



TOWARD GREATER EQUITY AND RESULTS FOR MENTAL HEALTH:

Health and Welfare Commissioner's perspective for
the Performance Appraisal for the Health and Social
Health Services System

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Care Conference (CCMHCC)

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SPEAKER'S DISCLOSURE

- Keynote speaker: Robert Salois
- Relationship with commercial interests:
 - Not applicable

PLAN

- A mental health overview
- The Commissioner's approach
- Main findings from the consultation process
- Five major recommendations for mental health performance improvement
- Conclusion

A MENTAL HEALTH OVERVIEW



- Social issues and mental health
- Mental health disorders prevalence
- Economic impact of mental health disorders

Source : Julie Bellemare, *Étouffement*, Collection *Vincent et moi*, 2004

MENTAL HEALTH DISORDERS PREVALENCE

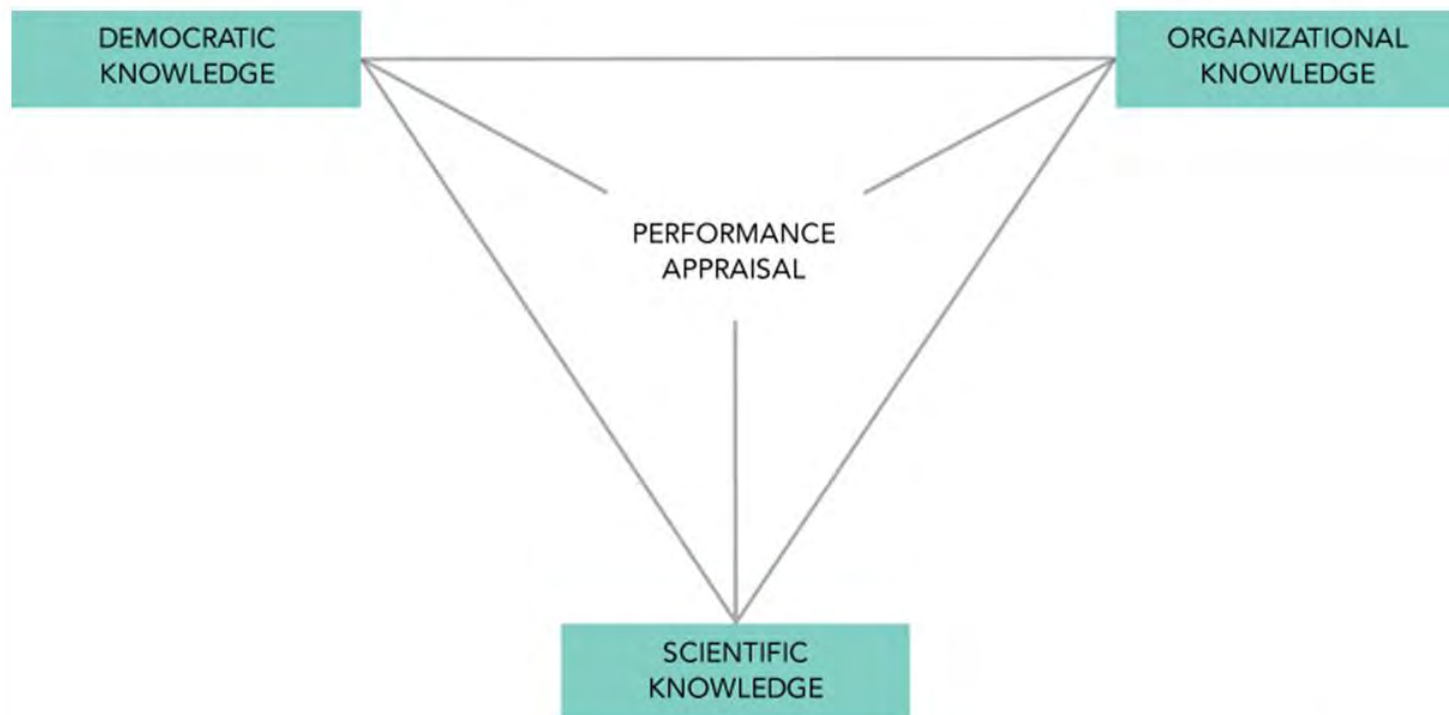
- 50 % of mental health disorders occur before 14 years of age and 70 % before reaching 25 years old
- 12 % of individuals during one year are afflicted with mental health disorders according to surveillance data
- Anxiety and mood disorders affect 8 % of the total population, while severe mental health disorders are in the range of 2-3 %
- Only 40 % of people declaring such mental health disorders seek help by consulting health care services
- Co-morbidity with illnesses linked to drug abuse or chronic diseases is a reality of mental health

