

Building Capacity through Providing Virtual Mental Health and Substance Use Service

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February 27th, 2023

Background:

- Virtual services were expanded due to the COVID-19
- Allowing the opportunity to assess the quality of virtual services
- Aiming at building capacity by expanding virtual health services

Virtual Health Evaluation

- **Phase I**
 - Interviews to identify barriers

- **Phase II: VH Surveys**
 - Client Survey Results
 - Service Provider Survey Results

Interview Methodology

32 semi-structured interviews were conducted between June 8 – July 20 2020.

- **Not all** MHSU Virtual Health services were interviewed
- Some interviews included **multiple services**

54 services interviewed:

- 14 Community MHCs
- 16 Specialized Community Services
- 12 Acute Sites
- 8 Tertiary Sites
- 4 Substance Use Services

Interviewers followed a template with questions for each stage of care.

Sites/Services Interviewed

Specialized Community	Community MHCs	Acute	Tertiary	Substance Use
1. CRESST	1. Abbotsford	1. ARH	1. Arbutus Place	1. Creekside
2. CAR 67	2. Agassiz*	2. BGH	2. Oceanside	2. Quibble Creek
3. CYYA	3. Burnaby	3. CGH	3. Memorial Cottage	3. SUSAT
4. Older Adult	4. Chilliwack	4. ERH	4. Connolly	4. MRTC
5. DDMHS	5. Delta North	5. FCH	5. Cottonwood	
6. Eating Disorders	6. Delta South	6. LMH	6. Cypress	
7. Surrey ICM	7. Hope*	7. PAH	7. Timber Creek	
8. Surrey ACT	8. Langley	8. RCH	8. Cedar Ridge	
9. SafePoint	9. Mission	9. RMH		
10. START	10. Maple Ridge	10. SMH		
11. EPI	11. New Westminster	11. CAPSU		
12. UCRC	12. TriCities	12. RCH Outpatient		
13. Rehab & Recovery	13. Surrey			
14. Aboriginal	14. WR/SS			
15. YCDT				
16. Abbotsford ACT				
17. ERC				

Analysis Procedure

1. Extracted information for different type of services
2. Organized information around evaluation goals including:
 - a) **Utilization**
 - **Platforms and devices**: Audio, Video, Written, In-person
 - **Across each stage of care**: Referral / planning admission, Screening / assessment, Treatment, Discharge / transition, and Nonclinical services
 - b) **Barriers**
 - Service provider report on **client-related barriers**
 - Service provider report on **staff-related barriers**
3. Report findings for each service

Virtual Health

Overview

What works well

Client-Related

1. More accessibility, convenience, and efficiency
2. More privacy and anonymity
3. Higher attendance
4. Decreased no-shows
5. Easier to connect with family members

Staff-Related

1. More flexibility for staff and physicians
2. More connection with clients
3. Greater physical distancing
4. Easier to access information online
5. Easier to connect with other services
6. Virtual rounds are more productive

Frequent Client-Related Barriers - Individual Counselling and Group Therapy

Lack of access to devices (10/14)

Limited training in VH platforms and devices (9/14)

Preference for in-person services (8/14)

Discomfort when using VH technology (7/14)

Concerns about platform security
(6/14)

Lack of access to Wi-Fi/data
(5/14)

Frequent Staff-Related Barriers - Individual Counselling and Group Therapy

Limited training in VH platforms and devices (11/14)

Poor audio quality (7/14)

Limited access to FHA Zoom Accounts (7/14)

Nonclinical communication challenges between service providers (6/14)

Challenges to create private environment (6/14)

Difficulty establishing rapport (5/14)

Virtual Health Survey: Client Results

Methodology: Client Survey Details

Client Survey: implemented Sept 2020 - January 2021

Survey Type	# of respondents	# of questions	# of demographic questions	# of screening questions	# of 5-pt Likert Scale questions	# of open-ended questions
Client Survey	308	36	4	9	21	2

- Online survey was created using Simple Survey platform
- Links for online surveys were distributed through coordinators

Methodology: Identifying Domains Through Factor Analysis

- *Client Survey Domains:*
 - **Virtual Logistics:** ease of joining virtual visits, including instructions, access to equipment and clear communication (*7 questions*)
 - **Quality of Care:** clients perceived quality of virtual service and overall satisfaction (*9 questions*)
 - **Accessibility and Convenience:** virtual services were accessible and convenient (*4 questions*)

