



# Towards Integrated Care

8 Ways for Ontario to Better Connect Patients  
with Mental Health and Addictions Treatment

January 2020

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# Existing models of mental health service delivery and funding are failing Ontarians

Access to timely and appropriate mental health and addictions care is a significant challenge for Ontarians. The latest measures of access and quality demonstrate an abysmal track record. As the province works to address short and long-term capacity pressures in our health system, **individuals with mental health or addiction needs deserve better.**

Health Quality Ontario identified that 21% of patients discharged from emergency departments in 2014 with a diagnosis of major depression had not accessed mental health or addictions services from a physician in the previous two years. Only a little more than a third (37%) had contact with a family physician or psychiatrist within seven days of discharge from a hospital for

major depression (HQO Depression Information Brief). Similarly, only 28% of patients discharged with a diagnosis of schizophrenia had contact with a family doctor or a psychiatrist within seven days of leaving the hospital (HQO Schizophrenia Information Brief). In any form of care, timely assessments and follow-up care matter, but in Ontario's mental health context, the data tells us that things are getting worse.

Existing models for service delivery and funding don't provide patients with the necessary support they need. People living with mental illnesses are already on the sidelines of care, but those requiring special focus are likely to have even more problems finding care. These include individuals with dual diagnosis of a developmental disability combined with psychiatric illness, individuals with a concurrent disorder of substance use combined with psychiatric illness, or individuals with a complex illness.

There are also a number of underserved populations who have trouble accessing the services they need. These groups include immigrants, refugees, ethno-cultural and racialized groups, Indigenous Peoples, northern and remote communities, minority official language communities, and LGBTQ2+. These groups deserve ongoing advocacy to meet their service needs in a sensitive and culturally appropriate manner. Meeting their unique needs also requires the involvement of locally placed individuals who identify as belonging to these populations.

In addition to difficulties accessing direct care, transitions in care have also been identified as areas needing work. The coordination of care from hospital to community and the coordination of patients moving between child/youth, adult, and seniors' care often falls short. Significant organizational and financial support is needed to integrate effective communication between care providers, ensure follow-up care and medication support, and organize timely and appropriate home care (HQO Transitions in Care).

As psychiatrists, we bear witness to a system in crisis, chronically underfunded and hyper-fragmented. But working as part of the Ontario Psychiatric Association (OPA), we are pushing the envelope for change. The OPA has a history of advocating to improve access to mental health and addictions services and treatments while bolstering services to support illness prevention, early intervention, affordable housing, and additional social determinants of health.

# Championing improved access and coordinated care

Our vision for an integrated model of mental health and addictions care for the province was first presented in a 1997 paper that outlined the improvements needed to achieve the ultimate goal of meeting patients' needs. The paper was the work of the Coalition of Ontario Psychiatrists (COP) – a partnership between the OPA and the Ontario Medical Association's (OMA) Section on Psychiatry.

The paper called for the integration of services so that individuals who are struggling to fit into a fragmented system did not have to navigate a complex maze of services and supports. It recommended prioritizing community care and suggested hospitals serve as hubs within geographical districts to provide a wide range of services including consultation, crisis response, outreach, and capacity building.

The paper also promoted team-based care — including an early version of the integrated care model currently being developed in Ontario — where primary care providers,

psychiatrists, and other health professionals work as a team to support the patient's treatment plan.

Since its release in 1997, this vision and thinking continues to be relevant and revolutionary. The Government of Ontario's 2011 *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy* aligned with the 1997 paper, including strategic goals to improve outcomes, create healthy communities, promote early intervention, and to provide high quality, timely, and integrated services.

In 2012, Ontario psychiatrists supported the Mental Health Commission of Canada's report that promoted mental health across a person's lifespan and advocated for the rights of individuals with mental health problems. Psychiatrists have long advocated for increasing access to appropriate services, with special attention to under-served populations, also outlined in the report.

## The role of psychiatrists from frontline care to health service leadership

Psychiatrists are important contributors to the delivery and organization of mental health and addictions services in Ontario. This includes psychiatrists who deliver care in a range of practice settings, psychiatrists who work with their administrative partners to lead health service organizations, and psychiatrists who conduct mental health and addictions research.

Psychiatrists also provide indirect services for psychiatric patients through various means, including communicating with patients by phone or video conference, communicating with family or community partners, communicating with other care providers,

and reviewing data necessary for patient care (Gaiend et al. 2015). Currently, however, funding is not consistently available to remunerate these services.

Moreover, a solely fee-for-service model is untenable for practitioners working with individuals with psychiatric illness who disproportionately struggle with basic social determinants of health including income and housing. Without these basic needs met, individuals are prevented from presenting regularly for psychiatric care. As a result, patients don't get the care they need, when and where they need it.

# Moving towards a system of integrated core mental health services

Increasing access to mental health care may be partly achieved by increasing the number of psychiatrists, but broader systemic changes including the integration of core services is what will bring about lasting improvements.

## **The Mental Health and Addictions Leadership Advisory Council identified the following core services:**

- Prevention, mental health promotion, and early intervention;
- Information, assessment and referral services;
- Counselling and psychotherapy services;
- Peer and family capacity building support;
- Specialized consultation and assessments;
- Crisis support services;
- Intensive treatment and services; and
- Housing and social supports

**(MHALAC 2015, 2017)**

As we reflect on the progress made towards these objectives over the past 10 years, there have been promising gains, but the pace of change has not kept up with demands of our population. Approaches must not only address the pressing psychiatric needs of individuals; they should also appreciate and target the factors that contribute to or hinder recovery from psychiatric illness.

