

Client experience measurement in Ontario mental health and substance use services



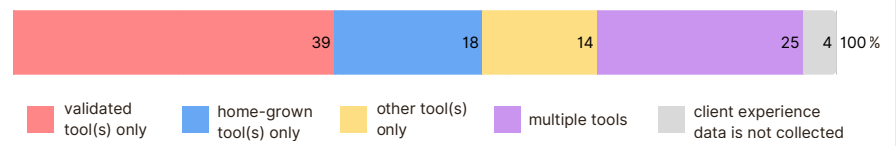
Client experience measurement (CEM) is essential to understanding the quality of mental health and substance use (MHSU) services. The *Supporting Transformation through Research, Evidence, and Action in Mental health (STREAM) Lab* at the Waypoint Centre for Mental Healthcare conducted a survey and hosted two deliberative dialogue events to understand current CEM practices across MHSU services in Ontario. Based on survey responses and findings from the deliberative dialogue events, we highlight key findings and considerations that may be relevant to decision-makers supporting MHSU systems planning in Ontario.

Province-wide survey on CEM in MHSU care

229 of organizations responded, representing 42% of those contacted. Key findings are summarized below.

We asked organizations what types of tools they use to measure client experiences (e.g., “home-grown tools” like surveys developed in-house, or standardized tools that have been tested for accuracy). Findings are shown in **Figure 1**.

Figure 1. Percentage of responding organizations utilizing different CEM tools.



- Though most organizations are satisfied with current CEM tools and practices, about 16% of respondents were not
- Respondents value approaches to CEM that are brief and user-friendly; culturally safe and trauma-informed; aligned with program values and contexts; and flexible.
- Survey fatigue among clients, and resource constraints (e.g., limited human information technology resources) present challenges for collecting, analyzing, and using CEM data.

Findings from deliberative dialogue events

We held facilitated discussions aimed at generating recommendations for action. Across two events, a total of 35 individuals attended. Participants represented 30 organizations and six held lived experience roles. Participant recommendations are summarized below.



Capture what matters. CEM efforts should be co-designed with clients, client-centred, focus on actionable insights and equity, and generate insights that are valuable at both the organizational and system levels.



Balance standardization and customization. To balance consistency with flexible approaches that meet local needs, standardized tools should be brief and supplemented with modular or customized questions.



Support for collecting, analyzing, and using CEM data. There should be access to guidance, technological platforms, and support for dedicated roles for CEM. CEM should also be conducted with clear oversight and lines of accountability.



Enable participation by making CEM user-friendly for staff and clients. Develop accessible and culturally-safe tools, supports, and processes, and integrate peer supporters and other trusted supports into CEM processes.

While there was agreement on key principles, participants held diverging opinions on how much to standardize, how to engage clients, and how to share CEM findings.

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There are several limitations to the evidence presented:

- Given the low survey response rate and small deliberative dialogue sample size, caution is warranted when interpreting the findings.
- There was low representation of certain groups during the deliberative dialogue events (e.g., French language organizations, child and youth services, organizations tailored to culturally diverse populations, lived experience leaders).
- Periods of self-facilitated discussion and note-taking during deliberative dialogue event breakout rooms may have resulted in incomplete data capture.



Considerations for decision-makers:

Work with lived experience and clinical leaders from the outset.

To create approaches that work for diverse people, in diverse contexts, involve key interest-holders from all sectors and regions in all CEM efforts.



Consider meaningfulness from diverse perspectives.

CEM data and associated actions should be meaningful from the perspectives of clients, organizations, networks, regions, and the province as a whole.



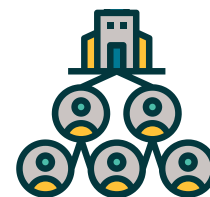
Consider CEM in the context of other data collection processes.

Coordination is needed to prevent duplication, optimize alignment, and support technical feasibility.



Outline clear organizational roles and accountabilities.

Efforts to increase CEM should include supports and resources for those providing, collecting, analyzing, and using client experience data.



