

North West LHIN



Mental Health and Addictions 10 Year Strategy

**North West LHIN Consultation
Final Report**

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Ontario

Local Health Integration
Network

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1.0 Executive Summary

The North West Local Health Integration Network (LHIN) began consultations in May 2009 to help inform the Ministry of Health and Long-Term Care's *10-year Mental Health and Addictions Strategy*. Part of the consultation involved a survey which asked consumers, their families and mental health and addictions providers across Northwestern Ontario to provide input on issues related to the local mental health and addictions system. The survey appears in Appendix A.

The survey was followed with community engagement sessions that were held in September 2009. The purpose of these sessions was to validate the top priorities captured in the surveys and gain additional information about addressing the priorities. The sessions were held in three communities in the North West LHIN: Terrace Bay (September 15th), Dryden (September 18th), and Thunder Bay (September 22nd).

The survey results and community engagement sessions were used by the North West LHIN to prepare this report. This information was intended to assist the Ministry of Health and Long-Term Care in shaping the provincial direction for mental health and addictions services. Additionally, this information helped inform the LHIN's second *Integrated Health Services Plan (IHSP)* and will help inform future health planning for mental health and addictions services in the Northwest.

2.0 Introduction

The North West Local Health Integration Network (LHIN) began consultations in May 2009 to help inform the Ministry of Health and Long-Term Care's *10-year Mental Health and Addictions Strategy*. Part of the consultation involved a written survey which asked consumers, their families and mental health and addictions providers across Northwestern Ontario to provide input on the top priorities for the local mental health and addictions system. The survey appears in Appendix A. These consultations were designed to inform the Minister's Advisory Group on local perspectives of Ontario's mental health and addictions issues.

The Minister's Advisory Group provided the North West LHIN with a template for the consultations. The template included a survey which addressed five theme groups:

1. Systems Design
2. Healthy Communities
3. Consumer Partnerships
4. Building Capacity and Competencies
5. Early Identification and Intervention.

The North West LHIN distributed the surveys on May 21, 2009. They were circulated by email; were available on the LHIN website and were available in hard copy. A response rate of 11.7% was attained, (104 completed surveys received, 862 surveys distributed initially). The majority of survey respondents were service providers (62.5%) and were living in the Thunder Bay District (46.1%). Residents from the Rainy River and Kenora Districts were almost equally represented (26.9% and 26.0%, respectively). Consumers and family members contributed 23.1% and 10.6% of the responses, respectively.

Broad categories were created based on the responses received. Priorities were assigned based on the highest frequencies within these respective categories. The main priorities identified by respondents in the surveys were the need for specialized training and education for health providers; increased service accessibility; the need for more professionals (e.g. specialty medicine, counsellors, nurses); public education to reduce the stigma surrounding mental health and addictions; basic communication (listening and engaging with consumers about the care they receive); and improved integrated and collaborative care. The North West LHIN's preliminary findings from the written surveys were submitted to the Ministry on June 30, 2009.

Additionally, community engagement sessions were held across the North West LHIN in September 2009. The purpose of these sessions was to validate the survey findings and obtain additional information to help inform the strategy. The sessions were held in three communities in the North West LHIN: Terrace Bay (September 15th), Dryden (September 18th), and Thunder Bay (September 22nd). Seventy-five invited participants attended the three sessions and provided information based on their knowledge and experience.

The priorities identified in the survey were largely validated and reinforced by the participants at the community engagement sessions. These sessions also allowed for more specific examples and detailed next steps than the feedback provided in the

surveys alone. These comments have been included in this report. In addition, the results of this consultation process helped inform the LHIN's second *Integrated Health Services Plan* (IHSP) and will help inform future health planning for mental health and addictions services.

2.1. The Process

The former Minister of Health and Long-Term Care, David Caplan, established a *Minister's Advisory Group on Mental Health and Addictions* in 2009. This Advisory Group is responsible to help lay the foundation for a 10-year provincial strategy for mental health and addictions needs and priorities.

The Advisory Group includes consumers, family members, health care providers and researchers from across the province. The Advisory Group reflects a range of perspectives, such as children and youth, First Nation peoples, seniors, adults and people in the workplace.

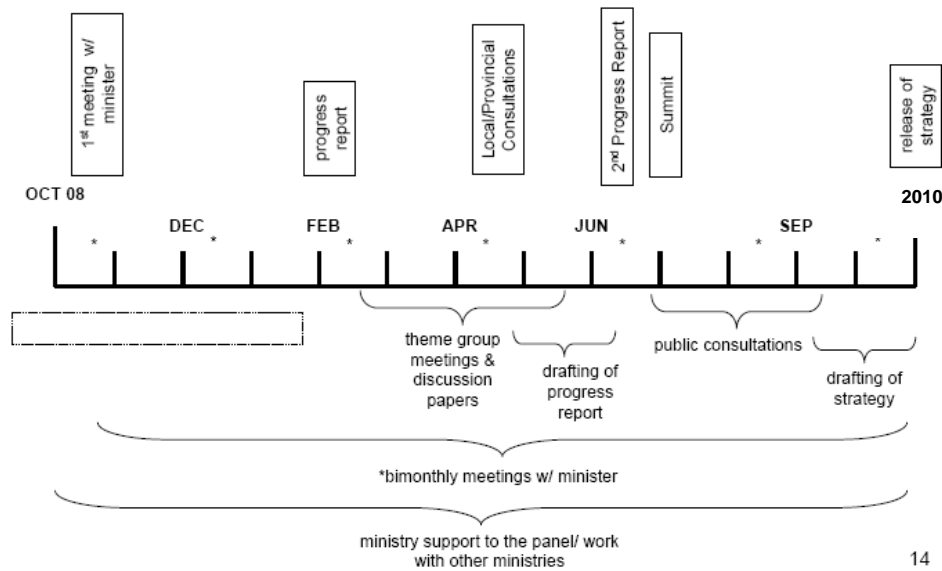
The Advisory Group's advice will assist the current Minister of Health and Long-Term Care, Deb Matthews, to lay the foundation for a **10-year *Mental Health and Addictions Strategy***. Advisory Group members will identify opportunities for the Minister to strengthen and improve mental health and addictions services in Ontario.

The new strategy will address the factors that contribute to mental illness and addictions. It will focus on people with serious mental health issues, complex substance abuse and problem gambling issues.

