Better Mental Health Means Better Health

2015

Annual Report of Ontario's Mental Health & Addictions Leadership Advisory Council

Table of Contents

About The Council

In late 2014, the Ontario government appointed the Mental Health and Addictions Leadership Advisory Council, a twenty-person advisory group composed of representatives from across the mental health and addictions sector. The Council's primary role is to provide implementation advice on *Open Minds, Healthy Minds,* Ontario's multi-year, comprehensive mental health and addictions strategy. Launched in 2011, the initial focus of the strategy was on child and youth mental health and in 2014 it was expanded to include mental health for Ontarians of all ages and addictions.

A Message from the Chair of the Mental Health and Addictions Leadership Advisory Council

For far too long in Ontario, as in most other jurisdictions, mental health and addictions have been neglected parts of the publicly funded health system…We believe that the "why" no longer matters. It is time to step up our game.

Susan Pigott
Chair, Mental Health and Addictions Leadership Advisory Council

On behalf of the Mental Health and Addictions Leadership Advisory Council, I am pleased to present our first annual report, outlining how we are working toward the objectives set out in Ontario's Comprehensive Mental Health and Addictions Strategy, *Open Minds, Healthy Minds* (2011).

Our Council was brought together because this province is committed to improving mental health and addictions services for Ontarians, and we should all be encouraged by this commitment. Three years ago the British government released a mental health strategy with a title based on an old catch-phrase, *No Health Without Mental Health.*[1] This saying has become a sort of rallying cry for a new generation that cares deeply about mental health and addictions services in Ontario. Taking inspiration from that title, we are naming our report *Better Mental Health Means Better Health*. This isn't something we just believe. It is something we know to be true.

As we go down this road, we are aware that there is a great deal to be done. For far too long in Ontario, as in most other jurisdictions, mental health and addictions have been neglected parts of the publicly funded health system. This might be due to stigma. It might be due to complexity. It might be due to cost. We believe that the "why" in this case no longer matters. It is time to step up our game.

It should be noted here that this is not an original perspective. These observations have been echoed in reports dating back several decades in Ontario. Most recently, they are borne out in *Taking Stock: A report on the quality of mental health and addictions services in Ontario* (2015), a companion report by our colleagues at Health Quality Ontario (HQO) and the Institute for Clinical Evaluative Sciences (ICES). That report is an invaluable overview of the state of mental health and addictions services in Ontario that points to where the current system is performing well and where it needs improvement.

I speak for my fellow Council members when I say that we are energized by the hard work ahead of us. Collectively as clients, family members, caregivers, providers, advocates and decision-makers, we have a unique opportunity to help guide the transformation of Ontario's mental health and addictions system to ensure that it is meeting the needs of all Ontarians today and into the future.

Executive Summary

Every year, 20 percent of Canadians experience a mental illness or an addiction.[2] In Ontario, two million people see their doctor about mental health each year.[3] Around 230,000 Ontarians had serious thoughts about suicide in the last year.[4] One in six Ontario students in grades seven to 12 reports engaging in hazardous or harmful drinking and one in six Ontario high school students meets criteria for problem drug use.[5] Researchers estimate that poor quality of life and premature death in Ontario are 1.5 times higher for mental illness and addictions than for all cancers combined.[6]

These statistics suggest that all of us are affected in some way by mental illness and addictions, either directly or indirectly. They also make it very clear that it is time that we respond to this crisis in our midst by creating a modern system of mental health and addictions services and supports. This is precisely why, in 2011, Ontario introduced a Comprehensive Mental Health and Addictions Strategy, called *Open Minds, Healthy Minds.*

To support ongoing implementation of this strategy, Ontario's Mental Health and Addictions Leadership Advisory Council is reaching out to people with lived experience, service providers, and experts from across Ontario to develop advice to government on how to transform the mental health and addictions sector. This work is happening alongside a parallel process being led by Aboriginal partners to provide advice on what their communities need.

In this, our first annual report, we identify five priority areas that we will focus on during our mandate: (1) prevention, promotion and early intervention; (2) youth addictions; (3) supportive housing; (4) system alignment and capacity; and (5) community mental health and addictions funding reform. In all of this work, the Council will be guided by a commitment to evidence and equity.

Finally, we advise the government to get started on system-level transformation now by acting on five initial recommendations.

1 Implement the necessary policy and funding changes to make it easier for young people to transition from mental health and addictions services for youth to services intended for young adults

2 Implement a rigorous quality improvement strategy for both the community and hospital mental health and addictions sectors

3 Respond to the mental health impacts of inter-generational trauma in First Nation, Métis, Inuit, and urban Aboriginal communities

4 Make it a priority to invest in supportive housing for people with mental illness and addictions

5 Assign responsibility for youth addictions to a single provincial ministry to facilitate age-appropriate, integrated programming

The full recommendations can be viewed on page 19.

Introduction

Every year, 20 percent of Canadians experience a mental illness or addiction. That statistic, perhaps more than any other, illustrates the severity of mental illness in our society. With one out of every five people directly affected, we are almost certainly all affected at least indirectly by the pain and suffering of a family member, friend or colleague.

