

Disability Inclusion, Intersectionality, and Knowledge Translation

KTDRR's 2024 Virtual KT Conference

October 15, 16, and 18

Center on
**KNOWLEDGE TRANSLATION FOR
DISABILITY & REHABILITATION RESEARCH**

Understanding and Addressing Access Barriers for Youth and Young Adults with Mental Health-Related Disability: A Mixed-Methods Study

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Agenda

1. Research Problem-Gap (2 minutes)
2. Interactive Activity (5 minutes)
3. Methodology (2 minutes)
4. Results (5 minutes)
5. Conclusions (1 minute)

Research Problem-Gap

- Despite investments and advancements in mental health and addictions, the persistent unmet healthcare needs are staggering (Paltser et al., 2020).
- Mood and anxiety disorders are traditionally defined by presenting symptoms (Gordon et al., 2006). The number and intensity have driven the formulation of research and diagnostic criteria.
- Disability studies (Mulvany, 2000; Thorneycroft, 2020) signal the need to look at mental health-induced impairments as a separate dimension for research investigation.

Research Problem-Gap

- Early investigation suggests there may be an access paradox, where Young Adults with Mood and Anxiety Related-Disabilities (YAMAD) must use personal functions to access health care that would be impaired by the same illness for which YAMAD sought treatment.
- The iatrogenic effects of the health system result in disability (Oliver, 2009) for YAMAD.

Interactive Activity

IMAGINE YOU WERE DESIGNING A REHAB CENTRE



30th floor

In securing a site for the centre and designing the layout and accessibility needs, you most likely would not choose a place that was on a really high floor, with only stairs and no elevator, or ramps.



broken leg

The primary issue that you are designing for are people that have a broken leg.



building a system for its users

A primary concern is the challenge with physical mobility, so we design spaces to make that easier.



All images are from Canva

TRY TO IMAGINE

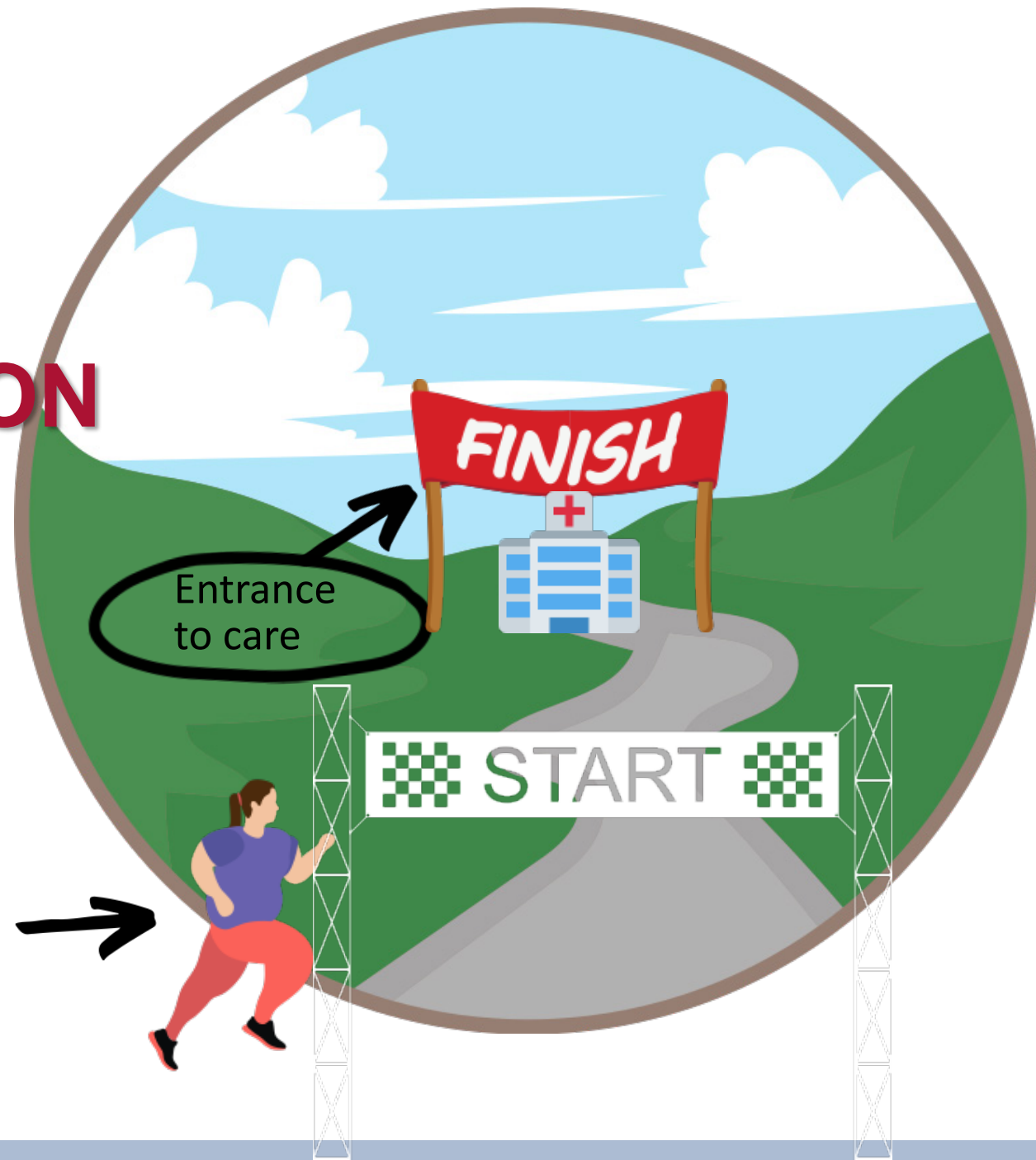
BUILDING A SYSTEM FOR YOUNG ADULTS
WITH MOOD and ANXIETY DISORDERS