A timeline of deliverables was developed for the Minister's Advisory Group, outlined below:

Progress report/presentation on themes and process	February 2009
Discussion papers on themes	March – June 2009
Public discussion paper	Summer 2009
Minister's Summit	Summer 2009
Broad consultation with stakeholders	Fall 2009
10 Year Strategy	2010

The proposed critical path for the Minister's Advisory Group, which includes working groups, public consultations (conducted by the LHIN) and broad consultations, is presented in Figure 1.

Figure 1: MOHLTC Timeline

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2.2.1. Ministry Request

As part of the development of the provincial Mental Health and Addictions Strategy, the Minister's Advisory Group requested that each of the 14 Local Health Integration Networks conduct community engagement with health care providers, researchers, consumers of mental health and addictions services, family members and the public. The purpose of these consultations is to inform the Minister's Advisory Group on local perspectives related to mental health and addictions.

2.2.2. Ministry Template

To help inform the development of the *10-Year Mental Health and Addictions Strategy*, the Minister's Advisory Group provided the North West LHIN with a template for their consultations. Included in the template was a survey addressing five theme groups identified by the Minister's Advisory Team (see Appendix A). There were two questions for each of the five themes:

1. Systems Design
2. Healthy Communities
3. Consumer Partnerships
4. Building Capacity and Competencies
5. Early Identification and Intervention

The first question typically asked to identify the top three priorities for each theme area, while the second question asked for the top three changes that would need to occur in order to accomplish the identified priority.

2.2.3. North West LHIN Process

The North West LHIN distributed over 800 surveys electronically to consumers, their families and service providers in the North West LHIN on May 21, 2009. The survey was also available on the North West LHIN's website for people who wanted to participate. A paper copy of the survey was made available to people who preferred or were not able to participate via computer.

Respondents could return the surveys via email, fax or registered mail. The North West LHIN continued to receive surveys until June 26, 2009 to maximize response input.

The North West LHIN received a response rate of 11.7%, (104 completed surveys received, 862 surveys sent out initially). Responses in general reflected the population distribution across the Northwest. The results from the survey were placed into a Microsoft Excel spreadsheet and broad categories were created based on the responses received. The most important priorities to the North West were identified based on the highest frequencies within these respective categories.

The results of the survey were shared with the North West LHIN Mental Health and Addictions Advisory Team on June 29, 2009. During this meeting, the Advisory Team validated the results of the survey.

The North West LHIN's preliminary findings from the consultation were submitted to the Ministry on June 30, 2009. These findings informed the Ministry in their development of discussion papers which were released to the public in July 2009. The discussion papers addressed each of the five theme groups and provided context of the current state, the known issues and where opportunities exist to improve mental health and addictions services in Ontario.

In addition to the survey process, the North West LHIN hosted three community engagement sessions across the North West LHIN in September 2009. The purpose of these sessions was to obtain additional information to help inform the strategy. The community engagement sessions validated the priorities and next steps that were identified in the survey. It was also an opportunity to identify any items that may have been missed. The sessions were held in three communities in the North West LHIN: Terrace Bay (September 15th), Dryden (September 18th), and Thunder Bay (September 22nd).

The priorities identified in the survey were largely validated by the participants at the community engagement sessions. These sessions also allowed for more specific examples and detailed next steps than the feedback provided in the survey alone. This information was included in a report that was submitted to the Minister's Advisory Team and will help shape the upcoming release of the Provincial *10-Year Mental Health and Addictions Strategy*. In addition, the results helped inform the LHIN's second *Integrated Health Services Plan (IHSP)* specific to future health planning for mental health and addictions services.

3.0 Theme Groups and Goals

The Ministry has defined the vision for the provincial mental health and addictions system:

“Every Ontarian achieves optimal health and well-being, and individuals with mental health and addictions problems participate in a healthy and responsive community that respects their choice and capacity”

The Ministry of Health and Long-Term Care has identified five theme groups to enact this vision as part of the **10-Year Mental Health and Addictions Strategy**. The theme groups are defined below:

1. Systems Design

Goal: Designing a functional, integrated, results-based system with a focus on quality improvement that meets needs through enhanced capacity, access, connectivity and flow (into the system and out of the system).

2. Healthy Communities

Goal: To improve health outcomes for people with mental illness and/or addictions by building healthy, supportive and accepting communities that provide equitable access to the social determinants of health (SDoH) (health care services, income and its distribution, education, employment and working conditions, social support networks, genetic endowment, housing/physical environment, food security, social exclusion, etc.).

3. Consumer Partnerships

Goal: Consumers participate equally and fully in determining their own service needs and in the creation of a mental health and addictions system that values their contribution and expertise and is responsive to individual choice and capacity. Sustainable mechanisms are built which facilitate meaningful participation, address stigma and discrimination, and enhance capacity for peer initiatives/support and mutual aid.

4. Building Capacity and Competency

Goal: Ensuring the right people are in the right places at the right time, with the competencies, interventions and capacity to respond to client’s needs, and inclusion of health providers, peers, families and the broader community.

5. Early Identification and Intervention

Goal: To reduce the impact and harm of mental illness and addictions by building on opportunities to enhance early identification and early intervention, and including identifying investments which will provide value for money to reach the largest populations, utilizing existing modes and web-based innovation making links to health promotion.

4.0 Participation Profile

The Mental Health and Addictions survey provided an opportunity for local consumers, their families and service providers across Northwestern Ontario to identify priorities for the current system and what needs to be improved.

Survey responses were kept strictly confidential, including information about the participants' district of residence as well as their perspective (i.e. whether they were a service provider, consumer, or family member).

Overall, there were 104 completed surveys. The following table depicts the distribution of respondents based on their perspective and district of residence (see Table 1).

Table 1. Cross-tabulation of resident district by perspective

Cross-tabulation of District by Perspective					
	District				
Perspective	Thunder Bay	Rainy River	Kenora	Not identified	
Service Provider	35	15	15	0	62.50%
Consumer	6	11	7	0	23.10%
Family Member	4	2	5	0	10.60%
Not identified	3	0	0	1	3.80%
	46.10%	26.90%	26.00%	1.00%	Total

A representative cross-section of people responded to the survey from the different districts and perspectives.

