

Healthy Minds / Healthy Children
Building Capacity in Children's Mental Health
in Southern Alberta



Mental Health Research Showcase
 Banff November 29, 2005

Healthy Minds / Healthy Children

• Project funded by



• Telehealth funding from





- Formed in 2001 & development funded by Alberta Children's Hospital Foundation
- Collaborative of parents, child-serving government ministries, provincial agencies, regional health authorities, First Nations, universities and not-for-profit agencies
- Forum for planning and setting priorities on improving child health & related services
- Looks for ways to improve health and related services for children and youth throughout southern Alberta:
 - Promotion of programs, services & information resources
 - Supports continuum of care from promotion through specialized treatment
 - Connects parents, families & youth across health regions
 - Promotes families as equal partners in care planning & provision
 - Builds capacity of parents, communities and professionals to address child & youth health concerns
 - Supports use of new technology and other innovations in service delivery

THE CHALLENGES

- Access to services
 - High prevalence rates of need
 - Low service access by children/youth
 - Large geographic area
- Availability of services
 - Specialized programs fully subscribed
 - Resources concentrated in larger population centres
- Existing capacity
 - PCP's lack specialized knowledge in field
 - PCP's lack self-confidence with these patients



4

Healthy Minds/ Healthy Children

Objective:

To improve the mental health of children and youth in Southern Alberta through bringing services closer to home by:

- Building the capacity of local primary health care providers through clinical supports & resource development
- Making use of innovative technology via the creation of Children's Integrated Telehealth-based Mental Health Services (CIMHS) & offering web-based continuing professional development



5

Clinical Supports

- In-office clinical consultation (case or theme based)
- Inservicing
- Strengthening linkages with local resources
- Telehealth based consultation (inter-professional & multi-site)



6

Resource Development

- Desk reference (screens, checklists, decision trees)
- Information Prescriptions (user friendly background information)
- Web based interactive continuing education (synchronous, asynchronous, inter-professional)



7

Data

- Over 20,000 information prescriptions in circulation
- Desk reference field tested by over 75 physicians
- Continuing education – attended by nearly 100 physicians/clinicians from all over Alberta who report 85-100% satisfaction



8

PROJECT CLINICAL ACTIVITY (Individual Consultations)

June 1, 2004 – October 17, 2005

DISPOSITION	f	%
consultation only	75	70%
referral for psychiatric consult	1	1%
referral to area mental health	5	5%
referral to other specialists	2	2%
return for follow up	9	8%
professional support	2	2%
planning & organizational	2	2%
education	8	7%
developing linkages	3	3%
TOTAL	107	100%

86% of clinical activity is consultation
(Only 8% of consultation required referral to specialized services)

14% is growth/sustaining activity arising from individual consults

9

Information Access

All material described in this presentation can be viewed on:

www.sacyhn.ca

- Information prescriptions
- Desk Reference
- Continuing education brochures




10

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11



Relationships Between Housing, Health Care and Quality of Life for Adults with Severe and Persistent Mental Illness

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Overview



- Background and Rationale
- Study Design and Methods
- Results
- Recommendations

Background & Rationale



Health is sensitive to the social environment *

- Learning about the social determinants of health
- My work experience in mental health
- Reading the research literature:

Low incomes and inadequate housing are common problems for people with severe and persistent mental illness.

*(Wilkinson & Marmot, 2003)

Severe and Persistent Mental Illness (SPMI)

- A diagnosis of chronic or recurrent Axis I mental illness according to DSM-IV criteria,
 - with or without significant Axis II co-morbidity and/or significant substance abuse
- Included schizophrenia and other psychotic disorders, severe bipolar disorder and major unipolar depression
- Duration of at least 24 months

A Framework of Support

- Includes family/friends, community services, formal mental health services and peer support
- Four essential resources enable individuals to access a full range of social supports.
- Community Resource Base: Housing, income, work, education

(A model developed by the National Mental Health Services Committee of the Canadian Mental Health Association in 1984, expanded upon in 1993 and published in 1999 by Trainor, Pomeroy & Pape).

Research Question

How do housing circumstances shape the health care utilization and quality of life of adults with severe and persistent mental illness in Calgary, Alberta?

Study Design

- Utilized data from the Continuity of Mental Health Services Study (COMHS) of Alberta (Adair et al., 2005)
- Prospective cohort study
- Detailed questions about housing were incorporated into the final interview

Sample Eligibility Criteria

- Presented for care to directly funded mental health services in Calgary between March 2000 and July 2001
- Confirmed diagnosis of a severe and persistent mental illness (SPMI)
- Lived in the community for the majority of the study period

Independent Variables



Housing Circumstances (objective measures)

- Length of residence
- Number of housing moves
- Housing cost burden
- Affordable housing
 - Similar to Canada Mortgage and Housing Corporation's (CMHC) definition

Independent Variables

Housing Circumstances (subjective measures)

- Frequency of worry about a forced move (Dunn, 1998)
- Amount of choice of residence (Srebnik et al, 1995)