Before any of these systemic changes can take hold, we must engage policy and funding models as well as inter-related sectors such as education, social services, and corrections to support these services.

# Recommendations from Ontario's psychiatrists

In the context of longstanding access challenges, the OPA began a longitudinal project to explore and collate ideas for system improvement directly from Ontario's psychiatrists. This included a survey questionnaire distributed to psychiatrists across Ontario. The findings confirmed that access to care is a complex issue requiring a multi-pronged approach.

With respect to underserved populations, many respondents rightly pointed out that all populations are deserving of further supports. Respondents also remarked on the pre-existing difficulties of providing care across the age continuum. Many psychiatrists highlighted the importance of addressing the needs of families to prevent adverse childhood experiences and ensure availability of care for couples and families.

Detailed results of the questionnaire have been organized into eight recommendations. As Ontario addresses its key health system challenges, all the recommendations below align with the province's new vision for mental health and addictions care. The eight recommendations are as follows:

## 1. **Ensure psychiatrists work with the most complex patients who need care by providing *both* consultation and ongoing care based on patient need.**

Psychiatrists play an important role integrating both pharmacology and psychotherapy. Most survey respondents emphasized the value of integrated care, including evidence-informed psychotherapy provided directly by psychiatrists. Stepped care models – where psychiatrists work at the top of their skill set to see the most acute or unwell patients – can only be implemented and sustained if there are necessary structural and personnel supports. Psychiatrists in the community would ideally provide care for high needs psychiatric patients in a system that allows for strong support from various resources, including other health disciplines. That means funding for complex care clinics is essential before they can be implemented. In addition, the psychotherapeutic skill set of psychiatrists and other types of therapists must also be valued and maintained. Any arbitrary limits on psychotherapy or psychiatric care poses a threat to Ontarians who require treatment at sufficient intensity and duration to match their unique needs.

## 2. **Increase the availability of community-based care in team-based settings.**

Increasing access to team-based community care requires building system capacity. It would also see primary care providers manage common psychiatric concerns. But this cannot be achieved without increasing the number of practicing psychiatrists. A diversity of models is needed to make this change including telepsychiatry, shared care and reversed shared care (including co-location of psychiatrists and primary care clinicians), urgent care, partial hospitalization, rapid access clinics, early intervention programs, assertive community treatment, and collaborative crisis response teams with police partners.

### **3. Integrate community-based mental health and addictions services.**

For those with concurrent substance use disorders, the development of rapid access addiction medicine clinics is reducing barriers to access. These structures need to be more widely available. They also require interdisciplinary support and commensurate funding, as well as alternative, non-fee-for service models of payment for physicians.

### **4. Implement payment reforms to incentivize care for patients with complex needs.**

To ensure psychiatrists work with highly complex patients, they need to be compensated appropriately. Payment reform should ensure balanced and equitable funding for the provision of indirect care activities and there should be additional incentives for working in underserved areas in rural and remote communities.

### **5. Establish a provincial health human resource strategy to address shortages.**

Psychiatrists work closely with colleagues in a variety of health disciplines including psychology, social work and others. All professions working in mental health and addictions have seen significant increases in the demand for services without a commensurate increase in the supply of health professionals. Consequently, a small group of individuals are providing complex care to a highly acute population. This is leading to lost productivity due to occupational stress and deteriorating mental wellness among professionals delivering care. A strategy is needed urgently to address both recruitment and retention of those who work in this field. This strategy should ensure that human resource shortages in all professions are addressed through increased investments, rather than a realignment of existing resources.

### **6. Ensure reform efforts take a "whole system approach", guided by meaningful engagement with individuals who have lived experience.**

Supporting the health needs of Ontarians depends on a robust foundation of coordinated social services, affordable housing, education, developmental, and justice programs. Psychiatrists agree with other organizations such as the Mental Health Commission of Canada, who propose centering reform on the perspective of persons with lived experience and their caregivers. Reforms should therefore ensure that increasing access to health services is complemented by ensuring access to:

- Safe, affordable housing with wrap-around support such as employment support.
- Diversion and restorative justice programs with training for police in best practices.
- Family-centred and school-based prevention programs with interventions across a person's lifespan.

## 7. **Prioritize prevention and early intervention.**

There is clear evidence of the return on investment for prevention and early intervention. Psychiatrists champion strategies to build mental health literacy among the public, support children and families, and ensure school-based supports are available. Some focus should also be on addressing the challenge of fragmented care for transitional youth who are between the ages of 16 and 25. Psychiatrists support Ontario's Youth Wellness Hubs initiative, for example, but they emphasize that drop-in models must be complemented by longitudinal care for young people with complex illnesses.

## 8. **Implement technological innovations to improve access.**

Ontario is far behind other jurisdictions in terms of leveraging technology to improve access to mental health and addictions services. A diverse set of technologies ranging from telepsychiatry to mobile health applications have established evidence yet are either under-funded or financed as time-limited pilot projects. Recent advances in virtual care visits through the Ontario Telemedicine Network are promising, however, implementing technological innovations requires adequate sustainable funding.

# Moving forward

Psychiatrists understand their responsibility to be an accessible partner to government to support the new Mental Health and Addictions Strategy and its successful implementation. Ontario's psychiatrists are an important voice for provincial planning and coordination of mental health and addiction services and the OPA is committed to improving access, driving quality, and ensuring consistent accountability in service delivery in Ontario. As psychiatrists, we bear witness to a system in crisis, chronically underfunded and hyper-fragmented. Therefore, we are calling on the Ontario Government to implement these eight recommendations to help address the gaps in access to care.

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