Mental Health and Addiction Services
Presentation to Health PEI Board
July 7, 2015
Objective of today’s presentation:

- Provide a current state overview of Mental Health and Addiction Services, focusing on current work, internal to Health PEI
- Identify factors impacting Health PEI that contribute to service demand, system strain, challenges ahead
Caveats

- When referring to conditions, mental health conditions include addiction conditions.

- The information that follows is reported by Health PEI’s Mental Health and Addiction (MH&A) Services, however, MH&A is not the only sectors of health services responsible for, and who provide care to people with mental health conditions.

- The focus of the work outlined in this presentation is on work internal to Health PEI. It does not include work with other government sectors and NGOs (such as the Integrated Service Delivery school based project, Homelessness Partnership, High Risk Offender Committee).

- MH&A services is organized using a tiered framework of need and risk, this is an accepted framework used in other jurisdictions in other parts of Canada, UK, New Zealand, and Australia.
Mental Health & Addictions Population Tiers of Need and Risk, and Interventions

Tier 5
Severe or complex need/high risk: complex and/or severe mental illness requiring intensive rehabilitation and treatment, hospitalization, high degree of transitional support, tertiary care and relapse prevention

Tier 4
Moderate to severe need/risk: mental illness with serious impact on functioning requiring longer term or episodic multi-modal care of a specialized or intensive nature, increasing complexity and rehabilitative needs, tertiary prevention and relapse prevention

Tier 3
Moderate need/risk: mental illness and mental health conditions impacting functioning, evidenced based intermittent or brief treatment, secondary prevention and relapse prevention

Tier 2
Mild need/risk: transient, or stable mental illness, early intervention, brief treatment, and supported self management, targeted prevention

Tier 1
Low risk/need: universal prevention, health promotion

When referring to mental health conditions and illness, they include addiction conditions
HPEI Mental Health & Addictions Services Across the Tiers of Need

**Tier 5**
- HH U3 Acute Care (17 beds)
- HH U5 Psychogeriatric Care (17 beds)
- HH U7 Co-occurring Conditions (17 beds)
- HH U8 Psychosocial Rehabilitation (18 beds)
- QEH IMH (24 adult and adolescent beds)

**Tier 4**
- PCH Inpatient Mental Health (14 bed)
- Inpatient Withdrawal Management (24 bed)
- MH Assertive Community Outreach
- Seniors Mental Health Outreach Team
- Methadone Maintenance Program
- Strength Program (12 beds and some outpatient)
- Addictions Transition Unit (10 beds)
- Extended Care Recovery Homes (32 beds)

**Tier 3**
- Community Mental Health Adult
- Community Mental Health Children
- Community Addictions Counseling
- Community Withdrawal Management

**Tier 2**
- Collaborative Mental Health with Primary Care, in select settings

**Please note this does not include services provided by other parts of HPEI, such as:**
- Tier 1 and Tier 2 work provided by Primary Care Networks, includes private methadone clinic
- Tier 3 services for children 12 and under in Pediatric inpatient services
- Tier 5 services through inpatient ICU/medical treatment for acutely ill with medical complications (e.g., overdose)
# Utilization Data

## MH&A Inpatient Services

<table>
<thead>
<tr>
<th>2013-14</th>
<th>Admissions</th>
<th>Admissions/Month</th>
<th>Occupancy Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH U3: Acute</td>
<td>113</td>
<td>9.42</td>
<td>96.1</td>
</tr>
<tr>
<td>HH U5: Psychogeriatric</td>
<td>9</td>
<td>0.75</td>
<td>92.8</td>
</tr>
<tr>
<td>HH U7: Co-occurring</td>
<td>3</td>
<td>0.25</td>
<td>93.0</td>
</tr>
<tr>
<td>HH U8: Rehab</td>
<td>28</td>
<td>2.33</td>
<td>92.8</td>
</tr>
<tr>
<td>QEH IMH Adult</td>
<td>432</td>
<td>36.0</td>
<td>111.1</td>
</tr>
<tr>
<td>QEH IMH Adolescent</td>
<td>110</td>
<td>9.16</td>
<td>104.0</td>
</tr>
<tr>
<td>PCH IMH</td>
<td>350</td>
<td>29.16</td>
<td>97.3</td>
</tr>
<tr>
<td>Bed-Based Withdrawal</td>
<td>1,047</td>
<td>87.25</td>
<td>n/a</td>
</tr>
</tbody>
</table>