2 MILLION EVERY YEAR, ONTARIANS SEE THE DOCTOR ABOUT THEIR MENTAL HEALTH

Across Ontario, the battle against mental illness and addictions is waged every day in households, schools, community centres, mental health and addictions agencies, primary care clinics, and hospitals. Dedicated family members, peer support workers, neighbours, and professionals work to promote mental well-being and support the recovery of people living with mental illness and addictions. The Ontario government, meanwhile, spends $3.5 billion every year directly on children, youth, and adult mental health and addictions services.[7] Even more is spent by the province on a range of social, housing, educational, and vocational services that help people with mental illness and addictions to recover. Additional public investments are made by the federal and municipal governments. Across Canada, adding up public expenditures, lost productivity and reductions in health-related quality of life, mental health and addictions cost $51 billion per year.[8]

Despite all of these efforts, we know that the state of mental health and addictions services and supports in Ontario is far from ideal. Key challenges include:

ACCESS: Too many Ontarians with mental illness and addictions have to endure long wait times, service gaps, and a lack of social supports, particularly supportive housing.

EQUITY: Access to quality services can be challenging for any person experiencing a mental illness or addiction. The challenge is even harder for members of marginalized groups, including Aboriginal people, LGBTQ youth, people with developmental disabilities, immigrants, francophones, and racialized communities. Statistics show that people in marginalized communities face many stresses that negatively affect mental health. We also know that the most effective services, which are tailored to the particular social, cultural and economic context of marginalized groups, are scarce in Ontario.

FRAGMENTATION: Ontario lacks a seamless system of mental health and addictions services and supports. Individuals and their loved ones face a confusing and unconnected collection of programs spread out across different provider groups and settings. And, contrary to best practices, people with both a mental illness and an addiction often cannot get integrated treatment for their conditions.

An analysis of Canada-wide data by the Mental Health Commission of Canada shows that immigrants, LBGTQ people, and residents of northern communities experience sub-optimal mental health in ten out of twelve indicators studied, including self-rated mental health, stress, and anxiety and/or mood disorders.[9]

QUALITY: Ontario is fortunate to have a great many dedicated individuals and organizations delivering first class services, but there is no provincial quality assurance framework in place to ensure that the quality of those services is consistent across the province. The commitment of the government to quality improvement, as demonstrated, for example, by the passage of the *Excellent Care for All Act* (2010), has not been as evident in mental health and addictions as it has in other parts of the health care system. This is especially true when it comes to community-based services.

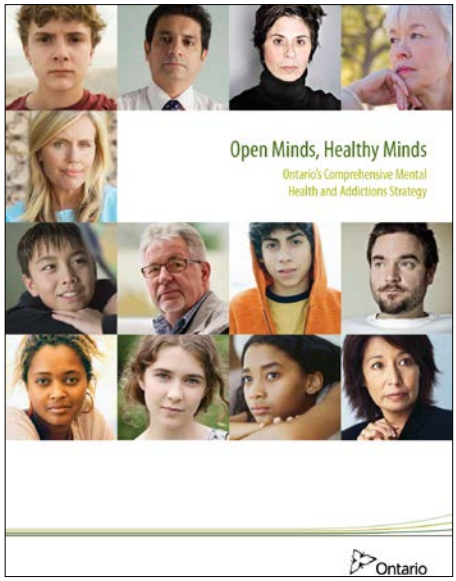
LACK OF DATA: Ontarians need to know if programs are actually working. The obvious way to ensure this is to measure performance against improvement targets, such as shorter wait times, easier-to-navigate services, and better access for marginalized populations. But we currently lack the data to measure these things.

PREVENTION, PROMOTION AND EARLY INTERVENTION: It is always better to avoid a problem than to have to fix it, and it's always better to catch it early than late. There is not enough emphasis on promoting mental well-being, including fighting stigma, or on preventing mental illness and addictions across the lifespan. Nor is there enough emphasis on putting in place mechanisms for early intervention when mental illness or addictions develop. We cannot treat our way out of the problem. Promotion, prevention and early intervention not only improve and save lives, they provide a high return on investment.

We cannot treat our way out of the problem. Promotion, prevention and early intervention not only improve and save lives, they provide a high return on investment.

In response to challenges such as these, Ontario launched the Comprehensive Mental Health and Addictions Strategy, *Open Minds, Healthy Minds.* It is the responsibility of the Mental Health and Addictions Leadership Advisory Council to provide cross-sectoral advice on implementation of the strategy. In this, the Council's first annual report, we identify the priorities we have chosen to work on together during our three year mandate. We also present our initial recommendations to government, consisting of five actions that we believe would spur system transformation.

Open Minds, Healthy Minds



You can learn more about Ontario's Comprehensive Mental Health and Addictions Strategy here.

In 2011, the Ontario government launched its Comprehensive Mental Health and Addictions Strategy, *Open Minds, Healthy Minds*. The strategy has four overarching objectives:

1. To improve mental health and well-being for all Ontarians
2. To create healthy, resilient, inclusive communities
3. To identify mental health and addictions problems early and intervene
4. To provide timely, high quality, integrated, person-directed health and other human services

Open Minds, Healthy Minds reflects the reality that mental health and addictions policy transcends traditional boundaries. It involves the policies and programs of as many as 15 ministries from across the provincial government[10] and partnerships with the federal and municipal governments, Aboriginal peoples, and community partners across Ontario.

Related Government Strategies

The Ontario government has several other initiatives that have the potential to improve the circumstances and quality of life of people with mental illness and addictions.