Graphics from Canva

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PERCEPTION



Entrance to care

Young Adult with Mood and Anxiety Disorder (YAMAD)



Graphics from Canva

REALITY



Young Adult with
Mood and Anxiety
Disorder (YAMAD)



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FUNCTIONAL ISSUES FOR YAMAD

This does not even include issues around social determinants of health or structural or systemic issues.

COGNITION

Understanding and communicating

MOBILITY

Moving and getting around

SELF-CARE

Attending to one's hygiene, dressing, eating, and staying alone

GETTING ALONG

Interaction with other people

LIFE ACTIVITIES

Domestic responsibilities, leisure, work, and school

PARTICIPATION

Joining in community activities, participating in society

COGNITION

Understanding
and
communicating.



CONCENTRATING

REMEMBERING IMPORTANT THINGS

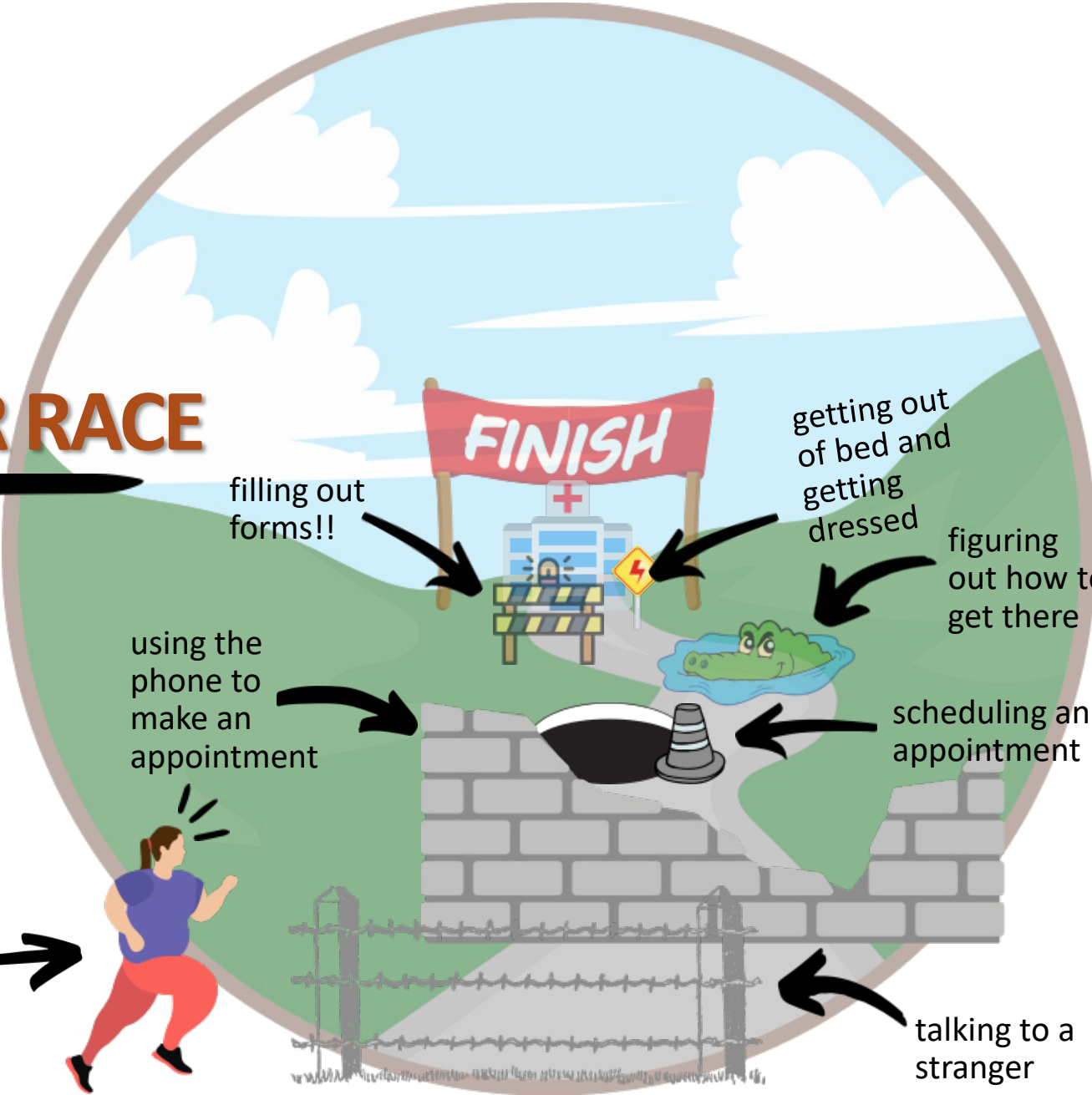
LEARNING HOW TO GET TO A NEW PLACE



FINDING SOLUTIONS IN DAY-TO-DAY LIFE

