Improving Mental Health Services in Ontario

Lobby Day Backgrounder | OMSA Lobby Day 2017

Executive Summary

Mental illness and addiction affect one in five Canadians.[1] In Ontario, its burden is 1.5 times that of cancer and over 7 times that of all infectious diseases combined.[2] The onset of mental illness is typically during childhood or adolescence; the majority of these individuals do not receive timely, adequate care. For example, at the end of 2016, over 12,000 children in Ontario were waiting for long-term psychotherapy with wait times lasting up to 18 months.[3] This delay in accessing care has caused unnecessary suffering for these young patients and their families. As many as half of the children and youth on wait lists deteriorate in their mental health illnesses, leading to aggression requiring police involvement, school suspension, and attempted suicide.[4] The long wait times have also increased these individuals' reliance on overburdened emergency services for crisis intervention.

Once they turn 18, patients often need to change care providers and services to access the mental healthcare system as an adult. The wait times for this process is substantial and varies between regions, lasting from 6 months to 1.5 years. This often coincides with a highly vulnerable period in the patient's life and development, when they are in the process of forming their self-identities. Ultimately, Ontario's mental health services remain fragmented and major strides need to be made, especially in the areas of service wait times and continuity of care.

The Ontario government has recognized the need to improve mental health care, and announced on March 10, 2017 that a 10-year healthcare agreement has been reached with the federal government that includes the allocation of an additional $1.9 billion toward mental health initiatives.[5] While this announcement is an encouraging step, the positive impact of this agreement can only be maximized if the extra funding is utilized effectively.

The Ontario Medical Students Association (OMSA) represents the views and concerns of the province's 3500 medical school students across six universities, and strongly believes in timely access to quality mental health care for all Ontarians. Mental health care access was chosen, through a province-wide medical student advocacy questionnaire, as the focus of OMSA Lobby Day 2017. The following recommendations aim to address the needs of children and youth and those requiring transitional care as they seek mental health services in Ontario.

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[1] Mental Health Commission of Canada (2011, Dec) The Life and Economic Impact of Major Mental Illnesses in Canada.
[2] Public Health Ontario (2012). Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addictions Report.
[3] Children's Mental Health Ontario (2016). Ontario's children waiting up to 1.5 years for urgently needed mental healthcare.
[4] Auditor General of Ontario (2016). Section 3.01 Child and Youth Mental Health.
[5] The Canadian Press (2017, Mar 10). Ontario reaches new health deal with federal government.

Recommendations

OMSA recommends that the Government of Ontario:

1. **Set provincial standards and monitor wait times for children and youth accessing mental health services.** These standards should be in accordance with the benchmarks outlined by the Wait Time Alliance and include monitoring of access to crisis intervention in the community health care setting.

2. **Improve mental health care for vulnerable youth moving from adolescent to adult health care systems.** This transition can be improved by monitoring discharged patients to ensure continuity of care, expanding the availability of transitional age youth programs beyond Southern Ontario, and extending eligibility of these programs to youth aged 16 to 25.

Recommendation 1: Set provincial standards and monitor wait times for children and youth accessing mental health services.

Background

Children and youth represent some of the province's most vulnerable populations with regards to mental health. While mental illness will affect approximately one in five Ontarians in their lifetime, for 70% of these adults living with mental health problems, their symptoms first began in childhood or adolescence.[4] Significant benefits can be gained from a mental health strategy that targets children and youth. Early identification and intervention can lead to overall better health outcomes, improved school attendance and performance, contributions to society and the workforce, and cost-savings to the healthcare, justice and social service systems.[6]

In Ontario, child and adolescent mental health services are provided by an array of ministries: the Ministry of Child and Youth Services, the Ministry of Health and Long-Term Care, the Ministry of Education, and the Ministry of Advanced Education and Skills Development.[7] In 2011, Ontario announced the Comprehensive Mental Health and Addictions Strategy, which is currently led by the Ministry of Health and Long-Term Care.[4] Although this proposed strategy "offers a comprehensive approach to transforming the mental health system," the provision of mental health services to Ontario's young people continues to suffer from inefficient delivery, absence of a monitoring system, and lack of service delivery standardization. As a result, this vulnerable population and their families remain unable to access the appropriate resources and effective services they desperately need in a timely manner.[5]