Community Safety and Well-being

Ontario is enhancing community safety through social development, prevention, and risk-intervention and is being more responsive to clients with mental health/addiction issues to support rehabilitation and reduce reoffending.

Employment and Training Services Integration

Ontario is transforming employment and training programs with a goal to broaden access to the labour market for vulnerable Ontarians, including those with mental illness and addictions. Click here to learn more

Expert Advisory Panel on Homelessness

The Expert Advisory Panel's report, *A Place to Call Home,* was released in October 2015 and informs provincial actions to end homelessness, including a government commitment to end chronic homelessness in 10 years. Click here to learn more

Long-Term Affordable Housing Strategy Update (LTAHS Update)

The LTAHS Update builds on the transformative work of the 2010 strategy. Consultations were informed by the non-profit and private sectors and grounded in a people-centred approach. Click here to learn more (www.mah.gov.on.ca/Page9181.aspx)

The 2014-19 Poverty Reduction Strategy

The Strategy outlines provincial measures to reduce poverty. It focuses on children and youth, income security and ending homelessness. Mental health and addictions services are critical to achieving these objectives. Click here to learn more

A Parallel Aboriginal Engagement Process

FIRST NATIONS YOUNG PEOPLE DIE BY SUICIDE OVER

Five Times

MORE OFTEN THAN NON-ABORIGINAL YOUTH[13]

A significant focus for the Mental Health and Addictions Leadership Advisory Council is improving access to integrated, high quality, and culturally competent mental health and addictions services for Aboriginal people living in Ontario, including First Nations, Métis, Inuit, and urban Aboriginal communities. Two members of our Council have experience and expertise in Aboriginal mental health and addictions, both on- and off-reserve. It is widely understood that Aboriginal people face a unique set of mental health and addictions challenges. We are committed to working with the Ontario government and Aboriginal partners across the province to find innovative ways of meeting those challenges.

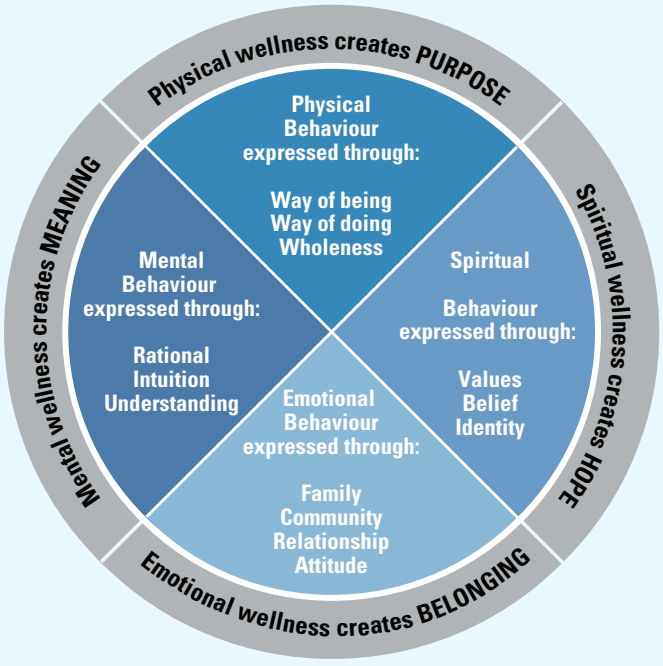
Currently, the Ministry of Health and Long-Term Care is working on a dedicated Aboriginal mental health and addictions engagement process with First Nations, urban Aboriginal, and Métis partners. Potential areas of collaboration include mental health prevention, promotion and early intervention and strategies to address the needs of Aboriginal people living in urban settings.

These engagements are intended to build on, support, and create linkages with important work already underway across Ontario. By the end of 2016, Aboriginal partners will have completed their locally designed engagement processes to identify where and how they can build on existing initiatives, what culturally-appropriate services are needed and what opportunities exist for enhanced cross-sector collaboration.

Hope, Belonging, Meaning, Purpose

Hope, Belonging, Meaning and Purpose are measurable outcomes that are central to the First Nations Mental Wellness Continuum Framework (2015), which is a shared vision for mental wellness, founded on community engagement, partnership, and culture. The FNMWC framework promotes an innovative, interconnected approach to achieving wellness, shifts our understanding of mental wellness to a holistic understanding, and views care as a continuum. It is a tool that supports collaborative efforts to address substance use and mental health issues across many sectors such as health, social services, child welfare, public safety, public health, primary health care, education, governance and coordination of systems, services and programs.[11]

Figure 1



Council Priorities – What Are We Focused On and Why?

Our Council met for the first time in February 2015 and again this past May and September. At these meetings and in smaller working groups, we have deliberated on a variety of issues related to mental health and addictions in Ontario. We have also been consulted to provide advice on several related provincial initiatives, including the Moving on Mental Health Strategy, the Poverty Reduction Strategy, and the Long-Term Affordable Housing Strategy.

During these conversations, the Council identified 5 key priorities - areas focused on system-level reform on which we are well positioned to provide cross-sectoral and expert leadership and advice. Our guidance on how to drive change in these areas will favour two outcomes – improved access and quality. As we explain below, we have established working groups to develop options for government in each of these areas. As we do this work, we will be consulting people with lived experience and creating partnerships with related government strategies. In developing advice to government, we will be committed to applying an equity lens to ensure that the experiences of all Ontarians are considered in the solutions we recommend.

