Addictions & Mental Health Ontario | Dépendances & santé mentale d'Ontario

Response to Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario

From Addictions and Mental Health Ontario

Addictions and Mental Health Ontario (AMHO)

Addictions and Mental Health Ontario (AMHO) appreciates the opportunity to participate in the Government of Ontario's consultation on *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*. The discussion paper has been a catalyst for broad-ranging discussions within health care and beyond about how health services should be structured to improve the patient experience and support effective service integration. These are discussions that mental health and addictions service providers are pleased to contribute to, on the basis of our decades of experience working to deliver on the promise of truly integrated care for the people we serve.

AMHO represents more than 200 organizations providing mental health and addictions care in Ontario. Our membership includes community-based agencies, hospitals, peer support networks and provincial agencies. AMHO is a relatively new organization, formed by the merger of the former Addictions Ontario (AO) and the Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP). AMHO is a comprehensive voice for community-based mental health and addiction service organizations in Ontario, equally representing the mental health and addiction sectors. AMHO is an active part of Ontario's ongoing discussions for improving the mental health and addiction system as a member of the Mental Health and Addictions Leadership Council. The council was established by the government to assist in the implementation of the provincial mental health and addiction strategy.

Summary

Patients First presents a clear description of the Ontario health care system's chief assets and key challenges. AMHO was pleased that the paper:

- Reiterates the need to strengthen mental health and addictions services in Ontario
- Commits to health equity and to a population health perspective
- Specifies clear, supportable policy changes in support of service integration

While the government has made important steps to strengthen mental health and addictions services, this work is not complete. AMHO believes the government's blueprint for system change and facilitating service integration needs to go further. **The ministry should address the barriers that prevent more effective collaboration with community-based services across health care, particularly in the area of mental health and addictions.** AMHO is pleased to make recommendations to address these barriers to more effective, integrated patient-centred care for Ontarians.

AMHO is extremely engaged in supporting the work of the government's Mental Health and Addictions Leadership Advisory Council**. It is critical that** legislation **and policy changes that emanate from Patients First do not create new barriers to mental health and addictions system change.** The Ministry

must remain engaged with the Council, and prepared to implement policy and funding changes, working closely with the LHINs.

Mental health and addictions – a clear commitment

The very first gap in health care identified in the report identifies four populations that have not always been well-served by health care:

- Indigenous peoples
- Franco-Ontarians
- Members of cultural groups (especially newcomers)
- People with mental health and addiction problems

Overall health system investment in the treatment of addictions and mental illness is not proportionate to the burden of disease that these conditions represent. Compared with other developed nations, our public health care system's investment in the treatment of mental health and addictions services is low.[i] The government's multi-year mental health and addictions strategy and associated spending commitments are evidence of the government's clear interest in building a stronger mental health and addictions system of care. **The mental health and addiction system needs increased capacity to adequately serve Ontarians with mental illness and addictions.**

Population Health and Health Equity

Patients First recognizes the need to improve health equity and reduce health disparities. AMHO believes that we must adopt an interdisciplinary population health approach to fundamentally improve the health of our clients. Health services must reflect evidence-informed, culturally-appropriate treatment interventions that can effectively address mental health and substance use disorders among vulnerable population groups, including indigenous peoples, LGBTQ and ethnic communities.

At the LHIN level, this can be achieved by enhancing the capacity of community mental health and addictions sector to prioritize health equity and the needs of marginalized populations. MOHLTC is well positioned to facilitate equity-based approaches to the delivery of mental health and addictions services, in collaboration with other government ministries and public health units.

Clear, supportable recommendations for service alignment

Patients First contains a series of specific changes to the mandate of the LHINs. It is also proposed that the boards of each Community Care Access Centre (CCAC) be dissolved, with their responsibilities transferred to the LHINs. AMHO believes these changes have the potential to create more integrated service pathways for patients. In making its transition in the area of home and community care, LHINs are strongly urged to explore opportunities for maximizing the connection of the CCAC-employed, school-based mental health nurses. There is an opportunity for these nurses to work more closely with community-based mental health and addiction resources.

We also note that *Patients First* is silent on the role that home care services provide in supporting the well-being of people of all ages whose co-morbidities include mental health and substance use problems. These cases are often complex, and require extensive supports and coordination. The coordination of these services is distinct from the intensive case management service that many people with mental illness depend on.