The majority of survey respondents were service providers (62.5%) living in the Thunder Bay District (46.1%). Residents from the Rainy River and Kenora Districts were almost equally represented (26.9% and 26.0%, respectively). Overall, consumers and family members contributed 23.1% and 10.6% of the responses, respectively.

Seventy-five invited participants attended the three consultation sessions.

Participants at the public consultations included front-line staff and administrative staff of health service organizations; First Nations community members; seniors; consumers; and specialized health care professionals.

5.0 Mental Health and Addictions Survey Results

This section of the report provides a detailed overview and analysis of participant responses to the five themes and their corresponding questions in the survey.

5.1 System Design

Question 1: From a client perspective, what are the top three things that would improve access to and coordination of services and so allow people to better move through the system?

The top three priorities identified by respondents to improve system design were:

- **reduce barriers to accessing services in the North West LHIN**
- **make the system easier to navigate**
- **provide education and training for health service providers**

Reducing barriers to accessing services was described by the respondents as involving easier access to services, reducing wait times and providing services closer to home. Many respondents voiced concerns about:

- access to services in Northwestern Ontario communities;
- transportation issues, including having to leave their home for treatment and having to take time off work and/or school; and

The use of technology and enhanced visiting or mobile services were suggested solutions to address this issue.

Making the system easier to navigate. Several respondents highlighted the following needs:

- Respondents suggested to have a designated person available to help mental health and addictions clients navigate through the system. This person was described as being knowledgeable regarding options for treatment and able to find where the appropriate treatment exists. Furthermore, this person would have a “no wrong door” approach when helping people. They will ensure that the person is sent to the right location for services.
- Respondents noted that patients feel lost in the system, not knowing where to go to access services, especially when waiting for mental health and addictions services.
- Respondents suggested that there needs to be better information at the community level to raise awareness of where and how services are accessed.
- Respondents expressed the need for a single point of access where they only have to go to one referral source and tell their story one time.

The need for education and training for health service providers on mental health and addictions concepts was also cited as a priority. Many respondents expressed the need for service providers to:

- have a well-rounded knowledge and understanding of mental health and addictions issues;

- be empathetic and have the capacity to listen to and address consumers' concerns

Several respondents reported that in many cases, patients know what they need, but providers do not understand those needs or do not know where to refer the patient to access services to address their needs.

Presented below is the table for the three priorities with participants responses to each of the priorities (see Table 2). *Please note that throughout the document those priorities with less than 5 responses have been excluded. However the frequency by which they are mentioned has been included in the overall totals.*

Table 2. Top three priorities for improving access and coordination of services to allow people to better move through the system

What are the top three things that would improve access to and coordination of services to allow people to better move through the system?	Frequency
Reducing barriers to accessing services	85
Increase service accessibility	23
Reduce wait times	17
Services provided closer to home	13
More professionals	12
Transportation assistance	10
Make the system easier to navigate	61
Designated person to help navigate the system	19
Single access point for services	12
Develop seamless continuum of care	11
Have personal information available to avoid re-telling history	8
Awareness of currently available services	8
Need for education and training for health service providers	22
Clinicians to meet specific needs	6
Client-centered care	5
Increase supports for medical & psychological care	5

*N = 104, response rate 97.1%; details on responses <5 not included.

The participants at the community engagement sessions validated the priorities. They felt that the high level categories reflected their experience or the experiences of their clients. “Walk-in clinics” and “more beds or spaces” were also mentioned as ways of reducing barriers to accessing services.

Comments by survey respondents and community engagement participants included:

My personal information should be available to all people I come in contact with so that I do not have to continually retell my story.
-Consumer

Leaving family for extended periods to seek treatment is often impossible or uncomfortable.
-Family member

Question 2: What changes need to be made to the current system to improve capacity and better integrate services and supports?

The top three changes identified to improve system design were:

- **reduce barriers to accessing services**
- **be responsive to clients**
- **integration/collaboration of services**

Reducing barriers to accessing services was identified as a needed change to improve capacity and better integrate services and supports. Several respondents reported that:

- clients often enter the system with a good understanding of what they need, but there is a shortage of properly trained staff to provide those services in a timely manner;
- more professionals with specific training and competencies are needed;
- there needs to be adequate funding to support existing services as well as funding for community services (including First Nation communities);
- there is a need to have services provided closer to home, as long distances must be travelled between communities in Northwestern Ontario to access services
- infrastructure is an issue in the remote communities, as older facilities are no longer able to meet today's needs; and
- technology is a way to address some access issues

Responsiveness to clients was identified as being important as mental health and addictions patients sometimes need specialized care which requires competent staff to provide those services. For instance, several respondents identified that the current system does not address youth mental health and addictions needs. They stated that:

- the only way to access treatment or mental health services is primarily through the criminal justice system or Child Welfare system;
- follow-up after referral and accountability by the service provider are areas that require improvement;
- responsiveness to clients should include:
 - culturally competent care;
 - being responsive to patients from different cultures that have certain beliefs about health and well-being;
 - tailoring client care needs to those differences; and
 - simply listening to clients about the care they receive and asking them if their needs are being met

For example, respondents highlighted the lack of community counsellors or mental health workers who would respond in a timely manner as a gap in the system.

Integration/collaboration of services was identified by many respondents as having a system with all services working together, with protocols for communication and a common assessment that works right from initial intake to discharge planning. This would also include health service providers who are knowledgeable of available community services and taking the necessary steps to facilitate access for the client in a timely manner.

The table below highlights the top three changes that were identified to improve the current mental health and addiction system (see Table 3). *Please note that throughout*

the document those strategies with less than 5 responses have been excluded. However the frequency by which they are mentioned has been included in the overall totals.

Table 3. Top three changes needed to be made to the current system to improve capacity and better integrate services and supports.

What changes need to be made to the current system to improve capacity and better integrate services and supports?	Frequency
Reducing barriers to accessing services	58
More professionals	9
Access to psychiatrists	8
Funding for community services (including First Nation communities)	7
Increase service accessibility	6
Fund existing services adequately	5
More choices in LTC	5
Responsiveness to clients	56
Competent staff to fulfill client needs	15
Culturally competent care/services	9
Coordinated step up-down capacity to access service intensity as needed	6
Follow-up support	5
Integration/collaboration of services	36
Integrated/collaborative care	21
Protocol for communication between partners	5

*N = 104, response rate 97.1%; details on responses <5 not included.

