

The Matryoshka Project: Examining the Effects of Enhanced Funding for Specialized Programs

A Look at Early Intervention Programs



Research Team

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Communities and Programs

(1) Toronto

St. Mike's (Early Intervention)
CMHA Toronto (Court Support)

(2) Windsor Essex

CMHA Windsor Essex (Early Intervention)
CMHA Windsor Essex (Court Support)

(3) Peterborough

CMHA Peterborough (Early Intervention)
CMHA Peterborough (Court Support)

(4) Hamilton

CMHA Hamilton (Court Support)



(5) Aurora

CMHA New Market (Early Intervention)
CMHA New Market (Court Support)

(6) Thunder Bay

CMHA Thunder Bay (Early Intervention)
CMHA Thunder Bay (Court Support)

(7) Parry Sound

Muskoka Parry Sound
Community Mental Health
Program (Early Intervention)
Muskoka Parry Sound
Community Mental Health
Program (Court Support)

Why Matryoshka?

- Programs & individuals do not exist in vacuums
- There are layers stacking within one another
- At its core is the client, surrounded by the program, surrounded by the local system (including legal, education and social service systems), surrounded by region and the region by the province



Study Purpose

- Examine the effects of the investment of new funding into the mental health system on the continuity of care received by new and ongoing clients of the system



Dimensions of Continuity of Care

- Timeliness of service
- Intensity of service
- Comprehensiveness of services
- Coordination of service provision
- Accessibility



Research Question 1

Q1: Does the continuity of care received & experienced by clients change in the periods after new funding?

Hypotheses: Between baseline & following years,

- lower proportion of drop-outs
- increase in new cases
- larger proportion of clients will have access to care
- more comprehensive care
- timely care
- appropriate intensity of care
- coordinated care



Research Question 2

Q2: What local system and program factors are related to changes in continuity of care?

Hypotheses: There will be variations among programs in what decisions were made with regard to the use of new funding

These variations will be associated with local constraints at the regional, local and program levels as well as decision makers' expectations and objectives



Research Question 3

Q3: Is there a relationship between continuity of care and better client outcomes?

Hypotheses: There will be an association between care that has greater accessibility and is more comprehensive, timely, of appropriate intensity and coordinated and decreased use of tertiary services, legal contacts and community functioning.



Methods

- Quantitative
 - Clients
- Qualitative
 - Decision makers – Nora Jacobson
 - Clients – Joan Nandlal



Data Collection

- Three waves of data collection
 - 12 months apart
 - Fall 2005, 2006 and 2007



Quantitative Interview Forms - Client

- Demographics
- Educational Background
- Experience with Psychotic Symptoms
- Current Education Status
- Physical Health in the Past 12 Months
- Employment History in the Past 12 Months
- Financial Information
- Legal Issues Information
- Prescribed Psychotropic Medication Information
- Quality of Life Scale
- Alberta Continuity of Service Scale for Mental Health (ACSS-MH)
- Multnomah Community Ability Scale – Self Report (MCAS-SR)
- Camberwell Assessment of Need Short Appraisal Scale (CANSAS) – Client Version
- Contact with Professionals
- Satisfaction with Outpatient Mental Health Care



Quantitative Interview Forms – Case Manager

- Program Participation
- Housing Information
- Camberwell Assessment of Need Short Appraisal Scale (CANSAS) – Case Manager Version
- Service and Support Program Use History
- Service Needs Profile



Quantitative Interview Forms – Charts

- Client Diagnosis
- Tertiary Service Use
- Court Support Clients



Criteria to Select Local Systems & Programs

- Programs willing to participate
- Program size (capacity for at least 64 clients enrolled)
- Maturity of program
- Geographic representation of the Province
- No ongoing research



Main Finding 1

- Over the three years, there has been an increase in the number of new clients receiving services
- Early intervention clients experienced continuity in the services they received



FIGURE 1. Total Clients Enrolled in Study Early Intervention Programs: October 2005, October 2006 & October 2007

