.e., social determinants of health and their impact on psychiatry)?

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<p>upon individuals' skills, and focus on their abilities is important for enhancing self-esteem and well being.</p> <p>Volunteerism is one way in which the strengths of individuals can be used to positively impact both the individual and the community at large.</p>	<p>Persons with disabilities</p>	<ul style="list-style-type: none"> • A backgrounder examining the evidence for the effectiveness of strength-based approach (versus other approaches) would be useful. • What are the common elements and values of strength-based approaches across disciplines, sectors, and cultures? • How does the strength-based approach relate to other approaches (i.e., client-centered approach)? • How is it applied? (Through the development of a framework, toolkit, guidelines for practice, principles, policies?) • Issues of validity and fidelity (are practitioners really using the approach when they say they do?) • Are there costs (financial and otherwise) related to implementing strength-based approaches/practices? What are they? (e.g., cost of training employees) • Where are strength-based approaches being used, where are they being taught? (e-scan) • Is the use of strength-based approaches effective in reducing stigma/discrimination? • How does the provider-client relationship affect the outcomes of the client? • What's the prevalence of strength-based approaches across Alberta? What are the facilitators and barriers to using the approach? • What is the impact of non-clinical interventions in terms of assisting with psychiatric symptomatology (i.e., social determinants of health and their impact on psychiatry)?
<p><i>System capability to respond to those with complex needs</i></p> <p>The range of mental health issues that individuals, supported by the Ministry, present with is large and complex; managing this complexity represents a significant challenge.</p>	<p>Seniors</p>	<ul style="list-style-type: none"> • Can we adapt our existing models to employ best practices? • How can knowledge transfer be improved within these models? • Are there case management models that can be applied to this population? • How can caregivers be better supported? • Would expanding the role of practitioners (i.e. nurse practitioners) to support transitions, similar to an Ontario model, be effective? • How can time and resources be structured to effectively implement best practices? • How can we better inform individuals of changes to service provision? • Can there be flexibility and continuity of care as an individual's funding changes? • How would such flexibility affect cost of providing care? • How would increasing flexibility in funding uses affect access and mental health outcomes? • What do seniors with complex needs require to continue living at home? • Can existing programs be improved to meet these needs? • What amount of home care service can support this? • What are the hospice care needs of Albertans, and can this be met before the population demand exceeds availability? How? • How can we increase our knowledge of elder abuse? • Are seniors with complex needs more susceptible or vulnerable to abuse? • Is risk of abuse comparable between living settings Does improving care models lower incidence of abuse? • There is much work done on complex needs. Knowing what we know, why have systems not adopted best practices where they exist?

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	Persons with disabilities	<ul style="list-style-type: none"> • How do we build skills or identify those individuals who have their own capacity to build social support systems (so that they are appropriately guided to alternative forms of care in the system) • What are long-term outcomes of social support initiatives? How do we measure it? • What is effective practice for supporting those with complex needs and how do we effectively spread those skills? • How do we include clients' knowledge/expertise in defining/shaping alternative models for complex care needs? • What does effective collaboration look like? What are its outcomes and its measures? • How do people with disabilities facilitate making connections outside the regular care service (i.e. social support)? What factors support building this capacity? (process, skills and knowledge) • What are effective research-practice partnerships? What are the necessary knowledge transition mechanisms around partnership research for people with complex needs? • What do the alternative models of effective transition look like? Where are they practiced? Who are the people that would most benefit from this type of support? (i.e. not about more services, it's about different service models) • There is much work done on complex needs. Knowing what we know, why have systems not adopted best practices where they exist? • Complex needs / persons with disabilities – Sustain and maintain innovative alternative models across systems (capacity building models; interdisciplinary; funding pooling – flexibility). • How do acute care settings better support continuity of care; following acute episodes, what models of support help people regain independence in the community? Could be measured via rates of readmission post-intervention. • Do weekly follow-up visits (post acute event) lower costs by keeping people out of hospital? • What is the current status, nationally and internationally, for community housing for complex cases, e.g., behaviourally disturbed PDD clients who may have psychiatric comorbidity? What are the barriers to discharging individuals with complex needs (particularly those that display aggression) to the community?