80% is recommended occupancy rate by UK psychiatric ward standard

## MH&A Community-Based Services

<table>
<thead>
<tr>
<th>2013-14</th>
<th>Referrals</th>
<th>Admissions/Services Opened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Adult</td>
<td>4278</td>
<td>3236</td>
</tr>
<tr>
<td>Community Mental Health Children</td>
<td>1296</td>
<td>720</td>
</tr>
<tr>
<td>Outpatient Addictions Programs</td>
<td>2071</td>
<td>1900</td>
</tr>
<tr>
<td>Methadone Program</td>
<td></td>
<td>119</td>
</tr>
<tr>
<td>Addictions Extended Care</td>
<td>Transition from other programs</td>
<td>105 *</td>
</tr>
</tbody>
</table>

* Does not include Deacon House Shelter, which had 1110 bed days, 78 distinct clients
HPEI Mental Health & Addictions Services Improvements

Collaborative Mental Health service delivery with Primary Care: Support to increase screening, early intervention, access to brief modes of mental health assessment and treatment, facilitated access to target treatment programs (Changeways, Coping Skills), decision making algorithm, education sessions to support self management, and identified knowledge translation activities.

Maternal Mental Health and Addictions Initiative with Public Health Nursing: Information session with PHN to enhance organizational readiness, targeted education to develop subject matter expertise in Public Health Nursing and Community MH&A, introduction to the Mother’s Mental Health Toolkit, development of a care pathway/decision algorithm within current resources.

Enabler: capacity development through skills and knowledge acquisition, consistent with healthcare provider, stigma reduction
HPEI Mental Health & Addictions Services Improvements

Tier 3

**Lean Project:** Provincial Children’s Community Mental Health Intake, Richmond Center

**Lean Project:** Adult Services, Richmond Center

**Adult Addiction Services:** Adult Services Renewal, Provincial

**Strongest Families:** Access to Strongest Families for behavior conditions and anxiety, child and youth Community MH (a tele-counseling service)

**Enablers: Mission Statement** ‘Mental Health and Addictions is a welcoming recovery based treatment service where individuals and their families can find hope, help, and strength’;

**Comprehensive Continuous Integrated System of Care:** increased coordination, collaboration and integration of MH&A through complex and recovery focused capacity development, through self survey and quality improvement; Provincial CMH&A Case Review Standard; Provincial webinar series; ISM Access to CMH&A; Adoption of GAIN-SS; improving data quality
**HPEI Mental Health & Addictions Services Improvements**

**Addictions Recovery Homes:** Creating provincial standards

**Strength Program:** Relocated to Youth Recovery Center Summerside and transitioning to a longer needs based residential program and expanded Aftercare

**Behavior Support Team:** Implementation of BST in Community Mental Health to develop specialist consult and intervention support

**Lean Project:** Forensic Future State (for patients found Not Criminally Responsible)

**Seniors Mental Health Resource Team:** Expansion to a second county

**Children:** Children with Complex Needs Strategic Initiative

**Enablers:** Integrated MH&A Program Model, Comprehensive Continuous Integrated System of Care
HPEI Mental Health & Addictions Services Improvements

Acute Care Mental Health Levels of Care: Corpus Sanchez International acute mental health unit recommendations, implementation

Administrator for Acute Care Mental Health: approved by Executive Leadership Team

Inpatient Mental Health Unit: Development and Implementation of new inpatient adolescent mental health unit at Hillsborough Hospital

Specialized Housing: Planning and development for an adolescent with complex needs and high risk

Enablers: Integrated MH&A Program Model, ALC coding improvements (in progress)
Drivers of Current State Need and Demand

- Growing public awareness of mental health issues through national strategies and campaigns (eg. Mental Health Commission of Canada, Bell Let’s Talk)

- National Treatment Strategy and First Do No Harm Strategy (Canadian Center on Substance Abuse) driving change in substance prevention, treatment services and practice re-design

- Increase in demand in part due to:
  - Increased prevalence (earlier onset, longer life expectance, and screening activities)
  - Increased acuity, complexity, and co-morbidity
  - Reduced self-stigma

