



Strengthening the delivery of Mental Health and Addiction Services in Primary Care



Alliance for Healthier Communities
Alliance pour des communautés en santé



Nurse Practitioner-led Clinic
ASSOCIATION

A corporate member of NPAO



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Issue

As the COVID-19 pandemic gradually abates, there is an urgent need to address its secondary impacts, including the rising rates of mental health and addiction challenges. The dilemma for the health-care system in addressing this issue has always been that the scope is overwhelming and the solutions complex.

Primary care plays the central role in the early identification and management of mental illness and addiction. This is often the first point of contact for patients experiencing difficulties, with a substantial number of primary care visits directly related to mental health. There is evidence that roughly three-quarters of Canadians rely on their primary care provider to address their mental health needs¹.

To tackle the increasing rate of new mental health and addiction problems diagnoses arising from the pandemic, there must be greater recognition of the importance of primary care as mental health and addiction providers. The Ontario Medical Association and the Primary Care Collaborative (an alliance of primary care organizations that joined together to collaborate on strengthening primary care as we move toward recovering from the pandemic) have come together to identify key strategies to ensure greater support for primary care providers in this crucial area.

We propose the following recommendations:

1. Enhance primary care's capacity to offer treatment locally by funding and establishing interprofessional care teams with expertise in treating moderate to severe depression and anxiety
2. Improve the ability of primary care providers to connect their patients who have moderate to severe depression and anxiety to local services by leveraging and expanding the navigation service, Health Connect Ontario being implemented and overseen by Ontario Health
3. Expand access to harm reduction services (for example, opioid agonist therapy)
4. Implement an Indigenous-led mental health and wellness strategy

¹ Moroz N, Moroz I, D'Angelo MS. Mental health services in Canada: barriers and cost-effective solutions to increase access. *Healthc Manage Forum* [Internet]. 2020 Nov [cited 2022 May 30];33(6):282-7. Available from: <https://journals.sagepub.com/doi/full/10.1177/0840470420933911> doi: 10.1177/0840470420933911.

Subscription required.

Key areas of focus

We have chosen three areas of focus in our recommendations to government:

- People experiencing moderate to severe depression and anxiety disorders
- People most impacted by the opioid crisis
- Indigenous mental health and wellness

We have selected the first two focus areas because they are most prevalent of the overall mental health and addiction challenges. And primary care, if supported, can have a major impact in this area. While we recognize that trajectory orders, especially in children and youth, and substance use have also worsened over the past two years, we are aware of other groups researching these topics and identifying policy interventions and do not wish to duplicate their efforts.



Moderate to severe anxiety and depression

Countless studies and reports have illustrated the negative impact that the pandemic has had on the mental health of people living in Ontario. A recent Angus Reid poll found that one-in-three Canadians is struggling with their mental health.²

Polling data from surveys conducted by the Canadian Mental Health Association's Ontario division in February 2022 shows that 25 per cent of people have sought support for their mental health during the pandemic, a significant uptick from 17 per cent last winter and nine per cent almost two years ago. More than 25 per cent of survey participants reported feeling moderate to severe anxiety, up from 19 per cent in July 2021.³

People with moderate to severe depression and anxiety may require long-term support best provided in their local communities. Data shows that emergency department utilization rates for this population are high and there are barriers to receiving treatment, which typically involves psychotherapy or medication.⁴

² Angus Reid Institute. Pandemic fatigue: one-in-three Canadians report struggles with mental health; 23% say they're 'depressed': anxiety almost twice as prevalent among younger Canadians [Internet]. Toronto, ON: Angus Reid Institute; 2022 Jan 24 [cited 2022 May 30]. Available from: <https://angusreid.org/pandemic-mental-health-addictions/>.

