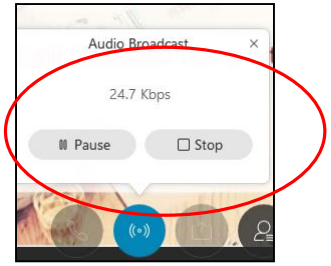
# DIGITAL HEALTH SOLUTIONS TO SUPPORT WOMEN WITH ADDICTIONS

September 24, 2020

12:00-1:30 PM EDT

# HOUSEKEEPING

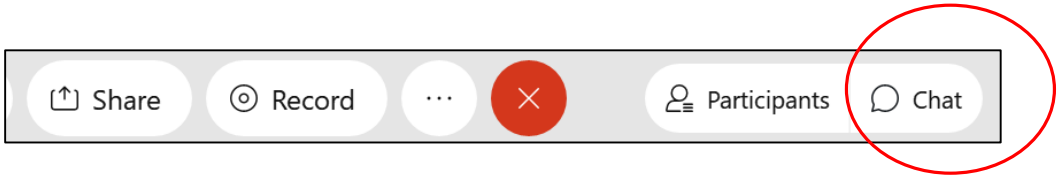


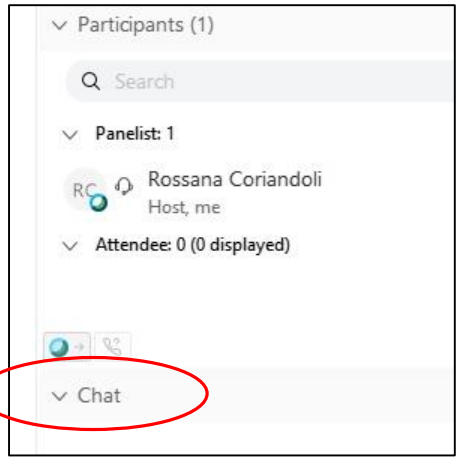

**Your audio**

Sound is being transmitted through your computer speakers. If you wish to listen through the phone, click "Stop"

**Locate the chat**

Click on the comment icon at the bottom right side of your screen to see the "Chat" panel




**Ask questions & comment**

Use the "Chat" panel to the right of your screen

# OBJECTIVES

This webinar will feature a panel of experts highlighting:

- Digital health resources that are currently available for supporting women with addictions
- Gaps and limitations of available resources
- The importance of digital health solutions that are both gender- and trauma-informed

# PRESENTERS

**Leslie Buckley**
Chief, Addictions Division
Centre for Addiction and Mental Health

**Lena Quilty**
Senior Scientist, Campbell Family Mental Health Research Institute
Centre for Addiction and Mental Health

**Michelle Coombs**
Executive Director
Jean Tweed Centre

**Betty-Lou Kristy**
Director, Centre for Innovation in Peer Support
Support & Housing-Halton

# PROJECT PARTNERS & FUNDERS





# PROJECT TEAM

- Lena Quilty
- Leslie Buckley
- Michelle Coombs
- Betty-Lou Kristy
- Branka Agic (CAMH)
- Jill Shakespeare (CAMH)
- Adrienne Spafford (AMHO)
- Shadini Dematagoda
- Esha Jain
- Alina Patel
- Rebecca Persaud
- Ashley Skillen-Trent
- Reena Besa
- Emma Firsten-Kaufman

# POLL

"Digital health resources include health services and information delivered or enhanced through the internet and related technologies." (Griffiths & Evans, 2002)

Have you used digital health resources personally or professionally?

- Yes
- No

# POLL

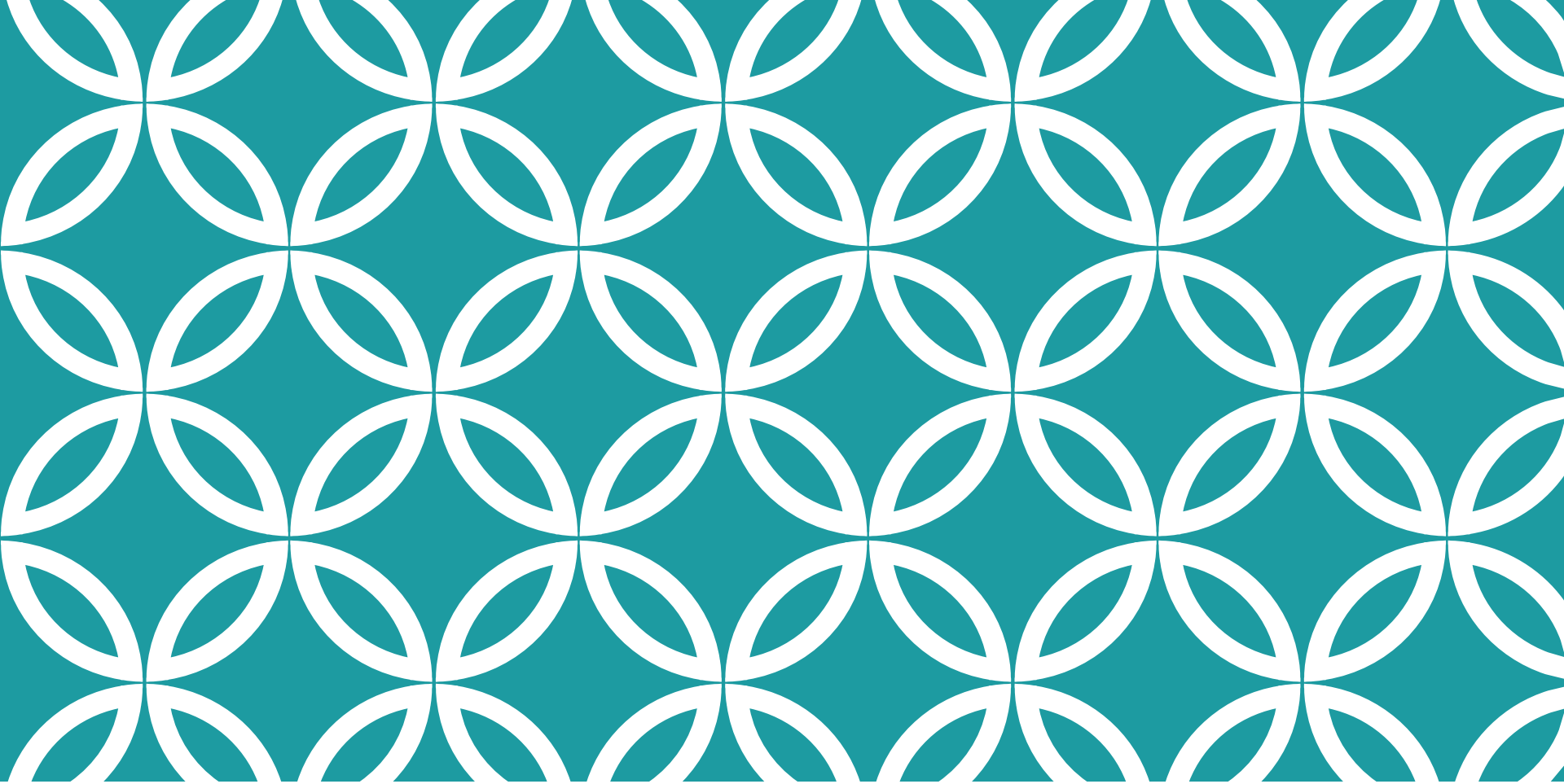
What do you think is the single **greatest barrier** to organizations implementing digital health resources to support women with substance use concerns?

- Access to phones/computers
- Access to internet
- Cost of apps or software
- Inconsistency or lack of integration with current model of care
- Limited staff training
- Limited staff time/capacity
- Other

# POLL

What do you think is the single **most important quality** for digital health resources to include?

- Attention to intersectionality
- Attention to trauma
- Attention to connection and community
- Co-development with patients, peers, and families
- Blended or combination approaches with digital, peer, and therapist/clinician supports
- Linkages with the broader health system
- Other



# PROJECT BACKGROUND

Leslie Buckley

# BACKGROUND

- COVID-19 has had extensive impacts on mental health and substance use in women in Canada
- Healthcare systems have adapted current models of care to physical distancing requirements, with emphasis on digital health platforms and supports
- As COVID-19 rapidly expands, the potential of digital health to support women with substance use difficulties are critical

# WHAT IS TRAUMA INFORMED CARE?

**WHY**

- Acknowledges that many people seeking help for SUDs have a history of trauma – 90% of women.
- A history of trauma affects one's confidence in reaching out for help and likelihood of staying in treatment.

**DEFINITION**

- What is trauma? Complex concept
- Recent single event, past single, chronic repeated trauma
- Isolation, hypervigilance, SUD, self-injury, EDs, dep & anx

**HOW**

- Not about disclosing trauma
- It is about having safety, choice and control
- Empowering, not re-traumatizing

# WHAT IS TRAUMA INFORMED CARE?

**Principles**

- Services offer choice, voice and control
- Work on creating physical, emotional and cultural safety for care providers and clients
- Addresses cultural, historical and gender issues
- Trustworthiness and honesty among care providers and clients
- Collaboration and leveling of power differences
- Empowerment for clients to make treatment decisions
- Build resilience and the ability for clients to grow and recover from trauma
- Inclusiveness, where everyone has a role in the trauma-informed approach

**Tx**

- Learn coping skills
- Identify and build on strengths

# WHAT IS GENDER INFORMED CARE?

**Gender**

- The socially constructed roles, behaviours, expressions & identities typically ascribed to binary notions of biological sex. Gender influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society.

**Gender Identity**

- How people see and identify their own gender. Although gender is often thought of as binary (e.g. masculine or feminine), there is great diversity in gender identities and it is important to refer to people with the term they prefer.

**Institutional Gender**

- How power in society is often distributed based on gender categories that permeate political, educational, religious, media, medical and social institutions. These central and powerful institutions often reinforce and help to shape unequal gender norms.

Sex Related Factors in Substance Use & Addiction, British Columbia Centre of Excellence for Women's Health

