

## SEEING A DIFFERENCE

### Phase 1 Studies – Interim Results

*demonstrating the impact of new investments in our community mental health system*

The *Seeing a Difference* report looks at what is occurring in the province as a result of new investments in the community mental health system. An earlier glimpse of the system prior to the implementation of new funding was provided in the *SEEI Update Winter 2007* newsletter. A more in-depth picture will be available in 2009, when we will report on the final results for both Phase 1 and Phase 2 Studies (see sidebar).

For the full report go to the **Mental Health and Addictions Portal** on [www.ehealthontario.ca](http://www.ehealthontario.ca).

The following key messages are based on data collected in 2005 and 2006 during the early days of the investments. As a result, these findings are preliminary. It will not be until after the third and final round of data collection in 2007/08 before we can make conclusions about the effects of the investments on the community mental health system.

Preliminary findings suggest that the additional \$142 million Ontario has invested since 2004 in community mental health is making an impact in the following ways:

Ontario's significant new investments in community mental health are resulting in new and enhanced programs, additional new staff and large numbers of new clients who have received service.

One of the most noticeable effects of the new funding is the revitalization it has brought to the field.

SEEI builds on previous community mental health research that provided evidence that community mental health programs are 'good investments'. (Making a Difference: Ontario's Community Mental Health Evaluation Initiative - CMHEI)

SEEI confirms that it takes time and many complex steps to get new funding into the system and to make programs fully operational.

When new programs are created, and increased numbers of clients are served, new demands are made on related mental health services.

### THE IMPACT STUDY KEY MESSAGES

**Principal Investigators:  
 Dr. Janet Durbin and Dr. Brian Rush.**

Significant new annualized funding entered the community mental health system during fiscal year 2004/05 and 2005/06, and the MOHLTC made progress in its aim to address regional differences by providing proportionately greater increases in funding to regions with lower base rates in 2003/04. In reviewing funding by LHIN area however, funding variation remained substantial in 2005/06.

### OVERVIEW OF SEEI

The Mental Health Systems Enhancement Evaluation Initiative (SEEI) is a four-year research initiative funded by the Ministry of Health and Long-Term Care (MOHLTC). Its purpose is to evaluate the effects of the significant investments made by the Government of Ontario over four years, beginning in 2004/2005, in key areas of the community mental health system.

SEEI examines the impact of these investments on people with mental illness, their families and the health system more broadly. The Initiative has nine research studies around the province funded through the Ontario Mental Health Foundation and is coordinated by the Health Systems Research and Consulting Unit (HSRCU) at the Centre for Addiction and Mental Health (CAMH) under the leadership of Dr. Paula Goering, CIHR/CHSRF Health Services Chair.

The SEEI represents a broad collaboration of researchers from throughout the province as well as stakeholders from many organizations, including CMHA Ontario, the Ontario Federation of Community Mental Health and Addiction Programs, the Ontario Mental Health Foundation, the MOHLTC and CAMH. The studies are supported by a knowledge exchange network called the Ontario Mental Health and Addictions Knowledge Exchange Network (OMHAKEN).

### SEEI TIMELINE

2005	Phase 1 studies initiated
2006	Phase 2 studies initiated Phase 1 studies baseline reports
2007	Mid point for Phase 2 studies Phase 1 studies wave 2 reports
2008	Phase 2 studies completed Phase 1 wave 3 reports
2009	Final Reports



systems  
enhancement  
evaluation  
initiative

# Update

Hospitals are an important provider of mental health services; with over 48,000 adult mental health admissions and 115,000 adult mental health ER visits annually. Compared to baseline, hospital admissions and visits to hospital emergency rooms increased during the study period. This may reflect unmet need combined with new case finding.

Recurrent use of hospital is a concern. During the baseline period, 15% to 24% of people returned to hospital at least once in the year following their initial visit. Over time, rates decreased modestly on two of five indicators of recurrent use - early return (within 30 days) to an ER after discharge and after an initial ER visit. There were declines in some of the other five indicators at the Local Health Integration Network (LHIN) level but not at the provincial level.

There is considerable variation across LHIN areas in patterns of hospital use. For example, the North and Central Toronto face unique differences and challenges.

LHIN areas are making progress in system planning.

Police apprehensions under the Mental Health Act of people with mental illness have increased in regions that can be monitored. However we do not have data to assess whether the increase in apprehensions is accompanied by a reduction in arrests.



## THE MATRYOSHKA PROJECT KEY MESSAGES

Principal Investigator:  
Dr. Carolyn Dewa

Enrolment in early intervention (EI) programs and court support (CS) programs

is voluntary and the majority of clients choose to stay.

There has been an increase in the number of new early intervention clients and programs. There is also a considerable increase in the number of individuals served by court support services.

Early intervention programs are able to better identify their target population.

Completion of education is an issue for clients in early intervention programs.

Clients report more needs met and greater satisfaction in EI programs.

Court support programs serve the most marginalized populations.

Court support services are serving their target population.

Since the new investments, case managers report an apparent increase in continuity of care with specific mental health services and supports for individuals using early intervention programs.

The growth in the court support programs may be straining the capacity of local systems.

Diversion services are only one aspect of court support services.

In the early intervention and court support programs, co-occurring substance use warrants attention.

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