



ARTIST
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RESEARCH INSIGHT

A Gap Analysis of Mental Health and Addictions Support Services in Richmond, BC

A COMMUNITY-BASED RESEARCH STUDY

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ABSTRACT Across Canada, mental health and addictions (MHA) has become an area of concern for health providers: it is estimated that one in five adults is affected by a mental illness or addiction. In line with the provincial Ministries of Health Services and Child and Family Development ten-year plan to address MHA in BC, a community-based MHA service gap analysis was undertaken in the present study in Richmond, BC. The primary objectives of this research project were to identify and validate gaps in MHA support services in Richmond based on the informed perspectives of MHA community service providers. In addition to independent and consumer informants, a total of 22 administrators and frontline workers from 10 Richmond-based organizations were interviewed for the purposes of gap validation. Analysis of key informant responses for recurring themes elucidated four main areas of improvement: navigation of MHA services, continuum of support, personalized support, and outreach. Following a meeting among key informants to discuss the results of the current gap analysis, the expectation was raised of developing a strategic action plan to address gaps in MHA service in Richmond, BC.

the research is conducted. The process relies on consultation with resources and expertise based within the community to ensure action-oriented outcomes.³ The need for community-based research in the area of MHA support services was clearly identified by the RCSAC MHA working group.¹ Although focus groups and analyses specific to certain populations had been conducted in the past, no broad gap identification and validation research on MHA services had been undertaken in Richmond prior to this study. The RCSAC recognized the importance of a service gap analysis to ensure that recommendations for future initiatives are based on the informed perspectives of Richmond MHA service providers.

INTRODUCTION

RATIONALE FOR MHA GAP ANALYSIS

The Richmond Community Services Advisory Committee (RCSAC) consists of governmental and non-governmental organization representatives from Richmond, British Columbia (BC) that meet to identify community concerns relating to social services, and to advise elected officials and staff on possible plans of action to resolve the concerns. Evaluation of mental health and addictions (MHA) support services in Richmond has been a key topic of discussion during recent RCSAC meetings.¹ Furthermore, MHA has also become an important area of concern for health providers across Canada. It is estimated that one in five Canadian adults is affected by a mental illness or addiction that spans the course of 12 months.² In 2010, the BC Ministries of Health Services and Child and Family Development developed a ten-year plan to address mental health and substance abuse in the province. In line with the vision, goals, and population health approach of this plan, the RCSAC undertook a community-based service gap analysis to identify and validate shortcomings of MHA support services in Richmond.

Community-based research is defined by data collection and analysis that is relevant to the development of the community in which

OBJECTIVES

The objectives of this community research project were:

1. To identify gaps and key areas of improvement in current MHA support services for adults and youth in Richmond.
2. To validate identified gaps and areas of improvement in current MHA support services.
3. To initiate the development of a strategic plan with recommendations for programs and services designed to resolve validated gaps in current MHA support services.

METHODS

Most gaps in MHA service were identified during RCSAC meetings. The Richmond Integrated Comprehensive Addictions System, a precursor table to the RCSAC MHA working group, also identified specific gaps in addictions services.

MHA service gap validation was completed principally through interviews with representatives from each partner organization. For most organizations, a frontline worker and an administrator were interviewed to systematically capture a broader perspective on the identified gaps. All informants were provided with

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TABLE 1: The following community organizations served as key informants during the data collection and compilation stages of the gap analysis.

the opportunity to confirm the transcription of their responses via e-mail correspondence, allowing for inaccuracies to be rectified.

All interviewee responses were compiled into a summary table and analyzed on a gap-by-gap basis. Similar comments concerning gaps and areas of improvement were extracted from the data pool.

PARTNER ORGANIZATIONS
Canadian Mental Health Association (CMHA) provides adults with mental illnesses vocational training, employment opportunities, supported education, and recreational programs. Representatives from CMHA Richmond sit on the RCSAC. ⁴
CHIMO Crisis Services provides crisis intervention counseling and prevention workshops about MHA issues for the Richmond community. Representatives from CHIMO Crisis Services sit on the RCSAC. ⁵
Richmond Addiction Services (RASS) offers a range of preventative, consultative and clinical services and programs for youth under 25, families, and seniors facing addictions issues. Representatives from RASS sit on the RCSAC. ⁶
Richmond Mental Health Consumer and Friends Society (RCFC) offers peer-to-peer support and recreational programs to adults with mental illnesses. Representatives from RCFC sit on the RCSAC. ⁷
Richmond School District (RSD) is the governing body of public elementary and secondary schools in Richmond. The District works in partnership with Vancouver Coastal Health and non-governmental organizations to provide mental health services to youth aged 4 to 18 in school. Representatives from RSD sit on the RCSAC. ⁸⁻¹⁰
Richmond Youth Service Agency (RYSA) offers youth in Richmond a range of services from Aboriginal programs to leadership and empowerment activities. Representatives from RYSA sit on the RCSAC. ¹¹
The Supporting Families with Parental Mental Illness and Addictions (SFWPMIA) table offers group-based social and recreational programs for parents with mental illness and/or addictions and their children. Representatives from the SFWPMIA table sit on the RCSAC.
The City of Richmond Seniors Services and Social Planning divisions are involved with Richmond MHA service providers. Staff from the City of Richmond act as support to the RCSAC.
Touchstone Family Association (TFA) offers counseling services, outreach, and social programs to youth and families in Richmond. Representatives from TFA sit on the RCSAC. ¹²
Turning Point Recovery Society (TPRS) in Richmond provides residential recovery for vulnerable men and women who require support, counseling, and a safe residence. Representatives from TPRS sit on the RCSAC. ¹³
Vancouver Coastal Health Authority (VCH) manages clinical services offered to individuals in Richmond with MHA issues. Representatives from VCH Richmond sit on the RCSAC. ¹⁴

