PROVINCIAL MENTAL HEALTH AND SUBSTANCE USE NETWORK

Complex Care Housing Needs Assessment

Survey and Interview Data to Support Workforce Capacity Development

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Provincial Health Services Authority

Overview

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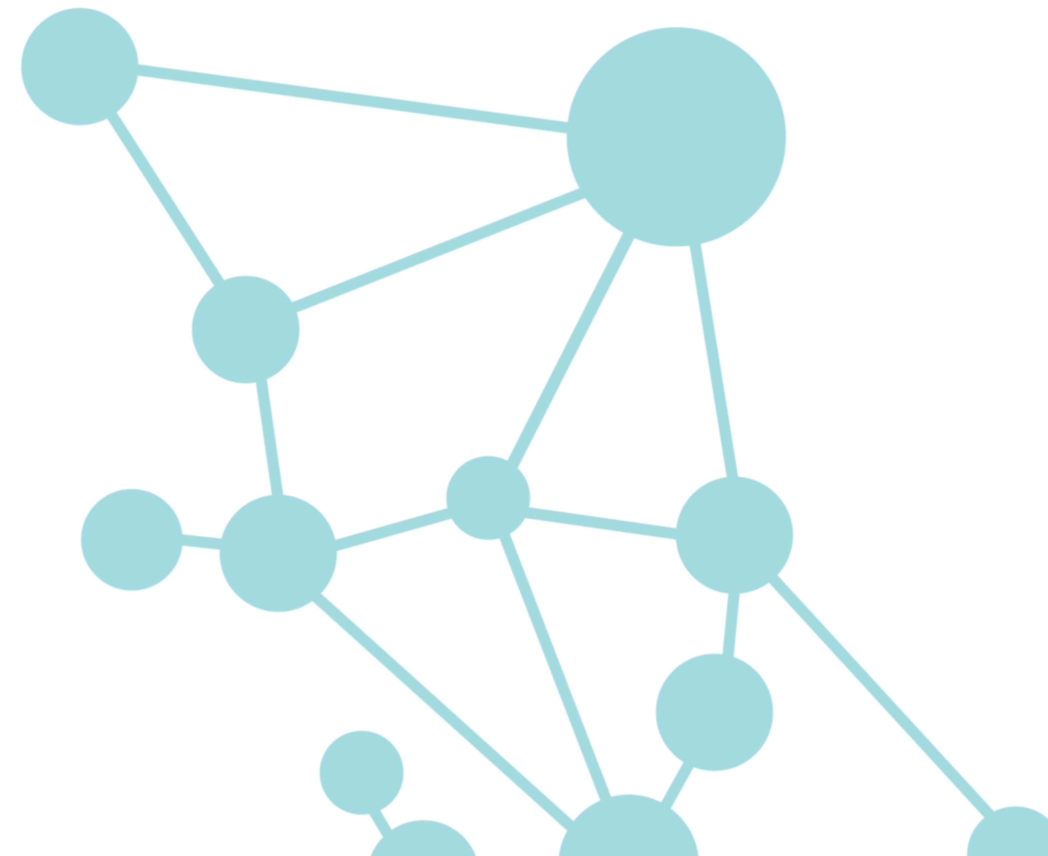

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1. Background

Needs Assessment

- The Provincial Mental Health and Substance Use Network (the Network) is leading a needs assessment; an evidence-informed, mixed-methods initiative designed to identify opportunities to improve B.C.'s mental health and substance use system.
- The needs assessment includes several components, is iterative, and it is a priority of the Network to translate and communicate its findings to inform learning and training opportunities, policy and program design, and system-level improvements.

- Needs Assessment/ Engagement
  - Access to tertiary care OAG response
    - Medical & operational leaders 2021
  - Data
    - Data Working Group
    - Health Authority consultations
  - Dialogue + Perspective Sessions (PWLLE)
    - LEAP (Established November 2021)
    - Focus groups
      - Underserved populations per OAG
  - Workforce Capacity Development (CCH)
    - Health Authority Consultations
    - Leadership of CCH Operators
    - Frontline staff surveys/interviews
      - ECHO Lunch and Learn survey
  - Service Navigation
    - Stakeholder consultations
  - Dialogue + Action Sessions
    - Interior Health March 2023

1.1 Background

- As part of the needs assessment, this project aimed to gain a first-hand understanding **of the perceived learning needs** of multidisciplinary teams working in Complex Care Housing (CCH) sites across BC's lower mainland and Powell River.
- Using a survey and focus groups to gather staff perspectives sets this project apart, as it helps to capture the unique insights of front-line staff (clinical and support) and fill current gaps in the knowledge base.
- Demographic profiles for survey respondents (n=39) and interview participants (n=40) were broadly comparable. At least three-quarters of interview participants also responded to the survey.

1.2 What is Complex Care Housing?

- CCH addresses the needs of people who have overlapping mental health and substance use issues, trauma or acquired brain injuries, who often experience homelessness or risk of eviction
- CCH provides an enhanced level of health and social supports that serve people where they live, for as long as they need it.
- CCH services are person-centred and look different based on individual and community needs. They can include health, psychosocial, home and cultural supports.

