

July 10, 2020

Honorable Christine Elliott
Deputy Premier and Minister of Health
College Park, 5th Floor
777 Bay St.
Toronto, Ontario
M5G 2K8

Dear Hon. Minister Elliott,

Re: Responding to the Mental Health and Addictions System Needs in Peel

I would like to begin by thanking the Province and your government for continuing to make the mental health and addictions system a priority for all Ontarians. The Region of Peel along with our community mental health and addictions system partners welcome the Province's *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System* and look forward to working in collaboration with Ontario Health and the Mental Health and Addictions Centre of Excellence to inform the ongoing implementation of the *Roadmap to Wellness* from a local community-based lens.

In Peel, an estimated 276,000 residents will experience a mental health and/or substance disorder in a given year. Yet, only one in three Peel residents are able to receive the treatment that they need. This leaves an estimated 184,000 Peel residents (including just over 60,000 children and youth) without the necessary treatment and appropriate community supports. These disparities are a symptom of historical funding challenges for the mental health and addictions system in Peel.

Without a population needs-based funding model that responds to local needs, Peel residents will continue to experience growing wait lists, especially among youth and young adults aged 18 to 25 years (the transitional years) who are greatly underserved and require continuity of care as they transition into adulthood. Similarly, per capita funding allocated to Peel's adult mental health and addictions services (for those aged 20 years+) has continued to rank well below the provincial average. These issues and corresponding solution opportunities were highlighted and shared at the Peel Community Roundtable with Minister Tibollo in the Fall of 2019.

In support of our community and the implementation of the Roadmap locally, I would like to draw your attention to the recent resolution and attached report which was approved by Regional Council on June 25, 2020:

Resolution Number 2020-507

That the advocacy as outlined in Section 4 (Key Priorities for Action) in the report from the Acting Commissioner of Health Services, titled "Responding to the Mental Health and addictions Needs in Peel" be endorsed;

Nando Iannicca
Regional Chair & CEO

10 Peel Centre Dr.
Suite A, 5th Floor
Brampton, ON L6T 4B9
905-791-7800 ext. 4310

And further, that the Region of Peel request that the Province immediately approve and implement the new population-based funding formula for children and youth mental health services;

And further, that the Region of Peel request the Province to immediately establish and implement the same population-based funding formula for adult mental health and addictions services;

And further, that the Region of Peel continue to engage the Province to ensure that appropriate funding is provided for the additional system pressures that have resulted from COVID-19;

And further, that staff work with community partners to develop a targeted awareness and advocacy campaign that illustrates the experiences of children, youth and adults who face challenges accessing mental health and addictions services to support advocacy efforts for equitable funding for services in Peel;

And further, that the Regional Chair, on behalf of Regional Council, write a letter to the Minister of Health, and the Associate Minister of Mental Health and Addictions, to advocate for implementation of the population based funding formula;

And further, that a copy of the subject report be forwarded to the Minister of Health, Associate Minister of Mental Health and Addictions, President and CEO of Ontario Health, Transitional Regional Lead for Ontario Health (Central Region) and CEO for the Central, Central West, Mississauga Halton and North Simcoe Muskoka Local Health Integration Networks, local Members of Parliament, local Members of Provincial Parliament and local municipalities in the Greater Toronto and Hamilton Area

The Region looks forward to working in close partnership with the Province to strengthen Peel's community mental health and addictions system and would be pleased to continue this important conversation to support some of our most vulnerable residents in Peel and around the province. Together, with your government and our community system partners, I believe we can work together to address existing challenges and build an accessible and sustainable mental health and addictions system that will support our residents in their time of need.

Kindest personal regards,



Nando Iannicca,
Regional Chair and CEO

CC:

Hon. Michael Tibollo, Associate Minister of Mental Health and Addictions
Matthew Anderson, President and CEO of Ontario Health
Donna Cripps, Transitional Regional Lead for Ontario Health (Central Region)
Maninder Sindhu, MP Brampton East
Ruby Sahota, MP Brampton North
Sonia Sidhu, MP Brampton South
Kamal Khera, MP Brampton West
Kyle Seebach, MP Dufferin-Caledon
Omar Alghabra, MP Mississauga Centre
Peter Fonseca, MP Mississauga East-Cooksville
Iqra Khalid, MP Mississauga-Erin Mills
Sven Spengemann, MP Mississauga-Lakeshore
Navdeep Bains, MP Mississauga-Malton
Gagan Sikand, MP Mississauga-Streetsville
Sara Singh, MPP Brampton Centre
Gurratan Singh, MPP Brampton East
Kevin Yarde, MPP Brampton North
Prabmeet Sarkaria, MPP Brampton South
Amarjot Sandhu, MPP Brampton West
Sylvia Jones, MPP Dufferin-Caledon
Natalia Kusendova, MPP Mississauga Centre
Kaleed Rasheed, MPP Mississauga East-Cooksville
Sheref Sabawy, MPP Mississauga-Erin Mills
Rudy Cuzzetto, MPP Mississauga-Lakeshore
Deepak Anand, MPP Mississauga-Malton
Nina Tangri, MPP Mississauga-Streetsville
Nicole Cooper, Town Clerk, Town of Ajax
Michael de Rond, Town Clerk, Town of Aurora
Peter Fay, City Clerk, City of Brampton
Becky Jamieson, Clerk, Township of Brock
Kevin Arjoon, City Clerk, City of Burlington
Laura Hall, Acting Town Clerk, Town of Caledon
Anne Greentree, Municipal Clerk, Municipality of Clarington
Ralph Walton, Regional Clerk, Regional Municipality of Durham
Fernando Lamanna, Town Clerk, Town of East Gwillimbury
Rachel Dillabough, Town Clerk, Town of Georgina
Graham Milne, Regional Clerk, Regional Municipality of Halton
Clerk, Town of Halton Hills
Clerk, City of Hamilton
Kathryn Moyle, Clerk, Township of King
Kimberly Kitteringham, City Clerk, City of Markham
Meaghan Reid, Deputy Clerk, Town of Milton
Diana Rusnov, City Clerk, City of Mississauga
Lisa Lyons, Town Clerk, Town of Newmarket
V. Tytaneck, Town Clerk, Town of Oakville
Mary Medeiros, City Clerk, City of Oshawa

Susan Cassel, City Clerk, City of Pickering
Stephen Huycke, City Clerk, City of Richmond Hill
JP Newman, Clerk, Township of Scugog
Ulli S. Watkiss, City Clerk City of Toronto
Todd Coles, City Clerk, City of Vaughan
Christopher Harris, Town Clerk, Town of Whitby
Christopher Raynor, Regional Clerk, Municipality of York Region
Nancy Polsinelli, Interim CAO, Region of Peel
Cathy Granger, Acting Commissioner of Health, Region of Peel

Nando Iannicca
Regional Chair & CEO

10 Peel Centre Dr.
Suite A, 5th Floor
Brampton, ON L6T 4B9
905-791-7800 ext. 4310

REPORT TITLE: Responding to the Mental Health and Addictions Needs in Peel

FROM: Cathy Granger, Acting Commissioner of Health Services

RECOMMENDATION

That the advocacy as outlined in Section 4 (Key Priorities for Action) in the report from the Acting Commissioner of Health Services, titled “Responding to the Mental Health and Addictions Needs in Peel” be endorsed;

