A Narrative Approach: Barriers And Facilitators To Access And Care In Services For Youth Eating Disorders In Atlantic Canada

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Objective

The purpose of this study is to explore barriers and facilitators in youth and family eating disorder journeys in both a) access and b) care in the health care system in Atlantic Canada.

Results

A full narrative for each participant was developed from his or her interview transcript. This process ensured that the participants lived experiences were not fractured but were constructed to allow the comprehensive story to emerge. The details of these journeys are of utmost importance to understanding the findings beyond a surface level. Some participants had only recently accessed eating disorder services and were still navigating their way through the system, while others had been several years exploring services, and had even accessed treatment outside of the province. Participants articulated using similar services, such as the outpatient program, the pediatric psychiatry unit, and the adolescent eating disorder service, and also participants used different services, such as private psychologists, out of province residential treatment, and differing forms of therapy.

Through this narrative analysis, the experiences of these youth and their families can be appreciated in view of their environment, and motivations from their own voice, in a way that is not possible through thematic analysis alone. Looking across participants there were nuances in each story, and paradoxical situations that can only be appreciated with knowledge of participant circumstance and context. For example, Carl (youth) and Laura (youth) both accessed the outpatient program but had vastly differing views on access and care provided. One graduate from the program and the other left saying “I’m never coming back here [the outpatient program] again.” Through the participant narratives, we can see how journeys are the same and different while living in different realities in accessing eating disorder services. A summary of the narratives can be accessed upon request.

As observed in the data analysis process (Figure 1. and 2.), the participant narratives were a major resource in creating the themes. All of the themes were appropriately connected to one of the following three categories: Initially Accessing Care, Factors Affecting Care, or Facilitators to Improved Health. The major themes in these categories were identified as a facilitator or a barrier to access and care, and were subsequently placed in either Table 1 or Table 2. Some of the items in these tables acted as both a facilitator and a barrier depending on circumstances. Such items have been labelled as a paradox, and are identified by a (p).

Design

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Table 1. Facilitators to Access and Care from Participant Interviews

<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family support</td>
<td>Family involvement is crucial in the access and care process. (p)</td>
</tr>
<tr>
<td>Multidisciplinary approach</td>
<td>Various professionals work together to provide comprehensive care. (p)</td>
</tr>
<tr>
<td>Internet</td>
<td>Access to online resources can be beneficial. (p)</td>
</tr>
</tbody>
</table>

Table 2. Barriers to Access and Care from Participant Interviews

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigma</td>
<td>Stigma associated with eating disorders can create barriers to accessing care</td>
</tr>
<tr>
<td>Program/clinic timing</td>
<td>Timing of programs/services can impact access to care. (p)</td>
</tr>
<tr>
<td>A lack of awareness or education</td>
<td>Lack of knowledge about eating disorders can hinder access to care. (p)</td>
</tr>
<tr>
<td>Individualized care</td>
<td>Tailored care can enhance access and care. (p)</td>
</tr>
</tbody>
</table>

Every participant was asked what an ideal journey would have looked like for his or her eating disorder treatment pathway. When these responses were synthesized, there was a high agreement on how this journey would occur among participants with only slight deviations from one participant to the next. This composite ideal journey in accessing and moving through eating disorder services is visually illustrated in Figure 3.

References


Figure 4. Recommendations From Participants: Complex Culture Nesting Model

Objectives