Council Priority #1

Prevention, Promotion and Early Intervention

Why Focus on Prevention, Promotion, and Early Intervention?

70% OF MENTAL HEALTH ISSUES IDENTIFIED BY PEDIATRICIANS COULD BE SOLVED THROUGH EARLY INTERVENTION[18]

There is an old expression about an ounce of prevention being worth a pound of cure. It remains as true today as ever, and it applies as much to mental illness as it does to the cold or flu.

We know that mental illness and addictions cannot always be prevented, but we also know that sometimes they can. It has been demonstrated that evidence-informed approaches to mental health promotion and to mental illness and addictions prevention can reduce the likelihood or severity of mental illness or addiction across the lifespan.[14] Moreover, it is now understood that mental illness is often chronic, with a relapsing and remitting course. So even in the presence of a diagnosis, promotion and prevention can improve wellness and functionality and reduce the frequency, duration, severity and impact of relapses and secondary problems when they occur. What's more, research shows that the earlier someone with a mental illness or addiction gets treatment, the better their outcomes will be.[15]

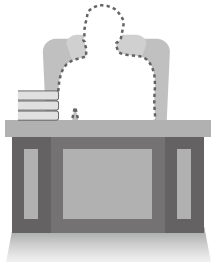
MENTAL HEALTH PROMOTION builds conditions and capacity, across the life-span, to support good mental health.

PREVENTION efforts reduce the occurrence, duration and impact of mental illness and addictions, typically by enhancing proven protective factors and reducing known associated risks.

EARLY INTERVENTION is initiated early in life or early in the course of a mental illness or addiction, as a way of reducing the risk of escalation.

Promotion and prevention are important at any age. Mental illness and addictions often present during childhood or adolescence. In one study, two-thirds of people with a mental illness aged 15 to 24 reported experiencing symptoms before the age of 15.[16] This is why awareness of the importance of mental health and of the signs of mental illness and addictions must begin with children and their caregivers and teachers. Parenting support, early childhood mental health programming, and school-based social emotional learning, anti-bullying, and stigma reduction initiatives support promotion and prevention early in life.

As people enter adulthood, post-secondary and workplace mental health programs become important sources of mental health promotion and prevention. Campus programs can help students manage the stresses associated with the transition to post-secondary school and encourage them to seek help, either at campus counselling centres or through online peer support tools. Work places can support prevention, promotion and early intervention by creating safe environments for employees to disclose to managers that they are experiencing poor mental health. Research shows that fear of disclosure is a significant barrier that prevents working adults from seeking help.[17]



500,000

CANADIANS CALL IN SICK EVERY WEEK DUE TO MENTAL HEALTH ISSUES[19]

Aside from improving and saving lives, there is growing evidence that mental health promotion and mental illness and addictions prevention provide cost-savings. When directed at children and families, promotion and prevention reduce the risk of mental illness and addictions, and yield significant net cost savings in the medium- and long-term.[20] Promotion and prevention directed at adults have been demonstrated to improve health outcomes and drive cost savings by increasing productivity and decreasing workplace absenteeism.[21] It should also be noted that investments made in one sector, like social emotional learning in schools, can have positive social and economic impacts in other sectors, like justice and health.[22]

Prevention, Promotion and Early Intervention: The Return on Investment Across the Life Span

In the Early Years

For every dollar invested in pre-school education, or parent support, there is a return of $6-16. Long-term benefits extend to education and justice.[23]

At School

Highest returns are for Social Emotional Learning where impacts are felt across sectors within 1 year and the investment is recouped within 5 years.[24]

Early Intervention

It has been shown that every dollar spent on the prevention of drug abuse saves $15-$18.[25]

At Work

For every $1 spent on mental health and wellness, $9 is saved in decreased absenteesim.[26]

As We Age

Mental well-being increases life expectancy by 7.5 years. In fact, it has the same impact as stopping smoking![27]

Graphic courtesty of the Wellesley Institute, 2015

Where Are We Starting?

The Council is developing advice on how to identify, streamline and expand the high-quality, evidence-informed mental health promotion, prevention, and early intervention programs being implemented in schools, communities and workplaces across Ontario. Our goal is to see the province embrace a cross-ministerial, cooperative approach to lifelong mental health promotion, where investments are made for all age groups and include marginalized populations. We also want to see discussions about mental health and addictions linked to discussions about the broader social determinants of health, such as poverty, homelessness and unstable or unsafe housing.

Council Priority #2

Youth Addictions

Why Focus on Youth Addictions?

Progress has been made on the prevention of youth addictions in Ontario over the last two decades. Research shows the prevalence of addictions among 12 to 24 year olds to be falling or stagnant for most substances.[28] Problem smoking, drinking, LSD, and methamphetamine use are at "an all-time low" among Ontario students.[29]

Youth differ from adults developmentally and are still developing organization, communication, planning and decision-making skills.[37]

However, there is still work to be done on both prevention and access to services. The Ontario Student Drug Use and Health Survey, administered in 2012 and 2013, found that one in six Ontario students in grades seven to 12, approximately 159,000 young people, engaged in hazardous or harmful drinking and one in six high school students met criteria for a drug problem.[30] At the same time, statistics on drug treatment services show that only about 20,000 young people received substance abuse treatment in publicly funded facilities in Ontario in 2013-14[31] – one third the number of students who reported problem use just a year earlier, suggesting that many who need help may not be getting it.