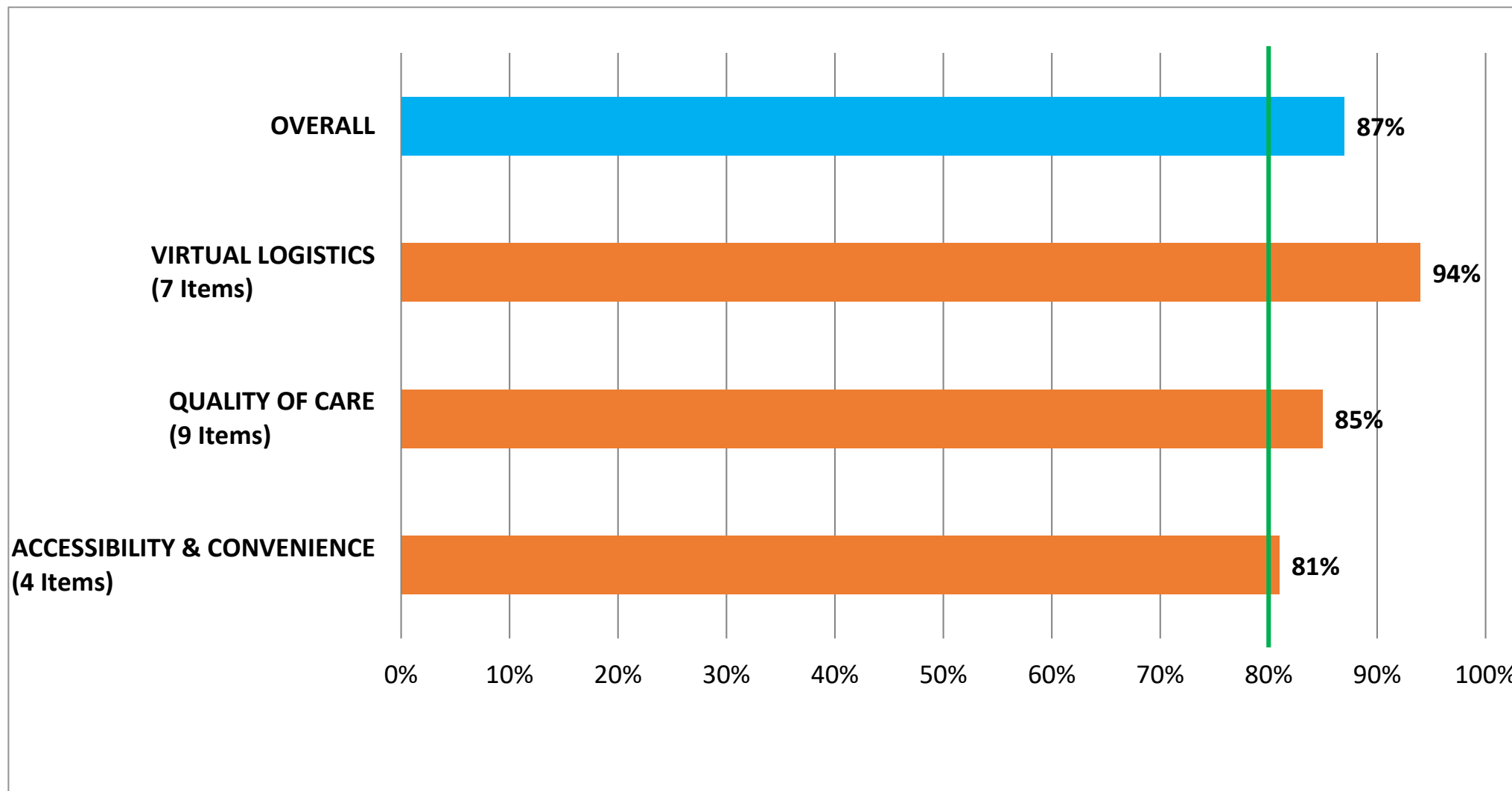
Methodology: Positive Experience Scoring

