

Recommendations for Adoption: Major Depression

Quality
Standards

Recommendations to enable widespread adoption of this quality standard

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About this Document

This document summarizes recommendations at local practice and system-wide levels to support the adoption of the quality standard for major depression.

At the local and regional levels, health care providers and organizations in all settings where applicable, local health integration networks (LHINs), and other health system partners across the province are encouraged to use the quality standard as a resource for quality improvement by assessing the care that is currently being provided against the evidence-based care outlined in the quality standard.

While many organizations and providers may be offering the care described in the quality standard, the statements, related measures, and adoption supports are designed to help organizations determine where there are opportunities to focus their improvement efforts. The [Getting Started Guide](#) outlines the process for using this quality standard as a resource to deliver high-quality care.

An important next step will be to action the recommendations included in this document. In some situations, this may require a more detailed plan, new resources, or to leverage or expand existing programs. At the same time, many aspects of the quality standard represent care that can and should be made available today.

A monitoring and evaluation strategy is included in the final section, with suggested measures to monitor and track progress. Health Quality Ontario's Quality Standards Committee will review these regularly, including the actions needed to support implementation.

The Major Depression Quality Standard

This quality standard addresses care for adults or adolescents who have suspected major depression, and considers all care settings. This quality standard does not apply to women with postpartum depression or to children younger than 13 years of age.

Click [here](#) to access the quality standard.

The Recommendations for Adoption

The approach to developing these recommendations was guided by the principle of using the quality standards to promote practice improvement among health care professionals.^{i ii iii}

Click [here](#) to download the detailed process and methods guide for the development of quality standards and recommendations for adoption.

The recommendations for adoption were developed after a review of the available evidence and a scan of existing programs, as well as extensive consultation with the Major Depression Quality Standard Advisory Committee, key stakeholders, and organizations that work in this area; public comment on the quality standard; a series of structured interviews with health care providers; and a survey sent to health care providers across

the province (engagement details specific to the development of these recommendations are provided in [Appendix A](#)). These recommendations aim to bridge the gaps between current care and the care outlined in the quality statements.

These conversations highlighted some common themes:

- Prevention – It is important to discuss prevention in the context of depression and concurrent disorders.
- Age – There are unique considerations related to caring for children and youth and older adults with major depression. In addition, eligibility of services changes at 18 years of age as well as at 65 years of age, which can create additional barriers to accessing care.

THE RECOMMENDATIONS FOR ADOPTION CONTINUED

- Concurrent disorders – People with major depression also experience anxiety, substance use issues, or other comorbid conditions. In long-term care, there are overlays of major depression with dementia, which can make it challenging to identify or treat major depression in isolation.
- Other sectors – Major depression is an important issue beyond the health care sector, such as in the areas of justice, education, and housing. In addition, patients with major depression may approach a variety of providers outside the medical system (judiciary, schools, community, etc.), which reinforces the need to enhance linkages and information sharing among providers.
- Importance of recovery – Whenever possible, patients should be included in conversations and strategies about their care and involved in decisions about their care. Community supports can play important roles in recovery.

Equity considerations: A number of equity issues have been identified related to this quality standard topic, including language, culture, socioeconomic status, geography, and age (further details on the equity issues specific to this quality standard are provided in [Appendix B](#)). These issues should be taken into consideration to ensure specific adoption strategies do not reinforce current states of inequity and inequality, but rather, where possible, contribute to improvements or highlight areas of opportunity for equality and equity.

The adoption recommendations are organized as follows:

- Integrating the quality standard into practice
 - Quality improvement
 - Access to care
- Education and training
- Policy and system planning

Note that the organizations, programs, and initiatives referenced in this document are examples for consideration, and do not reflect all the organizations, programs, and initiatives doing work in this area across the province.

Three time frames for adoption are referenced: Immediate means within 1 year; medium-term refers to 1 to 3 years; and long-term is 3 or more years.

[Appendix C](#) includes a list of these same recommendations aligned to specific organizations and groups.

ⁱ French SD, Green SE, O'Connor DA, et al. *Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework*. Implementation Sci. 2012;7:38.

ⁱⁱ Bero LA, Grilli R., Grimshaw JM, Harvey E, Oxman AD, Thomson M. (1998). *Closing the gap between research and practice: An overview of systematic reviews of interventions to promote the implementation of research findings*. BMJ. 1998;315:465-68.

ⁱⁱⁱ National Implementation Research Network. Implementation Drivers [Internet]. Chapel Hill, NC: FPG Child Development Institute, University of North Carolina [cited 2017 Feb 8]. Available from: <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>

Integrating the Quality Standard into Practice - *Quality Improvement*

Gap: There is a lack of practical tools to help providers and organizations integrate the quality standard into daily care practices. Use of common tools would help mitigate duplication of information.

