PUTTING PEOPLE FIRST

THE REFORM OF MENTAL HEALTH SERVICES IN ONTARIO

RA
790
.7
MOH
1993
Copy 2
(GC 0348)

Ministry of Health
Ontario

Ontario

Office of the Minister

Bureau du Ministre

Ministry of Health

Ministère de la Santé

Hepburn Block
Queen's Park
Toronto, Ontario
M7A 2C4

416/327-4300

Édifice Hepburn
Queen's Park
Toronto, Ontario
M7A 2C4

416/327-4300

Message from the Minister

Putting People First is a policy framework for the transformation of mental health services across Ontario. As a government, we are committed to establishing a mental health system that will recognize the unique needs of every person with a mental illness.

The framework reflects the tremendous efforts of many individuals and groups over the past several years. In particular, the Graham report of 1988, **Building Community Support for People: a Plan for Mental Health in Ontario**, provided a central focus for development of this policy.

To create a balanced and integrated system of services to care for all persons with mental illness, our first priority must be to respond effectively to the special needs of the seriously mentally ill. Whenever possible, we will work to provide assistance and services for them in their own communities.

We face a significant challenge, one that will require a high level of co-operation and co-ordination, among those who use mental health services, those who work in the mental health field, and friends, families and communities. I am confident the outstanding efforts that shaped this framework will also help us move forward in the difficult task of building a co-ordinated system of mental health services that put people first.

Ruth Grier
Minister of Health

Table of Contents

LIBRARY
CANADIAN MENTAL HEALTH ASSOCIATION
ONTARIO DIVISION
55 WELLESLEY ST. W., STE. 410
TORONTO, ONT. M5S 2S3
416-924-0911

We had been married for a few years and had a young child. My wife was always a bubbly, energetic person. For several days she had been in a state of constant energy. She was sleeping only two hours a night, and seemed very stressed.

She began to develop strange delusions and to yell. Then she ran away. When I finally tracked her down, several hundred kilometres away, I tried to take her to the hospital. She tried to escape and accused me of being an undercover policeman. I stopped at a small general hospital where doctors gave her medication that let her sleep.

A few days later I took her to a psychiatric hospital. By then her energy had been transformed into unbearable emotional pain. She was depressed, like "being in the bottom of a very deep black well," she said. She cried constantly and was suicidal. The doctor diagnosed bipolar mood disorder (manic depression) and prescribed drug therapy.

-continued

Introduction

About 1.5 million people in Ontario have some symptoms of mental illness. Of those, more than 75,000 are thought to be severely mentally ill. And the demand for mental health services continues to grow.

In 1992/93, Ontario spent more than $1.3 billion on mental health services — including psychiatric hospitals, general hospitals, community mental health programs, Homes for Special Care, and the services of psychiatrists and family physicians. In spite of this commitment to providing care, the system often falls short of meeting needs. Consumer/survivors and their families continue to have trouble getting the services they need. Because services are not well co-ordinated, consumer/survivors may be shuffled from one place to another, assessed again and again, and still not receive appropriate services. At the same time, the people who provide mental health services feel frustrated by the gaps and lack of co-ordination in the system.

To meet the mental health needs of the people of Ontario and make more effective use of resources, changes must be made in the way services are designed, organized and delivered.

The Government of Ontario is pleased to announce its 10-year strategy for reforming the province's mental health system. Its goal is a comprehensive, co-ordinated cost-effective system of services that puts people first.

- Instead of having consumer/survivors adapt to various unlinked and untargeted services, the people using the services will become the focus of the system, and services will be designed, shaped and targeted to meet their needs. People using the system will have more control and more choice.

- To meet mental health needs, the system will take a broader view, looking beyond traditional treatment services to the important roles that consumer-survivor/peer support and family support can play. It will also include services that reflect the broader determinants of health, such as supportive housing, income support and employment opportunities.

- The government is committed to providing equal access to care. More services sensitive to gender, culture and age will be developed to respond to the particular needs of women, people from certain ethnocultural groups, youth, aboriginal people and some older people. In the future, services will be determined by the person's needs, not simply by the diagnosis, and the needs will define how the services are structured.

- People with mental illness and those trying to help them are struggling with difficult problems at a difficult time. There are no simple solutions, and the available resources are limited. The process of reforming mental health services cannot take money away from other services that may help prevent mental illness — such as housing, employment and social supports. And the costs cannot be passed along to other ministries or organizations. Instead, the changes will be made by reallocating resources — money and people — within the mental health system.

To do this, Ontario must develop a strategy that will make full, innovative use of the resources we have — people, skills, expertise, knowledge, facilities and programs. This document describes that strategy.

I went every day to the hospital to be with her. It took her eight months to recover. We had to examine our lifestyle and change all the things that over-stimulated her or caused stress.

Two years later she suffered a relapse. We had to warn friends what to expect. The doctor adjusted her medication and a community mental health nurse visited often. Within two months, she had recovered.

Since then, she has had a few minor relapses. Each time they are easier for us to deal with. We recognize the early signs and react calmly, using prevention strategies we have developed.

With proper diagnosis, treatment , support and information, we have been able to live with this illness. Not everyone who has a severe mental illness is as fortunate.

A Vision of Health for Ontario

We see an Ontario in which people live longer in good health, and disease and disability are progressively reduced. We see people empowered to realize their full potential through a safe, non-violent environment, adequate income, housing, food and education, and a valued role to play in family, work and the community. We see people having equitable access to affordable and appropriate health care regardless of geography, income, age, gender or cultural background. Finally, we see everyone working together to achieve better health for all.

Premier's Council on Health Strategy, 1990

Background

The Need for Health Care System Reform

In its vision of health for Ontario, the Premier's Council on Health Strategy listed health care as only one of many factors that influence health. The council stated that if we want the people of Ontario to be healthier, we should be investing more money in other programs that have a direct impact on health — education, housing, employment programs, programs that create new jobs and new opportunities, and programs that protect and improve the quality of our physical and social environments.

Citing the examples of Japan and Sweden — countries that spend far less per person on health care than we do but whose citizens live longer and healthier lives — the Premier's Council recommended that Ontario use healthy public policies to improve health. For example, it suggested the province ensure people have secure jobs, provide opportunities for them to get a good education and make changes in the workplace that will allow them more say in their work.

Ontario has one of the best health care systems in the world, yet there are growing signs our system isn't working the way it should. For the past 10 years, spending on health care has increased significantly each year. Ontario is now spending $17 billion — more than 32% of the total provincial budget — on hospitals, physicians' services, laboratory tests, drugs and community-based services.