References

- (1) Backhouse, A., & Ogunlayi, F. (2020). Quality improvement into practice. *BMJ*, m865. <https://doi.org/10.1136/bmj.m865> (2) Bill 46, excellent care for all act, 2010—Legislative assembly of ontario. (n.d.). Retrieved February 7, 2025, from <https://www.ola.org/en/legislative-business/bills/parliament-39/session-2/bill-46> (3) Boyko, J. A., Lavis, J. N., Abelson, J., Dobbins, M., & Carter, N. (2012). Deliberative dialogues as a mechanism for knowledge translation and exchange in health systems decision-making. *Social Science & Medicine*, 75(11), 1938–1945. <https://doi.org/10.1016/j.socscimed.2012.06.016> (4) Cameron, S. K., Rodgers, J., & Dagnan, D. (2018). The relationship between the therapeutic alliance and clinical outcomes in cognitive behaviour therapy for adults with depression: A meta-analytic review. *Clinical Psychology & Psychotherapy*, 25(3), 446–456. <https://doi.org/10.1002/cpp.2180> (5) Cuijpers, P., Reijnders, M., & Huibers, M. J. H. (2019). The role of common factors in psychotherapy outcomes. *Annual Review of Clinical Psychology*, 15(1), 207–231. <https://doi.org/10.1146/annurev-clinpsy-050718-095424> (6) Fernandes, S., Fond, G., Zendjidian, X. Y., Baumstarck, K., Lançon, C., Berna, F., Schurhoff, F., Auizerate, B., Henry, C., Etain, B., Samalin, L., Leboyer, M., Llorca, P.-M., Coldefy, M., Auquier, P., & Boyer, L. (2020). Measuring the Patient Experience of Mental Health Care: A Systematic and Critical Review of Patient-Reported Experience Measures. *Patient Preference and Adherence*, Volume 14, 2147–2161. <https://doi.org/10.2147/ppa.s255264> (7) Follwell, E. J., Chunduri, S., Samuelson-Kiraly, C., Watters, N., & Mitchell, J. I. (2021). The quality mental health care network: A roadmap to improving quality mental healthcare in canada. *Healthcare Management Forum*, 32(2), 105–112. <https://doi.org/10.1177/0840470420974713> (8) Fortney, J. C., Unützer, J., Wrenn, G., Pyne, J. M., Smith, G. R., Schoenbaum, M., & Harbin, H. T. (2017). A tipping point for measurement-based care. *Psychiatric Services*, 68(2), 179–188. <https://doi.org/10.1176/appi.ps.201500439> (9) Kilbourne, A. M., Beck, K., Spaeth-Rublee, B., Ramanuj, P., O'Brien, R. W., Tomoyasu, N., & Pincus, H. A. (2018). Measuring and improving the quality of mental health care: A global perspective. *World Psychiatry*, 17(1), 30–38. <https://doi.org/10.1002/wps.20482> (10) Lavis, J. N., Boyko, J. A., Oxman, A. D., Lewin, S., & Fretheim, A. (2009). SUPPORT Tools for evidence-informed health Policymaking (StP) 14: Organising and using policy dialogues to support evidence-informed policymaking. *Health Research Policy and Systems*, 7(S1), S14. <https://doi.org/10.1186/1478-4505-7-S1-S14> (11) Lewis, C. C., Boyd, M., Puspitasari, A., Navarro, E., Howard, J., Kassab, H., Hoffman, M., Scott, K., Lyon, A., Douglas, S., Simon, G., & Kroenke, K. (2019). Implementing measurement-based care in behavioral health: A review. *JAMA Psychiatry*, 76(3), 324. <https://doi.org/10.1001/jamapsychiatry.2018.3329> (12) Mitchell, P., Reinap, M., Moat, K., & Kuchenmüller, T. (2023). An ethical analysis of policy dialogues. *Health Research Policy and Systems*, 21(1), 13. <https://doi.org/10.1186/s12961-023-00962-2> (13) Pahwa, M., Cavanagh, A., & Vanstone, M. (2023). Key informants in applied qualitative health research. *Qualitative Health Research*, 33(14), 1251–1261. <https://doi.org/10.1177/10497323231198796> (14) Siroitch, F., Adair, C. E., Durbin, J., Lin, E., & Canning, C. (2019). Mental health and addictions policy priorities and performance measurement frameworks. *Healthcare Management Forum*, 32(2), 105–112. <https://doi.org/10.1177/0840470418810273> (15) What is patient experience? (n.d.). Retrieved February 7, 2025, from <https://www.hhrq.gov/cahps/about-cahps/patient-experience/index.html>

About STREAM Lab

Supporting Transformation through Research, Evidence, and Action in Mental Health (STREAM) Lab is dedicated to meeting the evidence needs of mental health and addictions decision-makers in Ontario and beyond. *STREAM* products focus on evidence related to health systems, delivering actionable insights that can inform planning and decision-making. *STREAM* is based at the *Waypoint Centre for Mental Health Care*. The findings in this product should not be taken to represent the views of *Waypoint* or our funders.