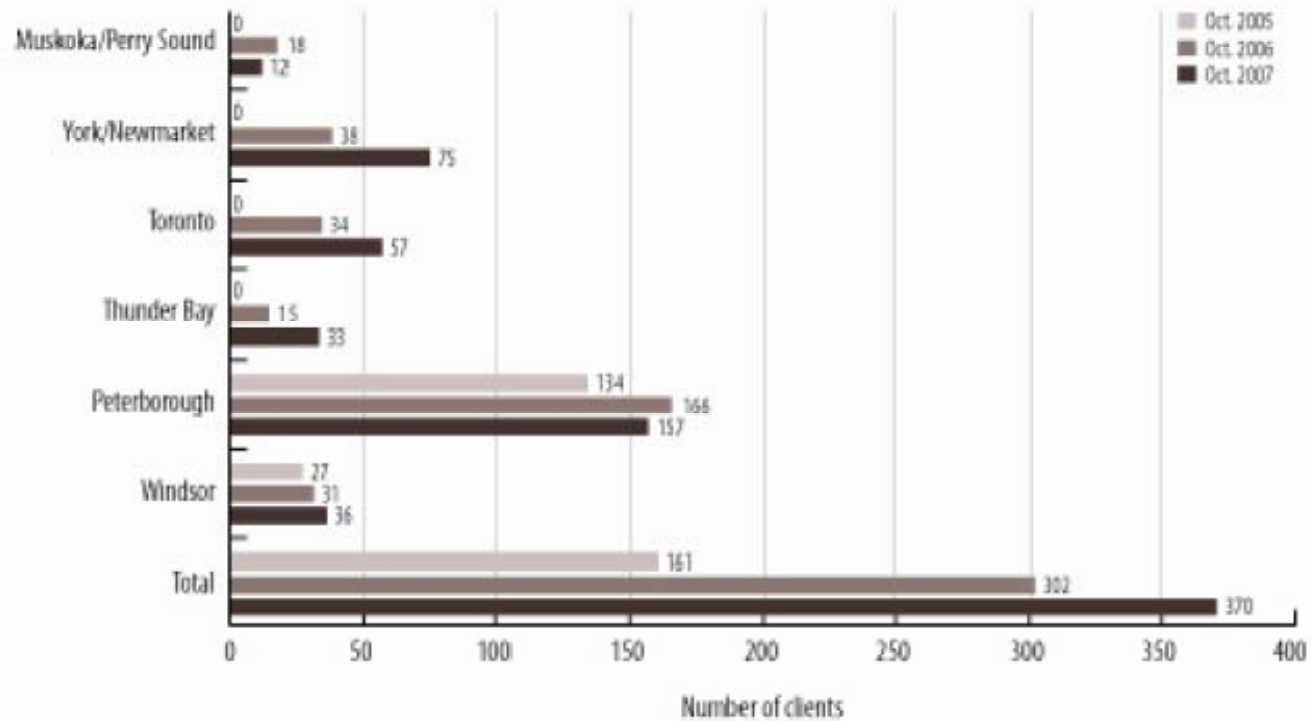