- CCH services go beyond the level of support that is currently being offered in most supportive housing settings. Some examples of services offered at CCH sites include:
  - Team-based primary care
  - Access to addiction medicine
  - Overdose prevention and education
  - Psychiatrist services
  - Individual and group counselling
  - Social workers
  - Occupational therapy
  - Peer support
  - Nutritionists
  - Home support and cleaning
  - Cultural supports, including connections to Indigenous Knowledge Keepers
  - Meals
  - Life skills training
  - Medication management
- For more information about CCH see:
  - What is complex care housing?
  - CCH Framework

2. Survey Findings

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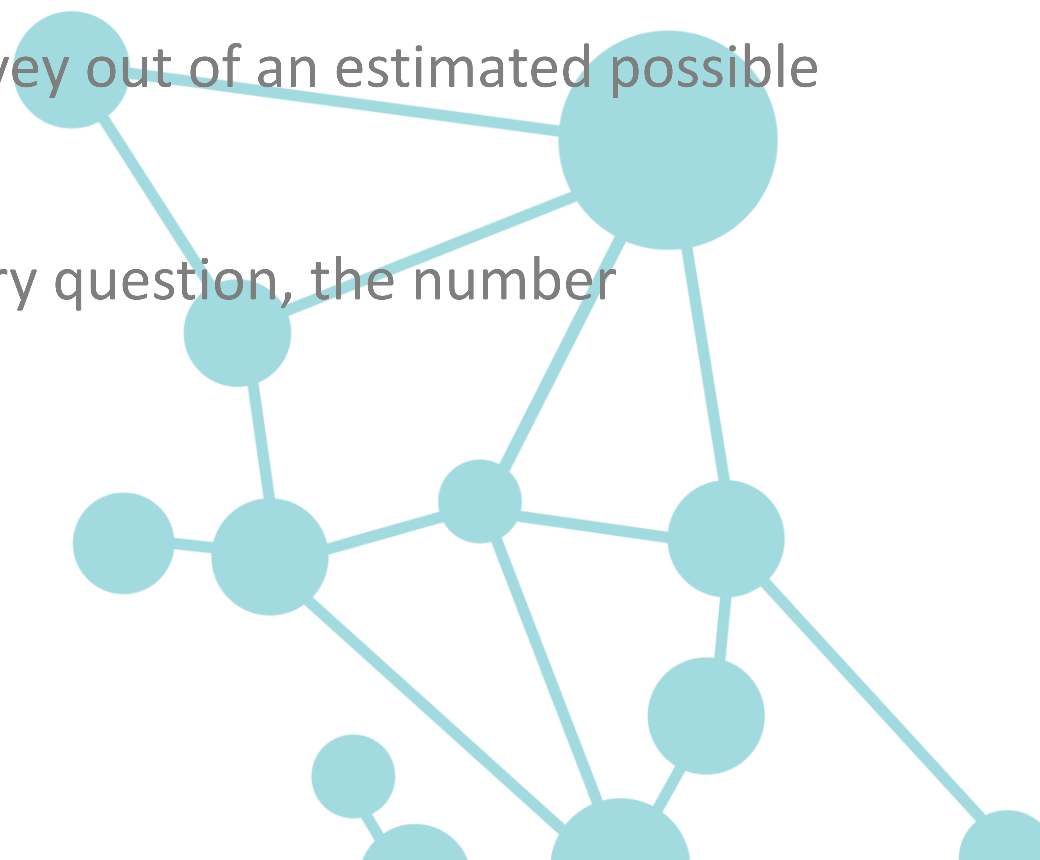
- The online staff survey was administered to those working for or within the health authorities of Vancouver Coastal Health, Fraser Health, or PHSA.
- Overall, 39 individuals responded to the staff survey out of an estimated possible 48, for a response rate of 81%.
- As respondents were not required to answer every question, the number responding to some questions was less than 39.



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2.1 Roles and Organizations

- Nine people (23%) reported that their role was best described as ´management.´
- Ten people (26%) reported that their role was either support worker, Indigenous support worker, or peer support worker. Another ten (26%) were social workers, mental health workers, or counsellors.
- Twenty-eight staff (74%) reported working for non-profit organizations, while nine (24%) worked for health authorities.
- Among those working for non-profit organizations, five reported that these organizations were Indigenous-led.

2.2 Experience

- Almost 2 out 3 respondents (63%) reported having five or more years experience working with people with complex mental health and substance use needs, while over a third (36%) had two years or less. None reported working in this area for 3-4 years.
- About half (46%) had five years or more experience working with people with complex needs **in housing contexts**, while about half (46%) had two years or less experience. Only 3% reported working in this context for 3-4 years.
- This seems to suggest a staff population comprised of two distinct groups: those who are relatively new/inexperienced, and those with significant experience in their role.