And further, that the Region of Peel request that the Province immediately approve and implement the new population-based funding formula for children and youth mental health services;

And further, that the Region of Peel request the Province to immediately establish and implement the same population-based funding formula for adult mental health and addictions services;

And further, that the Region of Peel continue to engage the Province to ensure that appropriate funding is provided for the additional system pressures that have resulted from COVID-19;

And further, that staff work with community partners to develop a targeted awareness and advocacy campaign that illustrates the experiences of children, youth and adults who face challenges accessing mental health and addictions services to support advocacy efforts for equitable funding for services in Peel;

And further, that the Regional Chair, on behalf of Regional Council, write a letter to the Minister of Health, the Associate Minister of Mental Health and Addictions, to advocate for implementation of the population based funding formula;

And further, that a copy of the subject report be forwarded to the Minister of Health, Associate Minister of Mental Health and Addictions, President and CEO of Ontario Health, Transitional Regional Lead for Ontario Health (Central Region) and CEO for the Central, Central West, Mississauga Halton and North Simcoe Muskoka Local Health Integration Networks, local Members of Parliament, local Members of Provincial Parliament and local municipalities in the Greater Toronto and Hamilton Area.

REPORT HIGHLIGHTS

- On March 12, 2020, Regional Council approved the Health System Integration Committee Recommendation HSIC-2-2020 that endorsed the advocacy approach outlined in the report titled “Addressing Community Mental Health and Addictions System Challenges in Peel”.

Responding to the Mental Health and Addictions Needs in Peel

- On March 3, 2020, the Province released *the Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System* which establishes the foundation for future investment and system improvements to guide the sector.
- Through the *Roadmap to Wellness*, the Province aims to address key challenges in the broader mental health and addictions system, many of which reflect key priorities for Peel, including extremely long wait times, issues with accessing services, uneven service quality, fragmentation and poor coordination of services.
- Since the release of the Roadmap, the Province, Region of Peel (Region) and health system partners have had to adjust to new challenges resulting from the COVID-19 pandemic. Recently, the provincial government announced up to \$12 million in emergency funding to expand online and virtual mental health supports for all Ontarians and specific services for frontline essential workers.
- Addressing challenges with social isolation, anxiety, mental health and addictions, and other inequities is especially critical during COVID-19. The Region has mobilized quickly to participate with community mental health and addictions system partners, leveraging local programs and initiatives such as Peel's Community Safety and Well-Being Plan, Home for Good Program, local Ontario Health Teams, and the Region's Community Response Table.
- The Region is committed to work collaboratively with community mental health and addictions service partners to implement the Province's Roadmap and continue advocating for investment to address gaps, ensure funding equity, and improve mental health and addictions service integration in Peel.

DISCUSSION

1. Background

On March 12, 2020 Regional Council approved Recommendation HSIC-2-2020 that endorses the advocacy approach brought forward at the February 20, 2020 Health System Integration Committee meeting titled "Addressing Community Mental Health and Addictions System Challenges in Peel". This report was also accompanied by a delegation from the Canadian Mental Health Association Peel Dufferin and the Peel Children's Centre. While the report detailed provincial directions and recent developments regarding investments in the mental health and addictions sector, the delegation noted immediate and ongoing challenges in the system, which have exacerbated during the current COVID-19 pandemic.

As highlighted to the Health System Integration Committee, the prevalence of mental health and addictions challenges in Peel has continued to parallel population growth. It is estimated that one in five people will be impacted by a mental health illness and/or substance disorder in any given year.¹ In Peel, this means an estimated 276,000 residents will experience a mental health and/or substance disorder. Yet, only one in three Peel residents received the treatment that they need leaving an estimated 184,000 Peel residents (including just over 60,000 children and youth) without the necessary treatment and appropriate community supports.²

In 2013, the Mental Health Commission of Canada projected serious economic and social consequences for failing to invest in mental health. Since then, research has shown that

¹ Mental Health Commission of Canada. (2013). Strengthening the case for investing in mental health in Canada.

² Offord Child Health Studies. (2019). Ontario Child Health Study.

Responding to the Mental Health and Addictions Needs in Peel

building capacity within mental health and addictions services can mitigate the downstream burden on hospitals, social welfare and the criminal justice system.³ In 2017, the Mental Health Commission of Canada reported that mental health problems often begin in childhood and adolescence, if left untreated, they can persist through to older age which results in human and economic impacts³. As an example, a study on child and youth mental health programs (i.e. the Better Beginnings, Better Futures Program) in Ontario have shown that investments over a four-year period generated almost \$938 in savings per individual across publicly funded services (including social welfare, family physician visits and impact on grade repetition).³ This is the precise reason why the Region of Peel is committed to ensuring fair, sustainable and equitable funding to ensure Peel residents do not experience challenges in accessing services that may exacerbate existing mental health and addictions challenges.

Given the recent challenges with the COVID-19 pandemic, existing disparities and system pressures will likely be further amplified and underscore the urgency for continued efforts to ensure that there is adequate and appropriate mental health and addictions supports to address the unique needs in Peel.

2. Overview of the Provincial Mental Health and Addictions Strategy: Roadmap to Wellness Plan

a) Provincial Roadmap for the Mental Health and Addictions System

On March 3, 2020, the Province released the “Roadmap to Wellness: A Plan to Build Ontario’s Mental Health and Addictions System” (Roadmap) which establishes the foundation for future investment and system improvements.

To support the implementation of the Roadmap, the Ministry of Health (Ministry) also established the Mental Health and Addictions Centre of Excellence, which is responsible for providing leadership to ensure the effective implementation of the Roadmap. Implementation of the Roadmap is centered on the following four pillars that will support the delivery of services Ontarians require across their lifespan:

- i) Improving quality: by identifying service gaps, establishing performance metrics, and setting service-level indicators.
- ii) Expanding existing spaces: including child and youth health services (youth hubs) to create an integrated continuum of services.
- iii) Creating innovative solutions: using best practices to inform the design of programs to address current gaps in care (including the provinces Mindability Cognitive Behavioural Therapy program).
- iv) Improving access: by streamlining and coordinating supports through a toll-free number, website with an online chat function, access to in-person supports, and ongoing collaboration with Ontario Health Teams. As part of the Province’s Roadmap, an initial investment of \$20 million in immediate funding will be used to launch the Mindability Cognitive Behavioural Therapy program.

b) Recent Provincial and Federal Announcements

³ Mental Health Commission of Canada. (2017). Strengthening the case for investing in Canada’s mental health system: Economic Considerations.

Responding to the Mental Health and Addictions Needs in Peel

As part of the Province's Roadmap, an initial investment of \$20 million in immediate funding will be used to launch the Mindability Cognitive Behavioural Therapy program. The province has made additional investments in recognizing the toll that the COVID-19 pandemic is taking on mental health. The Ontario government established a Mental Health and Addictions COVID-19 Response Table on May 5, 2020 to help mitigate the negative impact of COVID-19 on accessing public mental health and addictions services. The Response Table is currently identifying concerns, implementing quick solutions, supporting virtual care, and sharing best practices to ensure issues impacting the mental health and addictions system are addressed quickly.

