



HELPSEEKER
TECHNOLOGIES

CONVERGE Mental Health Case Study Summary

ZERO WAITLISTS FOR MENTAL
HEALTH SUPPORTS IN CALGARY, AB

Sept 2022

About CONVERGE

CONVERGE Mental Health, a collective of 70 individuals and organizations, has proposed a bold vision to reimagine the mental health system, from one that delivers fragmented and often dehumanizing service through disjointed infrastructure to one that promises no wait lists, more access points, and greater coordination.



Key Project Partners

Hunter Family Foundation (HFF) is a private family foundation operating in Calgary, Alberta, Canada. One of the HFF funding pillars is Mental Health. Karma & Cents is a family philanthropy advisory that supports the Hunter Family Foundation as the catalyst and backbone of the CONVERGE effort. HelpSeeker Technologies supports social impact leaders on the front lines of solving the world's most complex challenges looking for breakthrough data-led solutions.

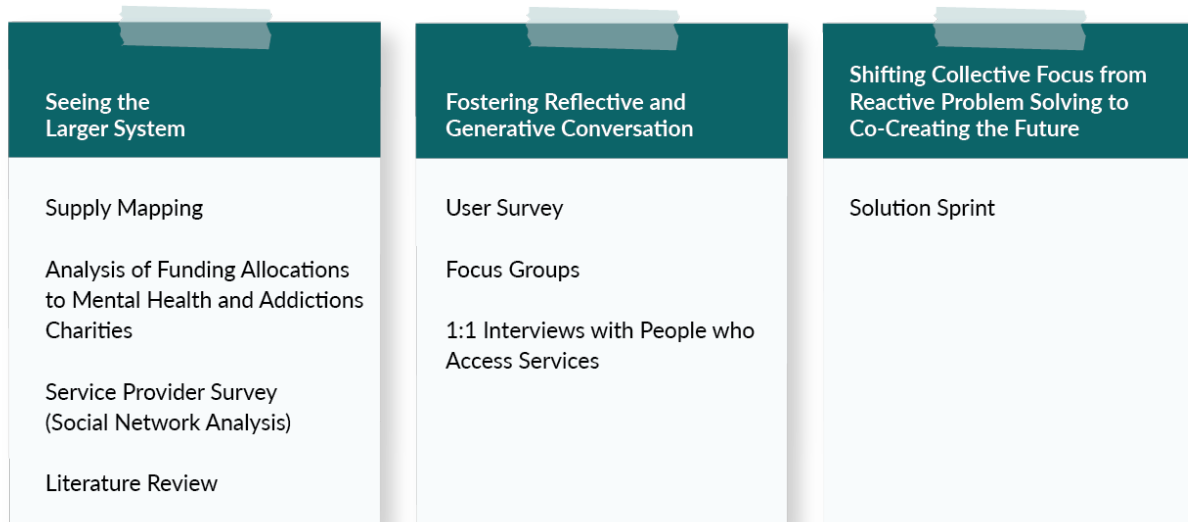


HelpSeeker Technologies supported CONVERGE to map the mental health system to identify innovative, strategic, and tactical opportunities to implement rapid solutions to address priority concerns in Calgary and the surrounding area.

This approach will allow CONVERGE to scale out initiatives at the national level and advance iterative improvements (plan, develop, design, test, review, launch, evaluate, modify, scale).

Approach

A multipronged approach was completed over the course of 10 months to generate the data and insights to support the solution design and recommendations to CONVERGE stakeholders.



Data sources

- 89 respondents to service provider survey (social network analysis)
- 455 respondents to user survey
- 4 focus groups with service providers
- 6 1:1 interviews with people with lived and living experience
- Funding allocations to mental health and addictions charities
- Literature review on best and promising practices
- Mapping of existing mental health services

Highlights

Calgary demand trends

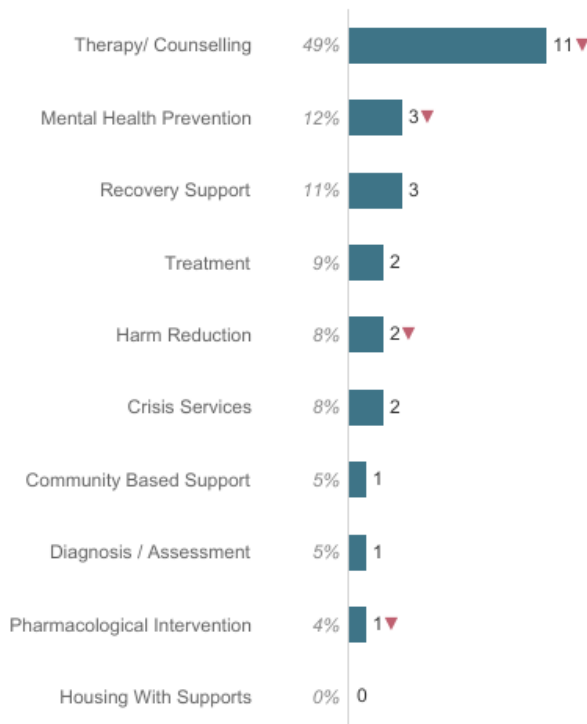
- For the Calgary region, about 540,000 people will have mental health needs at some point, of which 340,000 are related to addiction in 2022 population numbers.
- Just over 1 in 5 people aged 12 or over, or 61,000 people, had unmet mental health needs. Another 64,000 had partially met needs.

