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Assessing the effectiveness of the network of services available to people with serious mental health problems living in the community

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We would first like to thank the service clients who agreed to participate in the study. We also benefited from excellent collaboration by the service providers, both for recruiting the subjects and for granting us some of their invaluable time to answer our questions.

We were able to count on the rigorous work of Sophie Hamman, Isabelle Laurin and Luc Legris in the realization of the interviews.

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Key Implications for Decision Makers

For more than 40 years, public policies have favoured keeping people with serious mental health problems in the community. This study identifies a number of characteristics associated with genuine integration of services designed to keep people in the community, in conditions of relative well-being and satisfaction.

The study shows that:

- Integration of services makes a difference in meeting client needs, in the seriousness of symptoms and the intensity of users' psychological distress.
- The networks best adapted to meeting people's needs forge close links between organizations providing complementary services.
- The size of the network of services or the intensity of links between all these resources is not a decisive factor in how client needs are adequately met.
- The availability of residential and rehabilitation services—especially through work—plays a leading role in maintaining clients' relative well-being and satisfaction.
- A more adequate response to physical or mental health needs and to basic needs such as housing, food or daily activities helps alleviate psychotic symptoms and psychological distress.
- The most effective networks present an “integrating pole” that includes a crisis centre capable of directing clients to the services required once the crisis has passed.
- The existence of mini-networks or “cliques” of organizations that function in parallel within a formal network limits access to the full range of services and does not foster satisfaction of client needs.

Executive Summary

For more than 40 years, public policies have favoured keeping people with serious mental health problems in the community, rather than confining them to asylums, as was too long the practice. This strategy obviously has been made possible by pharmaceutical discoveries (development of antipsychotic drugs that mitigate symptoms of psychosis, for example) as well as changing perceptions of mental illness and the people affected. We now know that they generally have a potential to function independently that can be developed if the necessary services are available and adequately organized.

Our research focuses on organization of services and compares three networks of services available to these clients. The objective was to determine how the degree of integration in each network—the intensity of contacts and exchanges between the various constituent resources—impacts on clients.

Consequences

The consensus that emerged from the forum on mental health in September 2000 (Forum sur la santé mentale) recognized the role of regional boards in developing proposals to integrate services to the public in their territories. In this context, the research highlights the importance of access to complementary resources capable of meeting all client needs.

Findings

The findings confirm that integration of services makes a difference in meeting needs, in the seriousness of symptoms and in the quality of life for users monitored over 12 months.

The networks considered "effective"—those promoting improved health and well-being of the people contacted—share certain key characteristics:

- The organizations with the closest contacts deliver complementary services.
- This complementarity allows them to provide all the services their clients require; these extend beyond only health care services to social services in the broad sense.
- The availability of residential and rehabilitation services (through work in particular) appears to play a significant role.
- Since crisis services play a central role in each network, the type of links forged with other resources is a decisive factor. Being able to respond to the crisis is not enough; networks must also provide a path leading to a satisfactory return to the community.
- Community resources, provided they are linked with other resources—whether community or institutional—make a crucial contribution to the effectiveness of the network. Institutional resources in isolation are inadequate to meet the full range of needs that characterize this client group.

Approach

These findings were obtained from observation of groups of patients from three networks of services in the Montreal area. The general idea behind the study was to determine the extent to which each network is able to meet the various needs identified and therefore the degree to which users' health, well-being and quality of life can be improved.

Patients were recruited at the end of a crisis period — after a stay in the emergency department, at the crisis centre or in a short-term psychiatric care unit. This strategy was chosen because this is generally a time when relying on all necessary services is a key to remaining in the community.

The team met with these patients at the time of recruiting, and one year later, to update their status. Had their condition improved, remained stable, or deteriorated? The questions focused on their various needs and how these were met, their quality of life and their mental health.

The measurements of outcomes were linked with measurements of integration applied to each of the three sectors studied. These sectors were chosen so that each would present special characteristics compared with the other two. The significance of links between the various resources present in these sectors was considered. These links could be of four types: user referral, exchange of information, service agreements and meetings.

These measurements were developed following an inventory of all organizations involved in delivering healthcare or social services to the target clientele. Meetings were held with each of these resources at which a key representative indicated whether his organization had been in contact with each organization on their network's list during the previous year.

In two of the three networks, we noted a statistically significant improvement in the status of users (reduced psychological distress, fewer unmet needs, and less serious symptoms). The characteristics of these two networks — different from the third, which showed no change among clients — are presented in the findings section.