Emergency funding of up to \$12 million will be used to immediately expand online and virtual mental health supports. This funding will help mental health agencies hire and train more staff, purchase necessary equipment and technologies, and expand services on a range of platforms including:

- Bounce Back: A guided self-help program for youth over 15 and adults through online videos and phone coaching supports.
- Kids Help Phone: which has seen a 24/7 virtual professional counselling, information and referrals to youth.
- Internet-based Cognitive Behavioural Therapy supported by therapists.
- Online Cognitive Behavioural Therapy for frontline health care workers experiencing anxiety, burnout or post-traumatic stress disorder.
- Training for Cognitive Behavioural Therapy-based interventions for frontline workers, including Telehealth and emergency departments, to better support individuals experiencing acute anxiety due to the pandemic.

The government has also presented \$2.6 million to Ontario Provincial Police (OPP) to hire new psychologists and mental health workers to support OPP personnel.

The federal government has announced \$240.5 million funding to develop, expand, and launch virtual care and mental health tools to support Canadians. Some of this funding has been used to support the Wellness Together Canada tools which offers self-guided courses, resources, group coaching, community of support, and phone or chat counselling with a dedicated line specific for frontline workers.

While recent investments are a step in the positive direction, the current and historic provincial funding formula does not adequately meet the level and pace of need in Peel (described in Appendix II). Current provincial funding is based on the previous year's funding amount with a set percentage increase that does not reflect the dynamic nature of population-based needs. While the Province has devised a population-based funding formula for the child and youth mental health and addictions sector, this model has not been formally released nor has a similar model been developed for the adult mental health and addictions sector, highlighting the need for continued sector advocacy to achieve a fair share of funding for Peel.

3. Current Community Responses in Peel

Addressing challenges with social isolation, anxiety, mental health and addictions, and other inequities is especially critical during COVID-19 to reduce further impacts to the mental health and well-being of residents in Peel. As COVID-19 protective measures are put in place, some programs have been put on hold while waitlists continue to grow. Additionally,

Responding to the Mental Health and Addictions Needs in Peel

there are concerns for the well-being of frontline and health care workers in positions of high risk as well as vulnerable populations with limited access to social supports.

The Region has mobilized quickly to participate with community mental health and addictions system partners through a coordinated approach, leveraging local programs and initiatives as highlighted in the Health System Integration Committee Report (i.e. Peel's Community Safety and Well-Being Plan, Home for Good Program and local Ontario Health Teams). Community partners are working to foster supportive environments, transform care pathways and mitigate risk for crisis situations by:

- Increasing opportunities for social connectedness, especially among youth i.e. through local Peel initiatives such as the Youth Empowering Students for Mental Health (YES4MH) initiative for secondary school students, Project Now to address suicide prevention, and the Malton Youth Wellness Hub to co-locate related services to support youth well-being.
- Improving system navigation for mental health and addictions services while supporting nurses and mental health support staff that have been an integral part of community responses to vulnerable persons needing isolation.
- Addressing needs around client-centered care pathways (particularly transitional points between youth and adult system) and ensuring timely access to mental health and addictions services.
- Outreach supports through Canadian Mental Health Association Peel to advise shelters on isolation and recovery best practices.
- Local agencies are increasing capacity to deal with increased service inquiries and crisis calls through virtual counselling and other supports. These demands have been met from resourcing in other parts of the mental health and addictions services.
- The Region established a Community Response Table (with over 90 virtual partners) where community organizations and municipal partners can share information and problem-solve together to meet the needs of vulnerable residents. The table has compiled a list of mental health and well-being supports that are available to provide mental health, stress and anxiety supports in the community. Many of these resources are updated and promoted through outreach by the Community Response Table.

4. Key Priorities for Action

COVID-19 has exacerbated existing pressures within the mental health and addictions system in Peel. The Region will continue to work with local stakeholders through an enhanced advocacy approach to build on recommendations from the Peel Community Mental Health and Addictions Round Table (October 2019), in addition to addressing needs identified through COVID-19.

As reported to the Health System Integration Committee, local priority areas (summarized in Appendix I, along with priorities outlined in the Roadmap) require focused advocacy efforts through a coordinated approach with sector partners.

Key advocacy priorities will include:

- Sharing recommendations with the Associate Minister of Mental Health and Addictions, Hon. Michael Tibollo, to address existing underfunding, especially for child and youth up to age 25, including counselling and therapy (see Appendix II for overview of key funding issues and requests identified by the partners present at the

Responding to the Mental Health and Addictions Needs in Peel

October Round Table) as well as updated funding formulas for the adult population to reflect needs in Peel;

- Identifying and working with local Members of Parliament (MPs) and local Members of Provincial Parliament (MPPs) to champion the issues and inequities within Peel's mental health and addictions sector which contribute to growing waitlists (that currently exceed the provincial average) along with other social impacts;
- Working through community partnerships (i.e. Community Response Table, Community Safety and Well-being Plan, and/or local Ontario Health Teams) and neighbouring Greater Toronto and Hamilton Area municipalities to develop a shared advocacy strategy including the development of a targeted public awareness campaign to showcase the value in investing in mental health and addictions services and raise awareness on existing mental health and addictions disparities that do not account for population growth in Peel; and
- Engaging the Province to target any and all mental health and addictions investments to Peel's community-based service system to address the mental health and addictions needs that are now being exacerbated to crisis levels by the COVID-19 pandemic including the need for enhanced mobile outreach, support for frontline workers, capacity to support self-isolation for homeless with mental health and addictions, and issues related to domestic violence.

RISK CONSIDERATIONS

Due to the ongoing response to COVID-19, the Province has yet to identify funding for mental health and addictions services that would address ongoing gaps and needs in Peel. While a formal Provincial budget expected in the Fall (2020) may contain new announcements, there will likely be financial challenges following the COVID-19 pandemic that may impact funding levels for local mental health and addictions programs and services.

Furthermore, there are few details regarding the next phase of Ontario Health Team implementation which will impact the transfer of funding accountability from LHINs to Ontario Health, and consequently the ability to effectively advocate for equitable funding allocations for mental health and addictions services. Staff continue to monitor provincial investments along with relevant policy implications for equitable funding and integration of community mental health and addictions services in Peel.

CONCLUSION

As the Province moves towards system recovery and readiness to implement the Roadmap, there is an opportunity for the Region and its community partners to engage with the Province to address funding equity and improved mental health and addictions services integration.

The Region of Peel will continue to work alongside community partners to support Peel's community mental health and addictions services through enhanced public policy and advocacy, as well as system collaboration and data coordination.

APPENDICES

Appendix I - Opportunities for Peel within the New Provincial Mental Health and Addictions Strategy

Appendix II - Addressing Community Mental Health and Addictions System Challenges in Peel

Responding to the Mental Health and Addictions Needs in Peel

For further information regarding this report, please contact Brian Laundry, Director, Strategic Policy and Performance, brian.laundry@peelregion.ca.