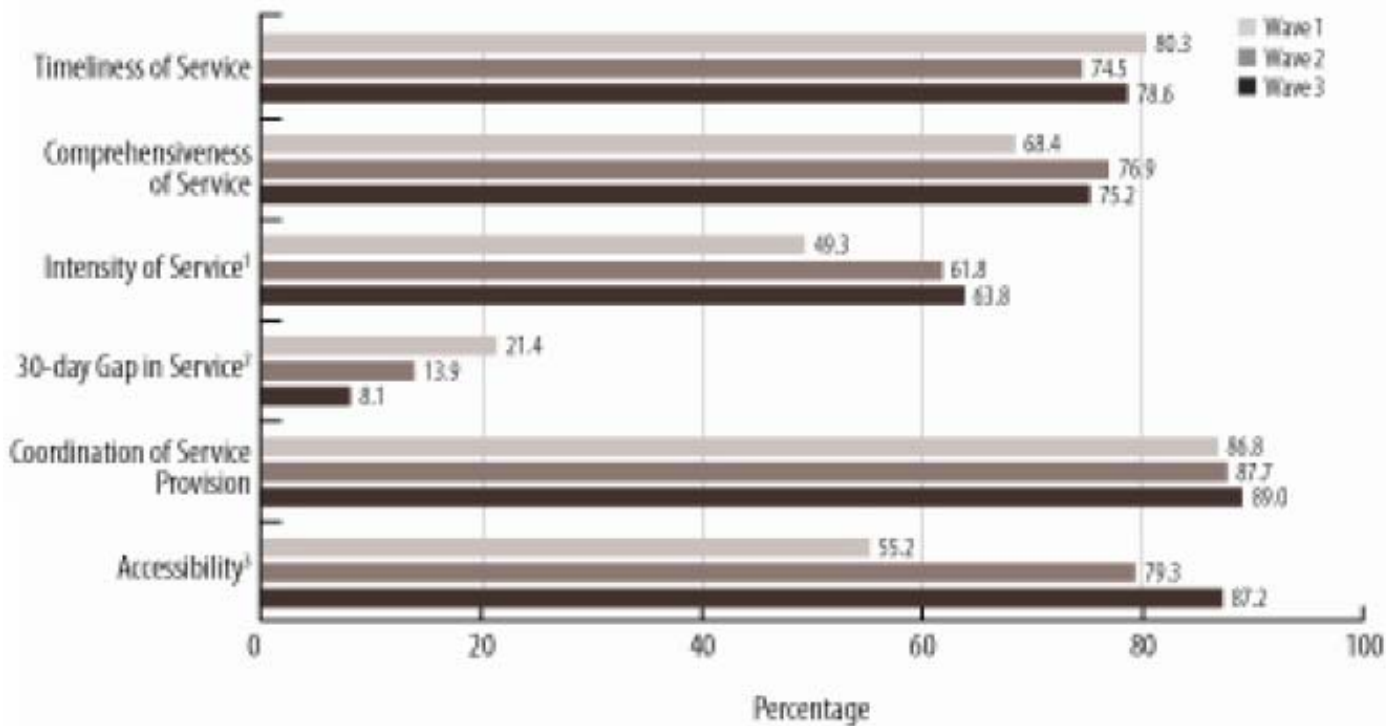