CHILDREN AS YOUNG AS

8 or 9 Years Old

EXPERIENCE HARM FROM SUBSTANCE ABUSE IN ONTARIO

A 2014 study on youth addictions services in Ontario found that wait times were the most common barrier to access.[32] Provincial data show that wait times range on average from under ten days for community treatment to 35 days for residential treatment.[33] Other barriers to access include age eligibility requirements that exclude children aged 12 or younger from treatment, even though there are children as young as eight or nine experiencing harm from substance use in Ontario. The authors of the 2014 study also heard that there were too few services in northern and remote communities, and that the system frequently fails to help youth overcome barriers to access caused by the social determinants of health, including income, employment, housing, and education pressures.[34] Examples include not having transportation to get to appointments, or work schedules that make it difficult to attend programs.

Quality and equity are also significant issues in youth addictions services. The effectiveness of treatment suffers when youth and young adults are placed in programs designed just for adults. The reason is that youth differ from adults developmentally and are still developing organization, communication, planning and decision-making skills.[35] Ontario researchers also note that providers often fail to account for the distinct social and living contexts of young people,[36] which may include middle and high school dynamics, peer pressure, social lives led increasingly over social media, and the reality of co-habiting with parents or guardians.

Quality suffers even more when equity and diversity are not taken into account. Members of marginalized communities are often doubly disadvantaged when providers not only discount the distinct life stages of adolescence and young adulthood but also fail to provide culturally- and diversity-informed services. Clients of Ontario's youth addictions system have complained about a lack of services for Aboriginal, First Nations, Métis and Inuit youth, newcomer youth, LGBTQ youth, francophone youth, and the hearing impaired.[37]

Where Are We Starting?

We are working with provincial ministries on a youth addictions strategy that harmonizes age eligibility requirements across different government programs so that people turning 18 can smoothly transition into services outside the child and youth sector. Also, we would like to see more age-appropriate and diversity-informed programming for youth and young adults.[38] In addition, we are making it a priority to ensure that high quality, culturally appropriate services are evenly available across the province. It will be challenging to accomplish these objectives until a clear home in government is established for youth addictions. This is why we are making this a recommendation part of our initial advice to the minister.

Finally, recognizing that addictions often go hand in hand with mental illness, the working group is developing recommendations that would help providers anticipate and recognize the linkages between mental illness and addictions and treat both at the same time.

YOUNG PEOPLE ARE

Five Times

MORE LIKELY THAN ADULTS TO EXPERIENCE HARM FROM DRUG USE[39]

Council Priority #3

Supportive Housing

Why Focus on Supportive Housing?

Everyone needs a home, but the sad reality is many Ontarians have no stable and secure place to live. Across Canada, around 235,000 people experience homelessness in a given year.[40] It is estimated that up to 35,000 Canadians are homeless on any given night.[41] In Ontario, we lack provincial data on homelessness. We do know, however, that there were 168,711 households across Ontario on waiting lists for affordable housing at the end of 2014.[42]

There is a clear, two-way link between homelessness and mental illness. Researchers estimate that up to 67 per cent of people who are homeless have experienced mental illness in their lifetime[43] and people with severe and persistent mental illness are considered to be at imminent risk of homelessness.[44] Even when someone with a mental illness or an addiction finds housing, there is a risk that he or she will not be able to keep it in the absence of proper support services. For these reasons, supportive housing is critical to reducing homelessness among people with mental illness and addictions. Research has proven that housing with supports delivers better outcomes for individuals[45] and reduces the risk that people will become homeless again. Further, these benefits lead to a reduction in the number of unnecessary hospital visits and admissions.[46]

Under the Comprehensive Mental Health and Addictions Strategy and the Poverty Reduction Strategy, Ontario is creating 1,000 more supportive housing units, which will bring the total number of units reserved exclusively for people with mental illness and addictions to over 13,000.[47] Despite these efforts, demand continues to overwhelm supply, with some advocates suggesting that the province needs as many as 30,000 new supportive housing units to meet total current demand across the province.[48]

What Do We Mean by "Supportive Housing"?

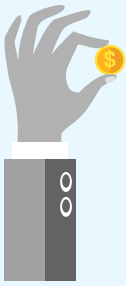
The Council defines supportive housing as the combination of a safe and stable home with the offer of additional supports that enable a person to stay in their home, live independently, and/or achieve recovery. For us, this encompasses designated buildings that offer supports to residents on-site, as well as Housing First, a model where people are first found homes, and then offered supports to address other challenges that they might have. Examples of supports include case management, counselling, medication management, assistance with job searches and coaching for interviews, house cleaning, meal preparation, and child care.

Where Are We Starting?

The working group is bringing together experts from the mental health, addictions, and housing sectors to develop recommendations on how best to expand access to appropriate housing and supports for Ontarians experiencing mental illness and addictions. Included in its work is a focus on homelessness prevention, which would expand prevention strategies and supports for individuals at risk of homelessness.

We know that additional investments may not be possible in this fiscal environment. That's why we need to work together across sectors to maximize our investments, identify opportunities for collaboration, and leverage existing resources. The working group will provide expert advice and strategic leadership to ensure appropriate linkages are being made with work being done across other parts of the system. We are also exploring innovative funding schemes to expand the province's stock of supportive housing. One funding model being explored is the social impact bond. These bonds leverage investments from people and organizations outside of government to pilot programs aimed at improving social outcomes. Funding for the service is provided upfront, with investors getting paid financial returns if the agreed-upon social outcomes are achieved.