Authored By: Cassandra Masley, Research and Policy Analyst and Niyati Salker, Advisor, Strategic Policy and Performance, Health Services

Reviewed and/or approved in workflow by:

Department Commissioner and Division Director.

Final approval is by the Chief Administrative Officer.



N. Polsinelli, Interim Chief Administrative Officer

Appendix I Responding to the Mental Health and Addictions Needs in Peel

Key Priorities identified at the Peel Mental Health and Addictions Round Table	Key Opportunities within Provincial Mental Health and Addictions Priorities in Roadmap
<p>Inequitable funding for the following:</p> <ul style="list-style-type: none"> • Counselling and therapy core services for youth and adults • Services specific to children and youth mental health • Adult mental health and addictions services • Supportive housing allocation 	<ul style="list-style-type: none"> • Province acknowledges that some of today's funding is based on historical arrangements • Note that consistency and quality of services vary from provider to provider, and between • Centre of Excellence will deliver evidence-based services and clinical care to provide more • Better organize the system to provide high-quality and evidence-based services across a p • Framework and standards to define core provincially-funded services, ensure consistency • funding to address any gaps and equity. • Framework to also leverage work on children and youth core services. • Planning to expand services including implementing Mindability, a cognitive behavioural th • by OHIP, and addictions services.
Growing waitlists	<ul style="list-style-type: none"> • Province acknowledges that the demand for mental health and addictions services exceed • resulting in long wait times for services. • Framework will help match Ontarians to right core services more quickly with goal to get O • care in a timely manner. • By expanding and adding new programs, the province hopes to see a decline in waitlists f
Lack of system planning and service delivery	<ul style="list-style-type: none"> • Province acknowledges that there is poor coordination across the system results in ineffici • family experience, as people struggle to navigate between services. • Centre of Excellence will deliver evidence-based services and clinical care to provide more • Support and resources to Ontario Health Teams to connect patients to the types of service • navigation. • Work with people with lived experience, service providers and researchers to ensure their • Framework to develop a level of needs approach to link providers across various care sett • Coordinate access to services by developing a website with an online chat function, client • wide number where Ontarians can call to access crisis counselling, screening and referral • services, and to learn more about services.
Absence of centralized intake	<ul style="list-style-type: none"> • Province acknowledges that Ontarians do not know what services exist or where and how • Centre of Excellence will establish a single point of accountability and oversight. • Support and resources to Ontario Health Teams to connect patients to the types of service • navigation.

Appendix I
Responding to the Mental Health and Addictions Needs in Peel

Lack of access to physicians and psychiatrists and poor integration of psychiatry	<ul style="list-style-type: none">• Province acknowledges that that consistency and quality of services vary from provider to regions.• Centre of Excellence's Framework to develop a level of needs approach to link providers and services
Lack of supports for culturally appropriate/diverse populations	<ul style="list-style-type: none">• Plan will work to include services for Indigenous people and communities, and the francophone community
Lack of housing	<ul style="list-style-type: none">• Supportive housing investments will alleviate pressures on acute care settings by delivering services as people living with mental health and addictions challenges transition from hospital to community
Lack of standardized data	<ul style="list-style-type: none">• Province acknowledges that Ontarians, service providers and system planners do not have the data they need, limiting effective oversight and accountability.• Centre of Excellence will be responsible for standardizing and monitoring quality while creating a framework of indicators and shared infrastructure to disseminate evidence and findings

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

October 21, 2019

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

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PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

SUMMARY

This report is in follow up to the October 21, 2019, Peel Community Round Table with the Associate Minister of Mental Health and Addictions and community partners who are working to improve the mental health and wellbeing of Peel's residents. The round table was a result of a delegation by Region of Peel staff and representatives of Regional Council at AMO in August 2019. Following AMO, the Region of Peel and Ministry of Health coordinated the round table with 11 service providers (see page 10) invited to participate in the meeting and respond to discussion questions provided by the Ministry (see Appendix I). Through opening remarks Minister Tibollo acknowledged the need for a comprehensive strategy across the life span, that is culturally sensitive and emphasizes local connected programs and services close to home. Minister Tibollo also cited the importance of preventative resources while balancing the needs to support those who are impacted the most.

Among the discussion, there was shared attention by community partners concerning system challenges within the community mental health and addictions sector in Peel. In particular, access to services across the lifespan has been challenging as a result of Peel's rapid population growth and chronic underfunding of programs and services. This report reflects discussion at Peel's community round table to:

- Examine the needs, gaps and opportunities within the mental health and addictions system in the Region of Peel; and
- Identify areas of immediate investment and opportunities to scale up successful programs and services for those in need across the life continuum.

The Region of Peel is encouraged by the work and approach of the Ministry of Health and Associate Minister of Mental Health and Addictions to develop a comprehensive long-term strategy along with the Centre of Excellence for Mental Health and Addictions. The Region of Peel looks forward to continuing to work with community partners and the province to develop a strengths-based mental health and addictions system across the lifespan.

PEEL CONTEXT

- In Ontario, the burden of illness on society for mental health disorders is 1.5 times greater than all cancers combined and seven times greater than all infectious diseases combined.¹
- It is estimated that 1 in 5 people will be impacted by mental health illness and/or substance disorder.² In Peel that means:
 - Over 276,000 Peel residents will experience a mental health and/or substance disorder, including over 62,000 children and youth (0 to 17 years) as well as over 28,000 young adults (18 to 24 years).
- Yet, only 1 in 3 Peel residents will receive the treatment that they need.³ This means that an estimated 184,000 Peel residents (including approximately 60,000 children and youth) will not receive the care that they need.
- Peel continues to experience rapid population growth adding pressure to service levels that are unable to keep pace with demand. Over the last 20 years, the population in Peel has increased by 38% (19% in the last 10 years alone).⁴ By 2041, Peel's population is expected to exceed 1.97 million, representing one of the largest and fastest growing population groups in the Greater Toronto Area.⁵
- Considerations for inclusive and accessible service delivery is important given the diversity within Peel.

¹ Mental Health Commission of Canada. (2012). Opening eyes, opening minds: The Ontario burden of mental illness and addictions report.

² Mental Health Commission of Canada. (2013). Strengthening the case for investing in mental health in Canada.

³ Offord Child Health Studies. (2019). Ontario Child Health Study.

Hamilton Health Sciences. (2019). Hamilton researchers find one in five children have a mental health disorder.

⁴ Peel Data Centre. (2016). <http://www.peelregion.ca/planning-maps/2016-population-dwelling-counts-bulletin.pdf>

⁵ Statistics Canada. (2016). Peel Census Data.

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

- Over half (52%) of Peel's residents are immigrants, 1.8 times higher than in Ontario (29%).⁶
- Peel has the highest proportion of visible minorities (62%) within service boundaries in Ontario.⁷

Recognizing local challenges related to historical underfunding and lack of system integration, two advocacy positions were endorsed by Peel Regional Council as Regional priorities in November 2016 and continue to be supported.

