Mental Health Care Restructuring in Southwestern Ontario

A background document about mental health care restructuring intended for members of the Community and Protective Services Committee, City Council of London

September, 2010

For more than 30 years, there have been numerous studies and reports at local, regional, provincial and national levels calling for reform of mental health care, the reduction of stigma associated with having a mental illness and supports for people and their families to regain home, work and community life.

1997

The provincial Health Services Restructuring Commission issues directives for hospital care and restructuring in London and in many communities across Ontario. As part of these directives, significant changes are mandated for hospitals. The Commission also recommends to the provincial government significant investment in community treatment and supports as hospital restructuring unfolds.

For this region, the Commission calls for mental health care restructuring to occur as follows:

1) Acute Mental Health Care Programs in London

The acute care program at St. Joseph’s Hospital to transfer to London Health Sciences Centre and join with the LHSC program. This occurred in 1998. The program serves the residents of London-Middlesex.

2) Specialized Mental Health Care Programs in London and St. Thomas (Central Elgin)

The restructuring of specialized (longer term) mental health care centralized at the former London and St. Thomas Psychiatric Hospitals to occur in three phases or tiers:

   Tier 1 – St. Joseph’s Health Care, London (St. Joseph’s) assumes the governance and management of the former London and St. Thomas Psychiatric Hospitals (now called Regional Mental Health Care, London and St. Thomas). This was completed in 2001.
Tier 2 – St. Joseph's is to divest mental health care beds to regional hospitals as the focus of mental health care shifts from an institutional model to a recovery philosophy of care with the goal of care closer to home. Beds and services will transfer to Grand River Hospital, Windsor Regional Hospital, St. Joseph’s Health Care Hamilton, St. Thomas Elgin General Hospital. These receiving hospitals need to build facilities to prepare to assume responsibility for specialized mental health care in their communities.

At the same time, the Commission issued directives to Cambridge Memorial Hospital to create 25 new acute inpatient mental health care beds. This care is being provided by St. Joseph’s in the interim. This directive has not yet been achieved; however, as of August 20, 2010 there is provincial approval to proceed.

As well, St. Joseph’s is to construct 2 new specialized mental health care facilities – a 154-bed facility beside St. Joseph’s Parkwood Hospital site and an 89-bed facility beside the existing St. Thomas/Central Elgin site. These facilities are now slated to open in 2013/2014.

In all, there will be an approximate reduction of specialized mental health care inpatient beds in the system. The original reduction called for 83 mental health beds, but that number is currently down to 70 because of a 13 bed reduction that has already taken place. The Commission called for this level of service in 1998 with the understanding that the provincial government needed to substantively invest in community based treatment and support.

St. Joseph’s is to play a leadership role in divestment planning and to conduct this planning in close collaboration with the other hospitals and Local Health Integration Networks.

Tier 3 – The Commission recommended to the provincial government substantive investment in community treatment and supports, recognizing the planned reduction in hospital beds in Southwestern Ontario. Some investments have been made, including the creation of Assertive Community Treatment Teams. Given the passage of time, increasing needs and the lack of a comprehensive regional plan, more investment in community care is needed.

**Assertive Community Treatment teams**

- **Chatham ACT**
- **Elgin ACT 1 and 2**
- **Essex ACT 1 and 2**
- **London ACT 1, 2, and 3**
- **Oxford ACT**
- **Strathroy ACT**
- **Waterloo ACT**
1997
The Mike Harris government accepts the Commission directives to hospitals and recommendations to the Ministry of Health and Long Term Care. Furthermore, the government establishes regional task forces to delineate the hospital and community care resources and needs to achieve mental health reform. The Southwestern Ontario Task Force on Mental Health Restructuring received the input of more than 300 participants and created a blueprint for restructuring in this region. Unfortunately, the task team recommendations are not adopted by subsequent governments.

2004
St. Joseph’s completed functional plan submissions for two new specialized mental health care facilities. This process included extensive engagement of key stakeholders, including municipal governments. No provincial approvals were achieved.

2005
The Dalton McGuinty government establishes Infrastructure Ontario - the agency now charged with responding to Ontario’s social, health service, transportation and other capital construction requirements. The process to develop new facility plans starts again. Ministry of Health and Long Term Care must also approve plans.

2006
Provincial legislation to establish 14 Local Health Integration Networks across Ontario is passed.

Meanwhile, nationally, the Kirby Report on Mental Health Care, titled “Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada,” was released outlining the need to reduce stigma and discrimination as well as to bring mental illness into the mainstream of Canadian Society.

“We know how difficult it will be to improve the lives of people living with mental illness. We know it will be tougher still to change deep-seated public attitudes and reduce the stigma and discrimination they face. To put each of them on the road to recovery will be an extraordinary challenge.”

2007
The Local Health Integration Networks are established and work begins to develop an Integrated Health System Plan for the Southwest Local Health Integration Network. It is important to note that St. Joseph’s mental health care programs now cut across four Local Health Integration Networks.

Planning to divest specialized mental health care inpatient services, as per the Commission directives, begin in earnest and involves receiving hospitals and the four Local Health Integration Networks.
Timelines for divestments are proposed and remain dependent on each hospital’s ability to receive provincial approvals to construct their required facilities.

