

British Columbia Ministry of Health

Patients as Partners Initiative

Mental Health / Substance Use Care

Engagement Tip Sheet

Our health system works well, but there are challenges – such as an aging population, more chronic diseases and an over-reliance on hospitals. As the health care system develops initiatives to address these challenges, the need to engage patients, families and caregivers in specific population groups can be anticipated. With this in mind, we have developed a series of tip sheets on engagement processes and for engaging patient population groups including: people who receive primary care services, caregivers, older adults that have complex medical conditions or are frail, people experiencing mental health and or substance use challenges, people who will receive surgical services, people in rural or remote locations, and multicultural populations. These tips apply to all three domains of health-system engagement: individual care; program and community services; and system redesign.

The purpose of the tip sheets is to provide guidance and support to health-care organizations in their patient, family and community engagement activities. The tip sheets are intended for use by engagement staff, health service practitioners, program managers, community development officers, and any health-care staff across the B.C. health system who works on engagement projects related to the co-design of health care.

Engaging people with mental health and or substance use challenges

What is the rationale?

One in five British Columbians experiences mental health and/or substance use issues. This aim for care is to improve the health outcomes and care experiences of children, youth, adults and seniors with mental health and or substance use problems. The goal is to provide a comprehensive suite of evidenced-based services that are integrated and co-ordinated, and are responsive to patient and family needs. This includes planned and linked access to primary, community services, highly specialized care, diagnostic services and hospital services.

Who are the stakeholders?*

- ✓ People who have previously accessed the mental health/substance use system of care
- ✓ Children, youth, adults and seniors experiencing mental health and/or substance use problems
- ✓ Health-care practitioners, including psychologists, nurses, social workers, occupational therapists, clinical counsellors, trained peer support, primary care providers
- ✓ Community organizations, not for profit organizations, service providers (see: www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/organizations)
- ✓ Academics and subject matter experts specializing in mental health and substance use
- ✓ Family members, including family caregivers and advocates

(family doctors, nurse practitioners), specialist physicians (addictions medicine, psychiatry), pharmacists, etc.

- * Each of these stakeholder groups includes multiple sub-groups that should be considered as you design and undertake engagement activities related to this population. For example, a different approach may be necessary for engaging youth as opposed to adults. Also consider multicultural populations in your engagement planning.

While other stakeholder groups are identified, the barriers, tips and techniques below are specific to engaging the patient and family/informal caregiver populations related to mental health and substance use care.

Barriers to engagement

- Stigma, racism, marginalization and power imbalance.
- Privacy/confidentiality.
- Difficulty in communication, recruitment and retention.
- Diversity of mental health/substance use conditions and patient needs.
- Lack of interest/awareness about the opportunity.
- Mistrust/lack of confidence in authenticity of the process.
- Limited access and opportunities for psychosocial supports.
- Lack of capacity – both internally and among stakeholders.
- Additional time and resources required to plan and deliver engagement processes.

Tips and tools for effective engagement

- Proactively address power, stigma and stereotypes in a respectful, empowering way.
- Approach mental health/substance use stakeholders with genuine dignity and respect – be kind, compassionate, open-minded and non-judgemental.
- Collaborate with participants in planning engagement, and strive for shared decision-making whenever possible. Offer patients a meaningful role in the process and decision – avoid tokenism. Do not engage if there is no opportunity for patients and family caregivers to influence or inform the decision.
- Confirm anonymity and ensure confidentiality/privacy. When dealing with a stigmatizing condition, offer the use of an alias, as some participants may not be comfortable disclosing personal information.
- Build and maintain relationships slowly over time, leveraging trusted relationships (e.g., community leaders, health-care providers, peers) to connect with patients.
- Recognize and understand that many mental health/substance use participants have experienced trauma. Seek trauma-informed practice advice and training as you plan and deliver engagement processes. See B.C.'s Trauma-Informed Practice Guide: bcewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
- During the engagement process with patients, it is not unusual for patients to express signs and symptoms of mental illness and or substance use challenges, including serious acute symptoms. It is important that the engagement process includes a protocol for immediate access to supports and appropriate mental health and substance use services if needed.

- Plan and design the engagement collaboratively with patients from the start – ask what they need.
- Engage patients and practitioners together (equal representation or more patients than practitioners) to create shared understanding and build trust.
- Follow through on stated actions, such as reporting back how input influenced the decision, to demonstrate integrity.
- Engage a diversity of patients, family caregivers and other stakeholders – a range of geographic locations, socio-demographics, conditions, treatments, ethnicities, including those who are homeless and or are linked with the criminal justice system – so that no one group dominates the agenda or discourse.
- Provide incentives such as, food, transportation, appreciation and recognition of participation, including opportunities for professional, paid employment whenever possible.
- Provide support to participants, including engagement training/orientation, peer, family, support worker and/or caregiver support, and cultural support. As appropriate, encourage patients to enlist the support they need to participate.
- Communicate clearly with participants, using appropriate, sensitive and plain language. Be upfront about objectives, boundaries, time commitments and what is expected.
- Use peer facilitators with lived experience and offer equal recognition for such roles (i.e., professional, paid employment).
- Plan person-centered logistics to accommodate needs and limitations, and help patients feel safe. For example, plan for extra time and frequent breaks during engagement sessions.
- Collect feedback on the engagement process – from both patients and practitioners – to monitor and improve over time.

Recommended engagement techniques

- Include patients in engagement design/technique selection
- Be flexible – offer a variety of options, methods and opportunities to participate
- Offer both in-person and online opportunities
- Advisory groups (enlist participation through care providers)
- Focus groups (via telephone, using conference lines, when anonymity is a priority)
- Interviews (via telephone to start)
- Surveys
- Webinars
- 1-800 line (telephone techniques)
- Peer supported/facilitated sessions
- Regularly scheduled forums or workshops to build and maintain networks (e.g., monthly, quarterly, semi-annually, etc.)

