A Responsible Vision and Plan for Mental Health and Addictions Care in Saskatchewan

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Vision for Mental Health and Addictions Care:

A collaborative, recovery-based, well-funded (based on incidence), accessible, comprehensive, peer supported, patient-and-family-centered mental health system that supports its users through all phases of their journey to wellness.

I Background and Situation Analysis

- Saskatchewan, once a leader in mental health several decades ago, has long since fallen dramatically behind in this critical area of care.
- While demands for mental health and addictions care have dramatically risen due to Saskatchewan's rising population and a much-needed better awareness of mental health issues, unfortunately resources to meet this demand have remained flat.
- While Saskatchewan has struggled through a downturn in the economy over the last several years, the province, according to economic forecasts, is set to lead other provinces in growth rate over the next two years.
- This upswing in the province's economic fortunes, along with Federal dollars being made available to the province over the next decade, provides a perfect opportunity to fund the Mental Health and Addictions Action Plan (2014) adequately.
- We strongly recommend the province match Federal dollars targeted to mental health and addictions, which would, incrementally over the next decade, dramatically improve our woefully under-funded mental health and addictions system.

II Principles of a Responsible Mental Health System

Collaborative – The mental health team is based in primary health care and comprised of all needed service providers and information is shared with the patient's permission. Repetition is minimal. The team collaborates to provide and coordinate services, and the most appropriate provider provides services when needed. Technology is used to assist in care provision.

Inter-sectoral – The determinants of health are recognized as major contributors to the health and well-being of people with mental health problems. Mental health can only be improved through contributions by different sectors of government.

Recovery – The focus of the mental health system is always recovery and maximizing the potential of every user. Recovery in this case refers to a process; not all conditions can be cured but can be managed by an individual with adequate support to maximize the potential of every user based on their personal priorities.

Full-Continuum – For too many years, many mental health services in Saskatchewan have depended on the 'interests' of opinion leaders and psychiatrists rather than provision of a full and appropriate continuum of services. When focus shifted or personnel left, the service lost support and disappeared. We suggest that the continuum be appropriate, evidence supported and science-based.

Full Service – The mental health community in Saskatchewan demands that mental health and addiction services, like physical health services, be offered **24 hours a day** wherever possible, **seven days a week** in at least the three major centres in Saskatchewan, with access to rural areas 7 am to midnight using whatever technology is appropriate.

Education – It is important to educate children at all levels of education, on the importance of mental wellness and how to identify when there is a threat to such wellness. This will not only help prevent future acute, crisis events; it will assist with reducing public stigma as well.

Early Identification – The CMHA contends that early identification of mental health problems is one of the most important aspects to the continuum of services and is a way to reduce the effects of mental illness.

This can be achieved through:

- A well-understood and established network of services
- An educated society that includes inter-sectoral professionals and the public
- Public education through campaigns, advertising and social media
- Ongoing education of professionals as part of work life, including law enforcement, corrections services, family physicians, social workers, teachers, daycare workers, psychologists, registered, psychiatric and practical nurses and others

Early Intervention – The CMHA understands that early intervention can prevent some of the acuity the system experiences

Emergency Access – The CMHA contends that emergency services must be robust, well-organized and multi-faceted.

- In coordination with PACT teams and Mobile Crisis Services, emergency services are well defined and work smoothly with psychiatrists and psychiatric nurses available to quickly assess patients in need.

Transition – There are community-based services, including step-up and step-down beds and related services in communities with inpatient units could better facilitate the smooth transition from acute services (step-down), as well as beds that can help in preventing psych ward admission (step-up).

Well-communicated and understood – The mental health system will be well-mapped and understood by providers and consumers. There will be formal patient journey pathways. No wrong door means that when a person asks for help, the service contacted supports and guides the process to the most effective resources and programs.

III Primary Mental Health Care: A New Model to Meet Saskatchewan's Needs

Primary mental health care, also called Primary Care Mental Health, is a model used very effectively to integrate collaborative primary health care and specialized mental health services together. (World Health Organization (WHO) 2010). This proposed plan draws on their leadership resources.

Findings by the World Health Organization led to the development of the "mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorder in Non-Specialized Health Settings". This guide, released in 2008, has led to the efficient and effective use of the integration of collaborative mental health care and the specialized mental health services in many countries.

IV Why Primary Mental Health Care in Saskatchewan?

While Canada and Saskatchewan are classified as high income countries by the World Health Organization (Mental Health Atlas 2014), there are several issues in our province which have led to having adequate specialized mental health services and access to them very difficult. These include:

- A relatively small population in relation to geographic areas requiring services.
- Scattered small populations in rural and northern areas of the province
- A commodity-driven economy which has a regular cycle of economic upswings and downturns
- The need for specialized cultural services for indigenous and new immigrant populations, both growing faster than mainstream populations and not being well-served by mainstream services.
- The private, unfunded nature of many psychological, counseling, and alternative services that support mental health.