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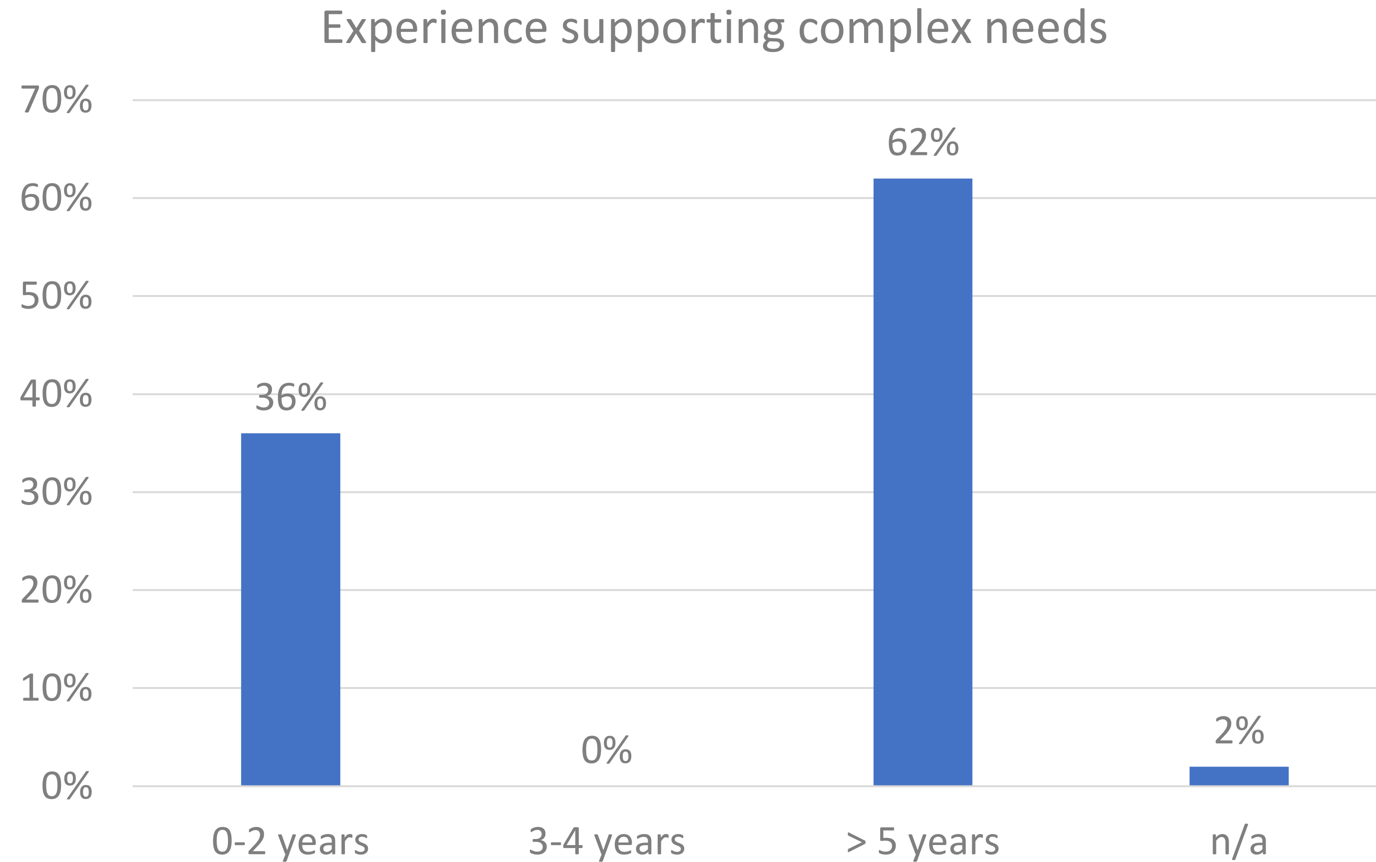
