Prairie Research Associates

Report on Powerful Voice Questionnaire

March 24, 2014

Prepared for:

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Appendix A – Questionnaire

Executive Summary

The Saskatchewan Mental Health and Addictions *Powerful Voice* questionnaire collected information from 3081 respondents between October 21, 2013, and January 2, 2014. Overall, 96% of all completed questionnaires were done online, with 4% completed on paper. The 3081 completes break down as follows:

- For clients, 1013 people completed the mental health client section and 232 completed the addictions section. Each client base includes 146 who indicated they had both mental health and addictions issues and completed both sections.
- For families, 635 completed the mental health section and 304 completed the addictions section. Each includes 173 who completed both sections.
- About 1048 providers completed the questionnaire.
- About 168 concerned citizens completed the questionnaire. Concerned citizens were those who did not identify as having a mental health or addictions issue, did not identify as being a family member or a friend of someone with an issue, and were not service providers.

The Executive Summary goes over the main findings of the study, grouping results by the Saskatchewan Mental Health and Addictions Action Plan's 10 visions for mental health and addictions services.

Key differences among groups

Although the 10 sections below highlight differences among some groups, there are two key differences (noted below) that are very consistent when analyzing the results (and are worth highlighting now to avoid repetitiveness in the 10 areas covered in the Executive Summary).

- On the whole, those involved in receiving services for mental health issues (clients or family members and friends) generally are more concerned about the care being provided in Saskatchewan than those involved in receiving services for addictions. When comparing the same questions asked of those for mental health and those for addictions, responses are generally more positive and indicate fewer issues with access, quality of care, and coordination for those accessing addictions services than those with accessing mental health services. This is almost universal across clients and family members and friends.
- Generally, family members and friends indicate less positive experiences and more issues than clients when comparing responses to similar questions. This may be due to a number of factors. One factor may be the type of client family members and friends are responding on behalf of, as it is possible that family members and friends may be responding on behalf of those with more severe or complex issues, as they feel it is necessary since the client (because of their issues) would not be able to complete the questionnaire for themselves. Another reason may be due to the nature of experiences. While clients will have experienced all aspects of their care, many family members and friends may only be (or become involved) when there are issues with care, especially if it is an adult family member or friend.

Accessible

Accessible is defined as when *all citizens have access to services, no matter through which service door they have entered the system*.

The table below shows that 57% of clients and family members and friends of clients agree that *they knew where to go for help*. Although this is positive, it still indicates that a large minority (about 40%) did not initially know where to go for help when dealing with their issues.

Table Executive Summary: Agreement with questions related to accessible	
	% agree
I knew where to go for help	57%
This question was asked of clients and family and friends.	

In most cases, clients and family members and friends say that the first point of contact for clients is most often a *family physician* (49%) or *emergency physician* (14%). Others commonly turn to their *Employee Family Assistance Program* (5%), *social service workers* (4%), or *school counsellor* (4%).

When assessing their first point of contact, clients and family members are most likely to agree that the first point of contact *was able to refer them to someone who could help* (73%) followed by being *able to help the client* (62%). This seems to indicate that even when the first point of contact cannot help, they are generally able to refer the client to others who can.

Although the first point of contact was good at referring the client for help, clients and family and friends of clients indicated less success with *helping the client access other services such as housing, employment, and social services*. About 38% agree that the first point of contact was able to refer them to other services.

Table Executive Summary: Agreement with questions related to first point of contact	
	% agree
Referred client to someone who could help	73%
Was able to help client	62%
Helped client access other services (e.g., housing, employment, social services)	38%
These questions were asked of clients and family and friends.	

Accountable

Accountable is defined as the system *promotes shared decision-making, where individuals, family, supports and/or caregivers have input into their treatment plan*.

Results in the table below show that the majority of respondents agree with statements related to a system that is accountable. This includes the following:

- About 6 in 10 clients and friends and family members of clients agree that *staff explained the reasons for their care recommendations* and *family was involved in clients' care as much as was wanted*.
- About half of clients, friends and family members, and service providers agree that *clients were able to set their own goals for care*.

Table Executive Summary: Agreement with questions related to accountable

	% agree
Staff explained reasons for care*	60%
Family was involved in care as much as wanted**	59%
Client able to set goals for care*	51%

* These questions were asked of clients, family and friends, and service providers.
** This question was asked of clients and family and friends.

The relatively high levels of agree with statements related to the system being accountable is also reflected in whether people see a need to improve aspects related to being accountable.

- Among 13 areas for improvement, the two areas related to being accountable rank 9th (*family members are appropriately involved in decision making*) and 13th (*clients are involved in decision making*), respectively. These indicate, relative to other areas, less of a perceived need for improvement.
- Among 13 priority areas, the two accountable aspects ranked relatively low as well — 11th out of 13 for *making sure that family members are appropriately involved in decision making* and *making sure that clients are involved in decision making*.

Although areas related to the system being accountable are not viewed as high-priority areas relative to other issues, it is important to note that ensuring that family is involved in care decisions ranks higher than involving clients. Indeed, when examining differences among groups, family and friends of clients rank *making sure that family members are appropriately involved in decision* very high (among their top five priority areas). On the other hand, clients do not rank *making sure that they (clients) are involved in decision making* higher than other groups, and it falls toward the bottom of their top priorities.

Capacity

Capacity is defined as *resources are sustainable and available in the right places so that anyone accessing the system will be supported appropriately*. Capacity overlaps with many aspects, especially access and client-centred, but one question asked of all groups (other than concerned citizens) clearly relates to capacity.

As shown in the table below, 60% agree that *help needed is close to their community*.

Table Executive Summary: Agreement with questions related to capacity	
	% agree
Help needed is close to community	60%
This question was asked of clients, family and friends, and service providers.	

Although this one question indicates relatively high agreement that the current system has the capacity for being available close to respondents' communities, capacity and issues of capacity are almost unanimously viewed as the area of most importance. Regardless of whether the respondent is a client, family member or friend, service provider, or concerned citizen, all say that *ensuring the system has enough capacity* is the area requiring the most improvement.

Choice

Choice is defined as *diversity is recognized and accommodated so that clients have the ability to make informed choices about the service they receive, based on their culture, language, or other factors*.

Examining statements related to choice in the table below show the following:

- Language does not appear to be an issue as 93% of clients and family members and friends agree that *care was provided in clients' preferred language*. However, because the questionnaire was only available in English, this may not accurate reflect this issue. Among those who did not receive care in their preferred language, just 35 total respondents provide their preferred language, with the most common response being English (or well-spoken English).
- Many (66%) clients and family members agree that *care was provided in a way that supported clients' cultural needs and beliefs*. Among those who disagree, the most common suggestions for supporting clients' needs are to *improve the overall quality of care* (20%) and *show more sensitivity to cultural beliefs* (14%)
- About 56% of clients, family members and friends, and service providers agree that *care was available that fit clients' cultural needs*.

Table Executive Summary: Agreement with questions related to choice	
	% agree
Care was available in clients' preferred language**	93%
Care was provided in a way that supported clients' cultural needs and beliefs**	66%
Care was available that fit clients' cultural needs*	56%
* These questions were asked of clients, family and friends, and service providers. ** This question was asked of clients and family and friends.	

Among areas for improvement and priority areas, two areas related to having choice were asked.

- Among the 13 areas for improvement, ensuring *clients can choose programs and services that fit their cultural, language, and other preferences* ranked 7th out of 13, with 19% indicating this area needed lots of improvement.
- Of 13 priority areas, *making sure that clients can choose programs and services that fit preferences* was ranked last (13th) with just 8% selecting it as one of their top-three priority areas.

These results seem to indicate that choice does require some improvement, but it is likely more important to demographic groups that would be most likely to be affected by having a choice. For example, results show that Aboriginal respondents put greater priority on *making sure that clients can choose programs and services that fit preferences*. Among Aboriginal respondents, 17% select this as one of their top three priorities. This compares to 7% of non-Aboriginal respondents.

Client centred

Client centred is defined as *the system provides clients with the right care at the right time, delivering the right services to best meet their needs*.

The table below summarizes three questions related to client-centred care. Most noticeable is the fact that a minority agree with each statement, indicating that a majority are not receiving client-centred care when it comes to the following:

- *care was available on days that fit clients' schedules*
- *right care was available at the right time for issues*
- *care was available without long delays*

Table Executive Summary: Agreement with questions related to client-centred	
	% agree
Care was available on days that fit clients' schedules**	40%
Right care was available at the right time for issues*	39%
Care was available without long delays*	30%
* These questions were asked of clients, family and friends, and service providers. ** This question was asked of clients and family and friends.	

Although the majority indicate that client-centred care has issues, certain aspects of client-centred care are more important than others.

- In terms of the 13 areas requiring improvement, *improving timely access to services* ranks third based on average rating, just behind capacity and intervention issues. However, making sure that *services are client-centred* ranked 11th out of 13 areas for improvement, and very few indicated it required lots of improvement.

- Similarly, among 13 priority areas, *improving timeliness of access to services* was the top priority to focus on, with half of the respondents selecting it as one of their top three priorities. *Timeliness* ranked well ahead of other top priority areas. Conversely, *making sure that services are client-centred* ranked 8th out of 13 priority areas, with only 16% saying it was one of the top three priorities for the province.

The reason for the discrepancy between people rating aspects of client-centred care as being more important than client-centred care itself may be that the term client-centred care was not clear or defined enough for many respondents, and, therefore, was seen as less of a priority than tangible aspects (i.e., timely access).

In questions where clients and family and friends of clients described their experiences in their own words, issues related to client-centred care were frequently mentioned.

- When clients and family members and friends of clients assess their overall experiences, issues related to client-centred care are frequently mentioned when discussing negative care experiences. Indeed, the most common contributor to negative care experiences was *long wait times for services* (28%).

- When asked to suggest one or two changes to improve care experiences, the two most frequently mentioned issues were related to client-centred care — *more access to services* (19%) and *reduced wait times for services* (15%). No other suggestion (client-centred related or not) was put forth by more than 8% of respondents. This indicates that aspects related to client-centred care are foremost on respondents' minds.

Coordinated

Coordinated care is defined as *services are responsive and seamlessly coordinated across multiple providers and care givers*.

Several questions within the questionnaire addressed the coordination of the system. As the table below shows, some aspects of coordinated care were rated quite positively, while others were not.

- Clients and/or family and friends of clients gave positive feedback for two aspects of coordination. About 6 in 10 say *there was a plan for client's care* (62%) or *clients were referred to other health care providers to get the care they needed* (60%).
- Among the least coordinated aspects of coordinated care according to clients, family members and friends of clients, and service providers was *continued care for clients without disruption when they moved within Saskatchewan*. Just 23% agree with this statement, indicating that a large majority that move within Saskatchewan have at least some disruption to their care.

See the table below for complete results related to coordinated care.

Table Executive Summary: Agreement with questions related to coordinated

	% agree
There was a plan for client's care***	62%
Client was referred to other health care providers to get needed care**	60%
Client's physical health issues were also addressed**	52%
Health care providers shared important information with each other about clients' care**	40%
Someone made sure plan for care was followed**	38%
Service providers worked together to help client move easily from programs and services**	34%
Client had help finding services outside of health care system*	32%
Client's care continued without disruption when they moved within Saskatchewan*	23%

* These questions were asked of clients, family and friends, and service providers.
** This question was asked of clients and family and friends.
*** This question was asked of clients only.

When rating how well the Saskatchewan system is doing at coordinating care and how much of a priority it should be, results show the following:

- Among 13 areas for improvement, ensuring *services are well-coordinated* ranks 5th. Overall, 33% of people say the ensuring *services are well-coordinated* needs lots of improvement.
- Among 13 priority areas for the province, *improving the coordination of services* ranks 4th, with 25% indicating it is a top-three priority for the province.

When asked for suggestions about how services could be better coordinated, respondents give many suggestions, but similar to other open-ended questions, no single suggestion is mentioned by a large minority. For instance, the most commonly-mentioned suggestions included the following:

- *have care providers share information (e.g., notes, files) about clients with each other* (13%)
- *develop more comprehensive or holistic care plans* (12%)
- *provide follow-up care after initial treatment* (7%)
- *make referrals for additional care* (7%)

Equitable

Equitable is defined as *individuals requiring mental health and addictions services will receive the same level and quality of care, regardless of their health, social, or economic status*.

Results in the table below show that many respondents think that age, gender, or sexual orientation are barriers to receiving services in Saskatchewan, although this is largely driven by service providers who were more likely to agree that *age*, *gender*, or *sexual orientation* were barriers for people seeking treatment compared to clients or friends/family of clients.

Overall, people are most likely to agree that *age* (28% agree) is a barrier relative to *gender* (22%) and *sexual orientation* (21%). However, in most cases people tend to agree with several of these barriers, as 30% agree with at least one of these. Given that 28% agree that *age* is a barrier, this indicates that most tend to see there being many barriers, that is, they agree that *age*, *gender*, and *sexual orientation* are barriers.

Among family members and friends, age was seen as more of a barrier when accessing youth services than it was for adults or older adults.

Table Executive Summary: Agreement with questions related to equitable treatment	
	% agree
Age was a barrier to getting care for issues	28%
Gender was a barrier to getting care for issues	22%
Sexual orientation was a barrier to getting care for issues	21%
These questions were asked of clients, family and friends, and service providers.	

Although there is some indication of inequitable treatments, ensuring *services are equitable* ranked 10th out 13 areas for improvement and 9th out of 13 as a top priority for the province to focus on.

Evidence-based innovation and evaluation

Evidence-based innovation and evaluation is defined *as services are based on evidence from science and promising practice and receive ongoing evaluation to ensure they continue to be relevant and appropriate*.

In the questionnaire, respondents were not asked questions that directly addressed the issue of evidence-based innovation and evaluation. However, a common theme among clients and family members was a need for service providers to receive proper training. For instance, clients mention that *lack of staff knowledge and training* was a significant barrier to accessing service.

Proper training and education for service providers was also mentioned somewhat often by clients and family members and friends as the most important way to improve care experiences for people with mental health or addictions issues. However, it typically fell well behind other issues related to access, accountable, and quality of care.

Prevention and intervention

Prevention and intervention is defined as *the system incorporates prevention and intervention components so that its scope of supports captures at-risk individuals before more intensive services are required*.

There were no direct questions asked regarding prevention and intervention for clients or family members and friends; however, early intervention was viewed by all respondents as an area requiring improvement and an area that should be a top priority.

- Among 13 areas for improvement, ensuring *there are opportunities for early intervention to prevent situations from getting worse* ranked second based on average rating (behind only capacity). In addition, ensuring *there are opportunities for prevention for at-risk individuals* ranked fourth.
- Among 13 top priorities listed, *increasing opportunities for early intervention* ranked third (behind capacity and access).

Although early intervention and prevention was a top priority, clients and family members did not have a single clear direction about how this could be accomplished. Clients and family members and friends of clients were asked what *information or services would have been helpful to receive earlier*, and many answers were given. Although many suggestions were given, only a few issues were mentioned by more than 10% of people. The most common suggestions are the following:

- *more timely access to services* (14%)
- *information on where or who to turn to for help* (11%)
- *information on where to access group counselling* (8%)
- *information on signs of mental health issues* (8%)
- *public awareness campaigns and education for the public about issues* (6%)

Services providers and concerned citizens seemed to have a more clear direction for early intervention that focused on education. Specifically, many of them mentioned *education for youth* (24%), *education for the public* (14%), or *reducing the stigma related to seeking help* (9%).

Quality

Quality of care is defined as *clients can expect high-quality service, based on standards*.

Several questions in the questionnaire addressed the quality of client care. Results in the table below show that between 49% and 65% of clients and friends and family of clients agree with statements related to the quality of care. These results tend to show that people were generally slightly more positive about the care providers they encountered (e.g., high agreement that *care providers respected and supported client*) than they were about their overall care (e.g., slightly lower agreement that clients were *confident* or *comfortable* with their care).

Table Executive Summary: Agreement with questions related to quality	
	% agree
Client felt respected by their care providers	65%
Client felt supported by the care they received	60%
Client's issues improved because of care they received	60%
Staff were knowledgeable about clients' issues and needs	56%
Client was comfortable with care they received	56%
Client was confident in the care they received	49%
These questions were asked of clients and family and friends.	

The table below shows clients' overall assessment of the quality of their care. Almost half indicate that their overall care was good or excellent, although a large minority indicate their care was poor. When examining what clients and family and friends of clients say made experiences positive or negative, the quality of care and interactions with staff play a major role.

- For positive experiences, how staff treated clients was mentioned most commonly; this included staff care providers being *knowledgeable and respectful* (26%), *caring and supportive* (25%), and *listening to clients' concerns* (17%). In fact, no other aspect (quality of care or otherwise) was mentioned by more than 6% of clients and family and friends. This indicates that interactions with care providers and the quality of these interactions play a major role in clients having positive experiences.
- With negative experiences, aspects related to client-centred care were mentioned most often, but most secondary mentions were related to quality of care (e.g., *long wait times*). This included things such as care providers being *uncaring or not supportive* (16%) and *not listening to clients' concerns* (10%).

Table Executive Summary: Clients' overall assessment of the quality of their care	
	%
Excellent	14%
Good	33%
Average	28%
Poor	17%
Very poor	8%
This question was asked of clients only.	

When assessing the aspects in terms of quality and how much improvement they need/the priority respondents feel should be placed on quality, there are some important discrepancies described below.

- In most cases, how people rate the need for improvement and priorities are often in sync. That is, aspects that require more improvement are typically rated as being a top priority for the system. However, this is not the case for ensuring *services are of high quality*. Among 13 areas for improvement, it ranks 12th out of 13, with just 17% saying the quality of care needs lots of improvement. However, among 13 areas for improvement, *making sure services are of high quality* ties for 4th, with 25% ranking it in their top three areas. This seems to indicate that respondents currently feel the system provides high-quality service, but that it should be a high priority to maintain this high quality of service.
- When rating *that service quality is consistent* as an area for improvement, it ranks 8th out of 13 areas, with 23% saying the consistency needs lots of improvement. However, as a priority area, the consistency of services ranks just 11th out of 13, with 11% ranking consistent services in their top three areas for improvement. This is the opposite phenomenon from *making sure services are of high quality*, as *service quality is consistent* is an area people identify as needing improvement, but as a priority area is viewed as being less important than other aspects.

In context, these two discrepancies make sense. For instance, when rating the areas for priority, people would likely want to ensure services are high-quality before they are consistent. That is, people want the Saskatchewan system to provide consistent, high-quality services, rather than consistent services that may be of average or below average quality.

1.0 Methodology and reporting

This section highlights the methodology used to conduct the survey and summarizes the structure of analyses within this report.

1.1 Questionnaire design

PRA prepared a draft version of the questionnaire in English for the Saskatchewan Mental Health and Addictions Action Plan team to review in mid-September. The questionnaires went through several rounds of review over an approximately four-week period.

The questionnaire was split into the following sections, each intended for specific respondents:

- persons living with mental health issues (referred to in this report as mental health clients)
- persons living with addictions issues (referred to as addictions clients)
- persons with concurrent disorders
- family members or friends of persons living with mental health issues (referred to as mental health family)
- family members or friends of persons living with addictions issues (referred to as addictions family)
- service providers (referred to as providers)
- concerned citizens

Each of these sections was designed to be answered by those who self-identified with the appropriate group. For example, those who self-identified as having a mental health issue were asked questions from the appropriate section.

In addition to the sections designed for specific groups, there were several sections that all respondents were asked to complete:

- background (i.e., demographic)
- vision and priorities for the future

The final questionnaire (Appendix A) was programmed online and made available on the Saskatchewan government website at www.health.gov.sk.ca/powerful-voice.

In addition to the online questionnaire, a PDF version of the questionnaire was available through the website for each of the two client and family groups. These PDF versions were intended to be accessible for service providers to print for their clients and/or their family, who may not have access to a computer. These copies were returned to PRA via mail or fax.

1.2 Outcomes

In total, 3,081 questionnaires were completed between October 21, 2014, and January 2, 2014. Overall, 96% of all completed questionnaires were done online, with 4% completed on paper. For the two groups that had paper copies available, 7% of the client questionnaires and 7% of the family questionnaires were completed by paper.

- For clients, 1,013 people completed the mental health client section and 232 completed the addiction section. Each client base includes 146 who indicated they had both mental health and addictions issues and completed both sections.
- For families, 635 completed the mental health section and 304 completed the addictions sections. Each includes 173 who completed both sections.
- About 1,048 providers completed the questionnaire.
- About 168 concerned citizens completed the questionnaire. Concerned citizens were those who did not identify as having a mental health or addictions issue, as knowing someone who had an issue, or as a service provider.

See Table 1 for a complete breakdown of completed questionnaires.

Table 1: Completion by respondent group and by method

	Total completed questionnaires	Online	Paper-based
Mental health client only	867	806	61
Addictions client only	86	71	15
Mental health and addictions client	146	146	0
Mental health family	462	421	41
Addictions family	131	120	11
Mental health and addictions family	173	173	0
Service provider	1,048	1,048	0
Concerned citizen	168	168	0
Total	**3,081**	**2,953**	**128**

1.3 Open-ended response analysis

To interpret questions where respondents provided verbatim comments, PRA reviewed responses and categorized them into general themes (or codes). In some cases, questions already had pre-designed codes, against which PRA first reviewed the verbatim comments to determine if responses fit into one of the pre-designed codes.

From the remaining uncoded responses, PRA created themes and assigned themes a numerical value. PRA then reviewed each response and assigned it a value or values. In many cases, a response was given a single numerical code, while in others, participants would touch on many themes in one answer, and, therefore, the responses were assigned multiple codes. Any response or part of a response that did not fit a code was left as "Other." This meant that in some cases, the entire response was given only a single code of "Other," while other responses received codes in addition to an "Other" code to account for part of the response that did not fit into any codes. This means that the proportion left in "Other" in a table reflects the total number of

respondents who remained with a code of "Other" as part of their response, but does not mean that none of these participants had other aspects of their response coded into other categories.

When coding, PRA created as many codes (or themes) as required for a single code to account for at least 1% of the total responses for that question. PRA continued to review responses left as "Other" (that is, responses or parts of responses that did not fit into any created code) until no theme or code could be created that would account for at least 1% of the total responses to that question. Because similar questions were asked across various groups, often tables for open-ended questions contain percentages less than 1%, but this is because a code may have accounted for more than 1% in another group.

1.4 Format of tables in report

The tables in this report include all response options, including responses of "Don't know," unless otherwise noted in the table. Because respondents were not forced to answer any questions, almost all questions had some rate of non-response. Non-response and answers of "not applicable" (when present in the question) have been removed from the analyses presented in this report.

When tables are presented, proportions in columns for single response questions may not sum to 100% due to rounding.

1.5 Limitations

As with all research, the *Powerful Voice Questionnaire* has some limitations which the read should be aware of when interpreting results presented in this report. These limitations are described below.

- **Lack of randomness**. Although any person living in Saskatchewan could complete the questionnaire, there is an inherit selection bias among respondents given that they were not randomly selected from the population. Because of the lack of random selection, it is not possible to determine the extent to which results accurately reflect the populations represented in this report.

- **Representativeness**. Random selection plays a part in achieving representativeness, but also the method in which the questionnaire is conducted plays a role. Because the questionnaire mode was primarily online (paper-based versions were available, although needed to be downloaded from the *Powerful Voice Questionnaire* website), it may under-represent populations without access to the Internet (i.e., low income, transient, or homeless population). In addition, it may also under-represent those whose first-language is not English (as the questionnaire was only available in English) or those with reading difficulties.

1.6 Analysis of differences between groups

This research was not designed to test specific hypotheses regarding the care and experiences of various groups in Saskatchewan. Rather, the questionnaire is intended to provide an overview of care experiences and gather recommendations for improvements to the mental health and addictions care system. Because of a lack of established hypotheses to test, statistical tests of differences between groups (i.e., crosstabulations, ANOVA, etc.) were not conducted.

When identifying practical differences between groups throughout this report, only those that exceed a 10% difference are discussed.

1.7 Report structure

The following bullets provide insight into the structure of the report to assist the reader in finding relevant information within this report:

- Section 2 provides a demographic profile of participants, noting any differences by respondent type (e.g., clients, families, providers, or concerned citizens).
- Section 3 summarizes results from clients, comparing responses from mental health and addictions clients. It also summarizes results from clients who identify as having concurrent mental health and addictions issues.
- Section 4 summarizes results from family and friends of those with mental health or addictions issues.
- Section 5 summarizes results for providers.
- Section 6 summarizes a few questions asked of concerned citizens.
- Section 7 summarizes questions related to areas for improvement within the mental health and addictions services, as well as the top priorities within the system. This section compares differences on these questions between the six respondents groups.
- Section 8 highlights differences between key groups (e.g., Aboriginal respondents, health region) primarily for questions presented in Section 7.

2.0 Profile of participants

This section provides a profile of those who completed the questionnaire.

2.1 Demographic profile

Among all those who responded to the questionnaire, results in Table 2 show the following:

- Women (76%) outnumbered men (23%) by about 3 to 1. These proportions indicate that women are overrepresented in the questionnaire relative to the Saskatchewan population, which is not unexpected given that women are more likely to participate in research than men.
- The vast majority of respondents were between 25 to 54 years of age, representing over 7 in 10 respondents.
- Almost 9 in 10 respondents self-identified as Caucasian, with 9% identifying as Aboriginal. The proportion who self-identify as Aboriginal is just below the proportion within the Saskatchewan population (approximately 12%).[1]
- About 5% of respondents reported being born outside of Canada, although most have been living in Canada for some time, as the average time these respondents have lived in Canada is approximately 27 years. In fact, about 2 in 10 of those who were not born in Canada have been living in Canada for less than 10 years, or about 1% of all respondents.

Table 2: Demographic profile

	All respondents (n = 3043–3073)
Gender	
Female	76%
Male	23%
Other	1%
Age group	
16 to 18	1%
19 to 24	6%
25 to 34	23%
35 to 44	22%
45 to 54	26%
55 to 64	18%
65 to 74	4%
75 and older	<1%
Ethnicity	
Caucasian	88%
Aboriginal	9%
French	1%
South Asian	1%
Black	1%
Mixed race	1%
Other	2%
Born	
In Canada	95%
Outside of Canada	5%

Note: Respondents could provide more than one ethnicity; therefore, percentages may sum to more than 100%.

[1] Retrieved from Government of Saskatchewan statistics on January 23, 2014 from http://www.stats.gov.sk.ca/stats/pop/2011Ethnic%20Origin.pdf.

Table 3 provides a demographic profile of respondents by respondent type. Examining results shows the following:

- Addictions clients have the highest proportion of male respondents at 41%. The next highest proportion is concerned citizens, with 29% men. Conversely, 15% of those who completed the family section (mental health or addictions) are male.
- Representation by age groups is fairly similar across respondent types, although few service providers are under 25.
- The vast majority of respondents in each group are Caucasian (ranging from 81% to 91% of respondents). Among addictions clients (16%) and addictions families (12%) there is a higher proportion of respondents who self-identify as Aboriginal than other groups.
- There is very little difference in the proportion reporting being born in or outside of Canada by respondent type.

Table 3: Demographic profile by respondent type

	Mental health client (n = 1008–1012)	Addictions client (n = 229–231)	Mental health family (n = 626–633)	Addictions family (n = 299–304)	Provider (n = 1031–1046)	Concerned citizen (n = 166–168)
Gender						
Female	71%	57%	85%	85%	79%	71%
Male	28%	41%	15%	15%	21%	29%
Other	1%	2%	<1%	<1%	<1%	-
Age group						
16 to 18	2%	4%	<1%	3%	-	5%
19 to 24	11%	7%	4%	4%	3%	9%
25 to 34	27%	22%	13%	14%	26%	16%
35 to 44	24%	23%	19%	18%	24%	16%
45 to 54	21%	26%	30%	29%	28%	21%
55 to 64	12%	12%	25%	26%	16%	27%
65 to 74	3%	7%	7%	6%	2%	6%
75 and older	<1%	-	2%	1%	-	1%
Ethnicity						
Caucasian	90%	81%	91%	84%	86%	86%
Aboriginal	7%	16%	6%	12%	9%	9%
French	1%	1%	2%	2%	1%	2%
South Asian	<1%	-	1%	<1%	1%	1%
Black	1%	1%	<1%	<1%	1%	2%
Mixed race	1%	1%	<1%	1%	<1%	-
Other	2%	2%	1%	1%	2%	2%
Born						
In Canada	95%	96%	97%	97%	94%	93%
Outside of Canada	5%	4%	4%	3%	6%	7%

Note: Respondents could provide more than one ethnicity; therefore, percentages may sum to more than 100%.

2.2 Location profile

Where respondents live is very much in line with the Saskatchewan population, with about 6 in 10 respondents living in either the Saskatoon (33%) or Regina Qu'Appelle (30%) health regions, and 8 in 10 living in urban centres. See Table 4 for complete information.

Table 4: Location of respondents

	All respondents (n = 3072–3081)
Health Region	
Athabasca	<1%
Cypress	3%
Five Hills	5%
Heartland	3%
Keewatin Yatthé	1%
Kelsey Trail	4%
Mamawetan Churchill River	1%
Prairie North	6%
Prince Albert Parkland	9%
Regina Qu'Appelle	30%
Saskatoon	33%
Sun Country	3%
Sunrise	3%
Location	
Urban	81%
Rural	18%
Remote	1%

Table 5 provides a breakdown of respondents' location by respondent type.

- Representation by health region is fairly similar across groups, with the exception of providers who had many respondents from the Prince Albert Parkland health region. Unlike groups that represent the public, it is possible that the proportions of providers by health region represent how providers are spread out across the province (as many mental health and addictions services are provided in the Prince Albert Parkland region).

- Clients who responded to the questionnaire tend to be more likely to be living in urban locations than other types of respondents. In fact, addictions families tend to be more than twice as likely to report living in a non-urban setting as addictions clients.

Table 5: Location profile by respondent type

	Mental health client (n = 1008–1011)	Addictions client (n = 230–231)	Mental health family (n = 632–635)	Addictions family (n = 302–303)	Provider (n = 1043–1046)	Concerned citizen (n = 167–168)
Health region						
Athabasca	-	-	<1%	<1%	<1%	1%
Cypress	3%	4%	2%	1%	4%	2%
Five Hills	6%	7%	4%	2%	4%	7%
Heartland	2%	2%	3%	5%	3%	2%
Keewatin Yatthé	1%	<1%	<1%	1%	1%	3%
Kelsey Trail	4%	3%	4%	5%	4%	9%
Mamawetan Churchill River	1%	1%	1%	<1%	3%	1%
Prairie North	4%	3%	4%	8%	9%	6%
Prince Albert Parkland	5%	7%	7%	9%	13%	10%
Regina Qu'Appelle	35%	32%	32%	31%	24%	23%
Saskatoon	36%	37%	37%	33%	29%	31%
Sun Country	4%	4%	3%	2%	3%	1%
Sunrise	3%	1%	2%	2%	3%	3%
Born						
Urban	87%	91%	81%	76%	77%	72%
Rural	13%	9%	19%	23%	21%	23%
Remote	1%	<1%	<1%	1%	2%	5%

3.0 Clients

Section 3 summarizes responses for those who self-identified as having a mental health or addictions issue. In almost all cases, mental health and addictions clients were presented with the same questions related to their issues. Their responses are compared in this section, when possible.