FIGURE 2. Continuity of Care Measures for Study Early Intervention Programs: Waves 1, 2 & 3



Main Finding 2

- Programs are serving their target populations.



- Early intervention programs are able to identify clients earlier in their illnesses.



FIGURE 3. Age Distribution of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

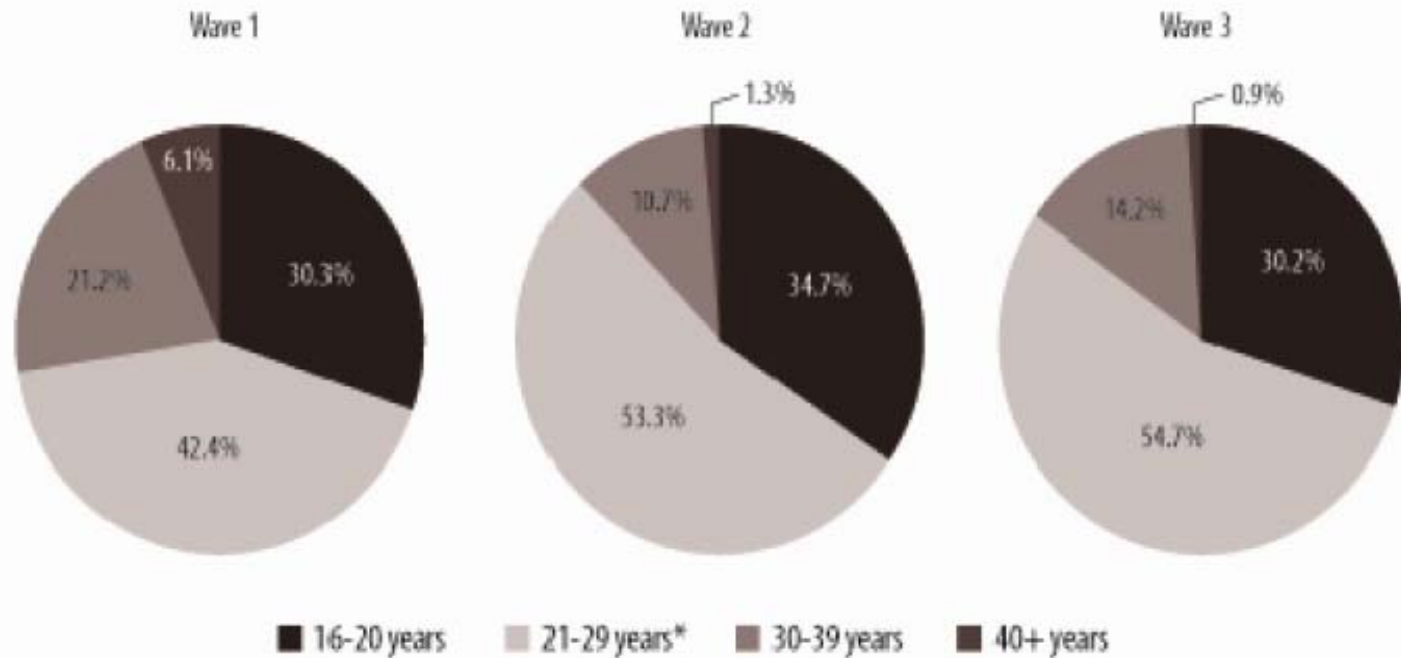


FIGURE 8. Duration of Untreated Positive Psychotic Symptoms of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