A particularly urgent problem is the lengthy wait times for children and youth mental health services. First, there is a paucity of data on mental health service wait times for children and youth

[6] Government of Ontario (2011). Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy.
[7] MHASEF Research Team (2015). *The Mental Health of Children and Youth in Ontario: A Baseline Scorecard.* Toronto, ON: Institute for Clinical Evaluative Sciences.

not only in Ontario, but also in provinces across Canada. The lack of reliable data impedes our understanding of the current state of the child and adolescent mental health system and makes it difficult to evaluate initiatives aimed at reducing wait times.[8] One of the few attempts at quantifying wait times was a study conducted by the Institute for Clinical Evaluative Sciences (ICES) in 2015. Their report found that 25% of children and youth waited longer than 3 months for a mental health specialist consultation, median wait times have been increasing over time, and wait times were longer in northern Ontario than in the rest of the province (Figure 1).[9]

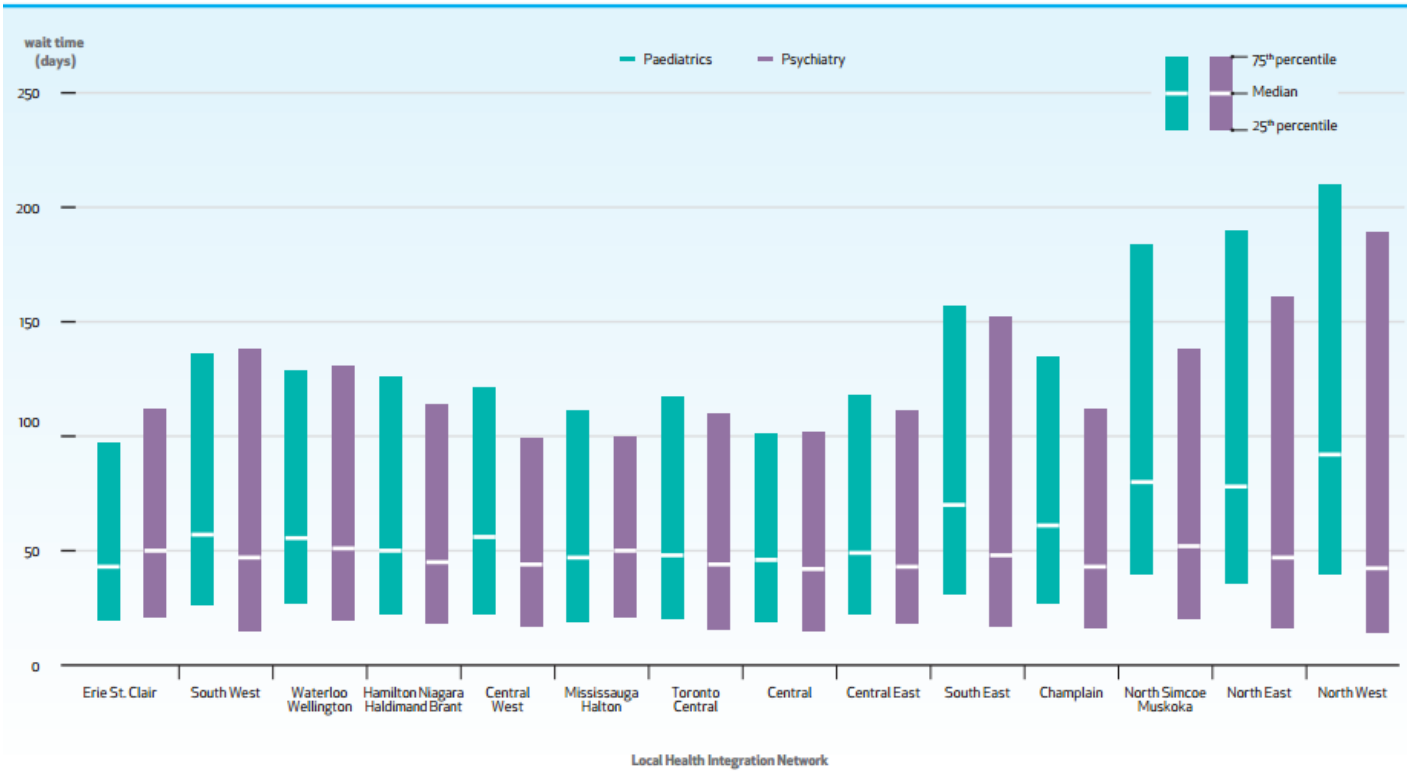

Figure 1. Average wait time from last referring physician to first use of mental health specialist service, provided by a paediatrician or psychiatrist in each Local Health Integration Network, for 0 to 24 year olds from 2009/10 to 2011/12. 25% of clients waited more than 3 months, while wait times were longer in northern Ontario, where 25% of clients waited more than 6 months. [10]

While the ICES report offers a glimpse of the problem, more effort must be directed at comprehensively measuring and monitoring child and adolescent mental health wait times. The Canadian Psychiatric Association recommends that the wait times for children and youth seeking mental healthcare should not exceed 24 hours for emergent care, 2 weeks for urgent care, and 4 weeks for scheduled care.[11] Since the publication of these standards in 2006, provincial governments have made no progress in publicly releasing wait times for psychiatric care for both

[8] The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (2010, Oct 15). Access & Wait Times in Child and Youth Mental Health: a Background Paper.
[9] MHASEF Research Team. *The Mental Health of Children and Youth in Ontario: A Baseline Scorecard*. Toronto, ON: Institute for Clinical Evaluative Sciences; 2015
[10] MHASEF Research Team. *The Mental Health of Children and Youth in Ontario: A Baseline Scorecard*. Toronto, ON: Institute for Clinical Evaluative Sciences; 2015