Service mapping

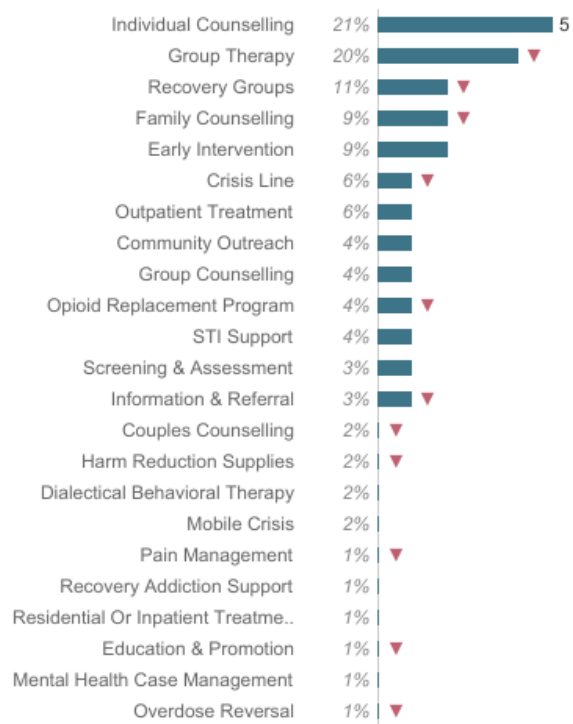
Service mapping of mental health supports using public information identified 397 services in the broader Calgary area, of which 292 were within the city boundaries.

Compared to provincial averages, specific programs were identified to be potential gaps. Of these, additional gaps were identified for populations that included Indigenous, newcomer and those with housing instability.

Listings by Program Categories

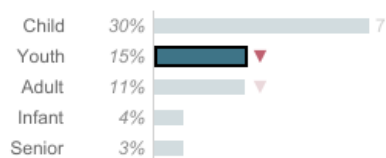


Program Types: All

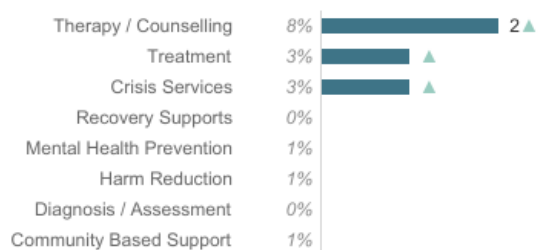


These gaps become more pronounced when cross-referenced with other population characteristics that include gender/sexuality and age to show gaps in the continuum.