³ Canadian Mental Health Association, Ontario. 1 in 4 Ontarians access mental health help - the highest rate during the pandemic [news release] [Internet]. Toronto, ON: Canadian Mental Health Association, Ontario; 2022 Feb 7 [cited 2022 May 30]. Available from: <https://ontario.cmha.ca/news/1-in-4-ontarians-access-mental-health-help-the-highest-rate-during-the-pandemic/>.

⁴ Abar B, Holub A, Lee J, DeRienzo V, Nobay F. Depression and anxiety among emergency department patients: utilization and barriers to care. Acad Emerg Med [Internet]. 2017 Oct [cited 2022 May 30];24(10):1286-9. Available from: <https://onlinelibrary.wiley.com/doi/10.1111/acem.13261> doi: 10.1111/acem.13261.

Primary care providers routinely provide comprehensive services to these patients, including care co-ordination, referrals, prescribing medication to treat their illness and providing care for co-morbid physical conditions. They also provide psychotherapy when their patients cannot access services in their community in a timely manner.⁵

The Ontario government has made strides with its structured psychotherapy program, which offers publicly funded therapy to those with mild to moderate depression and anxiety. This is important progress and early intervention can prevent more serious illness. However, there is a gap in care for patients with moderate to severe depression and anxiety.

Gap: interprofessional teams within primary care and improved navigation to existing services.

Opioid crisis

Ontario's COVID-19 Science Advisory Table and its Mental Health Working Group have reported that since the onset of the COVID-19 pandemic, rates of emergency medical services for suspected opioid overdose have increased by 57 per cent and rates of fatal opioid overdose have increased by 60 per cent.⁶

In the first six months of the pandemic, an additional 17,843 years of life were lost due to opioid overdose compared with the six months prior, with the most rapid growth occurring among those younger than 35 years.⁷

It is particularly concerning that rural and northern communities, people experiencing poverty or homelessness, incarcerated people and Black, Indigenous and other racialized communities have seen largest relative increases.

Public Health Ontario and its partners have found that one in four Ontarians who died of an

⁵ Kates N. Mental health and primary care: contributing to mental health system transformation in Canada. *Can J Commun Ment Health* [Internet]. 2017 Dec [cited 2022 May 30];36(4):33–67. Available from: <https://www.cjcmh.com/doi/pdf/10.7870/cjcmh-2017-033> doi: 10.7870/cjcmh-2017-033.

⁶ Friesen EL, Kurdyak PA, Gomes T, Kolla G, Leece P, Zhu L, et al. The impact of the COVID-19 pandemic on opioid-related harm in Ontario [version 1.0]. [Toronto, ON]: Ontario COVID-19 Science Advisory Table; 2021 Sep 8. [cited 2022 May 30]. Available from: <https://covid19-sciencetable.ca/sciencebrief/the-impact-of-the-covid-19-pandemic-on-opioid-related-harm-in-ontario/>.

⁷ Gomes T, Kitchen SA, Murray R. Measuring the burden of opioid-related mortality in Ontario, Canada, during the COVID-19 pandemic. *JAMA Netw Open* [Internet]. 2021 May 3 [cited 2022 May 30];4(5):e2112865. Available from: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2780379> doi: 10.1001/jamanetworkopen.2021.12865.

opioid overdose during the pandemic had an interaction with the health-care system in the week prior to death, suggesting potential missed opportunities for overdose prevention.⁸

Gap: low-barrier access to evidence-based harm reduction services and treatment.

Indigenous mental health and wellness

Health equity can be defined as the eradication of social and structural inequality and inequitable access to health care. Health equity can reduce differences in health outcomes and it must be a shared goal for the entire health-care system. The pandemic has especially exacerbated the health inequities and challenges experienced by Indigenous Peoples.

Gap: an Indigenous-led mental health and wellness strategy in Ontario.