The Region of Peel recommends:

- That the provincial government should address historical inequities in funding for mental health and addictions services in Peel to support improved access to services within the community and ensure that funding matches community needs and reflects demographic changes.
- That the provincial government should integrate mental health and addictions system planning and service delivery to ensure seamless access to services across the entire age continuum (children to seniors) and work across ministries on the basic social needs required for mental health promotion and recovery, such as housing.

KEY ISSUES IN PEEL

While not unique to the mental health and addictions sector, Peel has experienced historical underfunding and challenges with system integration which directly impacts accessibility and quality of care across the age continuum. The Region of Peel continues to seek opportunities to enhance Peel's community mental health and addictions services, so Peel residents have access to the necessary supports and services, and the opportunity to experience a greater sense of well-being, belonging and quality of life.

The data below presents a snapshot of what is known about the impact of mental health and addictions issues within Peel.

BURDEN ON EMERGENCY DEPARTMENTS

- Emergency department visit rates have increased over time; between 2003 and 2016, substance related mental health disorders and anxiety disorders had the greatest increase in emergency department visits.
 - Forty-four per cent of children and youth in Peel aged 0 to 24 years did not receive mental health care from a family physician, pediatrician or psychiatrist prior to a visit to the emergency department.⁸
 - Mood and anxiety disorders visits have doubled among individuals aged 14 and younger and those 15 to 24 years old.⁹

MENTAL ILLNESS

- Approximately 53,000 residents in Peel are experiencing depression, it is the most prevalent mental health disorder in Peel.¹⁰
- It is estimated that 25,732 individuals aged 15 and older have experienced anxiety disorders in Peel.¹¹
- Emergency department visits for all mental health disorders have more than doubled among individuals younger than 24 years.¹²

⁶ Peel Data Centre. (2016). Population Infographic.

⁷ Ibid

⁸ Health Quality Ontario. (2018). Measuring up: A yearly report on how Ontario's health system is performing.

⁹ Canadian Institute for Health Information. (2016).

¹⁰ Canadian Community Health Survey Share File-Mental Health Module, 2015/2016, Statistics Canada. Ontario Ministry of Health and Long-Term Care.

¹¹ Canadian Community Health Survey Share File-Mental Health Module, 2012, Statistics Canada. Ontario Ministry of Health and Long-Term Care.

¹² National Ambulatory Care Reporting System, 2003–2016, Canadian Institute for Health Information (CIHI). IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

- Six per cent of Peel residents (similar to Ontario) aged 15 years and older have had suicidal thoughts in their lifetime.¹³

ADDICTION ISSUES

- In 2016, alcohol was the most commonly reported substance used among Peel residents.¹⁴
- The number of opioid-related deaths increased sharply in 2014 (45 deaths) and again in 2017 (81 deaths). Since June 2017, opioid-related deaths have remained constant, with 41 deaths in the first three months of 2019.¹⁵
- Peel's children and youth mental health providers report an increased number of calls from parents and school personnel who are in need of education and supports both on concurrent disorders and an addiction to gaming which is negatively impacting children's abilities to function.¹⁶

¹³ Canadian Community Health Survey, 2015/2016, Statistics Canada. Ontario. Ministry of Health and Long-Term Care.

¹⁴ Canadian Institute for Health Information. (2016).

¹⁵ Public Health Ontario. (2019). Opioid-related morbidity and mortality in Ontario.

¹⁶ Peel Children's Centre. (2019).

KEY OPPORTUNITIES FOR ACTIONS TO SUPPORT THE MENTAL HEALTH AND ADDICTIONS SECTOR IN PEEL

Sustainable funding, integration of service planning and delivery, access to services and formal care providers, standardized data and culturally sensitive programs are important for maintaining a patient-centred approach, alleviating key system pressures, and addressing hallway health care. For reference, Central West LHIN is responsible for the adult sector for the Brampton and Caledon areas of Peel Region and Mississauga Halton LHIN is responsible for the Mississauga area of Peel Region for the adult sector. Peel Children's Centre is the lead agency for children's mental health service across Peel Region. Feedback from local service providers' perspectives on challenges are summarized below to inform areas of meaningful and evidence informed investments for Peel's residents (See Appendix I for supplemental notes from the Community Round Table):

Inequitable funding

- Peel's six children and youth mental health agencies¹⁷ serving children and youth from birth to age 24 years, are grossly underfunded; according to Peel Children's Centre, Toronto receives six times the funding amount as Peel.
- Counselling and therapy represent the greatest need for core service funding for children and youth.
- Lower per capita funding allocated to both LHINs servicing Peel's adult (aged 15-64 years) mental health and addictions services;¹⁸ for 2019-2020, Central West and Mississauga Halton LHINs received \$54.23 and \$43.31 respectively for mental health and \$11.46 and \$10.58 respectively for addictions services. This is lower in comparison to Ontario's average of \$86.36 for mental health and \$20.91 for addictions.¹⁹
- Services and Housing in the Province (SHIP) report that \$23.98 is allocated per client per day. This starkly contrasts to the recommended amount by the Mental Health Commission of Canada who estimated in 2016, a client should receive \$91 to \$127 per day (current calculation accounting for inflation).

Growing waitlists

- As of August 2019,²⁰ 262 children and youth were on a 6-12 month wait list for counselling/ therapy – intensive supports in Peel. As this service requires longer sessions with clients, waitlists are lengthier.
- As of November 2019,²¹ estimated wait times for services funded by the Central West and Mississauga Halton LHINs exceed the Ontario average, especially within the Central West LHIN catchment area- Centralized/Coordination Access at 150 days, Case Management/Supportive Counselling – Mental Health at 102 days and Supports within Housing at 336 days.

Lack of system planning and service delivery

- Historically, planning and coordination of mental health and addictions services has been divided between two "systems" – one for adults (ages 16+ years) and one for children and youth (0-24 years).
- At a local level, oversight has been the responsibility of the Local Health Integration Networks (Central West and Mississauga Halton) for adult services, and the Peel Children's Centre as Lead Agency for children and youth services.

¹⁷ Associated Youth Services of Peel, Peel Children's Centre, Nexus Youth Services, Rapport Children & Family Services, Trillium Health Partners and William Osler Health System.

¹⁸ Historically, funding allocation has been reported for adults 20+ years; service utilization is now reported for ages 15-64 years and is starkly underfunded in comparison to the Ontario average.

*Community Mental Health FY2018 MLPA Funding with Adjustments and Addictions Program FY2018 MLPA Funding with Adjustments

¹⁹ Community Mental Health FY2018 MLPA Funding with Adjustments and Addictions Program FY2018 MLPA Funding with Adjustments

²⁰ Peel Children's Centre. (2019).

²¹ Connex Ontario. (2019).

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

- Given the existing and separate system level planning of children/youth and adult services, transitional aged youth/young adults (18-25 years) are greatly underserved in Peel.
- Seniors' mental health also requires system integration for services depending on the levels of physical and cognitive capacity.
- Lack of integration of mental health and addictions services within primary care (inclusive of family involvement, psychiatry and community support services) has a direct impact on accessibility and quality of care across the age continuum resulting in long waitlists and use of hospital Emergency Departments (ED). For example, in Peel, 32% of adults with a mental health related ED visit did not receive prior care from a physician.²² Moreover, as reported in 2017, Peel Regional Police saw a 37% increase in mental health related calls over the last five years, which is upwards of 16 calls per day.²³
- There is a need to standardize the delivery of programs across multiple service providers in the Central West LHIN (even within the same functional centre) for adults 16 and up. Frequency of contact, duration, location of services as well as the expertise and methodology used to deliver mental health and addictions programs vary across provider and requires consistency.