[11] Canadian Psychiatric Association (2006, Mar). Wait time Benchmarks for Patients With Serious Psychiatric Illnesses.

adult and children, according to the Wait Time Alliance and the Canadian Psychiatric Association.[12] Nova Scotia is the only province that reports wait times on access to child and adolescent community mental health and addictions services.[10, 13]

The Ontario government currently only tracks wait times for emergency room visits, surgery, certain diagnostic imaging, and home care.[14] Not monitoring and addressing child and adolescent mental health wait times can have dire consequences. Long wait times can cause the mental health of children to deteriorate while they are left without care, and also force those suffering from mental illness to rely on an already overburdened emergency medical system for help. From 2006 to 2011, emergency room visits for children and youth presenting with mental health and addiction issues rose by 33%, with anxiety disorders accounting for 47% of the total increase.[15] Children's Mental Health Ontario also reports a 54% increase in emergency department visits and a 60% increase in hospitalizations related to mental health issues among patients aged 5 to 24 in the last decade.[16] While there have been initiatives aimed at reducing youth mental health waitlists, such as offering services during evenings and weekends and employing systematic methods of prioritizing cases, their effectiveness cannot be objectively evaluated without monitoring wait times.[17]

The lack of standards for Ontario's child and youth mental health services was also highlighted by the the 2016 Auditor General's report.[18] While Ontario has established 13 new performance indicators in the 2014/15 fiscal year for child and youth mental health outcomes, including "Average Wait Times for Clients Receiving Services", it has yet to publicly report on any of them.[13] Past reporting from the Ministry of Children and Youth Services (discontinued in 2013-2014) were described by the Auditor General as "misleading results that presented the Ministry's program in the most favourable light rather than reporting complete, unbiased results." Specific issues included reporting only from a subset of agencies, reporting wait times only for those that sought and received service in the same year and excluding those waiting beyond one year, and reporting on all improvements in function instead of clinically meaningful improvement.[13] These problems must be fixed in order to build a transparent, accountable system for mental health care delivery.

