Alliance for Healthier Communities
Advancing Health Equity in Ontario

Collaborative Care for Mental Health & Addictions

Program of Research | Alliance for Healthier Communities

The current provincial government, since their election in the spring of 2018, has pledged considerable funding towards expanding and improving mental health care in Ontario. However, the critical role of community-based primary health care teams in providing this care has not been recognized. There is a significant risk that this work will be under-resourced and that, as a result, the clinically and socially vulnerable people served by these teams will experience unnecessary harms. This discussion paper describes a research program that is helping us better understand:

- How primary health care teams contribute to mental health and addictions care.
- Best practices for partnership and collaboration in delivering community-based care for mental health & addictions.
- Resources and supports needed to expand the work of primary health care teams in this area.
- The potential for meaningful leadership from community-based primary health care organizations.

The community-based primary health care teams that comprise the Alliance for Healthier Communities share a commitment to our Model of Health and Wellbeing. This model connects health outcomes to community development and care for the social determinants of health alongside access to high-quality, coordinated, interprofessional care. This model is aligned with emerging system priorities for mental health and addictions care, and our members' commitment to it equips them to be system leaders in delivering this care.

Emerging System Priorities and the Model of Health and Wellbeing

The guiding principles of the Model of Health and Wellbeing (MHWB) are *Highest Quality, People- and Community-Centred Primary Health Care*; *Health Equity and Social Justice;* and *Community Vitality and Belonging.* This means our centres commit to continuous improvement to ensure that care meets the needs of the people and communities they serve; they design services and programs to reduce health disparities and inequities and advocate for healthier public policy; and they partner with community members to build safe and caring communities where everyone feels a sense of belonging. Guided by these principle, our members strive to deliver programs and services that are:

- Planned according to population needs.
- Grounded in community development.

- Focused on the social determinants of health.
- Interprofessional, integrated, and coordinated.
- Anti-oppressive and culturally safe.
- Accessible to people who may elsewhere experience barriers to care.
- Community-centred and community-governed.
- Accountable and efficient.

Recent policy papers have shown that these same principles and attributes are emerging as priorities for community-based mental health and addictions care. Six significant policy papers published between 2010 and 2018 repeatedly called for:

- Greater recognition of the social determinants of health (SDOH) and their role in mental health (Government of Ontario 2011, Centre for Addiction and Mental Health 2015, Ontario's Mental Health & Addictions Leadership Advisory Council 2017, Mental Health Commission of Canada 2017).
- Care that is culturally safe and accessible to populations that experience marginalization (Bartram et al. 2012, Ontario's Mental Health & Addictions Leadership Advisory Council 2017).
- Improved system coordination and collaboration (Select Committee on Mental Health and Addictions 2010, Bartram et al. 2012, Centre for Addiction and Mental Health 2015, Ontario's Mental Health & Addictions Leadership Advisory Council 2017).
- Development of healthier communities (Government of Ontario 2011, Ontario's Mental Health & Addictions Leadership Advisory Council 2017).
- Increasing the capacity of primary care providers and interprofessional primary care teams to offer mental health and addictions care (Select Committee on Mental Health and Addictions 2010, Government of Ontario 2011, Centre for Addiction and Mental Health 2015).
- Timely access to care, including preventive care and early interventions (Select Committee on Mental Health and Addictions 2010, Government of Ontario 2011, Mental Health Commission of Canada 2017.
- Data collection, research, and commitment to delivering evidence-informed care (, Bartram et al. 2012, Centre for Addiction and Mental Health 2015, Mental Health Commission of Canada 2017).

Sector Readiness for Collaborative Mental Health and Addictions Care

Previous research shows that common mental health challenges are frequently encountered in primary care, and that prevention and management can be effective there (Ion 2017). Where support from other providers is required, primary care can provide coordination and system navigation. Because of their commitment to the MHWB, the care our member centres is aligned with federal and provincial priorities for mental health and addictions.

Previous research shows that primary care physicians are keenly interested in mental health services (Clatney, MacDonald & Shah 2008). Research into collaborative primary care for mental health & addictions identified the following characteristics as key to client-centred care and good outcomes (Craven & Bland 2006; Clatney, MacDonald & Shah 2008). Again, these characteristics align with the attributes and guiding principles of the MHWB:

- Colocation of services and treatments
- Pairing of inter-professional collaboration with treatment guidelines
- Ensuring systematic follow-ups for clients
- Inter-professional collaboration to ensure treatment adherence
- Client-oriented care that prioritizes choice in treatment
- Client involvement in design and delivery of integrated care services
- Peer-support programs
- Continuing education for health professionals

Funding models can also act as barriers and enablers to high-quality mental health and addictions care. Research shows that capitation models discourage clinicians from accepting high-needs clients (Durbin et al. 2012; Glazier, Zagorski & Rayner 2012). Salaried clinicians, such as those employed by Community Health Centers, Aboriginal Health Access Centres, and Community Family Health Teams, are thus well-positioned to be key primary health care providers for clients with complex mental health and addictions care needs.