THE UNFAIR RACE

Young Adult with
Mood and
Anxiety Disorder
(YAMAD)



filling out forms!!

getting out of bed and getting dressed

figuring out how to get there

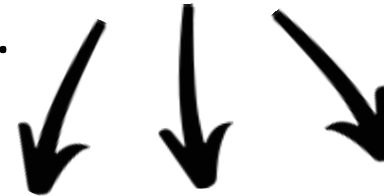
scheduling an appointment

using the phone to make an appointment

talking to a stranger

TRY **TO** IMAGINE

A MODEL OF ACCESS THAT WAS BUILT FOR YOUR STRENGTHS AND NOT FOR THE LIMITATIONS YOU FACE BECAUSE OF YOUR ILLNESS.



NON-COMPLIANT

NO SHOW

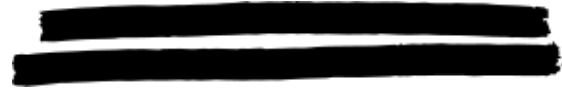
LOST TO FOLLOW-UP



MY RESEARCH

RE IMAGINE

A SYSTEM DESIGNED BY AND FOR YOUNG ADULTS WITH MOOD AND ANXIETY DISORDERS.



PERCEPTIONS OF
ACCESS RELATED TO
HEALTH SYSTEM
UTILIZATION

MIXED
METHODS

PATIENT
ORIENTED

Methodology

Mixed-Methods Health Research

Mixed-Methods Research Question

- How do YAMAD's experiences, perceptions, and understandings about the barriers to and facilitators of mental health and addictions care explain quantitative differences in unmet healthcare needs?