Recommendation

OMSA recommends that the Ministry of Children and Youth Services and Ministry of Health and Long-Term Care **publicly set provincial standards for wait times to mental health services for children and youth, and regularly and transparently monitor wait times in comparison to these standards**. Wait time standards should be in line with benchmarks established by the Wait Time Alliance and Canadian Psychiatric Association, which recommends **access to psychiatric consultations for children and adolescents to be 24 hours for emergent care, 2 weeks for urgent care, and 4 weeks for scheduled care**.[10]

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[12] Wait Times Alliance (2014, June). Time to close the gap: report card on wait times in Canada.
[13] Province of Nova Scotia (2017). *Mental Health Child and Adolescent Community-Based Services*. waittimes.novascotia.ca
[14] MOHLTC (2016, Nov 7). Ontario Wait Times.
[15] Gandhi S, Chiu M, Lam K, Cairney JC, Guttmann A, Kurdyak P. (2016). Mental Health Service Use Among Children and Youth in Ontario: Population-Based Trends Over Time. *Can J Psychiatry* 61(2):119-24.
[16] Warren, May (2016, Jun 21). *Mental health wait times a serious problem across Ontario, say advocates.* Metronews.ca.
[17] Kowalewski K, McLennan JD, McGrath PJ (2011). A Preliminary Investigation of Wait Times for Child and Adolescent Mental Health Services in Canada. *J Can Acad Child Adolesc Psychiatry.*
[18] Auditor General of Ontario (2016). Section 3.01 Child and Youth Mental Health.

Recommendation 2: Improve mental health care for vulnerable youth moving from adolescent to adult health care systems.

Background

Continuity of care is essential in the delivery of mental health care, and is challenged during the transition between pediatric and adult health services. Many adolescent mental health concerns continue through adulthood, yet patients turning 18 often need to transfer to new clinicians, settings, and services. In Ontario, this care spans different government ministries, particularly between the Ministry of Children and Youth Services and the Ministry of Health. These transitions limit patients' access to care, and may "involve wait times of six months to a year or more."[19]

Most concerning, this transfer of care results in a "child-adult split in mental health services [which] creates systematic weakness when need is most pressing."[20] Youth aged 12-25 have among the highest incidence and prevalence of mental illnesses, and have a higher risk of rehospitalization if they miss their follow-up appointments.[21,22] Access to care is essential for these youth, who are also more prone to substance use and severe mental illnesses. Many of these illnesses, including schizophrenia and bipolar disorder, have a gradual or intermittent onset that may take months to years before being diagnosed.

Additionally, transitional age youth are often challenged with various developmental tasks and other life changes, including: pursuing higher education, entering the job market, moving away from home and past support systems, developing intimate relationships, and consolidating their personal, cultural, and sexual identities.[23] The child and adolescent mental health system culture provides greater support for young people who are experiencing these developmental challenges while the adult mental health system assumes the client already functions autonomously.[24] These differences in culture cause confusion and lead to young adults disengaging from the health care system. Furthermore, the adult healthcare system relies on different concepts of disorders, resulting in transitioning patients who may no longer fulfill the diagnostic criteria required for adult mental health care.[25]

The Government of Ontario indicated its goal to "improve transitions between different services, such as between youth and adult services" in its 2011 Comprehensive Mental Health and Addictions Strategy.[26] This strategy included supporting initiatives that promote collaboration and

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[19] Rayar, Meera (2015, Jul 8). *Lost in transition: the gap between child and adult mental health services.* Healthydebate.ca.
[20] Paul M, Street C, Wheeler N, Singh SP (2015). Transition to adult services for young people with mental health needs: A systematic review. *Clinical Child Psychology and Psychiatry* 20(3):436-457.
[21] Canadian Association of Paediatric Health Centres (2016, June). A Guideline for Transition From Paediatric to Adult Health Care for Youth with Special Health Care Needs: A National Approach.
[22] Mitchell AJ, Selmes T (2007). Why don't patients attend their appointments? Maintaining engagement with psychiatric services. *Advances in Psychiatric Treatment* 13, 423-434.
[23] Lindgren E, Söderberg S, Skär L (2013). The Gap in Transition Between Child and Adolescent Psychiatry and General Adult Psychiatry. *Journal of Child and Adolescent Psychiatric Nursing* 26(2):103-109.
[24] Randall et al (2016). Mapping the policy to practice landscape for youth mental health in Ontario. McMaster University.
[25] Singh SP, Paul M, Ford T, Kramer T, Weaver T (2008). Transitions of Care from Child and Adolescent Mental Health Services to Adult Mental Health Services (TRACK Study): A study of protocols in Greater London. *BMC health Services Research* 8:135.
[26] Government of Ontario (2011, June). Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy.