These are only a few of the many circumstances which make it very difficult to have adequate access through formal, mainstream services.

It also makes it all the more challenging to look at. In addition to well thought out and targeted enhancements of the formal system, resources put into organizing and enhancing linkages, and training for primary care mental health practices and shared or collaborative care could address these barriers.

V What Can Primary Mental Health Care Provide?

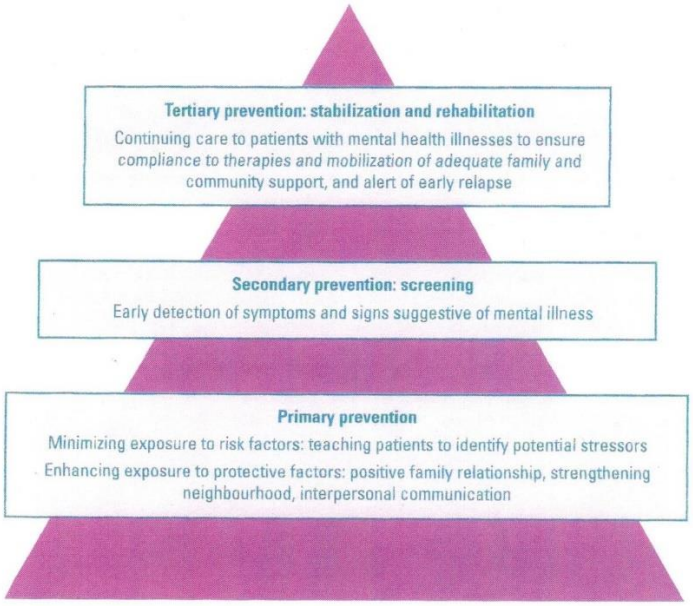
Health care can deliver the three tiers for prevention of mental illness (primary, secondary, and tertiary).

- **Primary Care** refers to preventing the onset of mental health illnesses.
  - This will be the most cost-effective way of managing the mental health burden. It is not always an easy task.

- **Secondary Care** refers to the identification of patients with mental illness at an early stage, so they could be managed with less complex treatment.

- **Tertiary Care** refers to the importance of good rehabilitation services for patients with mental illness, to stabilize their conditions and avoid further deterioration.

The illustration below shows the three tiers of prevention for mental illnesses (primary, secondary and tertiary prevention). Primary care is the ideal setting to provide services for the full range of care, with effective articulation between different levels of care in a clinic and interfacing with community resources close to the patient when needed.



(Ivbijaro, 2012, Fig 7.2, p.128)

In low and middle-income countries, specially trained health care workers administer a range of effective treatments, including problem solving, psycho-education and some forms of psychotherapy, and more severe cases that respond well to antidepressants. Approaches such as cognitive behavioural therapy and problem solving can be simplified and adapted for delivery in primary care and through paraprofessionals.

The World Health Organization has recently formulated the mental health Gap Action Programme (mhGAP) and published an intervention guide intended for use by primary care and community practitioners in these countries. Closer collaboration between the specialist mental health services and primary care services is necessary if scarce resources are to have optimal use.

It is necessary to recognize the social determinants of health, and work towards a change in health-care and social systems. Some examples of such determinants of health may include: poverty, abusive relationships, and family job responsibilities. As well, the education of doctors would ask that clinicians consider not only presenting symptoms but also the influences on health – the environment in which people live and the importance of work, for example – in assisting patients to return to good health.

Closer collaboration between primary care and specialist mental health services

- *Stepped care* is an arrangement in which only the most severe cases of Common Mental Disorders (CMDs) are referred to specialist mental health services, but most cases are treated entirely in primary care, with less-costly interventions for milder disorders. It has been shown to be effective in several countries.

- *Shared care* refers to involving primary care in the management of people with severe mental disorders. It has also been shown to be cost effective in a range of countries, and is an appropriate response to the de-institutionalization of those with chronic severe mental disorders. In some settings, the specialist service can contribute to management electronically.

- *Collaborative care* is a somewhat more involved version of shared care, and may be applied to those requiring specialized psychological interventions along with those with chronic physical illnesses. It has now been evaluated in both high and low-income countries, and has also been shown to be cost effective. (Ivbijaro, 2012, p.29)

Implications for primary care practitioners

- Collaborative care refers to a wide range of therapeutic arrangements, but they have in common that care is provided by a non-medical health care professional who works in association with both the physician in primary care and the mental health service.

