Approaches to Managing Child Mental Health Waitlists in Canada: A Qualitative Investigation

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A System of Care for Children’s Mental Health:
Expanding the Research Base

Objective

• To identify the strategies employed to manage waitlists for child mental health services
  OR
• What do child mental health agencies (and systems) do when demand for their services outstrips their resources?

Methods: Case Study

• Case Study
  – Robert Yin
  – Single case study with multiple embedded units
  – Exploratory/descriptive type
• Components
  – Exploratory qualitative interviews
    • 75 from approximately 25 agencies
    • Maximum variation sampling
  – Survey
    • Web based
    • Child mental health agencies + others
  – Focused follow up qualitative interviews
    • Purposive sampling
    • Refine analysis
• Note: “waitlist strategies” defined broadly

Evidence-base

• Effectiveness of waitlist strategies
  – No endorsement of identified strategies
  – Little to no empirical evidence of their effectiveness
  – See reference list

Simplified pathway into and through a child mental health system

Project 1 Team

• John D. McLennan – University of Calgary
• Charlotte Waddel – Simon Fraser University
• John Lavis – McMaster University
• Mary Perry – University of Calgary
• Karolina Kowalewski – student trainee
• Management Committee of the CIHR Team
**Strategies at the intake system level**

- **Process strategies within the intake system**
  - Determine eligibility
    - Catchment area
    - Age criteria
    - Diagnosis and severity criteria
  - Redirect away from agency
    - to other agency
    - to ER
  - Prioritize (triage)

**Strategies between intake & formal assessment/treatment**

- **Strategies at the assessment level**
  - Increase the # of assessment slots:
    - Require more assessments/clinician-hour
    - Increase use of less expensive staff
    - Use multidisciplinary teams more efficiently
    - Provide more general versus specialist assessments

**Strategies at the treatment level**

- Increased treatment slot availability
  - Expand to non-traditional hours/places
- Restrict treatment
  - More time-limited/short-term therapies
  - Lower cost interventions
- Reconfigure treatment delivery
  - More group vs. individual therapy
  - Less expensive providers

**References**

Discussion:
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