3.1 Profile of clients

This section provides a profile of mental health and addictions clients' issues and use of services to assist with their issues.

3.1.1 Severity of issue

About 1 in 4 mental health and addictions clients classify their issue as *severe* — that is, it has a major effect on their day-to-day living. About 6 in 10 mental health, and slightly less than half of addictions clients, say their issue is *moderate* (some effect on day-to-day living). About twice as many addictions clients (25%) as mental health clients (12%) say their issues are *mild* — that is, their issues do not typically affect their day-to-day living.

Table 6: Severity of issue
Which of the following describes your mental health/addictions issue(s)?

	Mental health (n = 1010)	Addictions (n = 228)
Severe (major effect on day-to-day living)	28%	27%
Moderate (some effect on day-to-day living)	58%	45%
Mild (does not typically affect day-to-day living)	12%	25%
Don't know	2%	4%

3.1.2 Types of care received

Mental health clients who participated in the questionnaire received services more recently than addictions clients. Over 7 in 10 mental health clients received services for their issues in the past year, including 61% who received services in the six months prior to completing the questionnaire.

Addictions clients' experiences are more spread out, with about 4 in 10 receiving services in the past year, with 28% in the past six months. On the other end of the spectrum, about 1 in 3 received services more than five years ago for the addictions issues.[2]

Table 7: Last time received care
When was the last time you received care to deal with your mental health/addictions issue(s)?

	Mental health (n = 930)	Addictions (n = 166)
Within last six months	61%	28%
Within last year	11%	10%
Within last two years	10%	15%
Within last five years	8%	13%
More than five years ago	9%	34%

[2] Although 9% of mental health clients and 34% of addictions clients received services more than five years ago, their responses are similar to those with more recent experiences. The only exception is that those who received care longer ago tend to be less likely to provide a response to some of the questions posed, likely because they are unable to remember specific aspects of their experiences.

About 44% of mental health clients and 38% addictions clients have used *emergency department services* for their issues, although 42% of addictions clients and 37% of mental health clients have been *hospitalized* for their issues.

Table 8: Hospital care for issues
Have you ever…

	Mental health (n = 929–932)	Addictions (n = 166)
Used Emergency Department services	44%	38%
Been hospitalized	37%	42%

Among addictions clients, about half of those who completed the questionnaire have used a *residential treatment program*, while 4 in 10 have used a *detoxification facility*. About 1 in 20 have used a *needle exchange program* or *methadone program*.

Table 9: Other services used for those with addictions issues
Have you ever used a…

	Addictions (n = 167–168)
Residential treatment program	49%
Detoxification facility	41%
Needle exchange program	7%
Methadone program	4%

Among mental health and addictions clients, almost 9 in 10 have used *community-based services*. In both groups, *counsellors* were the most common community-based service used, with about 9 in 10 in both groups who access services using them. Mental health clients relied most heavily on *family physicians* (78%), *psychiatrists* (69%), and, to a lesser extent, *day programs* (23%). Addictions clients relied most heavily on *family physicians* (45%), *day programs* (39%), and *treatment centres* (24%), and some used *12-step programs* (12%) such as Alcoholics Anonymous (AA).

Table 10: Community-based services
What types of community-based mental health services have you used?

	Mental health	Addictions
Have you ever…	**(n = 931)**	**(n = 166)**
Used community-based services	88%	88%
Types of community-based services used	**(n = 817)**	**(n = 146)**
Counsellor	90%	89%
Family physician	78%	45%
Psychiatrist	69%	-
Day program	23%	39%
Support group	5%	-
Treatment centres	2%	24%
Private counselling	1%	-
Canadian Mental Health Association	1%	-
Alternative medicine	1%	-
Faith-based counselling	<1%	-
Other professional (e.g., nutritionist, acupuncturist)	<1%	-
12-step programs (e.g., AA)	-	12%
Other	1%	5%
None	<1%	-

Note: Respondents could give more than one community-based service used; therefore, columns may sum to more than 100%.

3.1.3 Paying for care

Addictions clients are more likely than mental health clients to receive their services primarily through the *publicly funded health care system* (78% versus 63%). Many mental health clients relied on *Employee Assistance Programs* (12%) or *insurance* (8%). About twice as many mental health clients as addictions had to pay for their services themselves for *private care* (9% versus 4%). See Table 11.

Table 11: Paying for care
How was the care that you received for your mental health issue(s)/addiction issues primarily paid for?

	Mental health (n = 920)	Addictions (n = 167)
Through the publicly funded health care system	63%	78%
Through my (spouse's) workplace Employee Assistance Program	12%	5%
Through a private practice professional	9%	4%
Through my insurance program	8%	4%
Through a non-profit	1%	2%
Education-related organization	1%	-
Multiple ways	4%	2%
Other	<1%	1%
Don't know	3%	4%

Note: Respondents could give more than answer; therefore, columns may sum to more than 100%.

3.2 Access to services

3.2.1 Reasons for not accessing services

Among those who completed the questionnaire, many said they did not try to access care. This is more likely among those with addictions than those with mental health issues (27% versus 7%). Among those who said they did not access care, about half of those with mental health issues tried, compared to about 1 in 4 of those with addictions.

There are a number of reasons why respondents did not access services. In many cases, respondents wanted to *deal with the issue on their own* (19% mental health, 22% addictions). Also, in many instances, respondents downplayed their issue, saying they *did not believe it is a problem* (5% mental health, 7% addictions) or it is *not serious enough* (3% mental health, 18% addictions).

For some, *being ashamed or embarrassed* (19% mental health, 13% addictions) of their issue was a barrier to trying to access services, indicating perceived stigma may be a barrier for those who have not tried to access services.

Table 12: Severity of issue *Which of the following describes your experiences with mental health/addictions services?*		
	Mental health	**Addictions**
Did not access care for issues	**(n = 1009)**	**(n = 229)**
Did not access care	7%	27%
Tried to access care	**(n = 74)**	**(n = 61)**
Yes	49%	25%
No	51%	75%
Why they did not try to access care	**(n = 37)***	**(n = 45)***
Thought I could deal with it on my own	19%	22%
Ashamed/embarrassed	19%	13%
Did not know where to access help	14%	2%
Not ready for help yet	11%	7%
Did not have support	5%	7%
Does not believe it is a problem	5%	7%
Went to family physician for help	5%	-
Did not think it would help	-	4%
Issue was not serious enough	3%	18%
Cost	3%	-
Chose support group (e.g., AA)	-	2%
Other	3%	-
Don't know	30%	24%
Note: Respondents could give more than one reason why they did not try to access care; therefore, columns may sum to more than 100%. * Caution small sample sizes.		

The box below provides a few verbatim comments from clients describing their reasons for not accessing services.

Clients' comments on reasons for not accessing services	
Mental health	**Addictions**
- *Stigma attached to having a problem "coping" with life.* - *I felt that I could deal with them on my own.* - *It was too overwhelming to find or discover any programs or outlets for help.* - *Don't know where to go for that kind of problem.* - *Still haven't quite accepted it and not willing to ask for help.*	- *I don't want my family to know.* - *I overcame it on my own.* - *I am not sure how big a problem it is.* - *Not ready to give up addiction. I can still function and my addiction issues are not readily obvious.* - *I practice healthy lifestyle choices and am not in a place where I believe I need help.*

3.2.2 Perceptions of access

Mental health (Table 13) and addictions (Table 14) clients were asked for their level of agreement with six statements about access to services. Results show the following:

- Mental health and addictions clients are most likely to agree that *the help they needed was close to their community*, with about 8 in 10 agreeing in both cases.
- When assessing if *care was available that fit their cultural needs*, 17% of mental health and 20% of addictions clients could not provide a rating to this question, indicating perhaps that they did not know what services may be available or that they did not require services that fit their cultural needs. Otherwise, among those who provided an opinion, the vast majority agree.
- Mental health clients seem to have more problems *knowing where to go for help*. About, 1 in 3 mental health disagree with this statement, indicating they did not know where to go for help. This compares to 1 in 4 addictions clients who did not know where to go for help.
- Just over 6 in 10 mental health or addictions clients agree *care was available on days and times that fit their schedule*, with about 1 in 10 strongly agreeing. However, about 4 in 10 mental health clients disagree (14% strongly), while 3 in 10 addictions clients disagree (12% strongly). This difference is due to a slightly higher proportion of addictions clients choosing "Don't know" to this question (6% addictions versus 2% mental health).
- *Having the right care available at the right time for their issues* seems to be the biggest barrier for mental health and addictions clients. About half of mental health clients and 4 in 10 addictions clients indicate that care was not available for them at the right time.

Table 13: Perceptions of access for mental health

	I knew where to go for help (n = 930)	Help I needed was close to my community (n = 929)	Care was available on days and times that fit my schedule (n = 929)	The right care was available at the right time (n = 930)	Care was available that fit my cultural needs (n = 927)
Strongly agree	18%	27%	13%	11%	23%
Agree	46%	53%	48%	35%	52%
Disagree	24%	13%	23%	29%	7%
Strongly disagree	11%	6%	14%	22%	2%
Don't know	1%	1%	2%	2%	17%

Table 14: Perceptions of access for addictions

	I knew where to go for help (n = 167)	Help I needed was close to my community (n = 167)	Care was available on days and times that fit my schedule (n = 167)	The right care was available at the right time (n = 165)	Care was available that fit my cultural needs (n = 164)
Strongly agree	22%	26%	14%	19%	15%
Agree	52%	52%	52%	40%	52%
Disagree	18%	13%	16%	21%	8%
Strongly disagree	8%	8%	12%	17%	5%
Don't know	1%	1%	6%	4%	20%

3.2.3 Wait times

Results seem to indicate that wait times were an issue for many clients, although more so for mental health clients than addictions.

- More than half of mental health clients disagree *care was available without long delays*, including 29% who strongly disagree. This indicates that more than half of mental health clients experienced some type of long delay when receiving treatment.
- Among addictions clients, less than 4 in 10 disagree that *care was available without long delays*, including 16% strongly disagreeing. This indicates that a large minority experienced delays while receiving treatment for their addictions issue(s).

Table 15: Agreement that care was available without long delays

	Mental health (n = 930)	Addictions (n = 167)
Strongly agree	11%	18%
Agree	34%	43%
Disagree	25%	20%
Strongly disagree	29%	16%
Don't know	1%	2%

Clients who disagreed that *care was available without long delays* were asked *what service had the longest wait times*. As seen in Table 16, the services clients waited for differed between mental health and addictions, which is expected, given the services are often different.

- Among mental health clients who experienced delays, they experienced delays most often when trying to access *psychiatrists* (47%) and *counsellors* (29%). Many also mention delays when accessing *mental health or addictions specialists* (11%) or *emergency services* (10%).
- For addictions clients, delays were most often experienced when accessing *treatment centres* (46%) and *counsellors* (32%), as well as *day programs* (12%).

Table 16: Services with longest wait time
You indicated that there were long delays to receive care. What service had the longest wait time?

	Mental health (n = 486)	Addictions (n = 57)
Psychiatrist	47%	2%
Counsellor	29%	32%
Mental health or addictions specialist	11%	5%
Emergency	10%	2%
Family doctor/GP	5%	-
Initial appointment (unspecified)	3%	9%
Day program	2%	12%
Assessment or diagnoses	2%	5%
Publicly funded care	2%	-
Treatment centre	1%	46%
Social worker	1%	-
Support group	1%	-
Services for children and youth	<1%	2%
Other	1%	4%
No wait time issues	<1%	-
Amount of time given only	3%	2%
Don't know	<1%	-

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

Those who indicate the service they waited longest for were asked how long they had to wait for this service and if they found that wait acceptable. Just 4% of mental health patients and 5% of addictions patients found the longest wait time for service to be acceptable.

Table 17 shows the median wait time for service and the median wait time for how long clients expect to wait for the service. In general, clients' expectations for accessing the service and reported wait times are quite different. However, typically, those with an addiction were able to access the same services faster than mental health clients.

Examining the most commonly-used services shows the following:

- For mental health, the most commonly-used services clients report waiting for were *psychiatrists* and *counsellors*. The median wait time reported was approximately 90 days, which is substantially longer than the expected wait time of about one week (7 days). Emergency services were obtained in about two days compared to an expected wait time of less than one day.
- For addictions, the most commonly-used services were *treatment centres* (55-day actual wait compared to an expected wait time of about seven days) and *psychiatrists* and *counsellors* (19-day wait time versus an expected wait time of four days). *Day programs* were also often mentioned by addictions clients, with a difference of about three weeks between reported wait (30 days) and expected wait (7 days).

Table 17: Median length of wait for services and what is considered acceptable
How long did you wait to receive that service?
What would you consider to be an acceptable wait time?

	Mental health		Addictions	
	Median wait	Median acceptable wait	Median wait	Median acceptable wait
Psychiatrist or counsellor	90 days	7 days	19 days	4 days
Mental health or addictions specialist	51 days	7 days	30 days	<1 day
Emergency	2 days	<1 day	1 day	<1 day
Family doctor/GP	14 days	1 day	-	-
Initial appointment (unspecified)	46 days	7 days	14 days	2 days
Day program	93 days	22 days	30 days	7 days
Assessment or diagnoses	45 days	3 days	45 days	5 days
Publicly funded care	50 days	<1 day	-	-
Treatment centre	42 days	5 days	55 days	7 days
Support group	30 days	<1 day	-	-

Note: Number of respondents for some services are very small. Results should be interpreted with caution.
Note: Median wait times are presented due to the influence of outliers on average wait times and the size of the sample for some services.

The box below provides a few verbatim comments from clients describing their experiences with services that have the longest wait times.

Clients' comments on services with the longest wait times	
Mental health	**Addictions**
- *Waiting to see a psychiatrist. Over the years I have had to consult one from time to time, and each time the referral took weeks and once the referral was done, it took weeks again to see a psychiatrist. The time between appointments is quite long as well.* - *Waiting for a psychiatrist and immediate help when facing suicidal tendencies.* - *There are no psychiatrists available, so saw a counsellor (which was a very good one).* - *Wait for counselling at Mental Health & Addictions, both for initial appointment and subsequent counselling.* - *There was a waiting list to see a counsellor.* - *To talk to a specialist about the ordeal I was going through.* - *I was told that I would be put on a long wait list to receive care via Mental Health and Addictions. I was told that it would be better to seek out a private practitioner than wait around for services.*	- *I had to wait a long time to get into treatment.* - *Back when I was referred to a treatment program, it took six months to get in.* - *Appointments to see an addiction counsellor and there was a long wait list for the nearest detox program.* - *Seeing an addictions services counsellor and getting into a 28-day program.* - *Getting access to a day program. There is often a long waiting list.*

3.2.4 Language

Overall, just 25 respondents indicated that they did not *receive the mental health services in their preferred language*.[3] Among those 25, only 18 provided their preferred language. The most commonly-mentioned languages were *German* (6 respondents), *First Nations languages* (2 respondents), and *French* (2 respondents). Of interest, three respondents said *English* and two said *clear English without accents*.

For addictions, just seven respondents disagreed that they *received the addictions services in their preferred language*, of which four provided a response. One indicated *French* and another *Chinese*; however, the most common response was *English*, with two.

Table 18: Agreement that care was available in their preferred language

	Mental health (n = 926)	Addictions (n = 164)
Strongly agree	51%	37%
Agree	43%	54%
Disagree	2%	4%
Strongly disagree	1%	1%
Don't know	4%	4%

[3] It is important to note that the survey was only available in English, which may have impacted responses to whether clients received services in their preferred language.

3.2.5 Barriers to accessing care

Clients were asked if their age, gender, or sexual orientation were barriers to accessing care. In most cases, fewer than 10% agree that age, gender, or sexual orientation were barriers. Not only are results very similar between mental health and addictions clients, but they are also very similar by each potential barrier, although sexual orientation appears to be slightly less of a barrier than age or gender. Refer to Table 19 for complete results.

Table 19: Age, gender, or sexual orientation barriers to accessing care

	My age was a barrier to getting care		My gender was a barrier to getting care		My sexual orientation was a barrier for getting care	
	Mental health (n = 929)	Addictions (n = 167)	Mental health (n = 929)	Addictions (n = 167)	Mental health (n = 927)	Addictions (n = 166)
Strongly agree	3%	4%	2%	2%	1%	1%
Agree	8%	5%	5%	7%	3%	4%
Disagree	39%	48%	40%	49%	39%	47%
Strongly disagree	42%	40%	46%	41%	48%	43%
Don't know	8%	4%	7%	2%	7%	6%

When asked *if there was anything that made it more difficult to seek or receive the help they needed*, about 2 in 3 mental health respondents and half of addictions respondents were able to identify some type of barrier.

Examining responses in Table 20 shows the most common barriers were very similar across mental health and addictions clients.

- First was *stigma,* mentioned by 11% of clients in each group. Stigma referred to clients being ashamed or embarrassed by their disorder, either because of what family, friends, or even health care providers might think.
- Second was what was perceived to be *lack of staff knowledge and training* (10% mental health and addictions) related to mental health or addictions issues. In clients' comments, they often reference frontline health care workers' (such as physicians, emergency room staff, and public health nurses) inability to understand or deal with their issues.
- Other commonly-mentioned barriers included *long wait times* and *lack of staff*, which often go hand-in-hand.

The one barrier where some difference is noted between mental health and addictions clients is *access to detox and treatment centres*, which 5% of addictions clients mention.

Table 20: Barriers to accessing care *Was there anything that made it more difficult to seek or receive the help you needed?*		
	Mental health (n = 954)	**Addictions (n = 177)**
Stigma	11%	11%
Lack of staff knowledge and training	10%	10%
Long wait time	8%	5%
Lack of staff	7%	8%
Cost	7%	3%
Lack of knowledge about services available	5%	6%
Services not available in right place	4%	2%
Difficulties fitting appointments into schedule	4%	1%
Does not believe they have a problem	3%	3%
Privacy concerns	3%	2%
Shortage of psychiatrists	3%	-
Services are not culturally appropriate	2%	2%
Lack of services for complex cases	2%	2%
Previous bad experiences	2%	1%
Not being taken seriously	2%	-
Difficult time leaving home to access services	2%	-
Difficult to get right diagnosis/treatment	1%	1%
Illness too difficult to manage to access help	1%	1%
Need for referrals	1%	-
Lack of follow-up/transition support	1%	-
Lack of awareness/education regarding illness	1%	-
Lack of communication between providers	1%	-
Only drug treatment provided	1%	-
Lack of detox/treatment facilities	<1%	5%
Didn't want help	<1%	1%
Not enough support	-	1%
Other	6%	3%
Nothing	22%	31%
Don't know	13%	18%
Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.		

The box below provides a few verbatim comments from clients describing their experiences with barriers to accessing care.

Clients' comments on barriers to accessing care	
Mental health	**Addictions**
- *It was difficult to find help, as I was scared of the stigma that may be attached to me for having a mental illness.* - *My shame and embarrassment that I needed to seek help made it more difficult for me to seek the help I needed. Mental health is so stigmatized in our society that I can honestly say that telling my new counsellor why I was in her office was the most humiliating experience of my life, despite how calming and professional she was throughout the appointment.* - *The only difficulty I had (and still have) is my primary physician's determination to keep me on meds and/or switch my meds instead of dealing with the issue(s) at hand.* - *Lack of providers with good credentials.* - *Distance and not enough mental health professionals available.* - *Health coverage, the cost of help is often too high.* - *There is a long wait time to see a counsellor, unless you use the word "crisis." Sometimes the long wait time is damaging even with smaller problems that might not seem like a crisis at the time.*	- *I did not want the label of being an addict.* - *There is a limited amount of people to work with women and addictions.* - *Not being able to find an educated, trained, and experienced counsellor.* - *Transportation during the winter and childcare services.* - *Emergency doctors do not treat addiction as a mental or psychiatric disease.*

3.3 Clients' care

This section examines clients' perceptions of the care they received.

3.3.1 Interactions with providers

Generally, addictions and mental health clients report positive interactions with providers, as seen in Table 21.

- For each aspect, around 7 in 10 mental health clients agree, with about 1 in 5 strongly agreeing with each statement; 58% agree with all four aspects.
- Addictions clients appear to have slightly better perceptions of their interactions with providers, as about 8 in 10 agree with each statement, with about 1 in 4 (or slightly more) strongly agreeing. Among addictions clients, 72% agree with all four.

There is a group of clients that appears to rate staff consistently negatively. About 19% of mental health and 10% of addictions clients disagree with at least 3 of the 4 aspects shown in Table 21.

Table 21: Perceptions of interactions with providers

	Staff were knowledgeable about issues and needs		Staff explained reasons for their care recommendations		Felt supported by care providers		Felt respected by care providers	
	Mental health (n = 930)	Addictions (n = 160)	Mental health (n = 927)	Addictions (n = 158)	Mental health (n = 929)	Addictions (n = 161)	Mental health (n = 926)	Addictions (n = 159)
Strongly agree	21%	29%	17%	25%	21%	27%	23%	28%
Agree	51%	51%	54%	54%	48%	52%	51%	50%
Disagree	17%	11%	18%	14%	20%	11%	15%	9%
Strongly disagree	8%	4%	8%	1%	10%	6%	9%	8%
Don't know	3%	4%	3%	5%	2%	4%	2%	5%

3.3.2 Involvement in care

Results in Table 22 show mental health clients do not appear to feel that they were involved in their care as much as addictions clients.

- About 2 in 3 mental health clients agree that *they were able to set their own goals for care* (13% strongly) or *their family was involved was involved in their care as much as they wanted them* (18% strongly).
- About 3 in 4 addictions clients agree that *they were able to set their own goals for care* (21% strongly) or *their family was involved was involved in their care as much as they wanted them* (19% strongly).

Table 22: Involvement in client care				
	I was able to set my own goals for care		My family was involved in my care as much as I wanted them	
	Mental health (n = 929)	Addictions (n = 161)	Mental health (n = 928)	Addictions (n = 160)
Strongly agree	13%	21%	18%	19%
Agree	51%	53%	51%	54%
Disagree	23%	15%	15%	14%
Strongly disagree	10%	4%	9%	6%
Don't know	5%	7%	7%	6%

3.3.3 Belief in their care

Around 6 in 10 mental health clients agree that they were *comfortable with the care they received* (17% strongly agree) or *confident in the care they received* (16% strongly agree).

About 7 in 10 addictions clients agree that they were *comfortable with the care they received* (21% strongly agree) or *confident in the care they received* (22% strongly agree).

Table 23: Belief in care				
	I was comfortable with the care I received		I was confident in the care I received	
	Mental health (n = 931)	Addictions (n = 161)	Mental health (n = 929)	Addictions (n = 161)
Strongly agree	17%	21%	16%	22%
Agree	48%	52%	43%	46%
Disagree	23%	17%	26%	20%
Strongly disagree	10%	6%	12%	6%
Don't know	2%	4%	4%	6%

3.3.4 Supports for cultural needs and beliefs

Overall, fewer than 1 in 10 mental health or addictions clients disagree that *care was provided in a way that supported their cultural needs and beliefs*. A large minority, about 2 in 10 for each client group, did not provide a response to this question, perhaps indicating that this was not an aspect of their care that was required (i.e., respondents may have selected *don't know* in absence of a *not applicable* category).

Table 24: Agreement that care was provided in way that supported cultural needs and beliefs		
	Mental health (n = 922)	Addictions (n = 159)
Strongly agree	21%	25%
Agree	52%	46%
Disagree	6%	2%
Strongly disagree	3%	6%
Don't know	19%	22%

Those who disagreed that *care was provided in a way that supported their cultural needs and beliefs* were asked about what changes could be made to *better support their cultural needs and beliefs*.

- Among mental health clients, there does not appear to be one clear issue that could be addressed to better support clients' cultural needs and beliefs. Clients mention many issues, including *less discrimination based on their ethnicity and beliefs* (12%), *use of holistic approaches and natural medicine* (10%), and *informing clients about where culturally-appropriate care is available* (9%). Of interest, a couple of changes relate to overall quality of care, such as *providing better care in general* (11%) and *having more providers available* (9%).
- Addictions results are different; however, these results are based on only 11 clients. The most common change was to *not discriminate treatment based on ethnicity or beliefs*, which 5 of the 11 respondents mention. Another 3 out of 11 say that care should have *aspects of culture and beliefs removed all together*.

Table 25: Supports for cultural needs and beliefs
What changes would allow your care to better support your cultural needs and beliefs?

	Mental health (n = 82)	Addictions* (n = 11)
Discriminate less based on ethnicity/beliefs	12%	46%
Provide better care in general	11%	-
Use of holistic approaches and natural medicine	10%	-
Inform people about where culturally-specific care is available	9%	18%
Have more providers available	9%	-
Ask about cultural needs/beliefs of patient	9%	-
Provide more First Nations culture/beliefs into care	5%	9%
Did not receive care	5%	9%
Have services/information available in other languages	4%	-
Remove culture/beliefs from care all together	2%	27%
Other	6%	-
No suggestions	9%	9%
Don't know	20%	9%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.
* Caution small sample sizes.

The box below provides a few verbatim comments from clients describing their experiences with care that supports their cultural needs and beliefs.

Clients' comments on care that supports cultural needs and beliefs

Mental health	Addictions
- *The psychiatrist questioned my spiritual beliefs. This was not appropriate.* - *Get elders involved with mental health care.* - *I would like to see a holistic approach combining natural, homeopathic remedies as well as traditional western medicine. I believe all too quickly the first answer I get is to be put on more intensive drugs as opposed to using meditation, healthy eating, natural remedies, etc.* - *It would have been VERY helpful to have someone who knew African cultural differences and Muslim values that I am struggling with.* - *This counsellor had no training with addictions/co-dependency and didn't understand.* - *It would help to be asked what my cultural needs and beliefs were, if any.*	- *Being giving care and NOT being denied care. Being respected and treated like a "NORMAL" person.* - *A formal education for care providers and a non-judgmental recovery-based environment.* - *Involving Aboriginal healing opportunities such as having an Elder present or support from Elders. Involve relevant cultural activities, etc. that help with mental health and addictions.*

3.3.5 Information required earlier in care

Mental health and addictions clients were asked about *what information or services would have been helpful to receive earlier to help them deal with their issues*. Mental health clients were more likely to provide a recommendation, as about 6 in 10 clients recommended something, compared to just 3 in 10 addictions clients.

Examining results in Table 26 indicates a multitude of recommendations, without any aspects that are mentioned by a majority of clients. Most common in both groups was *having better access to services* (14% mental health, 9% addictions), which indicates that for many, simply being able to get access to the services they wanted or needed earlier would have been most beneficial.

Generally, especially among mental health clients, there was a desire for information, whether it is information about *the system* (11% mental health, 5% addictions), which included getting information about where to get help or how to navigate the system, or specific information about such aspects as *group counselling* (10% mental health, 4% addictions), *prescription drugs* (5% mental health, 1% addictions), or *financial supports* (4% mental health, 1% addictions).

There is also a desire for information about mental health, either a *public education campaign* (10% mental health, 6% addictions) or *information specific to mental health illnesses* (7% mental health, 3% addictions). Those who discussed a *public education campaign* often talked about the need to reduce the stigma associated with mental health and addictions to encourage people to seek treatment or encourage people (including providers) to be more open about treating these issues.

Table 26: Information or services clients wanted earlier in care
What information or services would have been helpful to receive earlier to help you deal with your mental health/addiction issue(s)?

	Mental health (n = 915)	Addictions (n = 161)
Better access to services	14%	9%
Information about the system (e.g., where to get help)	11%	5%
Public education campaign	10%	6%
Information about group counselling	10%	4%
Access to psychiatrists	7%	5%
Information about mental health illnesses	7%	3%
Information about prescription drugs	5%	1%
Greater support	5%	-
Information about financial supports	4%	1%
Information on emergency/crisis supports	3%	-
Information on how to access help	2%	1%
Online supports	2%	-
Concurrent treatment	1%	3%
Information on post-treatment services	1%	1%
Non-medical supports (e.g., cleaning, housing)	1%	-
Supports for pregnancy	1%	-
Information on patient advocacy	<1%	1%
Culturally-appropriate services	<1%	1%
Supports for family	<1%	-
Other	5%	4%
Nothing	12%	26%
Don't know	29%	43%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides a few verbatim comments from clients describing the information they wanted earlier in their care.

Clients' comments on information wanted earlier in care	
Mental health	**Addictions**
- *The wait times are unacceptable. By the time I receive treatment, the issue is moot. Information on services that would be available quickly would have been helpful. The only way to get timely care is to perform some sort of self-destructive act.* - *When mental health issues became overwhelming, it would have been good to have been able to access help.* - *It would have been nice to know more about what different health care professionals can offer. (e.g. counsellor vs. psychiatrist)* - *I would like to know more about services that are available in my community, as well as wellness opportunities to help me deal with and live with my chronic mental health issues on an ongoing basis.* - *Increased public awareness to help continue decreasing the stigma about mental health and that it is not a sign of weakness or defeat when one seeks assistance in dealing with the problem at hand.* - *More community support groups and having staff more available for help when you need it, not days later.* - *Quicker counselling services would be of benefit on an ongoing basis. I was discharged from the hospital after a suicide attempt and did not receive a call from a counsellor for months afterwards.* - *Proper diagnosis and a complete look at all the factors as they pertain to the situation, no jumping to conclusions.* - *I would have liked greater access to information about how common issues like depression and anxiety are — I would have sought help earlier if I knew that how I was feeling was not normal, but it was common and treatable.* - *The right medications make a big difference in my mental health treatment.*	- *Immediate availability of Day Program and Treatment Centre.* - *Timely access to detox and treatment. Any delay allows an addict to "change their mind." I was an exception to this.* - *Better public knowledge of the services available and better public knowledge about addiction.* - *More education on the effects and symptoms of addiction, its effect on family and friends, the hereditary nature of the disease, that kind of thing.* - *More public outreach on addiction in general in the community.* - *I initially did not know that addictions counsellors were available.*

3.3.6 Care outcomes

Most mental health and addictions clients agree that their *issue improved because of the care they received*. About 2 in 3 mental health clients agree (24% strongly agree) that their mental health improved. About 3 in 4 addictions clients agree (32% strongly agree) that their addictions issues improved because of the care they received.

