TOWARD GREATER EQUITY AND RESULTS FOR MENTAL HEALTH IN QUÉBEC 2012

Report on the Performance Appraisal of the Health and Social Services System

Summary

Commissaire à la santé et au bien-être
Québec

SUMMARY OF THE REPORT

The Commissioner's report includes 5 major recommendations and 15 specific actions to improve the performance of the health and social services system in the area of mental health, with the goal of building upon the achievements of recent years and better responding to individuals' needs. After numerous consultations, the Commissioner identified values and principles on which there was consensus, such as solidarity, equity, acceptance of differences, patient participation, and respect for patients' rights. These values and principles, which reflect a social vision that is open to change, shaped the development of the Commissioner's recommendations.

This report underscores shortcomings that justify reviewing the way resources are allocated to develop the right mix of services. For that purpose, evidence-based data on best practices helped demonstrate the added value of psychotherapy in helping those with mental health disorders, and the importance of taking intersectorial actions to aid mental health recovery and accurately measuring the effect of such efforts. The report emphasizes the critical role that the Minister of Health and Social Services must play in clearly communicating how important it is for our society to promote mental health and prevent related disorders, strive to end stigmatization, and deploy effective services to help sustain mental health recovery of afflicted individuals.

HISTORY AND BACKGROUND

In recent decades, the mental health sector has made substantial strides to reform its health care services more effectively and compassionately. This gradual transformation of mental health services in Québec has been consistent with a growing awareness of institutionalized patients and the discovery of new, effective treatments and approaches that take a broader view of mental health, particularly the possibility of treating afflicted individuals in their own communities.

In 2004 as part of a major health care system restructuring, health and social service centers with a territorial responsibility (CSSS) and local services networks (RLS) were established to make primary care more accessible, better coordinated, and readily available. Adoption of the *2005-2010 Mental Health Action Plan* (*MHAP 2005-2010*) endorsed this orientation, focusing on the consolidation of primary care services (access and continuity) for those with mental health disorders.

In a 2010 report, the World Health Organization estimated that mental health problems affect 450 million individuals worldwide–but that figure may be just the tip of the iceberg. Indeed, stigma associated with mental illness and the lack of adequate services may cause a majority of countries to underestimate the prevalence of these problems. Finally, Canada's mental health strategy, *Changing Directions, Changing Lives*, which was unveiled in April 2012, represents the culmination of numerous pan-Canadian initiatives and clearly shows a convergence of substantial new perspectives to "bring mental illness out of the shadows."

When it comes to conceptual frameworks, psychiatrist George L. Engel's biopsychosocial model, which represents a way to integrate various schools of thought, has greatly impacted mental health approaches used over the past 35 years. Yet, the Health and Welfare Commissioner has also noted the significant role that social determinants of health can play in mental well-being, and has taken inspiration from this new health paradigm.

THE COMMISSIONER'S APPROACH

The appraisal of the health and social services system's performance vis-à-vis mental health was done using recent scientific reports, studies, documentation, and analyses. Indicator analysis – based on research conducted with various sources to identify advances and sensitive areas for intervention – was completed by numerous targeted consultations. Interviews were conducted with nearly 250 individuals (clinicians, experts, decision – makers, managers, and mental health service users and their families) as well as representatives from 39 associations, groups, and professional regulatory bodies. Citizen voice – primarily through the Commissioner's consultation Forum – and ethical considerations, played a predominant role in shaping the Commissioner's work and recommendations.

MAIN FINDINGS

Quebec relies on a significant number of achievements in mental health:

- Thousands of dedicated caregivers
- Approximately 420 mental health organizations at the community level
- 90 trained peer helpers for mental health teams (former patients)
- A growing number of services that are community-rather than hospital-based
- Improved regulation of the mental health sector, especially for the practice of psychotherapy
- Widely recognized guidelines and actions promoted by MHAP 2005-2010
- Centre national d'excellence en santé mentale: A Québec-wide center for mental health excellence that provides services for intensive case management and variable support teams (ICM/VS) and primary care
- Throughout the province, diverse groups of experts dealing with such mental health issues as stigmatization, workplace integration, etc.