* Onwuegbuzie and Leech (2015) detail an iterative process of re-evaluating the research questions throughout data collection, analysis, validation, and interpretation. All proposed research questions will also be discussed with the patient research partners. *

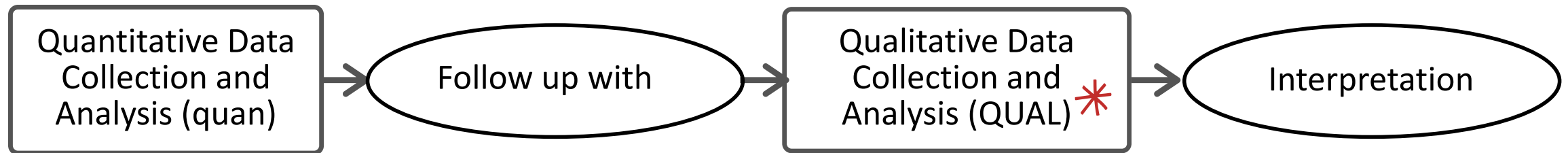


Research Design

Transformative Mixed-Methods Sequential Explanatory Study

(Mertens, 2007, 2009, 2013; Creswell, 2014; DeCuir-Gunby & Schutz, 2017; Haight & Bidwell, 2016)

Transformative Framework: Patient-Oriented, Critical Realism - Critical Disability



* Rationale: Development, Complementarity, Social Justice

* Sequential = one after another

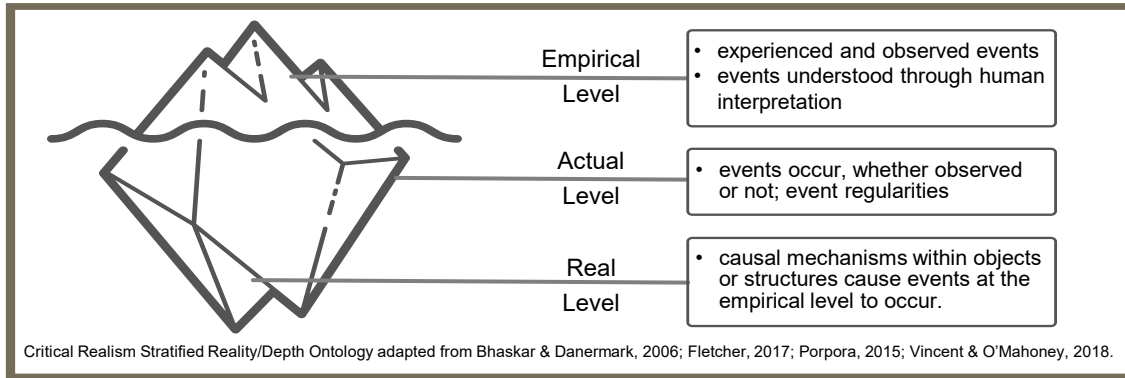
* Explanatory = quan before QUAL

* lower case = quan (supplemental strand of data)

* UPPER case = QUAL (core strand of data)

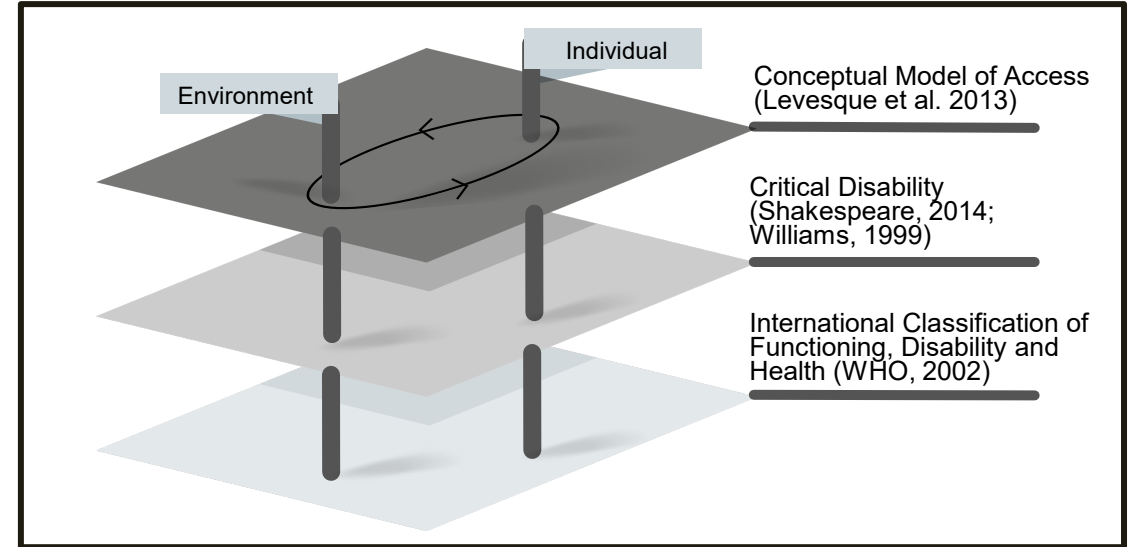
Research Paradigm: Ontology and Epistemology