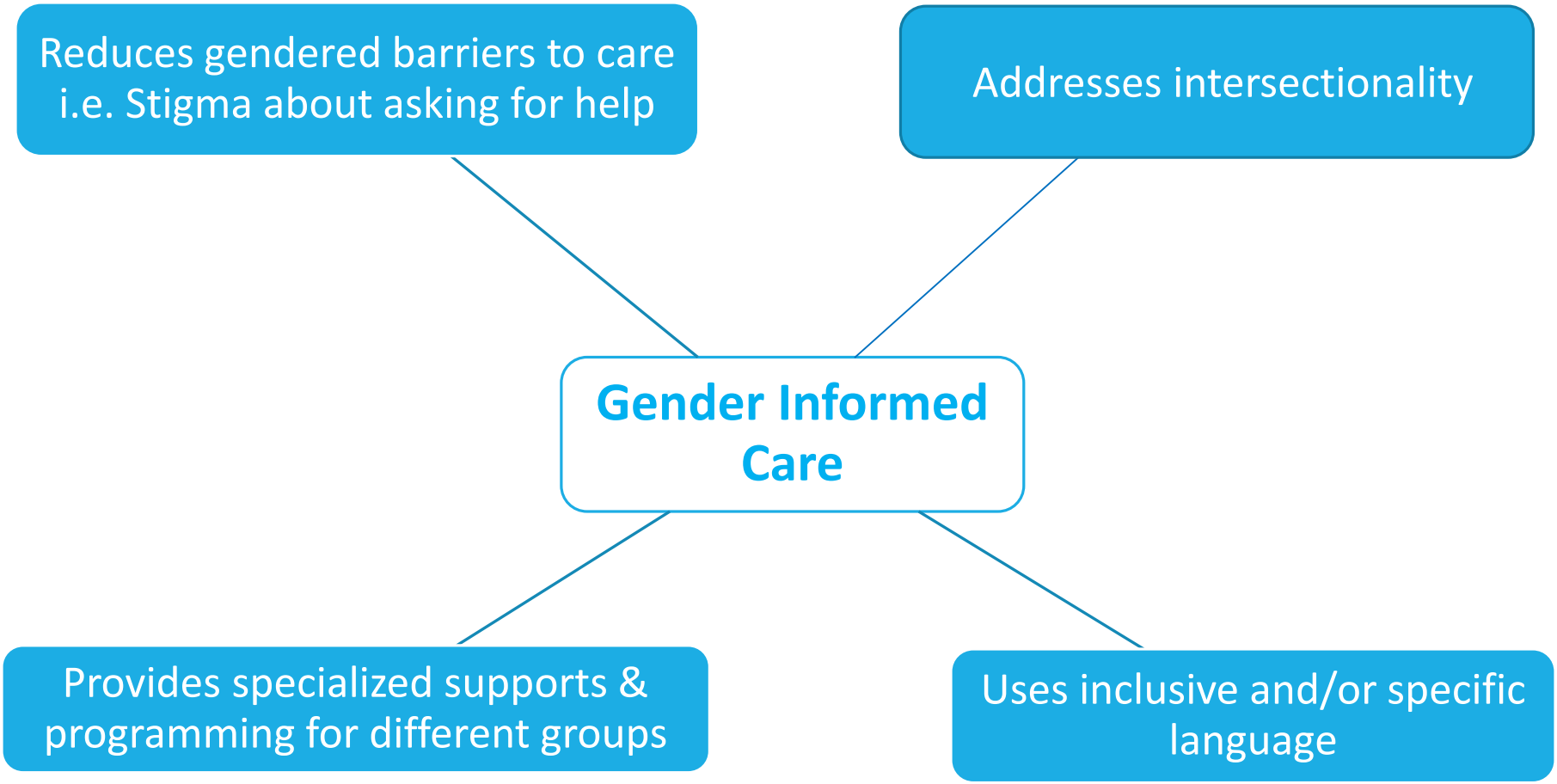
## Gender Differences

- Men use more substances (except in youth).
- Women have more harm when they do use substances. Also have multiple roles, poverty, stigma affecting access, pregnant and parenting women have unique barriers.
- More concurrent d/o in women.
- Trans individuals have higher rates of SUD than cisgender.
- Relationships: women more likely to start bc of partner.

## Sex Differences

- Reward pathway: males tend to have less impulsive control & higher risk-taking.
- Females tend to self-medicate & have stronger reactivity for drug-related cues.
- Childhood stress/trauma has higher predictability for SUD in women.
- Hormones play a role: subjective reward changes throughout the menstrual cycle. Greater negative states after chronic drug use for women. More stress-induced craving and relapse in women.

Sex Related Factors in Substance Use & Addiction, British Columbia Centre of Excellence for Women's Health


Reduces gendered barriers to care i.e. Stigma about asking for help
Addresses intersectionality
Gender Informed Care
Provides specialized supports & programming for different groups
Uses inclusive and/or specific language

# GIC AND TIC IN COVID-19

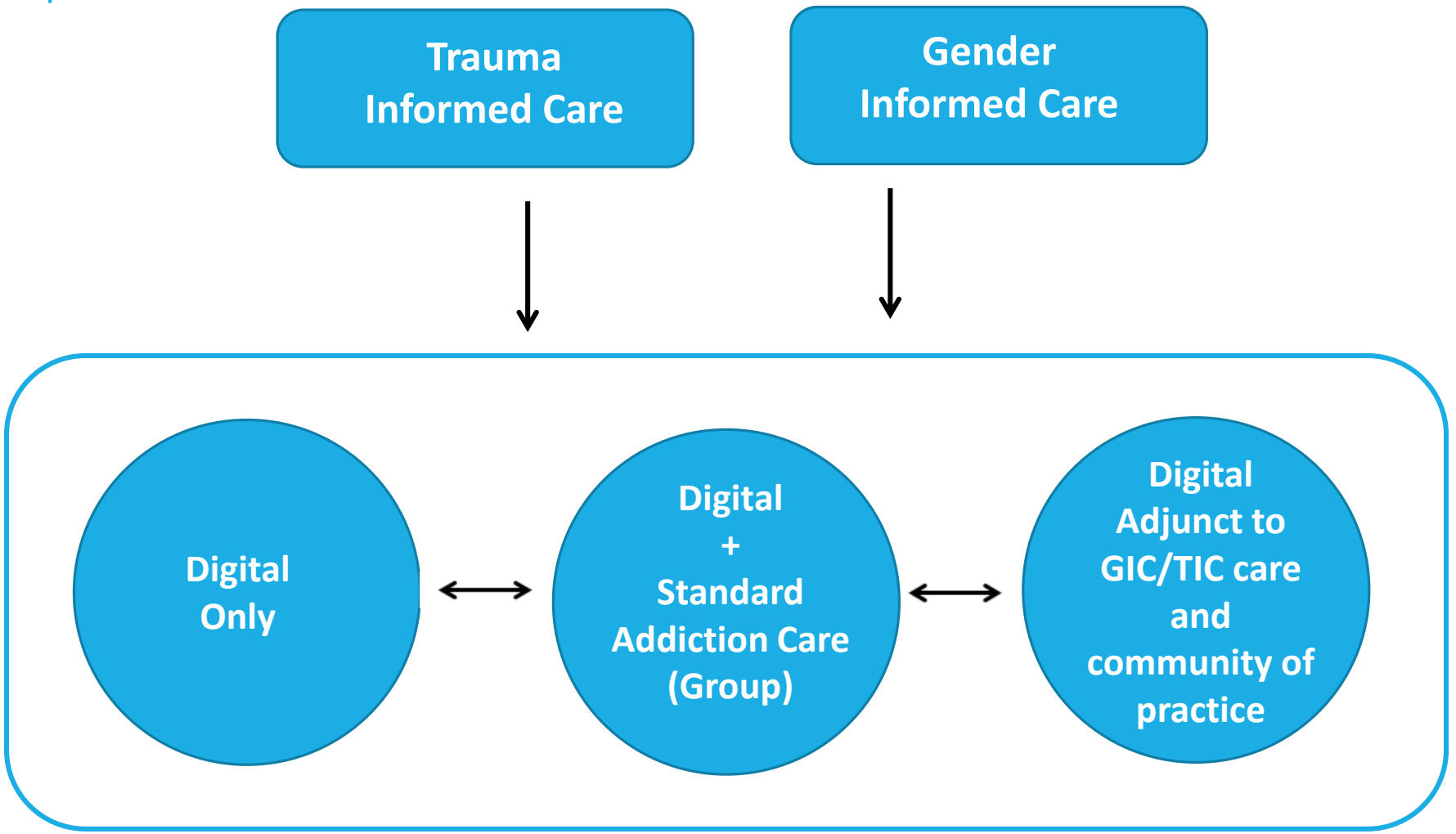
Loss of access to treatment and care

Increased stress and substance use

What digital options are out there?

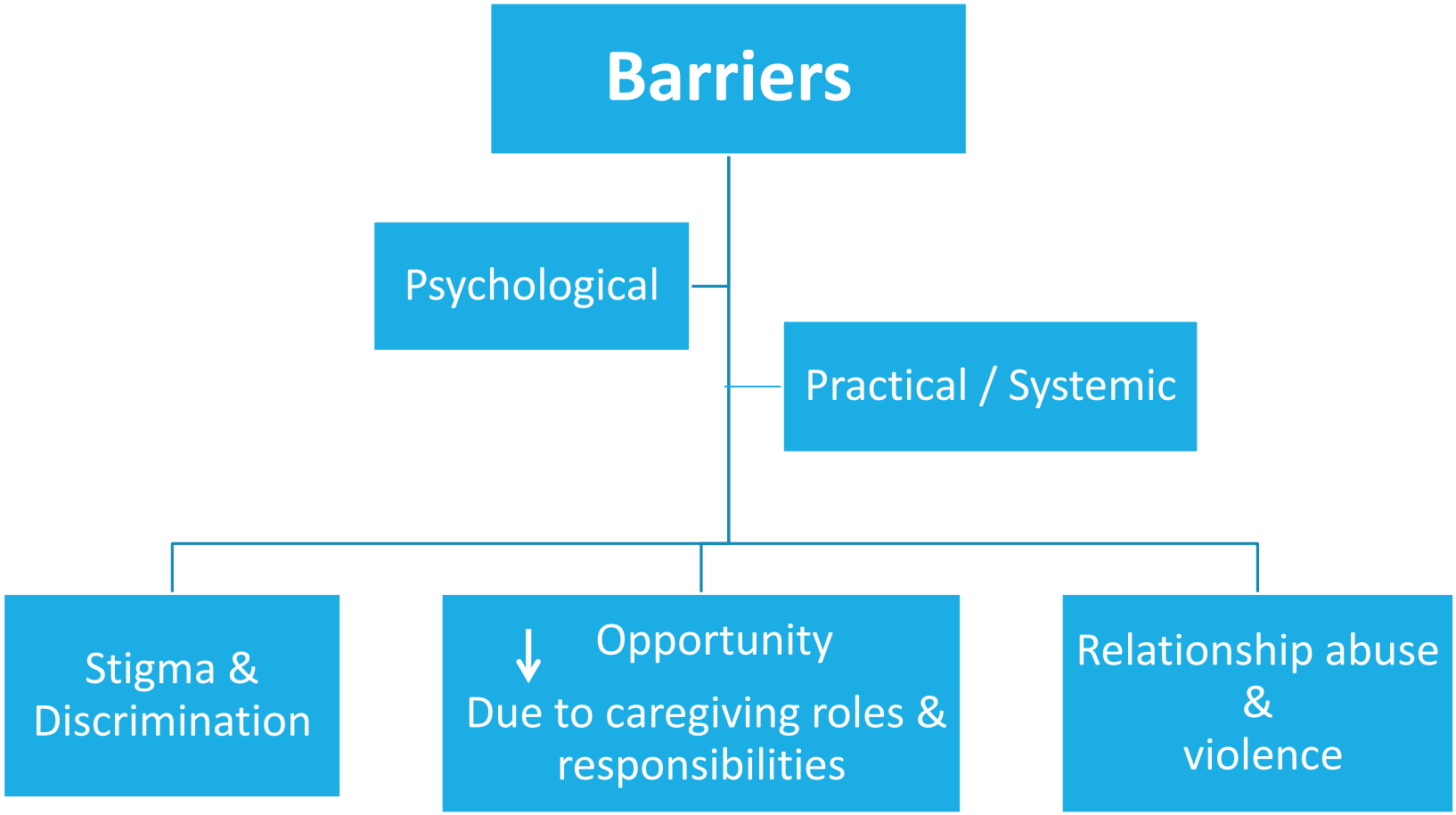
What digital tools and what digital model would work best?

