



**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

PREPARED FOR: Honourable Sylvia Jones, Minister of Health Ontario
-FOR DECISION

TITLE: Integrated people-centred health services for Ontario youth with and are recovering from substance use disorder (SUDs) and mental disorders.

PURPOSE: To provide advice and recommendations to the Minister of Health on development of a more people-centred integrated care system to support Ontario youth with and are recovering from substance abuse and mental disorders.

ISSUE: Patients who have received health services for their substance use and mental disorders, are reporting that their needs were unmet, which can be a concern, as unmet needs are associated with recurring substance use and mental disorders, and a decrease in future help seeking behaviours.

BACKGROUND: In Ontario 1 in 6 youth require mental health services including substance use services. Youth substance use is linked to a disruption in development, in both outpatient or in-patient settings. Accessing care in Ontario is an issue on its own, as only severe cases of SUDs and mental disorders receive services in a timely manner, and the rest are delayed. For youth that have accessed services, they report that accessing services has been a challenge, and to navigate the various service sectors was another challenge. It is important that the first line of treatment and care is taken seriously and an integrated people-centred care be taken into consideration, as a co-occurrence of substance use can impede on the recovery and treatment process. For those with SUDs, it was found that they tended to rely on informal support, such as family and friends and self-help groups, than clinical services, such as psychiatrists and social workers. The heavy reliance on informal supports leads to needs being perceived as unmet for those with SUDs and mental disorders, as the use of clinical services is linked to a higher degree of needs being perceived as met compared to informal supports.

CURRENT STATUS: In 2020, Ontario released a plan called “Roadmap to Wellness: a plan to build Ontario’s mental health and addiction system.” This plan focuses on four different pillars, and the first pillar of improving access, focuses on ensuring equitable access and proposes service standards based on each individual's level of need, which helps centre the focus around the individual requiring services.

ANALYSIS: In Ontario, the 2020 Roadmap to Wellness plan provides integrated care for people with SUDs and mental disorders. More specifically, in pillar one, the type of services integrated into care varies depending on the level of need of the individual, ranging from general population need to severe or complex need. The plan follows a vertical integration as the elements of each service are different, yet interrelated. For those with moderate to severe needs, they link in through partial linkages of both informal care, such as family and friend support and supportive housing, with clinical services such as addictions treatment and psychotherapy. When it comes to severe cases, the high cost of services impacts the amount of services integrated into the patients' care, and the focus is around clinical services such as emergency and in-patient psychiatric services, with the only informal support being family and friend support. By integrating both informal support and professionally led services, the rate of people having their needs met increases, which is a motivating factor to continue care.

OPTIONS:

Option 1: Follow the plan as outlined in Roadmap to Wellness

- Advantage: Integrates informal care with clinical services which leads to higher patient satisfaction rates. Allows for patient-centred care for those with moderate to severe needs.
- Disadvantage: Those with severe and complex needs only receive the informal support of family and peer support. No case manager is provided within their care to oversee their treatment plan.

Option 2: Implement case management as a core service for patients with severe and complex needs to allow for a more patient-centred care

- Advantage: Allows for a case manager to be the main point of contact across various service sectors, so that there is no miscommunication of care. Allows for the patient to take control of their care, which leads to higher patient satisfaction and recovery rate.
- Disadvantage: Patients with severe and complex needs already have the highest service cost, and implementing another service will cost the province more money.

Option 3: Implement education programs in grade school that focuses on the implications of substance use

- Advantage: May decrease the risk of youth falling into substance abuse patterns at a young age. May encourage youth to seek treatment before SUD develops, which will save the province money that's spent on treatment in the long term.
- Disadvantage: Education programs do not take away the pre existing environments youth are in, that may contribute to their risk behaviour. May cost the province more money in the short term.

RECOMMENDATION:

Option 2 is recommended.

Prepared by: Connie Trang