Table 27: Agreement that issue improved because of care they received

	Mental health (n = 928)	Addictions (n = 161)
Strongly agree	24%	32%
Agree	44%	44%
Disagree	15%	10%
Strongly disagree	10%	9%
Don't know	6%	6%

3.4 Coordination of care

This section examines clients' feelings about how well the system communicated in order to coordinate their care.

3.4.1 First point of contact

Who clients first contacted about their issue differed somewhat between mental health and addictions clients.

- Mental health clients were most likely to first contact a physician, either *family physician* (59%) or a *physician at a walk-in or emergency department* (12%). Other than physicians, other points of contact were mentioned by 5% or fewer mental health clients, although many are mentioned.
- For addictions, there does not appear to be as clear a point of initial contact, although physicians are mentioned quite often — either a *family physician* (30%) or *physician at a walk-in or emergency department* (7%). However, many other providers are mentioned by about 1 in 10 clients, included *support groups* (10%), such as AA, *Employee Family Assistance Program* (*EFAP)* (9%), and *social services* (9%).

Table 28: First point of contact
The first person, other than family or friends, I contacted about my issue(s) was…

	Mental health (n = 914)	Addictions (n = 162)
Family physician	59%	30%
Walk-in or emergency department physician	12%	7%
EFAP	5%	9%
School counsellor	4%	3%
Social services worker	3%	9%
Mobile Crisis Services	3%	3%
Counsellor	2%	6%
Psychiatrist or psychologist	2%	3%
Detox or mental health centre	1%	5%
Spiritual care provider	1%	3%
Teacher, professor, or instructor	1%	1%
Police	1%	1%
Other health professionals (e.g., midwife, nurse)	1%	1%
Specialist	<1%	-
Support group	-	10%
Corrections worker	-	1%
Multiple options	1%	1%
Other	1%	5%
Family or friend only	2%	6%
Don't know	<1%	-

Table 29 shows mental health clients' responses to three questions related to the assistance their first point of contact may have provided. Responses are only shown for those points of contact where at least 50 clients provided a response. All other points of contact have been grouped together.

Examining results shows that when mental health clients' first point of contact was a *family physician*, they are more likely than those whose first point of contact was a *walk-in or emergency physician* to agree that their first point of contact *was able to help them* (69% versus 55%) or *referred them to someone else who could help them with their issue* (78% versus 61%).

With that being said, when the first point of contact was a *family physician* or *walk-in or emergency physician*, they have equally low agreement that the contact *helped them access other services they may have needed* (33% for both).

Table 29: Evaluation of first point of contact – Mental health clients

	Was able to help me			Referred me to someone who could help me with my issue			Helped me access other services I needed		
	Physicians (n = 508)	Emergency (n = 101)	All others (n = 262)	Physicians (n = 487)	Emergency (n = 98)	All others (n = 243)	Physicians (n = 273)	Emergency (n = 70)	All others (n = 170)
Strongly agree	24%	14%	28%	30%	21%	34%	11%	10%	22%
Agree	45%	41%	45%	48%	45%	42%	22%	23%	27%
Disagree	21%	24%	17%	14%	18%	17%	40%	26%	32%
Strongly disagree	10%	22%	10%	9%	15%	7%	26%	41%	19%

Note: These questions included a 'Not applicable' rather than a 'Don't know' category. Those who said 'Not applicable' have been removed from the analyses.

Results for addictions clients are examined for those whose first point of contact was a *family physician* versus all other points, as *family physicians* were the only first contact with a large enough sample to warrant a more detailed analysis.

Results for addictions clients are similar to mental health clients, in that first contacts received more positive ratings for *being able to help* and *referred them to someone who could help them with their issue*, and slightly less positive ratings for whether they *helped them access other services*. In all three cases, *family physicians* received less positive ratings than other points of contact. Specifically, 73% for *physicians* versus 86% for other points of contact for *being able to help*, 79% versus 87% for *referred them to someone who could help them*, and 53% versus 69% for *helped them access other services*.

Table 30: Evaluation of first point of contact – Addictions clients

	Was able to help me		Referred me to someone who could help me with my issue		Helped me access other services I needed	
	Physicians (n = 48)	All others (n = 107)	Physicians (n = 47)	All others (n = 104)	Physicians (n = 32)	All others (n = 79)
Strongly agree	33%	30%	36%	31%	19%	23%
Agree	40%	56%	43%	56%	34%	46%
Disagree	17%	9%	13%	11%	25%	24%
Strongly disagree	10%	5%	9%	3%	22%	8%

Note: These questions included a 'Not applicable' rather than a 'Don't know' category. Those who said 'Not applicable' have been removed from the analyses.

3.4.2 Care plan

Addictions clients are more likely than mental health clients to agree that *there was a plan for their care* and that *someone made sure that the plan for their care was followed*. However, in both cases, clients' responses seem to indicate that even when there was a plan for care, it was not always followed, as agreement with the statement *someone made sure that the plan for their care was followed* is lower than agreement that *there was a plan for their care* for both client types.

- About 6 in 10 mental health clients agree (12% strongly) that *there was a plan for their care*, whereas almost 8 in 10 addictions clients agree (17% strongly).
- About 4 in 10 mental health clients agree (10% strongly) *someone made sure that the plan for their care was followed*, while over half of addictions clients agree (12% strongly).

Table 31: Care plan

	There was a plan for my care		Someone made sure that the plan for my care was followed	
	Mental health (n = 872)	Addictions (n = 150)	Mental health (n = 872)	Addictions (n = 136)
Strongly agree	12%	17%	10%	12%
Agree	48%	60%	32%	43%
Disagree	30%	17%	40%	35%
Strongly disagree	11%	6%	18%	10%

Note: Due to inconsistencies in how data was recorded for mental health and addictions, the "don't know" response has been excluded from calculations.

3.4.3 Addressing physical health

Just over half of mental health (14% strongly agree) and about 6 in 10 addictions clients agree (16% strongly agree) that *their physical health issues were also addressed* during their care. See Table 32.

Table 32: Addressing physical health issues

	My physical health issues were also addressed	
	Mental health (n = 841)	Addictions (n = 133)
Strongly agree	14%	16%
Agree	40%	44%
Disagree	30%	32%
Strongly disagree	16%	9%

Note: Due to inconsistencies in how data was recorded for mental health and addictions, the "don't know" response has been excluded from calculations.

3.4.4 Providers working together

Similar to other client experiences with providers, mental health clients appear to have less positive experiences than addictions clients.

- Slightly more than 4 in 10 mental health clients agree (10% strongly) that *health care providers shared important information with each other about their care*, while almost 6 in 10 addictions clients agree (14% strongly).

- Less than 4 in 10 mental health clients agree (just 9% strongly) that *service providers worked together to help them move easily from one program or service to the next*. Close to 6 in 10 addictions clients agree with this statement, including 16% strongly.

Table 33: Perceptions of providers working together

	Health care providers shared important information with each other about my care		Service providers worked together to help me move easily from one program or service to the next	
	Mental health (n = 752)	Addictions (n = 108)	Mental health (n = 709)	Addictions (n = 122)
Strongly agree	10%	14%	9%	16%
Agree	32%	43%	28%	41%
Disagree	39%	31%	40%	30%
Strongly disagree	19%	13%	23%	14%

Note: Due to inconsistencies in how data was recorded for mental health and addictions, the "don't know" response has been excluded from calculations.

3.4.5 Continuation of care

For several of the aspects related to the continuation of care shown in Table 34, mental health and addictions clients provide similar ratings, with one exception.

- Just over 6 in 10 mental health (13% strongly) and addictions (12% strongly) clients agree that *they were referred to other health care providers to get the care they needed*.

- Among those who were able to rate, just over 4 in 10 mental health (14% strongly) and addictions (17% strongly) clients agree that *their care continued without disruption when they moved within Saskatchewan*.

- At just over half, addictions clients were more likely than mental health clients (at 1 in 3) to agree that *they had help finding services outside of the health care system, such as social assistance, education, or employment services*.

Table 34: Continuation of care

	I was referred to other health care providers to get care needed		My care continued, without disruption, when I moved within Saskatchewan		I had help finding services outside of the health care system	
	Mental health (n = 829)	Addictions (n = 131)	Mental health (n = 264)	Addictions (n = 54)	Mental health (n = 433)	Addictions (n = 81)
Strongly agree	13%	12%	14%	17%	12%	11%
Agree	50%	51%	27%	28%	23%	42%
Disagree	26%	27%	33%	35%	36%	32%
Strongly disagree	11%	10%	27%	20%	30%	15%

Note: Due to inconsistencies in how data was recorded for mental health and addictions, the "don't know" response has been excluded from calculations.

3.4.6 Improving coordination

Generally, clients offer some suggestions on ways that providers could have worked better together, as about half of mental health clients and 4 in 10 addictions clients provided a suggestion. Similar to other questions, no single theme dominates responses, as many different suggestions are put forward by a minority of clients.

Some comments relate to improvements for care providers, such as *sharing information on their clients with other providers* (13% mental health, 8% addictions), *referring clients for other services or providing information on additional services* (7% mental health, 4% addictions), and *providing follow-up care after treatment* (4% mental health, 6% addictions).

Other suggestions relate to system improvements, such as *providing holistic care* (10% mental health, 9% addictions), which involve all providers giving input on client care, *improving the overall quality of care* (7% mental health, 5% addictions), and *improving wait times* (1% mental health and addictions).

Table 35: Ways providers can work better together to improve care
How could service providers have better worked together to provide your care?

	Mental health (n = 901)	Addictions (n = 159)
Share information about clients with other providers	13%	8%
Provide holistic care (involve all providers in care)	10%	9%
Improve the quality of care	7%	5%
Refer clients to or provide information on additional services	7%	4%
Provide follow-up care after treatment	4%	6%
Include patient in communications	2%	3%
Only treat with medication	2%	-
More information for patient about their issue	1%	1%
Improve wait times	1%	1%
Other	4%	5%
Responsibility to communicate is on patient	3%	-
Communication is not an issue	1%	3%
They do not work together	5%	1%
No suggestions	24%	31%
Don't know	26%	28%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides a few verbatim comments from clients on ways that providers could work better together to improve care.

Clients' comments on how service providers could have worked better together	
- *They could have communicated (with my permission) with each other to better assess and address my needs.* - *There was absolutely no continuity of care, so communication between family doctor, private agency, and psychiatrist would have facilitated better care.* - *Service providers involved should have shared information between them. I felt as though I was constantly repeating myself, and became frustrated as I felt that no one cared, or was paying attention to the issues. Also, no one ever followed up with me. When I was in a state of severe depression, doctors' offices didn't call to notify me of an upcoming appointment, or to notify me that I missed one, or to ask why I missed one and if everything was okay. It would have been helpful to have someone call to remind me of an appointment, and to follow up if/when I missed an appointment to find out if I'm in need of immediate mental health care.* - *My service providers were not connected to one another at all (except in the first emergency instance when I was hospitalized). Having some sort of connections could definitely be beneficial to my treatment.* - *If my health care people would have realized earlier on that I was dealing with both a mental illness and addiction it would have saved me a lot of grief and suffering. They did not treat both problems at the same time, causing numerous problems.* - *They could have spent more time on diagnosis.* - *I would have needed my counsellor to be there for me more often.* - *There is very little understanding of what resources are available. The onus is on the patient to find out the information. That is difficult when the patient is in crisis.* - *They could have provided me with more information about other services, and communicated better with each other.* - *Getting the information about this new program out to the public. And if not to the individuals in the community — at least make the physicians aware of the options.* - *Have one main contact that could refer me and help me figure out how to navigate the system instead of ending up in emergency.*	- *Work together effectively and share information so I didn't have to explain my situation to everyone over and over again.* - *Better knowledge sharing between physician and detox.* - *Implemented a program that had psychiatric or psychologist involvement, to help identify and deal with underlying issues leading to my self-medication.* - *There could have been discussions amongst health care providers that came up with options for my specific situation instead of just shuttling me off in different (or no) directions. There needs to be stronger multi-agency support services that include the client in their own care.* - *Qualified and experienced counsellors would have helped.* - *Everybody having access to the information. My goal would be, to be a productive employed individual but I spent months seeking help for physical problems, housing, any type of vocational programs. I am still searching.*

3.5 Experiences

This section highlights clients' assessment of their overall experiences receiving care, as well as their suggestions for improving experiences while receiving mental health or addictions services.

3.5.1 Overall experiences

Overall, clients tend to have experiences they classify as *good* or *excellent* more so than *poor* or *very poor*.

- Among mental health clients, about twice as many classify their experiences as *excellent* (12%) or *good* (33%) as *poor* (18%) or *very poor* (8%). Another 28% say their experiences were simply *average*, which in many instances might be considered more negative than positive.
- Addictions clients tend to be have more favourable impressions of the care they received, with about three times as many saying their experiences were *excellent* (22%) or *good* (34%) versus *poor* (10%) or *very poor* (7%). Again, a fairly significant minority classify their experiences as *average* (27%).

Table 36: Overall impression of care provided
Overall, I felt the care provided for my mental health/addiction issue(s) was…

	Mental health (n = 924)	Addictions (n = 163)
Excellent	12%	22%
Good	33%	34%
Average	28%	27%
Poor	18%	10%
Very poor	8%	7%

3.5.2 Assessment of positive or negative experiences

Although clients' perceptions about the overall quality of care were somewhat mixed, clients tend to report having more positive experiences than negative experiences. In fact, about 2 in 3 mental health clients report having *mostly positive* (52%) or *always positive experiences* (12%). About 3 in 4 addictions clients report having *mostly positive* (48%) or *always positive experiences* (28%).

Table 37: Impressions of experience
Overall, I would describe my mental health care experience as…

	Mental health (n = 917)	Addictions (n = 160)
Always positive	12%	28%
Mostly positive, but some negative	52%	48%
Mostly negative, but some positive	28%	18%
Mostly negative	5%	3%
Don't know	3%	4%

3.5.3 Description of positive experiences

The 64% of mental health clients and 76% of addictions clients who said they had mostly or always positive experiences while in care were asked about the *main things that made their care experiences positive*.

Results show that interactions with providers were by far the biggest influences on having positive experiences. Clients most often cite the following experiences with providers as having the most positive impact:

- *Providers were knowledgeable* (28% mental health, 16% addictions)
- *Providers were empathetic* (27% mental health, 22% addictions)
- *Providers listened to concerns* (20% mental health, 14% addictions)
- *Providers gave care without judgement* (4% mental health, 2% addictions)

Of interest, access (or quick access) was not mentioned very often as contributing positively to their experiences, as just 6% of mental health and 7% of addictions mention that *timely access to service* contributed positively to their experiences.

Table 38: Most positive care experiences
What were the main things that made your care experiences positive?

	Mental health (n = 572)	Addictions (n = 118)
Providers were knowledgeable	28%	16%
Providers were empathetic	27%	22%
Providers listened to concerns	20%	14%
Timely access to services	6%	7%
Mentioned provider type without reason	4%	6%
Providers gave care without judgement	4%	2%
Medication worked well	4%	-
Access to support groups	3%	8%
Family support	3%	-
Improved issues	2%	3%
Providers were flexible	2%	2%
Providers made me feel safe	2%	1%
No cost for service	2%	-
Treatment centres/programs were helpful	1%	3%
Culturally-appropriate care	1%	1%
Ability to choose your care/counsellors	1%	1%
Other	5%	7%
Respondent only provided negative experiences	1%	1%
Don't know	17%	26%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides a few verbatim comments from clients describing their most positive experiences while receiving care.

Clients' comments on aspects that made care experience positive	
Mental health	**Addictions**
- *My counsellor was extremely helpful. The system is hard to navigate but the actual care provider helped immensely.* - *The health care team that worked with me tirelessly. They were wonderful.* - *When I was finally in for help, the person I saw was friendly, professional, helpful, and understanding.* - *The people in the field are dedicated and helpful, when I am able to see them.* - *My psychiatrist was fantastic and my family physician went above and beyond what I was expecting.* - *All the people I dealt with were doing the best they could! Good people. Just not enough to meet the needs.* - *The doctor took me seriously and offered the right interventions at the right time.* - *Knowledgeable staff who never made me feel like I was "sick" or inferior. They understood my problems and worked with me to help me. They also valued my ideas and input.* - *I think my health care practitioners really wanted to help me and did their best but are overtaxed and have to focus on urgent cases.* - *Providers were empathetic and genuinely helpful.* - *They were very supportive and helped find housing and different things.* - *I was never looked down upon, or told that it was nothing and I simply needed to get on with my life. I was respected, and my condition was understood and dealt with appropriately.* - *I was able to get referred to a psychiatrist surprisingly quickly, also was able to get excellent counselling eventually.*	- *The worker I was seeing seemed to have a genuine interest in my "recovery." She was understanding and very helpful.* - *The counsellor provided ongoing care and helped me set a deadline to stop my addiction.* - *Caregivers understood alcoholism/the disease, and knew what treatment was the best for me!* - *Mental Health and Addictions has some really amazing staff; they without a doubt are the reason my experiences with Mental Health and Addictions are positive. I cannot thank those people enough for their sensitivity to my needs and their professionalism.* - *My addiction counsellor is always available with up to date information and listens.* - *Health care providers who took my problems seriously, treated me as an individual, and made a personal connection with me.* - *Staff who were committed to helping others.* - *The addiction counsellors really cared about helping me. It felt as though I was being given another chance.* - *The care, concern, and empathic listening skills of the counsellor.* - *Excellent engaging addictions counsellor who clearly enjoyed her job and was a caring, understanding person.* - *Timely access to a treatment facility.*

3.5.4 Description of negative experiences

Among the 33% of mental health clients and of 21% addictions clients who said their experiences were always or mostly negative, clients were asked about the main things that made their experiences negative. Results in Table 39 show that interactions with health care providers by far were the biggest influences on clients' perceived negative experiences. Clients mention issues such as *providers not being empathetic* (22% mental health, 16% addictions), *providers not being well trained* (15% mental health, 3% addictions), *providers not taking the time to listen to them* (14% mental health, 10% addictions), and *providers making them feel ashamed or embarrassed by their situation* (5% mental health, 16% addictions).

Similar to other questions, access to services also play a role, with many mentioning *wait times* (27% mental health, 19% addictions). Also related to access were comments such as *not having follow-up treatment* (11% mental health, 7% addictions), and *lack of specialized treatments* (6% mental health, 13% addictions).

Another contributor to negative experiences that was only mentioned by mental health clients was an *emphasis on prescribing medication to deal with issues* (12%). Many clients felt that providers relied too heavily on medication to solve their problems, rather than exploring other forms of treatment. This issue often went hand-in-hand with interactions with providers (e.g., *providers not taking the time to listen to them*).

Table 39: Most negative care experiences
What were the main things that made your care experiences negative?

	Mental health (n = 293)	Addictions (n = 31)*
Long wait times	27%	19%
Providers were not empathetic	22%	16%
Providers were not trained well	15%	3%
Providers did not take time to listen to me	14%	10%
Too much emphasis on prescribing medication	12%	-
No follow-up after treatment	11%	7%
Lack of specialized treatment/programs	6%	13%
Lack of collaboration among the professionals	6%	7%
Providers made me feel ashamed/embarrassed	5%	16%
Cost for service	5%	-
Help only given when things were at their worst	2%	-
Have to deal with everything myself	2%	-
Didn't know what resources were available	1%	-
Other	23%	36%
Nothing	2%	-
Don't know	8%	13%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.
* Caution small sample size; interpret results with caution.

The box below provides a few verbatim comments from clients describing their most negative experiences while providing care.

Clients' comments on things that made care experience negative	
Mental health	**Addictions**
- *The time between appointments and having difficulty getting seen on short notice if problems arose.* - *The wait times and accessibility are major issues. One should not have to be suicidal to get in to see emergency care.* - *Lack of appropriate resources and failure of existing resources to work together.* - *It feels like they are trying to get rid of you before you're ready. I always felt like I couldn't ask for more counselling.* - *Not being taken seriously, being lectured after a suicide attempt by a nurse on staff during one of my admissions to psych, and no emotional side to the care I received. I was medicated and the causes were never addressed.* - *Having a counsellor tell me that some people are not affected by childhood trauma issues and some people are. Sort of minimizing my need for care — in other words, just get over it.* - *I didn't feel understood, even though they say they do, they really didn't seem like they did.* - *Family doctors and psychiatric nurses, both were dismissive and insensitive.* - *Not enough follow up after suicide attempts and not enough support from physicians.* - *I feel like I had to bring my symptoms to several different doctors and pretty much diagnose myself before I could get help. The responsibility to get healthy falls on the patient, and people with mental health disorders aren't necessarily in a place where they can do that.* - *Doctors just assume that the symptoms are anxiety and do not look into other health issues and are quick to write a prescription without much follow up.*	- *Lack of concern and resources to continue my treatment.* - *Issues weren't dealt with in a supportive manner. I was made to feel ashamed of my situation.* - *Practitioners don't always see me as an individual, too much preconception.*

3.5.5 Changes to improve experiences

Clients were asked what changes they would suggest to improve care experiences for people with mental health or addictions issues. Examining Table 40 shows the following three key areas for improvements:

- **Access issues**. For both mental health and addictions clients, the most mentioned change is *better access to services* (19% among mental health clients and 16% among addictions clients). These comments typically refer to having access to services nearby or within their community. Closely linked to *better access to services* is *reduced wait times*, mentioned by 16% of mental health clients and 7% of addictions clients. Access to services post-initial assessment and/or treatment are also mentioned, including more access to *follow-up care* (6% mental health and 7% addictions). For addictions clients, many mention having *more treatment facilities* (5%) specifically.

- **Service issues.** There appears to be many comments related to improved client experiences. This includes *improved understanding and caring by health care providers* (9% of mental health and 3% of addictions), as well as *more training and education for health care providers* (7% of mental health and 10% of addictions).

- **Information for the public**. Information for clients and/or the public was mentioned in various forms, including *general education and information for the public* (9% of mental health and 7% of addictions), which often referred to issues related to removing the stigma associated with having a mental health or addictions issue. Mental health clients also mentioned having *assistance navigating the system* (5%), indicating a lack of knowledge of the services available to people with mental health issues.

Table 40: Changes to improve care
What one or two changes would you suggest to improve care experiences for people with mental health/addictions issues?

	Mental health (n = 886)	Addictions (n = 154)
Better access to services	19%	16%
Reduced wait times for services	16%	7%
Education/information for the public	9%	7%
Improved understanding/caring by health care staff	9%	3%
More financial assistance	7%	2%
Better training/education for health care workers	7%	10%
More follow-up care	6%	7%
Improved communication between health care providers	5%	1%
Assistance navigating the system	5%	-
Regular/ongoing care	4%	-
Offer more therapy options	4%	-
Offer support groups	3%	-
More crisis/emergency assistance	3%	-
Proper diagnoses/treatment	2%	3%
Treatment facilities just for mental health	2%	-
Less reliance on medication to solve problems	2%	-
Extended times for service (longer hours)	2%	-
Address physical well-being	1%	3%
Access to post-treatment centres	1%	3%
Services for people when they are young	1%	1%
Improved ER experiences	1%	1%
Working with the same health workers	1%	-
Online help	1%	-
Not feeling rushed	1%	-
Involve families in care	1%	-
Clear recovery plan	1%	-
More addiction treatment facilities	<1%	5%
Separate treatment for addictions and mental health	<1%	2%
Increased supports for concurrent disorders	<1%	2%
Family support/counselling	<1%	1%
Other	9%	8%
Nothing	-	1%
Don't know	24%	38%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides a few verbatim comments from clients describing their suggestions for changes to improve their care experience.

Clients' comments on changes to improve care experiences	
Mental health	**Addictions**
- *Quicker access to help, especially evenings and weekends and shorter wait times to see someone.* - *Quicker access and more collaborative care between counsellors, doctors, psychiatrists.* - *Improve wait times between appointments. Get more psychiatrists. Have the doctors explain more about diagnosis and treatment plan; more transparency.* - *Begin treatment sooner and have treatment sessions closer together.* - *More investigation by doctors and more onuses on doctors to provide options for treatment. My options were meds & therapy. There was no investigation into other issues that could cause anxiety, such as diet or some other underlying sickness.* - *A long-term vision of mental health and what resources are available early on when you feel life is overwhelming you, and/or you are not sure what's happening to you.* - *Financial support to pay for quality counselling. I tried both health region free counselling services and private practice counsellors, and the private were by far superior.* - *We need more doctors who are able to take on mental health cases because the ones we have are over booked and over worked.* - *There needs to be more psychologist and psychiatrists for us to access. There needs to be better access for the rural population.* - *Make care more available and affordable. People need to be more aware of where they can go to get help.* - *Have more experienced therapists and more continuous caregivers.* - *An intake person from the very beginning that could assess what you need and help you navigate the system* - *Eliminate the stigmas associated with mental illness.*	- *Shorter waiting times and basic human kindness, compassion and respect.* - *I think that the most important thing is for help to be ready and available immediately, when an addict reaches out for help.* - *Continuity of care.* - *Longer lengths of inpatient treatment. Doctors better trained to deal with prescription medication and people with addiction issues.* - *Properly educate mental health and other agencies, as well as the general public, about addictions services so they can help more people quickly. Dispel the myth that addiction services is only for the chemically dependent people and educate people on co-dependency.* - *Publicize the purposes and availability of addictions counseling better.*

3.6 Concurrent disorders

Among those who experienced mental health and addictions issues concurrently, just 39% said they *received care for their mental health and addictions issues at the same time*.

Among those who had concurrent disorders, less than half could provide insight into how *service providers could better work together to provide care for their mental health and addictions issues*. By far, the most mentioned recommendation was to take a *more holistic approach to their care*, often by having team meetings to assess the clients' care. See Table 41 for complete list of recommendations.

Table 41: How service providers could have better worked together
How could service providers have better worked together to provide care for your mental health and addictions issues?

	Experienced mental health and addictions issues at same time (n = 176)
More holistic care/team meetings	22%
Better understand problems	6%
Make referrals or provide information on available treatments	5%
Share information	4%
Provide follow-up/post-treatment care	2%
Responsibility to communicate is on patient	1%
Reduce wait times	1%
Provide more information about disease/disorder	1%
Need to communicate	1%
Include patient in decisions	1%
Only treat with medication	1%
Other	4%
No suggestions	30%
Don't know	25%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides a few verbatim comments from clients describing how service providers could have worked better together for mental health and addictions issues.

Clients' comments on how service providers could have worked better together for mental health and addictions issues

- *Communication and collaboration. There needs to be fewer barriers between the two services because a lot of the time addictions and mental illness lie hand in hand.*
- *Well, first to ask if I had any addictions issues. This subject was never broached, when it should have been because my use was extremely high when I was depressed.*
- *They should have communicated information and treated both issues at the same time rather than one or the other.*
- *My addictions issues are directly related to my mental health issues — when my mental health is bad, I seek out unhealthy coping mechanisms. In my case, looking after my mental health results in a stark reduction of my addictions issues. So, I haven't directly sought care for my addictions issues, just for mental health.*
- *Having the providers more easily accessible and readily available. I didn't know where to begin to look for help. I eventually searched online resources and found my own support through self-help.*
- *Many people with addiction issues are uncomfortable approaching someone about it — especially if related mental health problems arise. Great effort should be placed on maintaining easy availability for those in need; service providers should make it as comfortable and easy as possible for a sufferer to 'initiate' contact with possible help.*

4.0 Family or friends of clients

Family and friends of those with mental health or addictions issues were invited to participate in the questionnaire. Many of the questions asked of family and friends were similar to those asked of clients, but were asked from their perspective (as opposed to the client's perspective). Throughout this section, we refer to these individuals as respondents, and the person living with a mental health or addictions issue as a client.

4.1 Profile of family member/friend

Respondents were asked about the age of the friend or family member who had mental health or addictions issues. Table 42 below shows the following:

- About 8 in 10 of those with mental health issues are adults (including 13% who are over 55 years of age) and 2 in 10 are 18 years of age or younger, including 4% who are 12 years of age or younger.
- About 9 in 10 of those living with addictions issues are adults, including 18% who are over 55 years of age. About 1 in 10 are 13 to 18 years of age. None of those living with addictions are reported to be less than 13 years of age.

Table 42: Age of family member/friend
You indicated that you are a family member or friend of a person living with a mental health/addictions issue. Is that person…

	Mental health (n = 634)	Addictions (n = 294)
A child (12 years of age or younger)	4%	-
A youth (13–18 years of age)	15%	9%
An adult (over 18 years of age)	68%	73%
An older adult (over 55 years of age)	13%	18%

Among those who report their family member or friend had accessed care in Saskatchewan, about 7 in 10 respondents report that the majority of clients with mental health issues received care in Saskatchewan in the last year, including 56% who have done so in the last six months.

Those who know an addictions client tend to say the client received care less recently than those who know a mental health client, as about 4 in 10 received care in the past year (including 31% who received services in the past six months). About the same proportion (4 in 10) received care more than two years ago, including 23% who received care for addictions more than five years ago.

Table 43: Last time received care
When did your family member or friend last receive care in Saskatchewan for mental health/addictions issues?

	Mental health (n = 557)	Addictions (n = 175)
Within last six months	56%	31%
Within last year	15%	11%
Within last two years	11%	18%
Within last five years	11%	17%
More than five years ago	8%	23%

4.2 Access to services

Among family members and friends, 9 in 10 respondents (88%) who know someone with mental health issues say their family member or friend accessed services. This compares to 6 in 10 respondents (58%) who know someone with an addictions issue who said their friend or family member accessed services for their addictions issue(s).

4.2.1 Reasons for not accessing services

As seen in Table 44, among the 12% of respondents whose family member or friend with a mental health issue did not access services, 53% say their family member or friend did not try to access services. This accounts for approximately 1% of respondents with mental health issues.

Among the 42% of respondents whose family member or friend with addictions issues did not access service, just 57% said they did not try to access services (2% of addictions respondents overall).

According to respondents, the barriers to accessing care differ depending on whether the family member or friend has mental health or addictions issues.

- Many of those respondents dealing with family or friends with mental health issues are doing so at a distance, as 29% said the reason they have not access to care in Saskatchewan is because their family member or friend *does not live in the province*.
- The attitude or feelings of the family member or friend plays a significant role — that is, whether they *deny that there is a problem* (13%), *are ashamed or embarrassed* (11%), or *have simply refused to the help offered* (8%).
- Systemic issues also play a role, although not to the same extent as personal attitudes. For instance, they *did not know where to go for help* (11%) or *services or supports needed were not available* (8%).

Among those with a family member or friend with addictions issues, the biggest barriers to getting care are similar to those mentioned by family members or friends of people with mental health issues, although many mention issues related to the individuals' perceptions of his or her need for assistance. For instance, the most common reason is that they *deny that there is a problem* (46%), but also *are not yet ready to ask for help* (9%), *thought they could deal with in on their own* (7%), or *are ashamed or embarrassed* (6%). Issues related to the health care system for not accessing care are not mentioned often.

