



BC MENTAL HEALTH & SUBSTANCE USE SERVICES

Provincial Health Services Authority



Paying Patient and Family Partners at BC Mental Health and Substance Use Services

A Playbook on Compensation

BACKGROUND

Patient and family engagement is vital to achieving better patient outcomes, reducing health inequities, and delivering effective health services. At BC Mental Health and Substance Use Services (BCMHSUS), we are committed to engaging the people we serve in the planning and co-creation of our programs, services, and research. People with lived and living experience of mental health, substance use, and/or criminal justice involvement (“Patient and Family Partners”) are the experts of their own care, and must be engaged as key partners in the design of our health system.

Importance of Compensation

Why is compensation important?

It is critical that Patient and Family Partners are paid fairly for engaging with BCMHSUS. The people we serve often face multiple barriers caused by marginalization, stigma, and criminalization.

Within this context, equitable compensation ensures that participating in engagement is as barrier-free and inclusive as possible. It also supports a healing-centered approach and promotes upstream health by supporting people to regain financial stability. Compensated work also fosters agency through personal and professional development. For these reasons and many more, compensation for patient and family engagement is a best practice in health care and research.

Compensation is also a demonstrated driver of meaningful patient and family engagement. Between 2019 and 2021, the total number and quality of engagements increased significantly at BCMHSUS, with over 75% of total new engagements involving partners in a collaborative – rather than a consultative – way.





Importance of Compensation

Patient and Family Partners should be offered compensation that is fair for the amount of time, effort, level of expertise, and type of work provided. To ensure equality, it is important that these rates are comparable to the rates paid to other professionals in similar roles¹.

In developing the [BCMHSUS Compensation Guideline](#), we established a pay range that is based on best practices across British Columbia and Canada, taking into consideration the type of contributions made to the project^{1,2,3,4}.



Process at BCMHSUS

At BCMHSUS, we conducted an external scan of payment practices across British Columbia and Canada to inform the development of our Patient and Family Partner Compensation Guideline. The payment rates and methods recommended at BCMHSUS are consistent with current and best practices across the Canadian healthcare system. This guideline was then reviewed and approved by a number of key stakeholders, including Patient and Family Partners.



“When patients act as partners, they are dedicating their time and expertise to the betterment of the overall project in a similar fashion to other members of the team, albeit, with a different lens. Offering payment to patients who undertake this important work helps make participation more equitable and diverse by helping to remove barriers to participate.”

Canadian Institutes of Health Research

1. Becu, A. & Allan, L. (2017). Peer Payment Standards for Short-Term Engagement. Vancouver, BC: BC Centre for Disease Control.
2. Canadian Institutes of Health Research (2019). Considerations when paying patient partners in research. Retrieved May 10, 2021 from: <https://cihr-irsc.gc.ca/e/51466.html>
3. SPOR Networks in Chronic Disease (2017). Recommendations on Patient Engagement Compensation.
4. Sandrelli, Marika (2021, April 22). “Re: Lived Experience Strategic Advisor”. Message to Kathryn Proudfoot. Email.

GUIDING PRINCIPLES

We believe that compensating Patient and Family Partners is guided by a core set of principles. These are the beliefs and values that underpin our commitment to paying and engaging people with lived experience. All are based on best practices and are equally important.

Value



Patient and Family Partners bring expertise, experiences, time, effort, networks and much more to the table. Compensation reflects that these contributions are valued.

Respect



Compensation reflects that Patient and Family Partners are respected at BCMHSUS.

Equality



The BCMHSUS Compensation Guideline ensures that people doing the same type of work are paid the same amount.

Minimal Barriers



To the greatest extent possible, compensation should minimize barriers to Patient and Family Partners' participation. BCMHSUS must address the barriers that may prevent people from participating (i.e. timing of engagement, lack of internet access, costs incurred to participate fully in engagement).

Clarity of Expectations



Expectations around goals, deliverables and timeframes should be clear for all people involved, in advance.

Flexibility



Compensation should be flexible to allow for unexpected circumstances. For example, consider different methods and timing for compensation that work best for the individual situation of each Patient and Family Partner.