ECONOMIC IMPACT OF MENTAL HEALTH DISORDERS

- The amount of mental health costs was reckoned at 48,5 billion dollars per year
 - ✓ Direct costs for the Health Care System in Canada has been estimated at 42,3 billion dollars/year
- Mental health disorders represent 33 % of all disability causes and 70 % of sickness benefits
- This figure does not include expenses from
 - ✓ Justice and education systems, etc.
 - ✓ Individuals themselves with mental health disorders and their family members or close friends

THE COMMISSIONNER'S APPROACH

Sources of knowledge for assessing performance



Adapted from de Rudolf Klein, 2003

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MAIN FINDINGS FROM THE CONSULTATION PROCESS



- Consultation forum citizen members
- Experts/decision makers
- Patients and family members
- Associations, groups and professional orders
- Commissioner's Consultation Committee

Source : Jean-Claude Bélanger, *Le Silence de l'insomnie*, Collection *Vincent et moi*, 2002

SIGNIFICANT ACHIEVEMENTS

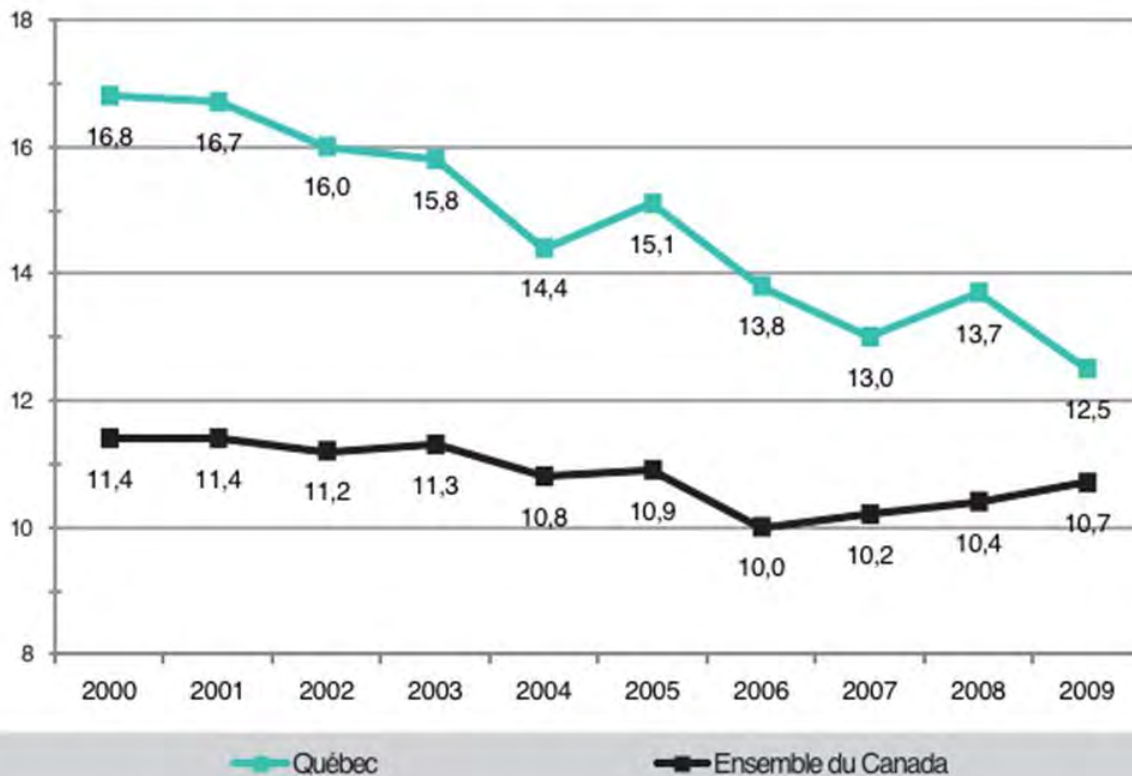
- Thousand of dedicated caregivers
- Approximately 420 mental health organizations at the community level
- 90 trained peer-helpers for mental health teams (former patients)
- A growing number of services that are community-rather hospital based
- Improved regulation of the mental health sector
- Widely recognized guidelines and actions as a consensus promoted by MHAP 2005-2010