Recommendations	Quality Statements	Action Needed By	Time Frame
Assess the care being provided against the quality standard using Health Quality Ontario's Getting Started Guide and refer to the Action Plan Template as a tool to support quality improvement.	All	Health care organizations	Immediate
Sub-regional clinical leadership should work with health care organizations to assess the care that is being provided against the quality standard, and use the quality statements, related indicators, and quality improvement science to make improvements to care.	All	LHINs	Medium-term
Develop a methodology for assessing whether existing clinical pathways and other tools such as decision aids, care plans, assessments, or scales can be used to support the standard or whether new tools or pathways (e.g., comprehensive assessment templates, treatment algorithms, suicide risk and intervention tools) are required. Ensure the tools are responsive to the needs of all populations and are available in multiple languages.	All	Health Quality Ontario	Immediate
Identify existing programs and partners that can support the adoption of the quality standard through implementation and quality improvement, and coordinate activities.	All	Health Quality Ontario	Immediate
Create and disseminate community mental health sector-specific quality standard information.	All	Provincial community mental health and addictions associations	Medium-term

Adoption Considerations:

- *The IDEAS Advanced Learning Program is offering a cohort on quality standards implementation to enhance quality improvement capacity.*
- *The Excellence in Quality Improvement Project, a joint initiative of Addictions and Mental Health Ontario (AMHO), the Canadian Mental Health Association (CMHA Ontario), and Health Quality Ontario, can support community mental health organizations with quality improvement coaching, training, and support.*
- *The Provincial System Support Program can develop knowledge resources and has a platform to disseminate products to providers.*

Integrating the Quality Standard into Practice - *Quality Improvement*

Gap: Better access to timely data so that organizations and providers can track performance and improvements is needed.

Recommendations	Quality Statements	Action Needed By	Time Frame
Include indicators related to the quality standard in primary care practice reports to support local quality improvement.	All	Health Quality Ontario	Immediate
Provide access to the Registered Nurses' Association of Ontario nursing order sets through the Health Quality Ontario website.	All	Health Quality Ontario	Immediate

Adoption Considerations:

- *Order sets for the major depression quality standard are available through the provincial QBP order set program.*
- *Implementation of the Registered Nurses' Association of Ontario's Dementia, Delirium and Depression in Older Adults best practice guideline through Best Practice Spotlight Organizations can support a number of statements in the standard, such as suicide risk assessment, education, and support.*
- *The Ontario Long Term Care Association is managing the development of order sets for long-term care homes across the province. The quality standard can be incorporated into these order sets as well.*
- *The Mental Health and Addictions Leadership Advisory Council has made recommendations to support improved data collection.*

Integrating the Quality Standard into Practice - Access to Care

Gaps: Access to care was identified as a significant barrier for people with major depression.

There is variability in wait times, availability of practitioners, and affordability of services, especially in relation to equity factors such as geography, income, language, and age.

Recommendations	Quality Statements	Action Needed By	Time Frame
Conduct capacity planning to understand the extent to which patients with depression can access care according to the quality standard.	All	LHINs	Medium-term

Adoption Considerations:

- *Youth services hubs, where young people receive walk-in, one-stop access to mental health and addictions services, can support improvement in this area.*
- *Work is underway on the core services recommendation of the Mental Health and Addictions Leadership Advisory Council.*
- *Connex offers 24/7 telephone, email, or web chat services, with translation if needed, to provide information about counselling supports and services in communities across Ontario.*
- *The Ontario Telemedicine Network enables allied health professionals to link with primary care providers.*

Education and Training

Gaps: There is variable clinical knowledge and expertise across the province relating to the diagnosis and treatment of major depression.

Primary care providers without a specialization in mental health may not feel equipped to care for a patient with major depression even though they are often the first point of contact for someone living with major depression.

There is a need to disseminate information and enhance awareness on the major depression quality standard among all sectors, particularly the education sector targeting youth.

Recommendations	Quality Statements	Action Needed By	Time Frame
Integrate the quality standard into continuing professional education and development programs for primary care providers.	All	Clinical and continuing education programs	Medium-term
Work with School Mental Health ASSIST to translate the quality standard into a useful resource for school boards.	All	Health Quality Ontario	Medium-term

Adoption Considerations:

- *The Provincial System Support Program can develop knowledge resources and has a platform to disseminate products to providers.*
- *The Canadian Mental Health Association, the Registered Nurses' Association of Ontario, and the Ontario College of Family Physicians have programs such as the Medical Monitoring for Addictions and Pain (MMAP) program, Enabling Minds, and others to help enhance the capacity of primary care and other providers.*

Policy and System Planning

The recommendations for adoption include those needed at the system level. In accordance with Health Quality Ontario's mandate, set out in the *Excellent Care for All Act*, the board of directors has formally provided the following recommendations about the major depression quality standard to the Minister of Health and Long-Term Care.