During the community engagement sessions, North West LHIN staff heard that economies of scale and aging infrastructure were particular challenges to improving access to services. Participants noted that service providers should take more responsibility for system navigation. It was emphasized that access could be improved if emergency departments were staffed with crisis counsellors and if physicians made better use of crisis services in the community.

Participants advised that there was a need for more emphasis on prevention and early identification; that people need support before they become critically ill. The need to have service providers cross-trained in both mental health and addictions was emphasized and access to primary care needs to be improved. For better coordination and integration of services, participants supported the need to have Health Canada at the planning tables.

The need for system planners and health service providers to plan together to effectively serve more complex clients (concurrent disorders, trauma, etc.) across a number of jurisdictions (e.g. justice, education) was reinforced. Participants also noted that the roles of the various providers need to be defined and a common language and data system implemented. “Warm lines”¹ and the common assessment tool were cited as examples of two enablers of system change that could support people with mental health and addictions in the Northwest.

Comments by survey respondents and community engagement participants included:

¹ “Warm Lines”: staffed with qualified people who can provide immediate assistance (i.e. clinical advice, crisis intervention and/or immediate connection with a referral service/agency).

Many clients enter our system with a very good understanding of what they need and want. The difficulty is we don't have the right types of staff to provide those services in a timely manner.

- Service provider

Resources should flow to whatever door the client opens, be it an emergency shelter, a hospital or a community criminal justice organization.

- Service Provider

We need to work better with First Nations people who currently have very limited knowledge of available services and how to access them.

- Service provider

5.2 Healthy Communities

Question 1: What do you think are the top three most important social determinants of health?

The top three most important social determinants of health identified were:

- **Housing/physical environment**
- **Lack of income and social status**
- **Social support networks**

Housing/physical environment was the most important social determinant of health identified by respondents. It was noted that people with mental health and addictions are presented with barriers to accessing services because of poverty, homelessness, stigma and discrimination. Many respondents stated that having adequate, safe housing in the community is important in recovery. Respondents noted that living in a safe environment allows people to socialize, engage in recreational activities and have a healthy environment in which to improve and recover. Examples given included lighted sidewalks, green spaces and living away from industrial/high traffic areas.

Lack of income and poor social status were identified by respondents as barriers to achieving health. For example, many respondents reported that the level of Ontario Disability Support Program (ODSP) allowance makes it difficult to live above the poverty line, necessitating them to choose between paying rent, eating or having heat. It was noted that those who do find work or enrol for training or education may suffer cuts to income support, rent hikes or be evicted from social housing; have eligibility for subsidized child care reduced; and be ineligible for Ontario Works (OW)/ ODSP benefits (i.e. prescription drugs and dental care). Several respondents also noted that income also affects an individual's ability to access services. Respondents noted that in the Northwest they often have to travel to access services and if they cannot afford to travel to access services, they often do not receive treatment.

Social support networks were also identified as an important social determinant in the North West LHIN. Respondents reported that supportive networks allow people to reach out for help when needed, receive care, and promote a healthy lifestyle.

Several respondents commented that when primary needs are not being met (i.e. housing, social support and income), people struggle and are not able to effectively address their issues. Having community supports available to address stabilization was emphasized by participants as a critical component of therapy.

Presented below is the categorization of importance of the social determinants of health as identified by respondents (see Table 4).

Table 4. Categorization by level of importance of the social determinants of health as identified by respondents

What do you think are the top three most important social determinants of health and why?	Frequency
Housing/Physical environment	56
Lack of income and social status	42
Social support networks	25
Social safety net	19
Employment	15
Health services	15
Education and literacy	14
Access to appropriate services	10
Food security	10
Personal health practices and coping skills	8
Culture	5

*N = 104, response rate 100%; details on responses <5 not included.

The participants at the consultation sessions confirmed the priorities identified based on their experience. It was noted that many of the determinants of health are interconnected and thus equally important, for example: employment with income and social status.

Question 2: What changes would be necessary to achieve improved outcomes in these areas?

The changes identified as necessary to achieve improved outcomes in the most important social determinants of health were:

- **Improve support systems**
- **Increase income supports**
- **Increase service accessibility**

Similar to what was highlighted in the previous section, to improve those social determinants of health, respondents reported that supports need to be improved and resources made available to ensure that people's basic needs are met.

Presented below is a summary of the responses based on each of the proposed changes (see Table 5).

Table 5. Top three proposed changes necessary to achieve improved outcomes in three most important social determinants of health

What change would be necessary to achieve improved outcomes in these areas?	Frequency
Improve Support Systems	77
Funding for community services (including First Nations)	15
Supports for access to education	11
Education of general public	9
Easier to access employment programs	9
Local support networks	8
Culturally competent care/services	6
Increase Income Supports	46
Building more affordable housing	21
Better social assistance/supports (ODSP)	19
Increase Service Accessibility	30
Increase service accessibility	10
More professionals	7

*N = 104, response rate 99.0%; details on responses <5 not included.

Community engagement participants generally agreed with the survey results. Participants were interested in how the mental health and addictions sector could affect policy changes in jurisdictions that have responsibility for food safety, housing, income and education. It was suggested that stigma needs to be addressed and this could be accomplished through public education. Providing respite opportunities for caregivers was suggested as a way to improve support systems. Case management was identified as a resource to improve and enhance accessibility.

Comments by survey respondents and community engagement participants included:

Out of town appointments generally mean also spending a night in the city so costs are for travel, food and accommodation. These end up being out of my pocket expenses and I cannot afford them – so I end up not going for the care I need.

-Consumer

FASD is a growing problem in our community and is going to be a huge burden on our health care and correctional system - this issue needs to be addressed immediately.

- Physician

It is difficult to find appropriate, affordable housing, especially for the “hardest to house” (i.e. the people who used to “live in Lakehead Psychiatric Hospital”)

- Service Provider

5.3 Consumer Partnerships

Question 1: What do you think are the top three most important things that we need to do to facilitate consumer partnerships, peer support and mutual aid?