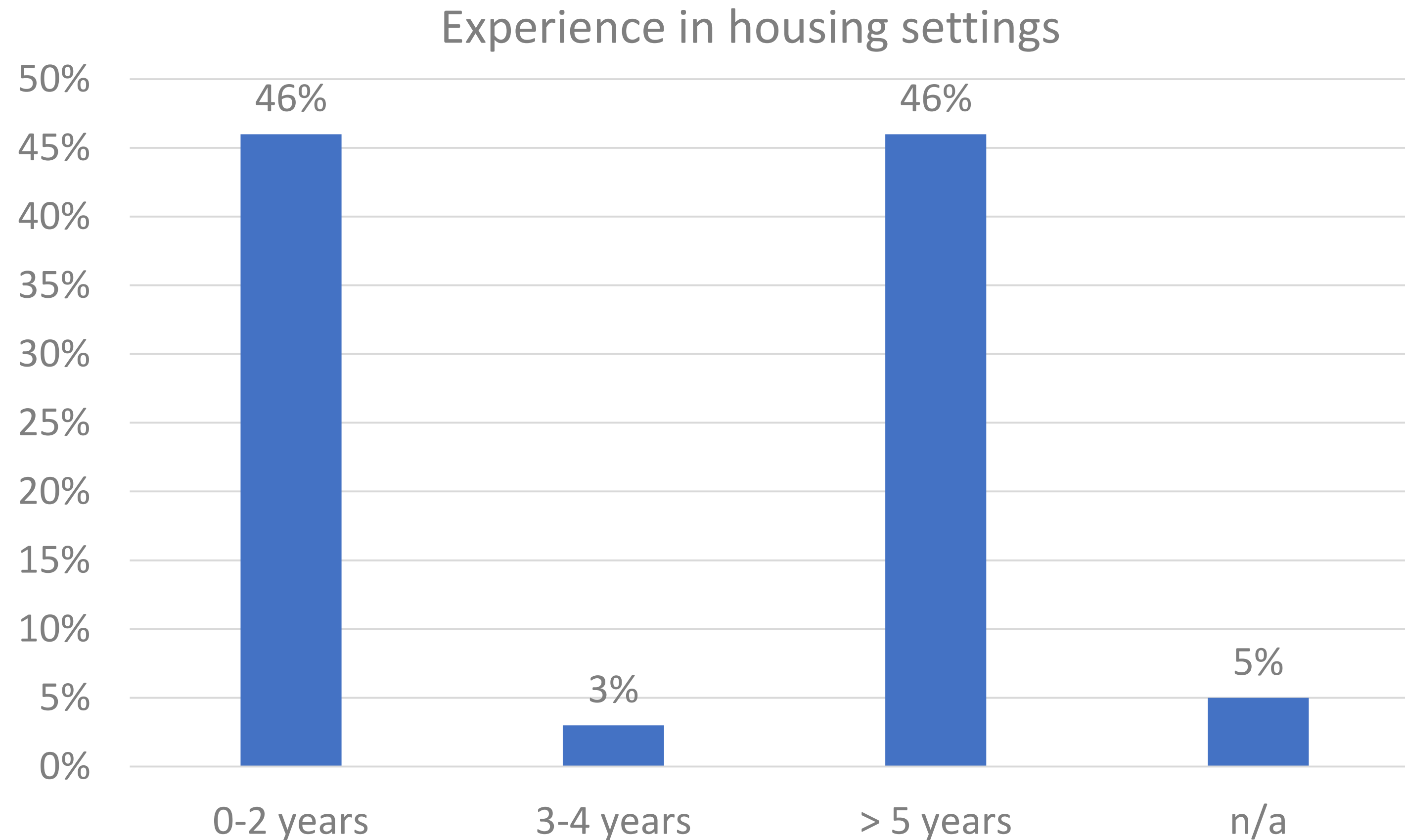
Experience supporting clients with complex needs