Table 44: Reasons for not accessing care
Has your family member or friend received care for mental health/addictions issue(s) in Saskatchewan?
Has your family member or friend tried to access care in Saskatchewan for their mental health/addictions issue(s)?
Why hasn't your family member or friend tried to access care in Saskatchewan for their mental health/addictions issue(s)?

	Mental health	Addictions
Did not access care	**(n = 632)**	**(n = 302)**
Did not access care	12%	42%
Tried to access care	**(n = 74)**	**(n = 125)**
Yes	23%	16%
No	53%	57%
Don't know	24%	27%
Why they did not try to access care	**(n = 38)***	**(n =69)***
Person is in denial about problem	13%	44%
Ashamed/embarrassed	11%	6%
Did not know where to access help	11%	1%
Needed service or support not available	8%	7%
Issues was not serious enough	8%	4%
Family member refused help/medication	8%	-
Did not think it would help	5%	4%
Family member passed away/suicide	5%	3%
Went to family physician for help	3%	-
Not ready for help yet	3%	9%
They thought they could deal with it on their own	-	7%
Choose AA	-	3%
Don't know	8%	22%
Person does not live in Saskatchewan	29%	9%

Note: Respondents could give more than one reason why their family member or friend did not try to access care; therefore, columns may sum to more than 100%.
* Caution small sample size.

The box below provides a few verbatim comments from family members and friends on reasons for not accessing care.

Family members and friends' comments on reasons for not accessing care

Mental health	Addictions
- *She thinks that going for help would be admitting to herself that she is a "mental case."*	- *He doesn't feel like he has a problem.*
- *He has just moved back to Saskatchewan. I'm not sure he realizes the extent of his illness.*	- *Refuses to accept he has a problem.*
- *He didn't think they had a problem.*	- *Denial, but also the incapacity to take control and find the information he needs about what services are offered and how to access them.*
- *Family member lives out of province.*	- *Shame and lack of confidence, living in denial.*

4.2.2 Perceptions of access

Respondents of mental health and addictions clients were asked for their level of agreement with statements about access to services. The pattern of responses is similar for mental health and addictions. Table 45 shows the following:

- At almost 8 in 10, respondents of mental health clients are more likely to agree than respondents of addictions clients (about 6 in 10) that *the help they needed was close to their community*. In fact, mental health respondents are more than twice as likely as addictions respondents to strongly agree with this statement (21% versus 10%).
- Over 6 in 10 respondents for mental health (11% strongly agree) and addictions clients (10% strongly agree) agree that *care was available that fit their cultural needs.* However, in each case, 19% did not provide a rating, indicating perhaps that they did not know what services may be available or that they did not require these services.

Table 45: Perceptions of access

	The help they needed was close to their community		Care was available that fit their cultural needs	
	Mental health (n = 555)	Addictions (n =173)	Mental health (n = 546)	Addictions (n =169)
Strongly agree	21%	10%	11%	10%
Agree	57%	51%	52%	55%
Disagree	11%	26%	9%	10%
Strongly disagree	11%	11%	8%	7%
Don't know	1%	2%	19%	19%

Statement shown in Table 46 related to perceptions of access show the following:

- *Having the right* care *available at the right time* seems to be the biggest access issue for both respondents of mental health and addictions clients. About 3 in 4 mental health respondents and 2 in 3 addictions respondents indicate that their friend or family member *did not have the right care available to them at the right time*.
- Respondents are split on whether clients *knew where to go for help*. About half of mental health and addictions respondents indicate that their friend or family member *did not know where to go for help*.
- Similarly, about half of mental health and addictions clients say that *care was not available on days and times that fit their family member's or friend's schedule.*

Table 46: Perceptions of access

	My family member/friend knew where to go for help		Care was available on days and times that fit their schedule		The right care was available at the right time	
	Mental health (n = 553)	Addictions (n = 172)	Mental health (n = 554)	Addictions (n = 172)	Mental health (n = 555)	Addictions (n = 172)
Strongly agree	9%	7%	6%	4%	4%	5%
Agree	35%	41%	38%	43%	18%	25%
Disagree	29%	30%	24%	26%	32%	36%
Strongly disagree	23%	18%	26%	20%	42%	30%
Don't know	3%	4%	5%	8%	3%	4%

4.2.3 Wait time

When asked whether they agree that *care was available without delays* for their family member or friend, a majority of respondents disagree for mental health and addictions. As shown in Table 47, almost 7 in 10 respondents (41% strongly) of mental health clients disagree that *care was available without delay*. Respondents of addictions clients are slightly more positive, although still about 6 in 10 disagree (22% strongly disagree) that *care was available without delays*.

Table 47: Agreement that care was available without delays

	Mental health (n = 555)	Addictions (n =172)
Strongly agree	7%	5%
Agree	25%	32%
Disagree	27%	37%
Strongly disagree	41%	22%
Don't know	1%	4%

Respondents who disagree that *care was available without delays* were asked *what service had the longest wait times*. As seen in Table 48, the services respondents report that their family or friends waited longest for seems to depend on the types of issues.

- Respondents of mental health clients they report experiencing delays most often when trying to access *psychiatrists* (38%) and *counsellors* (18%). Many also mention delays when accessing *emergency services* (most often at the hospital emergency department — 13%)*, mental health or addictions specialists* (12%), and *services for children or youth* (12%).
- Among respondents of addictions clients, delays are most often experienced when accessing *treatment centres* (64%) and *counsellors* (22%).

Table 48: Services with longest wait time
You indicated that there were long delays to receive care. What service had the longest wait time?

	Mental health (n = 364)	Addictions (n = 96)
Psychiatrist	38%	-
Counsellor	18%	22%
Emergency	13%	1%
Mental health or addictions specialist	12%	7%
Specific care for children and youth	12%	5%
Assessment or diagnosis	10%	-
Initial appointment (unspecified)	9%	6%
Treatment centre	8%	64%
Publicly funded care	4%	3%
Day program	2%	2%
Family doctor/GP	2%	-
Finding information	2%	3%
Social worker	1%	-
Support group	1%	-
Other	6%	5%
Amount of time given only	2%	3%
Don't know	1%	1%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

Those who indicated the service their family/friends waited longest for were asked how long the wait was for this service and if they found that wait to be acceptable. When asked if the wait time was acceptable, just 3% of respondents of mental health clients and 2% of respondents of addictions clients found the longest wait time for service to be acceptable.

Table 49 shows the median wait time for services and the median time they consider to be an acceptable wait. In general, respondents' expectations for accessing the service and reported wait times are quite different. Examining the most commonly-used services shows the following:

- For mental health, the services respondents most commonly report waiting for were *psychiatrists* and *counsellors*. Respondents report a median wait time of approximately 90 days for *psychiatrists or counsellors*, which is substantially longer than what is considered to be an acceptable wait time (five days). Respondents say that *emergency services* were obtained in about two days, but they would have expected a wait time of less than one day (often meaning immediately).
- For addictions issues, the most commonly-used services were *treatment centres* (32-day actual wait compared to an expected wait time of less than one day) and *psychiatrists* and *counsellors* (29-day wait time versus an expected wait time of 3 days).

Table 49: Median length of wait for services and what is considered acceptable
How long did your family member or friend wait to receive that service?
What would you consider to be an acceptable wait time for that service?

	Mental health		Addictions	
	Median wait	Median acceptable wait	Median wait	Median acceptable wait
Psychiatrist or counsellor	90 days	5 days	29 days	3 days
Emergency	2 days	<1 day	-	-
Mental health or addictions specialist	45 days	5 days	60 days	10 days
Services for children and youth	-	-	30 days	3 days
Assessment or diagnoses	60 days	7 days	-	-
Initial appointment (unspecified)	30 days	1 day	14 days	2 days
Treatment centre	160 days	15 days	32 days	<1 day
Publicly funded care	62 days	7 days	-	-
Day program	180 days	7 days	30 days	-
Family doctor	90 days	7 day	-	-
Finding information/help	19 days	1 day	-	-
Social worker	30 days	7 days	-	-

Note: Number of respondents for some services is very small. Results should be interpreted with caution.
Note: Median wait times are presented due to the influence of outliers on average wait times and the size of the sample for some services.

The box below provides a few verbatim comments from family members and friends on their experiences with services that have the longest wait times.

Family members and friends' comments on services with longest wait times

Mental health	Addictions
- *We were in need of seeing a child psychiatrist. We were told we would have to wait approx. a year. We went to Alberta and received care there immediately.* - *Psychiatric assessment, ongoing monitoring and counselling.* - *My mother had to wait for about a year to see a psychiatrist and about two years to see a mental health nurse.* - *Publicly funded counselling. Thankfully we had programs with work to access otherwise we would still be waiting.* - *It took weeks to get in to see a mental health counsellor. Then long waits between appointments.*	- *After the initial intake procedure, it took a long time for a counsellor to be set up to see a family member.* - *Waiting to see an addictions counsellor and long wait to get into a detox program.* - *Getting into an addictions treatment centre.* - *It took quite a while for my loved one to see an addictions counsellor from the time the initial request was made. I believe that was due to lack of adequate staffing.*

4.2.4 Language

Overall, almost all agree that their family or friend *received services in their preferred language*.

Among the 25 respondents (mental health and addictions combined) who disagreed, only 14 provide their preferred language. The most commonly-mentioned languages are *First Nations languages* (three respondents), *French* (three respondents), and *Spanish* (one respondent). Four respondents say that their preferred language is *English*, and one other says *understandable English* is their preference, again indicating that the first language of the providers they dealt with may not have been English. Another two indicate that their family or friend did not receive care, but it is unclear whether this was because of language issues.

Table 50: Agreement that care was available in their preferred language

	Mental Health (n = 542)	Addictions (n =171)
Strongly agree	38%	22%
Agree	55%	68%
Disagree	2%	1%
Strongly disagree	2%	1%
Don't know	4%	8%

4.2.5 Barriers to accessing care

Respondents were asked if the client's age, gender, or sexual orientation were barriers to accessing care. Of these three potential barriers, respondents were most likely to agree that *age* was a barrier.

About 1 in 4 respondents of mental health clients and just under 2 in 10 respondents of addictions clients agree that their family member or friend's *age was a barrier to getting care*.

Fewer respondents agree *gender* (3% to 5%) or *sexual orientation* (2% to 4%) were barriers to getting care. Refer to Table 51 for complete results.

Table 51: Age, gender, or sexual orientation barriers to accessing care

	Their age was a barrier to getting care		Their gender was a barrier to getting care		Their sexual orientation was a barrier for getting care	
	Mental health (n = 551)	Addictions (n = 173)	Mental health (n = 553)	Addictions (n = 173)	Mental health (n = 553)	Addictions (n = 172)
Strongly agree	12%	3%	2%	1%	3%	1%
Agree	13%	13%	3%	2%	1%	1%
Disagree	43%	47%	51%	56%	51%	56%
Strongly disagree	23%	27%	34%	30%	39%	30%
Don't know	9%	10%	9%	10%	7%	12%

The age of the client appears to play a significant role in *perceptions of age as a barrier*. For addictions clients, 15% of respondents who indicated the family member or friend was a youth strongly agree that *age was a barrier*. This compares to just 2% of adults and none of those responding for older adults (55 and older) with addictions issues.

For respondents of mental health clients, 23% of those responding for someone under 18 strongly agree that *age was a barrier* compared to 8% of those responding for an adult and 12% of those responding for an older adult.

When asked *if there was anything that made it more difficult for your family member or friend to seek or receive the help they needed*, about 3 in 4 respondents of mental health clients and 6 in 10 respondents of addictions clients are able to identify some form of barrier.

The most common barriers are the same for mental health or addictions issues. Generally, respondents report that the system does not have the capacity to deal with client needs, which creates unreasonable wait times, and when a service becomes available, it is sometimes not high quality. These three themes are defined further below.

- *Capacity of the system.* About 1 in 4 respondents of mental health clients cited *lack of staff* (26%) as a barrier, while just over 1 in 10 respondents of addictions clients (14%) mention it. When talking about capacity, respondents wrote that there is a lack of access because there are not enough health professionals, in general, and doctors, counsellors, or psychiatrists, specifically, to service the needs of individuals with mental health or addictions issues.

- *Service providers do not have sufficient training and/or sensitivity to mental health and addictions issues.* Just over 1 in 10 respondents of mental health (13%) or addictions (14%) clients mention that *there is a lack of training and understanding among service providers*. Respondents note that service providers are not knowledgeable or well-trained in the areas of mental health or addictions. Family doctors are often cited as needing more training in being able to diagnose issues around mental health and addictions. In some cases, respondents say health care providers show little or no empathy or care toward clients and the issues they face.

- *Timeliness of access to service.* About 1 in 10 respondents indicate that *access to service is not timely*, it involves long wait times, or it is generally slow. This is mentioned by 12% of respondents of mental health clients and 10% of respondents of addictions clients.

See Table 52 for a complete breakdown of responses.

Table 52: Barriers to accessing care
Was there anything that made it more difficult for your family member or friend to seek or receive the help that they needed?

	Mental health (n = 565)	Addictions (n = 190)
Lack of staff	26%	14%
Lack of staff knowledge and training	13%	14%
Long wait times	12%	10%
Person does not believe they have a problem	6%	5%
Services not available in right place	5%	9%
Lack of follow-up/transition support	5%	4%
Not being taken seriously	5%	-
Didn't want help	4%	2%
Lack of knowledge about services available	4%	4%
Stigma	4%	7%
Illness too difficult to manage to access help	4%	2%
Difficulties fitting appointments into schedule	4%	4%
Lack of consistency of doctors	3%	1%
Parent/spouse cannot legally be involved	3%	3%
Previous bad experiences	3%	2%
Only drug treatment provided	3%	-
Cost	3%	5%
Need for referrals	3%	2%
Lack of communication between providers	2%	5%
Lack of services for complex cases	2%	2%
Difficult to get right diagnosis/treatment	2%	3%
Privacy concerns	1%	1%
Lack of awareness/education regarding illness	1%	2%
Services are not culturally appropriate	1%	2%
Not enough support	<1%	4%
Lack of detox/treatment facilities	<1%	-
Other	2%	5%
Nothing	12%	11%
Don't know	14%	18%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides a few verbatim comments from family members and friends on their experiences with barriers to accessing care.

Family members and friends' comments on barriers to accessing care

Mental health	Addictions
- *Time frame for getting help is unacceptable.* - *The inability to get a psychiatrist in timely fashion. Two years is way too long to wait. Things might have been different if we would have accessed the help we need in a timely fashion.* - *The day they decided to send her to the psychiatrist, she was willing but after waiting the delay, she had time to think and she was less willing to attend.* - *Sometimes it did not seem like the issue was being addressed thoroughly, I don't believe an assessment was done quickly enough to determine the extent of the depression.* - *The lack of knowledge from service providers in the area. They didn't know where to send us and what steps to take.* - *Busy, stressed, and impatient ER nurses made the process very frustrating. As well, the very long wait to see an adolescent psychiatrist is problematic.*	- *Yes, the wait time is a big issue when addicts ask for help. If an addict asks for help they need it immediately as the pull to continue to use can be so very strong.* - *The distances from a facility and of course his own denial and refusal to leave his home or community to seek attention. Finally forced and paid for by the courts after a criminal conviction for drunk driving, he got the attention he needed.* - *He received detox and rehab quicker now that he is in the city and older, but when he was younger and in the north, we couldn't get him in fast enough! We have seen the great discrepancy.* - *Service provider attitudes. They didn't really seem to care and did not go out of their way to be helpful.*

4.3 Client care

In this section, client care is defined as respondents' perceptions of how health care providers engaged their family member or friend.

4.3.1 Interactions with providers

Generally, respondents are split on their perceptions of interactions between clients and health care providers, as seen in Table 53. In each case, most respondents agree with each of these statements, although many others disagree. However, many respondents simply did not know, as between 10% to 20% cannot provide a rating for each question. Perhaps this is because they were not privy to or involved enough to know about the interactions between their family member or friend and service providers.

In most cases, respondents of addictions clients are more likely to agree with the statements than respondents of mental health clients. This includes *staff were knowledgeable about issues and needs* (about 2 in 3 addictions versus half mental health), *clients felt supported by care providers* (just over half addictions versus about 4 in 10 mental health), and *clients felt respected by care providers* (6 in 10 addictions versus about half mental health).

The exception is agreement that *staff explained reasons for their care recommendations,* which just over half of respondents of mental health and addictions clients agree with.

Table 53: Perceptions of interactions with providers and client

	Staff were knowledgeable about issues and needs		Staff explained reasons for their care recommendations		Client felt supported by care providers		Client felt respected by care providers	
	Mental health (n = 548)	Addictions (n = 169)	Mental health (n = 544)	Addictions (n = 170)	Mental health (n = 548)	Addictions (n = 169)	Mental health (n = 548)	Addictions (n = 170)
Strongly agree	9%	12%	7%	11%	7%	8%	8%	8%
Agree	44%	54%	46%	42%	33%	45%	40%	52%
Disagree	23%	14%	18%	19%	25%	24%	19%	16%
Strongly disagree	14%	8%	13%	8%	22%	11%	17%	8%
Don't know	10%	11%	16%	20%	13%	12%	16%	16%

When asked about their own interactions with service providers, respondents report mixed experiences.

- Most respondents disagree *that health care providers shared appropriate information with them about their friend or family members' care.* About 6 in 10 disagree including 23% of respondents of mental health and 16% of respondents of addictions clients who strongly disagree.
- Respondents are split on whether they were *listened to by health care providers.* Almost half agree (8% mental health, 9% addictions strongly agree), while the other half disagree (21% mental health and 16% addictions strongly disagree).
- About 6 in 10 agreed that they *felt respected by care providers*, with 7% of mental health and 9% of addictions strongly agreeing.

Table 54: Perceptions of interactions with providers and respondents						
	Health care providers shared appropriate information with me about my friend/family member's care		I was listened to by the health care providers		I felt respected by care providers	
	Mental health (n = 530)	Addictions (n = 168)	Mental health (n = 522)	Addictions (n =160)	Mental health (n = 517)	Addictions (n =165)
Strongly agree	8%	5%	8%	9%	7%	9%
Agree	35%	33%	38%	39%	54%	49%
Disagree	35%	45%	33%	36%	25%	33%
Strongly disagree	23%	16%	21%	16%	14%	9%

4.3.2 Involvement in care

Results in Table 55 show respondents' perceptions of involvement in the care their friend or family member received.

- Respondents are split in their perceptions of whether their family member or friend was able to *set their own goals for care*, although respondents of addictions clients (about half, with 7% strongly agreeing) are more likely to agree than respondents of mental health clients (about 3 in 10, with 5% strongly agreeing).

- When it comes to their own involvement in the care of their family member or friend, again respondents are split. Overall, about 4 in 10 respondents agree that they *were involved in the care of the family member or friend as much as they wanted.* Conversely, almost 6 in 10 disagree, suggesting the majority of respondents wanted to have more involvement.[4]

Table 55: Involvement in client care				
	They were able to set their own goals for care		I felt that I was involved in the care plan as much as I should be	
	Mental health (n = 545)	Addictions (n = 168)	Mental health (n = 533)	Addictions (n = 170)
Strongly agree	5%	7%	8%	7%
Agree	28%	42%	34%	35%
Disagree	29%	22%	34%	39%
Strongly disagree	20%	5%	24%	19%
Don't know	19%	24%	-	-

[4] Although it is possible to interpret this statement as wanting either more or less involvement, the comments indicated a desire for more involvement

4.3.3 Belief in their care

The following is shown in Table 56:

- More than half disagree that their family member or friend with mental health issues was *comfortable with the care they received* (22% strongly disagree) and *confident in the care they received* (24% strongly disagree).
- For addictions respondents, about half the respondents who have a family member or friend with addictions issues agree (6% strongly agree) that their family member or friend was *comfortable with the care they received.* About 4 in 10 of these same respondents agree (6% strongly) that their family member or friend was *confident in the care they received*.

Table 56: Belief in care family member or friend with issues received

	They were comfortable with the care they received		They were confident in the care they received	
	Mental health (n = 547)	Addictions (n = 170)	Mental health (n = 545)	Addictions (n = 169)
Strongly agree	6%	6%	5%	6%
Agree	32%	43%	26%	34%
Disagree	30%	27%	33%	30%
Strongly disagree	22%	9%	24%	11%
Don't know	10%	16%	13%	19%

Respondents' perceptions of the comfort their family member or friend felt with the care they received is reflected in their own comfort with the care recommended for their family/friends by health care professionals.

More than 6 in 10 respondents of mental health clients (21% strongly disagree) and more than half of respondents of addictions clients (14% strongly disagree) disagree that they were *comfortable with the care recommended for their family member or friend by health care professionals*.

Table 57: Respondents comfort with the care given family/friend

	I was comfortable with the care recommended for my family member or friend by health care professionals	
	Mental health (n = 483)	Addictions (n = 148)
Strongly agree	7%	5%
Agree	31%	41%
Disagree	41%	40%
Strongly disagree	21%	14%

4.3.4 Supports for cultural needs and beliefs

Overall, almost 6 in 10 agree that *care was provided in a way that supported their family member or friends' cultural needs and beliefs*. This is true whether the respondents' family member or friend had mental health or addictions issues. It is important to note that about 3 in 10 for each respondent group could not provide a response to this question; perhaps indicating that culturally-appropriate care was not an aspect of their care that was required (i.e., respondents may have selected *don't know* in absence of a *not applicable* category).

Table 58: Agreement that care was provided in way that supported cultural needs and beliefs

	Mental health (n = 532)	Addictions (n = 164)
Strongly agree	11%	10%
Agree	46%	48%
Disagree	6%	7%
Strongly disagree	6%	6%
Don't know	31%	30%

Those who disagree that *care was provided in a way that supported their cultural needs and beliefs* were asked about what changes could be made to *better support their cultural needs and beliefs*. In both cases, the most common answers have nothing specifically to do with cultural needs or beliefs. Respondents simply wrote that their *family member or friend needed better care* (25% of mental health, 47% of addictions).

The most common relevant responses are discussed below.

- Among respondents of mental health clients, two issues were mentioned more frequently: to *discriminate less based on a clients' ethnicity or beliefs* (12%) and to *provide more First Nations culture-based care* (10%).
- Respondents of addictions client mention several concerns, although the sample size (n = 17) is quite small and results should be interpreted with caution. As mentioned, the most pressing concern for respondents of addictions clients is *improving the quality of care* rather than aspects specific to cultural needs or beliefs.

Table 59: Barriers to cultural needs
What changes would allow your family member or friend's care to better support their cultural needs and beliefs?

	Mental health (n = 61)	Addictions* (n = 17)
Provide better care in general	25%	47%
Discriminate less based on ethnicity/beliefs	12%	-
Provide more First Nations culture/beliefs into care	10%	6%
Education in general	5%	-
Ask about cultural needs/beliefs of patient	5%	-
Use of holistic approaches and natural medicine	3%	-
Providers should be available of the same culture/religion.	3%	12%
Did not receive care	2%	6%
Remove culture/beliefs from care all together	2%	6%
Other	7%	6%
No suggestions	13%	12%
Don't know	20%	12%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.
* Caution small sample sizes.

The box below provides a few verbatim comments from family members and friends on their experiences with care that supports cultural needs and beliefs.

Family members and friends' comments on care that supports cultural needs and beliefs	
Mental health	**Addictions**
- *Simply recognizing that people from the Christian community need to have their belief system accepted as valid.* - *The psychologist needed a better understanding of Cree culture. She could have been more open to a holistic world view. The medical model used was ok to a point but it disregarded the client's experience.* - *The issues I have do not have anything to do with cultural needs or beliefs. It is the lack of help and support for young adults who suffer from mental health issues and addictions.* - *How are they to provide care that meets your cultural or spiritual needs if no one actually asks you what those are in the first place?*	- *Exposure to cultural supports that would be involved in after care.* - *Not so much concerned about the cultural aspect of addictions. Just want programs available that would improve his life.*

4.3.5 Information required earlier in care

Respondents who have family members or friends with mental health and addictions issues were asked about *what information or services would have been helpful to receive earlier to help them deal with their issues*. About 7 in 10 respondents of mental health clients and 6 in 10 respondents of addictions clients provide a recommendation.

As shown in Table 60, there are a variety of recommendations; the most common in both groups are the following:

- *Better access to services* (17% mental health, 12% addictions), which indicates that for many, simply being able to get access to the services they want or need earlier would have been most beneficial.
- *Information about the system* (14% mental health, 12% addictions), which includes how to navigate the health care system to get the help that is needed.
- *Supports for family or friends* (13% mental health, 8% addictions). Respondents often want to be more involved in their family member or friends' care, but also need to identify and have access to supports for themselves.
- *Information about mental illness/addictions* (9% mental health, 8% addictions). This includes information on warning signs and assessing conditions, but also general information on these issues, including what to expect and how to deal with specific issues, and information or stories about other people with the same issues, including examples of success.

Table 60: Information or services wanted earlier in care
What information or services would have been helpful for you to receive earlier to help you assist with your friend or family member's mental health issue(s)?

	Mental health (n = 548)	Addictions (n = 165)
Better access to services	17%	12%
Information about the system (e.g., where to get help)	14%	12%
Supports for family	13%	8%
Information about mental health illnesses	9%	8%
Access to psychiatrists	8%	3%
Greater support	7%	2%
Information on post-treatment services	6%	2%
Information about group counselling	6%	2%
Information about prescription drugs	4%	-
Information on emergency/crisis supports	4%	1%
Information on how to access help	3%	-
Public education campaign	3%	1%
Information about financial supports	3%	2%
Hospitalization issues	2%	4%
Online supports	1%	2%
Non-medical supports (e.g., cleaning, housing)	1%	1%
Information on patient advocacy	1%	-
Supports for pregnancy	<1%	-
Concurrent treatment	<1%	6%
Information on transitioning from detox to rehab	-	3%
Other	11%	15%
Nothing	6%	9%
Don't know	25%	30%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides a few verbatim comments from family members and friends on the information they wanted earlier in the care experience.

Family members and friends' comments on information wanted earlier in care	
Mental health	**Addictions**
- *A timely appointment with specialist instead of treatment by general practitioner.* - *A safe medical place to go to, to take a family member, where specialized help could be immediate.* - *Earlier psychiatrist intervention.* - *Some general knowledge and information about how to navigate the way services are offered/how they operate in the province, what options are available for different circumstances and how to access each option.* - *It would have been helpful to know what I needed to do and where I needed to go to get help. I really do not think that my family doctor was confident at all in what to do....* - *I find that now that I know the contact people and the process involved, I can access help.* - *Knowledge of systems and services in place. Knowledge of limitations in acquiring services for your loved one (i.e., services can only be provided if the patient wants the services).* - *More information and public education about mental disorders. Public should be aware of symptoms of mental health. Health care professional should take concerns more seriously.* - *I think just more general awareness on the disorder so he didn't feel so embarrassed and isolated. He has had OCD for the majority of his life and just recently admitted to having the disorder. He is still quite secretive about it.* - *What counselling services are available and where they are located in the area.*	- *If anyone has a drug or alcohol addiction and has agreed to get help there should be help immediately. Not more appointments!!! It took a long time to convince him he had a problem and that he would agree to get help only to be turned away.* - *More community activities to promote drug use and awareness. Addition counsellor offering support in community verses appointments at the health center.* - *That there was a place for us to go to receive help in understanding how to deal with a family member's addiction. We didn't find out about this until six months after the psychosis. There needs to be a program for family members that addresses the presence of addiction and the mental illness.* - *A bit more about the process and progress of addictions and what I can do about it, for her, for her children, and myself.* - *Information on how to approach family member about the issue, what to talk about, how to address the issue, what type of support to offer family member.* - *Learn about what it's like to be an addict. Learn what to expect from my addict. Learn how I could be a positive support.*

4.3.6 Care outcomes

In response to the statement that their family member or friends' *issue improved because of the care they received*, respondents where split. Over 4 in 10 agree that their family member or friends' mental health (10% strongly agree) or addictions (11% strongly agree) *issue improved as a result of the care they received*. Conversely, about half disagreed, with 26% of respondents of mental health clients and 20% of respondents of addictions clients strongly disagreeing.

Table 61: Agreement that issue improved because of care they received

	Mental health (n = 544)	Addictions (n = 169)
Strongly agree	10%	11%
Agree	35%	32%
Disagree	21%	30%
Strongly disagree	26%	20%
Don't know	9%	8%

4.4 Coordination of care

This section examines respondents' feelings about the quality of communication within the system to coordinate their family member or friends' care.

4.4.1 First point of contact

The first person contacted about the clients' issues appears to depend on whether it is a mental health or addictions issue.

- For mental health, a *family physician* (48%) or a *physician at a walk-in or emergency department* (21%) were by far the most common first point of contact.
- For addictions, responses were more varied, although *family physician* (21%) was also the most common. Respondents also mention their family member or friend commonly turned to a *physician at a walk-in or emergency department* (15%), *social services worker* (10%), *police* (7%), *corrections worker* (7%), *Employee Family Assistance Program* (6%), or *a counsellor* (6%).

Table 62 provides a complete list of first contacts provided by respondents.

Table 62: First point of contact
The first person my friend or family member contacted (other than a family member or friend) about their mental health issue(s) was…

	Mental health (n = 540)	Addictions (n = 164)
Family physician	48%	21%
Walk-in or emergency department physician	21%	15%
Police	4%	7%
School counsellor	4%	3%
Social services worker	4%	10%
Employee Family Assistance Program (EFAP)	3%	6%
Teacher, professor, or instructor	2%	1%
Spiritual care provider	2%	4%
Psychiatrist or psychologist	2%	2%
Detox or mental health centre	2%	5%
Mobile Crisis Services	1%	2%
Counsellor	1%	6%
Medical specialists	1%	-
Other health professional (e.g., midwife, nurse)	1%	1%
Corrections worker	<1%	7%
Support group	<1%	2%
Other	1%	-
Family or friend only	2%	2%
Don't know	1%	1%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

Table 63 shows respondents who have family members or friends with mental health issues and their responses to three questions related to the assistance provided by the first point of contact. Responses are only shown for those points of contact where at least 50 respondents provided a response. All other points of contact have been grouped together.

Respondents are split on the help provided by the first point of contact.

- About half or slightly more disagree that their *family physician* (16% strongly disagree), *emergency or walk-in physician* (20% strongly disagree), or *other providers* (22% strongly) were *able to help them*.
- Respondents are more positive about *family physicians* (3 in 4 agree, 17% strongly) and *emergency or walk-in physicians* (about 6 in 10 agree, 5% strongly) *referred their family member or friend to someone who could help them with their issues*, more so than *other providers* (about half agree, with 14% strongly).
- Among those who provided a rating for *helping their family member or friend access other services needed*, most disagree regardless of the point of contact, with more than 30% strongly disagreeing with each.