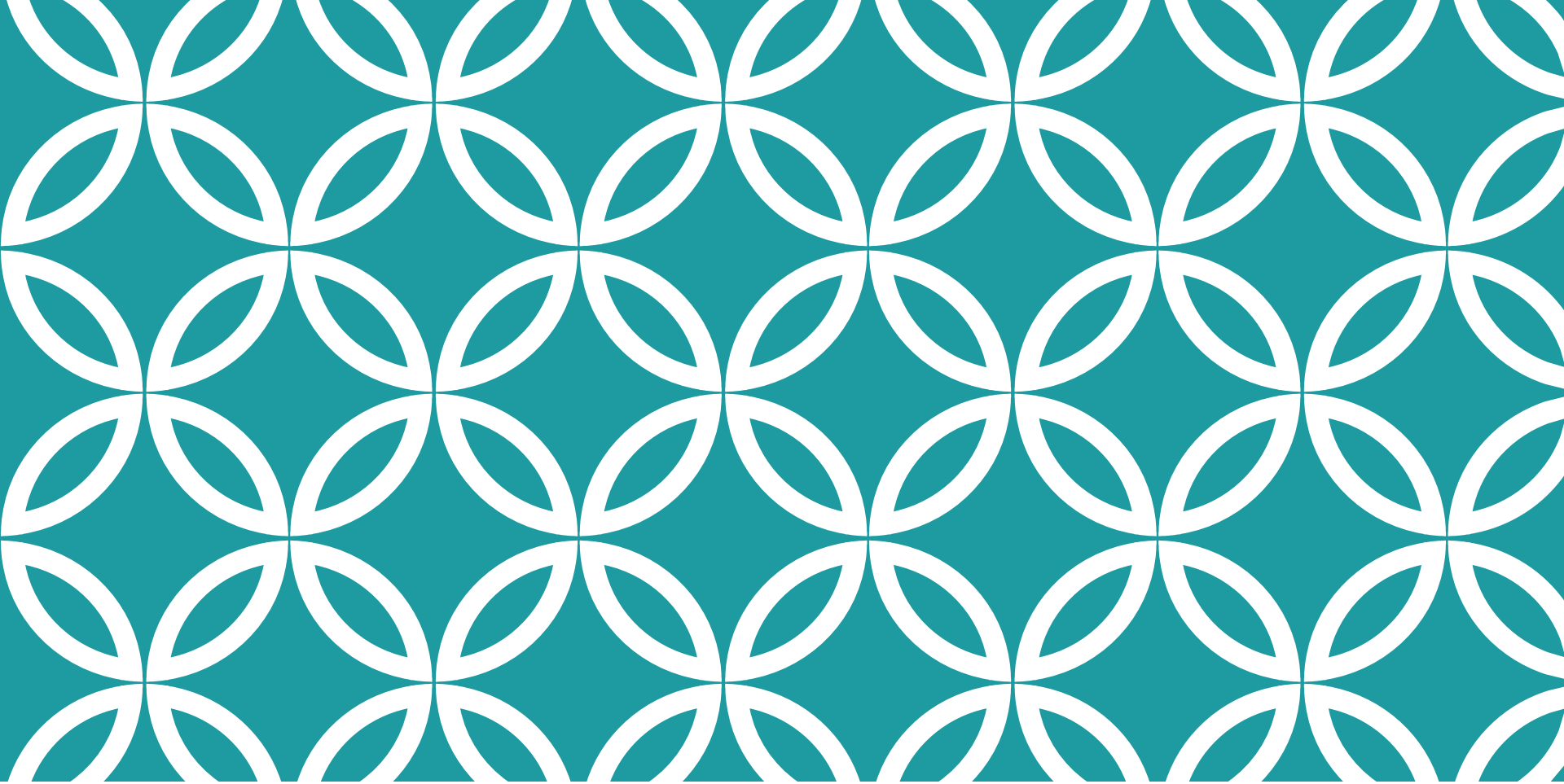
# WHERE DO DIGITAL HEALTH SOLUTIONS FIT IN?



# SOCIAL FACTORS

# WOMEN EXPERIENCE SPECIFIC BARRIERS TO CARE





# METHODS

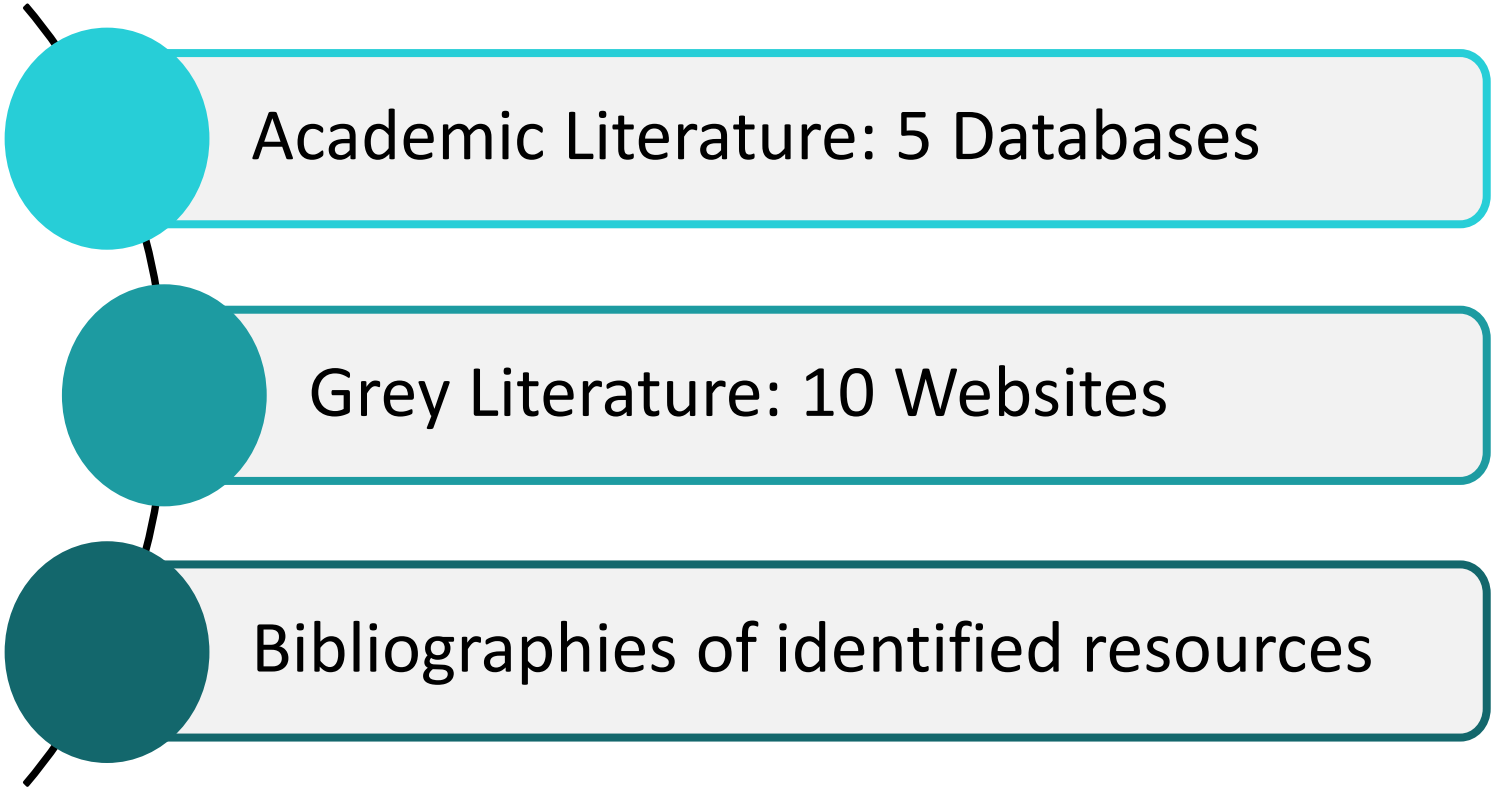
Lena Quilty

# AIMS

- To evaluate evidence for therapeutic benefits of digital health resources for substance use concerns (1) in those who identify as female/women and (2) in those who report a history of trauma

- To rate digital health resources for substance use concerns in Canada, based on the degree to which they incorporate principles of gender- and trauma-informed care