Experience supporting clients with complex needs in housing settings



2.3 Preparedness

- When asked about situations they felt **well prepared** to handle, respondents most frequently indicated ´building trusting relationships’ (97%), ‘providing emotional support’ (95%), and ‘ensuring cultural safety through respectful engagement’ (87%).
- When asked about situations they felt **not well prepared** to handle, respondents most frequently indicated ‘self harm or suicidal behaviour’ (59%), ‘aggressive or violent behaviour’ (59%) and ‘expressing cultural awareness and sensitivity’ (48%).
- Note that during interviews with staff, they often mentioned the need for training on how to deal with vicarious trauma, emotional exhaustion, and burnout. Dealing with suicidal behaviour and one’s own grief often came up as well in this regard.

Figure 1: Situations Respondents Felt Well Prepared or Not Well Prepared to Handle

Building trusting relationships
Providing emotional support
Ensuring cultural safety through respectful engagement
Aggressive or violent behaviour
Self harm or suicidal behaviour
Expressing cultural awareness and sensitivity

0% 20% 40% 60% 80% 100% 120%

Not Well Prepared   Well Prepared

2.4 Skill Areas

Most confident vs most important

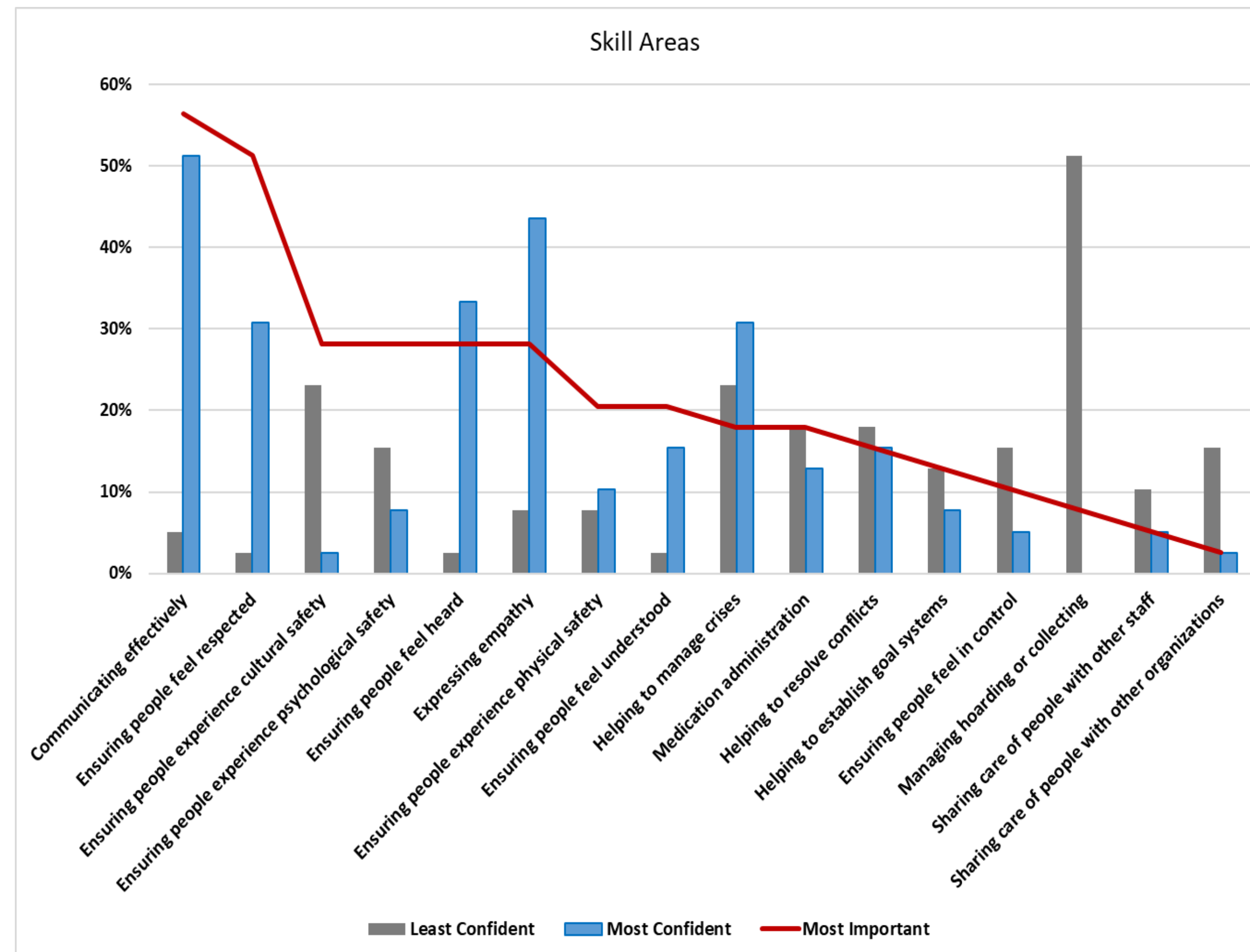
- When asked about the skills they felt **most confident** using, the most indicated were 'communicating effectively' (62%), 'ensuring people feel respected' (41%), and 'expressing empathy' (50%).
- When asked about the skills **most important** for working with people living in complex care housing, the most indicated were 'communicating effectively' (62%), 'ensuring people feel respected' (59%), and 'expressing empathy' (32%).
- However, while almost a third felt the 'ensuring people experience cultural safety' and 'ensuring people experience psychological safety' were quite important, only 3% and 9% felt quite confident in their skills in these areas respectively.

Least confident vs most important

- We also asked respondents about which skills they felt **least confident** using, the most indicated were 'managing hoarding or collecting' (60%), 'ensuring people experience cultural safety' (29%), and 'helping to manage crises' (26%).
- Notably, while about 30% felt that 'ensuring people experience cultural safety' was quite important, about 30% lacked confidence in this area.
- While most staff interviewed had completed cultural awareness training and felt that the training gave them broader awareness of First Nations cultures, they still felt that they did not have tangible skills or feel comfortable using skills they acquired in the training

Summary of skills for working with people living in CCH

- Most important
- Least confident to use
- Most confident to use



2.5 Areas of Understanding

Most confident vs most important

- Respondents indicated 'trauma-informed care' (81%), 'compassionate dialogue' (42%), and 'self-care or avoiding burnout' (39%) as the most important areas of understanding.
- When asked about the areas of understanding they felt most confident using, the most indicated were 'trauma-informed care' (60%) and 'compassionate dialogue' (63%).
- However, potentially concerning differences emerge when comparing felt *importance* to felt *confidence* in two areas: 'trauma-informed care' (81% vs 60% respectively) and 'self-care or avoiding burnout' (39% vs 20% respectively).