We might be able to justify this huge investment in illness care if the people of Ontario were becoming healthier. But that is not the case. A number of key studies over the past five years have shown that spending more on illness care doesn't necessarily improve health.

So, instead, the Government of Ontario has endorsed the vision of a system that focuses less on treatment and more on health, more on co-ordination than on growth, more on effectiveness than past practice, more on the community than on institutions, and more on people than on services. This vision is now guiding the reform of the entire health care system, including mental health reform.

The Need for Mental Health Reform

Perhaps more than any other part of health care, mental health services in Ontario are in need of reform. Over the years, they have received less attention than other parts of the illness care system.

The mental health system in Ontario is not really a "system." It is a collection of different services, developed at different times and managed in different ways. Although this is gradually changing, there is little co-ordination among the different services: the provincial psychiatric hospitals, the general and specialty hospitals, the community mental health programs and OHIP-funded services. In fact, these services have often been described as the four solitudes of mental health.

Mental Health Services in Ontario

Currently, there is no easy or clear way for someone to gain access to mental health services in Ontario. There are few linkages between or among the various services, so people are often assessed and reassessed in their search for the right care. There is no guarantee that, once into the system, a person will be referred appropriately or will receive the most effective service. To most consumer/survivors and their families, the "system" is like a maze. It consists of:

Ten provincial psychiatric hospitals, provincially owned and operated, each with a community advisory board. They provide highly specialized treatment, rehabilitation and reintegration services for people with mental illness. Some of these hospitals also provide services in other settings in the community. People are referred from all parts of the region to the hospital for care. However, when they are ready to be released, they tend to stay in the community close to the hospital, rather than return home. This is because the support services they need have built up around the hospitals, and are often not available in their home communities.

Four specialty psychiatric hospitals, transfer payment agencies operated under boards of directors. Each is unique and plays a different role depending on the community it serves. There has been little discussion about how these hospitals relate to the rest of the mental health system.

Sixty-five general hospital psychiatric units, funded as part of the global hospital budgets and operated by hospital boards. Under the Mental Health Act, these hospitals must provide inpatient, outpatient, emergency, day hospital, consultative and teaching services to the community. Over time they have developed other services to meet community needs.

Three hundred and seventy community mental health programs, transfer payment agencies, some operated by a free-standing board of directors, others by sponsoring agencies or hospitals that have community advisory boards or committees. According to a 1992 survey, these community organizations provide basically nine different types of programs: case management, social rehabilitation, housing, vocational, club house, psychogeriatric, crisis, day treatment and counselling. Services are often not clearly targeted, and there is great variation within regions and across the province.

The Homes for Special Care program, funded by the Ministry of Health. This program provides long-term housing for people discharged from provincial psychiatric hospitals in 346 settings in the province — some free-standing homes, some groups of beds in nursing homes. Most of the 3,000 people served by the program need ongoing daily care. The program is currently under review to ensure its integration with mental health reform.

Thirty-six consumer/survivor initiatives, funded by the Ministry of Health. These programs help people with mental health problems harness their own energies by providing self-help groups and economic development opportunities. According to early evaluations, those involved require less hospitalization than they did before, the programs are cost-effective, and the consumer/survivors who took part feel the services are of great value to them. A more detailed evaluation is now under way.

Psychiatrists and family physicians, funded by the Ministry of Health and regulated by their professions. Most people receiving either institutional or community-based care are referred to those services by psychiatrists and family physicians. About 8% of all physician billings are for providing mental health services.

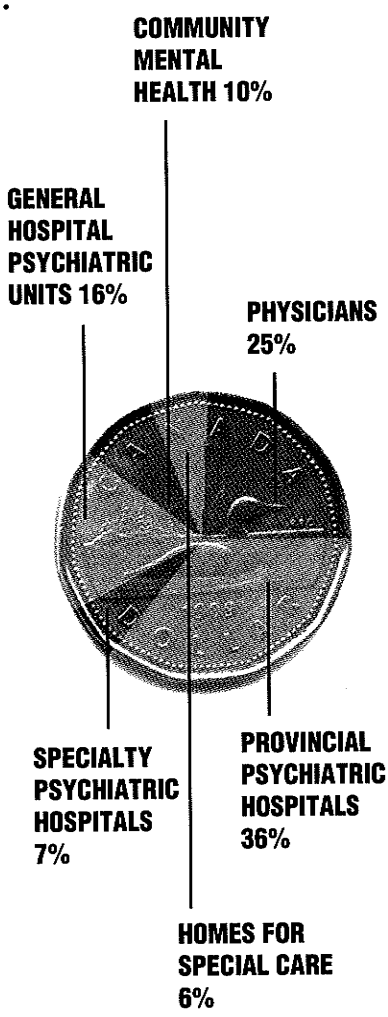
Balancing the Mental Health System

The majority of funding for mental health services is now spent on institutional or hospital-based services, which tend to dominate the system. Once released from hospital, consumer/survivors often find it difficult to link up with appropriate community-based services or consumer/survivor initiatives. Even when they are referred appropriately, there is a shortage of case management, crisis intervention, housing and other support services. Without adequate services in their communities, people with mental health problems are too often readmitted to hospital.

Instead of this fragmented group of services, Ontario envisions a balanced and integrated mental health system that will:

- provide a continuum of services from health promotion and prevention to supportive community-based programs to hospital care
- provide services as close as possible to where people live
- go beyond providing only services to provide social supports, such as consumer/survivor and family initiatives that help people help themselves
- meet the needs of all Ontario citizens, including those who have traditionally been under-served or inappropriately served, such as women. Other populations include aboriginal peoples, mentally disordered offenders, members of ethnocultural groups, francophones, youth, the elderly and people with dual diagnosis (e.g., with mental health problems and a developmental handicap, a physical disability or a substance abuse problem).

Ontario Spending on Mental Health 1991-1992



Why Will This Reform Work?

Over the past 20 years, many attempts have been made to change, reform or improve Ontario's mental health system. Most have failed to lead to better, more co-ordinated services. Some of the changes have, in fact, increased the pressure on other parts of the system, such as housing or welfare, or made it more difficult for consumer/survivors to get the services they need. Why should this reform be any different?

- Because we have learned from past mistakes. We know that you cannot fix a "system" by changing just one part of it.

- Because the providers know these are difficult times and are committed to co-operating to make the system work better.

