

research snapshot

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Measuring Continuity of Care in Children's Mental Health – The C3MH

What is this research about?

In Ontario and beyond, continuity of care has been identified as an important goal in the children's mental health care system. 'Continuity of care' refers to a service user's experience as smooth, with linkages between different providers to ensure coordinated care. Until now, there has not been a way of measuring continuity of care from the perspective of parents and youth.

What did the researchers do?

Researchers at Western University developed a measure of Continuity of Care in Children's Mental Health (the C3MH), including a parent version (the C3MH-P) and a youth version (the C3MH-Y). They tested the measure with 364 parents of youth and 57 youth across 13 children's mental health agencies in Ontario. A key research objective was to make sure that the C3MH has high validity, meaning that it measures continuity of care and not another related concept, like satisfaction with care.

What did the researchers find?

The C3MH is a valid measure of continuity of care in children's mental health in Ontario, and holds promise to be usable in other regions.

What you need to know:

The Continuity of Care in Children's Mental Health (the C3MH) measure is the first measure designed to examine whether parents and youth feel that the care they experience in the children's mental health system in Ontario is smooth and coordinated or fragmented.

C3MH – Parent Version

The final measure for parents (C3MH-P) includes 25 questions addressing:

- (1) Management – Collaboration. Parents work with providers or providers work together to meet the child's/family's needs.
- (2) Management – Transitions. Children/families moving between providers/agencies are appropriately discharged and followed up on.
- (3) Informational – Provider Knowledge. The primary provider knows the child/family and their issues.
- (4) Relational – Interpersonal. The parent trusts the provider, and the relationship between the child/family and provider develops well over time.

(5) Relational – Consistency. The provider is available to the child/family over time and during transitions.

These categories corresponded well with how satisfied parents were with services and with the quality of the therapeutic relationship with the child's care provider. The researchers also found that parents of children with more severe problems, without a case manager, and who had dropped out of care experienced less continuity of care. These findings suggest that the C3MH-P is a valid measure.

Also, parents who had depression reported less continuity of care during transitions, showing that parental mental health is an important consideration when children are transitioning between providers or agencies.

C3MH – Youth Version

The youth measure (C3MH-Y) is a pilot version at this stage. It includes 19 questions addressing: (1) Management – Collaboration; (2) Informational – Provider Knowledge; (3) Relational – Interpersonal.

C3MH – Cross-Sectoral Continuity

The C3MH has other modules that the researchers will examine in future publications. Three optional modules capture the following transitions: having multiple providers within an agency, change in providers, and discharge. Seven modules capture collaborations between an agency and the following providers: family physician, pediatrician, psychiatrist, school, child welfare, private provider, and other agency.

How can you use this research?

The C3MH can help agencies, system planners and policymakers assess whether

service users are receiving continuous care, or if better service coordination is needed. This can help show whether specific initiatives or policy changes designed to improve coordination of care are working.

About the researchers

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Keywords

Continuity of care, Children's mental health, Youth, Health services research

This Research Snapshot is based on an article that has been critically appraised for quality and susceptibility to bias.

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