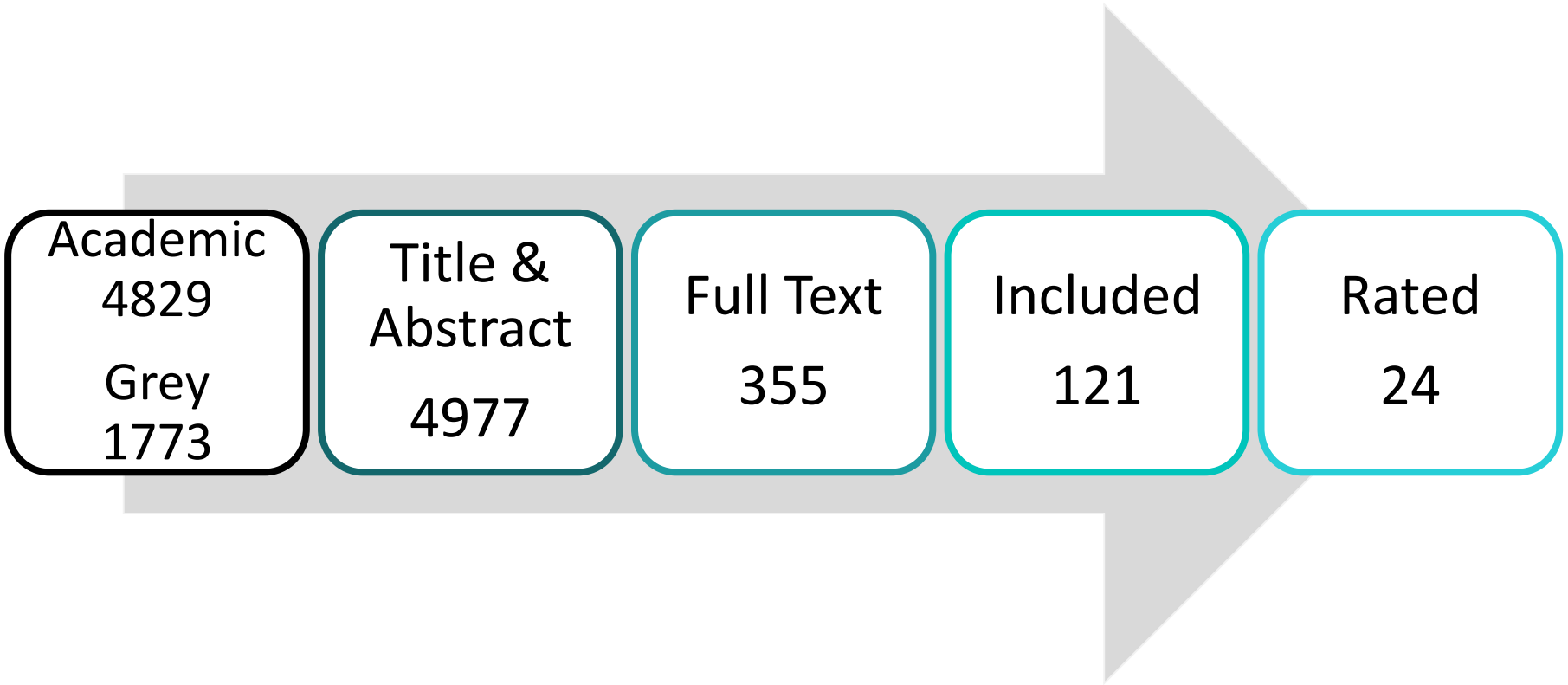
## ➢ Scoping Review: Sources



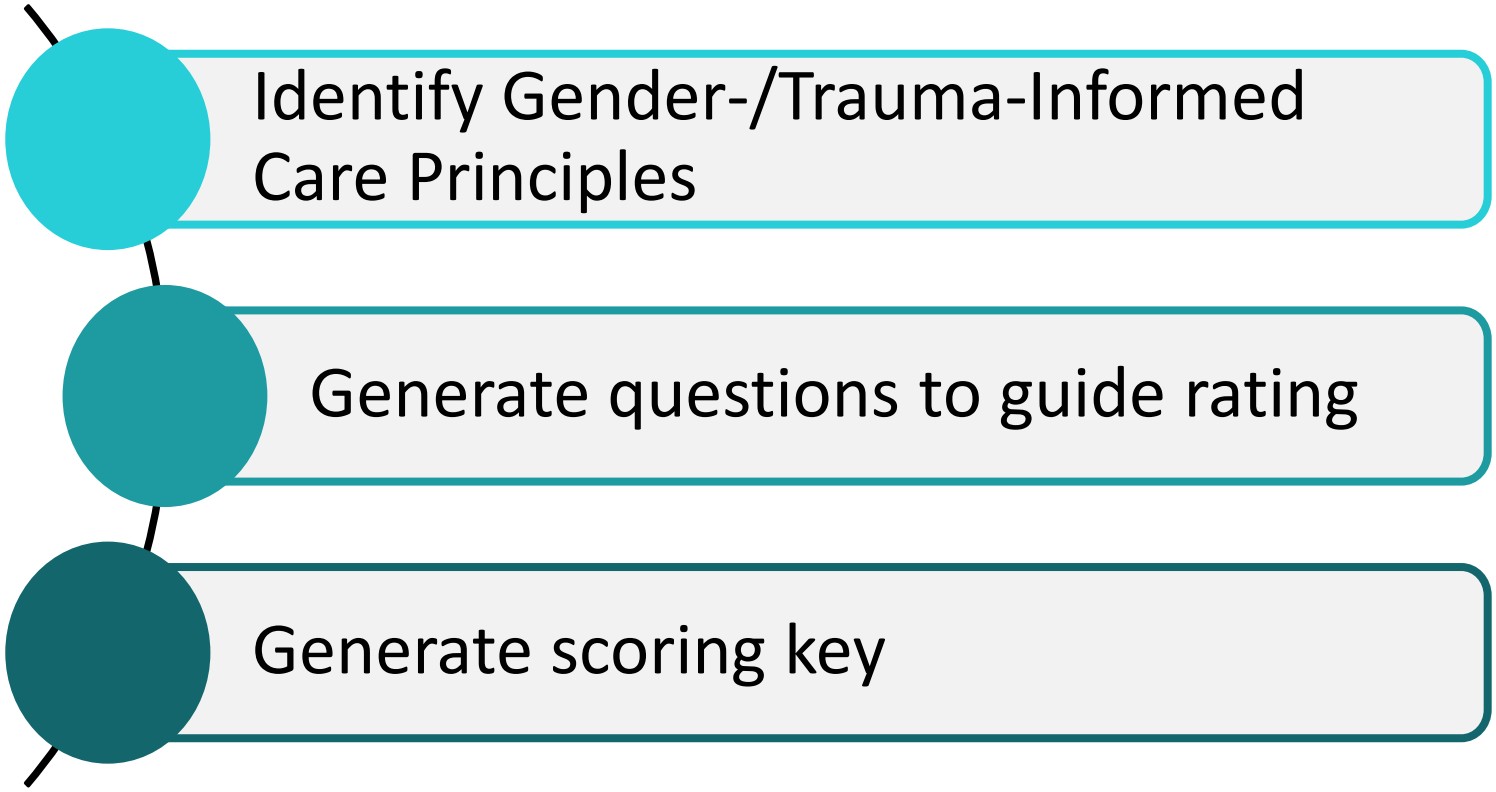
# ➢ Scoping Review: Eligibility

| | |
|---|---|
| Language | • English |
| Date | • January 1, 2014 –June 30, 2020 |
| Type | • Original research<br>• All settings/designs |
| Sample | • Adults; Risky/harmful substance use<br>• Min 20% female/women or trauma |
| Intervention | • Web- or mobile-based<br>• Target adults, substance use |

# ➢ Scoping Review: Identification & Screening



## ➢ Resource Rating: Process



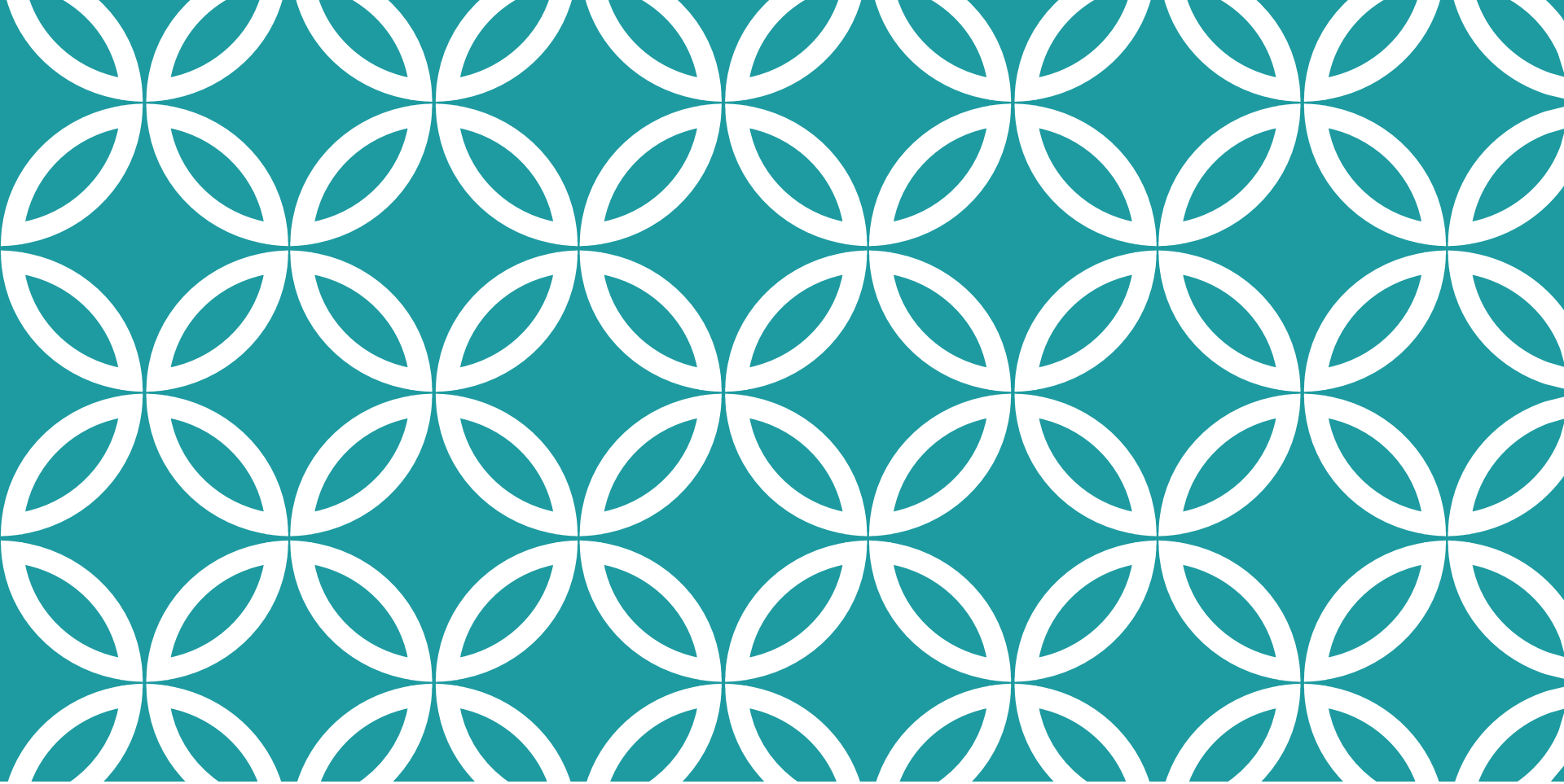
# ➢ Resource Rating: Features

Theoretical Foundation

Collaborative

Iterative / Learning

Rigorous



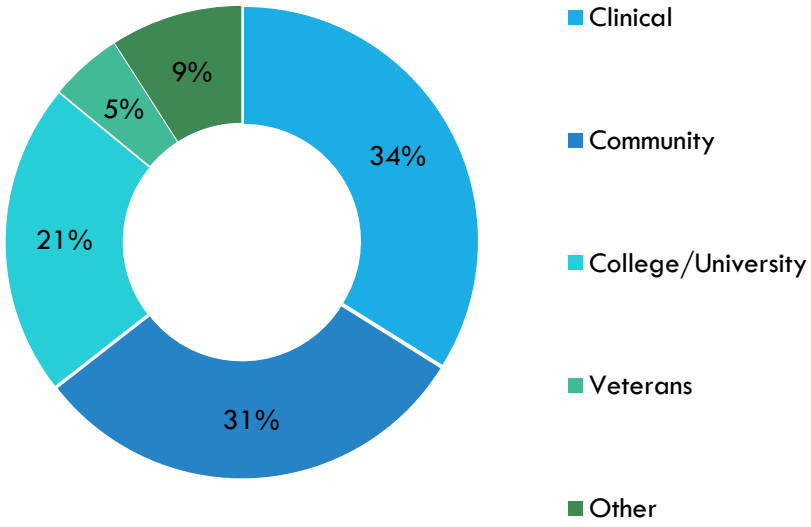
# FINDINGS

Lena
Quilty

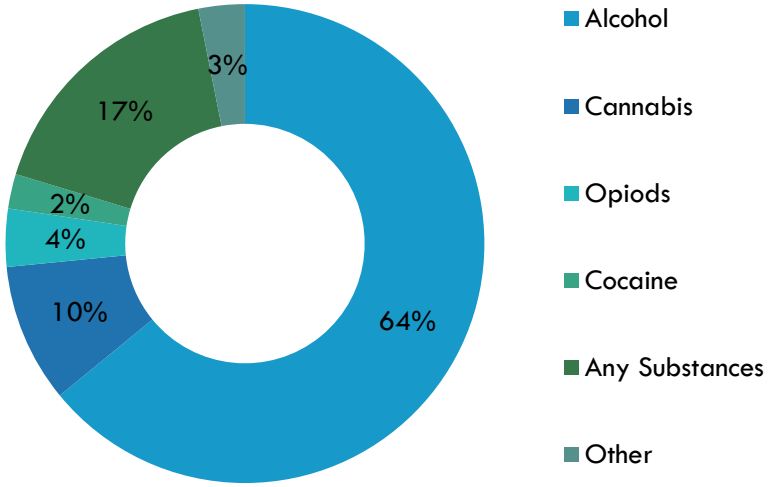
# 1. SCOPING REVIEW

Only 4 studies in Canada

## Nature of Sample



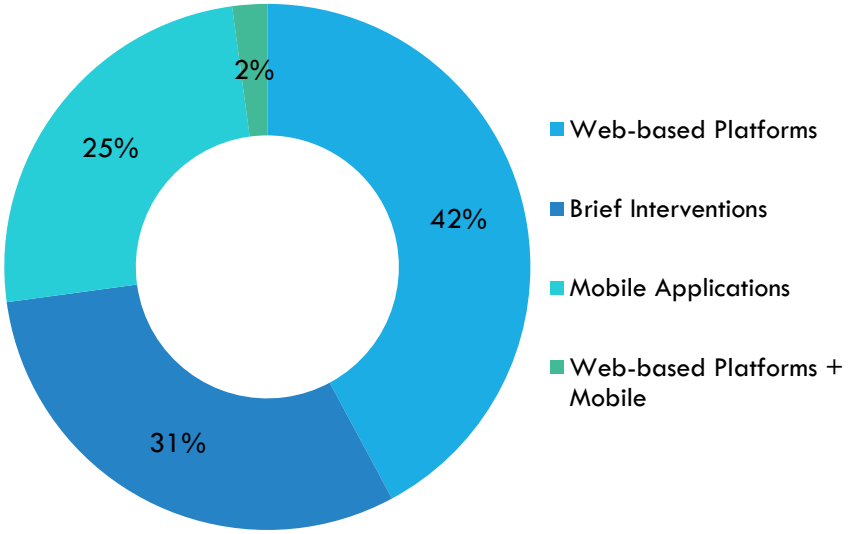

## Target Substance



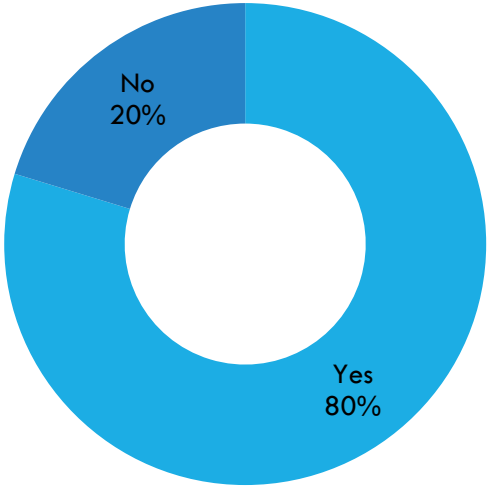
# FINDINGS

- Range of interventions evaluated
- Overall, promising – although design limitations

Intervention: Nature



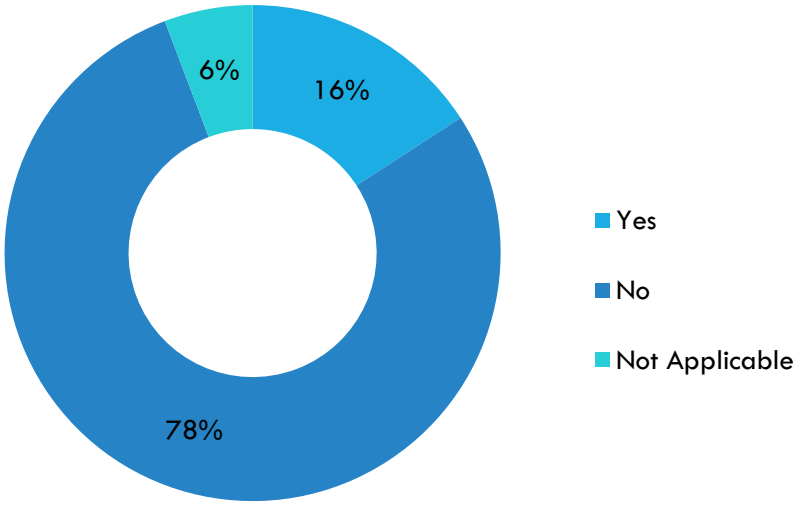

Intervention: Effective?



