CONFERENCE ABSTRACT

Electronically enabled synergies between mental health treatment and peer support: A catalyst for quality improvement

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Deede Gammon[1,2], Monica Strand[1,3], Lillian Sofie Eng[1]

1: Center for Shared Decision-Making and Collaboration Research, Oslo University Hospital, Norway
2: National Centre for eHealth Research, University Hospital of North Norway
3: Department of Psychiatry Blakstad, Division of Mental Health and Addiction, Vestre Viken Hospital Trust, Norway

Background and objective: Quality improvement (QI) programs aim to put into place ways of assessing health service performance and in pinpointing areas of improvement in line with available evidence. Patient and service user involvement is a core pillar in QI. In this study, based on user involvement principles, an Internet-based tool aiming to promote recovery and service user ←→provider collaboration was pilot-tested by 32 mental health service users and at least one of their providers for a minimum of 6 months and maximum 12 months. Two community mental health services in the north and south of Norway participated this action-oriented study. Accessed through a secure log-on, service users 'owned' the tool which augmented ongoing treatment. The options offered by the tool were used however service users and their providers saw fit. Providers had access to portions of the service user-generated content. In addition to secure messaging between service users and providers and an anonymous peer-led discussion forum (not accessible to providers), the tool offered resources to support service users in articulating and monitoring their personal recovery processes, e.g.: life domain status, goals, medications, network map, diary and exercises (e.g. mindfulness). In this paper we ask; how are service users' uses and experiences with the peer-support forum associated with QI?

Methods: To be included, participants had to have received mental health treatment least 6 months prior to inclusion, and have expectations of needing treatment at least 6 months ahead. The forum was hosted by an employed peer-consultant/co-researcher who ensured a safe and supportive environment, and who introduced topics for discussion (e.g. recovery, collaboration). Service users from both community sites were pooled in one forum. Data was derived from 1050 forum postings, 3 focus groups with service users and 3 with providers, 11 individual interviews and 12 peer-led, face-to-face workshops ('cafes'). These were conducted strategically throughout the pilot period, audio-taped, transcribed and entered into NVivo. Qualitative data were analyzed using a thematic analysis approach and one of the themes identified was (preliminarily) categorized as QI.

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Results: Participants' ongoing treatment, and how to improve it, became one of a wide range of topics discussed in the forum. Examples of QI-related topics include; how to help providers listen more carefully to participant needs by being more specific and assertive in stating their needs; how use of the goal-module during in-person consultations helped in getting the provider to focus more on specific personal goals. Over time, some service users took actions based on these types of discussions, the results of which were reported and assessed in subsequent supportive discussions.

Discussion and conclusion: Tool uses and participant reports offer rich illustrations of service user involvement in their own treatment in ways that did not exist prior to tool use. The three-way link between ongoing treatment, participant access to a common recovery tool and a peer-support forum provides a unique arena for pinpointing areas where service quality may be improved. Future studies are needed to determine how to optimally leverage this innovation and to assess the impact that alternative models of use may have on service quality.