- Because this strategy is the result of an extensive process of study, consultation and planning. It began with the Graham report, *Building Community Support for People*, in 1988. It continued with detailed plans developed by district health councils and psychiatric hospitals on roles, people served, types and numbers of services available, where they are and how they should be managed. The Ministry of Health built on the advice in these plans to develop this strategy for reform. At each stage, consumer/survivors, their families, providers, union representatives and other stakeholders have been involved.

- Because we have learned from others. From the experience in other jurisdictions, we know that providing alternatives to hospitalization in the community is the key to reform. In an integrated system of care, hospitals help support community services in keeping people in the community.

- Because we have set realistic and achievable targets for the reform as well as ways of measuring and assessing our progress. We will monitor the process carefully, making changes when necessary to ensure we achieve our goals.

- Because the timelines and targets for the reform are realistic. It can be done.

- Because we are building on and supporting successes and changes that are already occurring in the system.

Building on Our Strengths: the Good News About Mental Health in Ontario

In spite of the weaknesses in the mental health system, there are some positive trends. Dedicated people across Ontario have been working to develop a more responsive and co-ordinated system of care.

Between 1980 and 1990, the province's psychiatric hospitals reduced their number of beds by 15% (from 4,467 to 3,739) and used much of the resources saved to develop outpatient programs and new programs in the community. In addition, the funding for community-based mental health programs increased from $42.9 million in 1985/86 dollars to $130.2 million in 1990/91. Over the last four years, consumer/survivors have been directly involved in developing and delivering community-based programs.

As a result of these shifts in focus and funding:

- The Active Treatment Clinic at London Psychiatric Hospital, which began as a clinic to dispense medication to outpatients, is now providing case management services.

- New Dimensions in Community Living, in Scarborough, uses a team approach to provide an assertive, round-the-clock case management service for people with a history of mental illness. The clinical skills, social support and housing available through the program are helping people stay in the community and avoid hospitalization.

- Brockville Psychiatric Hospital's Assertive Community Rehabilitation Program works to discharge long-term patients into the community and to help them stay there.

- Habitat, a service for people with serious mental health problems living in boarding houses in Metro Toronto, helps residents improve the quality of their lives by teaching them daily living skills.

- Hamilton Psychiatric Hospital runs the Annex, a successful supportive housing program for people with schizophrenia.

- A range of independent consumer/survivor organizations — such as Abel Enterprises, a business co-operative in Simcoe, and A-Way Express, a Toronto courier service — successfully use self-help and other approaches to enable consumer/survivors to live in the community and maintain stable jobs. These organizations also advocate to improve services. In a time of restraint, these consumer/survivor initiatives are one of the basic building blocks of a comprehensive system.

- Oakville Trafalgar Memorial Hospital has worked with families of people with chronic schizophrenia to develop a successful family support and education program.

- Twenty-five per cent of the staff at Queen Street Mental Health Centre work outside the hospital at sites in the community.

While these are small steps, they are steps in the right direction: a better mix of institutional and community care for people with mental health needs. They are signs of mental health reform already in action.

The following describes the mental health strategy and how it will build on these successful local initiatives.

Mental Health Reform

The Principles Guiding Mental Health Reform

Mental health reform has been guided by the following principles:

- tailoring services to needs
- providing services that are sensitive to gender, culture and race, and to the special needs of vulnerable groups
- as far as possible, enabling people with mental health problems to remain in the community, using hospitalization only when clinically necessary
- providing more community and informal supports, and integrating them with other services
- ensuring equitable access to services.

Vision

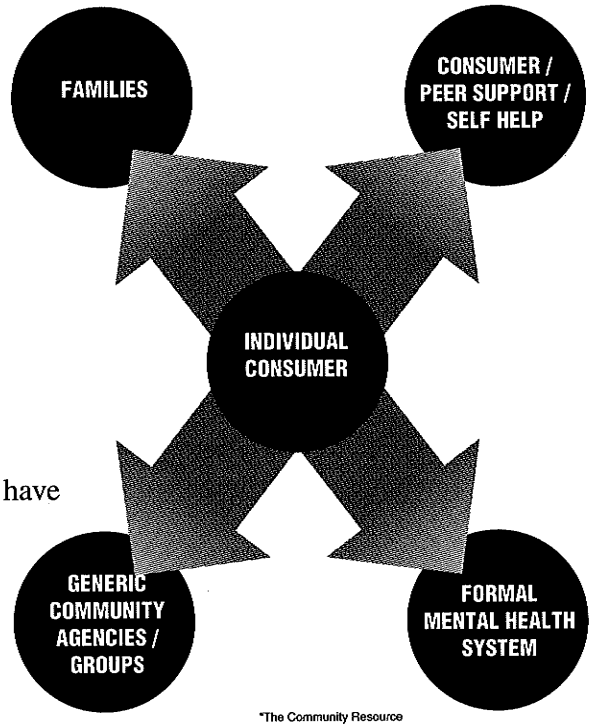
Based on these principles, Ontario has developed a vision of a mental health system where:

- there will be a comprehensive service delivery system
- consumer/survivors and families will help plan and deliver services
- people with mental illness will have better access to quality care from an appropriate mix of institutional and community services
- funding will be reallocated to help consumer/survivors and families develop alternatives to the formal mental health services
- labour will participate in planning and delivering services
- all components will be integrated and co-ordinated.

In the reformed mental health system, consumer/survivors will have direct access to appropriate services, and referrals (if needed) to specialized services. All the services will be linked and co-ordinated, and the consumer/survivor will be able to move easily from one part of the system to another.

Instead of being dominated by institutional or hospital-based services, the system will be more balanced and offer services within local communities. It will also place greater emphasis on providing key services and supports that help people remain in their communities and avoid hospitalization. In turn, the reformed mental health system will co-ordinate and link more effectively with the other health and social services that consumer/survivors may need.

A CONSUMER-FOCUSED FRAMEWORK FOR COMMUNITY SUPPORT



"The Community Resource Base" model (developed by the Canadian Mental Health Association in 1984).