The top three most important things identified by respondents which are needed to facilitate consumer partnerships, peer support and mutual aid were:

- **Listen and engage with clients**
- **Raise awareness among consumers and providers of available programs/supports**
- **Work together with other partners/agencies**

Listen and engage with clients was identified as a key component to facilitate consumer partnerships. Many respondents reported on the importance of listening to consumers about the care they are receiving, what is working, and what is not. Engaging with clients was also identified as a critical component of planning and evaluating organizations and programs. Many respondents commented on the idea of having consumers work side-by-side with service providers (working as a team) to address patient needs. It was suggested that an ideal model would involve consumers and health care professionals working together to address health care issues and system inefficiencies. Several respondents commented that consumer involvement can be difficult. Participants suggested that strategies need to be in place to improve consumer involvement such as transportation assistance to attend meetings, compensation for their time, accommodations, etc.

Raise awareness among consumers and providers of available programs/supports. Many respondents reported that service providers need to be knowledgeable of existing programs/supports so they can easily direct the patient and family to appropriate services. In addition, it was noted that consumers also need to be aware of services and programs, so that when a situation arises, they know where to go. Respondents noted that public education campaigns to reduce stigma and discrimination about mental health and addictions is needed.

Work together with other partners/agencies. Respondents reported that agencies need to continue to work together to build relationships; and resources need to be shared. It was suggested that partnerships would require accountability agreements to ensure that all agencies are doing their part.

Presented below is a breakdown of the respondents' responses for each of the main priorities for consumer partnerships (see Table 6).

Table 6. Top three most important things which are needed to facilitate consumer partnerships, peer support and mutual aid

What do you think are the top three most important things that we need to do to facilitate consumer partnerships, peer support and mutual aid?	Frequency
Listen and Engage with Clients	86
Involve consumers and family in planning and assessment of organizations/programs	41
Peer support groups	11
Basic communication (listen & engage with clients about care they receive)	11

Transportation assistance	7
Raise awareness among consumers and providers of available programs/supports	61
Public awareness to reduce stigma	16
Education and training of available programs	16
Awareness of currently available services	10
Culturally competent care/services	7
Work together with other partners/agencies	18
Integrated/collaborative care	8

*N = 104, response rate 97.1%; details on responses <5 not included.

During the community engagement sessions, participants validated these priorities regarding consumer partnerships, peer support and mutual aid. Using clear language; identifying duplications or gaps in services and training within and outside of First Nation communities were also identified under each of the above priorities respectively.

Comments by survey respondents and community engagement participants included:

We hear a lot about a client centered system, but when we get right down to it, we are very far from that. Programs that refuse service or discharge clients for non-attendance are stuck in a system model that doesn't seem to be willing to truly acknowledge clients. They pay lip-service to client's needs and wants, but are actually quite unwilling to make the necessary changes.
-Service provider

We can't expect clients to come to us - we need to go to them. We have some good outreach models where they are mobilized to go to the client.
-Service Provider

Question 2: How do we create the necessary conditions for equal partnership and involvement?

The top three necessary conditions identified by respondents which is needed to facilitate consumer partnerships, peer support and mutual aid were:

- **Opportunities for engagement among service providers and consumers**
- **Education of service providers, consumers, and the general public**
- **Raise awareness among consumers and providers of available programs and supports**

Opportunities for engagement among service providers and consumers were identified as a necessary condition to facilitate consumer partnership, peer support and mutual aid. Several respondents reported that:

- too often consumers are an under-utilized resource which could assist service providers with difficult patients (i.e. medication compliance, treatment utilization);
- it is important to build trust among consumers so that they feel welcomed, involved and valued when working with service providers;
- it takes a lot of courage for consumers to participate and that building trust helps them feel comfortable in order to provide valuable input;

- a team focus rather than an “us” versus “them” approach is required for consumers to feel welcome; and
- it is important for agencies to incorporate consumer input over the long-term

Education of service providers, consumers, and the general public was cited as an important facet of creating equal partnerships and involvement across the system. Many respondents reported that:

- education is an excellent way to reduce stigma and include consumers as an equal partner; and
- health service providers and the general public would benefit from ongoing education about mental health and addiction conditions

Raise awareness among consumers and providers of available programs and supports was another necessary condition identified. This is very similar to what was reported above. Many respondents commented that:

- programs should be designed for specific community needs; and
- both parties (consumers and their families and health service providers) need to be knowledgeable regarding available services so that accessing and navigating the system will be improved

Presented below is a breakdown of the respondents’ comments for each of the main priorities for consumer partnerships (see Table 7).

Table 7. Top three necessary conditions for equal partnership and involvement

How do we create the necessary conditions for equal partnership and involvement?	Frequency
Opportunities for engagement among service providers and consumers	70
Ensure consumers feel welcome, involved and build trust when working with service providers (i.e. team mentality)	29
Basic communication (listen & engage with clients about care they receive)	11
Ensure existing services are supported and future needs are assessed/addressed	8
Continual follow-up with consumers to ensure they are receiving the help they need	7
Funding for peer involvement (i.e. training, compensation for their time)	6
Education of service providers, consumers, and the general public	30
Public education to reduce stigma	19
Raise awareness among consumers and providers of available programs and supports	14
Programs designed for communities specific needs	6

*N = 104, response rate 95.2%; details on responses <5 not included.

Community engagement participants identified the need for cultural competence with mental health and addictions services. It was reported that First Nations people often prefer Health Canada services because they have been developed for First Nations people, reflecting their values and norms. Participants noted that mainstream services that attach a First Nations component aren’t perceived to be satisfactory. A recent trend by physicians in the North West LHIN to integrate the work of traditional healers was identified by participants as a positive development.

In addition to building trust, participants suggested the importance of properly compensating consumers for their volunteer work. The importance of addressing confidentiality issues when consumers are involved in small communities was stressed. Participants also reinforced the importance of keeping the language simple for consumers, de-emphasizing time concerns and working in an informal context.

Comments by survey respondents and community engagement participants included:

Consumers do not generally have a collective voice, nor do they (or formal consumer groups) represent each other. When we speak of consumer partnerships, what are we really saying? With whom? How are consumer's views collected and voiced in a manner that represents a broad range of people and is disseminated back to the 'consumer population'?
-Service provider

Many of us do not have telephones and/or computers or internet. If I was not involved in a 'service' I would not have had the opportunity to participate in this consultation. How many other people are not being reached? Using the postal system with self-addressed postage paid envelopes for return would reach more people.
-Service provider

5.4 Building Capacity and Competency

Question 1. What are the three most important things that we need to do to achieve this goal?