consolidation among youth and adult services. A highlight of this 2011 strategy was the Transitional Youth Pilot Project, which aimed to improve transitional care by: forming an advisory committee composed of hospitals and other service agencies; and helping youth navigate the various health care systems with the help of transition co-ordinators. This initiative showed some success by decreasing transition time from an average of 125 days in 2011 to 69 days in 2013.[27] Yet, despite these efforts, 41 of the 215 youth (19.1%) remained on a waitlist for services at the end of the study while 47 youth (21.8%) had cancelled their appointments. The authors identified, that in addition to a need for increased collaboration between services, youth would benefit from a "clinical transition team to provide essential services" during this transition time. These clinical teams would eliminate wait times and allow youth to continue their services without interruption. Another option would be to extend the services provided by the Ministry of Children and Youth Services beyond the age of 18.

The Ontario Centre and Excellence for Mental Health states that "care teams should focus on transitions as client transfer with continuous care, not just a discharge."[28] Various programs such as the Transitional Age Youth Program run by LOFT Community Services in southern Ontario have been an effective model for providing this transitional care for patients between the ages of 16 to 26.[29] However, these programs vary greatly across Ontario, and are also difficult to access outside of large urban centres. Furthermore, many programs are only offered up to the age of 18, one year into adulthood, and thus do not provide services for many vulnerable transitional age youth. A non-comprehensive list of various transitional age youth programs is provided below (Table 1).

Many other Canadian cities and provinces have developed similar transitional age youth programs, such as the Inner City Youth Mental Health Team in Vancouver. The Mental Health Commission of Canada listed five provinces (British Columbia, Saskatchewan, Manitoba, New Brunswick, and Prince Edward Island) which have developed "high-level interministerial tables and advisors" to ensure "collaborative, cross-sector policies and protocols" to support transitional age youth. Ontario currently lacks a similar inter-ministry effort to develop such programs, though the province has helped develop its current transitional age youth programs in part through its funding of Service Collaboratives.

Australia has embraced such programs with the establishment of *headspace* in 2006, a national youth mental health foundation for young people aged 12-25 years.[30] The model has been described as "enhanced primary care" and offers access to mental health services at over 90 locations nationwide. Many of these *headspace* centres have been placed outer metropolitan and rural areas to provide these services in regions that would otherwise have relatively poor access. These services have been well received in Australia; an independent review of over 22 000 clients indicated that 88% of clients were generally satisfied, while 57.8% agreed or strongly agreed that their mental health improved (compared to 4.3% that disagreed or strongly disagreed).[31]

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[27] Cappelli M *et al* (2016, Oct). *J Behav Health Serv Res* 43(4):597-610.
[28] Ontario Centre of Excellence for Child and Youth Mental Health (2012, Sept). Evidence In-Sight: Best practices at service transition points.
[29] Goffin P. (2017, Jan 30). Age gap means mental health stumbling block for youth in Ontario. *Toronto Star*.
[30] McGorry P, Bates T, Birchwood M. (2013). Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK. *The British Journal of Psychiatry* 202, s30-s35.
[31] UNSW Australia (2015). Is headspace making a difference to young people's lives? Final report of the independent evaluation of the headspace program.