Responsiveness



Compensation should be responsive to the needs of Patient and Family Partners in order to enable participation. Such needs may include, but are not limited to: remuneration for expenses (i.e. travel and childcare expenses) and the kind of compensation (i.e. cheque, direct deposit). Needs may differ from one person to the next.

Timeliness



It is important that Patient and Family Partner compensation is processed as quickly as possible. Undue delays may increase barriers to participation and undermine respect. Talk to the partner before starting the engagement to ensure that they are aware of the payment timelines, and work with them to explore alternatives if this is a challenge.

Choice



Patient and Family Partners may choose to decline compensation under some or all circumstances. They may propose alternative methods for others to recognize the value they bring, such as gift cards, or to have their payment donated.

Healing-Centered



We recognize that healing and recovery is a personal, non-linear journey that is informed by individual goals and the agency they exercise. Compensation and engagement offers the opportunity for Patient and Family Partners to find purpose, gain stability, and lead meaningful lives.

COMPENSATION GUIDELINE AT BCMHSUS

The [BCMHSUS Compensation Guideline](#) outlines the range of recommended monetary rates based on the type of work provided by the Patient and Family Partners*. **This guideline is for compensating engagement work and is not intended to be part-time employment.**

For meetings, workshops, and events, payment includes the hours spent on preparation between sessions. We recommend to establish an agreement with Patient and Family Partners before starting work on the minimum and maximum number of hours required for preparation.

To determine the rate recommendations below, BCMHSUS took into consideration provincial and national standards, as well as the:

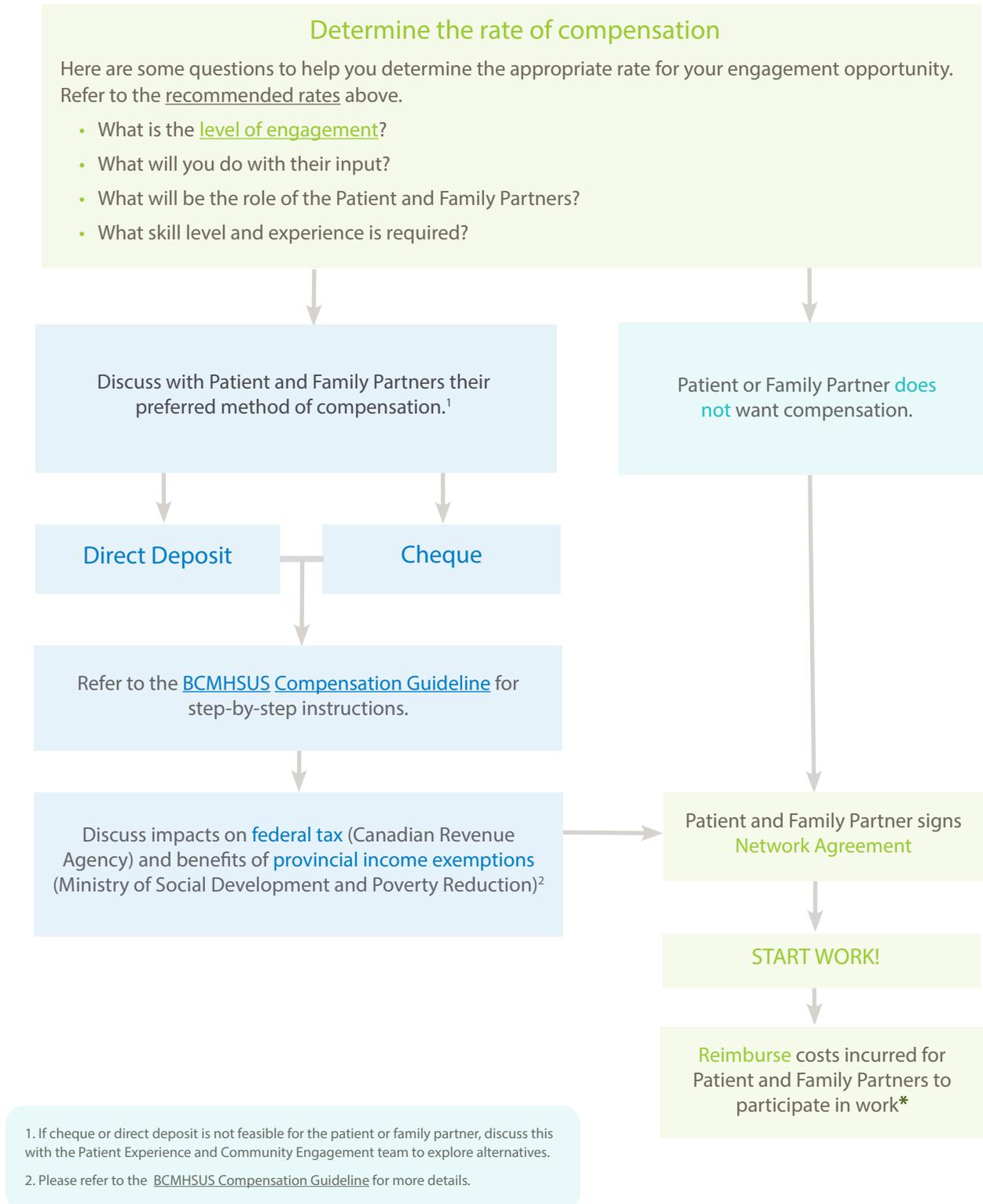
- Type and complexity of work
- Effort required from Patient and Family Partners
- Learning curve required to understand the task and context
- Scale and scope of impact that the engagement will have
- [IAP2 Spectrum of Public Participation](#) and how it applied to BCMHSUS

