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Characteristics of mental health outreach actions carried out for individuals or populations in situations of vulnerability

English summary

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Québec

SUMMARY

Characteristics of mental health outreach actions carried out for individuals or populations in situations of vulnerability

Introduction

In Quebec, public mental health policies are gradually adopting community-based approaches aimed at improving the accessibility and continuity of services, particularly for individuals living with severe mental disorders or in situations of high vulnerability. As part of the Plan d'action interministériel en santé mentale 2022–2026 (Québec's Interministerial Action Plan on Mental Health, 2022–2026), institutions within the réseau de la santé et des services sociaux (RSSS) (health and social services network) are encouraged to develop local services tailored to the realities of the populations living in situations of vulnerability, in accordance with the principle of population responsibility.

Despite these orientations, certain individuals or populations remain difficult to reach due to structural, social, and systemic barriers to accessing care. Outreach is emerging as a proactive strategy for establishing contact with individuals or populations who are not engaged involved in a care pathway (e.g., fragile connections, mistrust, disaffiliation from the public system) by reaching out to them in their living environments. Although there is growing interest in this approach, knowledge about its characteristics remains fragmented. Empirical studies evaluating its effectiveness are scarce and often lacking in detail, while the grey literature, although rich in descriptions, does not offer any formal evaluation.

In this context, the present state of knowledge aims to provide an overview of the characteristics of mental health outreach actions for individuals or populations in situations of vulnerability. Attention is paid to the situations of vulnerability of the targeted individuals, the types of action deployed, the stakeholders involved, the expected outcomes, and the various intervention settings.

Methodology

To meet this objective, a rapid scoping review was conducted using a descriptive approach without formal appraisal of the quality of the studies or the effectiveness of the outreach actions. The documentary research focused on outreach actions aimed at individuals in situations of vulnerability, aged 16 and over, who were not engaged in a formal mental health care pathway. It combines the publications identified by Jiao *et al.* (2022) for the 2008-2020 period and additional research conducted in the MEDLINE, PubMed, PsycInfo, and CINAHL Complete databases for the 2020-2025 period. Only publications presenting quantitative data were selected, according to predefined inclusion criteria based on the PIPOH model. The data, extracted using a structured grid, were analyzed inductively according to the thematic approach of Braun and Clarke (2006), based on conceptual benchmarks in mental health and public health. The results are presented in the form of an analytical synthesis.

Results

Selected publications

Six publications were analyzed, providing a structured overview of the characteristics of mental health outreach actions involving individuals and populations living in situations of vulnerability.

Targeted populations

Outreach actions mainly target people in situations of homelessness or housing instability, as well as elderly people who are not actively engaged in services. These populations present with mental health issues, which are sometimes severe or concurrent, and live in situations of vulnerability marked by economic insecurity, social isolation, and institutional disaffiliation.

Types of actions

The actions identified are divided into four main components, according to their purpose, intensity, and degree of integration into existing services:

- **Identification and active reach** consist in identifying, prior to any request for assistance, individuals living in situations of vulnerability or at risk who are not in contact with the appropriate RSSS services. This is achieved either through a proactive field identification in living environments, or through institutional mechanisms that enable targeting of individuals at risk of non-use of services or care discontinuity.
- **Engagement support** plays a central role. Whether it is a question of initiating a connection, maintaining it, or adapting services, these actions are used in a complementary manner to create conditions conducive to gradual engagement with care, without requiring immediate commitment.
- **Functional support** aims to meet people's practical needs, particularly by providing help with navigating processes, daily living and social and emotional support.
- **Clinical support** consists in providing, directly in living environments, tailored mental health care — and sometimes physical health care —, including assessment, crisis and symptom management, as well as more specific interventions such as psychotherapy and psychoeducation.

Stakeholders involved

Mental health outreach actions mobilize field workers — front-line professionals, community workers and paraprofessionals, peer support workers — to provide direct support to people in situations of vulnerability, as well as institutional partners and mandated organizations, which are not part of the teams but ensure sustainability

through intersectoral collaborations involving high-level organizations, university or research institutes, health institutions, and designated local organizations.

Expected outcomes

Although the effectiveness of outreach actions is not assessed in this review, the publications identified describe potential outcomes, grouped into five categories: population-based (better crisis prevention, increased access to services), sociocultural (improved quality of life, residential stability), clinical (stabilization of mental health, care adherence, fewer hospitalizations), organizational (smoother pathways, stronger teams, less pressure on services), and economic (lower costs related to emergencies and hospitalizations).