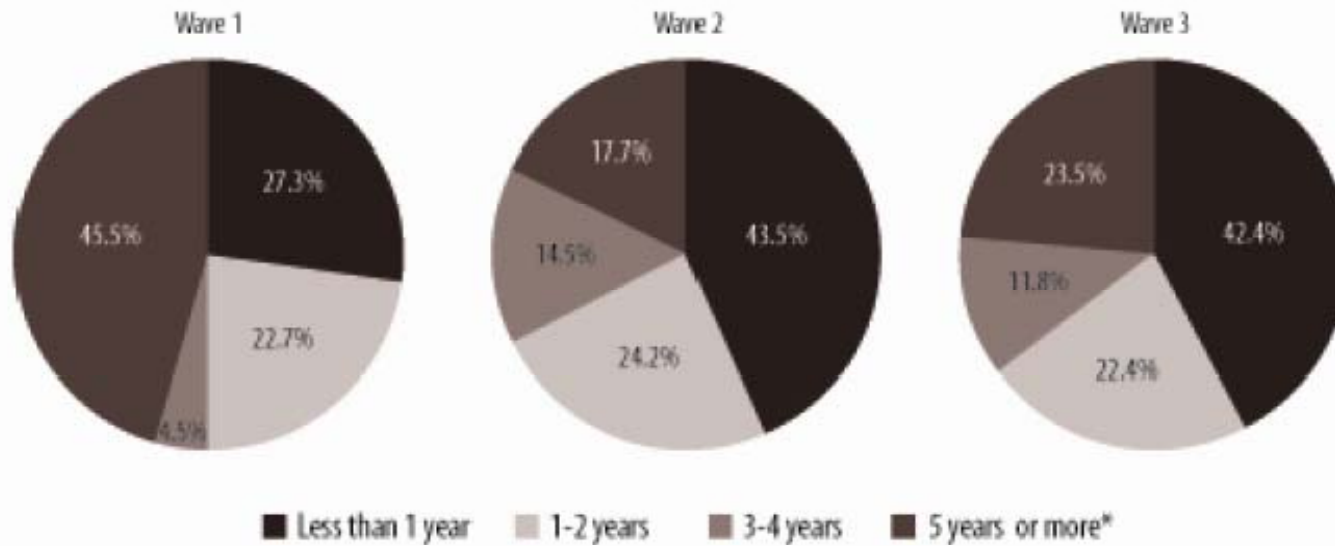
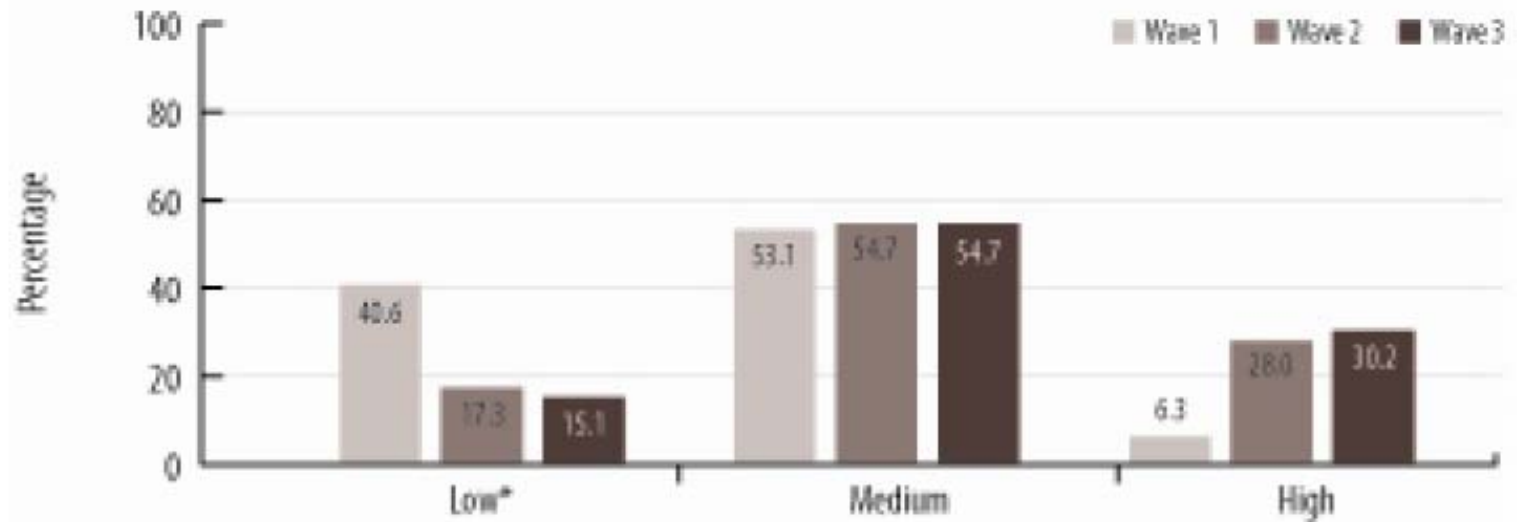


FIGURE 11. Functioning Level of Study Clients in Early Intervention Programs: Waves 1, 2 & 3



Main Finding 3

- Early intervention programs have offset the use of hospital and emergency services.



FIGURE 10a. Hospitalization in Past 12 Months of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