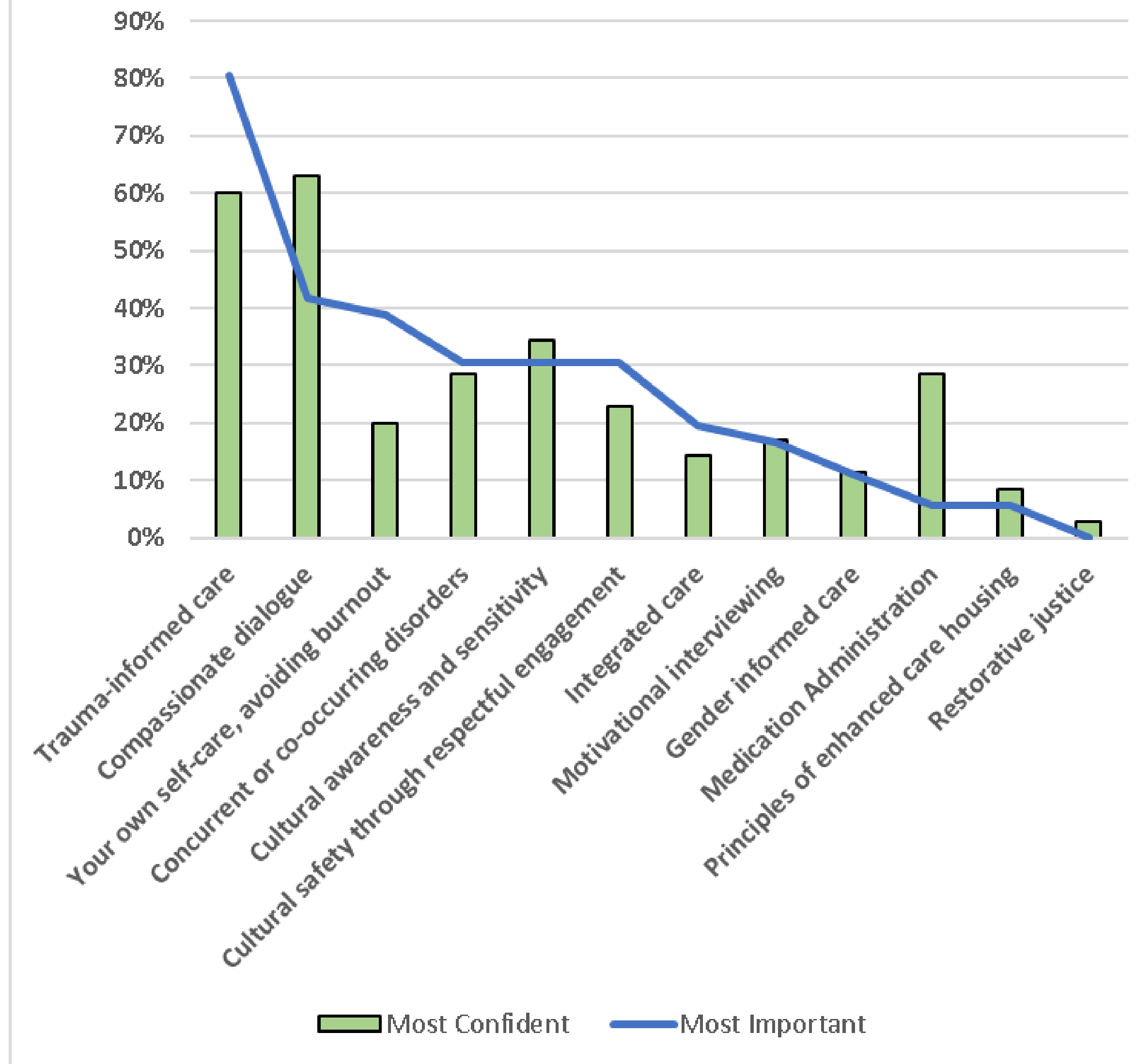


Figure 3a: Areas of Understanding:
Most Confident vs. Most Important
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Trauma-informed care
Compassionate dialogue
Your own self-care, avoiding burnout
Concurrent or co-occuring disorders
Cultural awareness and sensitivity
Cultural safety through respectful engagement
Integrated care
Motivational interviewing
Gender informed care
Medication Administration
Principles of enhanced care housing
Restorative justice
Most Confident
Most Important

Least confident vs most important

- When asked about the areas of understanding they felt least confident using, respondents most often indicated ‘motivational interviewing’ (60%), ‘your own self-care, avoiding burnout’ (30%) and ‘principles of complex care housing’ (27%).
- Notably, while about 40% felt that ‘your own self-care, avoiding burnout’ was quite important, about 30% lacked confidence in this area.

Figure 3b: Areas of Understanding: Least Confident vs. Most Important

90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Trauma-informed care
Compassionate dialogue
Your own self-care, avoiding burnout
Concurrent or co-occurring disorders
Cultural awareness and sensitivity
Cultural safety through respectful engagement
Integrated care
Motivational interviewing
Gender informed care
Medication Administration
Principles of enhanced care housing
Restorative justice

Least Confident
Most Important

2.6 Working Together

- Participants were asked to indicate the top three factors enhancing and the top three factors hindering collaboration within and across agencies.
- Among the most indicated **enhancing factors** were ‘communication technology‘ (50%), ‘supportive leadership’ (53%), and ‘regular meetings’ (44%).
- Among the most indicated **hindering factors** were ‘different focuses of care provision’ (47%), ‘lack of awareness of each others' roles’ (47%), ‘lack of supportive leadership’ (44%) and ‘lack of agreement on how to share care’ (41%).
- Team development and clinical leadership training may be warranted given the noted hindering factors.