- Structural Stigma – Changes to social policy that impacts social determinants of health

- Patient, Family and Public expectations of care and increased help seeking behaviors
Prevalence Impact

- Estimated 70% of all mental health disorders are diagnosable before age 25 (Healthcare Quarterly, 2012)

- Mental illnesses constitute more than 15% of the burden of disease in Canada. To put in context with other major medical conditions,
  - 1 in 5 are living with a mental illness
  - 1 in 15 are living with type 2 diabetes
  - 1 in 25 living with heart disease (Canadian population estimates, MHCC, Making the Case for Investing)

- Number of people living with a mental illness is highest amongst ages 20-30, directly impacting early working life, skills acquisition, and workplaces (MHCC, Making the Case for Investing).

- 12.1%, or approximately 4000, Island children between 9-19 years are estimated to have a mood and anxiety condition (estimated 12 month national prevalence from the MHCC).
  - Existing clinical capacity within HPEI Child and Youth MH Services is about 400 active cases and 4 inpatient adolescent hospital beds. Not surprisingly it is estimated nationally, that only 1 in 5 receive the help they need.

- 12.3% of Islanders exceed the low risk drinking guidelines (CADUMS)

- 40.9% of Islanders reported cannabis use in their lifetime compared with 10.6% of all Canadians (CADUMS). Risk of schizophrenia or psychosis is 6X times higher in heavy users of cannabis, than in non users (CCSA, 2010).

- About 20% of people seeking help for a mental disorder have a co-occurring substance use problem, and approximately 50% of people seeking help for addiction have a co-occurring mental disorder resulting in increased complexity of need, longer periods of acuity, and greater need (CCSA, 2010).

- Canadian estimated population prevalence of any mental illness (includes substance abuse conditions) for 2011 was 19.8% for all ages (MHCC, Making the Case for Investing).
Enablers of Improvement

- Integrated Mental Health and Addictions structure improving cohesion and collaboration within MH&A (e.g. CCISC integration work)

- Appropriate data (e.g., Alternate Level of Care once fully enabled in Hillsborough Hospital will identify other service needs currently being met as a safety net, improved CMH&A data collection and access to information to manage programs)

- Awareness of the need for mental health care integrated into physical health care to improve health outcomes

- Patient, Family and Public expectations of care (though often bed based focused)

- Use of partnerships to increase access, coordination, and effective care across the continuum of care
Barriers to Improvement

- Healthcare provider stigma (roots identified as lack of confidence/skill and awareness of own prejudices, pessimism about recovery, see the illness not the person, ‘Opening Minds’ MHCC, 2013)

- Workforce wellness and illness – prevalence also impacts workforce and psychological health and in the workplace (e.g. National Psychological Health and Safety standards)

- Workforce capacity (training, ability, sustainability) to provide services (workforce is the ‘equipment’ needed)

- Absence of clear data and benchmarks (for problem definition, funding support, monitoring) (e.g., ACSC does not include mental health conditions, which has driven primary care and ambulatory care changes)

- De-institutionalization Era Today- health and social systems struggling to adequately respond to emerging population needs in their social policy and system design (note: higher rates of complex needs)
  - Trend toward ‘re-institutionalization’ because of gaps in community based supported housing and specialized care
Health PEI’s Mental Health and Addictions Mission

- **Our Motto:**
  - Providing hope, help, and strength

- **Our Mission:**
  - Mental Health and Addiction Services are a welcoming, recovery based treatment service where individuals and their families can find hope, help, and strength.

- **Our Principles:**
  - **Caring:** providing a compassion and support to help people achieve and work toward their goal
  - **Acceptance:** an openness to people’s experience and to the team and the skills they bring
  - **Share the knowledge:** through partnership and collaboration exchange knowledge and skills, use best and evidenced based practices, be trauma informed, and provide competent care
  - **Person Centered:** for each person we will work to create, one person, one team, one plan
  - **Strength and Hope:** fostering hope, looking at, and beyond, illness, empower each person to uncover their inner strength and capacity
  - **Community and Culture:** support full participation in their community and culture in a culturally safe environment
  - **Client Centered Recovery:** people define what recovery means to them and will be welcomed to do so
  - **Right to Choice:** upholding rights and dignity of choice through partnership
  - **Progress:** ensuring processes and practices reflect recovery principles
Questions?