Survey respondents identified the three most important things to meet the goal of building capacity and competencies were:

- **Specialized and/or appropriate training/education**
- **Service accessibility**
- **Evaluation of services and programs**

Specialized and/or appropriate training/education. Respondents highlighted the need to:

- invest in research, data-collection and information systems to help inform best practices and allow providers to improve practices
- ensure specialized, continuing education for existing health care professionals was emphasized to ensure competent, qualified staff is available
- ensure that health service providers have up to date education on mental health and addictions issues in order to ensure appropriate treatment

Service accessibility was reported to be a gap that needs to be addressed.

- Respondents voiced the concern to make more efforts towards recruitment and retention of health care professionals as well as training and hiring people from their own community. It was noted that hiring professionals who grew up in the

community means they are more likely to stay in these locations because it is familiar to them (e.g. culture, politics, environment, etc.).

- The lack of community services was also cited as a barrier.
- Many respondents commented on the need for services and programs to be available 24 hours a day, 7 days a week to address patient crisis concerns. It was reported that when services are not available, people go to the emergency department or sometimes police or emergency services (i.e. ambulance, first responders) are involved.

Evaluation of services and programs. Respondents reported the importance of evaluating existing services, and identifying areas where further training and/or improvements would be beneficial. Respondents noted that benchmarks, indicators, professional standards and qualifications that define what is good and/or expected in each type of service determined by both providers and consumers would provide the basis of these evaluations. Respondents noted that this would support an accountability framework. Many respondents commented that roles and standards should be very clear as to who does what to avoid overlap and duplication of services. Survey respondents also reported that consumers' needs should be evaluated regularly. It was noted that consumers' should be consulted and asked if their needs are being met and what changes (if necessary) are required for current services. Respondents also commented that there needs to be adequate funding for maintaining existing services, especially if they are highly needed in the community.

The following table provides a breakdown of the respondents' responses for each of the main priorities identified (see Table 8).

Table 8. Top three most important things to achieve the goal of building capacity and competency

What the three most important things that we need to do to achieve this goal?	Frequency
Specialized and/or appropriate training/education	74
Specialized and appropriate training for providers	32
Education to identify need for intervention	15
Designated person to help navigate the system	7
Primary prevention	5
Service accessibility	52
More professionals	11
Increase service accessibility	9
Services provided closer to home	7
Programs designed for communities specific needs	7
Increase specialized services	6
Recruitment and retention within the community	6
Evaluation of services and programs	51
On-going standardized evaluation that programs are serving their purpose (i.e. increasing access)	15
Fund existing services adequately	13
Basic communication (listen & engage with clients about care they receive)	7
Consumer and family input helps inform policy	5
Accountability	5

*N = 104, response rate 98.1%; details on responses <5 not included.

Community engagement participants validated these priorities. Some additional items, such as establishing more affordable housing and incorporating a team approach model of care were also supported.

Comments by survey respondents and community engagement participants included:

Roles need to be very clear as to who does what to avoid overlap and duplication of services.
-Service provider

Centres of excellence can exist outside of Toronto. We need to encourage and develop these centres.
- Service provider

Question 2. How do we create the necessary conditions to sustain quality delivery of mental health and addictions services over the long-term?

The most important conditions necessary for sustainability of quality delivery over the long-term identified by survey respondents were:

- **Ensure supports for training/education are available**
- **Ensure safe and quality services (accountability)**
- **Specific programs and services for clients and communities to match their needs**

Ensure supports for training and education are available was identified as a strategy to sustain quality delivery of mental health and addictions services over the long-term. Many respondents reported that there needs to be appropriate training/education for health service providers, and adequate funding to support the ongoing professional development of staff. Respondents noted that part of this training involves relevant topics and issues in treating and caring for individuals with mental health and addictions; this skill set was reported to be lacking in health service providers.

Ensure safe and quality services (accountability). This condition was identified by respondents as necessary for sustainable quality delivery of care. Many respondents commented that health service providers and their programs or services should have a report card or evaluation completed on a regular basis to ensure appropriateness and suitability. Respondents reported that this would inform health service providers whether the needs of their clients were being met. Many respondents commented that on-going communication with consumers and their families would help to improve their programs and services. Respondents also expressed concerns regarding funding that is insufficient to offer competitive salaries and training to recruit and retain qualified people. It was suggested that having competitive wages and adequate working conditions would help address recruitment and retention issues.

Specific programs and services for clients and communities to match their needs. Respondents addressed this priority regarding the diversity of the Northwest, where there is a unique combination of urban, semi-rural, rural and remote communities with a diverse cultural background of residents. Several respondents indicated the need for culturally appropriate programs to meet client needs, noting that individual communities

should be able to identify what services they feel would be best suited to the needs of their population.

Presented below is a breakdown of the respondents' responses for each of the main priorities identified (see Table 9).

Table 9. Top three necessary conditions to sustain quality delivery of mental health and addictions services over the long-term

How do we create the necessary conditions to sustain quality delivery of mental health and addictions services over the long-term?	Frequency
Ensure supports for training/education are available	58
Specialized and appropriate training/education for providers	14
Fund existing services adequately	12
Hire qualified people	11
Team approach	6
Utilize communication technology (i.e. telehealth)	5
Ensure safe and quality services (accountability)	40
Report card or program evaluations on a regular basis	11
Share best practices among staff	7
Adequate conditions for workers and clients	6
Work with government to ensure adequate and quality services	5
Specific programs and services for clients and communities to match their needs	37
Programs designed for communities specific needs	9
More Assertive Community Treatment teams	6

*N = 104, response rate 98.1%; details on responses <5 not included.

Community engagement participants supported the priorities as identified. They also stressed the importance of having local training for rural providers. It was noted that while Ontario Telemedicine Network (OTN) has been a convenient and effective option, the importance of having additional options available was emphasized. Participants expressed the need for enhanced education for policing services: municipal, Ontario Provincial Police and Nishnawbe-Aski Police Services. Participants also noted other conditions such as “a system-wide referral system” and “emergency services 24 hours a day” as important considerations.