Figure 4: Factors Enhancing Collaboration

Supportive leadership
Communication technology
Regular meetings
Understanding each other's roles
Agreement on how to share care
Knowing whom to collaborate with
Structured opportunities to learn from each other
Shared focus of care provision
Having similar training

0% 10% 20% 30% 40% 50% 60%

Figure 5: Factors Hindering Collaboration

2.7 Training

- 29 respondents (81%) reported taking some kind of training related to their work in the past 12 months. A wide array of topics was mentioned (see slide 23).
- Regarding unmet needs, 15 (43%) reported wanting to get certain kinds of training in the past 12 months but were unable to do so. Again, many diverse topics were mentioned (see slide 24).
- Among the factors mentioned as obstacles to getting the training they wanted, the most indicated were being 'unable to find training opportunities' (50%), 'lack of funding to cover training fees' (50%), and 'timing of training not working with work schedule' (50%).

Types of Training Taken

The following is a list of the types of training respondents had taken in the past year:

- Cultural safety (2)
- Cultural sensitivity
- First aid (2)
- Gender identity
- HIFIS training
- How to deal with stress/ stress management
- Looking through Indigenous lens
- Meds training
- Mental Health First Aid
- Naloxone training
- Non-violent crisis intervention (3)
- Overdose prevention
- Professional writing
- Psychological first aid
- San'yas Indigenous cultural safety training (2)
- Dialectic behavioural therapy (2)
- Self care and caring for others
- Trauma-informed care (2)
- Understanding of mental Health
- Violence
- Trauma
- Wellness Recovery Action Plan (WRAP)

Types of Training Wanted, But Not Taken

The following is a list of the types of training respondents wanted, but had taken in the past year:

- Basic approaches for concurrent disorders
- Cultural awareness
- Cultural safety
- First aid
- Hoarding treatment
- Medication administration (2)
- Mental health crises intervention
- Mental health first aid (2)
- Mental health/ disorders education
- Motivational interviewing
- Overdose refresher
- Pest control compliance tactics
- Recovery coaching
- Restorative justice
- Risk management
- Trauma informed approaches for clients with mental illness
- Traumatic brain injury education