Listings by Population - Age / Life Stage



Program Category



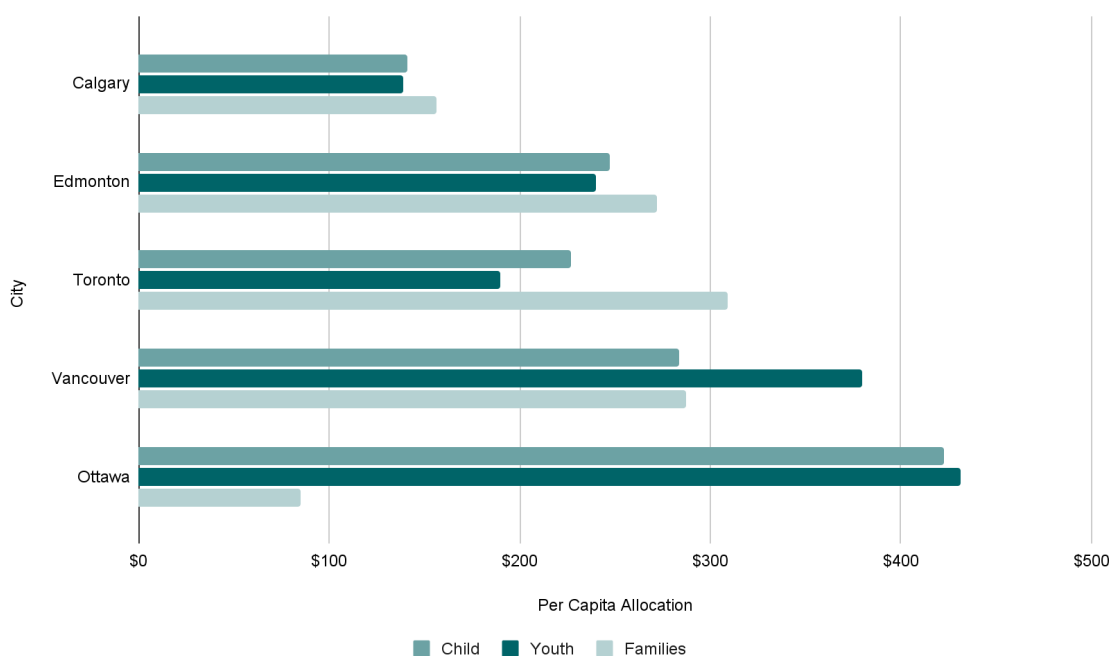
Funding

The mental health care system relies on government and philanthropy as main sources of funding.

In 2019, 132 key charities were identified as providing mental-health supports in Calgary, with revenues totalling \$347M provided by diverse sources.

Investments are not consistent across cities or specific populations, indicating a requirement to create transparent demand/supply calibration opportunities to ensure local needs are met.

Per capita allocations to mental health charities by selected populations in major cities (CRA, 2019)



Waitlists and referral network analysis

Waitlists are caused by a lack of capacity, limited acuity-based referral alternatives, limited case management staff, and funding shortfalls.

- 41% of respondents reported that their organization currently has a waitlist, with an average of 72 individuals on these lists waiting an average of 303 days, and as long as 5 years.
- Counselling, general mental health, and initial assessments are services most affected by waitlists, along with services for adults, youth, and families.

Of note, 39% of service providers do not track the success of referrals to other organizations, which hampers coordination. Our data identified that the referral network itself was a key bottleneck in the system.

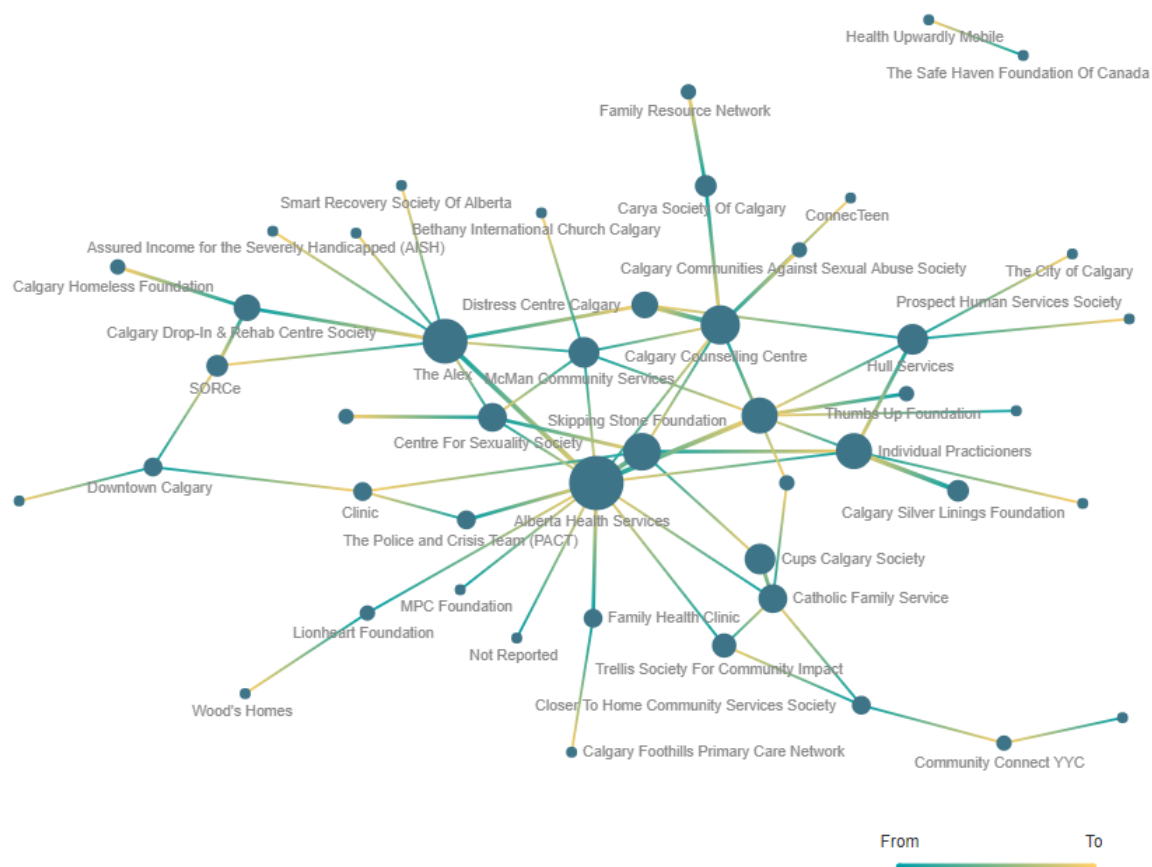
Referrals and referral processes are a pain point due to lax capacity, a fragmented referral system, and other concerns. These referral challenges contribute to waitlists and uneven supply/demand calibration across the network of supports.

