

A Canadian Perspective of Patient Safety in Mental Health: A Qualitative Analysis of Small Group Discussions during an Invitational Roundtable Event

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Introduction

Patient safety in mental health is an emerging area that has only recently received attention. The present research builds on existing knowledge by soliciting the expertise and experiences of leaders in mental health and/or patient safety via discussions at an invitational roundtable event.

This research is part of a larger project which includes a literature review and analysis of key informant interview data conducted to produce a background paper on patient safety in mental health.

Method

Participants

72 experts in patient safety and/or mental health participated in the roundtable event.

- ~ 71 from Canada (BC, Alberta, Ontario, Quebec, Nova Scotia, Manitoba).
- ~ 1 from United Kingdom (guest speaker).

Participants worked in a variety of professional settings: Academic, research, clinical practice, patient safety, patient advocacy, management, administration, and risk management.

Participants were selected by the Pan-Canadian Patient Safety in Mental Health Advisory Committee.

Procedure

The Roundtable Event was coordinated by a professional facilitator.

The participants were divided into nine separate pre-determined breakout discussion groups and were asked to discuss and provide their perspectives on three topics:

1. What are the themes, priority issues, and actions for patient safety in mental health?
2. What best practices, tools, programs and initiatives are currently being utilized to optimize patient safety for patients receiving mental health services?
3. What are the next steps/future directions for patient safety in mental health?

Method (continued)

Each group was assigned a small group facilitator (Advisory Committee member) who guided the discussion, and a scribe (research team or Advisory Committee member) who took notes on flip charts.

Analysis

A thematic analysis was performed on the scribe notes from each discussion group. This involved identifying common themes from each discussion topic and categorizing the information from the notes under each theme. This information was then used to provide a more detailed discussion of the theme.

Results

National action, leadership, and standardization

There was agreement that national action was required to promote and lead patient safety in Canadian mental health care. It was suggested that definitions and nomenclature, practice, reporting mechanisms, and policy need to be created at the national level to ensure standardization across all mental health settings in Canada.

Quality of care and best practice

Issues around access to care and quality of care were identified as they directly impact patient safety. For instance, stigma and discrimination, geographic isolation, and service breakdown during transitions of care all impact patient safety. Identified as important was the need to consider safety issues from the perspective of patients and their caregivers/family when developing care plans and patient safety initiatives. It was suggested that improving communication, service integration, or inter-professional collaboration would enhance patient safety. Participants said that it was difficult to know what tools and best practices were available and the degree to which they were evidence-based. There was concern that tools and best practices were not empirically based or being implemented correctly, and often abandoned for 'more efficient methods'.

Results (continued)

A safety culture

It was suggested that a necessary shift in understanding what constitutes a culture of patient safety within organizations is needed. Participants said that some organizations' policies and decisions contribute to a culture of complacency, blame, and a lack of accountability.

Ongoing training

Education and ongoing training were presented as important steps in promoting patient safety, achieving standardization of core-competencies and safe practices, and breaking down the stigma around mental illness.

Research

The need for ongoing patient safety research in mental health and the integration of clinical practice, research, knowledge transfer, and education was seen as integral to ensuring that best practice and change actually occurs. Populations, including children, youth, older adults, indigenous people and cultural groups, as well as people residing in rural areas, were identified as being under-researched and facing barriers to service access. Participants acknowledged that funding for patient safety research and initiatives was critical.

Conclusion

Strongly voiced by the participants at the roundtable event was the desire for national leadership to promote patient safety and standardization in nomenclature, practices, core-competencies, and training to ensure comparable standards of care across Canada.

Quality of care and access to care in community settings and special populations, such as children and youth, older adults, cultural groups, and indigenous people, was also an area requiring attention. Concerted effort is needed to include the voice of patients and their caregivers/family, eliminate the stigma associated with mental health, promote a culture of patient safety and encourage inter-professional collaboration and communication.

Improving knowledge and available tools through research and knowledge translation were also seen as important avenues for improving patient safety.