Canadian Centre on Substance Use and Addiction

Evidence. Engagement. Impact.

Virtual Services and Supports for Substance Use and Concurrent Disorders — Establishing and Strengthening Virtual Relationships

Key Messages

- The COVID-19 pandemic forced an abrupt switch to the provision of virtual services and supports (VSS) for substance use, substance use disorders and concurrent disorders.
- Two-thirds of survey respondents report that they were comfortable meeting with a healthcare provider virtually but that they would be more comfortable meeting in person. The level of agreement varied by gender and age.
- Governments should consider educating the public on the effectiveness of VSS in building and maintaining client-practitioner relationships.
- Practitioners should consider offering a mix of virtual and in-person supports and services that can be tailored to individuals' needs and suitability.

Providers of services and supports for substance use, substance use disorders and concurrent disorders abruptly switched to offering these services virtually to comply with physical distancing requirements that were part of the response to the COVID-19 pandemic. CCSA studied experiences with and perceptions of virtual care for people who use substances or are experiencing substance use disorders or concurrent disorders during the pandemic. We also studied people who had not used these services. This report at a glance is one of four that summarizes the findings.

What are Virtual Services and Supports?

Our study defined virtual services and supports as any education, health care or treatment provided through technology, such as phone, video conferencing or apps. This could include disorder management, counselling, peer support treatment programming or harm reduction services.

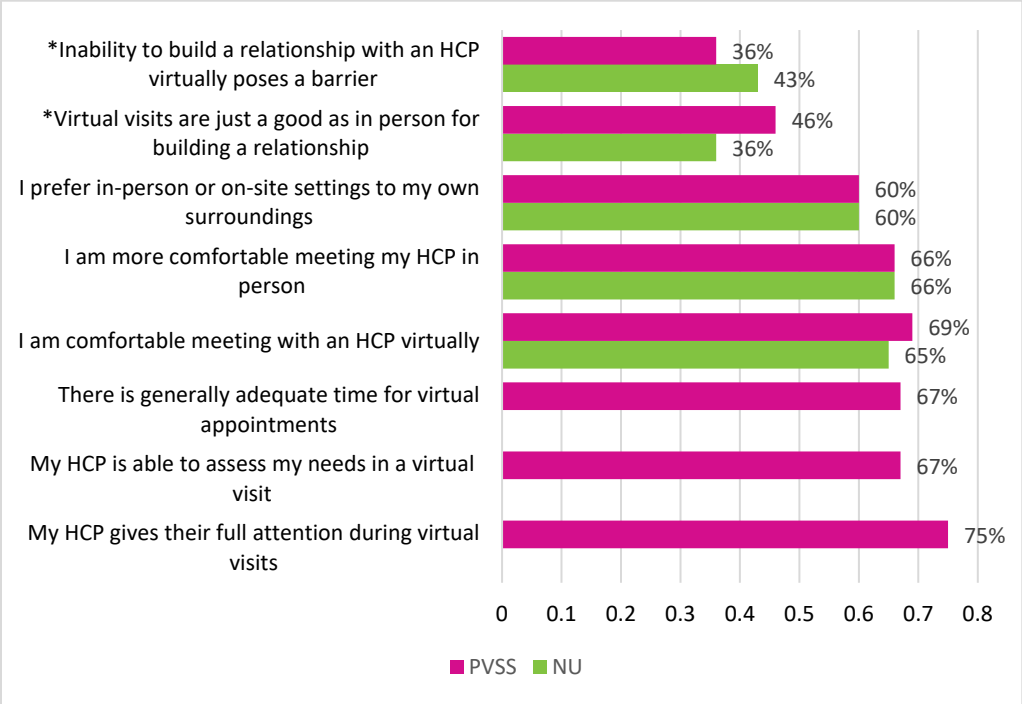
The Ontario Mental Health and Addictions Virtual Care Collaborative's Virtual Care Equity Matrix, published in June 2021, identifies Relationships and Interventions as one of four key components of effective delivery of virtual services and supports (VSS). Interventions include active outreach and check-ins about service and technology needs, particularly for priority populations.