- **Positive Experience Calculation:** For each Survey item

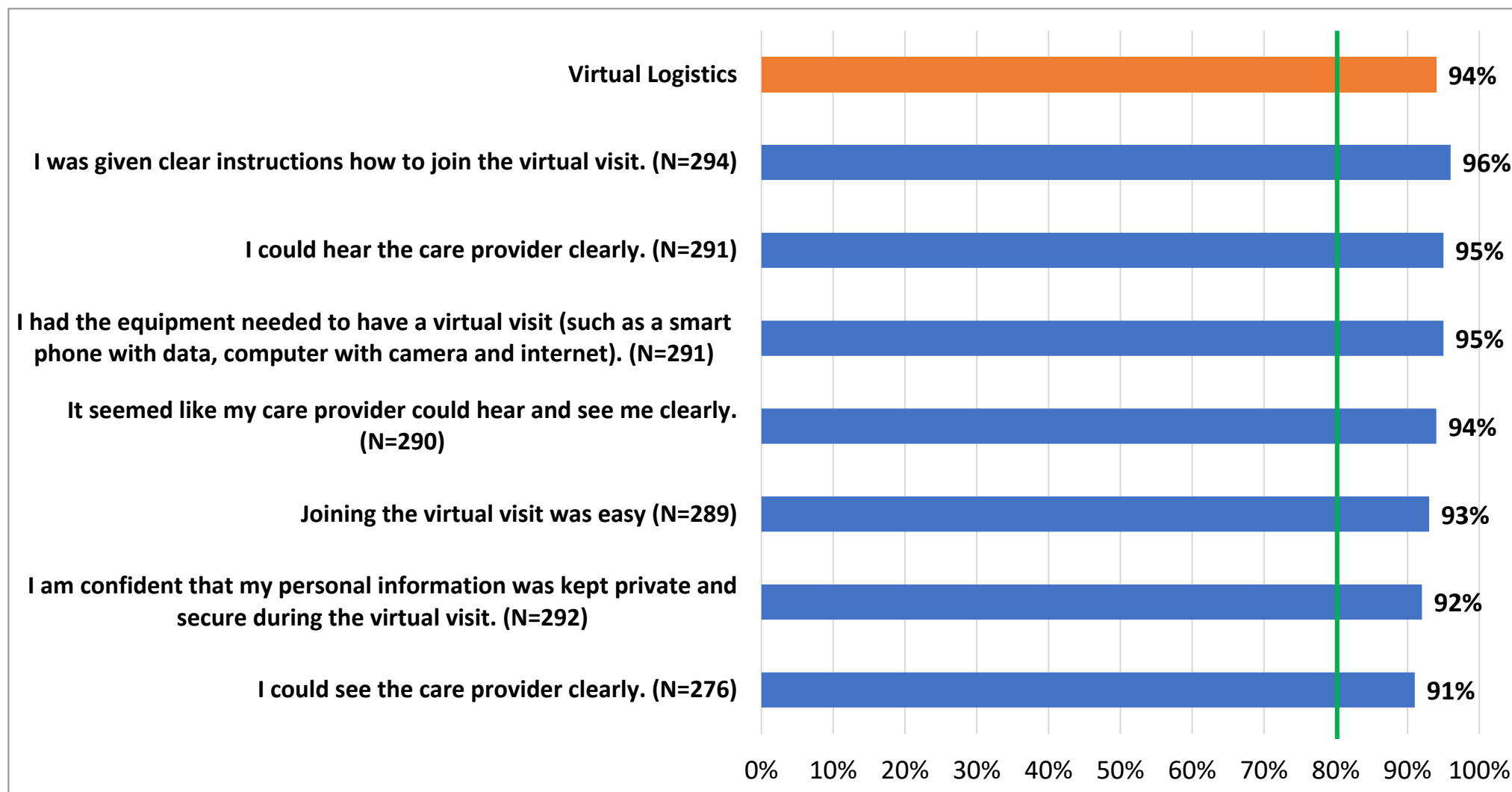
$$\frac{\text{\# of responses selecting Agree or Strongly Agree}}{\text{\# of responses to that question, excl. blanks and Not Applicable}}$$

- **Domain and Overall Scores:** Same process as above but averaged across all domain items or survey items
- **Target:** A positive experience score of **80%** indicates at least 80% of clients report a positive experience on *Areas of Service, Domains and Overall*