Table 63: Evaluation of first point of contact: mental health

	Was able to help them			Referred them to someone who could help them with their issue			Helped them access other services they needed		
	Physician (n = 239)	Emergency (n = 106)	All others (n = 146)	Physician (n = 240)	Emergency (n = 100)	All others (n = 147)	Physician (n = 143)	Emergency (n = 72)	All others (n = 106)
Strongly agree	11%	4%	14%	17%	5%	14%	11%	1%	5%
Agree	34%	40%	36%	58%	57%	40%	22%	17%	21%
Disagree	39%	37%	29%	13%	18%	20%	36%	43%	38%
Strongly disagree	16%	20%	22%	13%	20%	26%	32%	39%	37%

Given the relatively small number of respondents for each of the first points of contact for addictions issues, Table 64 shows the responses overall for those with addictions. However, a similar pattern exists for those with addictions issues as with those dealing with family members or friends with mental health issues.

A majority agree that their first point of contact *was able to help them* (6 in 10) or that the first contact *referred them to someone who could help them with their issues* (7 in 10). While many are referred to someone who can help, fewer say their family member or friend *was helped to access other services needed.* In fact, over half disagree that their family member or friend was helped to access other services, including 25% who strongly disagree.

Table 64: Evaluation of first point of contact: addictions

	Was able to help them (n = 160)	Referred them to someone who could help them with their issue (n = 157)	Helped them access other services they needed (n = 112)
Strongly agree	14%	13%	7%
Agree	46%	57%	29%
Disagree	26%	15%	39%
Strongly disagree	14%	14%	25%

4.4.2 Care plan

Among those who provided an opinion, about 7 in 10 disagree that *someone made sure that the plan for their family member or friend's care was followed.* This is true whether the family member or friend had mental health or addictions issues. About 3 in 10 respondents strongly disagree.

Table 65: Care plan

	Someone made sure that the plan for their care was followed	
	Mental health (n = 504)	Addictions (n = 149)
Strongly agree	4%	5%
Agree	25%	25%
Disagree	38%	41%
Strongly disagree	33%	29%

Note: Due to inconsistencies in how data was recorded for mental health and addictions, the "don't know" response has been excluded from calculations.

4.4.3 Addressing physical health

Respondents are split as to whether their family member or friend's *physical health issues were also addressed,* with about half agreeing and half disagreeing. However, about four times as many respondents of mental health clients strongly disagree (23%) compared to strongly agree (6%), indicating much stronger levels of disagreement.

For addictions, although about half agree or disagree that their family member or friends' *physical health issues were also addressed*, more strongly disagree (15%) than strongly agree (7%) but it is not as striking as the difference for mental health respondents.

Table 66: Addressing physical health issues

	Physical health issues were also addressed	
	Mental health (n = 471)	Addictions (n = 143)
Strongly agree	6%	7%
Agree	42%	42%
Disagree	29%	36%
Strongly disagree	23%	15%

Note: Due to inconsistencies in how data was recorded for mental health and addictions, the "don't know" response has been excluded from calculations.

4.4.4 Providers working together

Most respondents disagree that service providers shared information or worked together.

- More than 6 in 10 respondents disagree that *health care providers shared important information with each other about their family member or friend's care,* this includes many (29% mental health, 24% addictions) who strongly disagree.
- About 8 in 10 respondents of mental health clients and 7 in 10 respondents of addictions clients disagree that *service providers worked together to help their family member or friend move easily from one program or service to the next.* This includes many (38% mental health, 28% addictions) who strongly disagree.

Table 67: Perceptions of providers working together

	Health care providers shared important information with each other about family member/friend's care		Service providers worked together to help family member/friend move easily from one program or service to the next	
	Mental health (n = 442)	Addictions (n = 127)	Mental health (n = 469)	Addictions (n = 144)
Strongly agree	6%	6%	4%	6%
Agree	28%	32%	20%	26%
Disagree	37%	37%	39%	41%
Strongly disagree	29%	24%	38%	28%

Note: Due to inconsistencies in how data was recorded for mental health and addictions, the "don't know" response has been excluded from calculations.

4.4.5 Continuation of care

Respondents were asked about the continuity of care their family member or friend received.

- Almost 6 in 10 agree that *their family member or friend was referred to other health care providers to get the care they needed*, although just 7% strongly agree in both groups.
- About 2 in 3 disagree that *their family member or friend's care continued without disruption, when they moved within Saskatchewan*. This includes 33% of respondents of mental health clients and 26% of respondents of addictions clients who strongly disagree.
- About 3 in 4 disagree that *their family member or friend had help finding services outside the health care system such as social assistance, housing, education, or employment services.* In each case, between 38% and 41% strongly disagree, compared to between 2% and 3% who strongly agree with this statement.

Table 68: Continuation of care

	They were referred to other health care providers to get needed care		Care continued, without disruption, when family member/friend moved within Saskatchewan		Family member/friend had help finding services outside of the health care system	
	Mental health (n = 517)	Addictions (n = 151)	Mental health (n = 205)	Addictions (n = 80)	Mental health (n = 332)	Addictions (n = 94)
Strongly agree	7%	7%	4%	4%	3%	3%
Agree	49%	49%	27%	31%	22%	18%
Disagree	24%	25%	36%	39%	34%	40%
Strongly disagree	20%	19%	33%	26%	41%	38%

Note: Due to inconsistencies in how data was recorded for mental health and addictions, the "don't know" response has been excluded from calculations.

4.4.6 Improving coordination

At least 6 in 10 respondents in each group made suggestions on ways that providers could have worked better together. Similar to other questions, no single theme dominates responses, as many different suggestions are put forward by respondents. While the rank order (based on percentages) is slightly different, the most common recommendations are similar between respondents dealing with family members or friends with mental health issues and those dealing with addictions issues.

Some comments relate to suggestions of what providers can improve, such as *sharing information on their clients with other providers* (16% mental health, 9% addictions), *involving the family in the client's care* (14% mental health, 11% addictions), *referring clients to other services or providing information on additional services* (8% mental health, 4% addictions), and *providing follow-up care after treatment* (9% mental health, 13% addictions).

Other suggestions relate to system improvements, such as *providing holistic care* (15% mental health, 13% addictions), which involve all providers giving input on client care, *improving wait times* (9% mental health and addictions), or *improving the overall quality of care* (8% mental health, 5% addictions).

Table 69: Ways providers can work better together to improve care
How could service providers have better worked together to provide care for your family member or friend?

	Mental health (n = 532)	Addictions (n = 162)
Share information about clients with other providers	16%	9%
Provide holistic care (involve all providers in care)	15%	13%
Involve family	14%	11%
Provide follow-up care after treatment	9%	13%
Improve wait times	9%	9%
Refer clients to or provide information on additional services	8%	4%
Improve the quality of care	8%	5%
Only treat with medication	2%	1%
Include patient in communications	2%	3%
Responsibility to communicate is on patient	1%	1%
More information for patient about their issue	<1%	-
Other	4%	6%
They do not work together	2%	1%
Communication is not an issue	2%	3%
No suggestions	11%	15%
Don't know	18%	22%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides a few verbatim comments from family and friends on suggestions for how providers can work better together to improve care.

Family members and friends' comments on providers working better together to improve care	
Mental health	**Addictions**
- *Talking to each other with direct communication would have resulted in fewer burdens on the patient for communication.* - *Providing the same information to all members of the health care team, including the client.* - *It was incredibly difficult to get my daughter to talk to the doctors; it would have been nice if we didn't have to describe everything over and over again. The levels of referral are simply not working and a ridiculous waste of time and resources.* - *By talking to each other and sharing vital information on the illness and its effects on the family member.* - *There needs to be better understanding of the links between mental health and addictions. Actions that may work strictly within an addictions framework may not be the best decisions when mental health issues are also prevalent.* - *It seems that some sort of mentor would have been helpful to navigate the system. I think there are services out there but someone needs to help with support and guidance. As a family, we have provided much of the financial support, but not all families are able to do this.* - *All providers/services need to work together, social services, health, addictions, mental health need to be able to communicate and work together as a team to support the individual and their family.* - *They all needed to recognize the severity of his case. There were flags that should have been easily seen.* - *No one recommended services besides a psychiatrist. No counselling, no financial support, nothing.* - *If they explained the available services, assessment of the type of services and consultations.*	- *Talk and listen to each other — better linkage needs to happen.* - *Communication, referrals, and follow-up. We all felt very alone in the battle!!* - *There needs to be better communication among the services provided.* - *Seems there is a great divide between mental health and addictions services. Each one says it's the other one's job.* - *I think having mental health counsellors and addiction counsellors working in the physician's clinic to provide direct services right away for the family member and the family would have been a huge help.* - *There seems to be a lack of coordination of addictions services and mental health services, or perhaps there is coordination but it needs to be improved.* - *The case manager needed to be more on top of their situation —was very hard to reach.*

4.5 Experiences

This section examines respondents' ability to find supports for themselves, as well as respondents' assessment of their overall experiences with the mental health or addictions system. Respondents were also asked to provide suggestions for improving their experience.

4.5.1 Assistance to the family member or friend

Respondents were asked to indicate their level of agreement with two statements about the service and support they were able find for themselves. As with other questions, respondents tend to split on whether they agree or disagree.

- About 6 in 10 respondents of those with an addictions issue agree (8% strongly) that they were *able to find services or information that could help them understand the situation and provide the right support.* This compares with over 4 in 10 respondents of mental health clients who agree (7% strongly). For mental health clients, 20% strongly disagree, which compares to 8% of addictions clients who strongly disagree.
- Over 6 in 10 respondents of addictions clients agree (9% strongly) that they were *able to find support for themselves*. This compares with almost half those respondents of mental health clients (5% strongly).

Table 70: Assistance for family/friend

	I was able to find services or information that could help me understand the situation and provide the right support		I was able to find support for myself	
	Mental health (n = 531)	Addictions (n = 168)	Mental health (n = 519)	Addictions (n = 163)
Strongly agree	7%	8%	5%	9%
Agree	38%	50%	42%	53%
Disagree	35%	34%	34%	25%
Strongly disagree	20%	8%	19%	12%

4.5.2 Assessment of positive or negative experiences

As has been the case throughout this section, respondents who have a family member or friend with mental health or addictions issues are split on their overall experience. About 4 in 10 respondents indicate that their experience was at least mostly positive. However, just 5% of respondents of mental health clients and 7% of respondents of addictions clients say their experiences were always positive. Conversely, over half report that their experience has been mostly or always negative.

Table 71: Impressions of experience
As someone who has had to support someone else's care, I would say my experience with the mental health system has been…

	Mental health (n = 546)	Addictions (n = 173)
Always positive	5%	7%
Mostly positive, but some negative	37%	37%
Mostly negative, but some positive	44%	42%
Always negative	13%	10%
Don't know	3%	4%

4.5.3 Description of positive experiences

Those respondents who indicated they had mostly or always positive experiences with care were asked about the *main things that made their care experiences positive*. As shown in Table 72, interactions with providers are by far the biggest influences on having positive experiences. Respondents most often cite the following experiences with providers as having the most positive impact:

- *providers were knowledgeable* (26% mental health, 23% addictions)
- *providers were empathetic, kind, caring* (24% mental health, 18% addictions)
- *providers listened to concerns, took time to understand* (12% mental health, 9% addictions)
- *a particular care provider (8*% mental health, 9% addictions)

Of interest, access (or quick access) is not mentioned very often as contributing positively to their experiences, as just 6% of mental health and 3% of addictions respondents mention that *timely access to service* contributed positively to their experiences.

Table 72: Most positive care experiences
What were the main things that made your care experiences positive?

	Mental health (n = 216)	Addictions (n = 71)
Providers were knowledgeable	26%	23%
Providers were empathetic	24%	18%
Providers listened to concerns	12%	9%
General positive experience with care provider	8%	9%
Timely access to services	6%	3%
Improved issues	5%	3%
Providers were flexible	4%	3%
Programs were helpful	4%	9%
Family support	3%	3%
Providers made me feel safe	3%	1%
Providers gave care without judgement	1%	3%
Culturally-appropriate care	1%	-
Access to support groups	1%	7%
Medication worked well	1%	-
Other	8%	9%
Respondent only provided negative experiences	1%	6%
Don't know	21%	24%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides a few verbatim comments from family members and friends describing what made their experiences with care positive.

Family members and friends' comments on things that made care experience positive	
Mental health	**Addictions**
- *The psychologist was very professional and supportive. Made sure that we were kept up to date with my family member's prognosis.* - *Professionalism of all the health care providers who know the boundaries and have empathy for their jobs.* - *The people that I ran into in the system really cared and were very professional.* - *The advice was solid and helpful, and I thought correct and ultimately lead to a long term and continuing recovery.* - *Overall, the providers were very good to communicate with, very caring and helpful, and I think made my son feel comfortable throughout his care.* - *Having people offer their experience strength and hope. So I did not feel alone.* - *Caring professionals who took the time to listen to our concerns and help guide us.* - *Once we impressed how dire the situation was, our family member was taken care of immediately, not only her mental health but also her physical ailments. She also now volunteers with mental health!*	- *Knowledgeable people, compassionate and focused on how the addiction needs to be treated. As well, support for the entire family was available.* - *Detox and treatment facilities were excellent. Staff and facilities were excellent, just need more of them.* - *I had support from counsellors and they helped me move into the right direction. The process was smooth once he agreed to get help.* - *Staff took the time to listen to my concerns even if they could not change anything.* - *All of the people/ service providers we dealt with help us make the best of a very difficult situation.* - *I found the help and support I needed as a spouse of an addict in the mental health section and with my doctor because I was open to the support and sought it out.*

4.5.4 Description of negative experiences

Those respondents who indicated that their experiences were mostly or always negative were asked what the *main things that made their care experiences negative* were. Many of the issues raised are common to both respondents who have family members or friends with mental health or addition issues.

The most common issues were *long wait times* (33% mental health, 18% addictions), *that family was not included as part of the care or that there was no help for the family* (23% mental health, 13% addictions), *providers were not empathetic, kind, or caring* (11% mental health, 15% addictions), and *there was no follow-up after treatment* (10% mental health, 8% addictions).

Respondents who have family members or friends with addictions issues tend to mention *providers did not listen to their concerns* (13%) and the *lack of specialized treatment or programs* (11%) quite often as well.

Table 73 shows these and other reasons for their negative experiences.

Table 73: Most negative care experiences
What were the main things that made your care experiences negative?

	Mental health (n = 297)	Addictions (n = 83)
Long wait times	33%	18%
Did not include family as part of the care	23%	13%
Providers were not empathetic	11%	15%
No follow-up after treatment	10%	8%
Lack of collaboration among the professionals	8%	4%
Providers did not take time to listen to me	6%	13%
Providers were not trained well	5%	5%
Providers made client feel ashamed/embarrassed	4%	1%
Too much emphasis on prescribing medication	4%	-
Providers are unreasonable	4%	5%
Lack of specialized treatment/programs	3%	11%
Have to deal with everything myself	2%	2%
Didn't know what resources were available	1%	5%
Cost for service	1%	1%
Help only given when things were at their worst	1%	-
Other	23%	24%
Nothing	1%	1%
Don't know	5%	7%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides a few verbatim comments from family members and friends describing what made their experience with care negative.

Family members and friends' comments on things that made care experience negative	
Mental health	**Addictions**
- *Not sure that people hired were trained enough in this area. The psychologist only offered meds and I received no referral to a self-help group around.* - *Just about everything regarding my family member's care experience was negative, and beyond negative, and continues to be negative. Lack of communication, lack of compassion, lack of knowledge, complete lack of continuation of care, very poorly staffed mental health sector, the list could go on.* - *There wasn't a care experience. We were left to our own devices to cope with a mentally ill teen that ended up taking his own life.* - *Staff was not very friendly or supportive.* - *The long wait that my son had to finally get some help. The hospital needs to have more beds for the mentally ill.* - *Insufficient information, particularly in the early stages, then inadequate services, especially counselling, finally, lack of coordination among service providers.* - *My family member's state of mind has been unstable for over a year now with no signs of improvement, and we have gotten very little information as a family as to how we are supposed to deal or cope with situations like suicide or death to others threats and very and irrational behaviour.* - *The disconnect between services and supports. The ability of one person to circumvent all recommendations of other services is ridiculous and hinders progress.*	- *The lack of communication and follow up care.* - *A real lack of communication and a lack of willingness to co-ordinate a comprehensive response to the patient's health issues.* - *Provider's negative attitude — they didn't appear to care or want to help.* - *Resources are not flexible or adaptable. Frontline workers are maxed out and don't have enough support for the good work they do.* - *There was no access to the health system, if we were not able to afford private services I shudder to think what the end point would have been.* - *Just trying to get help or to help someone who is over 14 years old you just keep hitting a brick wall with police, social services, and health care providers, etc. It is very frustrating when you care enough to want to help that person.*

4.5.5 Changes to improve experiences

Respondents were asked what changes they would suggest to improve care experiences for people with mental health or addictions issues. Examining Table 74 shows the following three broad areas for improvements:

- **Access issues**. For both respondents who have family/friends with mental health or with addictions issues, one of the most often mentioned changes is *better access to services* (22% among mental health and 14% among addictions). These comments typically refer to having access to services nearby or within their community. Closely linked to *better access to services* is *reduced wait times* (13% of mental health, 21% of addictions). Access to services post-initial assessment and/or post-treatment are also mentioned, including more access to *follow-up or proactive care* (12% mental health, 13% addictions). For respondents who have family members/friends with addictions issues, several specifically mention the need for *more treatment facilities* (6%) and *increased supports for concurrent disorders* (6%).

- **Service issues.** There appears to be many recommended changes related to improved client experiences. These include *involving families in the care* (15% mental health and 9% addictions), *improved understanding and caring by health care providers* (9% of

mental health, 6% of addictions), *improved communication among health care providers* (9% mental health, 6% addictions, and *more training and education for health care providers* (6% in both cases).

- **Information for the public**. Information for families, clients, and/or the public is mentioned in various forms, including *general education and information for the public* (8% of mental health and 6% of addictions), which often refers to issues related to removing the stigma associated with having a mental health or addictions, but also information to help families understand the issues.

Table 74: Changes to improve care
What one or two changes would you suggest to improve care experiences for people with mental health/addictions issues?

	Mental health (n = 531)	Addictions (n = 161)
Better access to services	22%	14%
Involve families in care	15%	9%
Reduced wait times for services	13%	21%
More follow-up care	12%	13%
Improved understanding/caring by health care staff	9%	6%
Improved communication between health care providers	9%	6%
Education/information for the public	8%	6%
Better training/education for health care workers	6%	6%
Family support/counselling	6%	7%
More crisis/emergency assistance	5%	1%
More financial assistance	4%	-
Services for people when they are young	3%	1%
Improved ER experiences	3%	-
Proper diagnoses/treatment	3%	4%
Allow families to request care for loved ones	2%	1%
Less reliance on medication to solve problems	2%	1%
Not feeling rushed	2%	1%
Access to post-treatment centres	1%	1%
Increased supports for concurrent disorders	1%	6%
More addictions treatment facilities	-	6%
Address physical well-being	-	1%
Separate treatment for addictions and mental health	-	1%
Other	15%	11%
Don't know	11%	21%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides respondents' comments on changes that could improve care experiences.

Family members and friends' comments on changes to improve care experiences	
Mental health	**Addictions**
- *Quicker and better access to mental health counsellors, to perhaps assist a person in dealing with issues far before they become acute. Also, more mental health beds across the province. When a person is suicidal, waiting for three weeks for a bed is not acceptable.* - *Less wait times!! More people and places to provide services!* - *Services and programs need to be available immediately. Sufficient after care and programs need to be made available.* - *Make more of a concentrated effort to work toward the long term betterment of the patient rather than these short improvements, only to have relapse after relapse.* - *Better alignment of care and breaking silos (e.g., law enforcement/corrections with proper medical care) because young adults seem to fall through the cracks. Better engagement of support persons such as parents of young adults would also be beneficial.* - *Better/more communication between doctors, nurses, and family members.* - *A case manager would be great. One person to contact who can direct to the appropriate service provider and make sure things are followed through and don't get dropped or lost. There doesn't seem to be any coordination of services.* - *Treatment of mental health issues should begin with designated family physician with special treatment. Also, having a community program to attend after day hospital is finished.* - *Work as a family on diagnosis and support families who have members with mental health issues. This illness affects the whole family.* - *Allow close family members the opportunity to advocate for their mentally ill family members by at least being able to provide information and support when dealing with mental health services. I was not even allowed to set an appointment date for this family member to see a counsellor through centralized intake, let alone talk to a health provider about my own concerns for his safety and well-being.*	- *Less delay in time to get into rehab and even having facilities available where clients can dry out. Also having access to social workers and mental health counsellors through primary health care.* - *When people are in need in our community and come forward looking for help they need to get the proper services of information from addiction work today, not two to three weeks from now.* - *Longer terms and fuller discharge plans with support services.* - *Have more support people on staff and have more addictions educated staff.* - *More information about what services are available. Shorten waiting periods between detox and being able to get into a treatment centre.* - *Better linkage with mental health and addiction. Also more staff.*

5.0 Service providers

This section summarizes results from respondents who identified as service providers.

5.1 Profile

5.1.1 Position

A broad range of service providers who work directly in mental health or addictions, or in a related profession, such as teaching, social services work, or corrections, responded to the questionnaire. About 1 in 4 participants are social workers (23%), about 1 in 5 are teachers (19%), and approximately 1 in 10 are nurses (10%), addictions counsellors (9%), mental health clinicians or therapists (9%), or school counsellors (8%). See Table 75 for complete listing.

Table 75: Service providers position
I am a…

	Providers (n = 1029)
Social worker	23%
Teacher	19%
Nurse	10%
Addictions counsellor	9%
Mental health clinician/therapist	9%
School counsellor	8%
Psychologist	6%
Psychiatric nurse	6%
Family physician	4%
Family counsellor	4%
Corrections officer	2%
Parole officer	2%
School administration	2%
Nurse practitioner/	2%
Outreach worker/support worker	2%
Director	2%
Psychiatrist	1%
Spiritual care provider	1%
Other school staff	1%
Occupational therapist	1%
Paramedic/emergency response	1%
Youth care worker	1%
Certified Canadian counsellor	1%
Post-secondary student	1%
Health educator/promotion specialist	1%
Administrative support	1%
Residential services	1%
Employment counsellor	1%
Immigration	<1%
Police officer	<1%
Speech language pathologist	<1%
Other	2%

Note: Respondents could give more than one response; therefore, column may sum to more than 100%.

5.1.2 Field of employment

The service providers who responded to the questionnaire also represent a range of fields. This includes about 4 in 10 who work in the mental health field (38%) and about 1 in 3 who work in education (32%). Another 1 in 5 work in addictions (22%) or general health (17%). See Table 76 for complete listing.

Table 76: Field of employment
I work primarily in the field of…

	Providers (n = 1043)
Mental health	38%
Education	32%
Addictions	22%
General health	17%
Social services	11%
Corrections	6%
Justice	5%
Policing	2%
RHA (management)	1%
Immediate health services	1%
Community public health	1%
Employment	<1%
Immigration	<1%
Other	1%

Note: Respondents could give more than one answer; therefore, column will sum to more than 100%.

5.1.3 Organization type

Four in 10 respondents are employed by a Regional Health Authority (40%), and about 3 in 10 are employed by a provincial government department or agency (28%). A smaller proportion of respondents are employed by a community-based organization (16%) or in education (9%).

Table 77: Organization type
I work for a…

	Providers (n = 1034)
Regional Health Authority	40%
Provincial government department or agency	28%
Community-based organization (direct services)	16%
Education	9%
Private practice or company	5%
Professional association	4%
Federal government department or agency	1%
Municipal government	1%
Community-based organizations (not direct services)	1%
First Nations organization or agency	1%
Non-profit	1%
Other	<1%

Note: Respondents could give more than one answer; therefore, column will sum to more than 100%.

5.1.4 Location

Similar to all respondents, providers tend to work primarily in an urban centre, with more than 8 in 10 working in an urban setting.

Table 78: Profile of Service Providers — Location
I work in…

	Providers (n = 1009)
Urban setting	84%
Rural setting	13%
Remote setting	3%

5.2 Perspectives on mental health and addictions system

In this section, we report on service providers' perspectives on various aspects of the mental health and addictions system.

5.2.1 Access

Table 79 summarizes service providers' perceptions of six statements related to access:

- About half agree that *information about mental health and addictions services is readily available*, including 6% who strongly agree. Fewer (about 1 in 3) disagree, including 5% who strongly disagree.
- Results are similar for *people are able to access services and supports without being limited by factors such as language, age, sexual orientation, or gender*, with about half also agreeing (including 10% who strongly agree). About 1 in 3 disagree, including 9% who strongly disagree.
- About 3 in 10 agree that *people are able to access most services and support in or near their home community*, including 3% who strongly agree. Just over half disagree, including 16% who strongly disagree.
- Two in 10 agree that *regardless of the kind of services or supports people start with, they are able to access other services or supports without too much difficulty*, including 2% who strongly agree. About 2 in 3 service providers disagree with this statement, including 19% who strongly disagree.
- Just over 1 in 10 agree that p*eople are able to access services and supports on the day and at times of the day that fit with their schedules*, including 2% who strongly agree. About 6 in 10 disagree with this statement, including 20% who strongly disagree.
- Ten percent of service providers agree that *people are able to access services and seek supports without unnecessary delays or long waitlists*, including just 1% who strongly agree. About 8 in 10 disagree, including 39% who strongly disagree.

Table 79: Perspective on the mental health and addictions system — Access
Based on how things usually are in Saskatchewan, please select the response that best indicates your own level of agreement with the following statements.

	Information about mental health and addictions services is readily available (n = 1044)	People are able to access services and supports without being limited by factors such as language or gender (n = 1045)	People are able to access most services and supports in or near their home community (n = 1045)	People are able to access other services or supports without much difficulty (n = 1044)	People are able to access services and supports that fit with their schedules (n = 1044)	People are able to access services and supports without unnecessary delays (n = 1046)
Strongly agree	6%	10%	3%	2%	2%	1%
Agree	43%	36%	27%	18%	13%	9%
Neutral	17%	20%	16%	12%	21%	9%
Disagree	28%	22%	35%	48%	41%	41%
Strongly disagree	5%	9%	16%	19%	20%	39%
Don't know	1%	3%	2%	2%	5%	1%

5.2.2 Appropriateness of care

Table 80 shows service providers' ratings of statements related to appropriateness of care.

- About 4 in 10 agree that *people are able to obtain services and supports that make sense for the kinds of issues they are experiencing*, although just 4% strongly agree. Just as many disagree as agree, although 10% strongly disagree.
- About 3 in 10 agree that *people are able to obtain services and supports that are culturally-sensitive and appropriate* (2% strongly agree) or *people are able to obtain services and supports that make sense for the severity of their issues* (4% strongly agree). There is a difference in disagreement, as about 3 in 10 disagree with the former statement, and over half disagree with the latter.
- About 1 service provider in 10 agrees that *people are able to move seamlessly from one health region to another to receive services*, with just 1% strongly agreeing. More than half disagree, including 19% who strongly disagree. Of note, 19% cannot provide a response to this statement.

Table 80: Perspective on the mental health and addictions system — Appropriateness of care
Based on how things usually are in Saskatchewan, please select the response that best indicates your own level of agreement with the following statements.

	People are able to obtain services and supports that make sense for the kinds of issues they are experiencing (n = 1042)	People are able to obtain services and supports that are culturally-sensitive and appropriate (n = 1044)	People are able to obtain services and supports that make sense for the severity of their issues (n = 1043)	People are able to move seamlessly from one health region to another to receive services (n = 1041)
Strongly agree	4%	2%	4%	1%
Agree	35%	30%	26%	10%
Neutral	20%	25%	15%	18%
Disagree	29%	26%	37%	33%
Strongly disagree	10%	8%	17%	19%
Don't know	2%	8%	2%	19%

5.2.3 Personal involvement in care

Table 81 shows agreement with statements related to clients' personal involvement in care.

- Around half of service providers agree that s*ervice providers are able to explain the reasons for the practices they recommend* or *people receiving services and supports are able to set their own treatment goals* are very similar. For each, 8% strongly agree. Fewer disagree with each statement, as fewer than 2 in 10 disagree, with only 4% strongly disagreeing with each.
- About 1 in 4 providers agree *people are able to choose from a range of approaches to help address their issues* or *services and supports are able to adapt to the changing needs and preferences of people seeking help*. In each case, 2% of providers strongly agree. For each, about half disagree, including 15% who strongly disagree that *people are able to choose from a range of approaches* and 10% who strongly disagree that *services and supports are able to adapt to changing needs and preferences*.

Table 81: Perspective on the mental health and addictions system — Personal involvement in care
Based on how things usually are in Saskatchewan, please select the response that best indicates your own level of agreement with the following statements.

	Service providers are able to explain the reasons for the practices they recommend (n = 1041)	People receiving services and supports are able to set their own treatment goals (n = 1041)	People are able to choose from a range of approaches to help address their issues (n = 1043)	Services and supports are able to adapt to the changing needs and preferences of people seeking help (n = 1044)
Strongly agree	8%	8%	2%	1%
Agree	43%	38%	23%	23%
Neutral	23%	26%	18%	22%
Disagree	15%	14%	39%	38%
Strongly disagree	4%	4%	15%	10%
Don't know	9%	11%	3%	6%

5.2.4 Comprehensiveness of services and support

Service providers' responses show a similar level of agreement for the comprehensiveness of mental health and addictions services and support for *the diverse needs of people experiencing issues, those not yet experiencing issues,* and *those affected by others' issue.*

In each case, about 2 in 10 providers agree with each statement, although only 2% strongly agree with each. On the other side, about 6 in 10 disagree, including almost 1 in 4 who strongly disagree with each statement.

Table 82: Perspective on the mental health and addictions system — Comprehensiveness
Based on how things usually are in Saskatchewan, please select the response that best indicates your own level of agreement with the following statements.

	There is a comprehensive set of services and supports to meet the diverse needs of people experiencing issues (n = 1040)	There is a comprehensive set of services and supports to meet needs of people at risk, even if they have not experienced issues (n = 1044)	There is a comprehensive set of services and supports to meet the diverse needs of people who are affected by someone else's issues (n = 1042)
Strongly agree	2%	2%	2%
Agree	20%	18%	13%
Neutral	15%	14%	16%
Disagree	39%	41%	42%
Strongly disagree	23%	22%	23%
Don't know	1%	3%	4%

5.2.5 Continuum of care

Table 83 shows service providers' ratings of statements related to the continuum of client care.