The appraisal of the performance of the health and social services system conducted by the Health and Welfare Commissioner revealed that, despite agreement on the orientations set forth in the MHAP 2005-2010 and the sizeable gains that have occurred where planned efforts were carried out, implementation of *MHAP 2005-2010* has yet to be fully achieved. Other findings were documented as well:

- Stigmatization remains a very real issue for those dealing with mental health disorders; persons whose medical records include actual diagnoses report experiencing negative consequences, particularly with regard to the way they are viewed by others.
- Investments and concerted efforts to address health promotion and prevention of mental health disorders are lacking.
- There are considerable gaps in services for younger people, particularly those meant to ensure a smooth transition to services tailored for adults.
- Families of the mentally ill face countless obstacles and frequently express frustration over their inability to properly help their loved ones; they are especially concerned about legal procedures pertaining to protective custody and treatment order, and the sometimes overly rigid application of confidentiality policies.
- General practitioners don't receive enough support to ensure continuity of care in mental health and the utilization of services provided by various health and social work professionals is non optimal.
- Access to interventions that are known to be effective is not equitable; whereas there exists a consensus that too few alternatives or complements to drug therapy exist for mental health disorders.
- Services for those with severe mental illness in order to integrate them into the workplace or educational environments are insufficient, as is access to housing.
- The compartmentalized "silo-style" workplace and its fragmentation are complicating the integration of diverse mental health services.
- There are not enough indicators and evaluations to ensure follow-up in the mental health area.
- Community organization funding does not reflect a priority commitment as stated.

FIVE MAJOR RECOMMENDATIONS

The Commissioner's reflection consists of five major orientations. Each recommendation includes an analysis of the problem addressed and specific courses of action.

RECOMMENDATION 1
MAKE THE HEALTH AND SOCIAL SERVICES NETWORK A PREFERRED LEVER TO DRIVE THE FIGHT AGAINST STIGMATIZATION

Many people grappling with mental health disorders do not seek help because they fear stigmatization – being seen in a negative light can cause more suffering than mental illness itself. For 10 years, we have advocated that mental health disorders are health problems just like physical ailments. But this is not enough to change perceptions. The best strategy for lessening

the stigma associated with mental illness appears to be direct, personal contact – either socially or professionally – with those who are experiencing such problems

Strategies to counter stigmatization must put people in contact with those who can relate their experiences regarding mental illness and recovery. Projects based on such strategies have been introduced in settings where the risk of stigmatization is high, such as secondary schools, police stations, and the workplace. De-stigmatization initiatives or efforts must also hinge on input from mental health services users and their families, so messages and objectives are properly targeted and formulated.

It is true that stigmatization is experienced within the family circle, but it is also within the provision of health and social services, since the health sector reflects the society as a whole. Health professionals are thus targeted here, because they can play a front line role in countering the stigmatisation of their patients. It has indeed been shown that, in the health and social services network, people with mental health disorders may be treated differently than those with physical ailments. As a result, some individuals may not be heard relative the physical problems from which they may suffer as well.

Suggested actions:

- Ensure the availability of information programs to all health care providers in the health and social services network to increase awareness of the realities experienced by persons with mental health disorders and their surrounding family and friends.
- Diversify strategies for fighting stigmatization within the health and social services network, while promoting the contact strategy and emphasizing peer helpers recruitment within mental health teams.

RECOMMENDATION 2
FOSTER CONCERTED ACTIONS IN HEALTH PROMOTION AND MENTAL HEALTH DISORDERS PREVENTION BY TARGETING CHILDREN AND YOUTH UNDER 25 YEARS OF AGE

Mental health problems represent one of the major chronic illness challenges of our times. Most of these problems – that is, between 70% and 80% – appear in early childhood, adolescence, or young adulthood. If not detected early and treated effectively, they can interfere with the social, educational, and professional lives of persons with mental health disorders. These problems drive up utilization of health and social services thus incrementing other costs such as workplace absenteeism, relapses, chronicity, and the incidence of suicide and excess mortality, which is why it is important to take swift action to reduce the negative effects associated with mental health.

There are many programs and initiatives in place to address health promotion and mental illness prevention, but an overarching vision is lacking. That is why the Commissioner – following the example of over 375 Québec organizations during Mental Health Week in spring 2012 –

recommends that the Minister of Health and Social services implement a policy for promoting mental health and preventing mental health disorders.

The literature review and the Commissioner's consultations bring forth the conclusion that although health promotion and mental health disorders prevention initiatives should addressed to the population as a whole, they should target specifically children, adolescents and young adults. The available evidence demonstrates a definite return on investment.

Suggested action

- Develop and implement a Québec strategy in health promotion and mental health disorders prevention, concentrating on children and young people under 25 years of age.

RECOMMENDATION 3
ENCOURAGE COLLABORATION TO CONSOLIDATE PRIMARY CARE IN MENTAL HEALTH, BY ADAPTING THE SERVICES AVAILABLE TO THE YOUNG AND ENHANCING PARTICIPATION WITHIN THE COMMUNITY

The big reforms of the past 30 years are part of a worldwide trend elevating primary care to prominence. The stakeholders consulted deemed the mental health action plan (MHAP 2005-2010) coherent and compelling, and did not question its inherent direction. However, it has not been fully implemented or consistently rolled out across all regions. Many challenges remain, namely how to consolidate primary care for mental health services, work closely with young people experiencing mental health disorders, and recognize the significant complementarity and contribution of community organizations working in mental health.