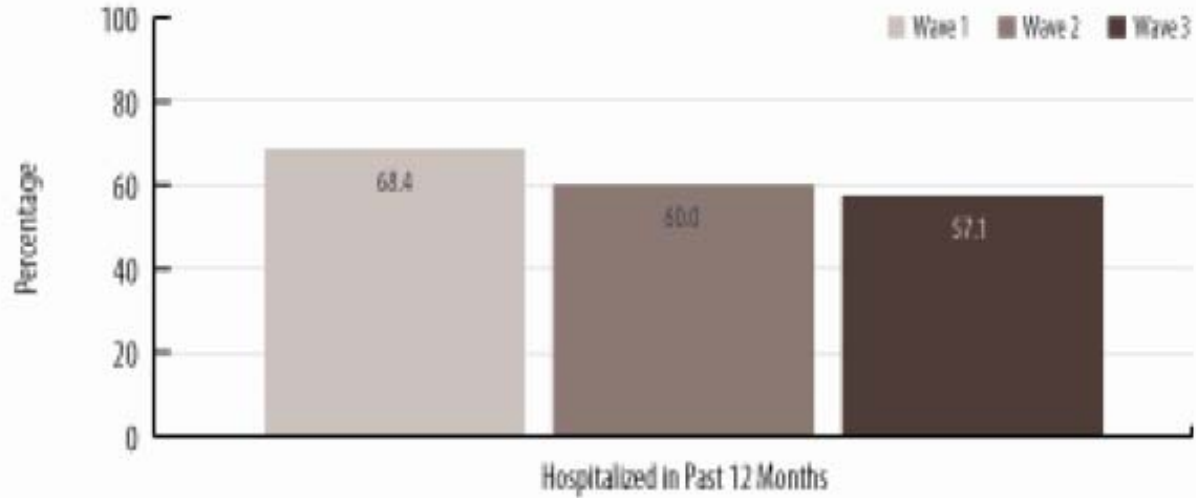


FIGURE 10b. Number of Hospitalizations in Past 12 Months of Study Early Intervention Programs: Waves 1, 2 & 3

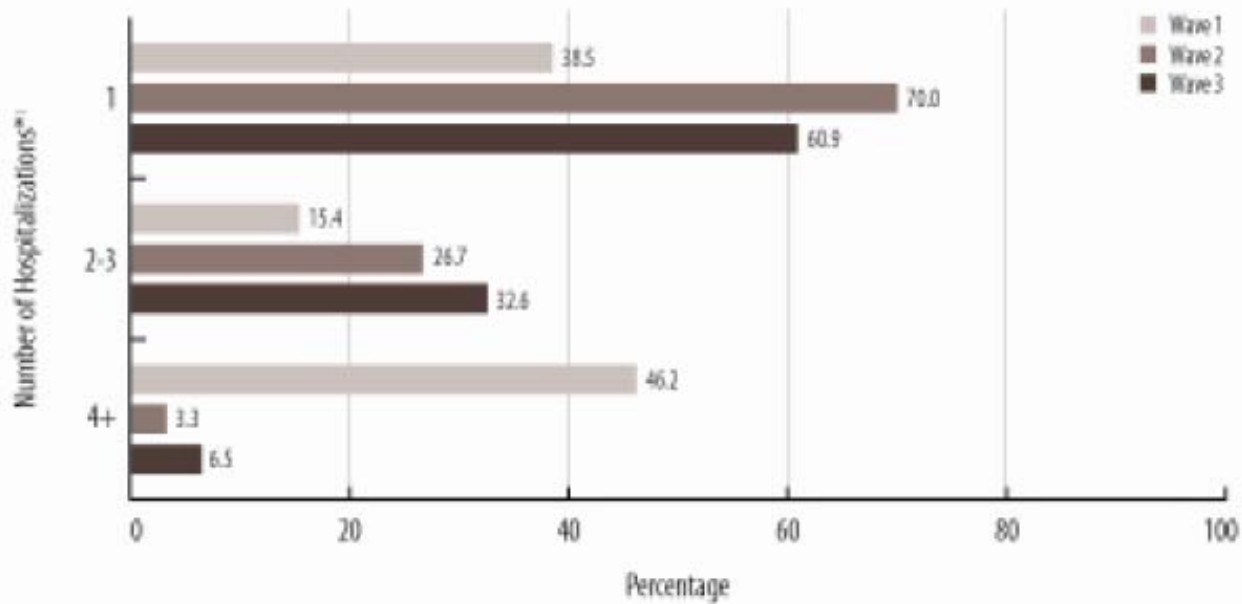


FIGURE 10c. Emergency Department Visits in Past 12 Months of Study Clients in Early Intervention Programs: Waves 1, 2 & 3