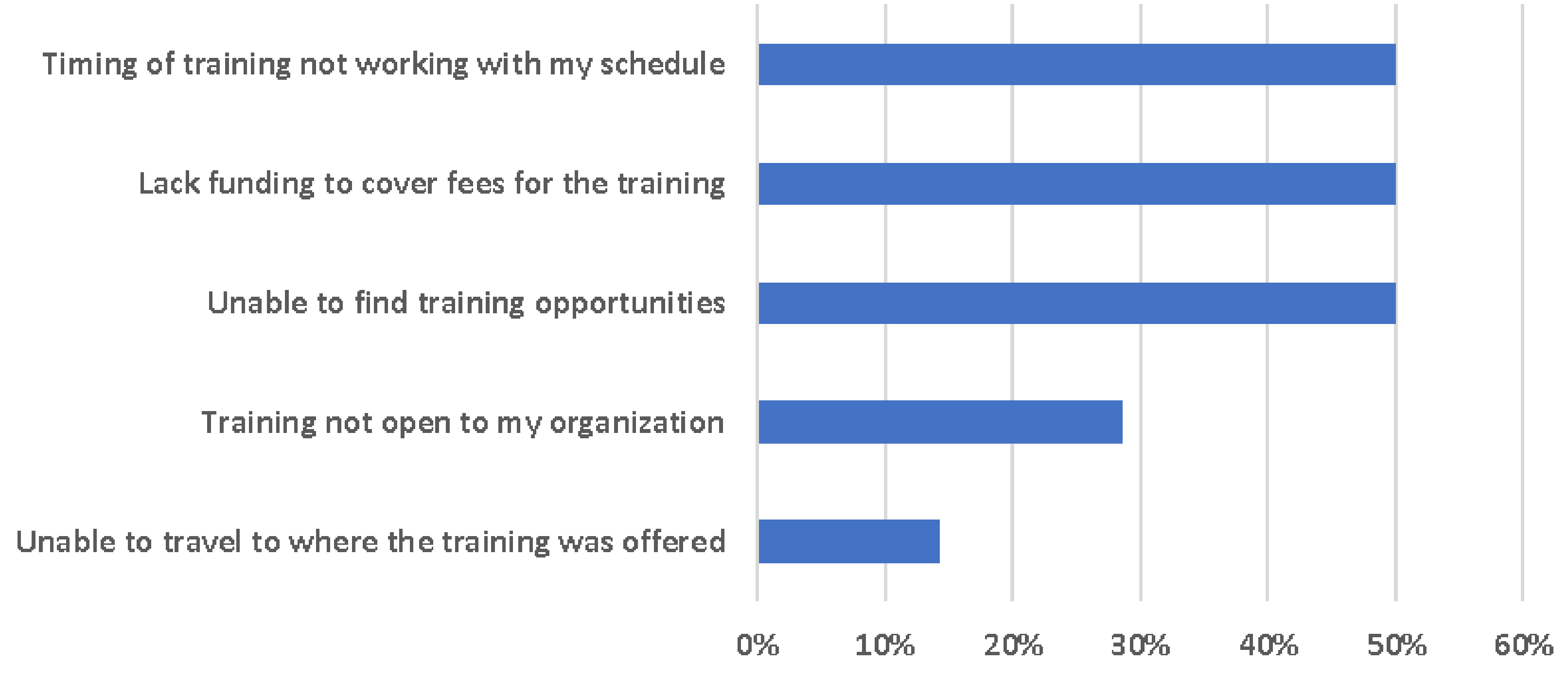


Figure 6: Main Factors Hindering Training
Timing of training not working with my schedule
Lack funding to cover fees for the training
Unable to find training opportunities
Training not open to my organization
Unable to travel to where the training was offered
0%
10%
20%
30%
40%
50%
60%

3. Interview Findings

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- Forty staff participated in focus groups. All participants were front line staff, currently working in the CCH model of care.
- While a broad spectrum of re-occurring themes came from the focus group interview data, the focus of this project was on the future development of learning resources for staff working in CCH sites.
- This end goal framed the structure of the themes, their grouping and subsequent subthemes, focusing mainly on specific topics, areas of knowledge and skill sets outlined by staff as requiring more knowledge, learning and attention.

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3.1 Main Learning Need Themes

The following themes emerged from focus group findings as main learning needs:

1. Crisis intervention
2. Overdose management
3. Medical concerns
4. Boundary setting
5. Cultural awareness
6. CCH program resources
7. Concurrent disorders
8. Stigma
9. Gender equity and 2SLGBTQ+
10. Staff self care

3.2 Themes and Subthemes

Crisis Intervention

- Non-violent crisis intervention
- How to deal with acute psychosis

Overdose Management

- Clear roles in an overdose situation
- Plan of action in an overdose situation
- What to do when naloxone is ineffective

Medical Concerns

- Medication awareness training
- Medication administration
- Wound care

Boundary Setting

- How to set firm care boundaries with people with concurrent disorders
- How to convey respect and cultural awareness

Cultural Awareness

- Develop skills to enact cultural awareness
- Compassionate care/valuing lived experience
- Trauma, especially when linked to cultural factors

CCH Program Resources

- How to access resources offered to tenants
- Understand the interplay of structure and staff of CCH

Concurrent disorders

- Skills to understand and provide care to tenants living with concurrent disorders
- Understanding psychosis; what are the causes, triggers

Stigma

- How to navigate stigma within health care setting
- How to deal with stigma within governmental/municipal organizations
- How to effectively communicate to counter stigma to the general population

Gender Equity and 2SLGBTQ+

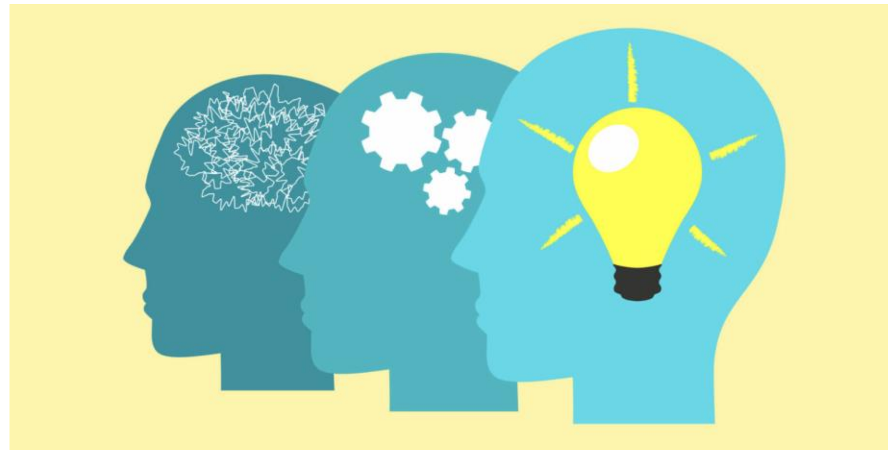
- Understanding diversity, how to engage
- Understanding of 2SLGBTQ+ tenants from lived experience

Staff Self Care

- Interest in developing skills for self-care
- Opportunities to talk/debrief daily, more often after hard situations (death, overdose)

4. Conclusion

- The project affirmed the need for staff input in ongoing workforce capacity development initiatives, but also the importance of addressing the specific needs of certain teams, including those in rural and remote locations.
- Understanding CCH site teams can inform further development of workforce capacity development initiatives by ensuring they meet their needs.



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Thank you

Contact us: network_bcmhsus@phsa.ca

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