⁸ St. Michael's Hospital; Ontario Drug Policy Research Network; Unity Health Toronto; Public Health Ontario; Office of the Chief Coroner; ICES. New report shows potential missed opportunities in preventing opioid-related deaths in Ontario [news release] [Internet]. Toronto, ON: ICES; 2022 Jan 18. [cited 2022 May 30]. Available from: <https://www.ices.on.ca/Newsroom/News-Releases/2022/New-report-shows-potential-missed-opportunities-in-preventing-opioid-related-deaths-in-Ontario>.

Recommendations

Our recommendations to government outline clear and implementable strategies to tackle the three areas of focus identified by the OMA and the Primary Care Collaborative.

1. Enhance primary care's capacity to offer treatment locally by funding and establishing interprofessional care teams with expertise in treating moderate to severe depression and anxiety.

With respect to primary care, the practitioners working in these settings provide medication, consultation with specialists, care co-ordination and clinical input when the patient has co-morbid health conditions. Unfortunately, in many cases, primary care practitioners must also provide significant care when specialist and/or community mental health services have long wait times or when services are simply not available in their community.

Primary care providers have long reported feeling limited by their inability to access sufficient expertise to help them care for patients with moderate to severe depression and anxiety. Improving access to interprofessional team-based primary care delivery presents an opportunity to address these challenges. Interprofessional primary care refers to multiple health-care providers from different professional backgrounds working together to meet all elements of a patient's needs. Unfortunately, there is unequal access to interprofessional providers across primary care in Ontario and there have not been any significant government investments for more than a decade.

Currently, about 75 per cent of family doctors and their patients are in practice models without access to funded multidisciplinary team support,⁹ creating inequity in access to care. A review of available data on the prevalence of moderate to severe depression and anxiety suggests that approximately seven to 10 per cent of Ontarians could benefit from receiving interprofessional team-based care to manage their health condition. Without access to teams, these patients suffer alone or utilize hospitals that are not equipped to provide the specialized support they

⁹ Ontario College of Family Physicians. 2022 advocacy campaign: policy solutions backgrounder [draft] [Internet]. Toronto, ON: Ontario College of Family Physicians; 2022 Mar 28. [cited 2022 May 30]. Available from: <https://lifewithoutadoctor.ca/policy.pdf>.

require.¹⁰ Not receiving needed care heightens the risk of suicide, loss of employment and decreased quality of life.

Fittingly, the pre-budget submissions of both the OMA and the Primary Care Collective called for additional investments into team-based care.¹¹ The collective specifically called for the government to invest \$75 million a year to increase timelier access to team-based care.¹² As a start, we recommend that the government immediately invest half this amount to enhance primary care's ability to manage patients experiencing moderate to severe depression and anxiety. Funding needs to be flexible, which means that it should ideally flow early in the fiscal year to allow for it to be properly allocated and utilized where it is needed the most.

This investment would support the connection of primary care to interprofessional teams who have the specialized expertise required to adequately meet the needs of this population. The teams may be operated through existing organizations (for example, community health centres, nurse practitioner led clinics, family health teams, or other interprofessional models of care, etc. or Ontario Health Teams where mature) and can provide outreach virtually or in-person to patients whose family doctor or nurse practitioner does not currently have access to interprofessional assistance. It is also worthwhile to note that access to care in rural, remote and northern communities continues to be a struggle. Because Ontario is a vast geographic area, we need to avoid one-size-fits-all approaches. Special consideration must be given to communities that include Francophone and Indigenous populations.

Ontario Health Teams can use methodologies such as the Rush model to determine parameters and service capacity requirements based on population needs, while also being mindful of differences across primary care provider types and models.¹³ The composition and structure of the teams will vary based on local needs.^{14,15}

¹⁰ Strumpf E, Ammi M, Diop M, Fiset-Laniel J, Tousignant P. The impact of team-based primary care on health care services utilization and costs: Quebec's family medicine groups. *J Health Econ* [Internet]. 2017 Sep [cited 2022 May 30];55:76-94. Available from:

<https://www.sciencedirect.com/science/article/pii/S0167629617305969?via%3Dihub> doi: 10.1016/j.jhealeco.2017.06.009.