Studies have demonstrated that working in interprofessional teams is an effective way to increase the capacity of primary care providers to provide high-quality care. It "improves access to specialist care for patients, better utilizes primary care and specialists care resources, and increases the number and type of services offered In primary care" (Jeffries et al. n.d.). The close collaboration of interprofessional providers with physicians and nurse practitioners allows progress to be monitored and treatment to be modified as needed. It also enables a wholistic approach in which other services and supports can be incorporated into a client's care plan. This approach is a hallmark of Alliance member centres, nearly all of which have dedicated staff for mental health. Most commonly, these are social workers and mental health workers, but some teams also have psychologists, psychiatrists, psychiatric nurses, and/or counsellors. Because of the sector's commitment to cultural safety and anti-oppression, Indigenous-led centres and others that serve Indigenous populations also include elders, medicine people, and traditional healers.

Additionally, Alliance members are well-equipped to collect needed data for research, planning, and quality improvement – not only at the individual level but also at the centre, community, and system level. Our members use Electronic Medical Records (EMR) systems to systematically record each client's clinical encounters, diagnoses, treatments, and participation in groups and social programs. They also collect sociodemographic and race-based data on each client in order to understand how they are impacted by the social determinants of health. This data is uploaded to our sector-wide data warehouse – Business Intelligence Reporting Tool (BIRT). A mental illness classification system has been developed for use in BIRT by clinicians. This creates clinically relevant groupings that quantify the types of mental health conditions being addressed in our centres to ensure ongoing management and improvement. Through data-sharing agreements with the Canadian Institute for Health Information (CIHI) and ICES, all BIRT data can be linked to administrative data from hospital discharges and emergency departments. This creates a fulsome picture of our mental health and addictions clients and their journey through the health system.

As part of the Government of Ontario's 2011 Mental Health and Addictions Strategy, a Mental Health and Addictions Project Framework (MHAP) team was created to develop performance measures and evaluative "scorecard" reports for mental health and addictions systems in Ontario. This team is led by

researchers at ICES, SickKids Hospital, and Women's College Hospital. So far, they have produced four reports; going forward, they will routinely monitor and report on mental health and addictions system performance. They will use near-real-time data to monitor trends, direct further research, provide up-to-date evidence to knowledge users, and continuously improve their measurement framework. Because we systematically collect near-real-time EMR data through BIRT and have a data-sharing agreement with ICES, Alliance is being included in this research.

What Our Research and Data Collection Has Shown Us So Far

High Severity, Complexity, & Comorbidity among CHC Mental Health Clients

Despite a lack of recognition, our sector is already active in providing care for clients with mental health and addictions issues. This includes wrap-around services that address the social determinants of health. Recent examinations of MH&A clients served by CHCs compared with other primary care models are more clinically and socially complex (Booth et al. 2020, Canadian Institute for Health Information 2020):

- CHCs serve a significantly larger proportion of people with serious mental illness (psychotic and affective disorders)
- CHC MH&A clients experience significantly more social complexities including:
    - Significantly more likely to be living in poverty
    - Significantly more likely to experience residential instability and/or material deprivation. This is particularly acute in urban CHCs serving at-risk populations.
- CHC clients with mental illness are more likely to experience co-morbid chronic disease and/or substance use disorder
- People with mental health concerns often frequent CHCs to access not only medical care but also for a range of other supports.
- An increasing number of people with mental illness are seeking CHC services across Ontario.

Engaging Clients as Partners in Care

At the heart of the Alliance's model is the concept of person-centred care. It is essential that clients are not seen simply as coming to passively receive care for their mental health and addictions challenges but, rather, as partners who can co-create solutions with their providers. Research by Alliance staff and partners (Tang et al. 2018) explored the question of how ready primary health care teams in Ontario are to meaningfully incorporate this approach. Almost all (94-99%) of participating organizations said they want to engage clients as partners in decision-making, managing long-term conditions, and addressing "needs that arise from diversity." However, nearly two thirds of them (65%) agree that there is room to do more, and three quarters (75%) feel that more resources need to be devoted to meaningfully engaging clients as partners.