MHAP 2005-2010 called for the establishment of mental health teams and corresponding access mechanisms – single window access or "guichets d'accès" through CSSSs – but their introduction has varied widely from region to region, and response delays fluctuate widely, from 10 to 46 days as a range. Moreover family physicians are extremely isolated in mental health, although they are the gatekeepers to treatment for 70% of those with common mental health problems (anxiety, depression) and 40% of those with serious issues such as schizophrenia. In addition, over half of family physicians feel they are out of touch with other mental health service providers, and 90% are believed to have no relationship at all with community organizations and crisis centers. This situation creates obstacles to collaborative care, which is known to be clinically effective and to reduce costs. General practitioners were satisfied with new incentives that allow psychiatrists to respond as expert resources for them and primary care mental health teams on site face-to-face or from a distance, even though these recent measures are in their initial phases. To resolve matching and coordination issues in health delivery, the Commissioner felt it was necessary to systematically deploy formal liaison mechanisms between service providers in the field, to improve continuity and spur the adoption of a more coherent approach to effectively monitoring those with mental health disorders.

In Canada, nearly 40% of adults experiencing mental health issues seek help, but only 25% of 15 to 24 year olds do so, due to obstacles in getting assistance and the challenge of reaching out

young people. The problem of shifting from youth to adult psychiatric care also deserves attention to avoid harmful interruptions in care for young people, while approaches and protocols are available to ease such transitions.

Local community organizations are working with the mentally ill, empowering and supporting them along their paths to recovery and social integration, and also working with their families through a range of complementary services beside what is offered by the public network. Greater use of these services means fewer hospitalizations and lower costs. Of the Ministry of Health and Social Services (MSSS) mental health program budget, 8.8% was allocated for these expenditures, while the target was set at 10% by MHAP 2005-2010. However, variations from a region to another are significant and many crisis centers report that they have had to restructure their services supply.

Suggested actions

- Achieve full deployment of primary care mental health teams and single window access (*guichets d'accès)*, as stated in MHAP 2005-2010.
- Increase the number of "responding" psychiatrists active in CSSS catchment areas.
- Systematize the implementation of effective, formal liaison mechanisms between the various mental health care providers.
- Develop innovative strategies and approaches to reach out to young people aged 16 to 25 in mental health.
- Revisit mental health care supply for the 16 to 25 year old cohort to ensure a flexible transition into services for those aged 18 and up.
- Increase mental health funding for community organizations to the expected level specified in MHAP 2005-2010.

RECOMMENDATION 4
ENLARGE PUBLIC INSURED SERVICES IN MENTAL HEALTH BY ENSURING AN EQUITABLE ACCESS TO PSYCHOTHERAPY

Slight or moderate mental health disorders are increasing sharply, both in Québec and the world over, with considerable impact on lives, health care costs and productivity loss. Yet prescription drugs are often the only option chosen to deal with such issues, even though evidence-based data have clearly demonstrated the effectiveness of psychotherapy as an alternative or complementary treatment.

In Québec therefore, the availability of psychotherapists does not seem to be the main issue – the province has nearly 8,000 psychologists, not counting other health professionals, like physicians, who are skilled in providing psychotherapy. The issue, rather, is the unfair access to this type of intervention: individuals with higher incomes or relying on an insurance plan can

benefit from psychotherapy in the private sector, whereas others need to wait several weeks – or even months – to receive it in the public sector. Thus access to psychotherapy is currently limited to those who can afford it. Ensuring access to psychotherapy services would not only make it possible to meet the needs and preferences of persons afflicted with mental health disorders, but also to reduce inequalities and economic costs generated, lessening reliance on certain health care services and improving system performance. A meta-analysis disclosed that psychological interventions could result in overall medical service savings in the range of 20 to 30%.

Although expanded access to psychotherapy services may be costly in the short run, it represents an investment over the long term. Countries that have made such services accessible have demonstrated that better access to psychotherapy pays for itself in the form of lower mental health – related expenditures (employment insurance and medical expenses, for example) and increased government revenues (taxes collected after a return to work, improved productivity, etc.).

Two models or different approaches for increasing access to psychotherapy can be derived from the United Kingdom and Australia, although they differ with regard to the way services are delivered and financed. In effect, the U.K. favors integrating the largest number of psychotherapists into the public network, while Australia opts for a mixed private–public model.

Suggested actions

- Assess various models that would entitle individuals with mental health disorders to gain access to psychotherapy if it is required by professional standard.
- Determine funding modalities for implementing such a measure.