¹¹ Ontario Medical Association. Putting health care first: 2022 pre-budget submission [Internet]. Toronto, ON: Ontario Medical Association; 2022 Jan 26. [cited 2022 May 30]. Available from:

<https://www.oma.org/uploadedfiles/oma/media/public/prebudget-submission-2022.pdf>.

¹² Primary Care Collaborative (Ontario). Primary Care Collaborative: 2022 pre-budget submission [Internet]. [Toronto, ON]: Primary Care Collaborative; 2022 Feb. [cited 2022 May 30]. Available from:

https://www.afhto.ca/sites/default/files/2022-02/Primary%20Care%20Collaborative%202022%20Pre-Budget%20Submission%20FINAL_0.pdf.

¹³ Rush B, Tremblay J, Brown D. Development of a needs-based planning model to estimate required capacity of a substance use treatment system. *J Stud Alcohol Drugs Suppl* [Internet]. 2019 Jan Sep [cited 2022 May 30];Sup 18:51-63. Available from: <https://www.jsad.com/doi/10.15288/jsads.2019.s18.51> doi: 10.15288/jsads.2019.s18.51.

¹⁴ Alliance for Healthier Communities. Proposal for advancing access to team-based care (team care). Toronto, ON: Alliance for Healthier Communities; 2019 Dec.

¹⁵ Association of Family Health Teams of Ontario; Ontario Medical Association. Moderate-severe depression, anxiety and OCD and opioid use disorder in primary care [member survey]. Toronto, ON: Association of Family Health Teams of Ontario; 2022.

These health-care providers can work together when requested by a family doctor or nurse practitioner to offer an expanded service delivery basket in primary care based on a stepped care model (escalating based on the severity of a patient's problems). These can include:

- Mindfulness training and linkage to self-help resources
- Referral to existing structured psychotherapy programs
- Delivery of psychotherapy individually or in group formats
- Medication reviews
- Co-ordination with psychiatry and specialized mental health and addiction care
- Provision of harm reduction and/or addiction treatment programs
- Social work, including access to affordable housing and employment assistance

Over the trajectory of their illness, these patients may have episodic treatment needs that benefit from specialized support (offered both within the community and in institutions), in addition to the strong longitudinal care that primary care providers deliver. To best support patient care, the capacity of primary care, specialist care and community care should be improved. The most appropriate level of care should be offered to patients using a co-ordinated stepped care approach and responsibilities should be allocated across the system to minimize duplication.

Outcomes

Ultimately, what this would mean for patients is quicker access to mental health care, access to services that are not currently widely available, the ability to receive care locally and receiving care in a setting where the staff is familiar with their health history and circumstances. It would also ease the burden on family doctors and nurse practitioners and ensure that their patients are receiving needed care.

The investment in interprofessional teams would also lead to decreased emergency department and hospital utilization. Evidence from the United States has demonstrated that linking physicians to interprofessional team-based primary health care has potential cost savings of up to \$90 per month/person. Canadian studies show an 11-per-cent decrease in primary care visits and a six-per-cent decrease in specialist visits.¹⁶ Ultimately, this initiative aligns with the Institute of Healthcare Improvement's Quadruple Aim because patients will experience better health outcomes, provider morale will improve, inappropriate use of acute care services will decrease and costs on the system will be alleviated.¹⁷

¹⁶ Rayner J, Pariser P. Concept paper: SCOPE team care (Seamless Care Optimizing the Patient Experience) (version 5). [unknown place of publication]: SCOPE (Seamless Care Optimizing the Patient Experience); 2019 Mar 23.

¹⁷ Manchanda R. WIHI: moving upstream to address the quadruple aim [podcast] [Internet]. Boston, MA: Institute for Healthcare Improvement; 2016 Dec 15. [cited 2022 May 30]. Available from:

<http://www.ihi.org/resources/Pages/AudioandVideo/WIHI-Moving-Upstream-to-Address-the-Quadruple-Aim.aspx>.