Key Findings

Most people who use VSS for substance use, substance use disorders and concurrent disorders (PVSS) and those who have never used VSS for these conditions (NU) agreed that they were comfortable meeting a healthcare provider (HCP) virtually. However, less than half agreed that virtual

visits were just as good as in-person visits for building a relationship. More NU than PVSS agreed that the inability to build a relationship with an HCP virtually was a barrier to using these types of services. A larger proportion of both groups agreed that they prefer in-person or on-site settings to their own surroundings and felt that they were more comfortable meeting their HCP in person.

Figure 1: Percentage of respondents who agreed with statements about VSS



Note. *indicates significant differences between groups at $p < .05$.

Among PVSS, most agreed that their HCP gave them their full attention during virtual visits. Two-thirds of PVSS also felt that their provider was able to assess their needs during a virtual appointment and that there is generally an adequate amount of time allotted to an appointment.

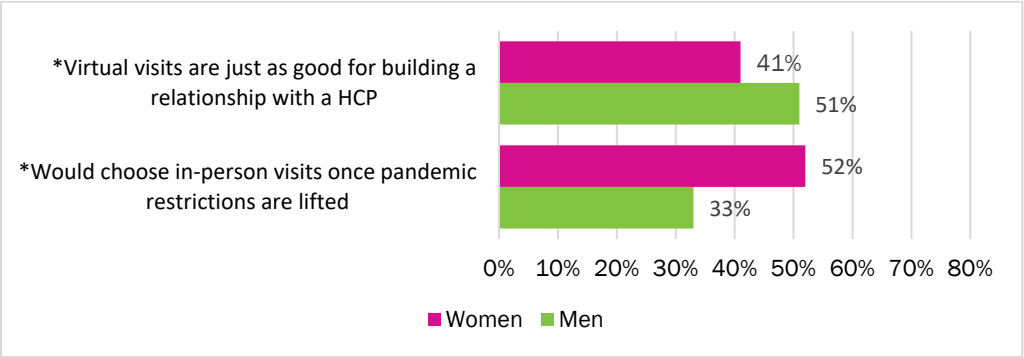
When provided a menu of options for postpandemic services and supports, in-person visits with an HCP was the most likely to be chosen by PVSS (42%). The next most popular choices were in-person telephone (32%) and virtual video visits (27%).

Subpopulations

Among PVSS, those who identified as men were more likely than those who identified as women to agree that virtual visits were just as good for building a relationship with an HCP. Women were more likely than men to choose in-person visits among options for post-pandemic services and supports.

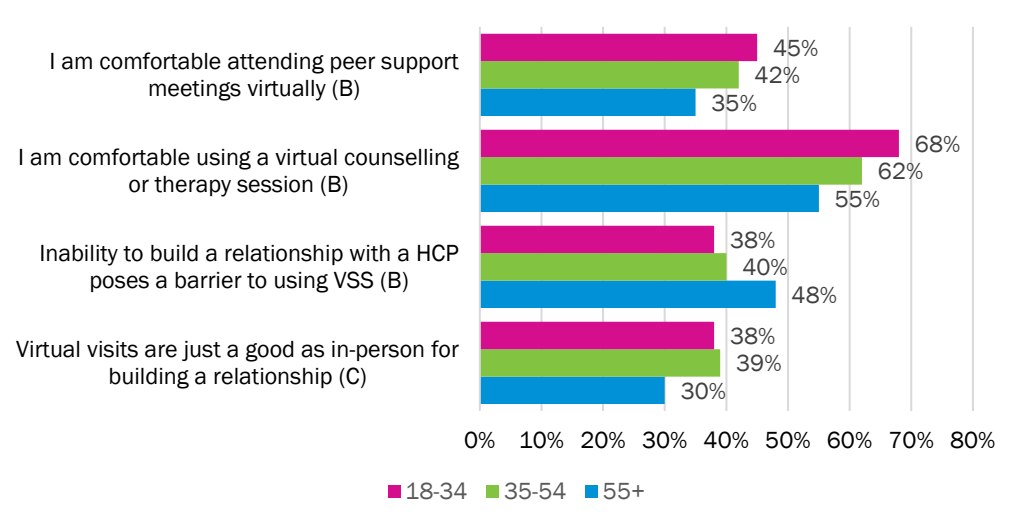
Among NU, those aged 55 years and older were more likely than those aged 18 to 34 years to cite the inability to build a relationship with a healthcare provider in virtual appointments as a barrier to using virtual services and supports. Respondents aged 35 to 54 years were more likely than younger respondents to agree that virtual visits are just as good as in-person visits.