RECOMMENDATION 5

TAKE ON A STRONG GOVERNMENT LEADERSHIP IN THE MENTAL HEALTH SECTOR TO PROMOTE SOCIAL PARTICIPATION AND FOSTER DEVELOPMENT OF A CULTURE OF CONTINUOUS IMPROVEMENT

Despite the fact that some individuals with severe mental health disorders are out of institutions, quality, continuous, services, offered intensively must be available in the community. This makes for a significant reduction in the number and duration of hospitalizations and symptoms, improvement of residential stability, more people back in the workplace, and a lesser risk of homelessness, court referrals, and substance abuse, with their impacts on quality of life. Programs are in place to effectively meet people's needs – but they are not available everywhere. They consist of assertive community treatment (case management several times per week, if needed) that provides the afflicted persons with ongoing support to prevent their situation from deteriorating. Variable intensity support represents another important key intervention mode in the community. Deployment of the teams providing assertive treatment and variable intensity support services differs greatly from one region of Québec to another.

Evidence shows that by helping the afflicted person with severe mental health disorders–through educational assistance, workplace integration, and independent supported living facilities–we can ensure that they really participate to life in society. Such measures basically enhance their recovery by more autonomy, thereby reducing health and social services utilization as mentioned above. To bring about implementation of intersectorial solutions, the efforts of concerned governmental partners must be combined. In fact, workplace integration of those with severe mental health disorders remains a complex problem, since up to 90% rely on social assistance as their sole source of income. Much remains to be done before social integration measures are thoroughly implemented.

As the Commissioner documented it in previous reports, reliable data and indicators attesting to results achieved by the health and social services system and to the quality of services addressed are lacking in this new mental health report. The Commissioner's consultations revealed that a large majority of those in the mental health sector feel it is essential to develop and support a culture of continuous improvement to ensure that expected results are obtained and corrective measures applied in a timely manner. To do so, it is important to consolidate existing mental health sector performance indicators, establish new indicators that better attest to overall sector performance, and introduce methods for collecting standardized data.

Solutions for improving health care and services are known–but not easily implemented. Government leadership, spearheaded by the Minister for Health and Social Services, is therefore required to regroup all efforts in the right direction.

Suggested actions

- Continue – and step up – the implementation of teams providing assertive community treatment and variable intensity support throughout CSSS catchment areas in Québec, for those with severe mental health disorders.
- Collaborate with concerned partners to ramp up measures encouraging education support and employment integration, so as to better meet the needs of those with mental health disorders while contributing to their recovery.
- Work with concerned partners to help establish more independent supported housing.
- Prioritize the development and consolidation of mental health indicators–particularly those measuring response to needs and results attained with regard to the health and welfare of individuals with mental health disorders–to further ensure their deployment.

CONCLUSION

More than two years of work on this subject and hundreds of one-on-one encounters have left the Commissioner more convinced than ever that urgent action must be taken in the mental health sector. Shortcomings in the array of available services also point to the need to review current mental health funding to better respond to needs and improve performance in this sector.

The Commissioner was particularly struck by the hardships experienced by mentally ill persons and their families, and also the tremendous potential benefits of getting them increasingly more involved in the organization and supply of the health and social services network.

Many view the situation of the mentally ill as a question of equilibrium: How can respect for individual rights and autonomy be balanced with family caregiver and health personnel responsibility to step in for the benefit of their psychological health and social integration? All in all, this important challenge comes back to the issues of user participation, his recovery, and the equitable access to diverse mental health services.

SELECTED FACTS

- Depression is expected to become the leading cause of mortality worldwide by 2030.
- One in 5 people are likely to experience mental health problems during his or her lifetime.
- Anxiety-depressive disorders represent nearly two-thirds (65%) of mental health disorders.
- According to the World Health Organization, 50% of mental health disorders develop before age 14.
- At some point during their lifetime, 23% of Quebecers age 15 and up experience at least one form of anxiety (panic disorder, social phobia, agoraphobia) or mood disorder (depression, mania).
- 45% of those in youth centers are thought to have been diagnosed with mental health disorders.
- According to Statistics Canada, 60% of people do not seek help because they lack understanding of mental illness or fear stigmatization.
- The less well-off in the population are more at risk due to more stressful living conditions and fewer protective factors.
- Nearly 70% of homeless persons have at least one psychiatric problem, if alcohol- and drug-related issues are included.
- Depression is linked to 50% of suicide cases.
- Persons afflicted with mental health disorders are at greater risk of developing physical illnesses.
- Nearly 60% of those with depression are also affected by chronic illness such as diabetes and hypertension.
- In Canada, spending related to mental health problems reach $48.5 billion per year, if indirect costs are included (sick days, short-term disability, loss of productivity, etc.).