Comments by survey respondents and community engagement participants included:

Recruit diverse, multi-talented, results-oriented teams; ensure there is a strong chair who will take action to assess and close systemic gaps and regularly review outcomes (i.e. review – change – progress – review – change, etc.).

-Service provider

Training is important for local community service providers so that they can effectively support clients in their home communities. However, this training needs to reflect our remote and rural context.

-Service provider

5.5 Early Identification and Intervention

Question 1. Where and with whom can early identification and early intervention make the biggest impact?

The places identified by respondents where early identification and intervention could have the biggest impact were:

- **Education (preschool, elementary schools, colleges, universities)**
- **Youth programs and interventions**
- **Media public education campaigns**

The top three groups that respondents felt could have the biggest impact were:

- **Health care professionals**
- **Children/prenatal**
- **Families**

Education (preschool, elementary schools, colleges, universities) about mental illness and addictions issues was identified by respondents as necessary in schools. Although school staff cannot diagnose, respondents noted that teachers and counsellors should have training to recognize and be informed about where to make the appropriate referrals. Respondents felt this would ensure that a child is identified and receives treatment in a timely manner. Respondents also reported that it is better to inform children as young as possible about mental health and addictions. They also felt that if mental health and addictions is normalized, it will eliminate stigma and set the stage for better mental health outcomes later in life.

Youth programs and interventions were cited as an important priority by survey respondents. Respondents noted that if those in need of intervention are identified early, they can begin to receive treatment, self-manage, and live a long, healthy life. Investing in youth programs and interventions was identified as a way to ease the demand for mental health and addictions services over time.

Media public education campaigns through a variety of means (e.g. radio, workshops, local newsletters, public service announcements) was identified as a way to help with early identification and intervention. Respondents noted that if people with mental health and addictions issues receive information about their condition and it is being publicly marketed, it would reduce that individual's apprehension about seeking help. Many respondents also highlighted the importance of public education about the early warning signs and symptoms of mental health issues and addictions to assist with early identification.

Presented below is a rank ordering of places and groups of people that were identified by respondents in the survey (see Table 10).

Table 10. Top three places and groups of people where early identification and intervention can make the biggest impact

Where and with whom can early identification and early intervention make the biggest impact?	Frequency
Where?	122
Education (preschool, elementary schools, colleges, universities)	59

Youth programs/interventions	15
Media public education campaigns	11
Screening tests in schools	9
Specialized and appropriate training/education for providers	6
Primary prevention	5
With Whom?	70
Health care professionals (physicians, front line, family health teams, ER)	27
Children/prenatal	12
Families	9
Trained teachers	6

*N = 104, response rate 97.1%; details on responses <5 not included.

Community engagement participants identified three areas to re-focus identification and intervention of mental health and addictions. They noted that early identification does not only apply to children and youth but should consider:

- Age
- Onset of symptoms/conditions
- First Time Present to seek treatment

First responders (ambulance, police) were also identified as an important group for early identification and intervention.

Participants identified the need to intervene even before birth to help prevent “in utero” brain damage. Pre-school was also identified as an important priority location (“where”) and child welfare groups as an important “whom”.

Comments by survey respondents and community engagement participants included:

It starts with the teachers – whom if trained properly can at least identify behaviours and/or thinking that could be suggesting mental illness or addictions and they can report this to school social workers who can implement different prevention interventions right in the school.
- Service provider

We need to target the areas where these people present: the justice system, ambulance/emergency room, and the pharmacy.
- Service provider

Mental health and addictions issues emerge at different ages and stages across the lifespan (i.e. early onset of Alzheimer’s disease) we need to consider all aspects of early identification.
- Service provider

Question 2. What is the single biggest obstacle for achieving this goal and how do we address it?

Respondents noted that the single biggest obstacles for early identification and intervention categorized by frequency of responses were:

- **Funding Issues**
- **System fragmentation**
- **Public education about stigma and to raise awareness**

Funding Issues were identified as a concern by respondents. Respondents reported that it is difficult for providers to work together in remote communities and deliver the best services they can for the total dollars they receive. To assist in early identification and intervention, many respondents voiced the concern that the individuals who are supposed to be identifying children in need have to be adequately trained and knowledgeable regarding what to look for. Respondents also mentioned the importance of retaining qualified workers so that they can adequately address and treat conditions as they emerge.

System fragmentation. Several respondents reported that many children are first identified in schools or in the court system. A consistent theme that emerged was the need to build bridges across ministries and service sectors so that they can work together to address client needs. Respondents also noted that service providers need to consult with each other and learn how to properly utilize their resources.

Public education about stigma and to raise awareness. Respondents noted that public education could have the biggest impact. Many respondents identified the need to begin conversations about mental health and addictions in grade school. Raising awareness of these issues early in the lifespan was reported to help reduce stigma and increase the likelihood for individuals to seek help.

Listed below is a breakdown of the respondents' responses for each of the main priorities identified (see Table 11).

Table 11. Rank order of biggest obstacle for early identification and intervention

What is the single biggest obstacle for achieving this goal and how do we address it?	Frequency
Funding issues	32
Funding for training (i.e. teachers, social workers)	15
Government policy	9
Youth programs/interventions	5
System fragmentation	28
System too fragmented	10
Integrated/collaborative care	5
Lack of coordination across government ministries	5
Public education about stigma and to raise awareness	27
Public education to reduce stigma	13
Education to identify need for intervention	9

*N = 104, response rate 97.1%; details on responses <5 not included.

The need to aggressively market mental health was reinforced by participants at all of the community engagement sessions. Additionally, participants suggested looking at other countries and jurisdictions to determine their success. It was also reported that great gains could be made by training teachers how to instill resiliency in their students.

The lack of sustainable funding was also reported to be a barrier to system reform.

Comments by survey respondents and community engagement participants included:

The government has to be willing to put the money into training for teachers and to pay for the salaries of qualified social workers to be on staff at our schools. Too often kids fall through the cracks.
-Service provider

Stigma is the biggest obstacle – with conversations beginning in grade schools, (over time) seeking help for mental illness and addictions will become as acceptable as seeking help for physical illnesses.
-Service provider

We only have one geriatrician in Thunder Bay, so people with early cognitive problems have to wait for diagnosis and treatment while their condition declines. This does not reflect the needs of a growing senior population. We should be encouraging professionals (doctors and nurse practitioners) to relocate here. Our medical school needs to incorporate more geriatric studies so family physicians can diagnose and treat dementia cases earlier.
-Service provider

6.0 Conclusion

The *10-year Mental Health and Addictions Strategy* survey results identified priorities and issues in the Northwest regarding the current system. Input was received from a cross-section of consumers, service providers and family members from across the North West LHIN. Survey respondents identified priorities and strategies according to their importance and need in communities. Additionally, community engagement sessions validated the survey findings and provided additional information to help inform the strategy.