Figure 2: Percentage of PVSS respondents who agreed with statements about VSS by gender



Note. * indicates significant differences between groups at p < .05.

Figure 3: Percentage of NU respondents who agreed with statements about VSS



Note. * A indicates significant difference between 18–34 and 35–54 at $p < .05$. B indicates significant difference between 18–34 and 55 and older at $p < .05$. C indicates significant difference between 35–54 and 55 and older at $p < .05$.

Providers reported unanticipated impacts of the transition to virtual care. Challenges included engagement, accountability and behaviour from clients during session, such as clients turning cameras off, using substances during sessions, leaving sessions abruptly or not attending sessions at all. Benefits included the ability to extend their reach to more people, greater flexibility with scheduling appointments and seeing into a client's home to gain insight into their living conditions. Practitioners agreed that virtual care cannot replace in-person care.

Calls to Action

Our research findings will inform the development of future VSS to address a potential increase in demand and to improve the experiences of both clients and practitioners.

Governments should consider:

- Evaluating promising services and supports that evolved or were developed in response to the pandemic restrictions and broadly disseminating successful programs and practices.
- Educating the public on the effectiveness of VSS in building and maintain relationships, given that people using virtual care have high levels of agreement about the strength of virtual relationships.
- Developing standards and providing pre- and in-service training to improve telehealth competencies and confidence, including determining a patient's suitability for assessment via virtual care modalities, virtual communication methods and styles, ways to address client concerns and best practices in the use and implementation of VSS.

Practitioners should consider:

- Using virtual appointments and phone-based apps as a complement to rather than a replacement for in-person care. The mix should be tailored to individual treatment needs, client suitability, comfort levels with technology and the relationship, the importance of continuity of the client–provider relationship, and access to technology, equipment, data plans and broadband coverage.

Find Out More

Read the full report, *Client and Practitioner Experiences and Perceptions of Virtual Services and Supports for Substance Use or Concurrent Disorders During the COVID-19 Pandemic*, for more information about our research, including methods, results and references. Three other reports at a glance present our General Findings, and our findings about Connectivity and Equipment, and Platforms and Security.

Survey Methodology in Brief

Our study included a surveys conducted between February and April 2021, and qualitative interviews with service providers.

Data were collected from 1,066 online survey respondents, including 326 who had used virtual services or supports during the pandemic (108 for substance use or substance use disorders and 218 for concurrent disorders) and 708 who had never used virtual services or supports for these conditions. The proportion of men and women who answered the survey was roughly equal.

Fourteen service providers were interviewed to discuss their experiences with providing virtual services and supports.

Helpful Resources

Centre for Addiction and Mental Health

- What all physicians need to know about telemental health [podcast]
- Cultural safety and trauma-informed care (The Virtual Care and Mental Health video series) [video]
- Telemental Health Tips: Don'ts and Do's [video]

Canadian Medical Association

- Virtual Care Playbook
- Virtual Care Guide for Patients

College of Physicians and Surgeons of Alberta

- Advice to the Profession: Virtual Care

Substance Abuse and Mental Health Services Administration

- Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders

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Canadian Centre on Substance Use and Addiction

CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

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