Social network analysis aims to comprehend a community by mapping its relationships as a network, and identifying essential persons, groups, and associations. Referrals operate within a hub-and-spoke model, with organizations such as Alberta Health Services and Calgary Counselling Centre playing central roles in referrals.

The structure strongly suggests there are missed opportunities for referrals between organizations that are peripheral to the main nodes in the network.

Insights

Project interviewees echoed the frustrating experience of wait times, describing practices like administrative appointments or preliminary appointments being required before a first appointment with a mental health practitioner.



"One place I went to, the intake interview took 40 minutes out of a full hour session and they said when I was done [...] 'well if you need another one, you'll have to make a new appointment and go through all of this again [...].' So this is basically a waste of time."

Referrals are inefficient. Needs aren't met. Coordination is clunky.

- ➔ Despite digital advancements, accessing the system requires referral management hampers and timely service, simultaneously creating bottlenecks and lax capacity.
- ➔ Waitlists for initial appointments suggest there are administrative tasks that could be streamlined for improvements in the intake process.

- Many processes and technologies can be introduced and revamped to improve access, equity, and impact of care.
- There are language, geographic, and other barrier-related access imbalances that decision-makers should prioritize.

“The use of technology would eradicate delayed responses from the mental health service provider to a certain extent, and it will also be more convenient and accessible.” Service provider



Solution design

Based on the solution sprints completed over two days in person (with providers and people who have experience) and online (with funders and decision-makers), components of the solution were identified.

Data-driven public conversation

1. A data strategy that outlines what, where, and how data will be collected and reported in an interactive dashboard.
2. A communications strategy that pulls this data together in a cohesive, digestible way for public consumption (similar to the Pink Ribbon campaign for breast cancer, or COVID updates from the Government of Alberta).
3. Uncovering the true cost of the system. Leakage of funds due to the “bad” referrals, individuals on multiple waitlists and the social/human cost of being bounced around.

Navigation efficacy

4. There needs to be a system of tracking and managing navigation-related activities, including how many referrals are made, as well as the details of those referrals (i.e., source organization, target organization, time spent, client demographic, client state, outcome of the referral).
5. A real-time feed of the availability and eligibility criteria for different mental health services needs to be integrated into navigation tools across different touchpoints (such as wellness desks, websites, libraries, etc). This allows people who are seeking help to see what is available, and self-navigate to a service with a shorter waitlist.



Actions

Arising from this work, Helpseeker recommends the following strategies for the Converge Mental Health Coalition to undertake. These recommendations may be directed for action to the Converge leadership, or to others within the coalition.

- Identify and prioritize provider reporting standards that encourage effective mental-health system navigation.
 - ◆ CIHR is currently developing [a national standard](#) around program delivery specifically in the area of youth mental health; Converge is developing in partnership with Helpseeker and RA2 a mental health taxonomy and ontology that can be applied for anyone intersecting with the mental-health sector (practitioners, funders, technologists, researchers, etc.)
- Pilot, with a selected group of agencies, initiatives to consistently monitor waitlist length, waitlist properties, client characteristics, and time spent navigating.
 - ◆ Capitalize for Kids is working on something similar in Ontario. Converge may wish to consider using that model as part of its activities.
- Assess service-provider capacity to support data collection and information sharing, and develop a strategy to build that capacity.
 - ◆ Converge contracted privacy expert to begin the first phase of this work. For wholesale adoption, it will be critical to engage other foundations and providers, to roll this out at a government level, along with grassroots agencies, to embed an information-sharing strategy.
- Create a public “state of the system” campaign to enhance transparency on the needs of the mental-health system, backed up by existing data and evidence.
- Conduct economic analysis of the leakage in the system around waitlists, bad referrals and lost productivity of caregivers.





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