An evaluation of a recent Canadian study of the Housing First model led by the Mental Health Commission of Canada (At Home/ Chez Soi) demonstrated savings of $21.72 for every $10 spent on Housing First[49] for clients with the highest service use. The study looked at costs for three groups: those with moderate needs, those with high needs, and those who had the highest service use upon entering the program, which included people with both moderate and high needs. Savings consisted mainly of averted costs for hospitalizations, emergency shelter use, and interacions with the justice system.



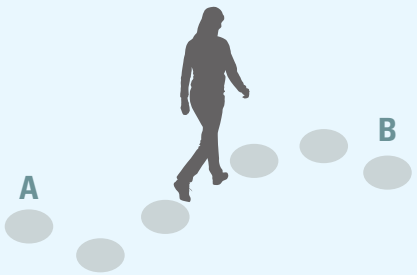
SAVINGS OF
$21.72
FOR EVERY
$10
SPENT

Council Priority #4

System Alignment and Capacity

Why Focus on System Alignment and Capacity?

Transitions: A Significant Barrier to Access and Recovery



People with mental illness and addictions often deal with multiple service providers in the normal course of treatment. Sometimes, this requires transitioning from one provider to another, such as from a hospital to a community agency. However, too often, people leaving one service are not successfully transitioned to the next. When clients fall through the cracks, they may experience poorer health outcomes and can be at risk of early hospital readmission. Research demonstrates that efforts targeted at improving transitions can improve health outcomes and reduce the risk of early readmission.[50]

Mental health and addictions services in Ontario are provided by a range of large and small organizations, including hospitals, community agencies, primary care clinics (e.g., family doctors, nurse practitioners, community health centres, Aboriginal Health Access Centres), private methadone clinics, and professionals in private practice (e.g., psychologists, psychiatrists, social workers, etc.). Most if not all of these organizations, as well as the providers within them, do excellent work. However many continue to work in silos, which can pose serious impediments to both access and quality.

Individuals trying to navigate the system often have trouble finding out where to get help. Transitions from one sector or provider to another, for example from hospital to community, cause delays and service interruptions. People sometimes even fall out of care and stop receiving services.

For the government, policy-makers, and advocates of modernizing the mental health and addictions system in Ontario, this fragmentation poses a related set of challenges. No one ministry is accountable for the entire mental health and addictions sector. Instead, it involves, to varying degrees, 15 different ministries, which all have their own mandates, regulations, rules, territorial boundaries, and program and reporting requirements. In addition, government must partner with a variety of different sectors (e.g., children and youth, community-based care, hospital-based care), each of which has its own culture, accountability structure, and strategic priorities.

Where Are We Starting?

A key objective of the Council is to develop mechanisms to further the person-centred vision of care articulated in the *Excellent Care for All Act* (2010) and echoed in *Open Minds, Healthy Minds.* To this end, the System Alignment and Capacity Working Group is developing recommendations for the minister in four key areas:

Basket of Core Services

The working group will identify a basket of core mental health and addictions services that should be available to all Ontarians. In addition, mechanisms for improving access to these services will be identified, and quality of service standards establishing common expectations will be developed.

Data Collection and Management

The working group is mapping the various data sets that exist across the continuum of community and hospital services and supports. The aim is to identify opportunities to link this data in order to create a full picture of the sector. The working group will identify challenges to creating a common data set and will work with stakeholders to develop solutions at the local and regional level.

Quality Improvement

The working group is drafting quality improvement indicators that are relevant to both mental health and addictions, in both hospital and community settings. The group will seek input from service users and providers to ensure that the indicators are valid and useful. We will also advise the government on the supports required to facilitate quality improvement in the community sector, including data management, coaching, and peer to peer learning.

Structural Barriers

We are working with sector stakeholders to identify structural barriers that prevent client-centred care in the areas of funding, access, and quality, at the local, regional and provincial level. We will propose solutions for overcoming these barriers at all three levels.

Council Priority #5

Community Mental Health and Addictions Funding Reform

Why Focus on Community Mental Health and Addictions Funding Reform?

"Services must improve quality of life in a sustainable way. Providers should be held accountable for the value of care they provide, and continually monitor results." *Open Minds, Healthy Minds (2011).*[52]

In 2013-14, the Ministry of Health and Long-Term Care spent almost $1 billion on community mental health and addictions supports and services.[51] These are services provided by community mental health and addictions agencies and funded by Ontario's 14 Local Health Integration Networks (LHINs) through transfers from the province. If we are going to talk seriously about transforming the mental health and addictions system in Ontario, we need to look very hard at the distribution of these resources within the sector and the extent to which services funded are being distributed equitably and delivering value for money.

Open Minds, Healthy Minds is committed to an equitable approach to funding, as is our Council. However, funding for community-based mental health and addictions services is primarily based on historical allocations. Funding mechanisms vary between LHINs, programs and agencies, and do not account for demographic change or the cost of delivering services in different areas of the province, such as rural areas and the north. Most importantly, current funding allocations do not reflect community need or demand, which may be leading to higher wait times and underserved communities.