Action 1: To achieve this outcome, the Ontario government should invest \$75 million annually for 10 years to expand team-based primary care to serve Ontarians who need it. As a start, the government should immediately invest \$37.5 million in interprofessional teams that would allow primary care to better meet the needs of patients with moderate to severe depression and anxiety within each Ontario Health Team.

2. Improve the ability of primary care providers to connect their patients who have moderate to severe depression and anxiety to local services by leveraging and expanding the HealthCare Navigation Service (Health Connect Ontario) being implemented and overseen by Ontario Health.

Many clinicians have reported a lack of knowledge about resources that exist within their community, which means they don't know where to refer patients who need intensive help. When it comes to mental health and addiction, primary care providers require a simple and streamlined system to assist them in making better connections with community-based mental health and addiction service providers.

One solution is leveraging Ontario Health's new Health Connect Ontario system.¹⁸ Health Connect Ontario will replace the former Telehealth Ontario, adding enhanced virtual tools and allowing individuals to call or visit the website 24 hours a day, seven days a week to receive health advice, navigate health services and find information. The goal is to build a more connected and streamlined health-care navigation service.

Ideally, Health Connect Ontario should be integrated within each Ontario Health Team and linked with primary care. There must be continued engagement and collaboration with primary care providers within all care models to improve navigation to much-needed community resources and support seamless transitions between providers.

Outcomes

The expansion and leveraging of Health Connect Ontario within primary care will ensure that patients and providers have access to necessary health system navigation supports and information and allow for better co-ordinated and patient-centred care. Ultimately, this will help avoid unnecessary visits to emergency departments and unneeded delays in accessing care, helping to preserve hospital capacity for when it is needed most.

¹⁸ Ontario. Ministry of Health. Ontario launches new tool to connect people to nurses and other health services from anywhere at any time [news release] [Internet]. [Toronto, ON]: Queen's Printer for Ontario; 2002 Apr 22. [cited 2022 May 30]. Available from: <https://news.ontario.ca/en/release/1002095/ontario-launches-new-tool-to-connect-people-to-nurses-and-other-health-services-from-anywhere-at-any-time>.

Action 2: To achieve this outcome, the Ontario government should integrate Health Connect Ontario within each Ontario Health Team, with continued opportunities for primary care engagement and leadership, to support navigation to critical community-based mental health and addiction resources.

3. Expand access to harm reduction services.

We recognize the complexity of addiction. While treatment is a preferred goal when considering health and safety, it is important to be able to meet patients where they are. Harm reduction programs save lives. As such, we recommend the continued expansion of supervised consumption and/or treatment services, as well as supervised injectable opioid agonist treatment with linkages to primary care. In addition to allowing people to use substances safely, these sites provide the opportunity for multiple contacts with health-care staff, social workers and other professionals who can provide additional supports. Overall access to these sites results in lower opioid-related overdoses and reduces the risk of other infections.¹⁹

Additionally, there is an emerging area of practice in Ontario and other jurisdictions relating to safer opioid supply in primary care. Providers who are ready to incorporate this into their practice should be provided with the necessary supports to do so.

Outcomes

The ultimate outcome anticipated through this expansion of harm reduction services is a decrease in the number of overdoses. In the interim, we aim to increase the availability of supervised consumption and/or treatment services, decrease the rate of overdose and improve trust in the health-care system among those who use opioids.

Action 3: To achieve this outcome, the Ontario government should immediately expand access to treatment, supervised consumption and/or treatment sites and other evidence-based harm reduction programs, with consideration given to the needs of those in rural, remote and northern areas.

¹⁹ Canadian Mental Health Association, Ontario. Harm reduction [Internet]. Toronto, ON: Canadian Mental Health Association, Ontario; [unknown date] [cited 2022 May 30]. Available from: <https://ontario.cmha.ca/harm-reduction/>.