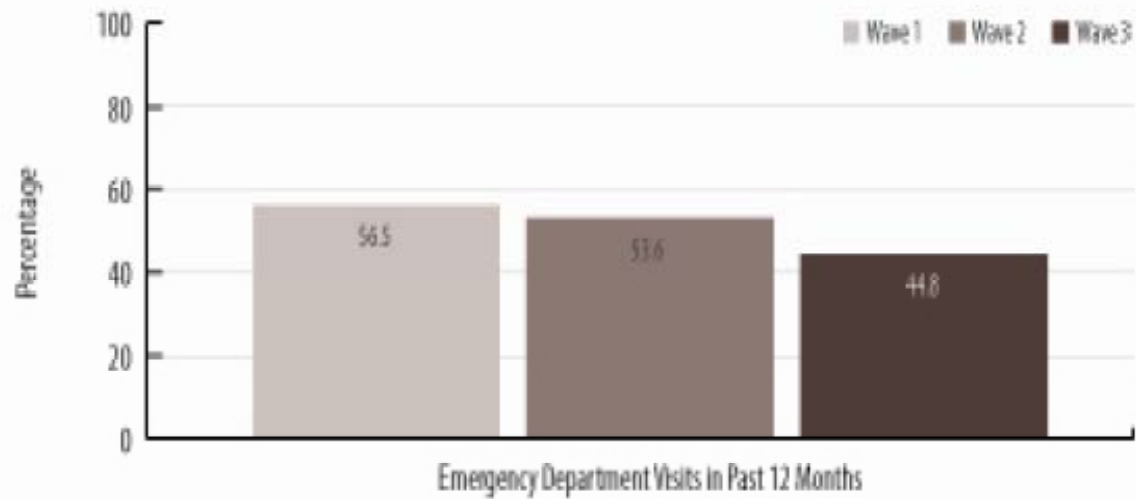
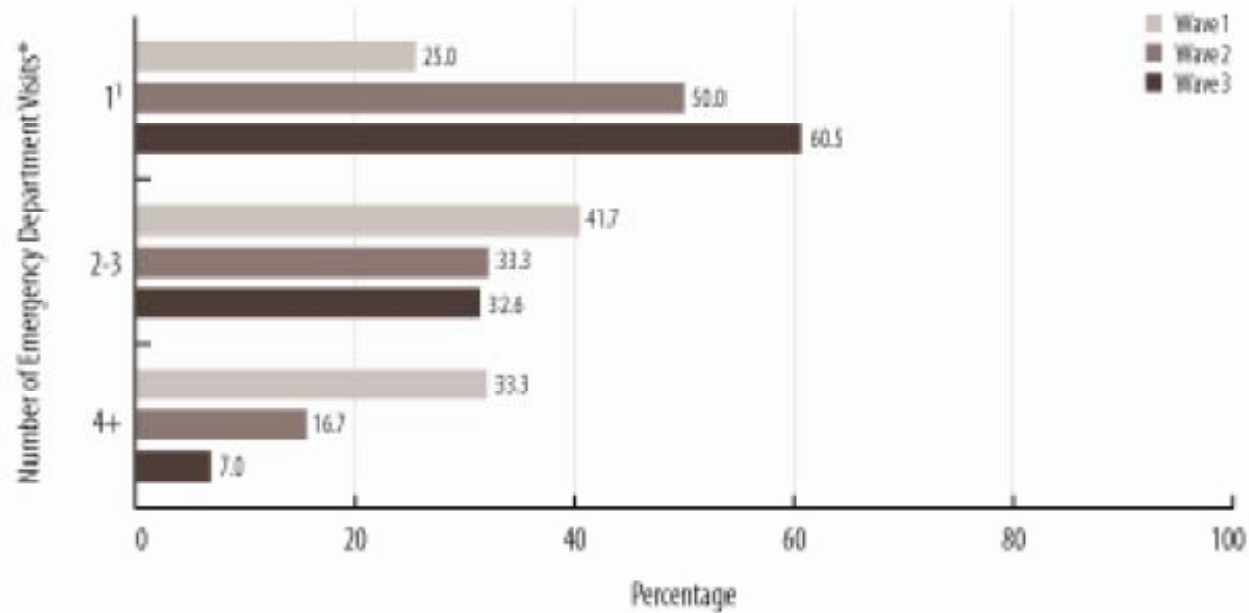


