

COLLABORATION BETWEEN SERVICES OFFERED TO ADULTS: THE POINT OF VIEW OF USERS AND SERVICE PROVIDERS

Key research findings

Serge Brochu
Michel Landry
Catherine Patenaude
Natacha Brunelle
Karine Bertrand
Marie-Josée Fleury
Michel Perreault



*Trajectoires addictives et trajectoires de services :
les personnes toxicomanes au carrefour de réseaux de
prise en charge.*

Alliance de recherche universités-communautés

Context

- * **10 %** of people presenting a substance use disorder receive the treatment that they require (SAMHSA, 2013; Rotondi & Rush, 2012; Brochu *et al.*, 2014)
- * Importance of establishing **integrated networks** of service (Goodwin & Ferrer, 2012; Fleury *et al.*, 2008)
- * **Efforts** made in Québec (Ministère de la Santé et des Services sociaux du Québec, 2007)

Research objectives

AXE 1 : understanding, from the **point of view of substance users**, the links between their consumption trajectories and their use of services

AXE 2 : documenting the collaboration between services which are involved with this clientele in Quebec, **from the point of view of managers and staff members**

The different perspectives

	Service users	Service providers
Measurement time	2010-2011 : 127 participants. 2011-2012 : 79 participants.	2013 : 148 participants (96 staff members and 52 managers).
Region of recruitment	Montréal (50%) / Mauricie-Centre-du-Québec (50%).	Montréal (67%) / Mauricie-Centre-du-Québec (33%)
Area of recruitment	Emergency (47%) / Courts (43%) / CLSC (12%).	CLSC (36%) / Hospital (18%) / Correctional facilities (14%) / CRD (11%) / Judicial (8%) / Community (7%) / Other (3%).
Data collection	Semi-directed interviews	7 individual interviews and 25 discussion groups

1st finding ^{1/2}

Participants present severe alcohol and drug **consumption** problems and **psychological distress**, which predicts a large amount of **service use**

Some numbers:

- ❖ 43% : Moderate or high dependence of **alcohol**
- ❖ 23% : Moderate or high dependence of **illicit drugs**
- ❖ 27% : Moderate or high dependence of **alcohol and illicit drugs**
- ❖ 60% : Use of more than **2 services for addiction** within the last 5 years
- ❖ 63% : Severe **psychological distress**.

1st finding_{2/2}

- * Participants report an average of **7,8 different services used** in the last 5 years.
- * The **severity of substance use problems and psychological distress** predicts a greater use of services.

2nd finding_{1/2}

Promising initiatives for the **screening, detection, and referrals** were set in place within networks, but the situation remains problematic in non-specialized addiction services

Some facilitating factors:

- ❖ **Strategies** facilitating the screening, detection and referrals toward specialized services.
- ❖ **Expertise** of intervention and **knowledge** of resources for professionals who are not specialized in addiction.
- ❖ **Proximity services** offered by primary care organizations.
- ❖ **Openness** to dealing with addiction problems within health and judicial networks.

Some obstacles:

- **Few members of personnel** available to treat addiction in non-specialized resources.
- First-line resources **do not view themselves as experts.**
- Preconceived notions and **discomfort** of staff with regard to addiction.

2nd finding_{2/2}

- * **The identification of alcohol and drug use problems is not systematic within all non-specialized services;**
- * **Validated detection tools are rarely used;**
- * **The identification process presents certain shortcomings: the persons who have the most problems have the most chance of being detected.**

3rd finding_{1/2}

Although they recognize the quality and impact of specialized addiction services offered in Quebec, users face several barriers which impede their **treatment**

Some facilitating factors:

- ❖ **Positive impacts** of treatments.
- ❖ **Evolution** of motivation.
- ❖ **Good relationships** between the users and the staff members.
- ❖ **Services** generally appreciated, numerous, and of good quality.

Some obstacles:

- Not ready to **change** their consumption.
 - **Difficult** life contexts.
- **Bad experiences** when they sought help.

3rd finding_{2/2}

- * Even when professionals detect a substance use problem and make a referral to specialized services, **certain substance users do not make use of** services or, if they do, they do not always adhere to treatment.
- * Users have highlighted the **devotion and professional qualities** of staff: empathy, openness, willingness to listen, respect and availability.

4th finding_{1/2}

The cumulative impacts of services are bringing hope but **finding help** that is adapted to one's needs is sometimes difficult and the trajectory of services is often long

Some facilitating factors:

- ❖ **Cumulative effects** of the different services used.
- ❖ Resources are often **flexible** to facilitate access to services.

Some obstacles:

- Positive impacts **are not always apparent** on a short-term basis.
- **Difficulties** accessing services and obtaining an adapted response to one's needs.

4th finding_{2/2}

- * Studies on the **impact of treatments in addiction** demonstrate their efficacy for the Quebec clientele as a whole (Landry et al., 2010, Brochu et al., 2006)
- * The **rate of rehabilitation** for persons having a psychoactive substance use disorder is **70%** in the majority of longitudinal studies (Chauvet et al., 2015)

5th finding_{1/2}

Efforts to improve the **integration of services in addiction** have been deployed during the last few years, but the collaborations among resources remain difficult to establish and maintain

Some facilitating factors:

- ❖ **Governing** and **consultation** activities.
 - ❖ Different **coordination** strategies.
- ❖ **Training** and clinical **support** activities.

Some obstacles:

- Array of services that are **not well known** by all.
 - Roles of each are **not clearly defined**.
- Evaluation and referral process is **could be better coordinated** among networks.
 - **Difficulties** in communication and exchanges among the different networks.

5th finding_{2/2}

- * Collaboration among the services can be established at different levels, from minimal communication to **real collaborative work** which targets all of the needs of a user (Bertrand et al., 2015).
- * Beyond formal strategies aiming to improve the collaboration among services, it is noted that many professionals make the effort to **establish collaborations** with professionals of other organizations.

The main strengths

- ★ **Appreciation**, by a majority of users, of interventions and services received for substance use.
- ★ **Strategies** deployed within the addiction network to better detect substance use problems, train staff and ensure a better continuity of services.
- ★ **Positive perceived impacts** regarding treatments for addiction, motivation, and also other aspects of users' lives.
- ★ **Cumulative effects** of different services used throughout the life trajectories of users.

The main difficulties

- ➔ **Screening and detection** of substance use problems.
- ➔ The numerous **barriers** to participation in treatment.
- ➔ The **referral** process, which is more or less well-coordinated.
 - ➔ **Personnel turnover.**
- ➔ The **discomfort** of certain staff members with respect to substance abuse treatment
- ➔ The array of **services** available, which are not well known and the **roles** of each, which are not clearly defined.
- ➔ Difficulties in **collaboration** and **communication** between organizations.

What do you think?

Is there resistance, at the detection level, within your organization?

What do you think of the perspectives of users concerning the cumulative impact of interventions?

What are the methods that can be used to improve the motivation of users?

Up to what point is confidence important in the sharing of information among the service networks?

Thank you!

More details are available in the **brochure**
Main research findings (upon request) and
on the **website** (still to come).



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