When analyzing the survey results received by the North West LHIN, common priorities were identified across all themes (See Table 12 below). The summary table highlights the top issues identified by survey respondents and community engagement participants in the North West LHIN:

- The need for specialized and appropriate training and education for providers
- The need for increased service accessibility
- More professionals
- Public education to reduce stigma
- Basic communication (listen and engage with clients about the care they receive)
- Integrated/collaborative care among health service providers and other areas that deal with mental health and addictions

Survey respondents and community engagement participants expressed their gratitude for being consulted about this important initiative. They also provided suggestions to

improve future public consultation sessions (i.e. simplify the level of language and use more lay-person terms).

The results of the North West LHIN survey process and community engagement sessions presented in this report were shared with the Ministry of Health and Long-Term Care to help inform the *10-Year Mental Health and Addictions Strategy*. In addition, this report was shared with the consultation participants, was used to help inform the North West LHIN's *Integrated Health Services Plan* and will be used to help inform future planning.

Table 12. Recurring priorities identified across the themes in respondents responses

Recurring priorities identified across all themes						
Sub-Category	System Design	Healthy Communities	Consumer Partnerships	Building Capacity and Competency	Early Identification and Intervention	Total
Specialized and appropriate training/education for providers			<5	44	6	51
Increase service accessibility	29	10		9		48
More professionals	21	7		11		39
Public education to reduce stigma		<5	19		13	36
Basic communication (listen and engage with clients about the care they receive)	<5		22	10		35
Integrated/collaborative care	21		12			33
Designated person to help navigate the system	19	<5		7		27
Services provided closer to home	17			7	<5	27
Culturally competent care/services	9	6	10			25
Transportation assistance	13	<5	7	<5		23
Awareness of currently available services	8		12	<5		22
Funding for community services (including First Nations)	7	15				22
Single access point for services	15	<5				16
Primary prevention	<5	<5		6	5	16
Develop seamless continuum of care	11		<5			15
Recruitment and retention within the community				9	<5	11
Identify duplications/gaps in services			6	<5	<5	9
More beds/occupancy in rooms	5	<5				7
Accountability			<5	5		7
Holistic care	<5			<5		5
Total	185	50	95	114	30	N = 474

Appendix A: Mental Health and Addictions 10-Year Strategy Survey

SYSTEMS DESIGN	QUESTIONS	FEEDBACK/COMMENTS
<p><u>GOAL:</u></p> <p>Designing a functional, integrated, results-based system with a focus on quality improvement that meets needs through enhanced capacity, access, coordination and flow (into the system, through the system and out of the system).</p>	<p>1. From a client perspective, what are the top three things that would improve access to and coordination of services and so allow people to better move through the system?</p>	
	<p>2. What changes need to be made to the current system to improve capacity and better integrate services and supports?</p>	

HEALTHY COMMUNITIES	QUESTIONS	FEEDBACK/COMMENTS
<p><u>GOAL:</u></p> <p>To improve health outcomes for people with mental illness and/or addictions by building healthy, supportive and accepting communities that provide fair and equitable access to the social determinants of health (examples: health services, mental health services, income, housing education, employment, gender, culture, social support networks, physical environment, human biology, etc).</p>	<p>1. What do you think are the top three most important social determinants of health and why?</p>	
	<p>2. What change would be necessary to achieve improved outcomes in these three areas?</p>	

CONSUMER PARTNERSHIPS	QUESTIONS	FEEDBACK/ COMMENTS
<p><u>GOAL:</u></p> <p>Consumers participate equally and fully in determining their own service needs and in the creation of a mental health and addictions system that values their contribution and expertise and is responsive to individual choice and capacity. Sustainable mechanisms are built which facilitate meaningful participation, address stigma and discrimination, and enhance capacity for peer initiatives/support and mutual aid.</p>	<p>1. What are the three most important things that we need to do to facilitate consumer partnerships, peer support and mutual aid?</p>	
	<p>2. How do we create the necessary conditions for equal partnership and involvement?</p>	

BUILDING CAPACITY AND COMPETENCY	QUESTIONS	FEEDBACK/COMMENTS
<p><u>GOAL:</u></p> <p>Ensuring the right people are in the right places at the right time, with the competencies, interventions and capacity to respond to client's needs, and inclusion of health providers, peers, families and the broader community.</p>	<p>1. What are the three most important things that we need to do to achieve this goal?</p>	
	<p>2. How do we create the necessary conditions to sustain quality delivery of mental health and addictions services over the long-term?</p>	

EARLY IDENTIFICATION AND INTERVENTION	QUESTIONS	FEEDBACK/COMMENTS
<p><u>GOAL:</u></p> <p>To reduce the impact and harm of mental illness and addictions by building on opportunities to enhance early identification and early intervention, and including identifying investments which will provide value for money to reach the largest populations, utilizing existing modes and web-based innovation making links to health promotion.</p>	<p>1. Where and with whom can early identification and early intervention make the biggest impact (i.e. reach the most)?</p>	
	<p>2. What is the single biggest obstacle (e.g. Policy, structural or system) for achieving this goal and how do we address it?</p>	

In order to better understand who we have heard from during this process please answer the following two questions.

*(Response **not** mandatory)*

<p>What perspective do you bring to the survey?</p>	<p>Please check “✓” beside the phrase or phrases that describes you best:</p>	<p><input type="checkbox"/> service provider</p> <p><input type="checkbox"/> consumer of mental health or addictions services</p> <p><input type="checkbox"/> family member</p>
<p>Please indicate the district where you live.</p>	<p>Please check “✓” beside your district:</p>	<p><input type="checkbox"/> Kenora</p> <p><input type="checkbox"/> Rainy River</p> <p><input type="checkbox"/> Thunder Bay</p>