Intervention settings

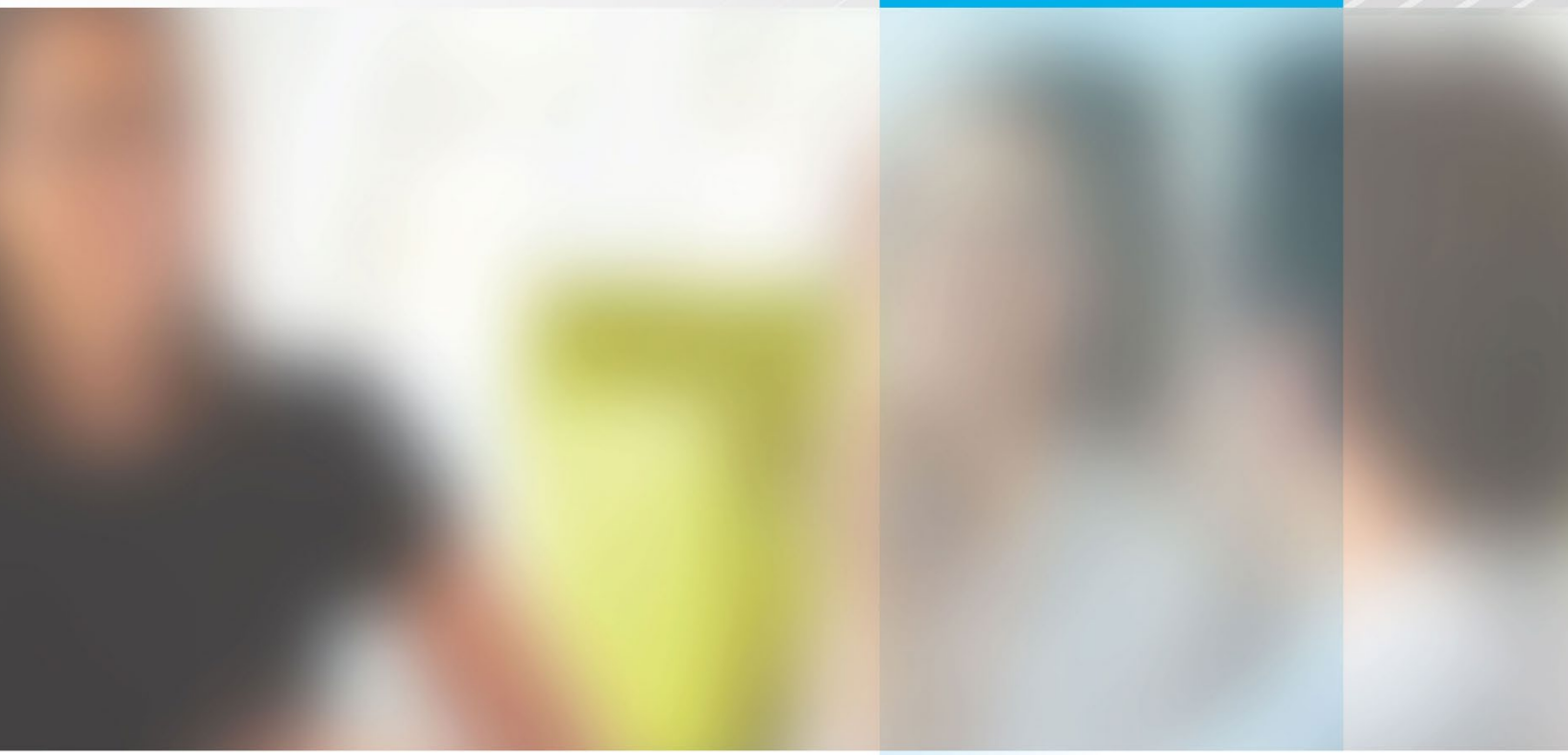
Mental health outreach actions are deployed in a variety of settings. Community social spaces (community centers, shelters, emergency accommodations, social cafés), outdoor or informal public spaces (streets, parks, transit stations), and residential settings (homes, apartments) are distinguished by their accessibility, community roots, and proximity to the living environments of the target individuals.

Conclusion

Although this rapid scoping review is based on a limited number of publications, the results reveal that mental health outreach actions are not limited to a strategy for accessing care. They constitute a lever for interventions in their own right, tailored to the complexity of situations of vulnerability. By targeting individuals or populations often excluded from traditional pathways, these actions redefine the boundaries of psychosocial and clinical intervention.

Their diversity, both in terms of methods and intervention settings, demonstrate an ability to adapt to people's realities by focusing on proximity, flexibility, and complementarity among stakeholders. While the expected outcomes are numerous and multidimensional, their scope remains difficult to assess in the absence of rigorous evaluations. Additional empirical research would provide better documentation of the concrete impacts of outreach actions and the conditions for their success.

This overview thus contributes to shed light on current practices and to guide future reflections on the development of inclusive, equitable, and sustainable strategies in support of public policies aimed at improving access to mental health care and services.



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