

## **Better integrating care for people with mental illness and addictions**

**December 2018** – Providing coordinated care for patients with complex conditions comes with valuable lessons, many of which can be applied to improve care for people with mental illness and addictions. That was the main theme of this year’s Health Quality Ontario Leadership Summit that took place late last month.

A unifying feature of the day-long meeting was the emphasis on patient-centred care and learning from the lived experiences of patients who spoke in different panel discussions.

In the morning, Tammy Stadt, who described having to manage six chronic conditions and work with 23 different types of health care providers, discussed how she had used self-care management plans to avoid emergency room visits. While Stadt said her personal experience as a community health worker gave her the skills to become her own advocate, those who help coordinate patient care could help other patients to do the same.

“Empower your patients to be an active partner in their health,” she said.

On the closing panel, Steve Keczem, whose eldest son has schizophrenia and who provides support services for other parents, spoke of the importance of health care providers listening to their patients. Both he and Stadt also talked of the importance of peer support.

“Until you understand what the patient wants, you are not going to be able to achieve the clinical outcomes that you want,” said Lyn Linton, Executive Director, Gateway Community Health Centre, who was on the same panel as Stadt.

The meeting, which featured in-person and virtual participants, could be divided into two components: The first providing an update on the provincial program to provide more integrated care to patients with multiple medical conditions or complex needs with an emphasis on what has changed and the impact of implementing those changes. Given the prevalence of mental illness and addictions among patients with complex needs, the second part of the day focused on innovations to better integrate mental health and addictions services.

Lee Fairclough, Vice President, Quality Improvement, Health Quality Ontario noted that since the Health Links program was initiated in 2012, there have been 70,060 patients identified and provided care through the new approach of care coordination. The involvement of 536 health care organizations in the province to be part of that care highlights the complexity of care required, with several of these organizations extending into other sectors than health – such as housing.

One key indicator of the evolving success of the program, Fairclough said, was almost three-quarters of patients recently reporting that they have timely access to primary care. Dr. Walter Wodchis, an adjunct scientist at the Institute for Clinical Evaluative Sciences, provided a more detailed assessment from available data on how well the program was working. He noted that patients enrolled in the program had fewer acute admissions to hospital than before they were enrolled.

Following remarks from Helen Angus, Deputy Minister for Health and Long-Term care, sessions focused more specifically on mental health and addictions with it being noted that the new government has made a strong commitment to improve mental health.

One panel discussed how partnerships and collaborations between health care providers and community organizations, such as the police, could lead to better care in mental health. Two Ontario Provincial Police officials discussed how their changed approach to addressing situations involving someone with a mental illness has led to better resolutions.

Among the programs discussed were Health Quality Ontario's [quality standards](#) developed for patients with mental health conditions such as [major depression](#) and [schizophrenia](#). Dr. Phil Klassen, VP Medical Affairs, Ontario Shores Centre for Mental Health Sciences, discussed how his centre had used these standards to improve patient care. Assessment since the standards were implemented at the end of 2016 to February 2018 have shown significant improvement in several of the indicators selected in both patient populations, he said.

The final panel of the day brought together the various themes discussed and took a forward-looking approach to how innovations in mental health care could provide more integrated and better care.

On that panel, Dr. Paul Kurdyak, Director, Health Outcomes and Performance Evaluation, Institute for Mental Health Policy Research, stressed the importance of acting on new data and evidence as they became available to better understand how care is currently delivered and can be improved.

Dr. Paul Preston, Clinical Quality Lead, North East LHIN, provided a perspective from Northern Ontario with other panelists acknowledging his perspective that there was a need to recalibrate and distribute services in his region.

Kimberly Moran, CEO, Children's Mental Health Ontario, reflected the need to extend current thinking to include child and youth mental health, and consider a systems approach to designing how services across care settings get together.