

Mental Health and Addictions System Performance in Ontario

A Baseline Scorecard

SUMMARY

March 2018



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About This Report

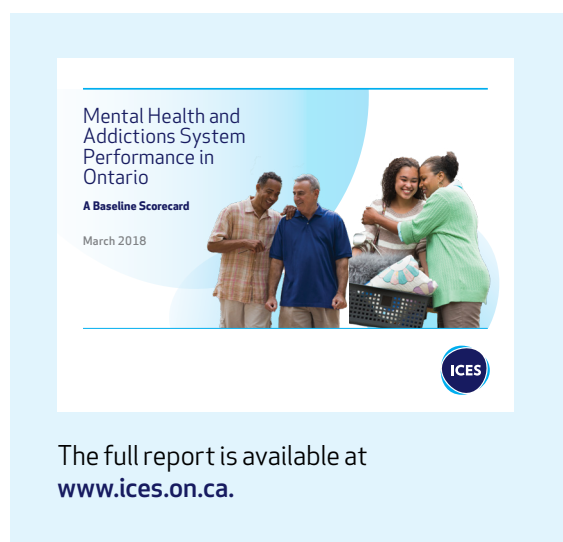
In 2011, the Government of Ontario launched *Open Minds, Healthy Minds*, a comprehensive strategy to transform the mental health and addictions system in the province into one that is accessible, equitable, high-performing and recovery-oriented. In 2014, the Mental Health and Addictions Leadership Advisory Council was created to advise the Ministry of Health and Long-Term Care on implementation of the strategy.

A key component to a high-functioning mental health and addictions system is regular monitoring and evaluation so that evidence-based decisions can be made for policy and practice. To that end, the advisory council has recommended that the ministry adopt a scorecard composed of 10 system-level performance indicators for mental health and addictions in Ontario (see page opposite).

This is the first performance indicator scorecard to reflect the status quo of Ontario’s mental health and addictions system for adults aged 16 and older. The scorecard provides a system-wide view of mental health and addictions service delivery. The MHASEF Research Team will continue to monitor mental health and addictions system performance and will produce another scorecard report in two years.

Two of the 10 performance indicators are not reported in the scorecard due to unavailability of data. The Institute for Clinical Evaluative Sciences continues to work with the Ministry of Health and Long-Term Care to develop strategies to measure and report on the remaining indicators.

Only selected performance indicator results are presented here. Complete results can be found in the accompanying full report and chart pack (both available at www.ices.on.ca).



Performance indicators for the mental health and addictions system in Ontario*

Equity	Client-centred	Safe	Effective	Timely	Efficient
Indicators will be assessed through five equity dimensions: <ul style="list-style-type: none"> • Geography • Income by neighbourhood • Immigration status • Age • Sex 	1. Overall rating of services received by client TBD MHA	2. Use of physical restraints OMHRS MH	3. Years of life lost due to MHA DAD, NACRS, OHIP, OMHRS, ORG-D MHA	5. Wait times from referral to service initiation OCAN, DATIS MHA	7. Repeat unscheduled ED visit within 30 days NACRS MHA
	A. Stigma/discrimination indicator TBD MHA	D. Medication reconciliation TBD MHA	4. Rate of death by suicide ORG-D MHA	6. First contact in the emergency department (ED) for MHA DAD, NACRS, OHIP, OMHRS MHA	8. Doctor visit within 7 days of leaving hospital after treatment for MHA DAD, OHIP, OMHRS MHA
Major gaps in sociodemographic dimensions include: <ul style="list-style-type: none"> • Francophone communities • Indigenous communities • Racialized communities 	B. Decrease in a client's unmet needs indicator OCAN MHA		E. Global assessment of functioning (GAF) scores \geq 10 points OMHRS MHA	F. Common definition of "wait times" TBD MHA	9. Rate of inpatient readmission within 30 days of discharge DAD, OMHRS MHA
	C. Family/caregiver support indicator TBD MHA				
					G. System transitions indicator TBD MHA

Legend

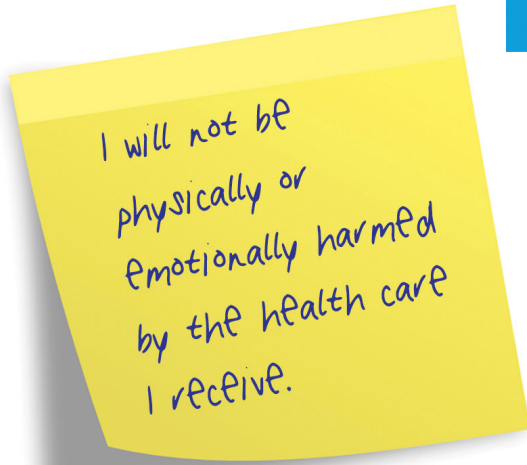
- Population
- System
- Community-based & hospital services
- Community-based services
- Hospital services
- Indicators recommended for development

- TBD **Data source:** ATC, Access to Care; DAD, Discharge Abstract Database; DATIS, Drug and Alcohol Treatment Information System; NACRS, National Ambulatory Care Reporting System; OCAN, Ontario Common Assessment of Need; OHIP, Ontario Health Insurance Plan; OMHRS, Ontario Mental Health Reporting System; ORG-D, Office of the Registrar General – Deaths; TBD, to be determined.
- **Abbreviations:** A, Addictions; MH, Mental health; MHA, Mental health & addictions.