RECOMMENDED RATE \$25.00/HR	Description: Patient and Family Partners are serving in an advisory and consultative role.	Examples of Work: <ul style="list-style-type: none">• Committee or group meeting• One-to-one interview• Focus group• Document review
RECOMMENDED RATE \$30.00/HR	Description: Patient and Family Partners are developing literature based on their lived experience.	Examples of Work: <ul style="list-style-type: none">• Document writing and development
RECOMMENDED RATE \$50.00/HR	Description: Patient and Family Partners are leading work, such as teaching and knowledge dissemination.	Examples of Work: <ul style="list-style-type: none">• Presentation Delivery• Workshop Facilitation

* Current patients and clients of BCMHSUS are compensated at different rates in accordance with operational and clinical practices. Please refer to the [BCMHSUS Compensation Guideline](#) for more details.

HOW TO COMPENSATE

This flowchart will help you determine how best to compensate people with lived experience for their work. For details on processes and required documents, see the [BCMHSUS Compensation Guideline for Patient and Family Partners](#). At BCMHSUS, it's important that we reimburse Patient and Family Partners for expenses incurred in addition to compensating them.



YOUR RESOURCES

Going Deeper

The Patient Engagement Page on PHSA On Demand (POD) is your go-to place for toolkits, resources, and printable templates to make your engagement initiative a success. [Visit](#) for tools such as:

- [BCMHSUS Guideline for Compensation and Remunerating Patient and Family Partners](#)
- [BCMHSUS Patient and Family Engagement Framework](#)

References

1. Becu, A. & Allan, L. (2017). Peer Payment Standards for Short-Term Engagement. Vancouver, BC: BC Centre for Disease Control.
2. Canadian Institutes of Health Research (2019). Considerations when paying patient partners in research. Retrieved May 10, 2021 from: <https://cihr-irsc.gc.ca/e/51466.html>
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BCMHSUS Patient Experience and Community Engagement Team

The Patient Experience and Community Engagement Team is your resource for engagement initiatives. We can help you initiate, design, and implement a successful engagement process for your research, service, program, and quality improvement projects.

Contact us at engage_bcmhsus@phsa.ca.

BCMHSUS Patient and Family Partner Network

This is a provincial network of people with lived experience of mental health, substance use, and/or incarceration. Network members will work in partnership with staff, physicians, and researchers to improve the health care at BCMHSUS. If you are interested in connecting with the network, reach out to the Patient Experience and Community Engagement Team for more information.



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