Patients First also recommends that LHINs take greater responsibility for primary care planning and performance management. Many AMHO members enjoy strong relationships with community health centres and family health teams. We believe that the community-based, multi-disciplinary primary care milieu has greater capacity to provide early intervention and brief treatments to address addictions and mental illness, while making more effective and efficient use of specialized mental health and addictions services.

Given the scarcity of mental health and addiction resources it is highly advisable that the deployment of mental health resources be planned and organized more efficiently. For example, primary care planning in each LHIN may facilitate greater alignment and coordination of the mental health work of primary care-based social workers and psychologists with professionals doing similar work within the mental health and addictions system. This work should be supported by clear provincial expectations about a mental health and addictions model of care within primary care.

Building a truly integrated system

In the introduction to *Patients First*, Minister Hoskins identifies the key problems facing health care services on Ontario: services "can be fragmented, uncoordinated and unevenly distributed across the province." AMHO agrees that these challenges have a direct impact on the quality of the patient experience. In mental health and addictions our sector has worked to articulate and implement effective pathways to care. Yet it is undoubtedly true that far too many patients continue to enter the system using pathways that are expensive and less integrated with community resources; these pathways often involve emergency departments, or the criminal justice system.

Stigma plays a significant role in preventing mental health and addictions problems from being presented for treatment and care until an emergency situation makes it impossible to ignore. Nonetheless our members have significant experience with particular programs and initiatives designed with the purpose of providing integrated treatment and supports for people with addictions and mental illness. This experience – coupled with evidence of what works and what does not work – provides a blueprint for building a truly integrated system of care, built on a foundation of primary care services with clear expectations for the identification, treatment and appropriate referral pathways for patients with mental health and addiction problems.

Above all, *Patients First* seeks to identify the barriers to effective service integration and develop remedies. The focus is predominantly on ensuring the alignment of reporting relationships and planning functions. Accountability demands that these relationships work well. That is why AMHO supports the minister's proposal for adjustment in the legislative mandate of the LHINs to bring primary care and

public health in greater alignment with the bulk of health services. But our primary concern is that the recipe for a truly integrated system contains ingredients that are missing from *Patients First*. **Ontario requires a sustained, long-term commitment to addressing the primary area where integrated services breaks down: between institutional care and community-based resources.**

AMHO Recommendations

As stated in Premier Wynne's mandate letter to Minister Hoskins, there is significant work in shifting resources to community settings. This work is worth the effort, because it holds the promise of integrated, more responsive and cost-effective care for Ontarians, including for Ontarians with mental illness and addictions.

The following recommendations are intended to target the structural challenges that can thwart the best efforts of clinicians to provide integrated care to patients. Specifically, these recommendations outline four approaches to strengthening the capacity of the community-based sector. These initiatives will facilitate the inclusion of community-based services in system planning and patient care. Without such a comprehensive approach, system integration remains an unfulfilled aspiration:

Strengthen data systems – In Ontario there are sophisticated systems and processes in place that support the production of high quality data on hospital care. In mental health and addictions, community providers cannot make this claim. This is an obstacle to integration. Community mental health and addiction agencies are challenged to evaluate their quality of care because of limited access to, and availability of reliable data and information about the services they deliver and the outcomes of the services. Basic pieces of information – such as the clients being served and the services they access – cannot be easily retrieved at the level of the agency, LHIN or province.

The data and information system problems in the community-based mental health and addictions sector are highly complex and constantly changing. The community-based mental health and addictions sector also has a variety of funders, which has resulted in the implementation of numerous reporting requirements and information systems. AMHO is working in collaboration with the Canadian Mental Health Association and Health Quality Ontario to strengthen data capacity in the sector. The partnership is targeting the development of capacity in:

- Data entry and standards
- Data extraction from existing systems
- The generation of performance indicator reports
- The development of ad hoc reports to inform quality improvement initiatives

The service fragmentation cited by the minister and experienced by so many patients cannot be addressed without improvements in data capacity. As Ontario moves toward an integrated,

electronic health record, for example, we need to make sure that all parts of the health system can participate in providing smooth transitions for patients.