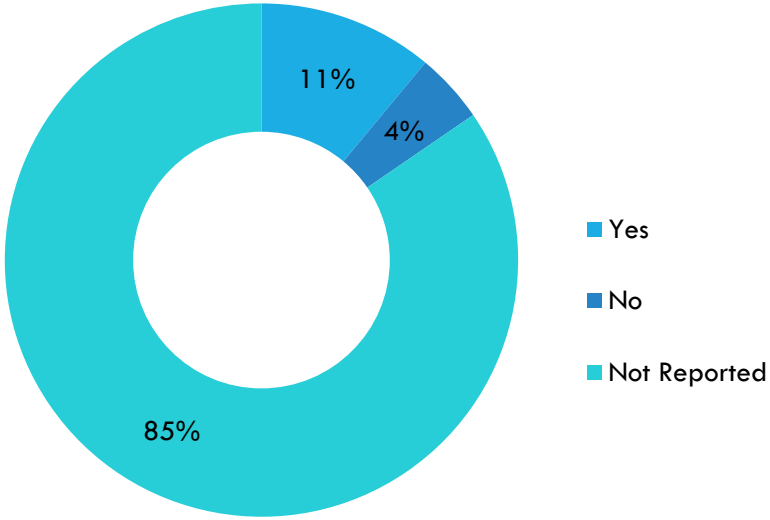
# FINDINGS

- Vast majority do not assess gender
- Evidence specific to women/females therefore weak

Sex/Gender Analyses




Effective in Women/Females



# 2. RESOURCE RATING

GIC

- Roles & needs of gender groups
- Gender fluidity
- Intersectionality
- Power imbalances & stereotypes
- Specific info, approach
- Empowerment
- Gender equity

TIC

- Trauma awareness
- Safety & trustworthiness
- Choice, control, collaboration
- Strengths-based care and empowerment
- Cultural, historical, gender issues

# FINDINGS

- Principle features presented using both quantitative and narrative approaches
- To be made available online; link TBD

# PRINCIPLES FOUND IN MANY INTERVENTIONS:

- Sex/gender-specific information & approaches
- Support empowerment
- Safety & trustworthiness
- Choice, control, & collaboration
- Strength-based care & empowerment

# GAPS IN AVAILABLE INTERVENTIONS:

- Specific roles, needs of gender groups
- Gender fluidity
- Intersectionality
- Power imbalances & stereotypes
- Gender equity
- Trauma awareness
- Cultural, historical issues

# FINDINGS

**The promise:**

Despite few resources developed for women, findings show:

- Evidence for therapeutic benefits for range of resources
- Features consistent with several principles of gender- and trauma- informed care

**The priority:**

- Limited attention to gender in **assessment** or **analysis**
- **Gender-specific needs/approaches** under-represented
- Limited content relevant to **trauma** & **intersectionality**

# IMPLICATIONS & BENEFITS

for Community Health Agencies

Michelle Coombs

# OVERVIEW OF JEAN TWEED CENTRE
## ESTABLISHED IN 1983

- A leading community-based organization that provides a safe and supportive environment for women with:
  - Substance use concerns
  - Mental health issues
  - Gambling issues

- Named after Jean Shannon Tweed
- A woman who saw the need for a safe and supportive environment for women to address their substance use issues

# THE JEAN TWEED CENTRE

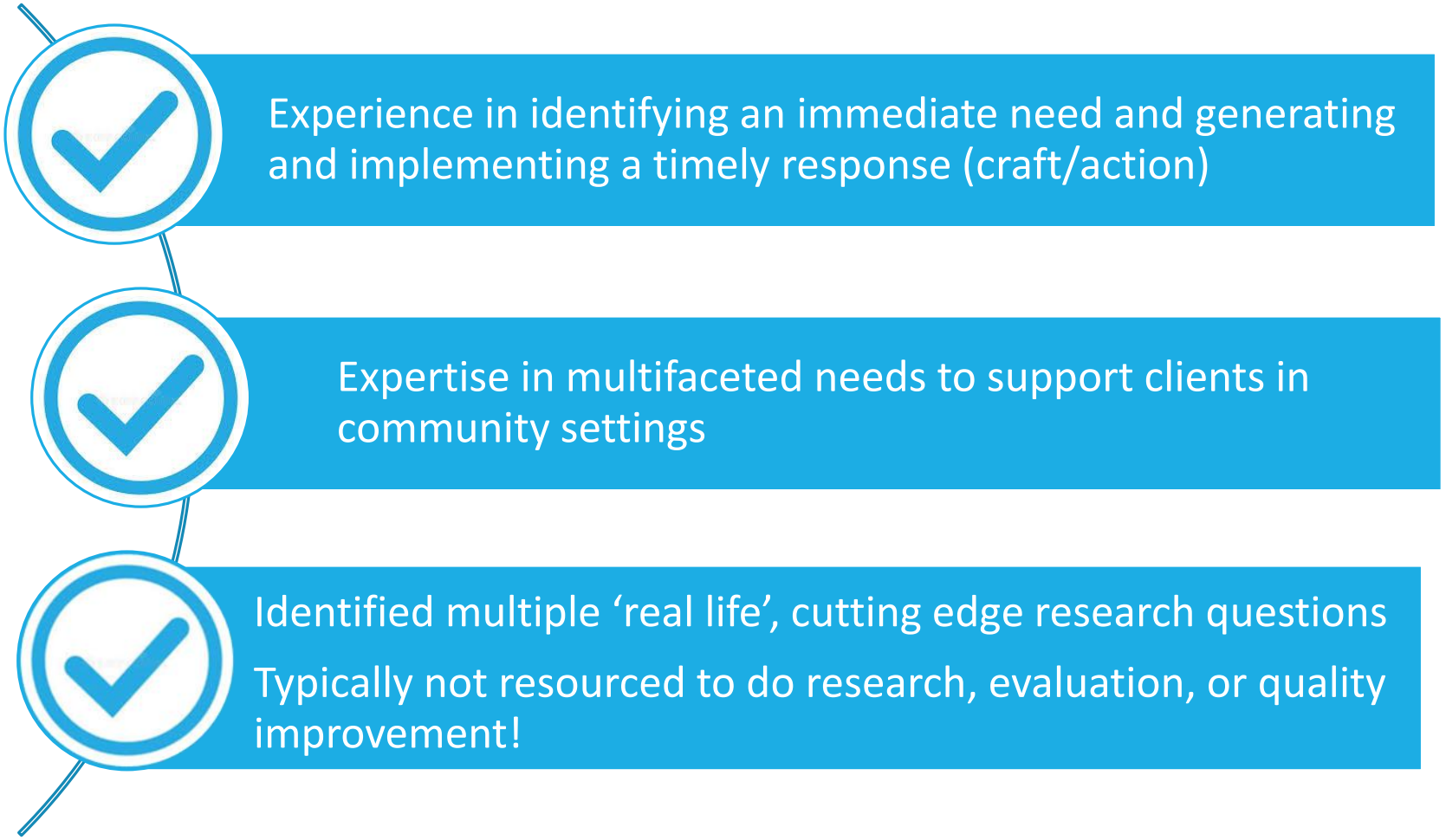
# THE CENTRE OFFERS A WIDE RANGE OF SERVICES INCLUDING:

- Residential and day programming
- Out-patient programming including:
  - Family and Trauma counselling
  - Individualized counselling
  - Continuing care

- Housing and housing support
- Outreach:
  - Homeless women
  - Pregnant and parenting women
  - Women in the justice system

- Child development
- Family and parenting support

# WHY COMMUNITY PRACTITIONERS TAKE PART IN RESEARCH



- Experience in identifying an immediate need and generating and implementing a timely response (craft/action)
- Expertise in multifaceted needs to support clients in community settings
- Identified multiple ‘real life’, cutting edge research questions
- Typically not resourced to do research, evaluation, or quality improvement!

# WHY JEAN TWEED TAKES PART IN RESEARCH

- Recognised value in partnering with researchers early on
- Began partnering with researchers whose research focused on areas related to mission
- Recognised research without a gender lens was leaving over 50% of the population out

- Decided we wanted a more central role in defining research questions
- Taking part in research ensures a sex/gender/equity lens from the beginning

- Relevant research gives us tools (Trauma Matters, Digital Health Solutions for Women with substance use concerns) to use in practice, advocacy, education
- Ensures the needs of the women we serve can be met by us and in the rest of the health system

# WHY JEAN TWEED TOOK PART IN THIS PROJECT

- Know and trust the research partner and commitment to women's health AND to engaging us as a true partner
- Were already engaged in digital solutions for women pre-pandemic

- Had some assumptions about what women need and some gaps in digital options
- Wanted an opportunity to engage in a project where we could mutually define the inquiry