- In high-income countries, very good results have been reported for patients with chronic physical disorders that lead to a comorbidity of depression. In these cases, the depression may not respond to the usual treatments, but responds to treatments in primary care. (Ivbijaro, 2012, p.33)

VI The Determinants of Physical and Mental Health

- Over the last 30 years, the concept of health has changed from a lack of disease, to be cured by members of the medical sector to one where physical and mental health result from interactions of biology and the conditions in which people live and work. The social determinants of health (SDOH) model considers the conditions in which people are born, grow, live, work and age, and which are shaped by the distribution of money, power and resources at the global, national and local levels. The SDOH framework defines the factors that shape health, calling for more effective partnerships across organizations and levels of society to address those factors. These influences include lack of income, inappropriate housing, unsafe workplaces, and lack of access to health systems, for example. Public mental health uses these approaches in the field of mental health. (Ivbijaro, 2012, p.6)

- Research has increasingly highlighted the interaction between a genetic predisposition and an environmental trigger and the environmental influences acting directly on gene expression.

- To create a foundation for good mental health later in life, attention needs to focus on key developmental stages and transition points, with additional priority accorded to the importance of a healthy start in the early years.

- Many mental health problems have common risk factors; interventions that successfully address these risk factors may have beneficial effects for a number of disorders.

- Trauma-Informed care would be implemented in all levels of support services. Trauma-Informed care refers to a strengths-based approach that is grounded in an understanding of and responsiveness to the impact of trauma. It emphasizes physical, psychological, and emotional safety for both providers and survivors to rebuild a sense of control, choice, and empowerment.

- A better understanding of the environments in which patients live and that contribute to poor health outcomes is an important aspect of primary care. Primary care practitioners have the most frequent access to patients and, as such, have opportunities for early detection and treatment of signs of mental distress that result from an individual's environment. In addition, general practitioners (GPs) and their primary health care teams play a central role in promoting physical and mental wellbeing for all age groups.

VII Advocacy – A Key Component of Implementation of Primary Mental Health Care

Mental health advocacy began with the families of people with mental disorders making their voices heard. This was followed by contributions from people with mental disorders themselves, and then supported by mental health professionals and various organizations.

- The emergence of mental health advocacy has contributed to changing society's perceptions of people with mental disorder, and hence reducing the stigma, but more needs to be done.

- Advocacy for mental health is needed at all levels of the health care system and government.

- Overcoming stigma in primary care mental health may require interventions beyond primary care, and involve people with mental health problems in their design and delivery.

- To effectively tackle stigma in primary care, primary care professionals need to improve their effectiveness and confidence at helping people with mental health problems.

- The media play a key role in shaping people's attitudes and may be a key ally in tackling mental health stigma. (Ivbijaro, 2012, p.48)

WHO further notes that:

> "*Advocacy is an important means of raising awareness on mental health issues and ensuring that mental health is on the national agenda of governments. Advocacy can lead to improvements in policy, legislation and service development." (WHO, 2003)*

Primary advocacy concerns that will have to be addressed as mental health services are integrated into primary care are:

- The danger that adequate and effective diagnosis, treatment and recovery of people living with mental illness will not receive a parity level priority within the general and primary health care system.

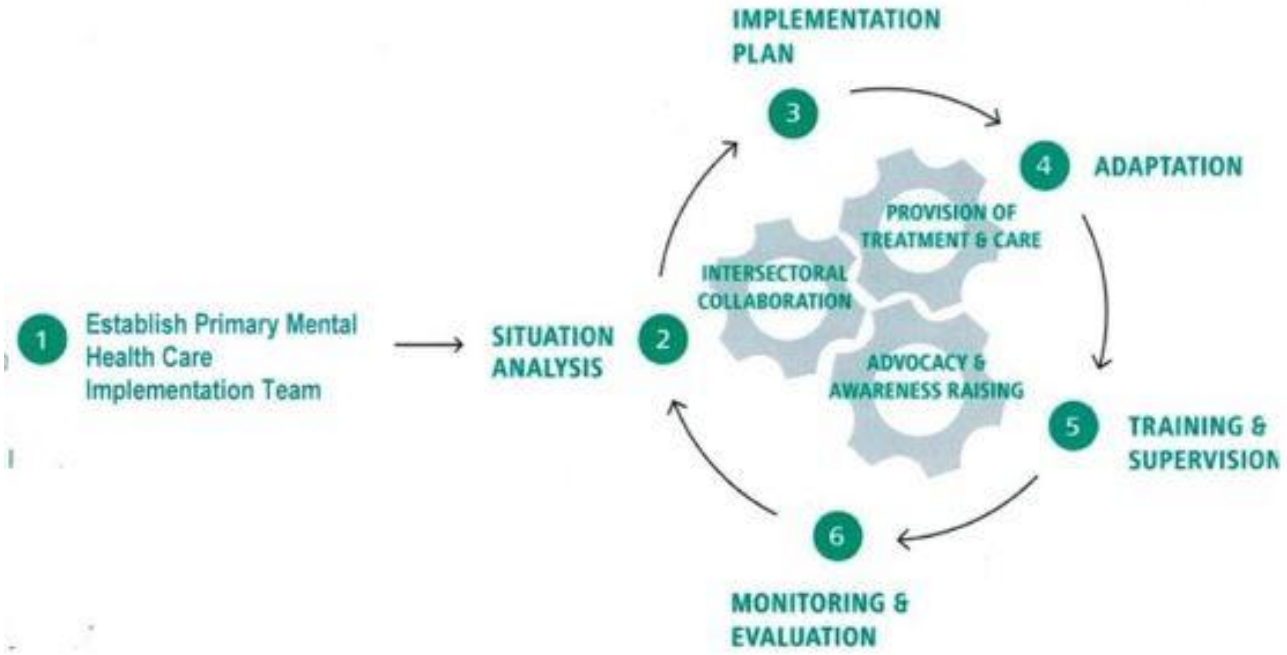
- The potential that primary health care workers in all disciplines (particularly in low-income countries) will not receive adequate training and education to effectively diagnose and treat people with mental health problems, especially the more serious disorders such as severe depression, bipolar disorder and schizophrenia.