Metatheory: Critical Realism

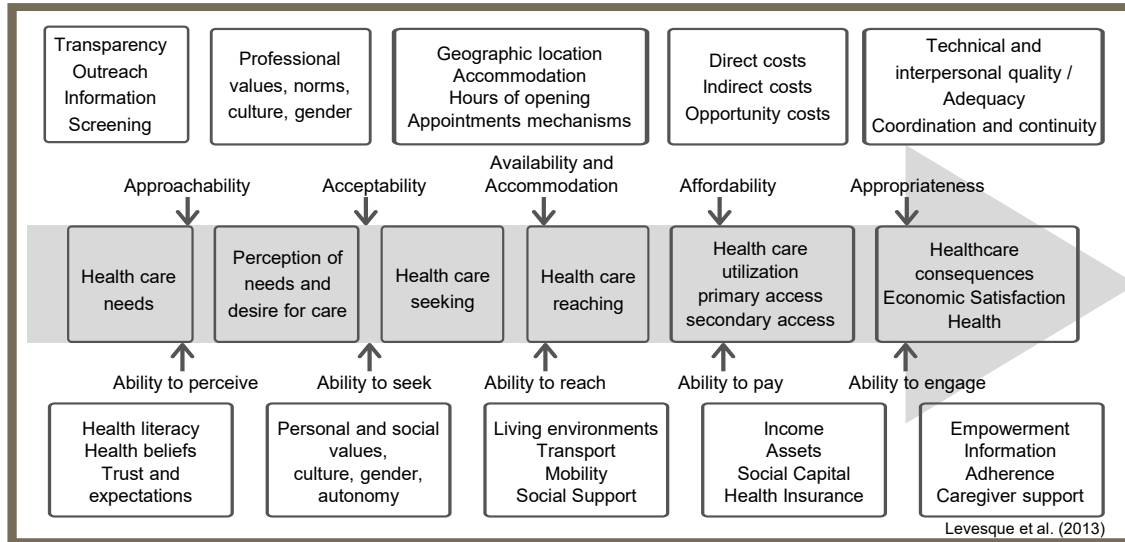


Critical Disability

Integrated Analysis Framework

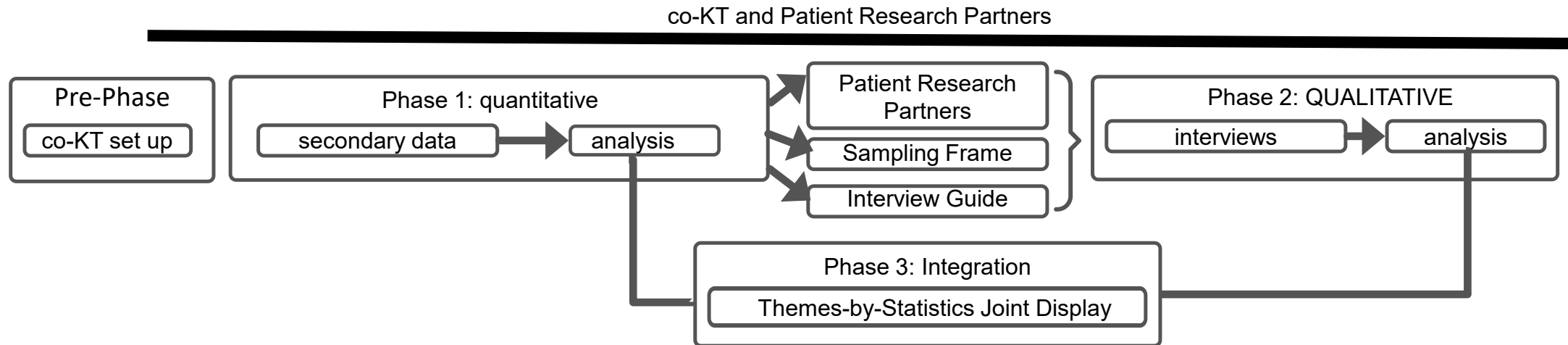


Conceptual Patient Centred Model of Access



WHO - ICF

Proposed Study



Research Questions

Quantitative

Phase 1: Research Questions

1. Which biopsychosocial and contextual factors predict unmet healthcare needs for young adults with mood and anxiety disorders?
2. Which mental illness-induced impairments predict unmet healthcare needs for young adults with mood and anxiety disorders?

Hypothesis:

- H1: High impairment predicts high unmet needs compared to persons with low impairments.
- H2: Negative environmental factors (EF) predict higher unmet needs compared to positive EF.
- H3: High impairment and negative EF predict unmet needs compared with low impairment and positive EF.

Research Questions

Qualitative

Phase 2: Qualitative Research Questions

1. What are young adults with mood and anxiety disorders' perceptions of and experiences with access to MHA healthcare services?
2. What are young adults with mood and anxiety disorders' experiences with the barriers to and facilitators of access to MHA care?

Ethics Approvals and Consideration

PROCEDURAL



Submission to University of Calgary's Conjoint Health Research Ethics Board through Institutional Research Information Services Solution.

ETHICS IN PRACTICE



Day-to-day practices of ethics that will be advised on through patient-oriented mechanisms, and transformative paradigm which has an axiological imperative.

(Guillemin and Gillam, 2004)

THE KIPNIS MODEL & RID ET AL.