- About 4 in 10 agree that *service providers along the continuum of care are well informed about other services and supports offered in the region*, including 5% who strongly agree. However, just as many disagree with this statement, including 8% who strongly disagree.
- About 3 in 10 agree that s*ervice providers from different agencies or programs along the continuum of care work well together to help people access services at any given point in time*, including 3% who strongly agree. Almost half of respondents disagree, including 10% who strongly disagree.
- About 1 in 4 agree that s*ervice providers from different agencies or programs along the continuum of care work well together to support clients as they transition from one agency/program's services to another to help address changing needs*, including 2% who strongly agree. Almost half disagree, including 10% who strongly disagree.
- Less than 1 in 10 respondents agree that *the continuum of available services and supports is able to meet the level of demand*, with less than 1% strongly agreeing. Almost 9 in 10 disagree, including 48% who strongly disagree, indicating a strong sentiment that the demand for services well outweighs the current ability to provide support.

Table 83: Perspective on the mental health and addictions system — Continuum of care
Based on how things usually are in Saskatchewan, please select the response that best indicates your own level of agreement with the following statements.

	Service providers are well informed about other services and supports offered in the region (n = 1046)	Service providers from different agencies or programs work well together to help people access services at any given point in time (n = 1044)	Service providers from different agencies or programs work well together to support clients as they transition services to help address changing needs (n = 1044)	The continuum of available services and supports is able to meet the level of demand (n = 1044)
Strongly agree	5%	3%	2%	<1%
Agree	34%	29%	22%	5%
Neutral	20%	22%	24%	8%
Disagree	30%	35%	36%	37%
Strongly disagree	8%	10%	10%	48%
Don't know	3%	2%	6%	1%

5.2.6 Ongoing support

Regarding service providers' perspectives on ongoing support, Table 84 shows that less than 1 in 10 agree that *people with mental health or addictions issues have the community-based supports they need after being discharged from an intensive treatment centre* or *people with mental health or addictions issues have the supports and services they need to have basic life needs met* (including housing, employment, etc.). In each instance, only 1% strongly agree.

On the other hand, 3 in 4 service providers disagree with each statement, including 38% who strongly disagree that *community-based supports* are available and 41% who strongly disagree that *supports and services for basic life needs* are available.

Table 84: Perspective on the mental health and addictions system — Ongoing support
Based on how things usually are in Saskatchewan, please select the response that best indicates your own level of agreement with the following statements.

	People have the community-based supports they need after being discharged from an intensive treatment centre (n = 1043)	People have the supports and services they need to have basic life needs met (n = 1041)
Strongly agree	1%	1%
Agree	8%	7%
Neutral	11%	11%
Disagree	37%	34%
Strongly disagree	38%	41%
Don't know	5%	5%

5.3 Recommendations for improvement

In this section, we report on service providers' recommendations for improvement to the mental health and addictions system.

5.3.1 Gaps

Service providers were asked what they thought were some of the significant gaps in service for people with mental health and addictions issues. Three key themes are evident:

- **Availability of care.** A range of access to and availability of care gaps are identified by service providers, including *wait times* (31%), *lack of community supports* (23%), *services for children and youth* (20%), *lack of preventative programming* (19%), and *lack of staff* (19%).
- **Quality of care.** Service providers also identify gaps in the care that is provided, including *lack of continuity of care* (26%), *lack of integration between service providers* (23%), and *lack of flexible care for complex needs* (19%).
- **Other supports.** Additional supports are also viewed as service gaps for people with mental health and addictions issues, including *housing* (26%) and *affordable services* (16%).

See Table 85 for full results.

Table 85: Service gaps
What are some significant gaps in service for people with mental health and addictions issues?

	Providers (n = 988)
Wait times	31%
Housing	26%
Lack of continuity of care	26%
Lack of community supports	23%
Lack of integration between service providers	23%
Services for children and youth	20%
Lack of preventative programming	19%
Lack of flexible care for complex needs	19%
Lack of staff (general)	18%
Affordable services	16%
Access to mental health professionals	14%
Access to crisis care	14%
Services for remote communities	14%
Access to psychologists/psychiatrists	12%
Lack of family support	10%
Lack of financial support	10%
Mental health and addiction stigma	6%
Lack of culturally-sensitive care	6%
Lack of life skill support	5%
Addressing issues such as crime	4%
Confidentiality issues	3%
Services for elderly	2%
Services for people with disabilities	2%
Services for vulnerable populations	2%
Lack of early intervention and diagnosis	2%
Heavy reliance on medication	1%
Other	2%
None	<1%
Don't know	10%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides service providers' comments on their experiences with service gaps.

Service providers' comments on service gaps

- *Lack of available professionals and access to their services.*
- *Mental health support in schools is inadequate for the number of cases we deal with and the severity of some of those cases.*
- *There is a lack of services readily available for school-aged children, particularly where mental health is concerned. Children need services provided in the home or in school on a regular basis.*
- *Supported housing for individuals with mental health and cognitive disabilities. Supported employment for those same individuals.*
- *I believe our services related to addiction are adequate. Services for people with mental health issues are practically nonexistent; housing, long waiting lists, lack of follow-up are just a few of the issues around our mental health services.*
- *Scant resources, lack of staff, poor communication between the agencies that do exist, combined with geographical and transportation challenges leave rural residents far behind their urban counterparts when it comes to accessing and receiving services.*
- *Wait times for counselling are too long, often if you live in a smaller centre then treatments and services take longer to access. There is a real gap for those whom are dual diagnosed... people with disabilities and mental health concerns are often not properly assessed or treated, and there are no professionals properly trained to deal with dual diagnosis clients.*
- *Timely access to services is limited. There is little available to assist in transitioning care so case loads are high. A team approach to care is needed but not available.*
- *The long wait times for addictions counsellors and in-patient treatment is a significant gap.*
- *There is still a lot of stigma. Maybe there could be more education in schools and work places regarding mental health and addiction issues.*
- *There is no local access to psychiatrists; there are no assessments available for cognitively challenged individuals and no supports or programs for adults with intellectual disabilities. There are no day programs or supports for individuals affected by mental health challenges. There is limited health care staff trained in working with mental health clients. I believe the most problematic issue is there are no supported living environments that would provide a stable place for people that are cognitively impaired, have mental health limitations, or are recovering addicts/alcoholics.*
- *Services for transition into the community with the first need being housing followed closely by life skill training, education, and assistance in acquiring employment opportunities.*
- *Education and awareness of mental health issues both in the community and with the health service providers. Lack of support services, other than our few mental health professionals, within the community. Need for training for other service providers (i.e.. nursing, doctors, therapies) in how to best support and serve mental health and addiction clients.*
- *There is a significant lack of mental health providers in the rural areas — this results in significant wait lists.*
- *Communication about what services are available to both the general public and other agencies, non-profits, counsellors, etc. working with individuals and the availability of access to these services without a long wait list.*
- *If a person is having a mental health crisis often times there is not support available right when they need it. They need to call the intake services number first, and the line may not be available if it is after hours. People have to wait months to have an appointment with a psychiatrist or counsellor when they need help right at that moment. In my experience, people are often not explained all of the options they have in treating their mental illness.*

5.3.2 Coordination of care

When asked about how to improve the coordination of care for people with mental health and addictions issues, about 1 in 3 suggest *improved communication between service providers* (35%), and, related, 8% suggest improved *continuity of care*. *Increased resources* (18%) and *increased access to services* (11%) are also commonly mentioned. See Table 86 for full results.

Table 86: Coordination of care
How could we improve the coordination of care for people with mental health and addictions issues?

	Providers (n = 1004)
Improved communication between service providers	35%
Increased resources	18%
Access to services	11%
Continuity of care	8%
Involve schools	6%
Increased community-based care	5%
Education for service providers	5%
Address housing needs	4%
Public education	3%
Increased crisis services	3%
Improved rural care	3%
Involve individual in care	2%
Involve family/caregiver	2%
System overhaul is needed	2%
Heavy reliance on medication	1%
Coordination is improving	1%
Financial assistance	1%
Improved cultural sensitivity	1%
Other	6%
Don't know/no suggestions	22%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides service providers' suggestions for how to improve the coordination of care.

Service providers' comments on improving coordination of care

- *Strategies and supports shared with all agencies that deal with a family/child.*
- *Improve partnerships with community organizations, more flexibility in approaches, more open lines of communication.*
- *There needs to be better communication. There needs to be a group of people who are mutually involved in these peoples' lives and there needs to be constant communication regarding the progress of the individual.*
- *More people working holistically with people who need help, including support services and after care for people with mental health/addictions.*
- *Need to include everyone at the table with the person struggling with issues to ensure that all aspects of their life are being taken care of not just the mental health or addiction issues.*
- *The continuum needs to work together and reduce the barriers from transitioning from one service to another, I think by having the right services for the person (rather than a one size fits all) will assist in this.*
- *Streamline the process so one does not feel like they are getting the run around.*
- *With enough resources and time to communicate, coordination would be improved. Right now, services providers are understaffed and overloaded.*
- *Smaller caseloads and less paperwork would allow staff more time to correspond with each other for the purposes of truly collaborative care rather than in name only.*
- *Improve availability of resources and increase number of health care workers across the continuum of care.*
- *Public information and education of services.*
- *Let them have offices where it makes sense... in the schools. Many of the students at my school have addiction issues and are involved with Child and Youth. If these people had offices in the school, even once a week... If the services that people need were much more accessible to them maybe things would not take so long. I can't tell you how wonderful it is to have access to an Addictions Counsellor once a week and a police officer from RPS almost every day.*
- *Broader scope of services in smaller communities, a network to connect related agencies and supports, less wait times and red tape.*

5.3.3 Prevention

Education is identified by service providers most commonly as a recommendation to promote prevention, wellness, and early intervention, including *education for youth* (24%), *education for the public* (13%), and *education in general* (6%). Other common mentions include *improved access to services* (12%) and *reducing the stigma related to seeking help* (9%). This latter point is often associated with education — that is, many providers say that reducing the stigma associated with mental health and addictions issues is part of any education, regardless of the target audience.

Table 87: Promoting prevention
What recommendations would you give to promote prevention, wellness, and early intervention?

	Providers (n = 976)
Education for youth	24%
Education for the public	13%
Improved access to services	12%
Reduce stigma related to seeking help	9%
Education in general	6%
Trained health care workers in schools	6%
Improved training and education for health workers	5%
Education on resources available	4%
Supports for families dealing with issues	4%
Healthy living and physical activity programs	4%
Improved coordination of care across systems	4%
Provide supports to low income and vulnerable populations	4%
Workplace supports	3%
Prenatal and parenting classes	3%
Education on mental health/addictions for non-health workers	3%
Early diagnoses and treatment	2%
More community-based services	2%
Increased funding	1%
Improved access to information	1%
Provide more services for youth	1%
Implement other non-traditional treatments	1%
Resources in other languages	<1%
Stricter laws/enforcement	<1%
Other	15%
No recommendations	13%
Don't know	12%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below presents service providers' comments on promoting prevention.

Service providers' comments on promoting prevention
- *Provide more education and then actually come through with some resources for people who come forward with concerns.*
- *More education out in the community through parent groups at schools, community based organizations, etc. Providing parents and individuals with concrete and useable information and education in all these areas.*
- *If mental health education were given as much emphasis as physical health education in the school system from primary years and up I think we could reduce stigma greatly. When we talk about things in an accepting manner, we normalize otherwise taboo topics.*
- *There should be more Mental Health awareness done in the community. Presentations to community groups or in schools could be provided.*
- *Just as we screen for breast cancer and cervical cancer, patients could be sent information on mental and addiction problems on an annual basis to educate and remind what services are available.*
- *Community presentations and groups about different mental health conditions and addictions.*
- *More resources to support diagnostics and early identification of risk for major mental illness.*
- *Make significant investments now in putting together a comprehensive mental wellness and intervention strategy that includes all stakeholders and ensure there are sufficient people to carry it out.*
- *More doctors, so people have an opportunity to talk with their doctors, take time to get more information, without doctors being so rushed to go from patient to patient.*
- *More funding into Health Promotion. Whether it be to help to improve campaigns for policy change or other ideas, more money should be invested into preventative versus acute measures.*
- *More incentives to hire qualified workers to rural areas in order to prevent caseloads which demand reactive measures and give time to preventative programming.*
- *I would recommend increasing the number of addictions counsellors at the community level to address the population growth we are experiencing in our communities. They are typically the initial contact for many individuals who are struggling with mental health and/or addictions.*
- *Promote and support partnerships with schools, corrections, aboriginal organizations, cultural groups, primary health, etc. This requires funded positions within mental health and addictions.*

5.3.4 Supports and resources available

When asked to identify *supports or resources that are most beneficial for the service provider in assisting people with mental health or addiction issues*, providers have many. These suggestions fall into three broad categories.

- **Access.** Access to services is commonly mentioned, with service providers mentioning resources such as *increased number of service providers* (13%), *more funding and support for non-health services* (9%), *decreased wait times* (9%), *specific services needed in the community* (9%), and *access to resources* (6%).
- **Coordination of care.** Service providers also mention that better coordination of care would be beneficial to helping assist clients citing resources such as a *centralized system to find resources* (10%) and *more collaboration among service providers* (8%).
- **Training.** About 16% of respondents mention *better trained service providers* as a resource that would help them assist people with mental health or addictions issues.

Table 88: Supports and resources available
As a professional, what supports or resources would be most beneficial to help you assist people with mental health or addictions issues?

	Providers (n = 994)
Better trained service providers	16%
Increased number of service providers	13%
Centralized system to finding resources	10%
More support and funding for non-health services	9%
Decreased wait times	9%
Specific services needed in community	9%
Improving care in schools	8%
More collaboration among service providers	8%
Access to resources	6%
Increase support groups	4%
More funding	4%
Make services available at all times	3%
Transition services	3%
More print materials and resources	3%
More concurrent care with mental health and addictions	3%
Focus on prevention	3%
More intersectoral consultations	3%
More efficient intake process	3%
More cultural-specific services	2%
More resources for remote communities	2%
Decreases in case loads for service providers	2%
More client outreach	2%
Guidelines for consistent care	2%
Funding for paid health services	2%
More resources (general)	2%
Supports for youth and children	2%
Increase in detox centres/beds	2%
Increased sensitivity for service providers	1%
Harm reduction (such as safe injection sites)	1%
Changes in government	1%
Involve clients	<1%
Diverse service options	<1%
Other	8%
No suggestions	9%
Don't know	7%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below presents service providers' comments on the available supports and resources.

Service providers' comments on supports and resources
- *Knowing exactly how to help students when they have problems. Being knowledgeable about services and workers in our community who can immediately help with any issues.*
- *A mental health/addictions expert speaking to my students about addictions and mental illness.*
- *Strengthened community-based support and after-care that is accessible and fits the needs of the client.*
- *More drop-in programs and more assistance for people to make it to appointments when they are incapable of making decisions and making it to appointments.*
- *Easier access to mental health professionals for advice.*
- *Increased access to and collaboration with mental health professionals outside of "regular business hours."*
- *Availability of appropriate support services (e.g., housing, finance, employment, mentors/service providers), and providing a sense of community to isolated individuals.*
- *Appropriate housing for clients with high needs.*
- *My region is continually striving to meet our needs but budget and distance to resources are barriers in meeting some of those needs.*
- *In our health region, resources are limited and there are long wait lists. As a result, individuals "fall through the cracks."*
- *A true continuum of care. Seamless movement between detox to treatment in an immediate fashion.*
- *The most beneficial thing would be an increase in personnel to do the work we do. We are always understaffed, and our wait lists grow. We have arrived at a place where suicidality is no longer sufficient to provide urgent service. That is unacceptable!*
- *Increased staffing so access to services is more efficient. It is frustrating to assess clients and to pinpoint their needs but to be blocked by long wait lists.*
- *Better access to resources and support in and out of the hospital.*
- *A resource directory for the service providers in each of the health regions providing Mental Health and Addictions Services.*
- *One stop website to explain services to clients so that they are more able to navigate the system on their own.*
- *Education for the service providers. Also being well staffed and being able to offer "walk-in services."*
- *More up to date pamphlets on addictions and mental health issues and videos.*
- *Better communications between services.*
- *More prevention planning for people. Information sharing on new programs, easier access to clients, especially those coming from social services.*
- *More time for intensive treatment facilities, and more time for after care support.*
- *Having enough beds and frontline workers is the most important. Adequate staffing prevents burnout and allows one to spend more individual time with clients which results in better care.*

6.0 Concerned citizens

In this section, we report on the findings from concerned citizens.

6.1 Gaps

Concerned citizens were asked what they thought were some of the significant gaps in service for people with mental health and addictions issues. Four key themes are evident:

- **Availability of care.** A range of access to and availability of care gaps are identified by concerned citizens. These include issues such as *wait times* (19%), *access to crisis care* (15%), *lack of preventative programming* (12%), *access to mental health professionals* (9%), *lack of staff* (9%), *services for children and youth* (7%), and *services for remote communities* (7%).
- **Quality of care.** Concerned citizens also identify gaps in the care that is provided, including *lack of continuity of care* (8%), *lack of care for complex needs* (5%), and *lack of integration between service providers* (3%).
- **Other supports.** Additional supports are also viewed as service gaps for people with mental health and addictions issues, most often *housing* (8%) and *financial support* (2%).
- **Mental health and stigma.** About 11% of concerned citizens identified the *stigma* surrounding mental health and addictions issues as a gap in services.

See Table 89 for full results.

Table 89: Service gaps
What are some significant gaps in service for people with mental health and addictions issues?

	Concerned citizens (n = 166)
Wait times	19%
Access to crisis care	15%
Lack of preventative programming	12%
Affordable services	11%
Mental health and addiction stigma	11%
Access to mental health professionals	9%
Lack of staff (general)	9%
Housing	8%
Lack of continuity of care	8%
Services for children and youth	7%
Services for remote communities	7%
Access to psychiatrists/psychologists	5%
Lack of family support	5%
Lack of flexible care for complex needs	5%
Lack of early intervention and diagnosis	5%
Lack of community supports	4%
Lack of integration between service providers	3%
Lack of financial support	2%
Lack of culturally-sensitive care	2%
Lack of life skill support	2%
Heavy reliance on medication	2%
Services for elderly individuals	1%
Confidentiality issues	1%
Addressing issues as crime	1%
Other	3%
Don't know	19%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides concerned citizens' comments on service gaps.

Concerned citizens' comments on service gaps

- *I think that obtaining a psychiatrist or psychologist through the public health system is very difficult. Most people don't get help because they can't afford private care and there isn't enough information available for people to know where to get help.*
- *No services for youths and teens! No support for parents with youth or teens experiencing mental health and addictions issues. There is no out-patient counselling for teens or parents currently in our community! There is a high need for parent support of kids doing drugs!*
- *They seem to live in conditions that are less than ideal, or on the street.*
- *Consistent access to the right service at the right time.*
- *Long wait times and long time between appointments, services are not accessible, and lack of support with family members.*
- *There are so many stigmas attached to mental health issues that people don't want to seek help from professionals. They are afraid they will be labelled as "crazy."*
- *In general, I think people don't really know who to call if they have an issue, or also whether what they are experiencing really qualifies as an issue.*
- *There are gaps for early identification from clinicians as well as early interventions. There needs to be more emphasis on upstream intervention.*

6.2 Coordination of care

When asked about how to improve the coordination of care for people with mental health and addictions issues, the theme of *communication among providers* (16%) is most often mentioned. However, many of the suggestions simply relate to access and quality of service issues (e.g., *access to services* mentioned by 15% and *increased resources* by 7%), indicating that for many concerned citizens, issues related to coordination of care rely most heavily on the ability to access care.

See Table 90 for full results.

Table 90: Coordination of care
How could we improve the coordination of care for people with mental health and addictions issues?

	Concerned citizens (n = 164)
Improved communication between health care providers	16%
Access to services	15%
Increased resources	7%
Public education	7%
System overhaul is needed	6%
Continuity of care	4%
Increased involvement and support for family or caregiver	4%
Increased community-based care	4%
Increased crisis services	4%
Education for service providers	4%
Involve patient	3%
Housing	2%
Improved rural care	2%
Involve schools	2%
Coordination is good or is improving	1%
Financial assistance	1%
Improve cultural sensitivity	1%
Other	6%
No suggestions	13%
Don't know	16%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides citizens' comments on improving coordination of care.

Concerned citizens' comments on improving coordination of care
- *Make sure that both of the issues are dealt with — the mental health and the addiction. From my understanding, often they are linked.*
- *Earlier treatment, with consistent follow-up for patient and families. Also recognizing there is no cure, only good management.*
- *Provide a safe comfortable place for those in need to engage in programming, have a proper meal, gather, create art, watch movies, participate in life skills and job training.*
- *Develop more accessible pathways for consultation and treatment at the front end.*
- *Increased efforts to eliminate stigma attached to mental illness and addictions. Also greater funding priority for services.*
- *Develop a long-term strategy that looks at the complexity of issues and various populations. Involve the community in developing solutions and provide resources — a whole lot of money is probably not needed but consistent in kind support and leadership from health professionals in the long run is very important*
- *Ensure that people living away from larger centres have equal opportunities to get timely help.*

6.3 Prevention

Education is identified by concerned citizens most commonly as a recommendation to promote prevention, wellness, and early intervention, including *education for youth* (21%) and *education for the public* (19%). Again, the issue of *reducing the stigma related to seeking help* (12%) is often closely associated with mentions of education.

Similar to coordination of care, prevention and early intervention are also associated with being able to *access services* when needed (12%).

Table 91: Promoting prevention
What recommendations would you give to promote prevention, wellness, and early intervention?

	Concerned citizens (n = 159)
Education for youth	21%
Education for the public	19%
Reduced stigma related to seeking help	12%
Improved access to services	12%
Education (general)	6%
More community-based services	6%
Healthy living and physical activity programs	5%
Education on resources available	4%
Trained health care workers in schools	3%
Workplace supports	3%
Early diagnoses and treatment	3%
Supports for families dealing with issues	3%
Improved training and education for health workers	3%
Prenatal and parenting classes	2%
Provide supports to low income and vulnerable populations	2%
Stricter laws/enforcement	1%
Improved coordination of care across systems	1%
Provide more services for youth	1%
Other	15%
No recommendations	10%
Don't know	17%

Note: Respondents could give more than one answer; therefore, columns will sum to more than 100%.

The box below provides citizens' comments on promoting prevention.

Concerned citizens' comments on promoting prevention
- *Education, so early diagnosis and treatment can happen.* - *Specific curriculum in schools that address mental health concerns.* - *A constant reminder that mental illness is a serious issue that is an illness that just like the cold needs to be recognized at an early stage to help with negative progression. Promotion needs to stress that you HAVE to talk to someone and that people will mental illness are not alone!* - *Promote these issues actively through advertising, in the educating system, through employer and employee groups, and society in general.* - *All health districts working together to promote services available throughout the region.* - *More resources. I have heard quite a few stories, anecdotally, of people being referred for help — and having to wait an inordinate amount of time for that help.*

7.0 Vision and priorities

At the end of the questionnaire, all respondents were asked two sets of questions: the first related to services that need the most improvement, and the second about which services are of the highest priority to improve.

7.1 Areas requiring improvement

All respondents were asked to rate how much improvement is needed for each of 13 different aspects related to services for mental health and addictions. Respondents rated each aspect on a scale from 1 (lots of improvement needed) to 5 (little improvement needed). Table 92 shows the average rating and proportion who said the aspect required lots of improvement for each aspect.

- The aspect respondents feel needs the most improvement is ensuring *the system has enough capacity*, with an average rating of 1.7 out of 5. In fact, more than half (54%) of respondents said this aspect needed lots of improvement and is the only aspect where a majority indicate needing lots of improvement.
- Three aspects receive similar ratings and might be considered a set of secondary improvements (relative to ensuring *the system has enough capacity*). These include ensuring *there are opportunities for early intervention to prevent situations from getting worse* (1.9 out of 5, 44% lots of improvement), *access is timely* (2.0, 46%), and *there are opportunities for prevention for at-risk individuals* (2.0, 39%).
- Three aspects hang together as being those in need of less improvement, all of which are related to the care people receive once in the system. These include ensuring *services are client-centred* (2.8, 19%), ensuring *services are high quality* (2.9, 17%), and *clients are involved in decision making* (2.9, 15%).

Table 92: Areas requiring improvement – Average rating and percent indicating lots of improvement
Below are some statements describing a vision for mental health and addictions services and supports in Saskatchewan. If you think of our services at the present time, how close are we to meeting this vision? Please rate each statement on a scale of 1 to 5, where 5 means that little improvement is needed and 1 means that lots of improvement is needed.

	All respondents (n = 1982 to 2812)	
	Average rating (out of 5)	% indicating lots of improvement
The system has enough capacity	1.66	54%
There are opportunities for early intervention to prevent situations from getting worse	1.91	44%
Access is timely	1.96	46%
There are opportunities for prevention for at-risk individuals	2.00	39%
Services are well-coordinated	2.21	33%
Services are in the right place for accessibility	2.45	27%
Clients can choose programs and services that fit their cultural, language, and other preferences	2.54	19%
Service quality is consistent	2.54	23%
Family members are appropriately involved in decision making	2.65	20%
Services are equitable	2.71	24%
Services are client-centred	2.77	19%
Services are of high quality	2.85	17%
Clients are involved in decision making	2.91	15%

Examining the average improvement rating by respondent type reveals the following:

- Across all respondent types, ensuring *the system has enough capacity* receives the lowest average rating, indicating the most need for improvement. For all respondent types, it ranks well ahead of the aspect with the second lowest average rating. For example, for providers, ensuring *the system has enough capacity* has an average rating of 1.58 compared to the second lowest rated aspect, which is ensuring *access is timely* and receives an average rating of 1.87.
- For client and family groups, *opportunities for early intervention to prevent situations from getting worse* are ranked second, whereas, providers and concerned citizens both rank ensuring *access is timely* as second.
- Improvements noted by families and friends tend to differ from other groups on two aspects, they put more emphasis on ensuring *family members are appropriately involved in decision making* than other groups and less emphasis on ensuring *clients can choose programs and services that fit their cultural, language, and other preferences*.

Table 93: Areas requiring improvement – Average rating by respondent type
Below are some statements describing a vision for mental health and addictions services and supports in Saskatchewan. If you think of our services at the present time, how close are we to meeting this vision? Please rate each statement on a scale of 1 to 5, where 5 means that little improvement is needed and 1 means that lots of improvement is needed.

	Average rating (out of 5)					
	Mental health clients	Addictions clients	Mental health family	Addictions family	Providers	Concerned citizens
The system has enough capacity	1.88	1.91	1.44	1.63	1.58	1.50
There are opportunities for early intervention to prevent situations from getting worse	2.04	2.13	1.62	1.77	1.93	1.75
There are opportunities for prevention for at-risk individuals	2.20	2.30	1.70	1.85	1.97	1.83
Access is timely	2.21	2.23	1.79	1.82	1.87	1.58
Services are well-coordinated	2.46	2.63	1.93	2.05	2.15	1.91
Service quality is consistent	2.72	2.66	2.30	2.37	2.54	2.19
Services are in the right place for accessibility	2.78	2.80	2.35	2.25	2.26	1.94
Services are equitable	2.89	2.93	2.67	2.69	2.62	2.20
Clients can choose programs and services that fit their cultural, language, and other preferences	2.92	2.75	2.64	2.71	2.27	2.08
Services are client-centred	2.92	2.93	2.47	2.57	2.85	2.26
Services are of high quality	2.93	2.83	2.55	2.59	2.99	2.52
Clients are involved in decision making	3.01	2.90	2.69	2.76	3.00	2.37
Family members are appropriately involved in decision making	3.02	2.91	2.27	2.24	2.66	2.26

Note: Respondents types are not mutually exclusive; respondents may be included in more than one group.

7.2 Top priorities

Respondents were asked to rank their top three priorities among 13 listed, with the option of adding additional opportunities. Examining results in Table 94 shows rankings similar to those shown in Table 92, with a few exceptions.

- *Improving the timeliness of access to services* received the most overall mentions (49%), as well as being selected as the top priority most often (30%, at least double the next most selected option). *Improving the capacity of the system* (mentioned by 39% among all priorities, and 15% who selected a first priority) often goes hand-in-hand with *improving timeliness*, as in order for services to be available in a timely manner, there needs to be improved capacity to take on clients.

- *Increasing the opportunities for early intervention* (39% among all three priorities, 11% mention as top priority) is selected fairly often and was also highly rated as an area for improvement.

- A group of four aspects are selected by 21% to 25% of respondents among their top three priorities. Of interest is *making sure services are of high quality*, as this was rated as one of the lower priorities. This seems to indicate that the quality of service is important to focus on; however, the lower improvement ratings seem to indicate that respondents believe the system may already provide fairly high quality service.

Table 94: Top priorities
What would be your top priority for improvement to mental health and addictions services?

	All respondents (n = 2,997)			
	Total mentions	Top priority	Second priority	Third priority
Improving the timeliness of access to services	49%	30%	13%	7%
Improving the capacity of the system	39%	15%	15%	10%
Increasing opportunities for early intervention	39%	11%	12%	17%
Improving the coordination of services	25%	5%	9%	12%
Making sure that services are of high quality	25%	8%	9%	8%
Increasing opportunities for prevention for at-risk individuals	24%	6%	9%	10%
Improving access by making sure that services are in the right place	21%	7%	8%	6%
Making sure that services are client-centred	16%	4%	6%	6%
Making sure that services are equitable	12%	4%	4%	5%
Making sure that family members are appropriately involved in decision making	12%	2%	4%	7%
Making sure that the quality of service is consistent	11%	2%	5%	5%
Making sure that clients are involved in decision making	9%	2%	4%	3%
Making sure that clients can choose programs and services that fit preferences	8%	2%	2%	4%
Making services more affordable	<1%	<1%	-	<1%
Educating staff	<1%	<1%	<1%	-
Fulfilling personal needs	<1%	<1%	<1%	-
Educating the public	<1%	<1%	<1%	-
Providing long-term care options	<1%	<1%	-	-
Other	3%	2%	1%	1%

Note: Total mentions is a multiple response category and column will sum to more than 100%.

Table 95 shows the number of total mentions for each priority area (i.e., top, second, or third priority).

- *Improving the timeliness of access to services* is the most selected priority for each respondent type, with the exception of concerned citizens. For concerned citizens, several priorities are selected almost equally, including *improving the timeliness*. This seems to indicate that those without much experience with the mental health and addictions system do not see one priority area taking precedence over the others, as it is with other groups.

- Families put more priority on *making sure that family members are appropriately involved in decision making* than other respondent types. For both mental health and addictions family respondents, 1 in 4 choose this area as being one off their top three priorities. For other groups, it is selected by fewer than 10%.