Absence of a centralized intake

- There is a great need for all mental health and addictions services to have common intake and assessment processes for patients (children, youth and adults), families and clinicians to understand their choices while waiting to receive services and supports.

Lack of access to physicians and psychiatrists and poor integration of psychiatry

- In addition to long wait lists, there is a lack of physicians²⁴, psychologists²⁵, inpatient beds²⁶ as well as low mental health inpatient admissions as reported by the Central West and Mississauga Halton LHINs.

Lack of supports for culturally appropriate/diverse populations

- Both clients and service providers/settlement workers report lack of culturally sensitive supports and services as a barrier for newcomers to Peel as well as staff having a lack of knowledge to provide the right supports and services.²⁷
- Family centred and culturally appropriate approaches within programs/services is very sporadic in supporting persons with mental health and addictions challenges.
- LGBTQ2S, Indigenous and Racialized populations lack appropriate supports and services.

Lack of housing

- Low stock for affordable and supportive housing.

Lack of standardized data

- Lack of measurement and reporting of client outcomes for the entire mental health and addictions system inhibits the capacity to improve the client's care pathway.

²² Health Quality Ontario. (2018). Measuring Up.

²³ Peel Regional Police. (2017).

²⁴ In 2016, the rate of physicians per 100,000 Ontarians was 99.1. The Central West LHIN only has 73.9 physicians per 100,000 people. Meanwhile, in the Mississauga Halton LHIN, there was 91.3 physicians per 100,000.

²⁵ In 2016, there were 24.3 psychologists per 100,000 people in Ontario and 20.5 per 100,000 people in the Mississauga Halton LHIN. However, in the Central West LHIN the rate of psychologists was much smaller in comparison, at only 9.1 per 100,000 people.

²⁶ In 2019, the rate of mental health beds in Ontario is 38.6 per 100,000 people. This represents more than half of available beds in the Mississauga Halton LHIN, at 13.3 per 100,000 and Central West LHIN, at 10.8 per 100,000.

²⁷ Peel Newcomer Strategy Group. (2019). Report on Peel Newcomers.

EVIDENCE-INFORMED SERVICES AND PROGRAMS – LOCAL SUCCESS

Highlighted below are evidence-informed therapeutic programs and services that demonstrate success for our residents in Peel region. Direct infusion of investments in these services will improve care, decrease waitlists and wait time, reduce use of emergency departments and address hallway health care. Feedback from local service providers' on evidence-informed services and programs are summarized below to inform areas of investments for Peel's residents.

Psychotherapy: Cognitive Behavioural Therapy (CBT), Dialectal Behaviour Therapy and Trauma-focused CBT

- For children and youth aged 0-24 years, investments in CBT will help to reduce distress and improve the day to day lives of children and youth struggling with the most prevalent mental health disorders (e.g., anxiety, depression, eating disorders, substance use disorders and trauma). These services have produced positive outcomes and have been shown to be cost-effective for children as young as 4, through to youth and young adults.
- For young adults/adults and seniors, investments will help to reduce wait times, making it easier to access care when needed. People are in need of faster, more equitable access to mental health supports that will compliment the medical model, build coping strategies to improve self-management and support recovery.

Rapid Access Addiction Medicine (RAAM) Clinics

- In fiscal year 2018/19, the clinic supported 53% (131 of 248) of clients in Peel Region. Pending funding, RAAM Clinics provided in Mississauga and crisis services in Peel will expand to include the Mobile Crisis Rapid Response Team (MCRRT).²⁸
- Investments of \$1.4 million would enable the opening of four clinics and serve an additional 3,200 visits per annum in Mississauga by funding additional medical supervision, nurse practitioner, nursing, concurrent disorder, psychiatry, and pharmacy services.

24/7 Crisis Walk-in Service

- In line with best practice, access to walk-in crisis services will minimize emergency department visits, mitigate imminent client safety risks, and enable direct connection and referral to appropriate ongoing community-level supports. This service would work within existing partnerships and address the remaining critical gap in crisis services in the Region of Peel. This 24/7 Crisis Walk-In Service would also address a gap in the continuum of walk-in crisis services for adults as this service doesn't currently exist.
- Investments of \$1.43 million would enable 24/7 Crisis Walk-in Service to operate and serve 3,500 visits per annum for crisis support workers, counselling, and intake services.
- An additional \$1.5 million would allow the addition of two more Mobile Crisis Rapid Response Teams (MCRRT) to help reduce apprehensions under the Mental Health Act by approximately 1,000 from the current 6,700 per year, reducing the burden on both police and emergency departments at William Osler Health System and Trillium Health Partners.

In-STED

²⁸RAAM Clinics offer rapid assessments, education, and withdrawal management, to reduce risk and support harm reduction for clients in urgent need of addiction care. MCRRT allows crisis workers to ride along with uniformed officers to respond to live 911 calls involving mental health and addiction crisis. Crisis workers will conduct onsite assessment to de-escalate and support individual's in current crisis.

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- In fiscal year 2017/18, In-STED²⁹ supported 806 clients. By connecting with clients in the emergency department, it successfully reduced repeat emergency department (ED) visits by 65%.
- Investments of \$3.276 million would allow In-STED to operate across all hospital Emergency Departments in the Region of Peel, 24 hrs per day, 7 days per week and serve 3,454 clients and 21,000 visits per annum.

Stepped Care model

- Since implementation in January 2019, the stepped care model³⁰ has reduced wait time for psychiatric consultations by 80% (from 365 days to 90 days). Furthermore, wait time for psychotherapy reduced by 85% (24 weeks to 2 weeks). Patient participation increased by 138% and as a result more than double the number of unique individuals were served.
- Investments in an additional four to six full time social work staff (\$400,000 to \$600,000) would allow Osler to keep pace with Peel's growing population (approximately 10 % annual growth rate of mental health and addictions patients at Osler) and to meet the unmet need of mood and anxiety in chronic disease patients (i.e. dialysis, diabetes, cancer etc.).
- An investment of approximately \$450,000 per 1,000 patients³¹ in this program would allow the creation of an e-therapy program within the established Stepped Care Program; patients at lower intensities could access treatment interventions remotely without missing school or employment obligations. Further investment would also allow expansion of William Osler Health System's Stepped Care Program to family health teams teaching them to provide lower intensity services (step 1 and 2), while the hospital can accommodate the more complex patients in higher intensity services (steps 3 and 4).