4. Implement an Indigenous-led mental health and wellness strategy

This strategy would begin to address the mental health needs (including addiction care) of Indigenous communities, through the delivery of culturally safe services and policies that begin to reconcile past and ongoing colonial harms.

This strategy, at a minimum, must include:

- Indigenous leadership creating and overseeing all aspects of the plan
- Strengthening and expanding Indigenous-led primary care teams
- Inclusion of traditional healing and wellness practices throughout care settings
- Investments in Indigenous-led and -designed mental health and addiction programs including strengthening Indigenous-led primary care teams
- Recruitment and retention of Indigenous health-care professionals (through training grants and accessible education programs)
- Mandatory cultural safety training for all current Ontario health-care providers

Outcomes

Outcomes would include rebuilding trust in Ontario's health-care system among Indigenous Peoples through increased utilization of services; improved self-reporting of services as being culturally safe; decreased rates of suicide and overdose; and increased numbers of Indigenous health-care providers, including those using traditional Indigenous healing practices.

Action 4: To achieve this outcome, the Ontario government must implement an Indigenous-led mental health and wellness strategy.

Conclusion

The impetus to act is clear. Ontarians' mental health has suffered during the pandemic. The system in place to respond to these challenges has long-standing and systemic limitations.

Recovery from the COVID-19 pandemic presents a prime opportunity to make improvements to the mental health and addiction treatment system. As stakeholders, we are committed to supporting policymakers with the design and implementation of interventions. We look forward to continued dialogue with the government and its partners.



Ontario Medical Association

The Ontario Medical Association

represents Ontario's 43,000-plus physicians, medical students and retired physicians, advocating for and supporting doctors while strengthening the leadership role of doctors in caring for patients. Our vision is to be the trusted voice in transforming Ontario's health-care system.



The Association of Family Health Teams

of Ontario (AFHTO) is a not-for-profit association that provides leadership to promote high-quality, comprehensive, well-integrated interprofessional primary care for the benefit of all Ontarians. We are an advocate and resource for family health teams, nurse practitioner-led clinics, and other interprofessional models.



Alliance for
Healthier Communities
Alliance pour des
communautés en santé

The Alliance for Healthier Communities (Alliance) The Alliance for Healthier Communities represents community based inter-professional comprehensive primary health care organizations including: Community Health Centres, Indigenous led and governed Primary Health Care Teams and Aboriginal Health Access Centres, Community Family Health Teams, Family Health Teams and Nurse-Practitioner-Led Clinics. Through a shared commitment to advancing health equity through the delivery of comprehensive primary health care, we aim to eliminate barriers that leave 3.5 million people in Ontario at risk of poor health.



The Indigenous Primary Health Care Council (IPHCC) is an Indigenous-governed, culture-based, and Indigenous-informed organization. Its key mandate is to support the advancement and evolution of Indigenous primary health care services provision and planning throughout Ontario. Membership includes Aboriginal Health Access Centres (AHAC), Aboriginal-governed Community Health Centres (ACHC), and other Indigenous-governed providers.



Nurse Practitioner-led Clinic
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The Nurse Practitioner-Led Clinic Association (NPLCA) is the voice of nurse practitioner-led clinics (NPLCs) across Ontario. Nurse practitioners are the lead primary care providers of these interprofessional teams that improve the quality of care through enhanced health promotion, disease prevention, primary mental health care, and chronic disease management, while supporting care coordination and navigation of the healthcare system.



The Section on General & Family Practice (SGFP) is a section of the Ontario Medical Association (OMA), representing all of the 15,000 family doctors across Ontario in negotiations and policy.



The Ontario College of Family Physicians (OCFP) is the only organization focused exclusively on the value and experience of being a family physician in Ontario. It advocates for family medicine and primary care, and provides continuing professional development tailored to the needs of Ontario's 15,000 family doctors to support the delivery of quality care in Ontario.