Reforming how the government allocates funding to LHINs for community-based services will make mental health and addictions funding more reliable, transparent, consistent and, above all, equitable. Our aims are to link funding more explicitly to need, tie funding more directly to quality and outcomes, and ensure funding approaches provide incentives to make services across the province accessible, consistent and equitable.

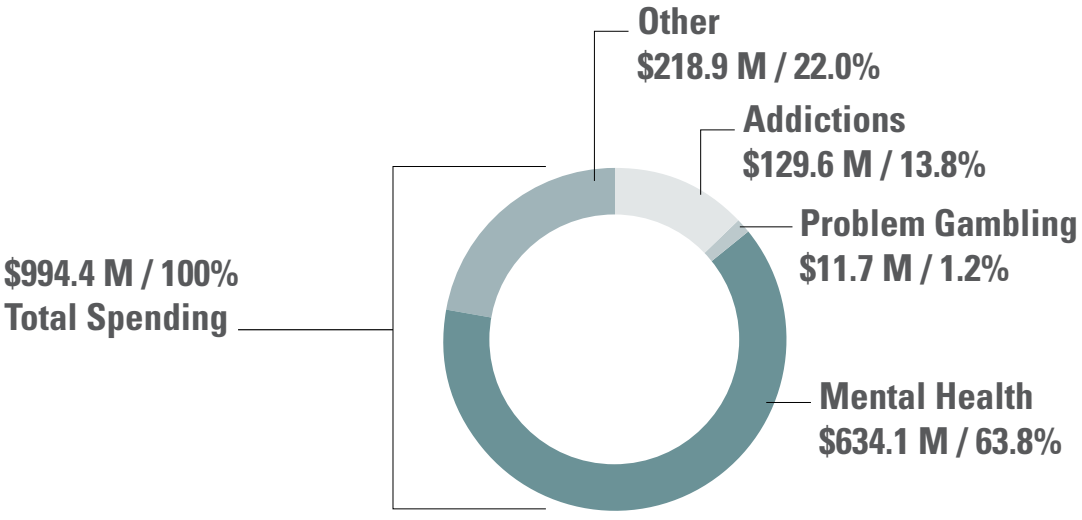


Figure 2: Ontario Ministry of Healthy and Long-Term Care Annual Spending on Community Mental Health and Addictions Services (2013-14)

Where Are We Starting?

It is our role to advise the Minister on how to build principles such as equity, quality, sustainability, and value for care into an accountability framework for the funding of community-based mental health and addictions services in Ontario. This work will be closely aligned with the efforts of the System Alignment and Capacity Working Group, particularly in regard to core services, quality improvement, and performance measurement. At the very centre of our work is the belief that value should be defined as health outcomes that matter to individuals. We are developing a balanced scorecard in partnership with the Institute for Clinical Evaluative Sciences (see below). The scorecard will identify the health outcomes that Ontarians value and enable us to measure whether we are achieving them.

The working group is collaborating with members of the community mental health and addictions sector as well as experts on health funding. The goal is to better understand the current distribution of funding and develop options that would result in a provincial system of services and supports that improve the quality of Ontarians' mental health in a sustainable way, and that is accountable for the value of care provided. As we do this work, we will ensure that appropriate linkages are made with other parts of the broader mental health and social support system (e.g. supportive housing, children and youth mental health).

A Commitment to Performance Measurement

Why We Need Better Data

According to hospital and OHIP records, 30% of emergency room visits for mental illness and addictions by people aged 16 and older are by individuals who have never before been seen for these issues. On its face, this suggests the possibility of systemic failure – people's needs should be identified and dealt with well before they reach a crisis that brings them to hospital. However, we can't actually confirm a system failure, much less determine where that failure occurred, because hospital and OHIP records tell us nothing about services in the 300+ community-based mental health and addictions agencies in Ontario or in many primary care settings, such as community health centres. Without a more complete, evidence-based understanding of what is happening across the entire continuum of publicly funded services and supports, we cannot know where improvement is needed.

It has been said that you can't fix what you can't measure. As pointed out in the Health Quality Ontario/Institute for Clinical Evaluative Sciences (HQO/ICES) report, *Taking Stock: A report on the quality of mental health and addictions services in Ontario* (2015), the province currently lacks relevant, high quality data on mental health and addictions services across the entire continuum of care. This is why our Council is developing a cross-sectoral data collection strategy and working with a team from ICES to develop a client-centred, "balanced score card" performance measurement framework. Having a scorecard that measures performance along several dimensions of quality, including client experience, will allow us to pinpoint where gaps exist, and where improvements are needed.

The Council recognizes that this new framework will need to have a built-in equity lens. We need to make visible the experiences of marginalized groups in society, including Aboriginal people, LGBTQ youth, people with developmental disabilities, immigrants, francophones and racialized communities, so that we can deliver appropriate and equitable services. We need to develop performance measurement that speaks to their experiences. We need to ensure that the data collected provides information on a range of outcomes including mental illness, addictions, access and quality, and equity.

"We have critical information gaps that are preventing us from pinpointing access and quality issues and resolving them." *Taking Stock: A report on the quality of mental health and addictions services in Ontario (2015)*[53]

Our Initial Advice to Government

This Council has a three year mandate, and we are confident that by the end of that time we will have given the government a great deal of advice, and made a great many recommendations on how to go about improving our mental health and addictions system. And we know that many of the changes we will recommend are going to take time. But it is clear to us already that there are some things that need to be done – problems that need to be addressed – where time is very much of the essence. And so we are using this annual report to provide some initial advice to the Ontario government.

