Research Digest

THE ACCESS OPEN MINDS RESEARCH PROTOCOL

ACCESS OPEN MINDS PROJECT OBJECTIVES

Primary objectives are to determine if the ACCESS Open Minds model:

1. Increases early case identification

2. Reduces systemic delyas in responding to help-seeking efforts and/or referrals

3. Reduces treatment delays (i.e., time between when youth's needs are evaluted and when they started to receive appropriate care)

Secondary objectives aim to evaluate whether the ACCESS Open Minds framework:

1. Simplifies pathways to mental health care

2. Improves outcomes for youth being served at project sites

3. Provides services that are deemed satisfactory to youth and families

(The project's hypotheses are derived from these objectives)

WHY YOU SHOULD CARE

ACCESS Open Minds is effecting meaningful change to youth mental health care in Canada through service transformation at over a dozen test sites.

A Research Protocol was developed and implemented across the ACCESS Open Minds network to evaluate these transformations including:

How quantitative data collection would be collected through front-line work with youth and families in mental health care settings

Use of qualitative methods and through cost-effective analyses, strategies that are outlined in other publications

METHODS

The Research Protocol was designed for:

Fourteen sites across Canada that are diverse in language, culture, geography, population density, and resource availability. They are rural, urban, Anglophone, Francophone, and serve a wide variety of youth.
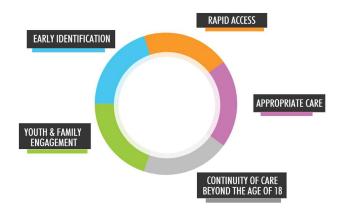
Indigenous communities, where appropriate care might differ to meet the cultural, linguistic, and/or other needs of the youth and their families. These sites might have different resource availability, as well as the presence of mental health concerns stemming from intergenerational trauma following colonization, residential schools, etc.

Special populations, such as first-year university students and homeless youth

Followed appropriate ethical principles and regulations, Ownership, Control, Access, Possession (OCAP™) principles, and Tricouncil guidelines for Research involving the First Nations, Inuit and Métis Peoples of Canada.

STUDY DESIGN

The research strategy and tools were chosen with participation of youth, families, service providers and researchers from diverse sites across Canada. They included the following:

Demographic description of youth being served

Service-level outcomes (e.g., how quickly a young person was evaluated)

Clinical outcomes (K-10, SRH & SRMH, ORS, YES-MH, CGI-YMH, C-SSRS, CUAD, GAIN-SS) (e.g., self-related health, distress levels)

Functional outcomes (SOFAS) (e.g., the level of social/occupational functioning)

Subjective outcomes/well-being (WHOQOL-BREF, GBO) (e.g., measuring outcomes, goals, quality of life)

Experience of receiving services (OPOC) (e.g., perception of care, satisfaction of services)

Electronic data collection & management systems were also implemented.

STUDY INTERVENTION

To test ACCESS Open Minds' hypotheses, each site was guided – through Community Mapping and planning sessions – to transform their youth mental health services around these five criteria:

RAPID ACCESS
EARLY IDENTIFICATION
APPROPRIATE CARE
YOUTH & FAMILY ENGAGEMENT
CONTINUITY OF CARE BEYOND THE AGE OF 18

The model is flexible because these objectives are met differently at each site. Following changes by the service site to accomodate and embrace these principles, the Research Protocol would be implemented to evaluate effectiveness as it relates to the objectives and hypotheses.

DISCUSSION

While uniformity was sought through the design of the Research Protocol, the nature of health care in Canada is such that different regions and provinces are able to offer varying degrees of care to their youth. The broad scope of the ACCESS Open Minds network and the diversity of its stakeholders – among them clinicians, policy makers, youth, and families – contributes to a project that is able to reach well-informed conclusions.

LIMITATIONS

Real-world implementation of the protcol

Community health workers instead of ACCESS Clinicians in remote communities

Varying recruitment practices across sites affecting sample size