Support proven, credible alternatives to inappropriate and high-cost institutional care. Premier Wynne's mandate letter to Minister Hoskins described the need for investments "in community infrastructure to help shift care from hospitals to community settings." For the past few decades, the Government of Ontario has made investments in one highly successful model of community-based care for people who live with mental illness: **supportive housing**.

Residents in supportive housing units report significant improvement in their health and self-esteem. Supportive housing has been proven to reduce hospital admissions, psychiatric symptoms, and substance use.[ii] Supportive housing reduces reliance on services such as shelters, jails and emergency services. It is also cost-effective, as it offers the system a proven, effective way to reduce the number of Alternate Level of Care patients who are occupying hospital beds. Yet there is a significant shortage of supportive housing in Ontario. Those signing up for the supportive housing wait lists can expect to wait years for a unit.[iii]

It should be noted that the ministry made an important announcement two months ago: the investment of over $16 million in new supportive housing capacity. This is good news for people in Ontario who will benefit from new housing supply. It is also a critical investment in the system of care for people with addictions and mental illness, because new supportive housing units will relieve pressure on acute services, and reduce the number of alternate level of care inpatients in psychiatric beds.

Address the wait lists that impede greater integration with primary care. Effective screening for mental health and addiction problems in primary care can be improved. There are undoubtedly opportunities to build capacity within primary care to provide brief interventions, as has been successfully done in the area of smoking cessation. The government's recent move to expand the retail market for beer highlights the need to respond effectively to mental health and addictions problems in primary care.

In order for primary care to effectively refer to proven, cost-effective community-based treatments, primary care clinicians also need to know that services are available to respond expeditiously to problems that they identify. Lengthy wait lists for community-based mental health and addiction services constitute a barrier to effective screening – why identify a problem if the remedy is not accessible?

Wait lists for community-based mental health and addictions care across the province vary widely. Service providers have innovated with a variety of changes to service models to reduce wait lists or provide evidence-based brief interventions for those waiting for service. Nonetheless, there are significant wait lists. There are communities in Ontario where the

average wait for residential addiction treatment routinely exceeds two months.[iv] For assertive community treatment, a wait time in excess of four months is not uncommon. [v]

Strengthen capacity across the community sector for full participation in the government's health quality initiatives. The *Excellent Care for All Act* has had a significant impact on health care and has been a catalyst for a broad range of quality initiatives. Community-based providers, with the proper resources, can be full partners in developing a quality agenda that spans the entire spectrum of both institutional and community care services.

AMHO and the Canadian Mental Health Association conducted a survey of the community mental health and addictions sector to assess capacity and appetite for QI initiatives. Only 10% of community-based agencies reported a dedicated QI budget of any size. Yet 70% of agencies reported an interest in pursuing learning opportunities for staff in QI. The agencies are interested in assessing the quality of their programs, and participating in the reporting on quality that is a critical element of QI culture and ECFAA. Resources for quality improvement are required.

MOHLTC recently indicated its support for a quality improvement initiative launched collaboratively by Health Quality Ontario, CMHA Ontario and AMHO. This project will train agency leaders in quality improvement methodologies, and establish quality standards across the community-based mental health and addictions sector. (CMHA and AMHO are also working with our partners from the home care and community-based primary care sectors.) Quality improvement in the community sector is an important facilitator of system integration, as it will support more harmonized clinical and administrative processes with hospitals and other institutional service providers.

Conclusion

AMHO welcomes *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*.

Its recommendations will help Ontario make changes to support integrated health care and improve the patient experience. We believe that the commitment to strengthen the community-based models of care – in mental health and addictions and beyond – is evident throughout the paper.

Community-based mental health and addictions agencies live the challenges of integration every day. We have learned that true service integration is accomplished through a long-term, determined commitment to enhancing the capacity, tools, processes and structures that facilitate smooth integration across the health care system.

This is the hard work associated with improving the patient experience – an aspiration that our sector knows is achievable.

References

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[ii] Centre for Addiction and Mental Health. (2014). Housing Policy Framework, Retrieved from http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/HousingPolicyFramework_FINAL2014.pdf

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[iv] Information provided by Connex Ontario, available upon request

[v] Information provided by Connex Ontario, available upon request