Describes 6 potential vulnerabilities, and Rid et al. (2010) magnitude of harm scale provides ways to assess and mediate the potential risks to participants and research partners.

(Kipnis, 2001, 2003; Sieber, 1992)

Benefits to participants and partners will also be examined to optimize opportunities for individuals.

Results (to date)

- Univariate Analysis
- Bivariate Analysis
- Bayes' Theorem

The purpose of the data:

- To help us figure out whom to recruit for the qualitative interviews.
- The next set of tables shows the characteristics of the Canadian population of young adults (18–30) and their proportions (reflects the fraction of the total number of occurrences for a specific event or characteristic).

Results (to date)—focused on mood

- 1. Functional Impairment:** People with a mood disorder and unmet healthcare needs (UHN) often have more problems doing daily tasks (62.66%) compared to those without a mood disorder and UHN (16.83%).
- 2. Memory and Concentration:** A lot of these individuals also struggle with memory or concentration (61.11%), much more than those without a mood disorder and UHN (13.99%).
- 3. Self-Care:** Taking care of themselves is harder for those with a mood disorder and UHN (17.49% have difficulty) compared to those without both (only 1.19% have difficulty).
- 4. Communication:** People with a mood disorder and UHN have more trouble communicating (20.17%) than those without (5.37%).
- 5. Community Belonging:** Feeling connected to their community is weaker among people with a mood disorder and UHN (51.96% feel less belonging) compared to those without (35.08%).