Funding Needed to Increase Capacity

An organizational survey conducted among CHCs in 2016 found that despite the high percentage of clients with mental health and addictions care needs, there is insufficient access to psychiatrists and psychologists at CHCs. Urban CHCs serving at-risk populations have a much greater demand for psychiatry visits than those in other settings. Much of this demand is met through external referrals, amounting to more than twice as many psychiatric visits in total, and there is likely additional, unmet demand. This high demand and high utilization of psychiatric services supports the case for additional

clinical resources. Conversely, rural and Francophone CHCs have significantly lower than average rates of psychiatry visits. This suggests that there may be barriers preventing rural and Francophone clients from seeking mental health and addictions care, such as inaccessibility of services or unavailability of clinicians. More research is needed to understand the reason for these low numbers and to develop a strategy to overcome any barriers to accessing care.

A sector scan was conducted by the Alliance research team in the spring of 2018 to get a sense of what our members need to improve their services for mental health and addictions. Sector leaders from rural, northern, and urban centres responded, and their responses were validated by a literature review on best practices. The following were identified as priority needs:

- Funding for more staff onsite to diagnose, treat, and support system navigation – in particular, salaried psychiatrists, psychologists, and social workers.
- Diverse workers who can provide culturally ad linguistically appropriate care for the client populations in urban centres.
- Funding and supports for local mental health and addictions partnerships in smaller communities. These centres did not want to provide services themselves but to be able to connect and collaborate with other providers.
- Funding to address the social determinants of health and provide structural supports such as housing, transportation, and training/occupational programs.

Barriers and Enablers of Mental Health Partnerships

In order to better understand the hallmarks of good collaboration between Community-based primary health care and other community mental health care providers, Alliance researchers conducted a membership survey, receiving 61 responses from a mix of CHCs , Aboriginal Health Access Centre, Nurse Practitioner—Led Clinics, and Community Family Health Teams. They represented a mix of urban, rural, and remote centres (Gusovsky & Rayner 2019, Gusovsky 2019). Almost all (95%) had dedicated staff and services for mental health care, and two thirds of those also had dedicated staff and services for addiction care. Of the 53 centres who have active mental health and addictions partnerships with community agencies, about 15% (7 centres) said those partnerships were “not at all effective” or “not so effective.” Nearly half (24 centres) said their partnerships were “very,” or “extremely” effective. The rest (22 centres) said their partnerships were “somewhat” effective. This indicates that such partnerships have significant potential which largely remains untapped.

The most significant enabler of effective partnerships for community mental health and addictions care was a shared culture. Centres reported working effectively with agencies who had an aligned vision on service delivery, common goals and methodologies. They appreciated having clarity around roles and expectations and how these would be formalized, including clear memorandums of understanding and well-developed referral protocols. Other things that contributed to effective partnerships were taking time to get to know partners and build trust; a client-centred focus with services matched to the specific needs of the client populations; and communication, enabled by the use of common EMRs and shared spaces.

Conversely, the biggest barrier to effective partnership is competing cultures or philosophies, such as harm-reduction vs. abstinence approaches to addiction care; lack of role clarity; competition for

funding; and a lack of staff buy-in for partnerships formed at leadership levels. Other barriers included extensive wait lists, lengthy referral processes and a lack of data-sharing or case-conferencing.

Overall, this research confirmed our observation that Alliance member centres provide a large amount of care for mental health and addictions. While partnerships are challenging to create, they are valued and needed to serve clients with complex needs. For these partnerships to be effective, they must be built with care among partners with aligned values and goals, with clearly defined roles and expectations.

Ongoing and Upcoming Research

The policy papers listed above and a number of statements made by Prime Minister Trudeau in 2018 underscore the fact that inter-agency collaboration and coordination of services is key to ensuring a positive client experience. However, our sector's model of care is not mentioned, and our member agencies are not recognized as already providing integrated primary health care and care for mental health and addictions. It is thus important that we continue to advance research that will define our sector's role and inform policy.

The Alliance, in partnership with researchers at Western University, is currently engaged in a study of equity in mental health care for children and youth. This study will systematically review how equity has been defined in this context and what actions have been taken to move towards it. It will also look at the geographical distribution of pediatric mental health care providers to identify areas with insufficient access. A database will be created of all public and private providers of pediatric mental health care in Ontario. Patterns of use of these services will be compared to sociodemographic determinants of mental health, in order to identify inequities and barriers to accessing care. This project will be a foundation for further research into how we can make mental health care for children and youth more equitable and accessible.

As part of a larger program of research into the wellbeing and health system utilization of refugees and newcomers to Canada, the Alliance has partnered with ICES to study the patterns of early healthcare use of Syrian refugees as compared with previous refugee cohorts. Among other health care services, this study will look at this cohort's needs related to mental health and social support.