As Ontario's Mental Health and Addictions Leadership Advisory Council, we unanimously support the need for urgent action in the following five areas:

1 Make it easier for young people to transition from youth to adult mental health and addictions services and supports

A high-performing system of mental health and addictions services and supports should put the individual at the centre. This means that no young person who is receiving care for a mental illness or addiction should lose access to programs they need on their 18th birthday. Having teens in programs intended for adults is clearly not the solution, but a bridge to those programs is. We need a focus on transition planning along with a commitment to doing what is best for the people receiving the supports, and we need flexible and appropriate funding. This will ensure that we are not forcing young people out of programs that are working before we have found them new ones.

2 Expect the same focus on quality from Ontario's mental health and addictions system as you do from other parts of the health care system

Quality is the foundation upon which modern health care systems are built and that same strong foundation should be expected by Ontarians of the mental health and addictions system. A focus on quality improvement will drive the system towards high performance and will make clear the need for better data, performance measurement and quality improvement activities. Other sectors of Ontario's health care system have roadmaps to improved quality. The mental health and addictions sector should as well, in both the hospital and community sectors. A modern mental health and addictions system should be committed to putting the person first. And that system's accountability structure should make sure that it is doing so.

3 Move on key First Nation, Métis, Inuit, and urban Aboriginal mental health and addictions needs

First Nations and Aboriginal people have very significant mental health and addictions challenges that are rooted in inter-generational trauma. The Ontario government should prioritize the delivery of the community-, culture- and land-based care required to address this trauma. While the parallel Aboriginal mental health and addictions engagement process unfolds, the provincial government can:

- ➔ **RECOGNIZE** First Nations, Métis and Inuit authority by creating direct funding mechanisms for their governments, health authorities, and service providers and facilitating collaborative funding agreements to increase capacity to deliver culturally-relevant models such as the First Nations Mental Wellness Continuum Framework.
- ➔ **APPROVE** Nurse Practitioner prescribing authority for Suboxone (buprenorphine/nalaxone) to ensure access to care for opiate detoxification and maintenance treatment in community-based programs and Aboriginal Health Access Centres
- ➔ **SUPPORT** the establishment of Aboriginal- and First Nation-specific infrastructure and processes for data and data management in the mental health and addictions sector. These data systems must embody the principles of Ownership, Control, Access and Possession for Aboriginal peoples

4 Prioritize investments in supportive housing focused on meeting the needs of individuals with mental illness and addictions

The need for additional supportive housing in Ontario is well documented and rests at the centre of a number of key Government of Ontario strategies – Mental Health and Addictions, Poverty Reduction, Long-Term Affordable Housing and the government's long-term commitment to end homelessness. To date the government has recently made modest investments in 1,000 new supportive housing units. This is a start, but is really only a down payment on a much larger investment that is necessary to provide some of the most vulnerable Ontarians with the supports they need to live as independently and productively as possible.

5 Clarify which provincial ministry should lead the development and implementation of youth addictions policy and programming

People aged 15 to 24 are more likely to experience mental illness and addictions than any other age group.[54] Over the last decade or so, responsibility for most children and youth programs in Ontario has shifted to the Ministry of Children and Youth Services, but youth addictions programs have remained the responsibility of the Ministry of Health and Long-Term Care. In an era where the linkages between mental health and addictions are becoming very clear, it makes sense for one ministry to have ownership of both youth mental health and addictions to ensure consistent and integrated program delivery.

Conclusion

Over the next year, this Council will pursue work on our five priorities: (1) prevention, promotion and early intervention; (2) youth addictions; (3) supportive housing (4) system alignment and capacity; and (5) community mental health and addictions funding reform. It is important to mention that we are not doing this work alone. Many individuals and organizations are dedicating time, experience, and expertise to help us.

Back row (left to right): Dr. Kathy Short, Adelina Urbanski, Eric Windeler, Gail Czukar, Dr. Ian Manion, Victor Willis, Dr. Kwame McKenzie, Camille Quenneville, Peter Sloly, Dr. Philip Ellison (joined in late 2015), Pat Capponi, Carol Hopkins Front row (left to right): Cynthia Clark, Dr. Suzanne Filion, Dr. Catherine Zahn, Susan Pigott, Mae Katt, Louise Paquette, Aseefa Sarang. Missing: Rachel Cooper (joined in late 2015). Members who stepped down in 2015: Dr. William E. Reichman and Arthur Gallant. To learn more about who we are, please click here.

As a Council we recognize the Government of Ontario's commitment to return the provincial budget to balance in 2017-18. But in concluding this report, we are asking that our initial advice to the government, concerning five areas requiring urgent action, be given consideration and priority. We appreciate that to date mental health and addictions funding has been largely protected from some of the difficult choices that the Government has had to make about program priorities and funding allocations, and we are hoping that this can continue with respect to those areas identified that require additional funding.

We simply cannot overstate the importance of us, as a society, doing what needs to be done to support people with mental illness and addictions. The actions we have identified will help us to do that. In the meantime, we will continue to work with our key stakeholders people, with lived-experience, as well as partners in the sector and in government to further the goals of Ontario's Comprehensive Mental Health and Addictions Strategy. We look forward to reporting back to you this time next year on the progress we are making to improve access to high quality and equitable mental health and addictions services and supports for Ontarians.

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