



SNAPSHOT



Recommendations for Ontario's Mental Health and Addiction Strategy

The demand for mental health and addiction services is growing and changing across Ontario and the health care system is struggling to keep up (Hallway Health Care: A System Under Strain, 2019). The gap in available, evidence-based services in communities mean that too often, people's only access point for mental health and addiction care is in the emergency department, sometimes as often as four times or more in one year (Measuring Up, 2019). Too often, people go without the care they need.

With a commitment of \$3.8 billion in new mental health and addiction funding from the Ontario government and the establishment of the Mental Health and Addiction Centre of Excellence, there is a real opportunity to build on the pockets of excellence and good alignment across the province in order to effectively address the addiction and mental health crisis in Ontario. AMHO is committed to work in partnership with the Ontario Government on the development of a mental health and addiction strategy.

THE NUMBERS IN ONTARIO



Source: [Measuring Up, 2019](#)



Opioid related deaths in Ontario have nearly **doubled** in three years.

Suicides rates **rise to 6.6 deaths per 100,000** children and youth in 2016.



Over 40% of children and youth and 30% of adults who visited the emergency department for mental health and addiction had not received mental health care from a family doctor or nurse practitioner in the last two years.

Almost 10% of the people who visited the emergency department for mental health and addiction have made **4+ visits** to the emergency department in one year.

CORE SERVICES



The mental health and addiction services that people can access depend largely on where a person lives in the province. Historically, services have been developed by local, grassroots organizations in an effort to provide care to stigmatized groups that traditional health care services have not always been responsive towards. This means that service availability varies greatly across the province. The promise of core services is that regardless of where a person lives in the province they know that there is a standard of services they can access locally and regionally.

ROBUST DATA



Collecting, sharing and aggregating timely data is an area that needs urgent attention in mental health and addiction care. Too often, people who need services need to share their information and story too many times to get access to different service providers. Service providers need easy access to their client and organizational data to improve quality of care and clinical outcomes for patients. Funders and system planners need data that speaks across providers to make decisions on filling service gaps, and to inform policy development and funding.

MEASUREMENT FRAMEWORK



It's important that the public has access to service quality information. A set of publicly accessible performance indicators would allow for the development of an effective performance measurement framework. Similarly to accessing information on infection control in long-term care or hospital emergency department wait times, AMHO believes that there should be transparency of access to information and outcomes for mental health and addiction care. This includes transparency relating to wait times and client wellbeing outcomes for services at the system and provider level for both personal use and to inform system quality improvement.

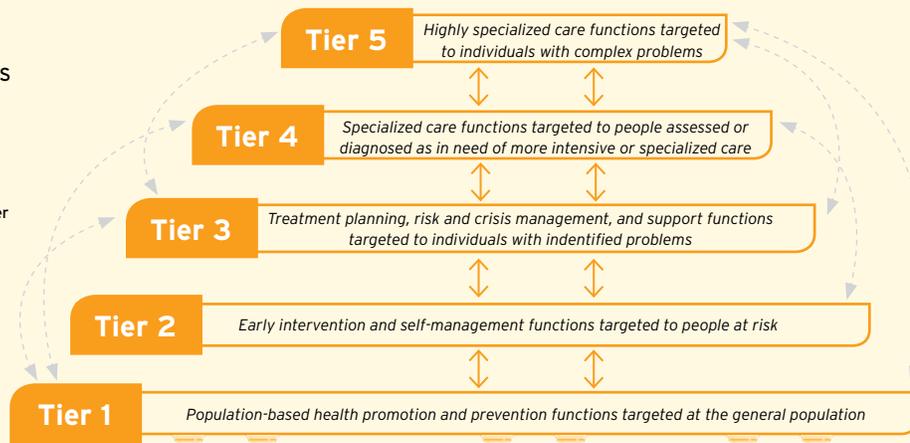


STEPPED CARE MODEL



CORE SYSTEM PRINCIPLES FOR ACCESS AND INTEGRATION ACROSS FUNCTIONS

- No Door is the Wrong Door
- Simultaneous or Sequential Tier Involvement
- Graduated Linkages Across Tiers and With Other Service Systems



CORE SERVICE SYSTEM PRINCIPLES

- Consumer Involvement
- Cultural Competence
- Determinants of Health
- Family Involvement
- Harm Reduction
- Psychosocial Supports
- Self-Management

SYSTEM SUPPORTS

- Policy
- Leadership
- Funding

- Performance Management and Accountability
- Information Management
- Research and Knowledge Exchange

MOVING THE SYSTEM FORWARD: PLANNED CHANGE MANAGEMENT

From Rush (2010) and Rush & Nadeau (2011), building upon the Tiered Model described in the National Treatment Strategy of the National Treatment Strategy Working Group (2008).

A stepped care model means the intensity of treatment increases to match the complexity of the condition. The model highlights that different types of providers must collaborate and create a care journey for the client or patient that is seamless. People can and will move through the tiers across their mental health/addiction journey and other life factors such as housing, income, justice involvement and broader social supports. The model speaks to the principle that when the system is working, the majority of clients can be safely cared for and supported in their community so that acute (emergency rooms) and specialized resources (psychiatry) can be accessed quickly for clients in higher tiers. Adopting a stepped care model means people get the most appropriate care, and protects the sustainability of the health care system by efficiently using a variety of resources.

IMPLEMENTATION RECOMMENDATIONS



1 Actionable year one, year three and year five action items that speak to **improvement in access to and quality of services and support, and not restructuring or reorganization.**

3 Prioritize scaling up investments in (1) **community-based services** that are the closest and most responsive to the people they serve. and (2) in **kids, youth and transitional age youth supports and services** so that young people get the mental health care and addiction services they need while their brains and bodies are still developing.

2 Specific **outcome measures** that the government wants to see improve. This will give direction to providers that they want to have. For example:

- Reduced re-admission to emergency departments
- Improved client experience
- Improved life expectancy for people with mental health and addiction condition
- Increased access to digital and virtual care
- Increased return to employment and diversion from justice system
- Reduced reports of mental health and addiction emergencies in schools and post-secondary
- Improved familiarity of/confidence in community services by primary and acute care

4 Mobilize the potential of the Mental Health and Addictions Centre of Excellence to drive systematic change and establish comprehensive and connected addiction and mental health services across Ontario, inclusive of an implementation fund to support service providers to deliver new standards.

5 Make an **obvious link between MH&A and Ontario Health Teams**, for example - consider a year one action item such as: two of the initial OHTs will have a year one MH&A priority population, and will be supported to be early adopters of core services, a stepped care model, robust data and measurement framework. More than 80% of AMHO members are involved in OHTs.

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