In addition, we continue to explore and study the impact of TeamCare. This is an implementation project wherein clients of physicians who don't work in interprofessional teams are able to access interprofessional providers, including social workers and therapists, as well as group programs. Through TeamCare, over 1500 solo-practice physicians in 30 communities across Ontario are now accessing interprofessional care for their clients. While TeamCare includes a wide range of health services, about 25% of the interprofessional providers supporting TeamCare are social workers or other mental health care providers. The Windsor Community Family Health Team, in partnership with the Canadian Mental Health Association, developed a unique and award-winning TeamCare model – the Windsor Team Care Centre – with a special focus on mental health and addictions.

Jennifer Rayner and research partners from the University of Toronto are studying the impact of TeamCare and its potential for spread and scale across the province. The emerging consensus from participating primary care providers is that there is a desperate need in the community for interprofessional care, particularly for mental health. They express gratitude for the support their clients

receive from social workers and counsellors. As the program evolves, research will continue to explore outcomes related to client and provider experience, population health, and the cost of care.

How the Research Will Be Used

The program of research described here will help us understand the landscape of mental health and addictions care in Ontario as well as client needs and experiences. This, in turn, will help us identify gaps in care and develop partnerships and advocacy strategies to address them. For example:

- Advocating for more psychiatrists and psychologists.
- Directing culturally appropriate and accessible mental health and addictions care to underserved populations and advocating for intelligent resourcing.
- Communicating the value of community-based mental health and addictions care and advocating for stable funding.
- Developing and advocating for a seamless, integrated care model that supports people throughout their healthcare journey.
- Facilitating inter- and intra-sectoral collaboration and quality improvement, furthering the integration of care so people don't fall through the cracks.
- Fully understanding the social determinants of mental health and addiction, and what supports can facilitate prevention and recovery.
- Demonstrating the role of primary and community mental health care in making the health system more sustainable for future generations by reducing hospitalizations and ED use.

Relevant Publications & Presentations

Primary health care, Social Determinants of Health, and the MHWB

Delivering Primary Care as Envisioned (Rayner et. al 2018). This paper describes the development of the Model of Health & Wellbeing and its role as a roadmap for community-based primary health care teams in Ontario. Published in the *Journal of Integrated Care*.

Sentinels of inequity: examining policy requirements for equity-oriented healthcare (Lavoie et al. 2018). This research paper from the EQUIP project analyzes how CHCs in Canada are particularly equipped to care out an equity mandate, and it identifies policy initiatives that could enhance their capacity to do this. Published in *BMC Health Services Research*.

How Equity-Oriented Health Care Affects Health: Key Mechanisms and Implications for Primary Health Care Practice and Policy (Ford-Gilboe et al. 2018). This paper from the EQUIP project demonstrates that providing more equity-oriented health care in primary health care predicts improved health outcomes across time for people experiencing marginalization. Published in *Millbank Healthcare Quarterly*.

Using data to understand the client journey

Characteristics of health care related to mental health and substance use disorders among Community Health Centre clients in Ontario: a population-based cohort study (Booth et al. 2020). This paper from researchers at the Alliance for Healthier Communities, Western University, and ICES demonstrates that clients with mental health or substance use disorders who receive care at CHCs have medically and socially complex needs, requiring targeted interventions. Published in *CMAJ Open.*

Patterns of Community Care for Mental Health and Addictions: Insights from Community Health Centre EMR Data (Canadian Institute for Health Information). This narrative report describes the sociodemographic and clinical characteristics of clients seeking care for mental health and addictions issues at CHCs in Ontario. Produced as a companion to an interactive data report for CHCs.

Enablers of collaboration in community mental health care

Poster: Creating Effective Partnerships for the Treatment of Mental Health & Addictions in Community Health Centres (Rayner & Gusovsky 2019). This poster highlights key findings of Alliance research into enablers and barriers to effective community mental health partnerships. Presented at the North American Primary Care Research Group 2019 conference.

Presentation: Creating Effective Partnerships for the Treatment of Mental Health & Addictions in Community Health Centres (Gusovsky 2019). This presentation is a more thorough exploration of mental health and addictions partnerships between Alliance members and other agencies in their communities, focusing on barriers and enablers to partnership success. Presented at the 2019 Collaborative Mental

Expanding access to community supports and interprofessional primary health care

Rx: Community: Social Prescribing in Ontario Community Health Centres – Final Report (Alliance for Healthier Communities, 2020). This report describes the 1-year pilot of Rx: Community, a social prescribing program developed in Ontario and implemented at eleven community health centres. A quantitative report evaluating the impact of Rx: Community will be published later in 2020.

Advancing Access to Team-Based Care in Ontario (Rayner et al. 2019a). This research poster outlines the implementation and early evaluation results for TeamCare.

Advancing Access to Team-Based Care (Rayner et al. 2019b). This presentation to the Alliance's Executive Leaders' Network provides an overview of TeamCare and an outline of the research program connected to it.

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