RESULTS AND DISCUSSION

A total of 27 gaps were identified and validated through key informant interviews. Analysis of informant responses for recurring themes elucidated four main areas of improvement: navigation of MHA services, continuum of MHA support, personalized MHA support, and MHA outreach.

NAVIGATION OF MHA SERVICES

The overarching gap in Richmond's current MHA support services, which was agreed upon by most interviewees, was the lack of protocols and pathways for organizations to facilitate easy access to needed services and support for their clients. Currently in Richmond, referral services such as VCH's Central Intake Line utilize both VCH and community resources to meet client needs. Committees such as the Richmond Collaborative Committee for Children and Youth have non-governmental MHA organizations as members working in collaboration to address the needs of Richmond youth.¹⁷ The majority of these committees and services bridge selectively affiliated service providers. However, there is no reliable network, inclusive of all partner MHA governmental and non-governmental organizations in Richmond, for administrators and frontline workers to rely upon for information and referral purposes. Development of a MHA service network in Richmond would allow for the formation of pathways defining the relationship between organizations as well as the protocols to be followed to access services offered by different organizations.

CONTINUUM OF MHA SUPPORT

Some gaps discussed during the interviews dealt with the lack of a continuum of support available to MHA clients during their recovery process. The main areas where a gap in service exists include clinical detoxification and transitional housing for adults and

youth. During the interviews, it was noted that clients who have completed residential recovery programs and now require transitional housing are unable to find this support in the Richmond community. Turning Point Recovery Society, in partnership with other organizations, is planning to fill this gap by building second-stage housing units in Richmond by 2015. Furthermore, Richmond does not have a facility designed with a clinical detoxification capacity. While there are no plans to establish such a facility, smaller scale services such as the Acute Home-Based Treatment Program are working to offer clinical detoxification on an individual basis.

PERSONALIZED MHA SUPPORT

All interviewees conveyed the need for provision of consultative and clinical support tailored to the needs and backgrounds of individual MHA clients. The major groups requiring this specialized MHA support were identified as older adults, youth, individuals with concurrent MHA disorders, individuals with a developmental disability, South Asians, and Aboriginal peoples. Most interviewees agreed that there is sufficient need in Richmond to establish support services and/or housing programs for older adults, youth, and individuals with multiple disorders. However, culturally-relevant programs and services for MHA clients were not as clearly supported. Some interviewees indicated that while increasing cultural competency among service providers may be beneficial, there might not be a critical number of individuals with MHA issues that require culturally-conscious support.

MHA OUTREACH

Key informants recognized outreach services, particularly those catered towards youth, as an important area for improvement in Richmond's

MHA support services. Some interviewees purported that the current approach to MHA service delivery needs to be modified prior to the development of tangible MHA outreach programs. Much of the consultative and clinical work currently done by Richmond MHA service providers is only as a response to clients in crisis, and it is dependent on the initiative of the client to attend organized sessions. A community outreach approach will encourage organizations to seek out individuals that may be at risk for MHA issues and provide the necessary consultative and clinical support necessary for them to remain productive members of their community and workforce.

FUTURE DIRECTIONS

From the information gathered through the interviews, it is evident that a collaborative effort among MHA service providers in Richmond is required in order to tackle the validated gaps in a systematic manner. As a first step, it would be important to review all interviewee comments and host a meeting among service providers to reconfirm the presence of the identified gaps. At this time, it would also be beneficial to prioritize the gaps and discuss recommendations for gap resolution. Following this meeting, an action plan may be developed to outline the key gaps to be addressed, initiatives to resolve the gaps, the timeline and expected outcomes of the proposed initiatives, and the follow-up evaluation strategy. This plan will be designed and executed with the support of MHA service providers in Richmond.

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REVIEWED BY BELINDA BOYD

With over 25 years of experience in the not-for-profit health sector and in community-based volunteering, Belinda has honed an understanding of the social determinants of health and the mechanisms needed to improve health outcomes. In her professional role as Leader, Community Engagement with Vancouver Coastal Health, Belinda has contributed extensively to the development of partnerships and community capacity, which has resulted in building healthier communities across the Lower Mainland Region of British Columbia.

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