Local Health Integration Network	**Transitional Age Youth Program?**	**Examples of Transitional Age Youth Programs** (ages provided)
Erie St. Clair	None found	
South West	None found	
Waterloo Wellington	None found	
Hamilton Niagara Haldimand Brant	Yes	Youth Wellness Centre (ages 17-25), St. Joseph's Healthcare www.stjoes.ca/hospital-services/mental-health-addiction-services/mental-health-services/youth-wellness-centre Youth In Transition (ages 16-24), the RAFT, St. Catherines www.theraft.ca/site/youth-in-transition
Central West	None found	
Mississauga Halton	Limited*	Child and Youth Outpatient Services (ages 12-18)*, Halton Healthcare www.haltonhealthcare.on.ca/programs-and-services/mental-health/our-services/child-and-adolescent-services/outpatient-services.html Transitional Aged Youth Outreach Program (ages 16-18)*, Associated Youth Services of Peel www.aysp.ca/programs-groups/child-youth-programs/tayo
Toronto Central	Yes	Transitional Age Youth Programs (ages 16-24), LOFT Community Services www.loftcs.org/programs/supports-for-youth
Central	Yes	Transitional Age Youth Programs (ages 16-24), LOFT Community Services www.loftcs.org/programs/supports-for-youth
Central East	Yes	Transitional Aged Youth Program (ages 14-18)*, Tri-County Community Support Services http://www.tccss.org/transitional-age-youth-program Transitional Aged Youth Services, Ontario Shores (ages 16-24) www.ontarioshores.ca/cms/One.aspx?portalId=169&pageId=28285
South East	None found	
Champlain	Limited*	Youth Mental Health Programs (ages 16-18)*, The Royal www.theroyal.ca/mental-health-centre/mental-health-programs/areas-of-care/youth/
North Simcoe Muskoka	One-time consultation	Transitional Age Youth Tele-Psychiatry Consultation Service (ages 16-24) Outpatient Services Program, Waypoint Centre for Mental Health Care www.nsmhealthline.ca/displayService.aspx?id=112371
North East	None found	
North West	None found	

Table 1. A list of various transitional age youth programs offered around Ontario found through an online search. Several programs were only offered until the age of 18, while many LHINs do not provide such services, especially in LHINs outside of southern Ontario.

In comparison, a Canadian review comparing transition-age mental health care across many countries stated that "Canadian provinces and territories lag far behind the systemic improvements for transition age youth that has been implemented in nations such as Australia and the United

Kingdom."[32] Despite many trials and initiatives in Canada, the next step is to scale up these initiatives in order to improve mental health access for all transitional aged youth across Ontario.

In addition to initiatives to improve mental health services, "successful transitions" must be measured and reported. The essential indicator for a successful transition that should be monitored is that the patient is not lost to follow-up.[33] Reporting the number of patients who are "lost-to-follow-up" regularly will help the Ontario government and healthcare stakeholders to evaluate the outcome of transitional age youth programs, identify regions in need of increased service access, and guide the development of future initiatives. Other indicators supported by an international panel of adolescent health professionals include: attending schedule visits in adult care, building a trusting relationship with adult provider, continuing self-management, patient's first visit no later than 3-6 months after transfer, number of ER visits, patient and family satisfaction, and maintenance/improvement of standards for disease control.[33]

Recommendation

OMSA recommends that the government **extend support for transitional age youth mental health programs**. Specifically, OMSA recommends that **the government should fund and expand these programs beyond Southern Ontario**. Services should be provided in each LHIN and be available outside of urban centres. Furthermore, many current transitional age youth programs only include youth up to the age of 18. **These programs should be extended to include youth and young adults aged 16-25**, at a minimum. Additionally, **the MOHLTC should measure and report the number of patients who are not lost to follow up** (or those who are lost to follow up), as an indicator of the successful transition between pediatric and adult services, in order to determine the success of mental health programs and guide the development of future initiatives.

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[32] Sukhera J, Fisman S, Davidson S (2015). Mind the gap: a review of mental health service delivery for transition age youth. *Vulnerable Children and Youth Studies* 10(*4*): 271-280.
[33] Suris J, Akre C. (2015).Key Elements for, and Indicators of, a Successful Transition: An International Delphi Study. / *Adolesc Health* 56(6):612-618.