Strategies

To achieve this vision of a comprehensive and integrated system that puts people first, Ontario will use seven strategies:

1. **Establish a comprehensive system of key services and supports.**

2. **Create a provincial structure for managing and funding the system.**

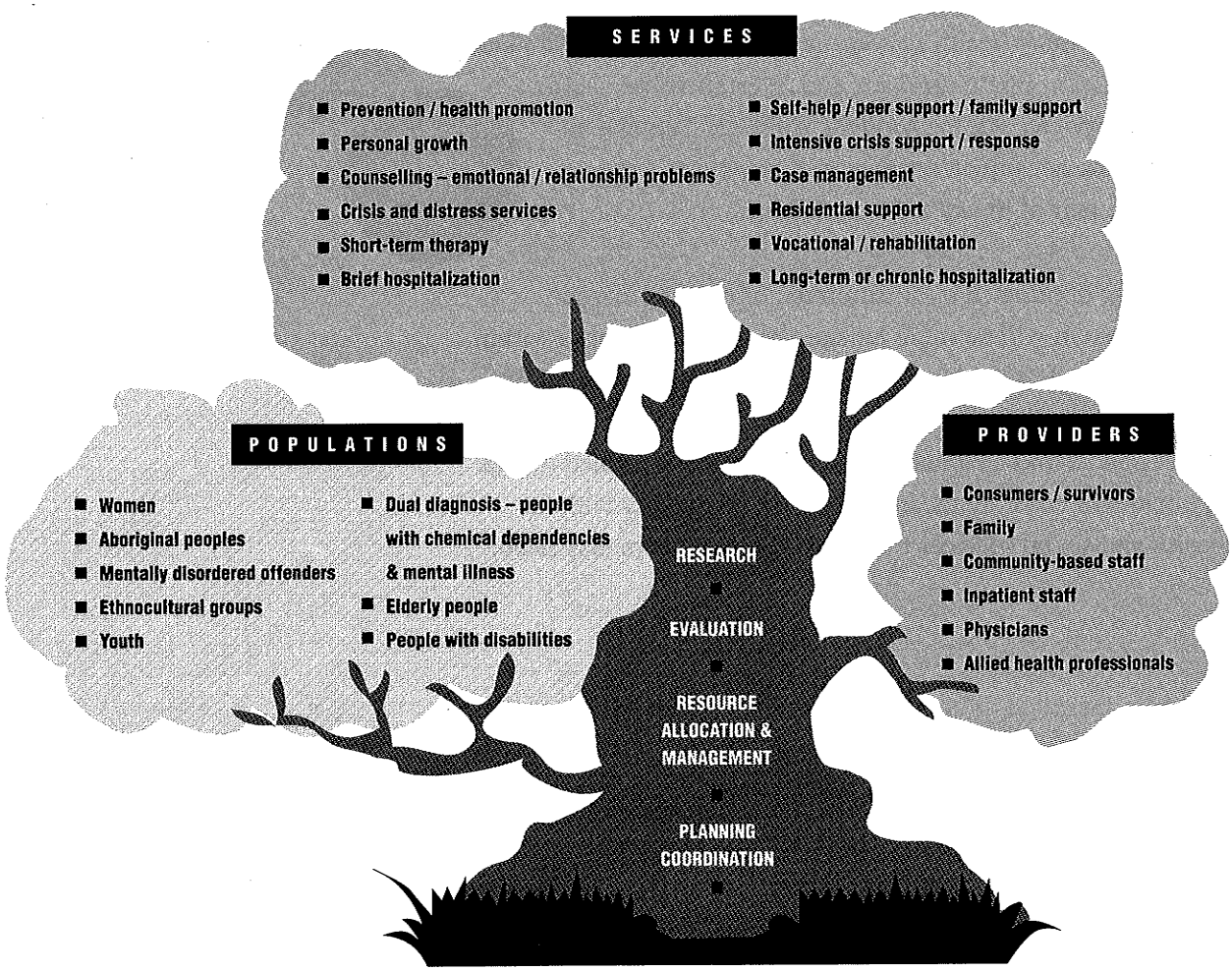
3. **Provide strong local and regional planning.**

4. **Define and realign roles within the system.**

5. **Develop special programs to meet special mental health needs.**

6. **Develop a comprehensive human resources strategy.**

7. **Establish measurable targets and timelines.**



The First Priority: Meeting the Needs of People Who Are Severely Mentally Ill

Some 75,000 people in Ontario — .75% of the population — are severely mentally ill. Because of the nature of their problems, they are particularly vulnerable. Most are poor, and they have difficulty getting the basics in life, such as shelter and jobs, as well as treatment and community support services. Although those with severe mental health problems make up only a small proportion of the population, they use a disproportionate amount of mental health services — again, because of the nature of their illnesses.

Ontario must make the services for those people a priority and ensure that those services operate efficiently and effectively. Then we will be able to provide better care and, at the same time, free up resources that could be used to meet the needs of those with mild or moderate mental health problems.

The ministry believes the same strategies used to reform services for people with severe mental illness will also work to reform services for people with less severe mental health needs.

■ ■ ■ ■ ■

He'd always found it hard to talk to people and to make friends. He spent a lot of time by himself, thinking, trying to figure it out. His notebooks were full of numbers, designs, repetition as he searched for some kind of order. His parents worried about him. His mother thought he needed a job; his father thought he needed a girlfriend.

His heart pounded, his palms sweated, his mouth was dry, his mind raced with half-completed thoughts. He retreated more often to his room to be alone with his voices. Finally, one night, he left his radio on and paced back and forth all night. He smashed his lamp against the wall and tore up his magazines. In the morning, his parents found the shattered lamp, the torn magazines and the notebook with his thoughts on God and death and love and hate. *-continued*

There are three commonly accepted dimensions used to identify people with serious mental illness. They are diagnosis, disability and duration. The diagnoses which predominate are schizophrenia, major affective disorders, organic brain syndrome, and paranoid and other psychoses. Disability refers to the fact that the disorder interferes with the person's capacity to function normally while duration refers to its chronic nature.

Building Community Support for People: A Plan for Mental Health in Ontario, 1988.

When he was admitted to hospital, the doctors said he was psychotic, delusional, thought-disordered, hallucinating. He has the beginning of schizophrenia, a chronic disease from which he might almost totally recover but which more likely will be with him in one form or another for the rest of his life. It will limit his work choices and may make him financially dependent on his family. He may have to be hospitalized many times. The medication he needs to control the voices may cause physical problems.

Like half the people in Ontario with schizophrenia, he may have limited contact with psychiatric or mental health services except when he is readmitted to hospital. And he may be readmitted whenever his meagre and fragile social networks collapse, when he stops taking medication or when his illness gets worse. Like others with a severe mental illness, he needs certain services and supports to manage in the community.

Who Are the Severely Mentally Ill?

Severe mental illness cuts across all groups. It affects women and men, children, youth and seniors — people of every race and culture.