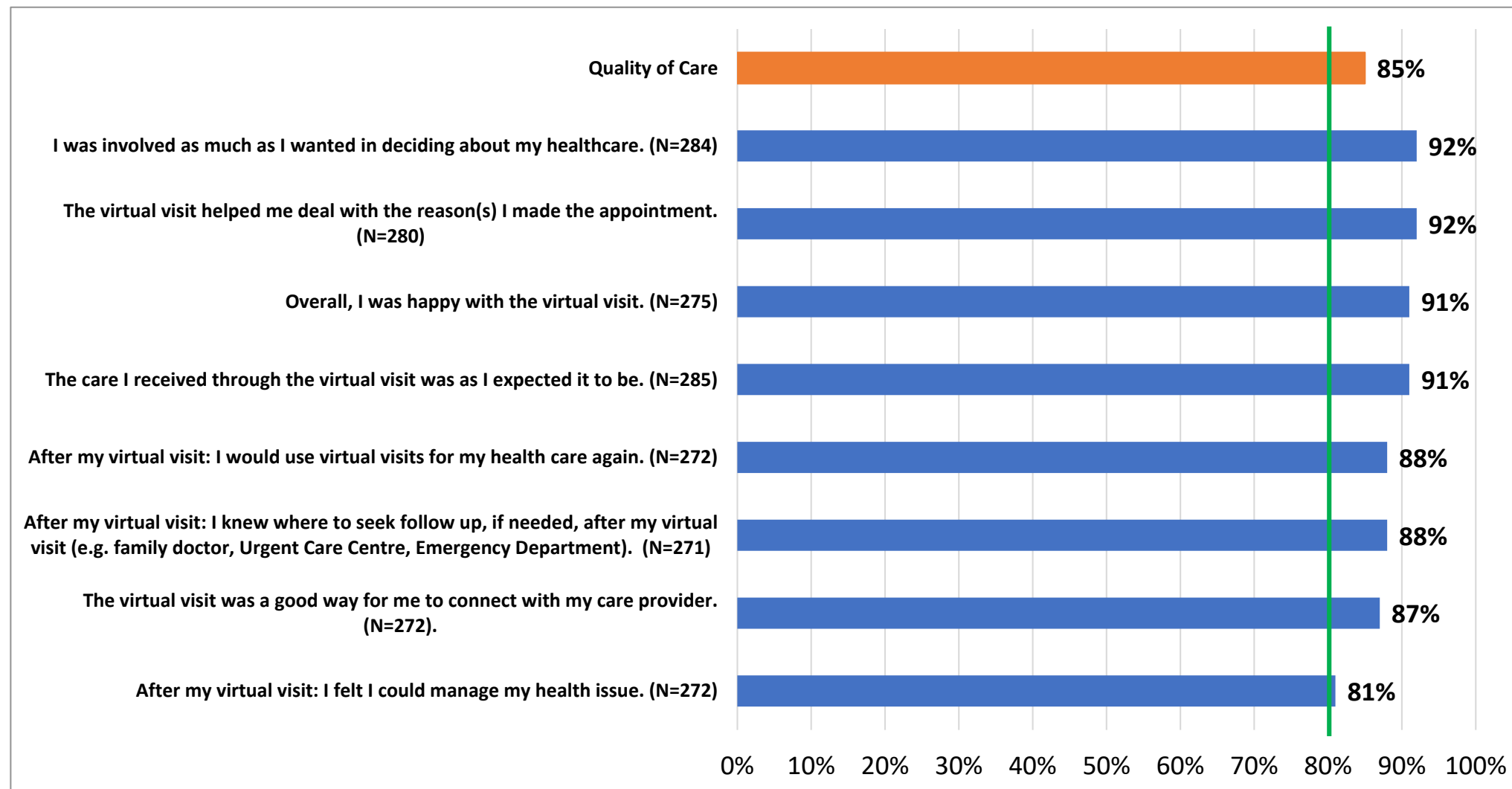
Client VH Survey - Positive Experience Scores: **by Domain**