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QUEBEC-CANADA COMPARISONS ON ADJUSTED RATES OF SUICIDE MORTALITY

Adjusted rates of suicide mortality for 100 000 habitants



Source: Statistique Canada, 2012

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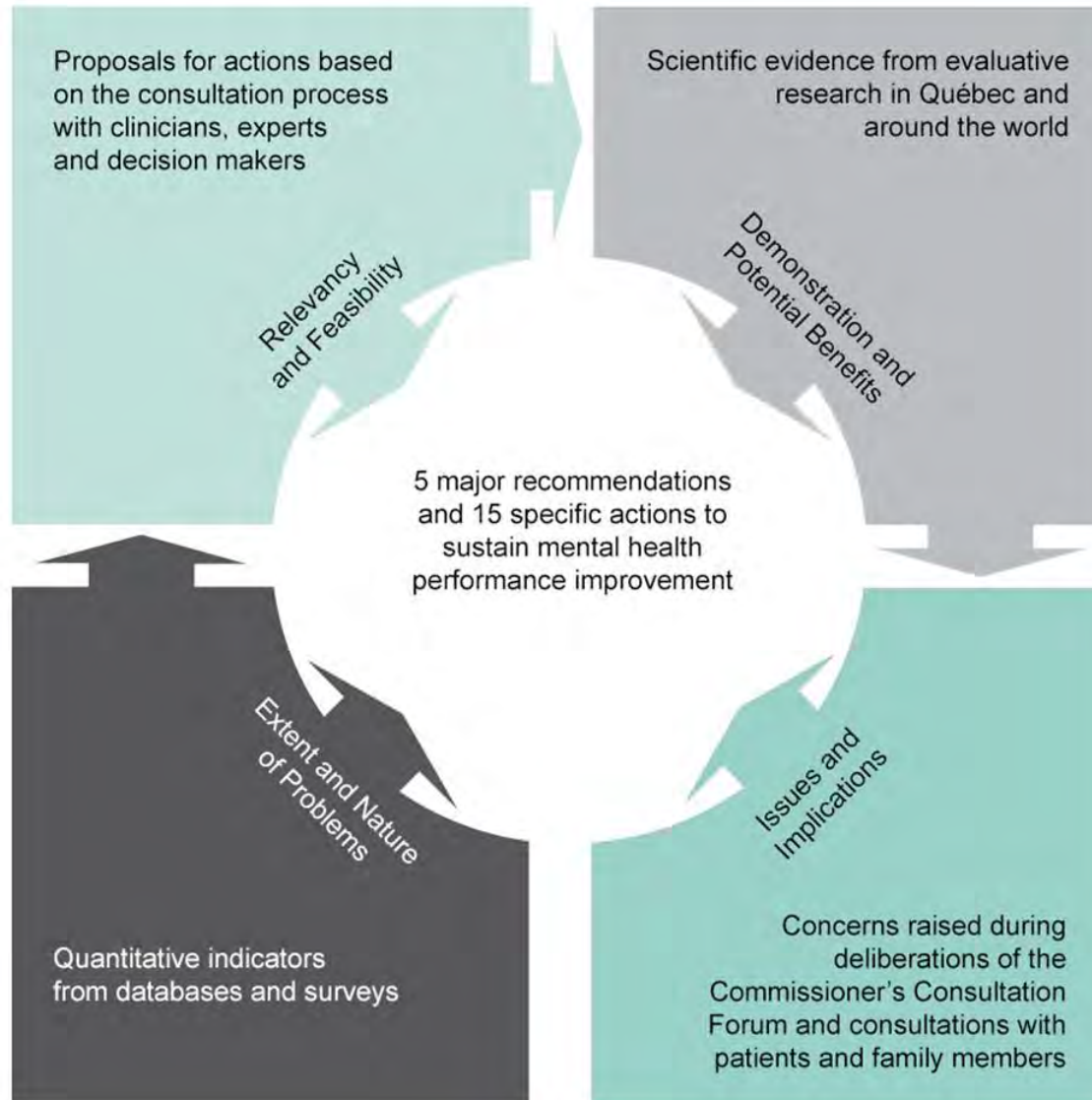
MAIN FINDINGS