Recommendations	Time Frame
1. Use the Health Quality Ontario health technology assessment recommendations concerning cognitive behavioural therapy and interpersonal therapy for the treatment of major depressive disorder and generalized anxiety disorder to inform the new provincial structured psychotherapy program.	Medium-term
2. Leverage the rollout of the structured psychotherapy program to enhance competencies of providers and the adoption of the quality standard.	Medium-term
3. Ensure depression order sets developed through Ministry of Health and Long-Term Care funding (currently for hospitals and long-term care homes) are aligned to the quality standard.	Immediate
4. Support a standardized process for data collection and reporting in the mental health and addictions sector, as recommended by the Mental Health and Addictions Leadership Advisory Council.	Medium-term

Measurement and Reporting

Health Quality Ontario will develop a monitoring and evaluation plan for these recommendations as part of the broader quality standards evaluation. This plan may require the development of measures and/or a resource plan to support data collection and monitoring. The evaluation will include the following components:

1. Monitor existing databases available through information briefs, Quality Improvement Plans (QIPs), and public reporting. Note identified gaps and areas for improvement. For this quality standard, the outcome indicators below are currently measurable and have been prioritized:
 - Percentage of people with major depression who are discharged from hospital who see a psychiatrist or primary care physician within 7 days of discharge.
 - Unscheduled emergency department visits within 7 and 30 days of hospital inpatient discharge, for major depression.

2. Monitor the uptake of the recommendations for adoption.

A plan to measure the impact of specific recommendations related to clinical care and improvement will be defined (the Re-Aim Framework that includes measurement of Reach, Effectiveness, Adoption, Implementation, and Maintenance provides a useful approach for larger scale improvement interventions that are proposed). This approach could leverage process measures that can be collected from embedded tools, such as order sets.

Health Quality Ontario will recommend that the Ontario Quality Standards Committee receive twice-annual updates on the progress of the recommendations and review any additional measurement that may be needed to assess impact.

Appendix A: Process and Methods for Developing the Recommendations for Adoption

The development of the recommendations for adoption involved extensive consultation with stakeholders across the province, from a variety of professional roles and perspectives.

The following organizations and groups were consulted in the development of these recommendations:

- The Ministry of Health and Long-Term Care (MOHLTC)
- Ontario Long-Term Care Clinicians
- Addictions and Mental Health Ontario
- Canadian Mental Health Association Ontario
- Centre for Addiction and Mental Health
- School Mental Health ASSIST
- Mood Disorders Association of Ontario
- Ontario Society of Occupational Therapists
- Registered Nurses Association of Ontario
- Waterloo Wellington Mental Health and Addictions Stakeholder Council
- Mental Health and Addictions Leadership Advisory Council
- AdvantAge Ontario
- Health Quality Ontario Primary Care Quality Advisory Committee
- LHIN/Health Quality Ontario Regional Clinical Quality Leads
- LHIN Provincial Emergency Services Advisory Committee

Note: Between April and May of 2017, Health Quality Ontario, in partnership with the Provincial System Support Program, connected with more than 150 individuals and organizations from across the province through nine focus groups, a survey, and structured meetings. The results of the survey, focus groups, and meetings were used to further inform the gaps in knowledge, behaviours, and attitudes related to this standard.

APPENDIX A CONTINUED

Seventy-eight providers from 14 LHINs, working in long-term care, acute care, primary care, community care, home care, research, mental health, LHINs, and professional associations responded to a survey about barriers and enablers to the implementation and adoption of the quality standard.

Eighty-three stakeholders participated in one of nine 90-minute online focus group sessions.

The following organizations participated in the focus groups:

- Algoma Family Service
- Addiction and Mental Health Services Kingston and Frontenac, Lennox, and Addington
- Baawaating Family Health Team
- Benbowopka Treatment Centre
- Brockville General Hospital
- Centre for Addiction and Mental Health
- Centre Francophone
- Children's Hospital of Eastern Ontario
- CMHA: Middlesex, Sudbury Manitoulin, Kenora
- Cornwall Community Hospital
- Counselling and Support Services of Stormont, Dundas and Glengarry
- Central West Community Care Access Centre
- Durham Mental Health Services
- Équipe psycho-sociale
- Geriatric Psychiatry Community Services of Ottawa
- Health Sciences North
- Hearst-Kapuskasing Smooth Rock Falls
- Counselling Services
- Hong Fook Mental Health Association
- Kingston General Hospital
- Lake of the Woods District Hospital
- Lakeridge Health
- London Health Sciences Centre
- Lutherwood Children's Mental Health
- Maison Fraternité
- Michael Garron Hospital
- Montfort
- Northumberland Hills Hospital Community Mental Health Services
- North Bay Regional Health Centre
- North York General Hospital
- Ottawa Inner City Health Inc.
- Pathways for Children and Youth
- Phoenix Centre for Children and Families
- Rideauwood Addiction and Family Services
- Royal Ottawa Health Care Group
- Sandy Hill Community Health Centre
- Sandy Hill CHC
- St. Joseph's Health Care London
- St. Joseph's Health Care Hamilton
- Southwest Ontario Aboriginal Health Access Centre
- Southlake Regional Health Centre
- St. Stephen's Community House
- Stevenson Memorial Hospital
- The Ottawa Hospital
- The Royal Ottawa Mental Health Centre
- The Scarborough Hospital
- Toronto North Support Services
- Vesta Recovery Program for Women Inc.
- Waypoint
- Caressant Care
- Chartwell Retirement Residences
- Chartwell Royal Oak LTC
- North Simcoe Muskoka LHIN
- North East LHIN
- Toronto Central LHIN
- Central West LHIN
- Champlain LHIN
- Erie St. Clair LHIN
- Waterloo Wellington LHIN
- Hamilton Niagara Haldimand Brant

Appendix B:

Further Information on Equity Considerations

A number of equity issues were identified related to this quality standard topic.

Language

Language to access services can be a barrier; it is not easy to offer all the tools in multiple languages.

Waitlists are longer for services in French, and French-language agencies often do not have appropriate services to refer clients to. Services are not always available in the client's language of choice and clients might be offered services in English because they can speak the language even though they are not as comfortable expressing themselves in this language.

Culture

Culturally appropriate tools and therapeutic approaches should be considered.

Integrating traditional health practitioners into assessment and treatment should be considered for First Nations, Inuit, and Métis communities as appropriate and as per the client's wishes.

Expression of symptoms may be different across different cultural groups and needs to be considered when making assessment and diagnosis.

APPENDIX B CONTINUED

Socioeconomics

Low income and job insecurity can not only limit access to services but can also be a cause of depression.

Social determinants of health strongly affect treatment of depression.

Access to adjunct therapies is a barrier to treatment for low-income and marginalized populations. Many clients are unable to afford the time or cost associated with psychotherapy. Similarly, many clients may not be able to afford the cost of prescription medication, particularly on an ongoing basis.

Rural and Remote Communities

It can be challenging to access services like psychotherapy in rural/remote areas.

There might be insufficient and/or a lack of transportation.

Age

Eligibility requirements for programs often revolve around age and can pose access barriers for clients, such as those aging out of youth-funded programs at the age of 18 or older adults who are not yet 65 but who require additional supports.

These issues should be taken into consideration to ensure specific adoption strategies do not reinforce current states of inequity and inequality, but rather, where possible, contribute to improvements or highlight areas of opportunity for equality and equity.

Appendix C: Summary Recommendations for Health Sector Organizations and Other Entities

Health Quality Ontario	Time Frame*
Provide access to the Registered Nurses' Association of Ontario nursing order sets through the Health Quality Ontario website	Immediate
Include indicators related to the quality standard in primary care practice reports to support local quality improvement.	Immediate
Develop a methodology for assessing whether existing clinical pathways and other tools such as decision aids, care plans, assessments, or scales can be used to support the standard or whether new tools or pathways (e.g., comprehensive assessment templates, treatment algorithms, suicide risk and intervention tools) are required. Ensure the tools are responsive to the needs of all populations and are available in multiple languages.	Immediate
Work with School Mental Health ASSIST to translate the quality standard into meaningful information for school boards.	Medium-term
Identify existing programs and partners that can support the adoption of the quality standard through implementation and quality improvement, and coordinate activities.	Immediate

APPENDIX C CONTINUED

Local Health Integration Networks	Time Frame*
Conduct capacity planning to understand the extent to which patients with depression can access care according to the quality standard	Medium-term
Sub-regional clinical leadership should work with health care organizations to assess the care that is being provided against the quality standard, and use the quality statements, related indicators, and quality improvement science to make improvements to care.	Medium-term
Health Care Organizations	Time Frame*
Assess the care being provided against the quality standard using Health Quality Ontario’s Getting Started Guide and refer to the Action Plan Template as a tool to support quality improvement.	Immediate
Provincial Community Mental Health and Addictions Associations	Time Frame*
Create and disseminate community mental health sector-specific quality standard information.	Medium-term
Clinical and Continuing Education Programs	Time Frame*
Integrate the quality standard into continuing professional education and development programs for primary care providers.	Medium-term

**Three time frames for adoption are referenced: Immediate means within 1 year; medium-term refers to 1 to 3 years; and long-term is 3 or more years.*

For more information

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