

**Central West LHIN**  
**Mental Health and Addiction 10-Year Strategy Consultations**  
**with the Public and Service Providers**  
*Executive Summary*

Central West LHIN conducted consultations on Mental Health and Addictions 10-Year Strategy that took place in April 2009 with the Public and Service Providers. The discussions aimed at the following five major themes:

1. **System Design:** Designing a functional, integrated, results-based system with a focus on quality improvement that meets needs through enhanced capacity, access, connectivity and flow
2. **Healthy Communities:** 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
3. **Consumer Partnerships:** To use the insight of people with lived experience as the guidance for the design of a MH&A system that supports a range of consumer relationships and ensures consumer inclusion and choice.
4. **Building Capacity and Competencies:** Ensuring the right people are in the right places at the right time, and inclusion of health providers, peers, families and the broader community
5. **Early Identification and Intervention:** To reduce the impact and harm of mental illness and addiction by building on opportunities to enhance early identification and intervention, and including identifying investments to reach the largest populations, utilizing existing models and web-based innovation making links to health promotion

In the following is a summary of the findings from these discussions.

**1. System Design:**

1.1 The most important things that would improve access to mental health and addictions services are:

- Widespread education and community awareness about mental health and addictions
- Increased knowledge of where/how to access services
- Clear points of entry to service from community-preferred locations
- Visible well-coordinated first contact with 'navigation' at point of information
- Need for an integrated crisis response system with a well-publicized accessible crisis hot line number
- Multi-service HUB that would provide a range of supports –crisis support, employment counseling, self-help, education, recreation and social connections, yoga, and meditation.
- Educate professionals about mental health and addictions (primary care physicians, teachers, police officers.. etc)
- Responsive and pro-active outreach and engagement services
- Affordable or free transportation to allow people to access services
- Change laws regarding access to treatment and consent for family members who would like to help their adult relative
- Build cultural competence in agencies/services so that diverse cultural groups feel comfortable accessing services

1.2 There are changes that need to be made to the current system to improve capacity and better integrate services and support:

a. Capacity:

- Population-based funding approaches so that service levels are adequate for population

- Build capacity in primary-care settings to offer and link to quality mental health and addictions response
- Better matching of needs with levels of service intensity
- Special service enhancements: clinical mental health diagnosis, assessment and support, outreach, and follow-up case management, then the full range of networked crisis and other community-based supports, connected with primary care services.
- Build community capacity of the front line in associated sectors, existing agencies/resources, reach-out resources... etc.

**b. Integration:**

- Integrated and formalized partnerships to be accountable for collaborative delivery, quality outcomes, performance monitoring
- Coordinated, centralized access processes and location
- Integrated 'one team' practice approaches at the individual level
- Integration of mental health, addictions, primary care services though shared of collaborative care approaches

**2. Healthy Communities:**

2.1 Top three factors to support health:

- a. Income/Financial Health/Employment
- b. Social connections and networks
- c. Having purpose and valued personal and community roles

2.2 Necessary changes to achieve improved outcomes in these three areas:

- a. Income/Financial Health/Employment
  - Reform the Income Maintenance System (Ontario Works, ODSP and CPP)
  - Develop a Provincial Anti-Poverty Strategy with particular attention to the marginalization of individuals with mental health and addictions issues
  - Engagement and availability of transitional employment and supported training
  - Workplace modifications and improvement to consider mental health issues
- b. Social connections and networks
  - 'Stigma-busting' and community inclusion
  - Embed a peer support strategy as core foundation for mental health and addictions system
- c. Having purpose and valued personal and community roles
  - Volunteerism as a first step to recovery
  - Service providers commit to increased roles within the sector – "Walk the talk!"
  - Commitment to building and resourcing 'routes to employment'

2.3 Other Critical Social Determinants of Health:

- Affordable and sustainable housing
- Wellness, Prevention and Self Management: Shift from pathology to wellness focus to engage, educate, and enhance personal health

**3. Consumer Partnerships:**

3.1 The "three" most important things that we need to do to facilitate consumer partnerships, peer support and mutual aid:

- Embed recovery approaches and a strengthened consumer resource base across the mental health and addictions system
- Develop a genuinely consumer-driven system
- Train peer support workers and facilitators

3.2 To ensure that people can direct their own care, and have input about how services and 'the system' needs to work, driving the system because they know about it, and it matters to them:

- Position them with status as 'experts' through consumer participation and consumer-driven planning and delivery
- Involve users such as teachers/consultants

#### **4. Building Capacity and Competency:**

4.1 The three most important things that we need to do to achieve this goal:

- Commit to population-based funding allocations to ensure funding of core services
- Establish core competencies and related practice guidelines
- Develop and implement a professional education and knowledge exchange strategy
- Develop a human resource strategy for mental health and addictions professionals

4.2. To create the necessary conditions to sustain quality delivery of mental health and addictions services over the long-term:

- Ensure adequate capacity to keep pace with demand and allow quality delivery
- Build a quality-driven system to raise the standards
- Build community-level accountability mechanisms

#### **5. Early Identification and Intervention:**

5.1 Early identification and early intervention make the biggest impact (i.e., reach the most people) at:

- Communities – the general public
- School communities and youth
- Primary care providers
- Other community professionals and associated sector providers

5.2 The single biggest obstacle (e.g. Policy, structural or system) for achieving this goal:

- Stigma and lack of awareness/education available to reduce stigma
- Lack of early intervention policy commitment
- Lack of funding to increase core services, for up-front early intervention, and for prevention, health promotion and public education
- Lack of committed passionate leadership
- Attitude towards and lack of experience in diagnosing and supporting concurrent disorders