- Stigmatization as an open issue
- Gaps in services for younger people
- Compartmentalized « silo-style » work place slowing down and impeding collaborative care
- Lack of support of family physicians in their mental health practice and non optimal use of other professionals
- Compelling need for invested and concerted efforts to address health promotion and prevention of mental health disorders

MAIN FINDINGS

- Fragmentation hampering the integration of diverse mental health services
- Too few alternatives or complements to drug therapy, including limited access to psychotherapy
- Lacking support for integration in the workplace, educational environment and access to housing
- Obstacles for family members and close relatives
- Not enough indicators and evaluations to ensure a follow-up
- Unfinished implementation and not evenly spread
MHAP 2005-2010

RECOMMENDATIONS BASED ON KNOWLEDGE INTEGRATION



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FIVE MAJOR RECOMMENDATIONS TO IMPROVE PERFORMANCE



1. **Fight against stigmatization**
2. Health promotion and prevention in mental health
3. Consolidation of Primary Health Care
4. Fair access to psychotherapy
5. Leadership in mental health for social participation and continuous improvement

Source : Marise Pelletier, *Arbres mystérieux*, Collection *Vincent et moi*, 2011

RECOMMENDATION 1

1. Make the Health and Social Services Network a preferred lever to drive the fight against stigmatization

- 1.1 Ensure the availability of information and rising awareness programs to a majority of health care providers in the Health and Social Health Services Network
- 1.2 Diversify strategies for fighting stigmatization within the Health and Social Social Services Network:
 - ✓ Promoting the contact strategy with people dealing with mental health disorders
 - ✓ Emphasizing peer helpers recruitment within mental health teams

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RECOMMENDATION 2

2. Foster concerted actions in health promotion and mental health disorders prevention by targeting children and youth under 25 years of age :

2.1 Develop and implement a Quebec strategy in health promotion and mental health disorders prevention, concentrating on children and young people under 25 years of age

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RECOMMENDATION 3

3. Encourage collaboration to consolidate primary care in mental health, by adapting the services available to the young and enhancing participation within the community

Collaborative care and family physicians:

- 3.1 Achieve full deployment of primary care mental health teams and single window access (guichets d'accès)
- 3.2 Increase the number of « responding » psychiatrists active in CSSS catchment areas
- 3.3 Systematize the implementation of formal effective liaison mechanisms

RECOMMENDATION 3

Adaptation of services provided to young people:

- 3.4 Develop innovative strategies and approaches to reach out to young people aged 16 to 25 years of age
- 3.5 Revisit mental health care supply for the 16 to 25 year old cohort to ensure a flexible transition for those aged 18 and up

Make a valuable asset of community participation:

- 3.6 Increase mental health funding for community organizations to the expected level (MHAP 2005-2010)

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RECOMMENDATION 4

4. Enlarge public insured services in mental health by ensuring an equitable access to psychotherapy :

- 4.1 Assess various models that would entitle individuals with mental health disorders to gain access to psychotherapy if it is required by professional standard
- 4.2 Determine funding modalities for implementing such a measure

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RECOMMENDATION 5

5. Take on a strong government leadership in mental health for social participation and continuous improvement

- 5.1 Continue and step-up the implementation of ACT/MIS teams throughout CSSS catchment areas in Quebec
- 5.2 Ramp up measures encouraging education support and employment integration for recovery
- 5.3 Help establish more independent supported housing with concerned partners
- 5.4 Prioritize the development and consolidation of mental health indicators to further insure their deployment

TOWARDS MORE EQUITY AND RESULTS IN MENTAL HEALTH: CONCLUSION

- Provide interventions and propose treatments that are considered the more effective
- Revisit services organization schemes to improve access and better support family physicians
- Monitor achieved results by measuring them

It is important to capitalize on achievements and implement everywhere in Quebec these practices which are evidence based!



LA PERFORMANCE DU SYSTÈME
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Résultats et analyses



THANK YOU!

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