It is important that mental health services recognize the complexity of the population of people with severe problems and the diversity of their needs. In the past, mental health services have been criticized for not meeting the special needs of women, youth, people with disabilities, the elderly and people of different ethnocultural backgrounds. People within these groups do not feel that they have been well or appropriately served.

The challenge — and the goal — for mental health reform is to transform the services, moving away from simply treating the illness to treating the person, providing care that is sensitive to age, gender, race, experience and other special needs.

Strategies for Reform

1. Establish a Comprehensive System of Key Services and Supports

The Graham report identified 11 services and supports that people with severe mental illness need: identification, treatment and crisis support, consultation, co-ordination, residential support, case co-ordination/case management, social support, vocational support, self-help/peer support, family support, and advocacy.

Although all 11 services and supports are important and should be further developed, four elements are central to our strategy:

- case management
- 24-hour crisis intervention
- housing
- supports planned and run by consumer/survivors and families as alternatives to the formal mental health system.

Through research and evaluation, the ministry has determined that these four services and supports are key to helping people. They allow them to manage their illnesses, provide the basis for a support network and reduce the need for hospitalization.

When funds are reallocated within the system, the four key services and supports — case management, 24-hour crisis intervention, housing and consumer/survivor and family alternatives — will be given priority.

To implement this strategy, Ontario will:

- define these four services and supports more clearly, and
- establish standards for them (e.g., case management-to-client ratios)

The provincial standards will then be used to assess the system's current capacity to provide these services and supports, and to develop new services and supports where required.

By focusing on these four key services and supports, mental health reform will develop programs that help prevent crises and support people to stay in their communities. By providing this type of community-based care, lacking until now, Ontario should be able to provide better care and reduce the need for hospitalization.

To provide the best possible care, the key services required by people with severe mental illness must be part of a comprehensive system. Such a system will:

- recognize that different people have different needs
- ensure services are planned and co-ordinated at appropriate levels — for example, certain services can be planned centrally, while others should be planned locally
- ensure services are cost-effective.

To develop a comprehensive and integrated system of mental health services, certain services and supports will be planned and co-ordinated provincially, while others will be planned and provided regionally or locally.

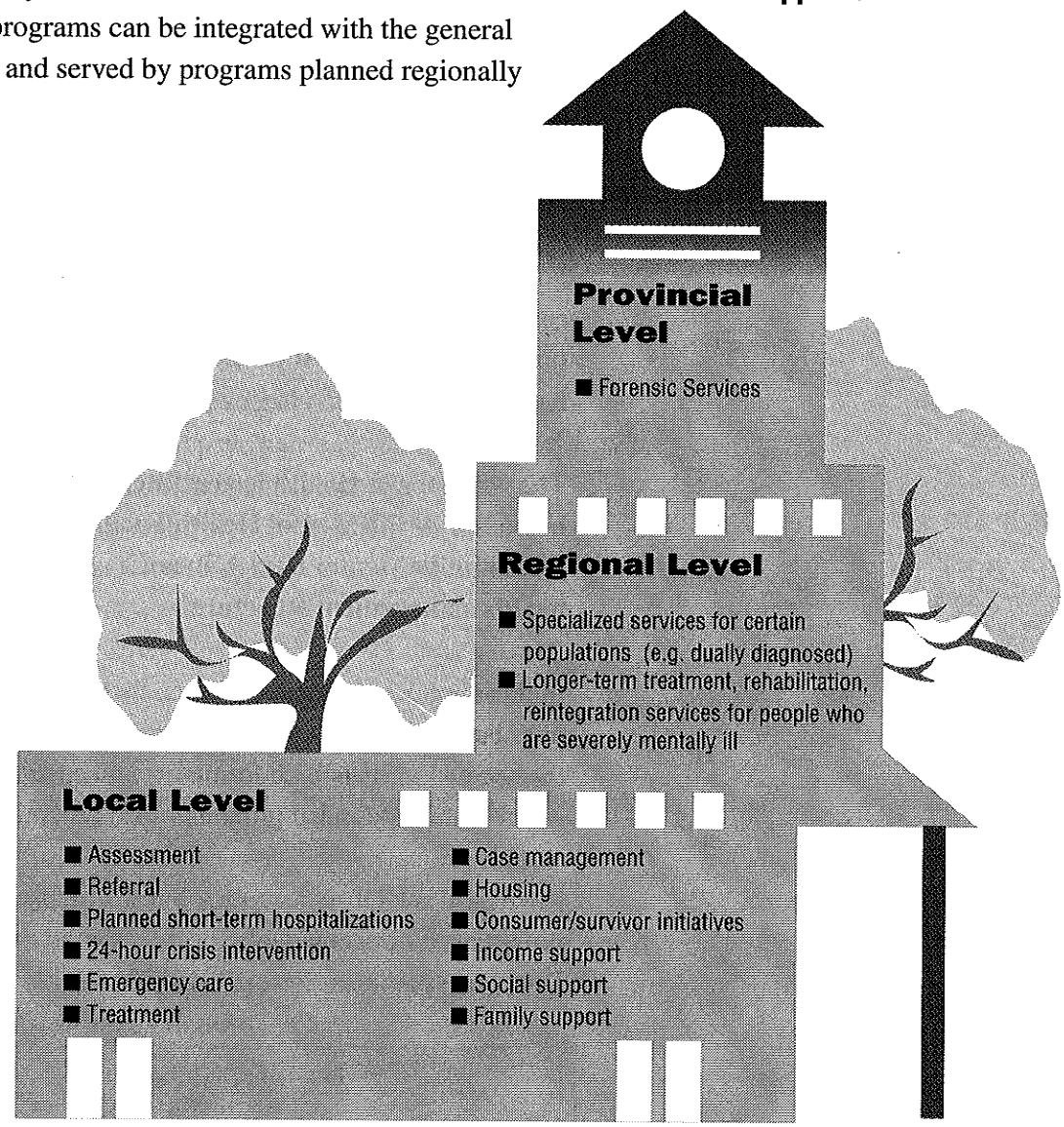
Local services. A full range of services — identification, assessment, referral, planned short-term hospitalizations, 24-hour crisis intervention, emergency care, treatment, case management, housing, consumer/survivor self-help and peer support, as well as income support, social support, family support and advocacy — will be planned and delivered locally.

Regional services. Highly specialized services for people who need longer-term treatment, rehabilitation and reintegration will be planned regionally and delivered at regional centres that can offer the necessary clinical expertise. In parts of the province where numbers are too small to support local programs for people with special needs (e.g., those with dual diagnosis), the full range of services for those groups will also be planned and provided regionally.