Table 95: Total mentions of priorities by respondent type
What would be your top priority for improvement to mental health and addictions services?

	Total mentions					
	Mental health clients (n = 966)	Addictions clients (n = 221)	Mental health family (n = 616)	Addictions family (n = 298)	Providers (n = 1047)	Concerned citizens (n = 168)
Improving the timeliness of access to services	53%	50%	49%	47%	49%	36%
Increasing opportunities for early intervention to prevent situations from getting worse	40%	39%	46%	43%	35%	36%
Improving the capacity of the system	37%	37%	38%	33%	42%	38%
Making sure that services are of high quality	27%	27%	26%	26%	20%	29%
Increasing opportunities for prevention for at-risk individuals	21%	25%	22%	25%	26%	21%
Improving the coordination of services	21%	17%	24%	22%	31%	25%
Improving access by making sure that services are in the right place	21%	18%	15%	16%	22%	34%
Making sure that services are client-centred	16%	14%	14%	16%	17%	18%
Making sure that services are equitable	14%	16%	8%	10%	11%	16%
Making sure that the quality of service is consistent	13%	14%	9%	11%	11%	10%
Making sure that clients are involved in decision making	11%	9%	7%	6%	7%	10%
Making sure that clients can choose programs and services that fit their preferences	8%	8%	5%	6%	10%	10%
Making sure that family members are appropriately involved in decision making	6%	7%	26%	25%	9%	9%
Educating staff	1%	3%	<1%			
Educating the public	1%	1%	<1%	1%	<1%	
Making services more affordable	<1%	<1%			<1%	
Fulfilling personal needs	<1%		<1%		1%	
Providing long-term care options			<1%	1%	<1%	
Other	3%	5%	4%	4%	3%	1%

Note: Respondents types are not mutually exclusive; respondents may be included in more than one group.

8.0 Analysis by key groups

This section examines differences between key groups, primarily comparing differences for vision and priority questions. Due to small sample sizes, analysis of questions by subgroups within respondent type (e.g., within questions asked only of addictions clients) is often not appropriate, given the size of subsamples.

8.1 Aboriginal respondents

8.1.1 Areas for improvement

Table 96 shows the average rating for areas of improvement by whether respondents self-identified as Aboriginal. Results show that the top four areas for improvement are the same regardless of ethnicity, although non-Aboriginal respondents tend to rate these as requiring more improvement than Aboriginal respondents based on the lower average rating for each. In fact, in most instance non-Aboriginals tend to provide lower average ratings (indicating a greater need for improvement for most aspects).

With that being said, there is one area where Aboriginal respondents provide an average rating that is at least .2 lower than non-Aboriginal respondents. Aboriginal respondents rate *clients can choose programs and services that fit their cultural, language, and other preferences* as 2.4 out of 5 compared to 2.6 out of 5 for non-Aboriginal respondents. Among Aboriginal respondents it ranks 5th out of the 13 areas for improvement, whereas for non-Aboriginal respondents it ranks 8th.

Table 96: Areas requiring improvement – Average rating by Aboriginal or non-Aboriginal
Below are some statements describing a vision for mental health and addictions services and supports in Saskatchewan. If you think of our services at the present time, how close are we to meeting this vision? Please rate each statement on a scale of 1 to 5, where 5 means that little improvement is needed and 1 means that lots of improvement is needed.

	Average rating (out of 5)	
	Aboriginal (n = 202–235)	**Non-Aboriginal (n = 1752–2552)**
The system has enough capacity	1.87	1.65
Access is timely	1.99	1.96
There are opportunities for early intervention to prevent situations from getting worse	2.10	1.89
There are opportunities for prevention for at-risk individuals	2.22	1.98
Clients can choose programs and services that fit their cultural, language, and other preferences	2.38	2.56
Services are in the right place for accessibility	2.44	2.45
Services are well-coordinated	2.46	2.19
Services are equitable	2.56	2.73
Family members are appropriately involved in decision making	2.58	2.66
Service quality is consistent	2.62	2.53
Services are client-centred	2.73	2.78
Services are of high quality	2.75	2.86
Clients are involved in decision making	2.84	2.92

8.1.2 Priority areas

Examining the priority areas identified by Aboriginal or non-Aboriginal respondents shows very similar priorities. In fact, the top three priority areas are the same for both groups. With that being said, there are three areas where there appears to be a notable difference between the groups.

- Aboriginal respondents place greater priority on *making sure that clients can choose programs and services that fit their preferences*. Among Aboriginal respondents, 17% select this as one of their top three priorities. This compares to 7% of non-Aboriginal respondents.

- On the other hand, non-Aboriginal respondents tend to place much greater priority than Aboriginal respondents on two aspects: *improving the capacity of the system* (40% versus 30%) and *improving the coordination of services* (26% versus 16%).

Table 97: Total mentions of priorities by Aboriginal or non-Aboriginal
What would be your top priority for improvement to mental health and addictions services?

	Total mentions	
	Aboriginal (n = 237)	Non-Aboriginal (n = 2724)
Improving the timeliness of access to services	45%	50%
Increasing opportunities for early intervention to prevent situations from getting worse	35%	39%
Improving the capacity of the system	30%	40%
Making sure that services are of high quality	24%	25%
Improving access by making sure that services are in the right place	24%	20%
Increasing opportunities for prevention for at-risk individuals	23%	24%
Making sure that services are client-centred	22%	16%
Making sure that clients can choose programs and services that fit their preferences	17%	7%
Improving the coordination of services	16%	26%
Making sure that services are equitable	14%	11%
Making sure that family members are appropriately involved in decision making	13%	12%
Making sure that the quality of service is consistent	13%	11%
Making sure that clients are involved in decision making	11%	8%
Educating staff	<1%	<1%
Educating the public	<1%	<1%
Making services more affordable	<1%	<1%
Fulfilling personal needs	<1%	<1%
Providing long-term care options	<1%	<1%
Other	4%	3%

Note: Respondents could choose up to three priority areas; therefore, columns will sum to more than 100%.

8.2 Health regions

To analyze areas for improvement and priority areas by health region, regions were grouped together to ensure adequate sample sizes for comparisons. Health regions were grouped as follows:

- North — Athabasca, Keewatin Yatthé, and Mamawetan Churchill River
- Prince Albert Parkland
- Central — Prairie North and Kelsey Trail
- Saskatoon
- Regina Qu'Appelle
- Southwest — Heartland, Cypress, and Five Hills
- Southeast — Sunrise and Sun Country

Even with these groups, the number of respondents for some health regions is small, and results should be interpreted cautiously.

8.2.1 Areas for improvement

Table 98 shows the average rating for areas of improvement by health regions. Although the average ratings tend to differ slightly across regions, the rank order is very similar, with a few noticeable differences that are summarized below.

- Across all health regions, respondents rate *ensuring the system has enough capacity* as the top priority area. Of interest, the two major urban health regions (Saskatoon and Regina) have lower ratings than other regions, indicating a greater need for capacity by respondents in these two health regions.
- Respondents in the Regina Qu'Appelle health region give the lowest average rating for almost all areas (only exception is *services are in the right place for accessibility*), which indicates that respondents in the health region feel the greatest need for improvements regardless of the issue.
- Respondents in the North have the lowest average rating for improving *services so they are in the right place for accessibility* with a rating of 2.2 out of 5. In fact, it ranks third by average rating in the North. All other regions rate this between 2.4 and 2.6, and have it ranked (by average rating) fifth or lower among the areas for improvement.

Table 98: Areas requiring improvement – Average rating by health regions
Below are some statements describing a vision for mental health and addictions services and supports in Saskatchewan. If you think of our services at the present time, how close are we to meeting this vision? Please rate each statement on a scale of 1 to 5, where 5 means that little improvement is needed and 1 means that lots of improvement is needed.

	Average rating (out of 5)						
	North (n = 64–72)	Prince Albert (n = 198–252)	Central (n = 203–276)	Saskatoon (n = 645–929)	Regina (n = 543–836)	Southwest (n = 206–289)	Southeast (n = 115–164)
The system has enough capacity	2.00	1.80	1.87	1.61	1.48	1.93	1.80
Access is timely	2.42	2.19	2.19	1.84	1.78	2.31	2.11
There are opportunities for early intervention to prevent situations from getting worse	2.21	2.19	2.07	1.85	1.74	2.08	1.94
There are opportunities for prevention for at-risk individuals	2.25	2.21	2.15	1.93	1.83	2.25	2.02
Clients can choose programs and services that fit their cultural, language, and other preferences	2.52	2.71	2.57	2.49	2.42	2.74	2.63
Services are in the right place for accessibility	2.24	2.50	2.36	2.46	2.43	2.57	2.48
Services are well-coordinated	2.43	2.40	2.37	2.18	2.06	2.30	2.41
Services are equitable	2.68	2.92	2.97	2.61	2.51	3.00	3.05
Family members are appropriately involved in decision making	2.71	2.62	2.73	2.66	2.57	2.71	2.82
Service quality is consistent	2.54	2.69	2.75	2.55	2.34	2.61	2.78
Services are client-centred	2.73	2.88	3.07	2.76	2.59	2.82	3.07
Services are of high quality	2.76	2.93	3.07	2.89	2.67	2.88	2.97
Clients are involved in decision making	2.95	2.89	3.23	2.91	2.75	3.02	3.21

8.2.2 Priority areas

Examining the priority areas identified in each health region group indicates similar priority areas with two exceptions.

- Respondents living in a North health region put more emphasis on *improving access by making sure services are in the right place*. In the North regions, 36% identify this as one of their top three priorities, which is the most commonly identified priority area in this region. In other regions, between 17% and 28% identify this aspect as a top three priority, and it ranks no higher than fourth in other health regions.
- The North also has the highest proportion of respondents saying that *making sure that services are of high quality* is a top three priority area (33% compared to 24% to 29% in other health regions). In North health regions, this priority area ranks second (along with two other aspects), whereas it ranks between fifth and seventh in other regions (based on proportion who rate as a top-three priority area).
- In health regions other than the North, rating of priority areas is very similar. In fact, almost all other health regions rate *improving the timeliness of access to service* as their top priority (as identified by the total proportion who select it as one of their top three priorities). The exception (other than the North) is the Southwest region, which ranks it a very close second, just behind *increasing opportunities for early intervention to prevent situations from getting worse* (just one percentage point higher than *improving the timeliness of access to service*).

See Table 99 for complete results by health region groups.

Table 99: Total mentions of priorities by health regions
What would be your top priority for improvement to mental health and addictions services?

	Average rating (out of 5)						
	North (n = 72)	Prince Albert (n = 268)	Central (n = 294)	Saskatoon (n = 996)	Regina (n = 893)	Southwest (n = 295)	Southeast (n = 168)
Improving the timeliness of access to services	28%	45%	52%	53%	51%	38%	46%
Increasing opportunities for early intervention to prevent situations from getting worse	33%	34%	43%	38%	40%	39%	42%
Improving the capacity of the system	33%	32%	33%	41%	44%	33%	32%
Making sure that services are of high quality	33%	24%	24%	24%	24%	29%	24%
Improving access by making sure that services are in the right place	36%	28%	26%	17%	17%	23%	28%
Increasing opportunities for prevention for at-risk individuals	22%	25%	26%	23%	23%	24%	24%
Making sure that services are client-centred	22%	21%	10%	16%	14%	21%	17%
Making sure that clients can choose programs and services that fit their preferences	15%	8%	7%	9%	7%	6%	10%
Improving the coordination of services	22%	27%	25%	25%	25%	29%	22%
Making sure that services are equitable	17%	10%	10%	13%	13%	8%	8%
Making sure that family members are appropriately involved in decision making	10%	14%	14%	10%	11%	19%	10%
Making sure that the quality of service is consistent	10%	13%	12%	9%	11%	14%	18%
Making sure that clients are involved in decision making	14%	11%	7%	8%	8%	9%	8%
Educating staff		<1%	<1%		<1%	1%	1%
Educating the public			1%	1%	<1%	<1%	
Making services more affordable			<1%	<1%	<1%	<1%	
Fulfilling personal needs	1%	1%	<1%	<1%	<1%	1%	
Providing long-term care options			<1%	<1%	<1%		
Other		3%	2%	4%	4%	3%	2%

8.3 Services for youth and elderly

To examine perceptions of those who received youth or elderly services, ideally it would be beneficial to examine experiences of clients in these age groups (i.e., 18 or younger or 65 and older). However, only 25 clients identified as being 18 or younger and only 46 identified as being 65 and older (and with many of those 65 and older they may have started receiving services well before they were 65 or older).

To examine services for youth and the elderly, family members and friends were used as a proxy. Among family members and friends of clients (mental health or addictions), approximately 120 individuals answered the questionnaire on behalf of a youth (i.e., under 18 years of age), while 100 answered on behalf of an older adult (i.e., 55 years of age). This section examines these two groups, along with those who answered on behalf of an adult (501 respondents) to determine if there are differences in perceptions of areas requiring improvement or what their top priorities for the system are.

8.3.1 Areas requiring improvement

Table 100 shows that regardless of the family member or friend's age, respondents who know someone with a mental health or addictions issue indicate that ensuring the *system has enough capacity* is the area requiring the most improvement.

The one area for improvement where there is a noticeable difference is that *family members are appropriately involved in decision making*. Those responding on behalf of an adult client think this needs more improvement than those responding on behalf of a youth or older adult client.

Table 100: Areas requiring improvement – Average rating by family member or friend client age
Below are some statements describing a vision for mental health and addictions services and supports in Saskatchewan. If you think of our services at the present time, how close are we to meeting this vision? Please rate each statement on a scale of 1 to 5, where 5 means that little improvement is needed and 1 means that lots of improvement is needed.

	Average rating (out of 5)		
	Youth (n = 62–115)	Adults (n = 262–449)	Older adults (n = 48–87)
The system has enough capacity	1.58	1.46	1.61
Access is timely	1.80	1.78	2.11
There are opportunities for early intervention to prevent situations from getting worse	1.76	1.63	1.89
There are opportunities for prevention for at-risk individuals	1.86	1.73	1.87
Clients can choose programs and services that fit their cultural, language, and other preferences	2.61	2.68	2.94
Services are in the right place for accessibility	2.50	2.33	2.38
Services are well-coordinated	2.18	1.91	2.08
Services are equitable	2.86	2.66	2.78
Family members are appropriately involved in decision making	2.70	2.06	2.64
Service quality is consistent	2.50	2.24	2.65
Services are client-centred	2.65	2.44	2.62
Services are of high quality	2.69	2.50	2.74
Clients are involved in decision making	2.89	2.65	2.78

8.3.2 Priority areas

In terms of priority areas, results in Table 101 show some differences by respondents who answered on behalf of a family member or friend when examining the age of the client for whom they were responding.

- Respondents answering on behalf of a youth put more emphasis on *improving the timeliness of access to services* than those answering on behalf of adults or older adults.
- Those answering on behalf of older adults put more emphasis on *improving the coordination of services* than those answering for youth or adults.
- Similar to areas for improvement (see Table 100), those responding on behalf of an adult client put more emphasis on *making sure that family members are appropriately involved in decision making* than those answering on behalf of older adults or youth.

Table 101: Total mentions of priorities by family member or friend client age
What would be your top priority for improvement to mental health and addictions services?

	Total mentions		
	Youth (n = 117)	Adults (n = 487)	Older adults (n = 94)
Improving the timeliness of access to services	59%	48%	36%
Increasing opportunities for early intervention to prevent situations from getting worse	44%	42%	50%
Making sure that services are of high quality	37%	24%	28%
Improving the capacity of the system	36%	37%	38%
Improving the coordination of services	21%	23%	31%
Increasing opportunities for prevention for at-risk individuals	19%	23%	19%
Making sure that services are client-centred	16%	16%	13%
Improving access by making sure that services are in the right place	15%	15%	21%
Making sure that family members are appropriately involved in decision making	14%	30%	22%
Making sure that the quality of service is consistent	11%	9%	11%
Making sure that services are equitable	7%	8%	10%
Making sure that clients are involved in decision making	6%	7%	5%
Making sure that clients can choose programs and services that fit their preferences	3%	6%	6%
Educating staff	1%	<1%	
Educating the public		<1%	
Fulfilling personal needs		<1%	
Other	5%	5%	1%

Appendix A – Questionnaire

Mental Health and Addictions Action Plan Online Questionnaire

Welcome to the online questionnaire about Mental Health and Addictions services in Saskatchewan. This questionnaire is part of a review of the services and supports provided to individuals and families with mental health and addictions issues. We are grateful that you are interested in sharing your experiences and opinions on how services are currently provided in Saskatchewan and how they could be improved. Your voice is an important part of the process of change.

For this questionnaire, when thinking about mental health and addictions, please use the following definitions:

- **Mental health issues —** Mental health issues include various conditions that involve impairment of an individual's thinking, feeling, or behaviour. Mental health issues can result from social, psychological, genetic, or other factors, such as infection or head trauma. Mental health issues can be long- or short-term. Examples of mental health issues include depression, anxiety, schizophrenia, post-traumatic stress disorder, and many others.

- **Addictions —** Addiction is defined as substance use and other behaviours that interfere with normal day-to-day living or that put your health at risk. This includes, for example, the misuse of prescription drugs, risky use of alcohol or illicit drugs, or problem gambling.

There are four different questionnaires. To participate, please select the group that best describes you. Selecting a group will take you to a questionnaire designed for that group. If you fit into more than one group, please choose the one that you feel most connected to. If you would like to complete the questionnaire for more than one group, you can return to www.healthysask.ca\powerful-voice and click the link to complete the survey again.

1. I have experienced mental health or addictions issues.
2. I am a family member or friend of someone with mental health or addictions issues.
3. I am a service provider who works directly in mental health or addictions, or in a related profession such as teaching, social services work, or corrections.
4. I am a concerned citizen.

[IF OPTION 1 SELECTED]
Which of the following experiences have you had? If you have experienced both mental health and addictions issues, please select both options below.

I have experienced mental health issues ❑1
I have experienced addictions issues ❑2

[IF BOTH SELECTED ABOVE] This questionnaire has separate sections on mental health services and addictions services. Please select which sections you would like to complete. If you would like to complete both sections, please click both options. Each section takes about 15 minutes to complete.

Mental health services ❑1
Addictions services ❑2

[IF OPTION 2 SELECTED]
Which of the following experiences have your family members or friends experienced?
I have family members or friends who have experienced mental health issues ❑1
I have family members or friends who have experienced addictions issues ❑2

[IF BOTH SELECTED ABOVE] This questionnaire has separate sections on mental health services and addictions services. Please select which sections you would like to complete. If you would like to complete both sections, please click both options. Each section takes about 15 minutes to complete.
Mental health services ❑1
Addictions services ❑2

PART A: BACKGROUND [Note: Everyone will complete this section]
Knowing a little bit about you will help us better analyze and understand the information we receive from this questionnaire. Please note, *this information will be kept strictly confidential and will only be reported in ways that no single individual will be identified.*
At any time in the questionnaire, if there are any questions you do not feel comfortable answering, please click the 'Next' button on the page to continue without answering.

1. I am …

Female	❑1
Male	❑2
Other	❑3

2. My age group is…

16–18	❑1
19–24	❑2
25–34	❑3
35–44	❑4
45–54	❑5
55–64	❑6
65–74	❑7
75 or older	❑8

3. I self-identify as…

Aboriginal (e.g., status, non-status, Métis, Inuit)	❑01
Arab (e.g., Saudi, Egyptian)	❑02
Black	❑03
Chinese	❑04
Filipino	❑05
Japanese	❑06
Korean	❑07
Latin American	❑08
South Asian (e.g., East Indian, Pakistani, Sri Lankan)	❑09
Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)	❑10
West Asian (e.g., Afghan, Iranian)	❑11
White/Caucasian	❑12
Other (please specify) _____	❑66

4. The first three characters of my postal code are…

RECORD: _____

5. My health region is…

[SHOW HEALTH REGION MAP]

6. I live in….

An urban setting (in a city or town)	❑1
A rural setting (within a short drive of a city or town)	❑2
A remote or isolated setting (a great distance away from the nearest city or town)	❑3

7. [IF A SERVICE PROVIDER] I work in…

An urban setting (in a city or town)	❑1
A rural setting (within a short drive of a city or town)	❑2
A remote or isolated setting (a great distance away from the nearest city or town)	❑3

8. I was…

Born in Canada	❑01
Born outside of Canada	❑02

9. [IF Q8 = BORN OUTSIDE CANADA] I moved to Canada in…

YEAR: _____

PART B1: PERSONS LIVING WITH MENTAL HEALTH ISSUES

Access to Services

1. Which of the following describes your experiences with mental health services?

I am currently receiving help ❑1

I received help in the past, but am not currently receiving help ❑2

I have not received help for my mental health issue(s) ❑0

2. [IF Q1 = 0] Have you ever tried to access help for your mental health issue(s)?

Yes ❑1
No ❑0

3. [IF Q2 = 0] Why haven't you accessed help for your mental health issue(s)?

_____

_____

_____

_____

Don't know ❑8

4. Which of the following describes your mental health issue(s)?

Mild — Does not typically affect my day-to-day living ❑1
Moderate — Has some effect on my day-to-day living ❑2
Severe — Has major effects on my day-to-day living (for example, cannot work) ❑3
Don't know ❑8

[SKIP TO Q26 IF Q2 = 1]

[SKIP TO VISION IF Q2 = 0]

5. When was the last time you received care to deal with your mental health issue(s)?

Within the last six months ❑1
Within the last year ❑2
Within the last 2 years ❑3
Within the last 5 years ❑4
More than 5 years ago ❑5

6. Have you ever been hospitalized for your mental health issue(s)?

Yes ❑1
No ❑0

7. Have you ever used an Emergency Department for your mental health issue(s)?

Yes ❑1
No ❑0

8. Have you ever used community-based mental health services? For example, you had appointments in an office, or someone saw you in your home.

Yes	❑1
No	❑0

9. [IF Q8 = 1] What types of community-based mental health services have you used? Please check all that apply.

Family physician	❑1
Psychiatrist	❑2
Counsellor (for example, nurse, psychologist, social worker)	❑3
Day program (an education and counselling program lasting a few hours every day)	❑4
Other (please specify): _____	❑66

10. How was the care that you received for your mental health issue(s) primarily paid for?

Through the publicly funded health care system – I didn't have to pay for it myself	❑1
Through a private practice professional – I paid for it myself	❑2
Through my insurance program (for example, SGI, WCB, Great West Life, etc.)	❑3
Through my workplace Employee Family Assistance Program (EFAP)	❑4
Other (please specify):_____	❑66
Don't know	❑88

Please rate the following statements about access to care for mental health issues in Saskatchewan.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
11. I knew where to go for help	❑4	❑3	❑2	❑1	❑8
12. The help I needed was close to my community	❑4	❑3	❑2	❑1	❑8
13. Care was available without long delays	❑4	❑3	❑2	❑1	❑8
14. Care was available on days and times that fit my schedule	❑4	❑3	❑2	❑1	❑8
15. The right care was available at the right time for my issue(s).	❑4	❑3	❑2	❑1	❑8
16. My age was a barrier to getting care for my mental health issue(s)	❑4	❑3	❑2	❑1	❑8
17. My gender was a barrier to getting care for my mental health issue(s)	❑4	❑3	❑2	❑1	❑8
18. My sexual orientation was a barrier to getting care for my mental health issue(s)	❑4	❑3	❑2	❑1	❑8
19. Care was available that fit my cultural needs	❑4	❑3	❑2	❑1	❑8
20. Care was available in my preferred language	❑4	❑3	❑2	❑1	❑8

21. [IF Q13 = 1 or 2] You indicated that there were long delays to receive care. What service had the longest wait time? Please specify.

_____

_____

_____

_____

22. How long did you wait to receive that service?

_____ days

I have not yet received the service ❑0

I gave up waiting for the service ❑8888

23. Do you consider that to be an acceptable wait time?

Yes ❑1

No ❑0

24. [IF Q23 = 0] What would you consider to be an acceptable wait time for that service?

_____ days

Less than one day ❑0

25. [IF Q20 = 1 or 2] You indicated that care was not available in your preferred language. In what language would you have preferred to receive care?

RECORD: _____

26. Was there anything that made it more difficult for you to seek or receive the help that you needed?

_____

_____

_____

_____

Nothing ❑0

Don't know ❑8

[SKIP TO VISION SECTION IF Q1 = 0, OTHERWISE CONTINUE TO Q27]

My Care

Please rate the following statements about the care you received for your mental health issue(s).

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
27. Staff were knowledgeable about my issue(s) and needs	❑4	❑3	❑2	❑1	❑8
28. Staff explained the reasons for their care recommendations	❑4	❑3	❑2	❑1	❑8
29. I was able to set my own goals for my care	❑4	❑3	❑2	❑1	❑8
30. My family was involved in my care as much as I wanted them to be	❑4	❑3	❑2	❑1	❑8
31. I was comfortable with the care I received	❑4	❑3	❑2	❑1	❑8
32. I was confident in the care I received	❑4	❑3	❑2	❑1	❑8
33. I felt supported by my care provider(s)	❑4	❑3	❑2	❑1	❑8
34. I felt respected by my care provider(s)	❑4	❑3	❑2	❑1	❑8
35. My mental health improved because of the care I received	❑4	❑3	❑2	❑1	❑8
36. My care was provided in a way that supported my cultural needs and beliefs	❑4	❑3	❑2	❑1	❑8

37. [IF Q36 = 2 OR 1] What changes would allow your care to better support your cultural needs and beliefs?

No suggestions ❑0
Don't know ❑8

38. What information or services would have been helpful to receive earlier to help you deal with your mental health issue(s)?

Nothing ❑0
Don't know ❑8

Coordination of My Care

39. The first person other than family or friends I contacted for my issue(s) was…

Family physician	❑1
Walk-in or emergency department physician	❑2
Mobile Crisis Services	❑3
Social services worker	❑4
Teacher, professor, or instructor	❑5
School counsellor	❑6
Spiritual care provider	❑7
Corrections worker	❑8
Employee Family Assistance Program	❑9
Police	❑10
Other (specify): _____	❑66

The first person I contacted for my issue:

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
40. Was able to help me.	❑4	❑3	❑2	❑1	❑0
41. Referred me to someone who could help me with my mental health issue(s).	❑4	❑3	❑2	❑1	❑0
42. Helped me access other services I needed, such as housing, employment, or social services	❑4	❑3	❑2	❑1	❑0

We are interested in how well service providers worked together to provide your care. Please rate the following statements about the care you received for your mental health issue(s).

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Not applicable
43. There was a plan for my care	❑4	❑3	❑2	❑1	❑8	❑0
44. Someone made sure that the plan for my care was followed	❑4	❑3	❑2	❑1	❑8	❑0
45. Health care providers shared important information with each other about my care	❑4	❑3	❑2	❑1	❑8	❑0
46. I was referred to other health care providers to get the care I needed	❑4	❑3	❑2	❑1	❑8	❑0
47. My physical health issues were also addressed	❑4	❑3	❑2	❑1	❑8	❑0
48. Service providers worked together to help me move easily from one program or service to the next	❑4	❑3	❑2	❑1	❑8	❑0
49. My care continued, without disruption, when I moved within Saskatchewan	❑4	❑3	❑2	❑1	❑8	❑0
50. I had help finding services outside of the health care system such as social assistance, housing, education, or employment services	❑4	❑3	❑2	❑1	❑8	❑0

51. How could service providers have better worked together to provide your care?

No suggestions ❑0
Don't know ❑8

My Experience

52. Overall, I felt that the care provided for my mental health issue(s) was:

Excellent ❑5
Good ❑4
Average ❑3
Poor ❑2
Very poor ❑1

53. Overall, I would describe my mental health care experience as:

Always positive ❑4
Mostly positive, but some negative ❑3
Mostly negative, but some positive ❑2
Always negative ❑1
Don't know ❑8

54. [IF Q53 = 4 or 3] What were the main things that made your care experiences positive?

Don't know ❑8

55. [IF Q53 = 1 OR 2] What were the main things that made your care experiences negative?

Don't know ❑8

56. What one or two changes would you suggest to improve care experiences for people with mental health issues?

Don't know ❑8

PART B2: PERSONS LIVING WITH ADDICTIONS ISSUES

Access to Services

1. Which of the following describes your experiences with addictions services?

I am currently receiving help ❑1
I received help in the past, but am not currently receiving help ❑2
I have not received help for my addictions issue(s). ❑0

2. [IF Q1 = 0] Have you ever tried to access help for your addictions issue(s)?

Yes ❑1
No ❑0

3. [IF Q2 = 0] Why haven't you accessed help for your addictions issue(s)?

_____
_____
_____
_____
Don't know ❑8

4. Which of the following describes your addictions issue(s)?

Mild — Do not typically affect my day-to-day living ❑1
Moderate — Have some effect on my day-to-day living ❑2
Severe — Have major effects on my day-to-day living (for example, cannot work) ❑3
Don't know ❑8

[SKIP TO Q30 IF Q2 = 1]

[SKIP TO VISION IF Q2 = 0]

5. When was the last time you received care to deal with your addictions issue(s)?

Within the last six months ❑1
Within the last year ❑2
Within the last 2 years ❑3
Within the last 5 years ❑4
More than 5 years ago ❑5

6. Have you ever been hospitalized for your addictions issue(s)?

Yes ❑1
No ❑0

7. Have you ever used an Emergency Department for your addictions issue(s)?

Yes ❑1
No ❑0

8. Have you ever used community-based addictions services? For example, you had appointments in an office, or someone saw you in your home?

Yes	❑1
No	❑0

9. [IF Q8 = 1] What types of community-based addictions services have you used? Please check all that apply.

Family physician	❑1
Addictions counsellor	❑2
Day program (an education and counselling program lasting a few hours every day)	❑3
Other (please specify):_____	❑66

10. Have you ever used a detoxification facility?

Yes	❑1
No	❑0

11. Have you ever used a methadone program?

Yes	❑1
No	❑0

12. Have you ever used a needle exchange program?

Yes	❑1
No	❑0

13. Have you ever used a residential treatment program (for example, a 28-day program)?

Yes	❑1
No	❑0

14. How was the care that you received for your addictions issue(s) primarily paid for?

Through the publicly funded health care system – I didn't have to pay for it myself	❑1
Through a private practice professional – I paid for it myself	❑2
Through my insurance program (for example, SGI, WCB, Great West Life, etc.)	❑3
Through my workplace Employee Family Assistance Program (EFAP)	❑4
Other (please specify):_____	❑66
Don't know	❑88

Please rate the following statements about access to care for addictions issues in Saskatchewan.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
15. I knew where to go for help	❑4	❑3	❑2	❑1	❑8
16. The help I needed was close to my community	❑4	❑3	❑2	❑1	❑8
17. Care was available without long delays	❑4	❑3	❑2	❑1	❑8
18. Care was available on days and times that fit my schedule	❑4	❑3	❑2	❑1	❑8
19. The right care was available at the right time for my issue(s)	❑4	❑3	❑2	❑1	❑8
20. My age was a barrier to getting care for my addictions issue(s)	❑4	❑3	❑2	❑1	❑8
21. My gender was a barrier to getting care for my addictions issue(s)	❑4	❑3	❑2	❑1	❑8
22. My sexual orientation was a barrier to getting care for my addictions issue(s)	❑4	❑3	❑2	❑1	❑8
23. Care was available that fit my cultural needs	❑4	❑3	❑2	❑1	❑8
24. Care was available in my preferred language	❑4	❑3	❑2	❑1	❑8

25. [IF Q17 = 1 or 2] You indicated that there were long delays to receive care. What service had the longest wait time? Please specify.