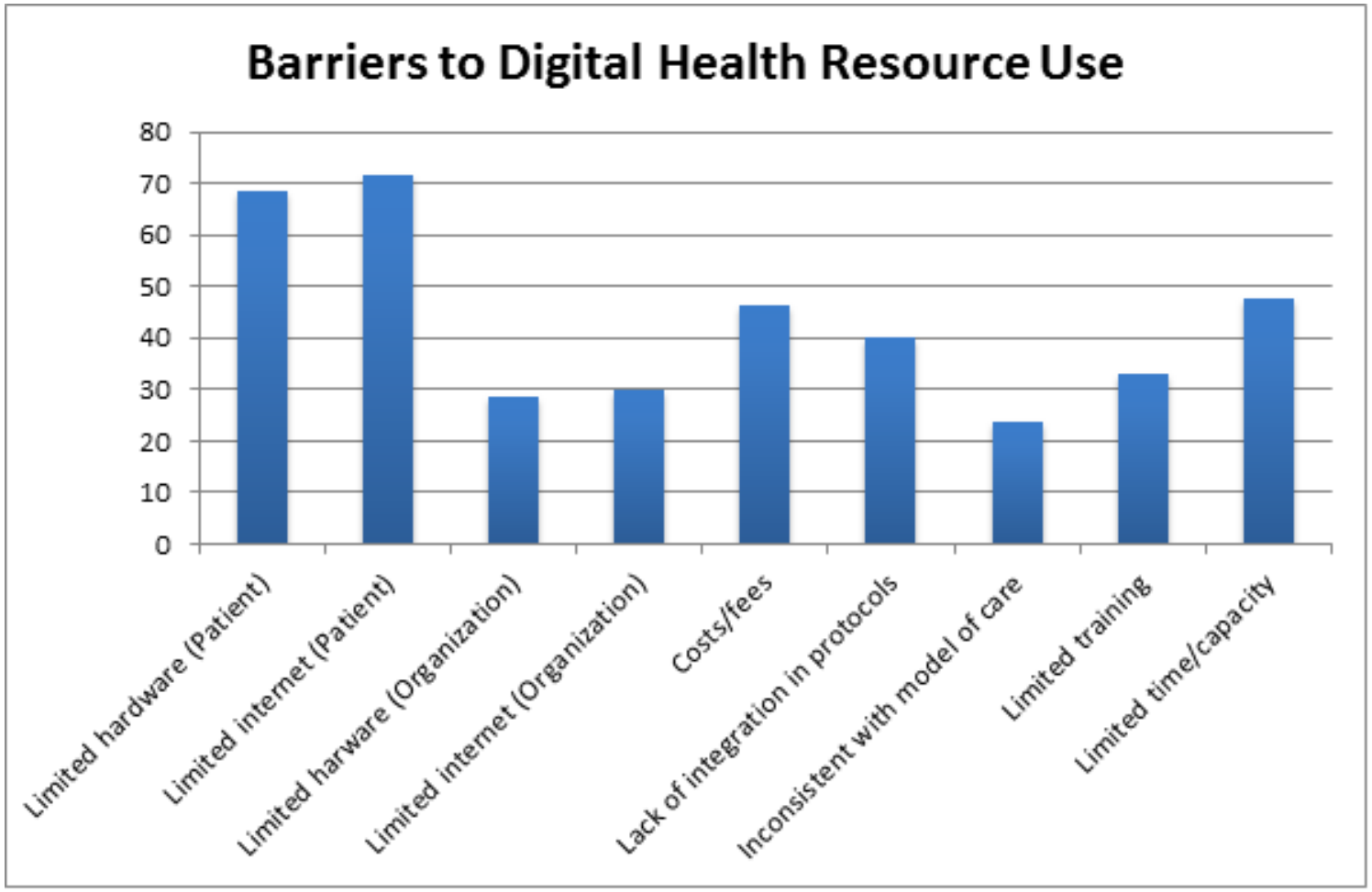
- Wanted to take part in a project where the answers will help our future work
- Wanted the opportunity to develop a clinical-research partnership to allow work on future projects

# HOW TO ENGAGE WITH COMMUNITY RESEARCH PARTNERS

| **For those of you wanting to engage in community/researcher partnership:** |
| --- |
| ❑ Recognise the value that all partners bring (not just a subject pool) |
| ❑ Ensure that partners are at the table from the beginning in, at minimum, an advisory capacity |
| ❑ Ensure research question is intended to answer questions that support practice needs |
| ❑ Resource community partners in a proportional way through the granting process |
| ❑ Step outside comfort zone and be committed to mutual learning |
| ❑ Share successes (publications, social media coverage, etc.) |

# BARRIERS

## IDENTIFIED BY COMMUNITY AGENCIES, FRONT LINE CARE PROVIDERS, PATIENTS, FAMILIES AND PEERS:



# BARRIERS

## IDENTIFIED BY COMMUNITY AGENCIES, FRONT LINE CARE PROVIDERS, PATIENTS, FAMILIES AND PEERS:

| Qualitative Responses to Barriers to Digital Health Resource Use |
| --- |
| ❑ Lack of comfort with technology (e.g. not “tech-savy”) |
| ❑ Lack of mandate |
| ❑ Lack of trauma-informed or holistic approaches |
| ❑ Need to increase access:<br>- To provide patient education / communication<br>- To ensure attention to equity<br>- To attend to privacy concerns |

# IMPLICATIONS & BENEFITS

for Patients, Families, and Peers

Betty-Lou
Kristy

CENTRE *for* INNOVATION *in* PEER SUPPORT

SUPPORT & HOUSING HALTON

We provide system support to organizations who have peer support staff, through training, implementation, evaluation & research, capacity building, knowledge brokerage, and quality Improvement.

**We Offer:**

- Peer Staff, Supervisor & Team Trainings
- Lived Experience Public Speaking Training (coming soon)
- Implementation Resources and Support
- Validated Peer Support Evaluation Tool
- Communities of Practice and Mentoring
- Quality Improvement Consultation

**60 Peers**

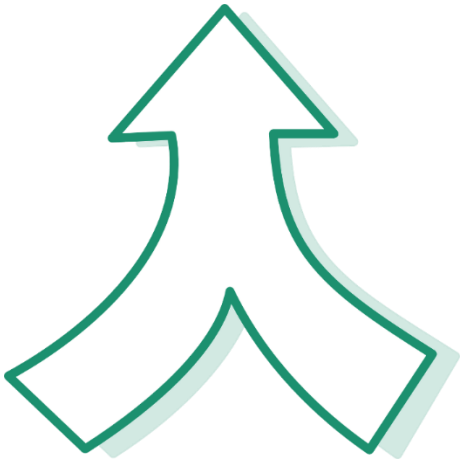
**40 Supervisors**

**30 programs**

Mental Health
Addiction and Treatment
Hospitals
Harm Reduction
Shelter and Housing
Justice and Corrections
Employment
Social Recreation
Sex work
Community Health
Family Peer Support

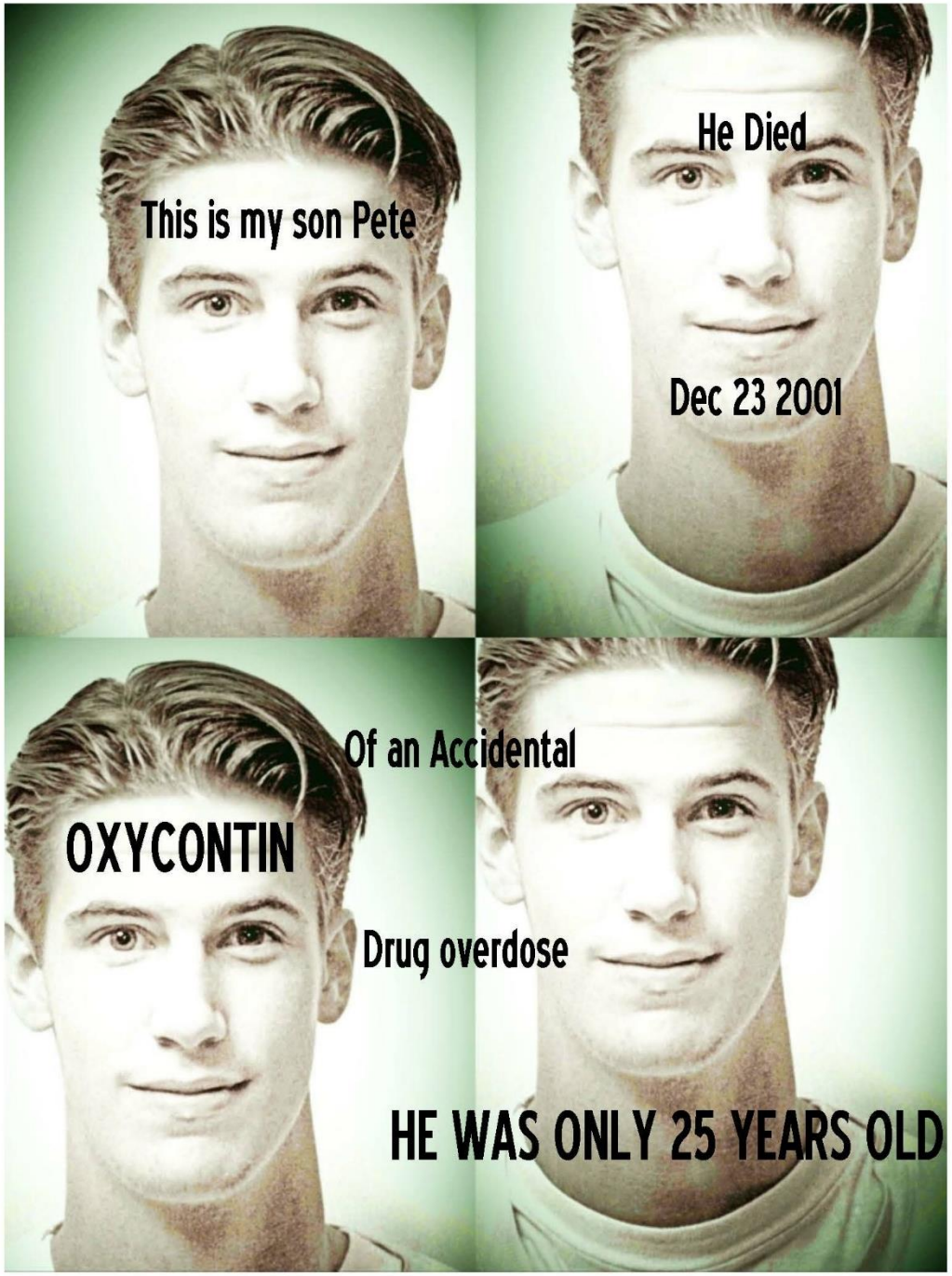
# AMALGAMATION WITH TEACH

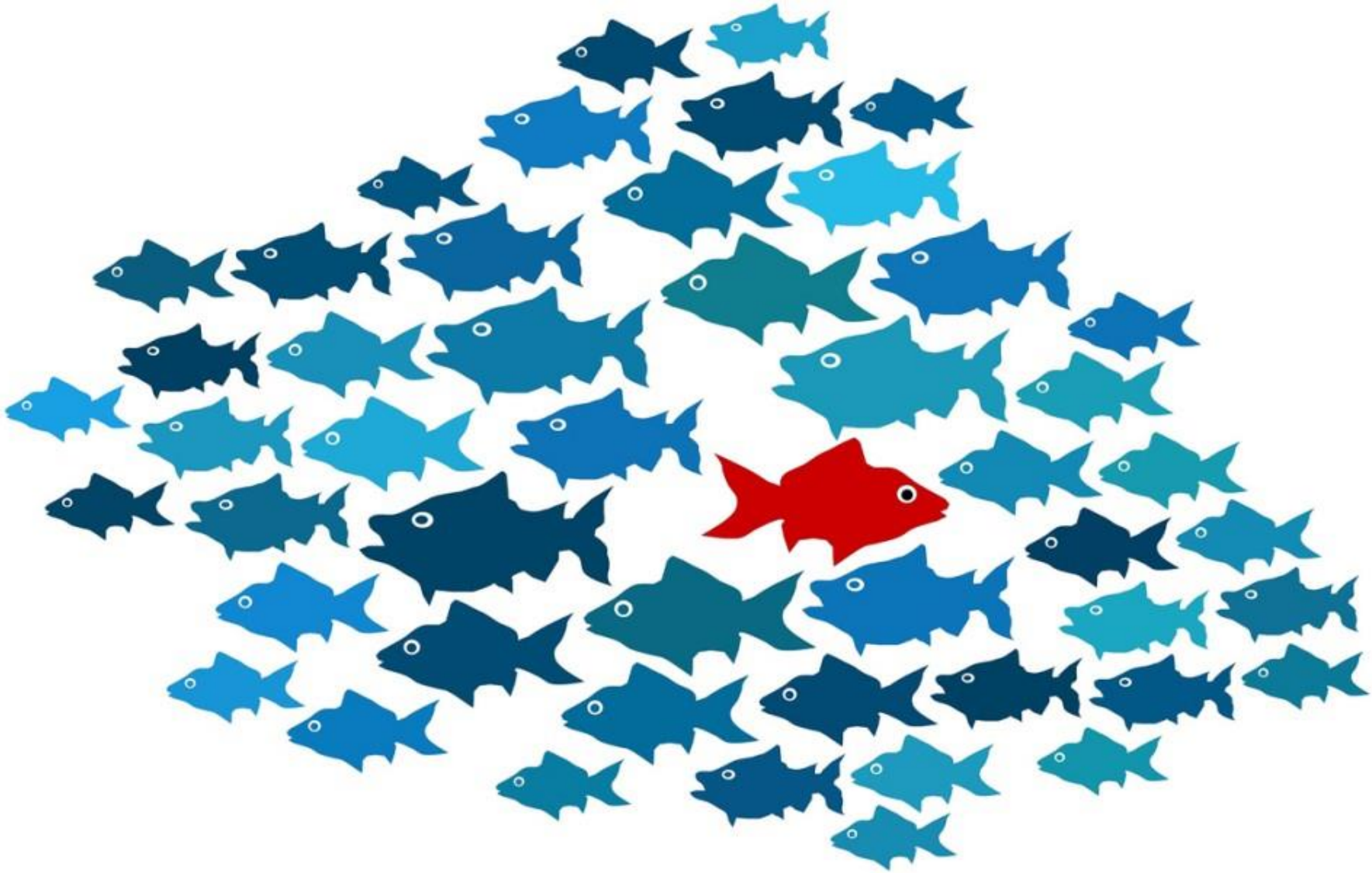
In 2019 The Centre and TEACH Amalgamated. TEACH is the recognized Consumer Survivor Initiative (CSI) for Mississauga Halton LHIN Region. TEACH has been providing peer support since 1997, offering quality regional programs that are designed, developed, implemented and evaluated by People with Lived Experience.