Provincial services. Forensic services — specialized services for people with mental illness who have committed or are accused of committing a crime — will still be planned and operated provincially. It is more efficient to provide the security required for some forensic patients and to co-ordinate with the criminal justice system at the provincial level. Mentally disordered offenders who do not need secure or specialized programs can be integrated with the general psychiatric population and served by programs planned regionally or locally.

This diagram illustrates how and where services will be planned.

A Comprehensive System of Key Mental Health Services and Supports



2. Create a Provincial Structure for Managing and Funding the System

At present, mental health services in Ontario are funded and managed not as a system but as a number of separate and distinct programs. There is one budget and management structure for community mental health programs, several budgets and management structures for hospital services, and yet another way to fund and manage services provided by physicians. This has made it difficult — if not impossible — to move funds from one part of the system to another to meet mental health needs. It has also made it extremely difficult to organize a comprehensive system of key services.

If Ontario's mental health services are going to work as a system, they must be managed and funded as a system. The ministry must accept and fulfil its responsibility to establish provincial policies and to manage the system effectively. To do that, it will have to develop an efficient, effective management structure.

The Ministry of Health is combining all funding for provincial psychiatric hospitals, specialty psychiatric hospitals, general hospital psychiatric units, Homes for Special Care, and community mental health programs into one budget or envelope for mental health, with a view to include the funding for mental health services provided by physicians at a later date.

The Ministry of Health is also integrating its two mental health branches — the Mental Health Facilities Branch and the Community Mental Health Branch — into one provincial mental health management structure.

In its new role as system manager, the ministry will change the way it does business. In the past, the ministry has concentrated on getting the necessary financial information and ensuring fiscal accountability — are ministry-funded programs spending public funds responsibly?

It will still ask those questions, but it will also expect funded programs to be accountable for their part in the mental health system. Do their programs reflect provincial policy? Did they fulfil their role?

Are they co-ordinating their services with other parts of the system? Are people with mental health problems getting the services they need when they need them?

The new provincial management structure will encourage local, regional and provincial accountability, and support a more integrated, effective system of mental health services and care. It will encourage all involved in the mental health system to see their resources as part of a larger system. It may also eliminate some duplications and inefficiencies, and make it possible to deal effectively with any gaps in services.

3. Provide strong local and regional planning

Although policies and standards for the mental health system will be established provincially, more and more services will be planned and delivered regionally and locally. Only through planning at the local level can the system avoid duplication, be more responsive to local needs and encourage all parts of the local system to work together. To ensure that people with severe mental illness can move easily from one part of the system to another, local plans must then be closely linked to regional plans which, in turn, must link with services planned provincially.

Ontario already has a strong capacity for local and regional planning. Two planning efforts — the provincial psychiatric hospitals' strategic plans and the district health councils' mental health plans — are almost complete. However, the geographical boundaries for these plans are not the same: one is based on hospital catchment areas, the other on health planning districts.

To encourage effective and consistent local and regional planning, the Minister of Health is asking district health councils to lead the implementation planning for mental health reform by:

- **using their own plans and the plans prepared by the provincial psychiatric hospitals as the basis for planning**

- **dealing first with the needs of the priority population, people with severe mental health problems**

- **assessing the capacity of local programs to provide the key services and supports**

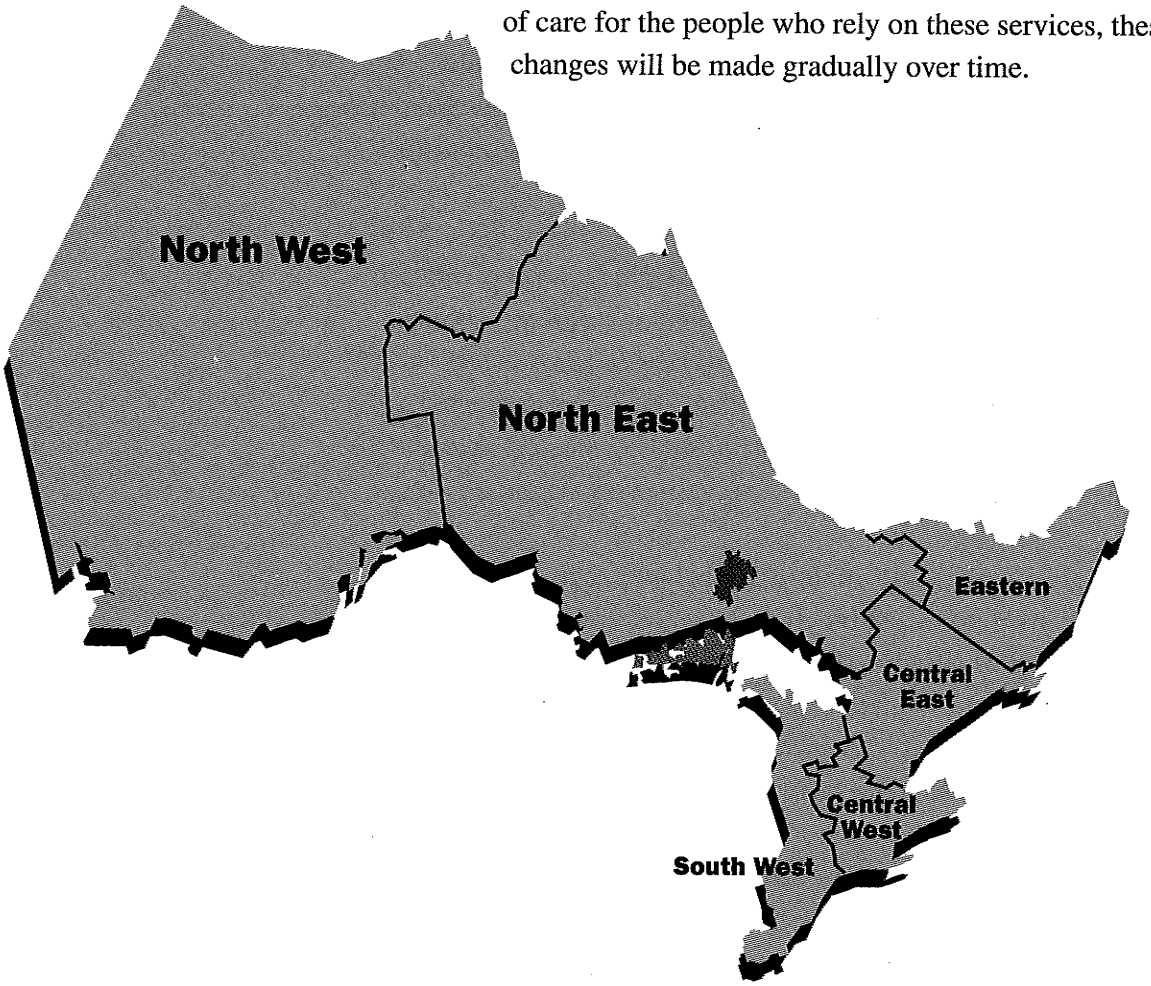
- **working with the other partners in the system to develop local and regional system-wide implementation plans**

- **recommending to the minister resource allocation to support system-wide planning.**

To ensure that local and regional plans are consistent and no part of the province is left unserviced, Ontario will use the six health planning regions as the geographical boundaries for all regional planning for mental health services.