_____

_____

_____

_____

26. How long did you wait to receive that service?

_____ days

I have not yet received the service ❑0
I gave up waiting for the service ❑8888

27. Do you consider that to be an acceptable wait time?

Yes ❑1
No ❑0

28. [IF Q27 = 0] What would you consider to be an acceptable wait time for that service?

_____ days

Less than one day ❑1

29. [IF Q24 = 1 or 2] You indicated that care was not available in your preferred language. In what language would you have preferred to receive care?

RECORD: _____

30. Was there anything that made it more difficult to seek or receive the help that you needed?

Nothing ❑0
Don't know ❑8

[SKIP TO VISION SECTION IF Q1 = 0, OTHERWISE CONTINUE TO Q31]

My Care

Please rate the following statements about the care you received for your addictions issue(s).

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
31. Staff were knowledgeable about my issue(s) and needs.	❑4	❑3	❑2	❑1	❑8
32. Staff explained the reasons for their care recommendations	❑4	❑3	❑2	❑1	❑8
33. I was able to set my own goals for my care	❑4	❑3	❑2	❑1	❑8
34. My family was involved in my care as much as I wanted them to be.	❑4	❑3	❑2	❑1	❑8
35. I was comfortable with the care I received.	❑4	❑3	❑2	❑1	❑8
36. I was confident in the care I received.	❑4	❑3	❑2	❑1	❑8
37. I felt supported by my care provider(s).	❑4	❑3	❑2	❑1	❑8
38. I felt respected by my care provider(s).	❑4	❑3	❑2	❑1	❑8
39. My addictions issue(s) improved because of the care I received.	❑4	❑3	❑2	❑1	❑8
40. My care was provided in a way that supported my cultural needs and beliefs.	❑4	❑3	❑2	❑1	❑8

41. [IF Q40 = 2 OR 1] What changes would allow your care to better support your cultural needs and beliefs?

No suggestions ❑0
Don't know ❑8

42. What information or services would have been helpful to receive earlier to help you deal with your addictions issue(s)?

Nothing ❑0
Don't know ❑8

Coordination of My Care

43. The first person other than family or friends I contacted for my issue(s) was…

Family physician	❑1
Walk-in or emergency department physician	❑2
Mobile Crisis Services	❑3
Social services worker	❑4
Teacher, professor, or instructor	❑5
School counsellor	❑6
Spiritual care provider	❑7
Corrections worker	❑8
Employee Family Assistance Program	❑9
Police	❑10
Other (specify): _____	❑66

The first person I contacted for my issue:

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
44. Was able to help me.	❑4	❑3	❑2	❑1	❑0
45. Referred me to someone who could help me with my addictions issue(s).	❑4	❑3	❑2	❑1	❑0
46. Helped me access other services I needed, such as housing, employment, or social services.	❑4	❑3	❑2	❑1	❑0

We are interested in how well service providers worked together to provide your care. Please rate the following statements about the care you received for your addictions issue(s).

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Not applicable
47. There was a plan for my care.	❑4	❑3	❑2	❑1	❑8	❑0
48. Someone made sure that the plan for my care was followed.	❑4	❑3	❑2	❑1	❑8	❑0
49. Health care providers shared important information with each other about my care.	❑4	❑3	❑2	❑1	❑8	❑0
50. I was referred to other health care providers to get the care I needed.	❑4	❑3	❑2	❑1	❑8	❑0
51. My physical health issues were also addressed.	❑4	❑3	❑2	❑1	❑8	❑0
52. Service providers worked together to help me move easily from one program or service to the next.	❑4	❑3	❑2	❑1	❑8	❑0
53. My care continued, without disruption, when I moved within Saskatchewan.	❑4	❑3	❑2	❑1	❑8	❑0
54. I had help finding services outside of the health care system such as social assistance, housing, education, or employment services.	❑4	❑3	❑2	❑1	❑8	❑0

55. How could service providers have better worked together to provide your care?

No suggestions ❑0
Don't know ❑8

My Experience

56. Overall, I felt that the care provided for my addictions issue(s) was:

Excellent ❑5
Good ❑4
Average ❑3
Poor ❑2
Very poor ❑1

57. Overall, I would describe my care experience receiving addictions services as:

Always positive ❑4
Mostly positive, but some negative ❑3
Mostly negative, but some positive ❑2
Always negative ❑1
Don't know ❑8

58. [IF Q57 = 4 or 3] What were the main things that made your care experiences positive?

Don't know ❑8

59. [IF Q57 = 1 OR 2] What were the main things that made your care experiences negative?

Don't know ❑8

60. What one or two changes would you suggest to improve care experiences for people with addictions issues?

Don't know ❑8

Concurrent disorders

[ASK Q1 – Q3 IF CLIENT EXPERIENCED BOTH MENTAL HEALTH AND ADDICTIONS ISSUES ON PAGE 1]

1. You indicated that you have experienced both mental health and addictions issues. Did you experience mental health and addictions issues at the same time?

Yes ❑1
No ❑0

[SKIP TO VISION SECTION IF Q1=0]

2. Did you receive care for your mental health and addictions issues at the same time?

Yes ❑1
No ❑0

3. How could service providers have better worked together to provide care for your mental health and addictions issues?

_____

_____

_____

_____

No suggestions ❑0
Don't know ❑8

[GO TO VISION SECTION]

PART C1: FAMILY MEMBERS OR FRIENDS OF PERSON LIVING WITH OR SEEKING SERVICES FOR MENTAL HEALTH ISSUES

Access to Services

1. You indicated that you are a family member or friend of a person living with a mental health issue. Is that person…

If you have more than one friend or family member with a mental health issue, please select the person whose experiences you would like to discuss as part of this consultation. **If you would like to share the experiences of more than one friend or family member, please return to www.healthysask.ca\powerful-voice and click the link to complete the survey again.**

A child (under 12 years of age)	❑1
A youth (13 – 18 years of age)	❑2
An adult (over 18 years of age)	❑3
An older adult (over 55 years of age)	❑4

2. Has your family member or friend received care for mental health issues in Saskatchewan?

Yes	❑1
No	❑0

3. [IF Q2 = 1] When did your family member or friend last receive care in Saskatchewan for mental health issues?

Within the last six months	❑1
Within the last year	❑2
Within the last 2 years	❑3
Within the last 5 years	❑4
More than 5 years ago	❑5

4. [IF Q2 = 0] Has your family member or friend tried to access care in Saskatchewan for their mental health issue(s)?

Yes	❑1
No	❑0
Don't know	❑8

5. [IF Q4 = 0] Why hasn't your family member or friend tried to access care in Saskatchewan for their mental health issue(s)?

_____

_____

_____

_____

Don't know ❑8

[GO TO Q21 IF Q4 = 1, OTHERWISE SKIP TO VISION SECTION]

[IF Q1 = 1 or 2] Throughout the remainder of the questionnaire, if you helped a child or youth with mental health issues to access mental health care, please answer based on your perceptions of the experience.

[IF Q1 = 4] Throughout the remainder of the questionnaire, if you helped an older adult with mental health issues to access mental health care, please answer based on your perceptions of the experience.

Please rate the following statements about access to mental health care in Saskatchewan.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
6. My family member or friend knew where to go for help.	❑4	❑3	❑2	❑1	❑8
7. The help my family member or friend needed was close to their community.	❑4	❑3	❑2	❑1	❑8
8. Care was available without long delays.	❑4	❑3	❑2	❑1	❑8
9. Care was available on days and times that fit my family member's or friend's schedule.	❑4	❑3	❑2	❑1	❑8
10. The right care was available at the right time for my family member's or friend's issue(s).	❑4	❑3	❑2	❑1	❑8
11. My family member or friend's age was a barrier to getting care for their mental health issue(s).	❑4	❑3	❑2	❑1	❑8
12. My family member or friend's gender was a barrier to getting care for their mental health issue(s).	❑4	❑3	❑2	❑1	❑8
13. My family member or friend's sexual orientation was a barrier to getting care for their mental health issue(s).	❑4	❑3	❑2	❑1	❑8
14. Care was available that fit my family member's or friend's cultural needs.	❑4	❑3	❑2	❑1	❑8
15. Care was available in my family member's or friend's preferred language.	❑4	❑3	❑2	❑1	❑8

16. [IF Q8 = 1 or 2] You indicated that there were long delays to receive care. What service had the longest wait time? Please specify.

_____

_____

_____

_____

17. How long did your family member or friend wait to receive that service?

_____ days

They have not yet received the service ❑0 => SKIP TO Q19
They gave up waiting for the service ❑8888 => SKIP TO Q19

18. Do you consider that to be an acceptable wait time?

Yes ❑1
No ❑0

19. [IF Q18 = 0] What would you consider to be an acceptable wait time for that service?

_____ days

Less than one day ❑0

20. [IF Q15 = 1 or 2] You indicated that care was not available in your family member's or friend's preferred language. In what language would your friend or family member have preferred to receive care?

RECORD: _____

21. Was there anything that made it more difficult for your family member or friend to seek or receive the help that they needed?

Nothing ❑0
Don't know ❑8

[SKIP TO VISION SECTION IF Q4 = 1]

Care

Please rate the following statements about the care your family member or friend received for their mental health issue(s).

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
22. Staff were knowledgeable about my family member or friend's issue(s) and needs.	❑4	❑3	❑2	❑1	❑8
23. Staff explained the reasons for their care recommendations	❑4	❑3	❑2	❑1	❑8
24. My family member or friend was able to set their own goals for their care	❑4	❑3	❑2	❑1	❑8
25. My family member or friend was comfortable with the care they received.	❑4	❑3	❑2	❑1	❑8
26. My family member or friend was confident in the care they received.	❑4	❑3	❑2	❑1	❑8
27. My family member or friend felt supported by their care provider(s).	❑4	❑3	❑2	❑1	❑8
28. My family member or friend felt respected by their care provider(s).	❑4	❑3	❑2	❑1	❑8
29. My family member or friend's mental health improved because of the care they received.	❑4	❑3	❑2	❑1	❑8
30. Their care was provided in a way that supported their cultural needs and beliefs.	❑4	❑3	❑2	❑1	❑8

31. [IF Q30 = 2 OR 1] What changes would allow your family member or friend's care to better support their cultural needs and beliefs?

No suggestions ❑0
Don't know ❑8

32. What information or services would have been helpful for you to receive earlier to help you assist with your friend or family member's mental health issue(s)?

Nothing ❑0
Don't know ❑8

Coordination of Care

33. The first person my friend or family member contacted (other than a family member or friend) about their mental health issue(s) was…

Family physician	❑1
Walk-in or emergency department physician	❑2
Mobile Crisis Services	❑3
Social services worker	❑4
Teacher, professor, or instructor	❑5
School counsellor	❑6
Spiritual care provider	❑7
Corrections worker	❑8
Employee Family Assistance Program	❑9
Police	❑10
Other (specify): _____	❑66

The first person your family member or friend contacted for his or her issue:

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
34. Was able to help them	❑4	❑3	❑2	❑1	❑0
35. Referred them to someone who could help them with their mental health issue(s).	❑4	❑3	❑2	❑1	❑0
36. Helped them access other services they needed, such as housing, employment, or social services	❑4	❑3	❑2	❑1	❑0

We are interested in how well service providers worked together to provide care for your family member or friend. Please rate the following statements about the care they received for their mental health issue(s).

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
37. Someone made sure that the plan for my family member or friend's care was followed.	❑4	❑3	❑2	❑1	❑8
38. Health care providers shared important information with each other related to my family member or friend's care.	❑4	❑3	❑2	❑1	❑8
39. My family member or friend was referred to health care providers to get the care they needed.	❑4	❑3	❑2	❑1	❑8
40. My family member or friend's physical health issues were also addressed.	❑4	❑3	❑2	❑1	❑8
41. Service providers worked together to help my family member or friend move easily from one program or service to the next.	❑4	❑3	❑2	❑1	❑8
42. My family member or friend's care continued, without disruption, when they moved within Saskatchewan.	❑4	❑3	❑2	❑1	❑8
43. My family member or friend had help finding services outside of the health care system such as social assistance, housing, education, or employment services.	❑4	❑3	❑2	❑1	❑8

44. How could service providers have better worked together to provide care for your family member or friend?

_____

_____

_____

No suggestions	❑0
Don't know	❑8

My Experience

Now please rate the following statements about your experience as a family member or friend.

	Strongly agree	Agree	Disagree	Strongly disagree
45. I was able to find services or information that could help me understand the situation and provide the right support.	❑4	❑3	❑2	❑1
46. Health care providers shared appropriate information with me about my friend or family member's care.	❑4	❑3	❑2	❑1
47. I was comfortable with the care recommended for my family member or friend by health care professionals.	❑4	❑3	❑2	❑1
48. I felt that I was involved in the care plan as much as I should be.	❑4	❑3	❑2	❑1
49. I was listened to by the health care providers.	❑4	❑3	❑2	❑1
50. I was able to find support for myself.	❑4	❑3	❑2	❑1
51. I felt respected by health care providers.	❑4	❑3	❑2	❑1

52. As someone who has had to support someone else's care, I would say my experience with the mental health system has been:

Always positive	❑4
Mostly positive, but some negative	❑3
Mostly negative, but some positive	❑2
Always negative	❑1
Don't know	❑8

53. [IF Q52 = 4 or 3] What do you think were the main things that made your care experiences positive?

_____

_____

_____

_____

Don't know ❑8

54. [IF Q52= 1 OR 2] What do you think were the main things that made your care experiences negative?

_____

_____

_____

_____

Don't know ❑8

61. What one or two changes would you suggest to improve care experiences for people with mental health issues?

_____

_____

_____

_____

Don't know ❑8

[GO TO VISION SECTION]

PART C2: FAMILY MEMBERS OR FRIENDS OF PERSON LIVING WITH OR SEEKING SERVICES FOR ADDICTIONS ISSUES

Access to Services

1. You indicated that you are a family member or friend of a person living with an addictions issue. Is that person…

If you have more than one friend or family member with addictions issues, please select the person whose experiences you would like to discuss as part of this consultation. **If you would like to share the experiences of more than one friend or family member, please return to www.healthysask.ca\powerful-voice and click the link to complete the survey again.**

A child (under 12 years of age)	❑1
A youth (13 – 18 years of age)	❑2
An adult (over 18 years of age)	❑3
An older adult (over 55 years of age)	❑4

2. Has your family member or friend received care in Saskatchewan for addictions issues?

Yes	❑1
No	❑0

3. [IF Q2 = 1] When did your family member or friend last receive care in Saskatchewan for addictions issues?

Within the last six months	❑1
Within the last year	❑2
Within the last 2 years	❑3
Within the last 5 years	❑4
More than 5 years ago	❑5

4. [IF Q2 = 0] Has your family member or friend tried to access care in Saskatchewan for their addictions issue(s)?

Yes	❑1
No	❑0
Don't know	❑8

5. [IF Q4 = 0] Why hasn't your family member or friend tried to access care in Saskatchewan for their addictions issue(s)?

_____

_____

_____

_____

Don't know ❑8

[GO TO Q21 IF Q4 = 1, OTHERWISE SKIP TO VISION SECTION]

[IF Q1 = 1 or 2] Throughout the remainder of the questionnaire, if you helped a child or youth with addictions issues to access care, please answer based on your perceptions of the experience.

[IF Q1 = 4] Throughout the remainder of the questionnaire, if you helped an older adult with addictions issues to access care, please answer based on your perceptions of the experience.

Please rate the following statements about access to care for addictions issues in Saskatchewan.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
6. My family member or friend knew where to go for help.	❑4	❑3	❑2	❑1	❑8
7. The help my family member of friend needed was close to their community.	❑4	❑3	❑2	❑1	❑8
8. Care was available without long delays.	❑4	❑3	❑2	❑1	❑8
9. Care was available on days and times that fit my family member's or friend's schedule.	❑4	❑3	❑2	❑1	❑8
10. The right care was available at the right time for my family member's or friend's issue(s).	❑4	❑3	❑2	❑1	❑8
11. My family member or friend's age was a barrier to getting care for their addictions issue(s).	❑4	❑3	❑2	❑1	❑8
12. My family member or friend's gender was a barrier to getting care for their addictions issue(s).	❑4	❑3	❑2	❑1	❑8
13. My family member or friend's sexual orientation was a barrier to getting care for their addictions issue(s).	❑4	❑3	❑2	❑1	❑8
14. Care was available that fit my family member's or friend's cultural needs.	❑4	❑3	❑2	❑1	❑8
15. Care was available in my family member's or friend's preferred language.	❑4	❑3	❑2	❑1	❑8

16. [IF Q8 = 1 or 2] You indicated that there were long delays to receive care. What service had the longest wait time? Please specify.

_____

_____

_____

_____

17. How long did your family member or friend wait to receive that service?

_____ days

They have not yet received the service ❑0 => SKIP TO Q19
They gave up waiting for the service ❑8888 => SKIP TO Q19

18. Do you consider that to be an acceptable wait time?

Yes ❑1
No ❑0

19. [IF Q18 = 0] What would you consider to be an acceptable wait time for that service?

_____ days

Less than one day ❑1

20. [IF Q15 = 1 or 2] You indicated that care was not available in your family member's or friend's preferred language. In what language would your friend or family member have preferred to receive care?

RECORD: _____

21. Was there anything that made it more difficult for your family member or friend to seek or receive the help that they needed?

_____

_____

_____

_____

Nothing ❑0
Don't know ❑8

[SKIP TO VISION IF Q4 = 1]

Care

Please rate the following statements about the care your family member or friend received for their addictions issue(s).

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
22. Staff were knowledgeable about my family member or friend's issue(s) and needs.	❑4	❑3	❑2	❑1	❑8
23. Staff explained the reasons for their care recommendations	❑4	❑3	❑2	❑1	❑8
24. My family member or friend was able to set their own goals for their care	❑4	❑3	❑2	❑1	❑8
25. My family member or friend was comfortable with the care they received.	❑4	❑3	❑2	❑1	❑8
26. My family member or friend was confident in the care they received.	❑4	❑3	❑2	❑1	❑8
27. My family member or friend felt supported by their care provider(s).	❑4	❑3	❑2	❑1	❑8
28. My family member or friend felt respected by their care provider(s).	❑4	❑3	❑2	❑1	❑8
29. My family member or friend's addictions issue(s) improved because of the care they received.	❑4	❑3	❑2	❑1	❑8
30. Their care was provided in a way that supported their cultural needs and beliefs.	❑4	❑3	❑2	❑1	❑8

31. [IF Q30 = 2 OR 1] What changes would allow your family member or friend's care to better support their cultural needs and beliefs?

_____

_____

_____

_____

No suggestions ❑0
Don't know ❑8

32. What information or services would have been helpful for you to receive earlier to help you assist with your friend or family member's addictions issue(s)?

Nothing	❑0
Don't know	❑8

Coordination of Care

33. The first person my friend or family member contacted (other than a family member or friend) about their addictions issue(s) was…

Family physician	❑01
Walk-in or emergency department physician	❑02
Mobile Crisis Services	❑03
Social services worker	❑04
Teacher, professor, or instructor	❑05
School counsellor	❑06
Spiritual care provider	❑07
Corrections worker	❑08
Employee Family Assistance Program	❑09
Police	❑10
Other (specify): _____	❑66

The first person your family member or friend contacted for his or her issue:

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
34. Was able to help them	❑4	❑3	❑2	❑1	❑0
35. Referred them to someone who could help them with their addictions issue(s).	❑4	❑3	❑2	❑1	❑0
36. Helped them access other services they needed, such as housing, employment, or social services	❑4	❑3	❑2	❑1	❑0

We are interested in how well service providers worked together to provide care for your family member or friend. Please rate the following statements about the care they received for their addictions issue(s).

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
37. Someone made sure that the plan for my family member or friend's care was followed.	❑4	❑3	❑2	❑1	❑8
38. Health care providers shared important information with each other related to my family member or friend's care.	❑4	❑3	❑2	❑1	❑8
39. My family member or friend was referred to health care providers to get the care they needed.	❑4	❑3	❑2	❑1	❑8
40. My family member or friend's physical health issues were also addressed.	❑4	❑3	❑2	❑1	❑8
41. Service providers worked together to help my family member or friend move easily from one program or service to the next.	❑4	❑3	❑2	❑1	❑8
42. My family member or friend's care continued without disruption when they moved within Saskatchewan.	❑4	❑3	❑2	❑1	❑8
43. My family member or friend had help finding services outside of the health care system such as social assistance, housing, education, or employment services.	❑4	❑3	❑2	❑1	❑8

44. How could service providers have better worked together to provide care for your family member or friend?

_____

_____

_____

_____

No suggestions ❑0
Don't know ❑8

My Experience

Now please rate the following statements about <u>your experience</u> as a family member or friend.

	Strongly agree	Agree	Disagree	Strongly disagree
45. I was able to find services or information that could help me understand the situation and provide the right support.	❑4	❑3	❑2	❑1
46. Health care providers shared appropriate information with me about my friend or family member's care.	❑4	❑3	❑2	❑1
47. I was comfortable with the care recommended for my family member or friend by health care professionals.	❑4	❑3	❑2	❑1
48. I felt that I was involved in the care plan as much as I should be.	❑4	❑3	❑2	❑1
49. I was listened to by the health care providers.	❑4	❑3	❑2	❑1
50. I was able to find support for myself.	❑4	❑3	❑2	❑1
51. I felt respected by health care providers.	❑4	❑3	❑2	❑1

52. As someone who has had to support someone else's care, I would say my experience with the addictions system has been:

Always positive	❑4
Mostly positive, but some negative	❑3
Mostly negative, but some positive	❑2
Always negative	❑1
Don't know	❑8

62. [IF Q52 = 4 or 3] What do you think were the main things that made your care experiences positive?

Don't know ❑8

63. [IF Q52 = 1 OR 2] What do you think were the main things that made your care experiences negative?

Don't know ❑8

64. What one or two changes would you suggest to improve care experiences for people with addictions issues?

Don't know ❑8

[GO TO VISION SECTION]

PART D: SERVICE PROVIDERS

1. I am a… Select all that apply.

Family physician	❑01
Psychiatrist	❑02
Psychologist	❑03
Social worker	❑04
Psychiatric nurse	❑05
Family counsellor	❑06
Addictions counsellor	❑07
Mental health clinician/therapist	❑08
Nurse	❑09
Teacher	❑10
School counsellor	❑11
Spiritual care provider	❑12
Police officer	❑13
Corrections officer	❑14
Parole officer	❑15
Other (specify)	❑66

_____

2. I work primarily in the field of… [ALLOW MULTIPLE RESPONSE]

Mental health	❑01
Addictions	❑02
General health	❑03
Education	❑04
Corrections	❑05
Policing	❑06
Justice	❑07
Social services	❑08
Other (specify) _____	❑66

3. I work for a…

Federal government department or agency	❑01
Provincial government department or agency	❑02
Municipal government	❑03
Regional Health Authority	❑04
Private practice or company	❑05
Professional association	❑06
Community-based organization directly involved in providing services	❑07
Community-based organization not directly involved in providing services	❑08
Other (specify) _____	❑66

Your Perspectives on the Mental Health and Addictions System

Based on how things usually are in Saskatchewan, please select the response that best indicates your own level of agreement with the following statements, using the following ratings:

Strongly Disagree ***Disagree*** ***Neutral*** ***Agree*** ***Strongly Agree*** ***Not Sure***

[INSERT AT BOTTOM OF PAGE: This questionnaire has been adapted from the National Treatment Strategy Alignment Tool developed by BC Mental Health & Addiction Services funded by Health Canada's Drug Treatment Funding Program.]

4. Information about mental health and addictions services is readily available.
5. Regardless of the kind of services or supports people start with, they are able to access other services or supports without too much difficulty.
6. People are able to access the services and supports they seek without unnecessary delays or long waitlists.
7. People are able to access most services and supports in or near their home community.
8. People are able to access services and supports on days and at times of day that fit with their schedules.
9. People are able to access services and supports without being limited by factors such as language, gender, sexual orientation, or age.
10. People are able to obtain services and supports that make sense for the kinds of issues they are experiencing.
11. People are able to obtain services and supports that make sense for the severity (i.e., seriousness) of the issues they are experiencing.
12. People are able to obtain services and supports that are culturally sensitive and appropriate.
13. With the available services and supports, people are able to choose from a range of approaches (e.g., different kinds of counselling or self-help) to help address their issues.
14. People are able to move seamlessly from one health region to another to receive services.
15. Service providers are able to explain the reasons for the practices they follow or recommend.
16. People receiving services and supports are able to set their own treatment goals.
17. There is a comprehensive set of services and supports to meet the needs of people at risk for mental health and addictions issues, even if they have not yet experienced issues (e.g., prevention, education).
18. There is a comprehensive set of services and supports to meet the diverse needs of people experiencing mental health and addictions issues.
19. There is a comprehensive set of services and supports to meet the diverse needs of people (e.g., families, other loved ones) who are affected by someone else's mental health or addictions issues.
20. Service providers (e.g., counsellors, health care workers) along the continuum of care are well informed about other services and supports offered in the region.
21. Service providers from different agencies or programs along the continuum of care work well together to help people access the services they need/want at any given point in time.
22. Service providers from different agencies or programs along the continuum of care work well together to support clients as they transition from one agency or program's services to another's to help address their continued/changing needs.
23. Services and supports are able to adapt to the changing needs and preferences of people seeking help with mental health and addiction issues.
24. Taken together, the continuum of available services and supports is able to meet the level of demand (i.e., there are enough services and supports).
25. People with mental health and addictions issues have the community-based supports they need after being discharged from an intensive treatment centre (e.g., detox centre, in-patient hospital stay).
26. People with mental health and addictions issues have the supports and services they need to have basic life needs met, such as housing and adequate income.

Your recommendations for improvement

27. In your opinion, what are some significant gaps in service for people with mental health and addictions issues?

Don't know ❑8

28. How could we improve the coordination of care for people with mental health and addictions issues?

No suggestions ❑0
Don't know ❑8

29. What recommendations would you give to promote prevention, wellness, and early intervention?

No recommendations ❑0
Don't know ❑8

30. As a professional, what supports or resources would be most beneficial to help you assist people with mental health or addictions issues?

No suggestions ❑0
Don't know ❑8

[GO TO VISION SECTION]

PART E: CONCERNED CITIZENS

1. In your opinion, what are some significant gaps in service for people with mental health and addictions issues?

Don't know ❑8

2. How could we improve the coordination of care for people with mental health and addictions issues?

No suggestions ❑0
Don't know ❑8

3. What recommendations would you give to promote prevention, wellness, and early intervention?

No recommendations ❑0
Don't know ❑8

[GO TO VISION SECTION]

PART F: VISION AND PRIORITIES FOR THE FUTURE [Note: Everyone will complete this section]

Below are some statements describing a vision for mental health and addictions services and supports in Saskatchewan. If you think of our services at the present time, how close are we to meeting this vision? Please rate each statement on a scale of 1 to 5, where 5 means that little improvement is needed and 1 means that lots of improvement is needed.

	Little improvement needed				Lots of improvement needed
1. Access is timely.	❑5	❑4	❑3	❑2	❑1
2. Services are in the right place for accessibility	❑5	❑4	❑3	❑2	❑1
3. The system has enough capacity	❑5	❑4	❑3	❑2	❑1
4. Services are equitable (equal quality and access, regardless of health or socio-economic status).	❑5	❑4	❑3	❑2	❑1
5. Services are of high quality.	❑5	❑4	❑3	❑2	❑1
6. Service quality is consistent.					
7. Services are client-centred.	❑5	❑4	❑3	❑2	❑1
8. Clients are involved in decision making.	❑5	❑4	❑3	❑2	❑1
9. Family members are appropriately involved in decision making	❑5	❑4	❑3	❑2	❑1
10. Clients can choose programs and services that fit their cultural, language, and other preferences.	❑5	❑4	❑3	❑2	❑1
11. Services are well-coordinated.	❑5	❑4	❑3	❑2	❑1
12. There are opportunities for prevention for at-risk individuals.	❑5	❑4	❑3	❑2	❑1
13. There are opportunities for early intervention to prevent situations from getting worse.	❑5	❑4	❑3	❑2	❑1

What would be your top three priorities for improvements to mental health and addictions services in Saskatchewan?

	Top priority	Second priority	Third priority
14. Improving the timeliness of access to services	❑1	❑2	❑3
15. Improving access by making sure that services are in the right place	❑1	❑2	❑3
16. Improving the capacity of the system	❑1	❑2	❑3
17. Making sure that services are equitable (equal quality and access, regardless of health or socio-economic status)	❑1	❑2	❑3
18. Making sure that services are of high quality	❑1	❑2	❑3
19. Making sure that the quality of service is consistent.	❑1	❑2	❑3
20. Making sure that services are client-centred.	❑1	❑2	❑3
21. Making sure that clients are involved in decision making.	❑1	❑2	❑3
22. Making sure that family members are appropriately involved in decision making	❑1	❑2	❑3
23. Making sure that clients can choose programs and services that fit their cultural, language and other preferences.	❑1	❑2	❑3
24. Improving the coordination of services	❑1	❑2	❑3
25. Increasing opportunities for prevention for at-risk individuals.	❑1	❑2	❑3
26. Increasing opportunities for early intervention to prevent situations from getting worse.	❑1	❑2	❑3
27. None of the above	❑1	❑2	❑3
28. Other (please specify): _____	❑1	❑2	❑3
29. Other (please specify): _____	❑1	❑2	❑3
30. Other (please specify): _____	❑1	❑2	❑3

Closing [ALL]

As part of the consultations on mental health and addictions services, we may be conducting interviews and focus groups to discuss issues in more detail. If you would be interested in participating in this additional research, please include your name, a phone number, and an email address to reach you at below. Please note that not all individuals who leave their name may be contacted due to restrictions in the time frame for conducting this research.

This information will not be associated with your responses in any way. All information will be analyzed anonymously.

NAME: _____

PHONE: _____

EMAIL: _____

Prefer not to participate ❑8