TEACH has always been more than a set of regional programs; it is about building community and connection through creating safe spaces to heal and grow for people navigating mental health and substance use/addiction challenges, as well as the supporters/families.

# WHY AM I HERE?


This is my son Pete
He Died
Dec 23 2001
Of an Accidental
OXYCONTIN
Drug overdose
HE WAS ONLY 25 YEARS OLD



# WHY ARE GENDER INFORMED & TRAUMA INFORMED SOLUTIONS FOR SUBSTANCE USE CONCERNS SO IMPORTANT?

Transforming Health Care into Authentic Person Directed Services

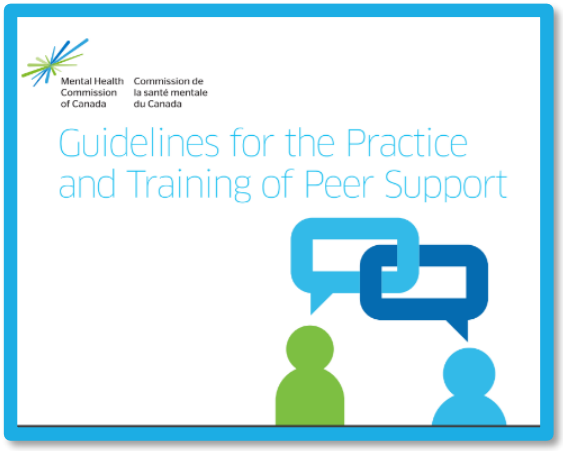
The Game Changer:
Co-creation-Human Centred Design-Authentic Engagement

# MENTAL HEALTH & SUBSTANCE USE/ ADDICTION

## STIGMA, DISCRIMINATION AND PREJUDICE ARE STILL VERY MUCH ALIVE


# Peer Support Core Values

Mental Health Commission Canada MHCC

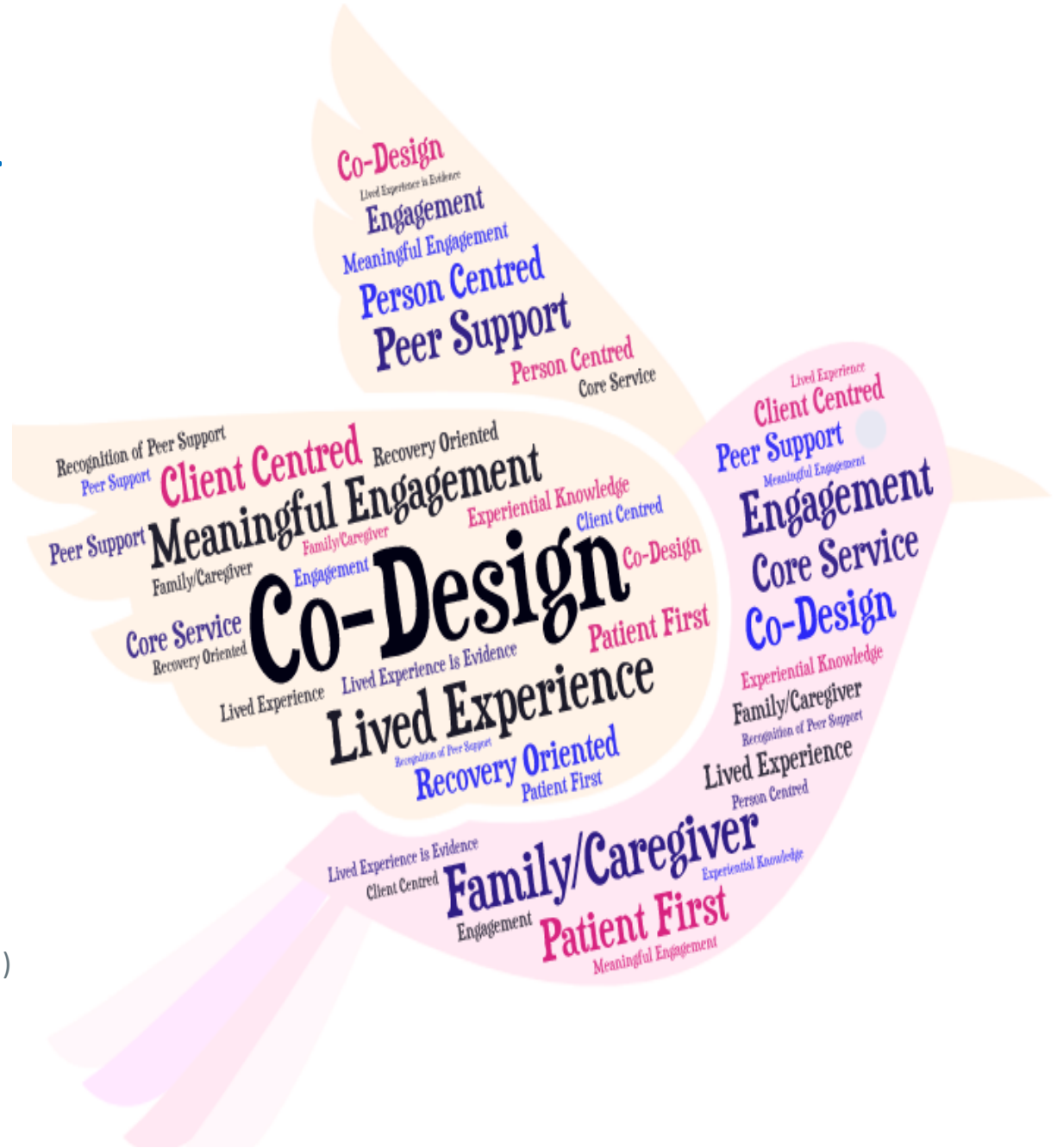


# ENGAGEMENT

We have the concepts but is that translating into practice?

Or is this an illusive little bird that keeps getting away from us?

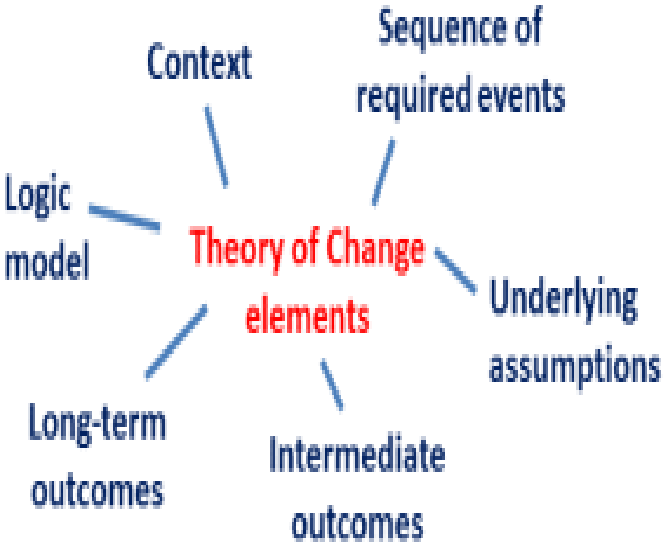
(Health Care System Engagement Bird)



# The Centre's Theory of Change (TOC) Statement

"When People With Lived Experience (PWLE) are trained and take on peer support positions within the substance use and/or mental health systems AND when they are seen and supported as valued members of the service team, capacity within these systems will grow. This will be reflected in more compassionate, responsive & equitable, recovery focused substance use and mental health systems and workplaces as well as in increased satisfaction among people using services.

This initiative strives to ensure every person will be recognized, appreciated and respected for the unique person they are on their unique journey and to ensure that care provision is adaptable to the fluctuations in peoples' recovery"