FIGURE 10d. Number of Emergency Department Visits in Past 12 Months of Study Early Intervention Programs: Waves 1, 2 & 3



Main Finding 4

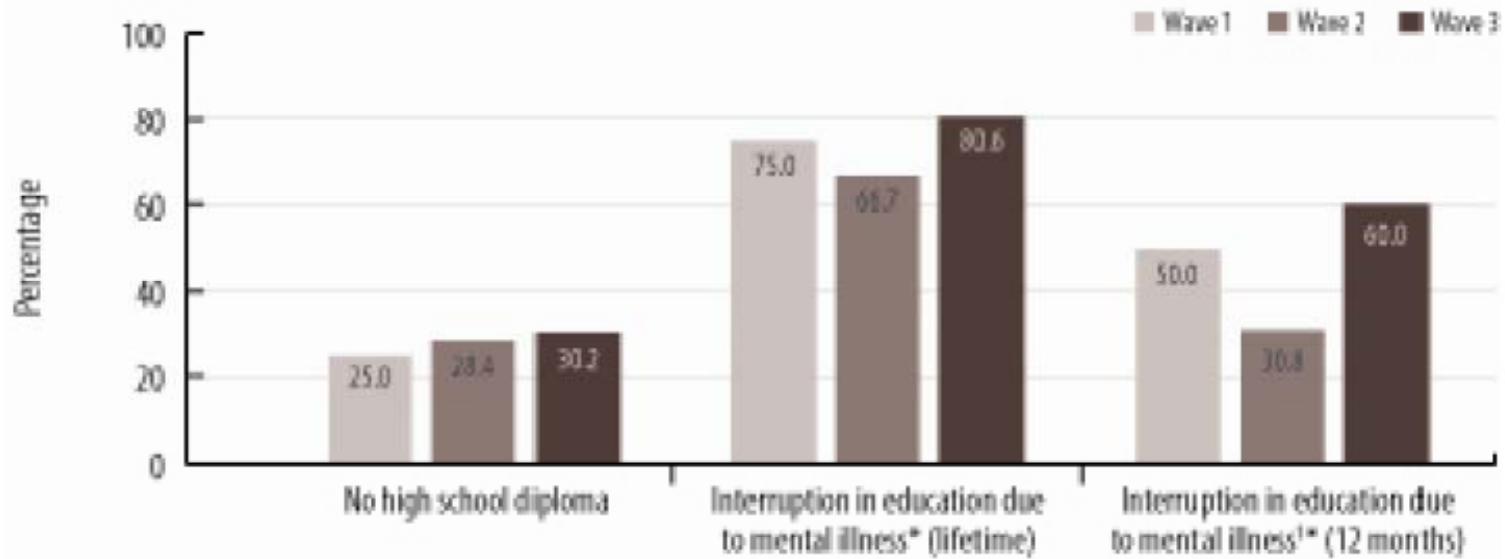
- Although they are receiving mental health services, clients are still faced with the challenges of poverty, unemployment and education.



- In all three years, the greatest proportion of early intervention clients had no post-secondary schooling. For the majority of clients, their education was interrupted by mental illness. What are their future employment and career prospects?



FIGURE 6. Education Status of Study Clients in Early Intervention Programs: Waves 1, 2 & 3



Main Finding 5

- EI programs provide a broader service to the community beyond their clients.



Conclusions



Main Message 1

- New investments can increase access to mental health services.



Main Message 2

- There should be increased investment in community mental health programs. Community mental health services offset the use of hospital and emergency services.



Main Message 3

- Community mental health programs must be allowed the time to operationalize new funding within their contexts. Investment will not change the system overnight.



Main Message 4

- There should be greater alignment between mental health, social services, labour and education sectors. More than just the provision of mental health services is needed to insure the quality of life of clients.



For More Information

- OMHAKEN website

https://www.ehealthontario.ca/portal/server.ppt?open=512&objID=2182&mode=2&in_hi_userid=11862&cached=true