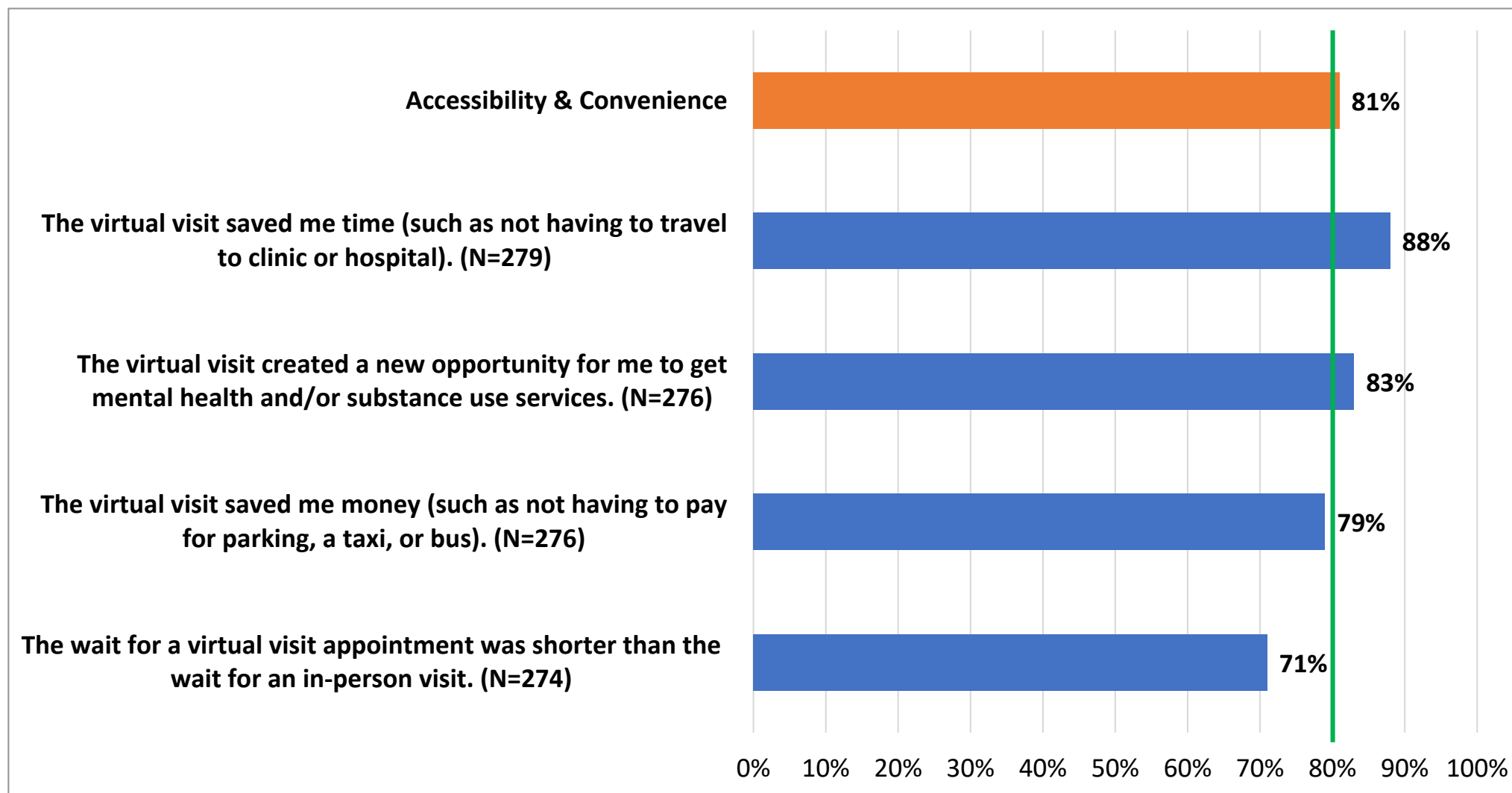
Client VH Survey - Positive Experience Scores: Virtual Logistics