Health Planning Regions

With the six planning regions marking the boundaries for mental health planning, most provincial psychiatric hospitals will have to change or adjust their catchment areas. To ensure continuity of care for the people who rely on these services, these changes will be made gradually over time.



4. Define and Realign Roles Within the Mental Health System

To provide an appropriate mix of services and avoid gaps and duplications, the roles of each part of the mental health system — provincial psychiatric hospitals, specialty psychiatric hospitals, general psychiatric units, community mental health programs, Homes for Special Care, physicians and consumer/survivors — must be clearly defined and, if necessary, realigned.

Who should provide which key services for people with severe mental illness? To what group or groups of people with severe mental illness? How will the services be linked?

The provincial psychiatric hospitals will continue to provide specialized treatment, rehabilitation and reintegration services for people with long-term psychiatric problems that are difficult to manage. But, based on local needs and plans, should hospitals also offer specialized services in other settings in the community? Should specialty hospitals, general hospital psychiatric units and general hospitals without designated units be providing different types of services or targeting different groups of people with severe mental illness? Would this avoid duplication and improve the quality of care?

According to a 1992 survey of community mental health services, six of the nine programs offered — case management, social rehabilitation, housing, vocational, club house and psychogeriatric programs — serve people with severe mental illness. However, most crisis, day treatment and counselling programs available in Ontario communities do not provide these services to people with severe problems. What role should community services play in providing these services? How will they adjust their programs to serve this group?

What is the role of supportive housing? Where and how will Homes for Special Care fit into a consumer-oriented and community-focused mental health system?

Most of the referrals to mental health services come from family physicians. Who are they serving? What services are they providing?

What roles should physicians play in the mental health system? More information is needed before defining clear consistent roles for physicians.

In the past, mental health services and programs received little clear direction from the ministry. They had no common goal or targets and little need to co-ordinate their efforts. With a common goal — providing a comprehensive system of key services and supports for people with severe mental illness — there is greater need and opportunity for co-ordination.

Local and regional mental health services must also recognize the need to link with other health and social services that consumer/survivors may require. Identifying how various services and systems will link and co-ordinate their efforts will be part of the process of defining roles.

With the leadership of district health councils, regions and communities will continue to:

- **assess the populations being served, the services provided and the impact any change in roles will have on services**

- **identify how programs can be realigned to provide the key services and supports people with severe mental illness need**

- **use the results of the review of Homes for Special Care, the evaluation of consumer/survivor initiatives and more detailed information on physician services to determine the roles these components will play in a system of services for people with severe mental illness**

To support communities and regions in their efforts to define roles and realign programs, the Ontario Ministry of Health will:

- **analyse the mental health services physicians provide and who receives those services**

- **complete its review of the Homes for Special Care program and develop a role for it that is consistent with mental health reform and the goals of the larger mental health system**

- **complete its evaluation of consumer/survivor initiatives**

- **work with all parts of the mental health system to develop a common information system that will encourage and support greater co-ordination of services for people with severe mental illness.**

5. Develop Special Programs to Meet Special Mental Health Needs

The system will develop programs to provide comprehensive services for those with severe mental illness and unique needs — including women, children, adolescents, elderly people, people with developmental disabilities, francophones, members of ethnocultural groups, offenders and people accused of a crime.

At this stage in the reform strategy, more detailed work has been done on the needs of only two of those groups: elderly people with psychiatric problems and mentally disordered offenders and people accused of a crime.

Elderly People With Psychiatric Problems

About 27% of those cared for in provincial psychiatric hospitals are elderly people with psychiatric problems (psychogeriatrics). In addition, a number of nursing homes and Homes for the Aged provide care for a large number of elderly people with cognitive, behavioural and emotional problems. Many older people with psychiatric problems are cared for at home by family members. With long-term care reform and mental health reform, Ontario has an opportunity to provide more co-ordinated, cost-effective care for elderly people who have mental health needs.

Several issues must be resolved. Where should older people with psychiatric problems best be served? Should seniors who don't have acute psychiatric problems be cared for in long-term care facilities or chronic care hospitals? Should beds in psychiatric facilities be

classified and staffed in the same way as those in long-term care facilities? How can long-term care services and mental health services work together to plan and provide effective services and supports? What role are families playing? What services and supports do families need to continue to provide care?

Wherever elderly people with psychiatric problems receive their care, the mental health system will still be responsible for providing assessment, acute psychiatric care and consultation services.

Mentally Disordered Offenders and People Accused of a Crime

Forensic services will continue to be planned and co-ordinated provincially. To deal with inefficiencies in the system, as well as the unmet needs of mentally disordered offenders, people accused of a crime, and concern about public safety, the Ministry of Health collected detailed information about forensic patients and their treatment, program and security needs.

Based on the data available, the ministry is now developing a plan for a forensic system of care that will ensure service is determined by the person's clinical and security needs and not by his/her legal status.

Such a system would:

- provide a specialized, secure, hospital-based program for the few forensic patients who may become violent

- allow mentally disordered offenders who do not pose a risk to others to be referred, based on their clinical needs and symptoms, to programs that serve other people with severe mental illness.

Under this system, regions and communities planning mental health services would have to ensure that mentally disordered offenders who do not require secure or specialized care would have easy access to the services they need.

6. Develop a Comprehensive Human Resources Strategy

To provide the right mix of services for people with severe mental illness — to provide comprehensive and co-ordinated care — communities across Ontario will need the right mix of people and skills, including consumer/survivors, family members, providers and professionals. They will also need a mental health labour force that is committed to working together to change the system.