Outcome Variables

Hospital Utilization (self-reported)

- Admitted to hospital for any reason (yes/no)
- Total nights in hospital during the study

Chart reviews for a random sub-sample (n=22) to verify data accuracy

- Correlation between self-reported hospital nights and chart record

Outcome Variable

Quality of life

- Wisconsin Quality of Life Client Questionnaire (Becker & Diamond, 2001)
- Administered by trained interviewers
- Eight quality of life dimensions
- Scores can range from -3.0 to 3.0

Sample Characteristics

Sample size	178
Female	58 %
31- 45 years of age	49 %
12 or more years education	83 %
17 or more years education	19 %
Worked for a wage	25 %
Median income (sample)	\$12,704
Median income (Calgarians in 2001)	\$25, 670
Annual income < \$11,000	41 %

Housing Circumstances

Housing Circumstance	Study Sample	General 2001 Population
Rental Accommodation	63 %	29% Calgarians
Home owned by one of the occupants	31 %	71% Calgarians
Moved at least once	40 %	-----
Moved two or more times	18 %	-----
Housing cost burden (mean)	42 %	21 % Albertans
Housing is affordable	30 %	-----

Health Outcomes

Data accuracy: $r=0.987$, $p=0.001$

Hospital Use:

- 55 % Admitted to hospital during the study
- Of those admitted to hospital, 75% spent a total of 25 nights or less

Quality of life:

- scores ranged from -1.62 to 2.81
- mean=0.79 median=0.84

Relationships Between Housing Variables

Number of Housing Moves	Mean Housing Cost Burden (%)
Two or more	55.7
One	39.3
None	39.1

Analysis of Variance

F=8.75, p=0.001

Relationships Between Housing Variables

Worry about a forced move	Mean Housing Cost Burden (%)
Sometimes or often	48
Rarely or never	36
Difference in means	12 (6.2 – 17.8)

t-test

t=4.08, p=0.001

Housing Stability & Health Care

Those who moved two or more times

- more likely to be admitted to hospital *
- spent more nights in hospital (difference in means was 2.3 nights) *

Reported worrying about a forced move

- more likely to be admitted to hospital *
- No difference in total nights spent in hospital

* $p = 0.05$

Housing and Quality of life

Quality of life scores were significantly higher for participants who

- Had affordable housing *
- Did not report worry about a forced move **
- Experienced some choice of housing **

* $p = 0.01$ ** $p = 0.001$

Policy Recommendations

- Increase availability of affordable housing
- Monitor disability income amounts
- Permanent housing should be the norm
- Support services are flexible and not linked to housing

Research Recommendations

- Evaluation protocols required in new housing projects
- Ask questions from the perspective of the *Framework of Support*
 - e.g. Compare the quality of social supports accessed by individuals in affordable versus unaffordable housing circumstances

References

- Adair, C.E., McDougall, G.M., Mitton, C.R. et al. (2005). Continuity of care and health outcomes among persons with severe mental illness. *Psychiatric Services*, 56 (9), 1061-9.
- Becker, M.A. & Diamond, R. (2001). *Quality of Life Assessment Manual*. Wisconsin
- Dunn, J. R. (1998). *Social inequality, population health, and housing: Towards a social geography of health*. Unpublished PhD, Simon Fraser University, Vancouver.
- Goering, P. et al. (1997). Review of Best Practices in Mental Health Reform. Toronto: Clarke Institute of Psychiatry: Health Systems Research Unit.
- Massey, O. T., & Wu, L. (1993). Important characteristics of independent housing for people with mental illness: Perspectives of case managers and consumers. *Psychosocial Rehabilitation Journal*, 17(2), 81-92.
- Newman, S. J. (2001). Housing attributes and serious mental illness: Implications for research and practice. *Psychiatric Services*, 52, 1309-1317.

References

- Srebnik, D., Livingston, J., Gordon, L., & King, D. (1995). Housing choice and community success for individuals with serious and persistent mental illness. *Community Mental Health Journal*, 31(2), 139-152.
- Statistics Canada. (2001a). *2001 Community profiles: Families and dwellings statistics, Calgary (Census Metropolitan Area), AB* Retrieved July 4, 2003, from <http://www12.statcan.ca/english/profil01/PlaceSearchForm1.cfm>
- Statistics Canada. (2001b). *2001 Community profiles: Income statistics for Calgary (Census Metropolitan Area), Alberta*. Retrieved July 4, 2003, from <http://www12.statcan.ca/english/profil01/PlaceSearchForm1.cfm>
- Trainor, J., Pomeroy, E., & Pape, B. (Eds.). (1999). *Building a framework for support: A community development approach to mental health policy*. Toronto: Canadian Mental Health Association.
- Wilkinson, R. & Marmot, M. (Editors.) 2003. *Social Determinants of Health: The Solid Facts, 2nd Edition*. World Health Organization. Retrieved November 17, 2005 from <http://www.who.dk/document/e81384.pdf>