*Adapted from *Moving Forward: Better Mental Health Means Better Health*. Toronto, ON: Mental Health and Addictions Leadership Advisory Council; 2016.

Quality Dimension: Safe

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INDICATOR: Use of **physical restraints**



Overall, from 2006 to 2014, use of physical restraints for individuals hospitalized for mental health and addictions-related reasons **declined by one-third.**

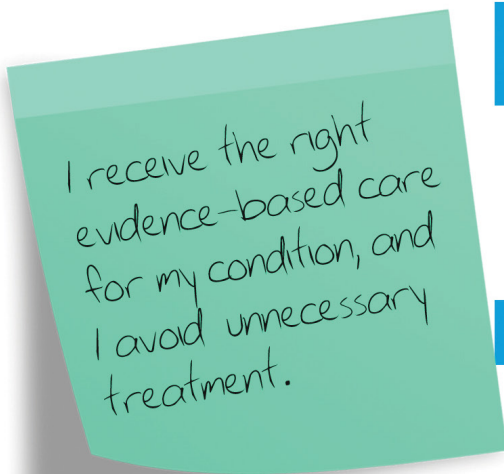
- **2006: 7.3%**
- **2014: 4.9%**



This was observed in **males and females** and across **all age groups.**

Quality Dimension: Effective

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INDICATOR: Years of potential life lost among individuals with **schizophrenia**



Individuals with schizophrenia have **more years of potential life lost** for all causes of death.

- **Average gap in life expectancy: 8 years**

INDICATOR: Rate of **death from suicide**



Low-income neighbourhoods and northern Ontario have suicide rates that are **well above the provincial average.**

- **Provincial average: 10.3 per 100,000**
- **North West LHIN: 22.3 per 100,000**
- **Lowest-income areas: 13.7 per 100,000**

Quality Dimension: Timely

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I know where to go if I have a mental health care need and I know I will be seen quickly.

INDICATOR: The emergency department as the **first point of contact** for mental health and addictions



One in three adults presenting to the emergency department for mental health and addictions care did not have prior physician-based care.

Quality Dimension: Efficient

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THE CARE I RECEIVE IS COORDINATED, WITH NO GAPS BETWEEN SERVICES, AND IS NOT DUPLICATED.

INDICATOR: Repeat unscheduled ED visit within 30 days / Rate of inpatient **readmission within 30 days** of discharge



About **1 in 10** adults who visited the ED or were hospitalized for mental health or addictions returned to the ED or were readmitted within 30 days.

INDICATOR: **Doctor visit within 7 days** of leaving hospital after treatment for mental health or addictions



Only **1 in 3** individuals hospitalized for mental health or addictions saw a physician within 7 days of leaving the hospital.

About the Institute for Clinical Evaluative Sciences (ICES)

The Institute for Clinical Evaluative Sciences is a not-for-profit research institute encompassing a community of research, data and clinical experts, and a secure and accessible array of Ontario's health-related data. ICES research provides measures of health system performance, a clearer understanding of the shifting health care needs of Ontarians, and a stimulus for discussion of practical solutions to optimize scarce resources.

About the Mental Health and Addictions Scorecard and Evaluation Framework (MHASEF) Research Team

The MHASEF Research Team consists of members of the Mental Health and Addictions Research Program at ICES. The team supports the performance measurement of Ontario's mental health and addictions system. The team's signature product is the performance scorecard, a report on indicators that describe at-risk populations, the quality of mental health and addictions care, access and equity issues, and relevant outcomes. This 2018 report, and companion reports on children and youth published in 2015 and 2017, provide important information on the performance of Ontario's mental health and addictions system.

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This study was supported by the Institute for Clinical Evaluative Sciences (ICES), which is funded by an annual grant from the Ontario Ministry of Health and Long-Term Care (MOHLTC). The opinions, results and conclusions included in this report are those of the authors and are independent from the funding sources. No endorsement by ICES or the MOHLTC is intended or should be inferred.

Parts of this report are based on data and information compiled and provided by the Canadian Institute for Health Information (CIHI) and Immigration, Refugees and Citizenship Canada (IRCC). However, the analyses, conclusions, opinions and statements expressed herein are those of the authors, and not necessarily those of CIHI or IRCC.

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