Labour Strategy

Some care providers may be concerned that the focus on supporting people to live in the community will reduce the need for staff in institutional settings. Hospital staff may fear their jobs will be lost and their skills undervalued.

The Ministry of Health recognizes that, with any change, there is potential for dislocation. However, it believes that, in the reform of the system, there is also the potential for career development and the opportunity to make better use of professional skills and abilities. By providing more services in the community and reducing the need for hospitalization, the mental health system will free up highly skilled and trained staff who could play an important role in realigning the system. Their clinical skills could be used effectively to complement other skills already in place in the community.

To manage and minimize the dislocation that is part of any change, the ministry will develop a comprehensive human resources strategy (working within the collective agreements and relevant legislation, and subject to government policy) that will:

- **ensure that, whenever funding and patients are moved from institutions into the community, the workers who provide direct care will have the opportunity to move with the services and work in the community.**

- **support the labour shift to the community by providing opportunities for retraining, if necessary.**

The process of local and regional planning will highlight shortages of certain mental health professionals in certain parts of the province.

SPENDING ON MENTAL HEALTH

[redacted]

Community Services
21%

Institutional Care
79%

[redacted]

Community Services
60%

Institutional Care
40%

As part of its comprehensive human resources strategy, the Ministry of Health will work with district health councils and professional colleges and associations to deal with labour shortages caused by geography and other factors.

7. Establish Measurable Targets and Timelines

To ensure this strategy works, and the system does change, the Ministry of Health has set a number of targets — or critical success factors — that will be used to monitor shifts in service. The targets are tools to assess progress toward the goals.

These targets were established after lengthy study of approaches used successfully in other jurisdictions to measure progress and change. According to experience in other provinces, setting multiple targets — rather than a single one — and looking at a range of different measures was more just and effective. Based on this study, Ontario has identified targets and timelines that are conservative, realistic and, given the 10-year time span, possible to achieve.

Progress toward achieving our goals will not be judged on the basis of only one target, but by assessing and analysing the following targets.

Fiscal shifts

The reform of the mental health system will be self-financed. Money will be moved from one part of the system to develop and support services in another. One way to measure progress is to assess where and how money is being spent. In 1992/93, about 80% of the mental health budget, excluding OHIP expenditures, was spent on institutional care and 20% on community services. While other jurisdictions have set their fiscal targets by simply "flipping" or reversing the two figures, Ontario is setting a more cautious goal.

By 2003, Ontario will be spending 40% of its mental health budget, excluding OHIP expenditures, on institutional care and 60% on community services.

To monitor progress toward this target, Ontario will set benchmarks for years one, four, seven and ten. It will assess progress — adjusting the target, if necessary — at each of those stages.

Bed ratios

Another way to measure the shift from institutional to community-based care is to monitor the number of psychiatric beds in hospitals. Ontario now maintains an average of 58 psychiatric beds for every 100,000 people in the province — a ratio considerably higher than that in other jurisdictions.

Ontario's bed ratio also varies considerably across the province, ranging from as high as 97 to as low as 35 per 100,000 people.

By 2003, Ontario will maintain a bed ratio of 30 psychiatric beds for every 100,000 people in the province.

Some parts of the province are already close to achieving this target.

The bed ratios in other jurisdictions listed at right reflect their current ratios or their targets for the next two to three years. By 2003, most will be working toward targets similar to that set for Ontario. Over the next 10 years, the Ontario targets will be reviewed regularly and, if necessary, adjusted.

PSYCHIATRIC BEDS PER 100,000

STATE/ PROVINCE	YEAR (Actual or Planned)	TOTAL BEDS	POPULATION	FUNDING FRAMEWORK
Wisconsin (Dane County)	1990	43	3,000,000	New $
Ohio	1992	42	11,000,000	New $
British Columbia	1986/87 1992 1995	64 56 46	3,150,000	New $
New Brunswick	1991 1995 1998	116 92 55	728,000	No New $
New South Wales	1990 2000	63 25	5,870,000	New $
Ontario	1992	58	9,800,000	No New $

Note: Figures are for beds set up and do not account for utilization
Ohio bed numbers are based on Average Daily Census and include Forensic

Hospitalization rates

If the services provided in the community — by hospitals, community programs, consumer/survivors and families — are effective in identifying people who need care and in providing support, the hospitalization rate should drop. Realistic targets for changes in hospitalization rates are now being developed.

Key service ratios and performance measurements

Realistic targets for key service ratios and performance measurements are now being developed. These measures can be used to assess the mix of services, confirm that all key services are being provided and ensure that the right people are getting the services they need.

Next Steps

To take the first steps in implementing mental health reform, the Ministry of Health will:

- develop a provincial planning/implementation guide
- refine its labour strategy and reallocation strategy
- develop key service ratios

In addition, the Minister of Health will ask district health councils to use the planning guide, labour strategy and targets to:

- plan local and regional services
- work with their communities to develop the key services required by people with severe mental illness
- develop local and regional human resources strategies

The ministry will also begin now to focus on the strategies required to address the needs of people with mild or moderate mental health problems, paying particular attention to the needs of women and specific groups such as children, adolescents, francophones, aboriginal people, members of ethnocultural groups and people with dual diagnosis (a psychiatric problem as well as a developmental handicap, physical disability or substance abuse problem).

The ministry expects that the strategies will be the same as those for people with severe mental illness, but the mix of services required, the focus and the targets may be different.

The Ministry of Health will also begin now to develop the health promotion and risk reduction components of its mental health reform strategy.

Conclusion

La réforme des services de santé mentale de l'Ontario — développer un système coordonné de services qui placent la personne au premier plan — sera une tâche difficile, qui requerra de grands efforts et un ferme engagement de la part de chaque personne travaillant dans le secteur de la santé mentale : le gouvernement, les planificateurs, les prestateurs de services, les consommateurs/ex-patients et leurs familles.

Le présent document décrit les premières étapes d'un processus visant à mettre la personne au premier plan, transformer le système et veiller à ce que nos services soient adaptés aux besoins des gens atteints de maladies mentales. Les plans, les politiques et les orientations seront développés et raffinés au cours des 10 prochaines années. Les changements apportés et le travail soutenu que nous effectuons maintenant jetteront les bases d'un système de services de santé mentale qui sera fort et efficace.

10M / 6/93 N° de cat. 4225034
© Imprimeur de la Reine pour l'Ontario, 1993
Révisé ISBN 0-7778-1479-X

This publication is also available in English