Client VH Survey - Positive Experience Scores: Quality of Care



Client VH Survey - Positive Experience Scores: Accessibility and Convenience



Virtual Health Survey: Client Qualitative Results

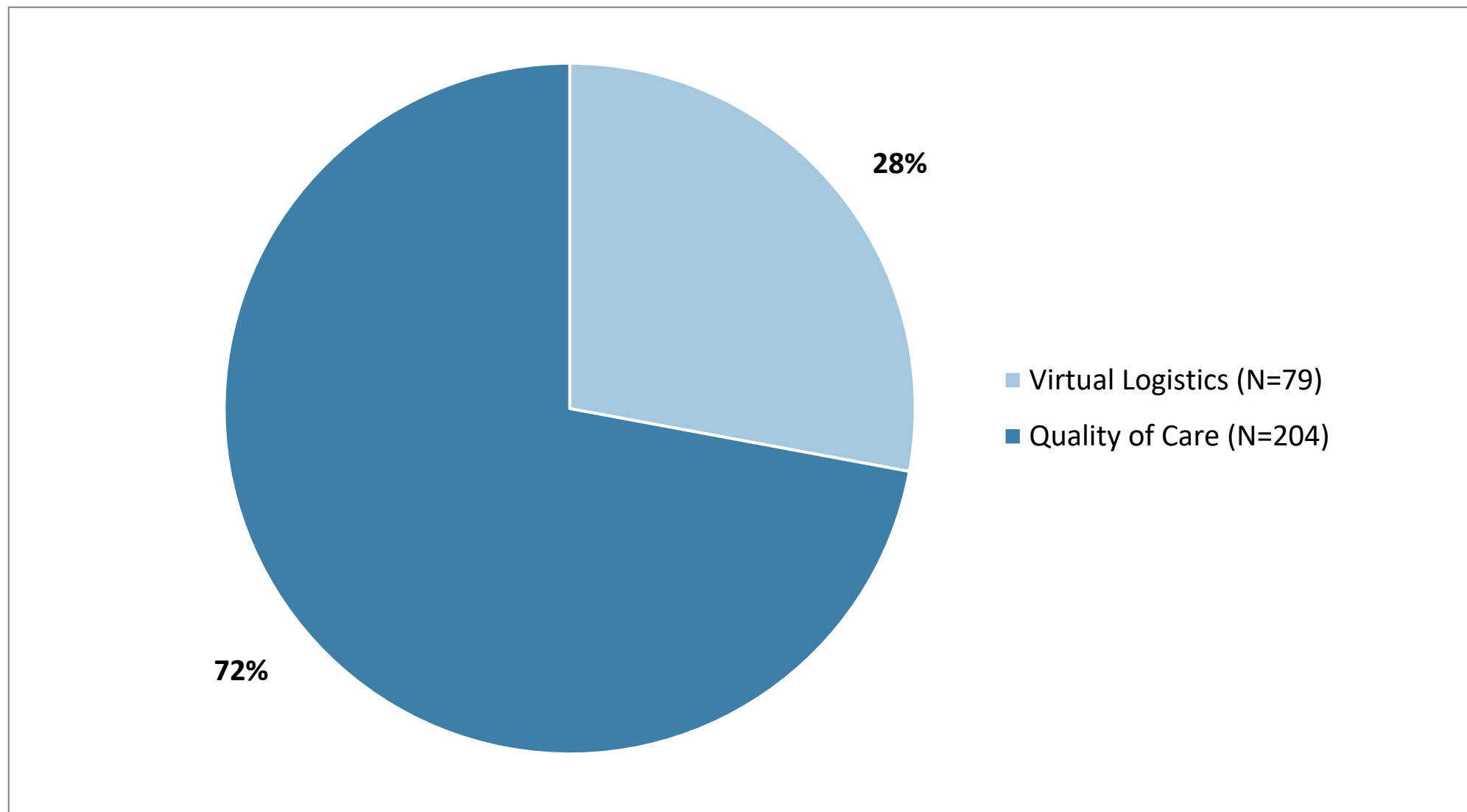
Two open-ended questions aimed to capture MHSU clients' thoughts:

- What else would you like to tell us?
- How can we improve this service?