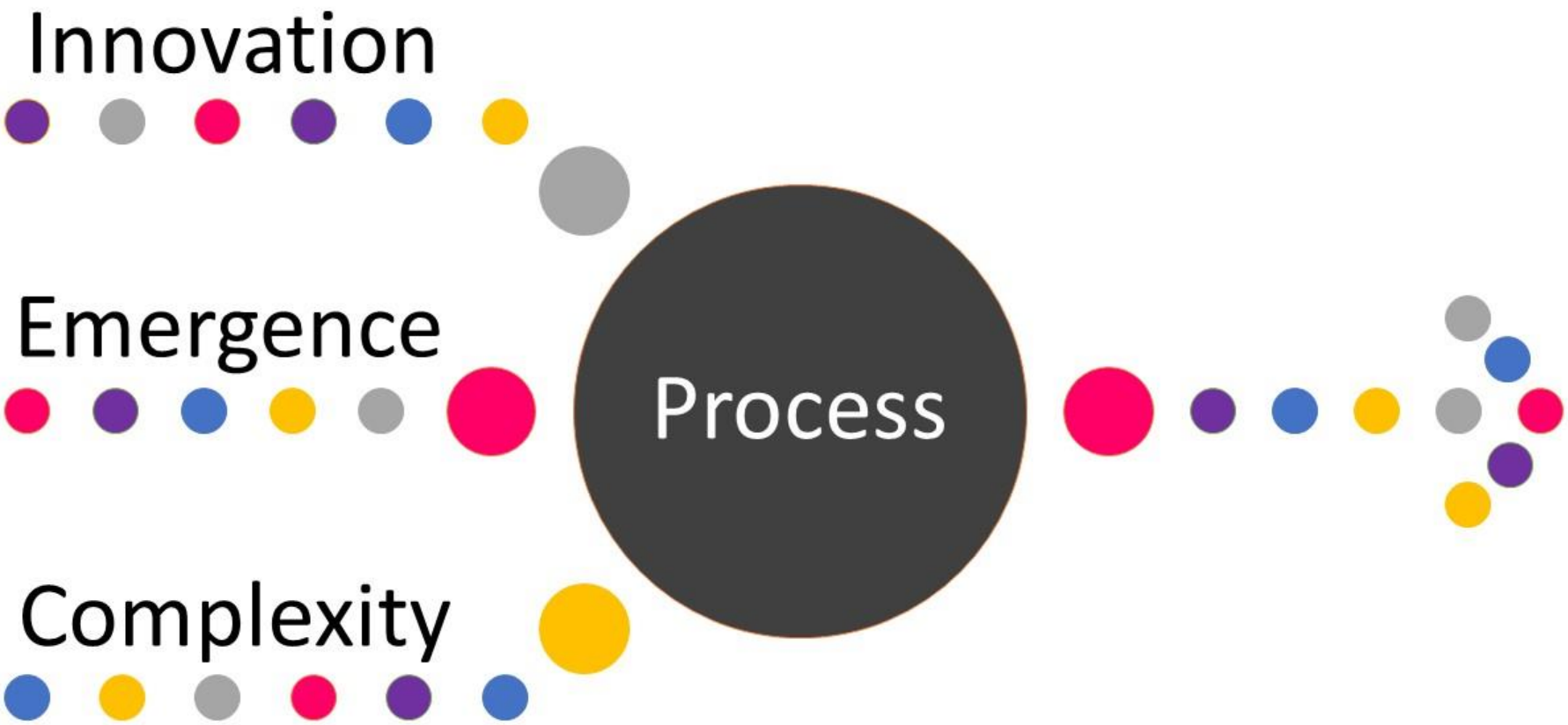


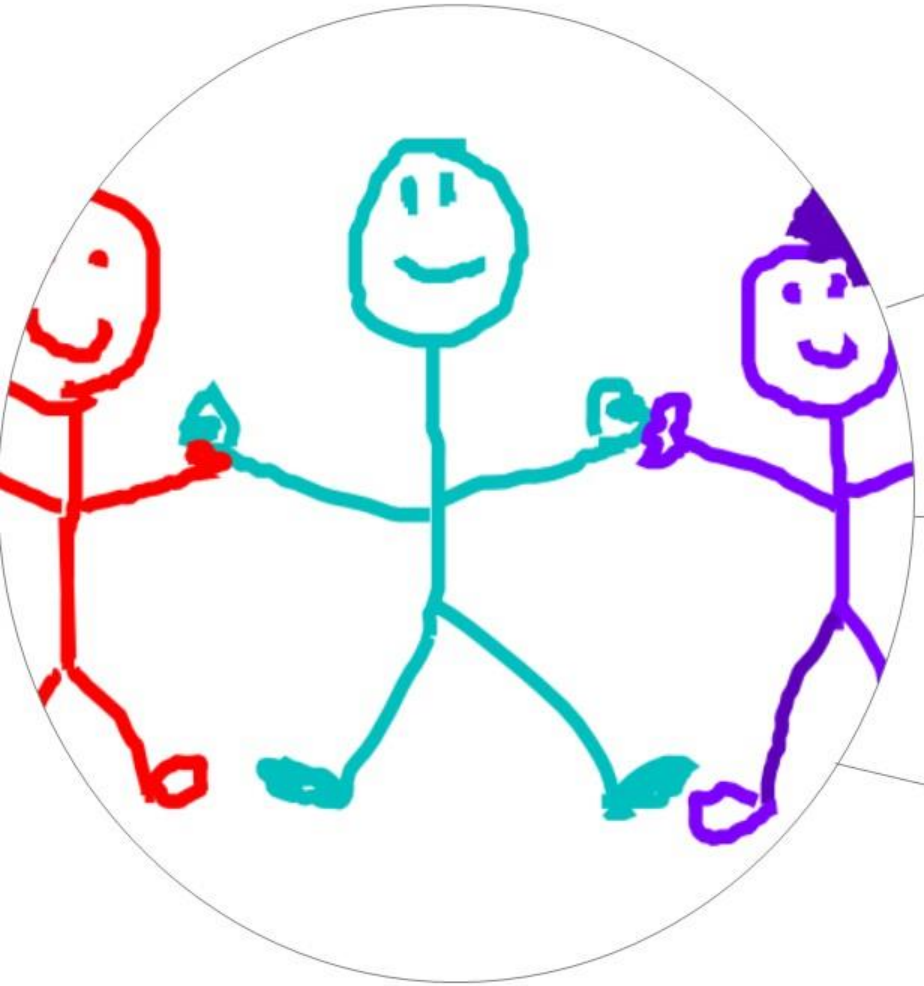

(As stated in the TOC- 2016 document originally known as the Sustaining Peer Support Initiative)



Authentic Engagement Solution:

**What if the Health Care System Engagement Bird came to nest in the Peer Support Values Tree?**

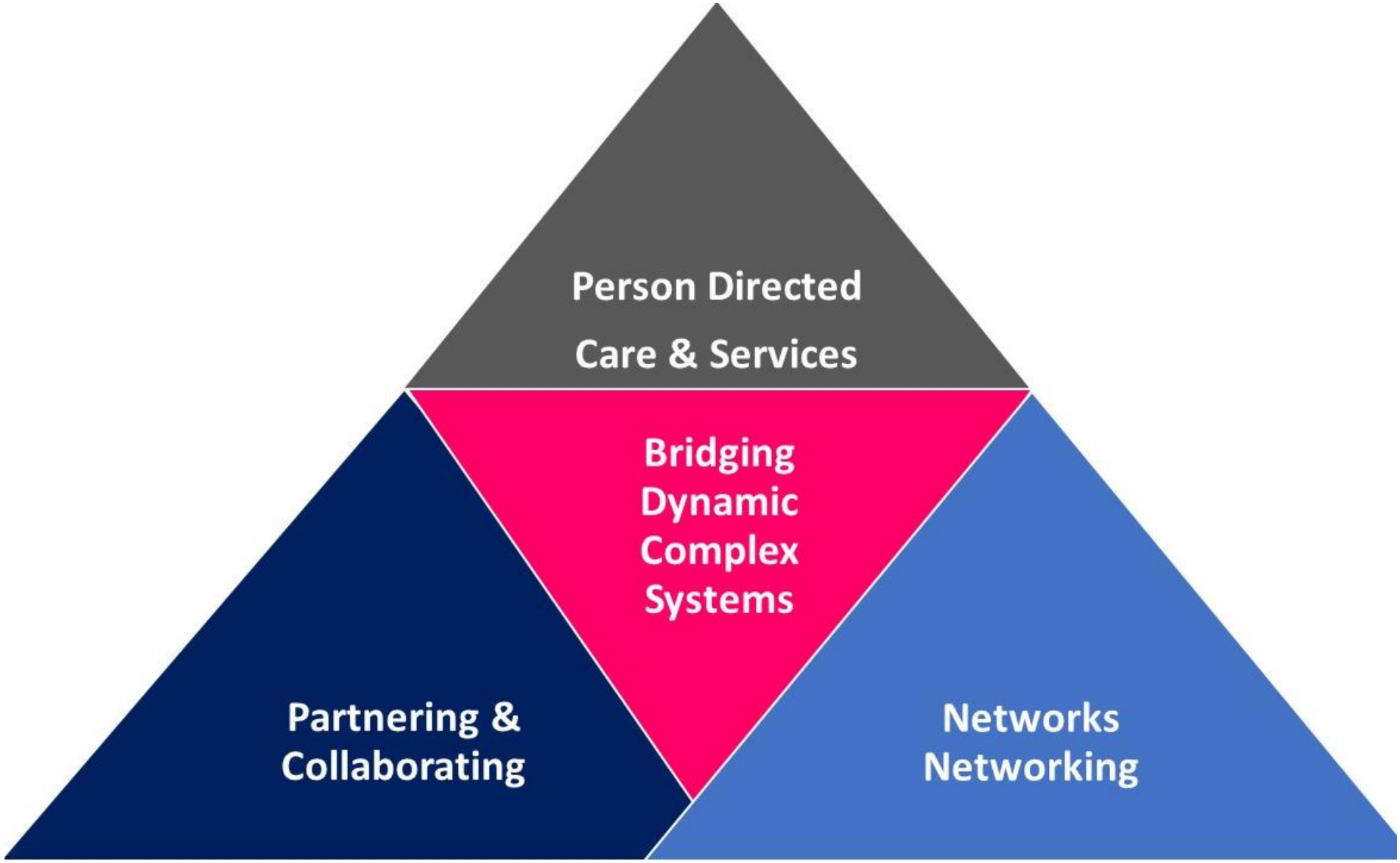

Innovation
Emergence
Complexity
Process



Relationship Building

Shared Voice

Larger Group Vision

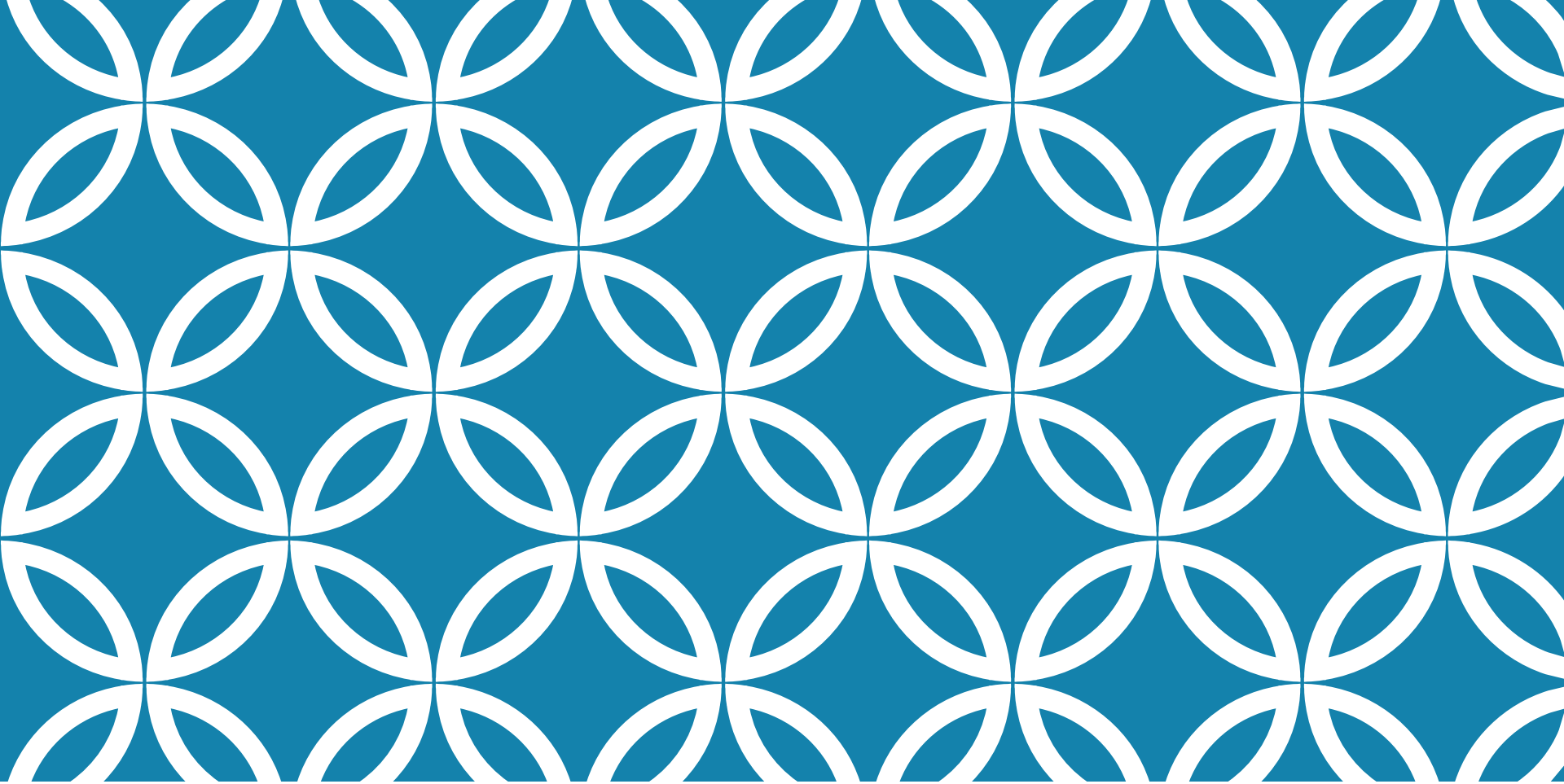

Person Directed
Care & Services
Bridging
Dynamic
Complex
Systems
Partnering &
Collaborating
Networks
Networking

"When allowed full and equitable political and social power with meaningful involvement in healthcare governance, policy development, planning, delivery and evaluation, people with lived experience, family/caregivers and peers can provide unique and relevant context upon which to work with, and base decisions on"

"The lived experience of people, families/caregivers and peer support is shaping the cultural shift from 'storytelling' to evidence. It provides a road-map to affirmative change"

Centre for Innovation in Peer Support White Paper 2016

# QUESTIONS?



# THANK YOU