Advocating for better services for people with serious mental illness in Québec: In search of the Holy Grail?

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Steps towards effecting (hopefully) positive change

• Determine what would really be a better type of service
  • Bring in values AND evidence

• Effect change in policy so better services are funded
  • Advocacy – what types of arguments? Addressed to whom? How?

• Effect change in policy so better services are delivered better
  • Take implementation science into account
For “best” results, combine “good” values and rigorous evidence

• What is best depends (of course) on the point of view...what is the source of our values?
• Experience in providing a type of service to a population is instructive...but what if there is a better service?
• Theorizing from observation can be deceptive:
  • Aristotle vs. Pasteur on spontaneous generation
  • Training in Community Living
• Empirical evidence mounting for a number of types of services such as Housing First
• Natural scientists have known this for a long time – applies to social (human) services too
Effect change in policy so better services are funded: An easy case

• Change is easier when the same organization can substitute one service for another, in budget-neutral fashion
  • Persistent repetition of the message can be enough: political opposition may be minimal
  • Ex: Replace inpatient care with Assertive Community Treatment
Effect change in policy so better services are funded: When cost offsets are less than cost of intervention, and distributed among different organizations; and other organizations are threatened by the change.

Ex: Housing First
$10 invested in HF for High Need group:
Average savings of $9.38

HN average intervention cost nationally:
$22,257 per person per year
High Need Group: Major cost offsets are hospitals, other provider visits, shelters, jail or prison
• Hypothesis: Business-minded people more easy to rally to the cause when significant cost offsets are present, because they value efficiency
  • Ex: 10–year plans to end homelessness in Alberta
  • Our current challenge in Montreal!!
• But not all issues have the same general appeal
  • Ex: Evidence-based supported employment
Effect change in policy so better services are funded: When cost offset arguments are hard to make, and change is motivated by other (values-based in our case) considerations

- Sufficiently sustained mobilization (relying on coalitions if necessary) to apply needed political pressure
  - Ex: California prop. 63 in Nov 2004 – Mental Health Services Act – increase funding for MH through new tax

- Well beyond “Knowledge translation” here!!
Effect change in policy so better services are delivered *better*

• Implementation science vs. “Spray and pray” method
• Advocate for consulting and training services for evidence-based practices
  • Ex: Ohio Coordinating Centers of Excellence
  • Ex: Québec Centre national d’excellence en santé mentale
• Can be viewed as part of government function: better value for dollars invested. Not necessarily so difficult
Why “In search of the Holy Grail?”

We don’t really know how to get there, or even whether we will ever get there
Why “In search of the Holy Grail?”

• Like effecting real and positive change, the Holy Grail is difficult to find
• Like the people whom actions are intended to serve, it has great, even sacred, value
• Its character invites the placing of our identity/sense of self-worth in something higher and more permanent than the success of our efforts: Only so can we be protected from bitterness
Conclusions

• We need to be careful what we advocate for – think through both values and evidence
• Getting funding can be more or less difficult – what are the best strategies to use?
• Important to advocate for mechanisms that will facilitate better implementation
• The quest is long and difficult but as it concerns the welfare of vulnerable human beings, matters deeply
• How do we find inner sustenance to keep us going and protect us from bitterness and disillusionment along the way?