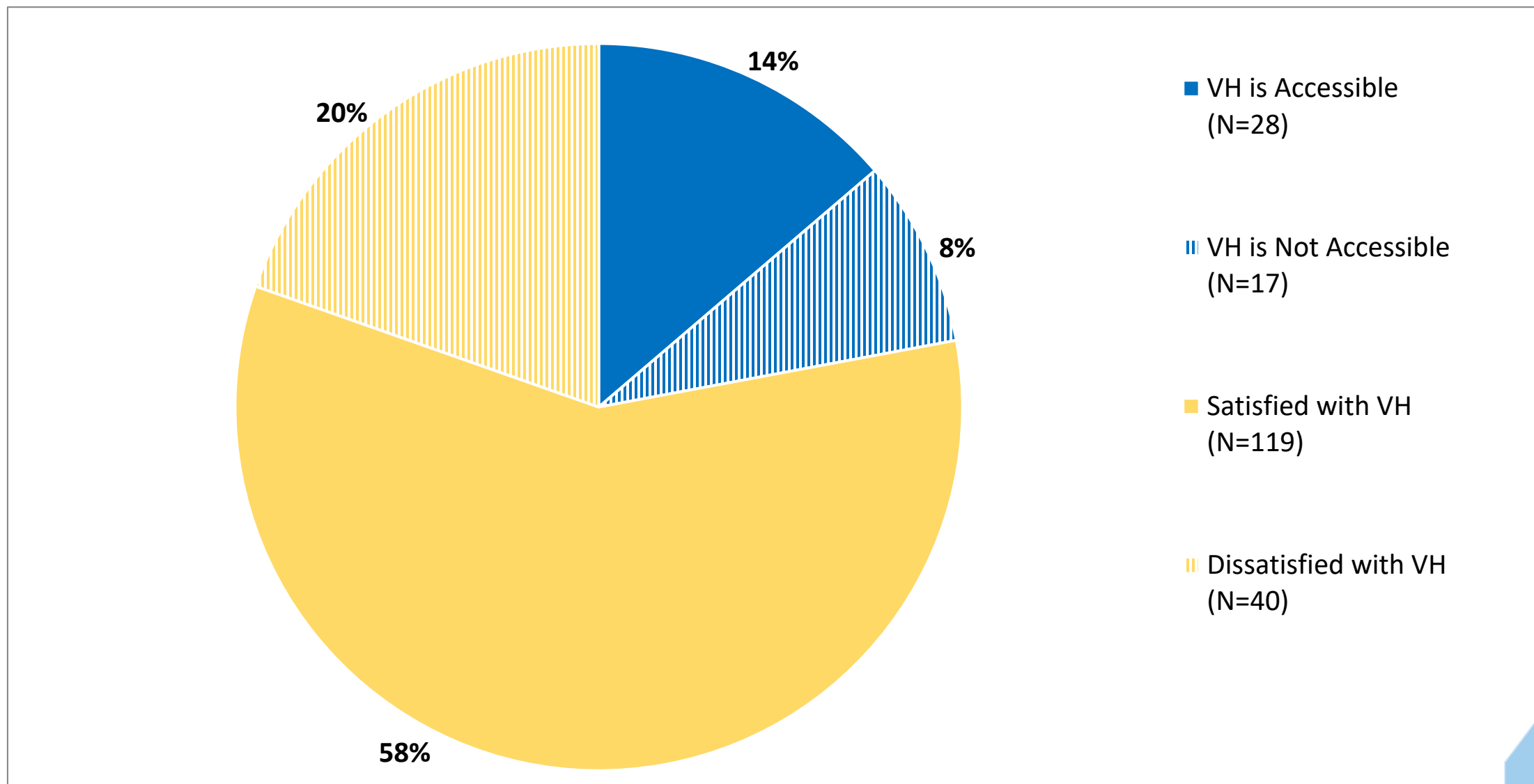
Two Domains for Client and Service Provider:

- Virtual Logistics
- Quality of Care

Client Survey - Qualitative Domains



Client Survey - Qualitative Domains



Client Survey - Virtual Logistics Direct Quotes

VH is Accessible:

- “Virtual visits allow me to **schedule my appointments during my work day**, preventing me from having to take time off from work.”

VH is not Accessible:

- “The **group therapy was not available** during the time I needed it. I was unable to attend any further sessions.”

Satisfied with VH:

- “This method **is highly effective** and allowed for us to continue.”

Dissatisfied with VH:

- “There needs to be **assurances that the session is not being recorded**, from either party.”

Client Survey - Quality of Care Direct Quotes

Positive Interactions with Staff:

- “**Felt comfortable** talking to the counsellor. Note: we did have a face-to-face initial visit that helped connect”

Negative Interactions with Staff:

- “It is **hard to connect** on a personal level, which makes it hard to be sure we are receiving the full experience.”

VH is Engaging:

- “It made me think and I **enjoyed the group interaction.**”

VH is not Engaging:

- “There was far **too much material** which was **rushed** through with little interaction asked of the participating clients.”

Summary of Findings

- **87%** of clients report overall positive experience (*exceeding the target*).
 - Virtual Logistics Domain: **94%**
 - Quality of Care Domain: **85%**
 - Accessibility & Convenience Domain: **(81%)**
- Informed planning Regional Virtual Group Therapy Services



Optimal scenario for using virtual health:
A client-centered hybrid system of both in-person and virtual care going into the recovery stage

Questions / Comments