Mental Health and Addiction Supportive Housing Programs

- **SHIP's High Support program**³² - Individuals are successfully housed through direct alternative level of care referrals from institutions like the Centre for Addiction and Mental Health (CAMH) which has in turn increased CAMH's capacity to serve individuals who require acute specialized care. In addition, the High Support program has provided choice-based housing with customized supports which has increased housing stability and has reduced ED visits and re-hospitalizations and will benefit from funding because the High Support provides a safe alternative for individuals with co-occurring complex mental health issues who are struggling to remain housed.
- **SHIP's Housing In Place Team (HIP)**³³ - HIP has resulted in successful choice-based housing placements with high retention rates and a reduction in ED visits and hospitalizations. This is due to a specialized support approach which meets the individual "*where they are at*". Providing non-traditional supports like community trauma, hoarding, tenancy and financial literacy combined with traditional mental health supports has demonstrated positive outcomes for housing retention and an individual's recovery journey. Investments would assist in program delivery through a housing first needs approach that would support individuals who require housing and supports from using system access points like emergency rooms, EMS services, police services, etc. as well as reducing waitlists. Additional funding could create a preventative proactive extension of HIP that would assist in

²⁹ In-STED facilitates successful transitions to community level supports and services and provides an opportunity for reciprocal knowledge transfer of system navigation between hospital and community health professionals.

³⁰ Adapted from Improving Access to Psychological Therapies (IAPT) from the UK

³¹ Partnership opportunity with CBT Associates – MindBeacon

³² A model of housing designed to assist individuals who are challenged with complex mental health and co-occurring issues which is built on a solid foundation of support for marginalized populations.

³³ Provides supportive housing and intensive case management for people with serious mental health issues and/or those with problematic substance use who are homeless or at risk of homelessness. (e.g. SHIP's Hansen Building).

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

diverting individuals who are on the trajectory towards homelessness due to their mental illness or addiction.

- For the above programs, immediate investments to support 12 complex clients per one full time staff would equate to \$262,800 (\$90,000 per FTE plus \$1,200 per client).
- **Housing and Support Program (HASP)**³⁴ through Trillium Health Partners, HASP would benefit from the development of a subsidy fund to support mental health and addiction patients by allowing access to market valued rental properties. Measured outcomes include drastic reduction of patient homelessness and further reductions in the use of short-term shelters and safe-beds.
- A subsidy fund of \$1,194,000 would provide secure and safe housing for 250 individuals for a 5-year period.

Peer programs/services

- Youth and adult peer support and caregiver peer support models³⁵ can improve system navigation, help families cope while waiting for care or offer additional support post-treatment.
- Peer support services and the involvement of people with lived experience have been shown to be effective in assisting individuals self-manage their mental health needs and generate superior outcomes in terms of engaging “difficult to reach” individuals.

Respite services

- These services³⁶ provide temporary relief for families of children who are struggling with mental health issues or for parents who are experiencing mental health issues that are directly affecting their child/youth’s daily functioning. Services have demonstrated reduced risk of family breakdown and decreased child and family stress. Further investments will provide continued supports; thus, improving the quality of life for parents and children.

Public Health Population Approaches

- A commitment to the promotion of mental health through the Ontario Public Health Standards is foundational to a comprehensive approach to addressing and optimizing mental health within the population. Furthermore, incorporating a harm reduction and public health approach to substance use and addiction allows for a more upstream approach to reduce harm and keep people alive, as well as implement prevention initiatives that support children and youth.

³⁴ While there are many housing options in south central Mississauga, the monthly housing allowance through ODSP of \$464 does not support stable housing in the housing crisis of which Mississauga is facing. The HASP fund would be most beneficial in partnership with the SHIP program.

³⁵ Peers are increasingly becoming recognized as valued members within the care team by numerous mental health and addictions programs nationally and internationally.

³⁶ Services are provided out-of-home and in-home (community-based respite)

CONCLUSION

Locally in Peel, mental health and addictions system integration and funding equity remain priorities in achieving a Community for Life for Peel's residents. Addressing funding inequities and system integration for services supported within and across ministries is imperative to ensure seamless transitions between children and youth to adult mental health and addiction services. As the province moves toward the establishment of the Centre of Excellence for Mental Health and Addictions, Peel looks forward to working with the province to improve and sustain Peel's mental health and addictions services through a strengths-based lifespan approach.

Thank you to our Community Mental Health and Addictions Partners that attended the Peel Mental Health and Addictions Round Table and supported the development of this report:

- Central West LHIN
- Canadian Mental Health Association (CMHA) Peel Dufferin
- Hope Place Centre
- Mississauga Halton LHIN
- Peel Addiction Assessment and Referral Centre (PAARC)
- Peel Children's Centre (PCC)
- Peel Regional Police
- Punjabi Community Health Services (PCHS)
- Services and Housing in the Province (SHIP)
- Trillium Health Partners
- William Osler Health System

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

Appendix I – Community Mental Health and Addictions Round Table (October 21, 2019)

Question	Themes
<p>1. What are the key barriers to accessing MHA services in this part of Ontario and what would it take to address these issues?</p>	<p>Barriers for Community Partners</p> <ul style="list-style-type: none"> • Funding inequities <ul style="list-style-type: none"> ○ children and youth services receive 1/3 of funding ○ adult sector underfunded; one of lowest per capita ○ Per Capita funding: overall funding for Central West and Mississauga Halton LHINs are less (\$973 vs \$1900 for Ontario). \$12 million base funding over last 7 years: \$63 for Central West LHIN vs. \$200 Ontario. • Geography of services (rural vs. urban) <ul style="list-style-type: none"> ○ Getting care as close to home • Social determinants of health / poverty • Access points: multiple access points, enter one door; how to get right services at right time <ul style="list-style-type: none"> ○ Child and youth mental health addictions (strengths-based) vs. adult (diagnostic) need to change communications, language, integration • Circle of care -expansion <ul style="list-style-type: none"> ○ family centered approach: how to get family involved when consent and confidentiality becomes an issue • Need wide range of supports (available in one team): family services, intake, case management, etc. • Need to meet people where they are – services can't be prescribed (holistic view) • Lack of psychiatry; psychiatry not community based – needs to be integrated into multidisciplinary teams • Lack of counselling for 18-25 years • Psychotherapy application for under 18 years • Culturally sensitive services <ul style="list-style-type: none"> ○ Cultural sensitivity is needed i.e. Cognitive behavioural therapy (CBT) for South Asian community – is this a good model is being asked (partnered with CAMH on 5-year pilot) ○ Consent/ privacy issues (PHIPPA concerns - look at provincial level since it can be addressed) <p>Barriers for Peel Regional Police</p> <ul style="list-style-type: none"> • Peel Police Resourcing issues upon entry to hospital due to lowest number of mental health beds in Peel (approx. 1 to 70,000 / vs. 1-6,000 province)