- The complexities of providing culturally competent mental health services to ethnic minorities and immigrant groups in increasingly multicultural communities and service settings.

Each of these advocacy concerns is significant in its own right. Together, they offer potential major public policy and service delivery challenges to effectively integrating mental health services into the primary health care systems of Saskatchewan. All will require well-planned and united advocacy on the part of all sectors of the primary care and mental health communities, if accessible and affordable mental health services are to be available to those who need them.

The engagement of patients and families, who carry much of the responsibility for helping people living with mental illnesses to manage in the community, and of the advocates who work to influence mental health policies, is critical during this time of change, reform and limited resources. This issue presents a major challenge for many primary care practitioners, who may not be familiar, or comfortable, with the activist nature of many mental health service users and their family members. (Ivbijaro, 2012, p.49)

VIII What is Required to Implement a Primary Mental Health Care System?



(WHO, 2017, p.152)

IX Next Steps towards Implementation

As part of funding of the Mental Health and Addictions Action Plan, federally and provincially matched dollars from all ministries involved could be utilized to best advantage.

A) Establish a “Blue Ribbon” Oversight Committee which would include formal system and community-based professionals, persons with lived experience, family members, and ministry staff from the Ministers involved in the Mental Health and Addictions Plan. This Oversight Committee would establish the principles of implementation of the Collaborative Integrated Care Directorate and review progress and make recommendations for improvement and regular, ongoing intervals.

B) Establish Collaborative Primary Mental Health Care Implementation Team to ensure coordination and education for need of all implementation steps.

C) Conduct a thorough review of all legislation governing various professions and disciplines, as well as peer supporters, to find ways and means to encourage collaboration between professionals and minimize any barriers to that end.

D) Review methods of professional compensation to encourage collaboration and remove any barriers to payment when physicians, nurses and others collaborate regarding a particular client or clients.

E) Implement peer support initiatives whereby supporters with lived experience assist with others in a meaningful, therapeutic way, and that these peer supporters are compensated for their value added to the team.

F) Review compensation methods to ensure seamless compensation to encourage use of telehealth to enhance diagnoses and treatment of persons, particularly in the northern and rural areas of the province.

G) Conduct a focused recruitment campaign to attract and support Nurse Practitioners (NPs), including Psychiatric NPs, who will work with a team of other NPs and a psychiatrist to dramatically increase:

   i. the number of persons to review and adjust medications,

   ii. the number of persons screened and admitted to hospital if necessary,

   iii. provision of timely awareness of changes in a person’s psychiatric needs.

H) Establish ways and means with appropriate supports made available to enhance the array of Community Based Organizations (CBOs) who, with a very cost effective enhancement to funding, could provide a great deal of preventative and

supportive work to keep many persons from having to access expensive and scarce formal system programs.

I) Ensure that innovative methods of providing services are incorporated as the above are rolled out (ie: Psychiatrists, Nurse Practitioners, Psychiatric Nurse Practitioners, Peer Supporters, and Social Workers) available after hours and located in appropriate CBOs to reduce the “9-5 Syndrome” of service availability and reduce dependence on emergency rooms.

X Conclusion

There is no question that the formal mental health system does need, and will continue to need, resources as the province continues to grow. The Collaborative Primary Mental Health model proposed above will slow the pace of that demand, and should dramatically improve access to services, especially in rural and northern areas.

The Canadian Mental Health Association stands ready to assist with the implementation of this critically important plan for a responsible mental health and addictions system, in any way possible.

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