Results (to date)

To summarize the key points:

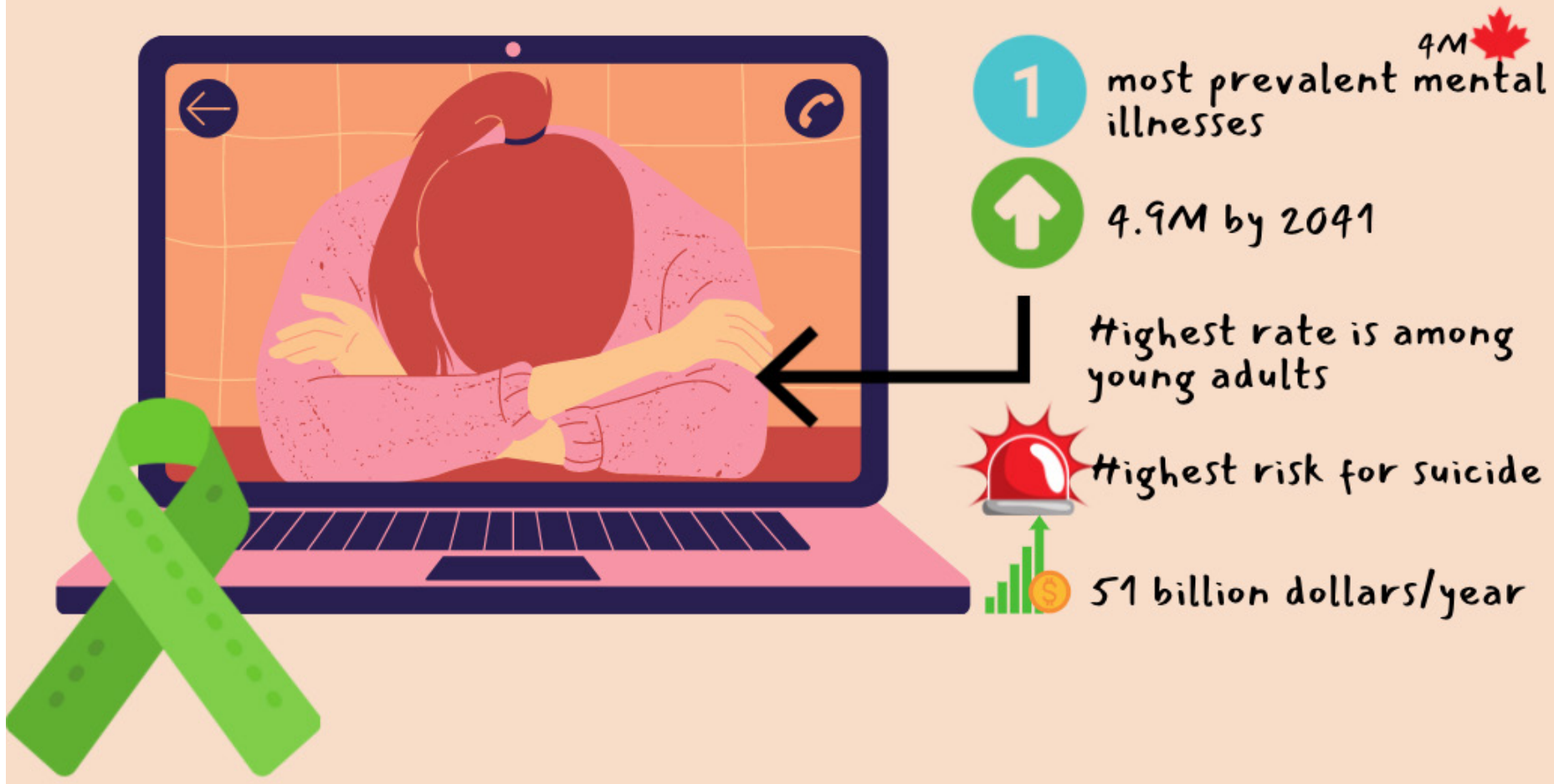
1. Individuals with mood disorders are significantly more likely to experience a range of functional and social impairments compared to those without such disorders.
2. This includes higher rates of memory and concentration difficulties, challenges in self-care and communication, and higher stress levels.
3. People with mood disorders also report a weaker sense of community belonging and have more difficulties in handling daily demands.
4. Similar patterns are observed in individuals with anxiety disorders, though the differences are slightly less pronounced compared to those with mood disorders.

Limitations

- There were limitations in the data in that we did not have every functional impairment possible—so we were limited to looking at only a few.

Conclusion

WHY THIS MATTERS.



Thank You!



Q&A

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