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

	<ul style="list-style-type: none"> • Crisis supports: transitions from MCRRT and COAST – present initial issues then reengage with police when there is no one else to call - recidivism • Lack of supportive housing and mental health care – impacts policing downstream • Opportunities <ul style="list-style-type: none"> ○ Collaboration is the goal ○ Best practices: need to look at multidisciplinary teams within each sub-region ○ Alignment: what people need vs. scope of services – there is sometimes a disconnect ○ How do we change genetic makeup of outreach teams? (transitional housing and mental health) - need to expand ○ Community treatment: need to look at alternative dispute resolution, employment, other elements important to an individual etc. ○ Synergy and expansions of MCRRT and COAST programs
2. What do you see as the opportunities and risks in starting to articulate a provincial quality agenda for MHA, for example the introduction of common program and service standards setting out minimum expectations for delivery?	<p>Risks with opportunities to change</p> <ul style="list-style-type: none"> • There is an advantage with having common standards but risk if become too standardized. <p>Addictions sector challenges</p> <ul style="list-style-type: none"> • Cognitive Behaviour Therapy (CBT) - not everyone benefits and can de-skill ability to provide psychotherapy which may lower resilience • Addictions need psychotherapy (which is not funded). Pathologizes situational events • Data – wrong metrics: worker productivity instead of outcomes of patients • Clinicians are tracking on multiple databases • Administration is taking up too many resources (need to determine what matters most from a tracking perspective) • Siloed funding – by functional center within organizations = inefficiency • Unable to cross-pollinate funding within agency – need some flexibility • Mississauga Halton LHIN health service providers got accredited which may be an opportunity for all community agencies • Technology: a challenge; need a digital strategy for the sector <p>Supportive Housing sector challenges</p> <ul style="list-style-type: none"> • Reiterated supportive housing needs • Peel for Zero campaign: list of homeless individuals in community – prioritize those folks (high service users with mental health and addictions challenges); address chronic and high-risk folks

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

	<ul style="list-style-type: none"> • Non-chronic users are creeping up to be chronic system users: need to tackle both groups simultaneously • Cited Housing First model: housing first teams • Assertive Community Teams (ACT) - wrap around services within housing • Enhance Flexible Assertive Community Treatment Teams (FACT) <p>Hospital Sector</p> <ul style="list-style-type: none"> • Brampton is an underserved area – Brampton Civic Hospital sees 400 patients a day (many are mental health patients) • Need to move past reactive approach towards true population approach, prevention approach - housing, harm reduction etc., whereas currently the hospital is seen as a rescue medicine approach <ul style="list-style-type: none"> ○ Need for strong client/patient voice • May be a risk of reducing to lowest common denominator of service delivery for specific populations with innovation (not meeting clients' needs due to need for cultural sensitivity) • Need supports to understand population challenges – i.e. urban versus rural challenges • Need client, patient, caregiver voice representation • Acute care requires more virtual care <ul style="list-style-type: none"> ○ Compensation structure for physicians and psychiatry needs to change to support virtual care (seen some strides on addictions side) ○ Referenced UK's Improving Access to Psychological Therapies (IAPT) programme by Dr. Clark • Stretch funding for mood/anxiety continuum: for lower acuity events • Step care models: level of need to level of service are matched (for mood and anxiety disorders) where clients can receive services that are evidence based in the community – also recommended by Mental Health Commission of Canada <ul style="list-style-type: none"> ○ Brampton Civic Hospital: step 1-4 implemented but digital not implemented because of resources (Scarborough has it) ○ Step care in hospitals should be extended into community
<p>3. What has your community been doing to integrate care across parts of the health system (primary care, acute care, MHA) and across sectors (between the MHA system and schools, social housing providers, social assistance administrators, etc.)? Do you see Ontario Health Teams as providing further solutions to the challenge of integrated care?</p>	<p>Integration Opportunities</p> <p>Local LHINs</p> <ul style="list-style-type: none"> • Ontario Health Teams (OHT): Region of Peel is fully covered <ul style="list-style-type: none"> ○ Partners have collaborated in a new way – continuum of mental health and addictions services will be included ○ Exposure with partners have helped make connections • Mississauga Halton LHIN has been partnering for a healthy community: integrated approach with education, acute care, public health, police, etc., and communities

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

	<ul style="list-style-type: none"> ○ Opioid capacity project; invested in peer supports, residential care ○ Mental health and justice projects with MCRRT program with CMHA Peel Dufferin and Peel Police ○ Important to focus on culturally sensitive model – can't be one size fits all model ○ Health equity is important: constituents challenged with affordability and food security ○ Can't focus on reactive piece alone ○ Mississauga Halton LHIN is collecting data – demonstrating services not addressing all needs in the community <p>Mental Health and Addictions Sector</p> <ul style="list-style-type: none"> • Three CMHA Peel Dufferin sites are co-located with primary care (integration with physicians and nurse practitioners to support navigating patients) <ul style="list-style-type: none"> ○ Promising outcomes: received care in new ways but participating in FACT Model; will share results with partners ○ RAAM: 5 clinics in Central West LHIN; 3 more clinics to be opened in Mississauga Halton LHIN ○ Dialectical Behaviour Therapy (DBT): working with family health team to start a DBT program for chronic suicidal behaviours <p>Addictions (specific) Sector</p> <ul style="list-style-type: none"> • Mental health and addictions have been integrated but it is integration with rest of the system that requires improvements e.g. primary care • Integration with William Osler Health System <ul style="list-style-type: none"> ○ youth withdrawal management program ○ unique partnership with EMS to reduce recidivism and emergency department visits ○ Seniors and homeless populations a focus: need better physical and emotional access to services ○ Co-location opportunities are important and need more of them ○ Opioid strategy integration with physicians is ongoing • Direct transfer from hospitals: individuals get dropped after going to emergency department • In-patient addiction treatment transitions
<p>4. What do you see as “easy wins” in the areas of prevention and early intervention among children and youth – things we could be doing, or</p>	<p>Children and Youth Mental Health Sector</p> <ul style="list-style-type: none"> • Need to determine behavioural issues versus mental health challenges • Child and youth mental health into Ministry of Health presents new opportunities for collaboration

PEEL COMMUNITY MENTAL HEALTH AND ADDICTIONS: ROUND TABLE SUMMARY

<p>doing differently, that would make a difference in young people's lives?</p>	<ul style="list-style-type: none"> • Wheretostart.ca (front door access)– Peel Children's Centre has led integration as Lead Agency role which can be leveraged and learned for adult mental health and addictions for alignment • Need for more crisis services for families to call for under / over 18 years <p>Young Adults/Adults</p> <ul style="list-style-type: none"> • Punjabi Community Health Services - Innovation to bridge access challenges: "meet me where I am program" which embed case workers in faith centres (bringing services where people need them) <p>Hospital Sector</p> <ul style="list-style-type: none"> • Member of Medical Psychiatry Alliance: pilot project for screening youth with diabetes (pediatric cases) are also screened for depression/ anxiety- linking those youth with services (embedded mental health with physical health) – but challenge is screening also requires sufficient/ appropriate services to link them to thereafter • Partnership is an easy win - partnering with school districts (Peel Children Centre, school board, public health) • Launching Project Now to reduce child and youth suicide • Reducing stigma is a key aspect • Trillium is looking for technology as an opportunity to address mental health needs • Transitional aged-youth supports: addressing transitions for high need • Early identification in youth addiction: gaming technology-based addictions which are on the rise (not flagged often) - William Osler Health System has seen 200% increase in addiction gambling; cannabis use risks • Psychiatry based intervention – early diagnosis and stabilization and navigating to community resources <p>Peel Regional Police</p> <ul style="list-style-type: none"> • School Resource Officer: leveraging officers in prevention and intervention space with integration into school curriculum
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