Divestment Timeline:

Grand River Hospital – 2010
Windsor Regional Hospital – 2011
St. Joseph’s Health Care Hamilton – 2013/2014
St. Thomas Elgin General Hospital – 2013/2014

Note: St. Thomas Elgin General Hospital does not yet have provincial approval to construct needed facilities to be able to assume their acute care role and that this is also a critical piece of the mental health restructuring puzzle that must be resolved.

2008
Hospitals endorse a program transfer methodology established to determine what resources will transfer to each receiving hospital. Grand River Hospital in Kitchener is set to be the first receiving hospital prepared to receive patients in new facilities.

2009 – 2010
St. Joseph’s and Grand River Hospital work towards the transfer of 50 beds and services to Kitchener-Waterloo.

All divestment plans include careful steps to support patients, families and staff in transition.
Backgrounder for City of London’s Community & Protective Services Committee

What is a LHIN?
LHINs are not-for-profit crown agencies that are responsible for planning, integrating and funding local health services in 14 different geographic areas of the province.

LHINs are mandated through the Local Health System Integration Act, 2006 to engage people and providers about their needs and priorities in order to improve the health care experience for people in every part of the region.

About the South West LHIN:

- One of the largest LHINs – almost 22,000 km²
- 924,100 people (7.5% of the population of Ontario)
- Significant rural population with many small communities
- Large urban population within the City of London
- Large proportion of seniors
- Small proportion of immigrants
- 5 First Nations reserves
- French Language Services designation
- In 2010/11, responsible for $2,008,313,869 in health sector funding (includes base, one-time and realigned funding)

Who does the LHIN fund?

- 20 hospitals (19 public and 1 private) with 33 sites
- 76 long-term care homes
- South West Community Care Access Centre
- 79 community support services
- 38 community mental health & addictions programs
- 4 community health centres (1 more in development)

The LHIN does not fund: Physicians & Clinics, Ambulance Services (emergency and non-emergency), Laboratories, Provincial drug programs, Public Health.

Who does what from a role perspective?

The Ministry of Health and Long-Term Care provides stewardship to the system through the setting of provincial standards and priorities and monitoring outcomes.

LHINs provide system leadership for a geographic region, health system planning, coordination and accountability.

Health service providers continue to provide leadership and management of their organizations within the LHIN structure.
How has the South West LHIN made a difference?

- Increased accountability
- Creation of a system plan (Blueprint 2022)
- Reduction of Emergency Room wait times
- Reduction of Alternate Level of Care in hospitals
- Ensuring seniors can remain in their own home
- Improving system performance
- Advancing information and clinical technology
- Assisting Aboriginal seniors

How does the South West LHIN provide system leadership?

- A local system plan did not exist until the LHIN created its Health System Design Blueprint, Vision 2022
- The Blueprint ensures our providers work together to create a unified system of care
- The Blueprint provides a foundation for future Board decision-making on investments and funding allocations
- The Integrated Health Service Plan (IHSP) 2010-2013 identifies direction for the LHIN to take in the next three years, in order to deliver on the Blueprint objectives
- The IHSP is informed by provider and community engagement
- It outlines 2 strategic directions for the LHIN: To enhance capacity and integration of primary, specialized and community-based care and to enhance access and sustainability of hospital-based treatment and care.

What does an “Integrated System of Care” really mean?

The goal of a more integrated system reflects challenges that have faced the health care system. These include:

- Inequitable distribution of resources
- Problems finding adequate numbers of skilled staff
- Funding limitations
- Inability to smoothly move patients from one care setting to another; and,
- Inability to easily share information between organizations

The benefits of an integrated system of care include:

- More collaborative partnerships across health care providers and sectors
- Equitable distribution of resources to improve your ability to get care closer to home as often as possible
- Improved referral processes for easier transfer of individuals
- Standardized evidence-based approaches to care provision
- Improved Information sharing to enable better decision making
- Greater individual accountability and self-health management
- Prevention and screening for chronic diseases, mental health and addictions
The Blueprint is a strong first step towards realizing a better health care system that can meet the needs and demands of our population in a sustainable way, creating a more integrated comprehensive system that puts the needs of the patient first.

Where do mental health services fit into the local system plan?

One of the two strategic directions of the Integrated Health Service Plan is to: Enhance the capacity and integration of primary, specialized and community-based care focusing on:

- Seniors and adults with complex needs
- People with mental health and addictions challenges
- People with or at risk of chronic disease.

Mental health and addictions-related actions outlined in the Integrated Health Service Plan 2010-13 include:

- Working with partners to facilitate the movement of specialty hospital services (Tier 2 and 3 divestment)
- Working with partners to enhance the availability of and access to children's mental health beds
- Increase supportive housing for people with problematic substance abuse and concurrent disorders
- Implementing a screening tool to screen for concurrent disorders
- Implementing a training program to help people to develop personal wellness plans
- Improving access to community mental health services for persons with a dual diagnosis

How will we know that we have been successful?

- People who require mental health and/or addictions care are able to get the care they need where and then they need it.
- Mental health and/or addictions services are coordinated and accessible along the continuum of care
- People with early signs of mental health and/or addictions challenges are equipped to better manage their health condition

What do we measure?

- Proportion of active cases by admission
- Contact with community mental health services in the past year
- Readmission rates to hospital
- Percentage of people with mental health and/or addictions challenges that report a positive experience with their care
- Wait time for initial assessment
- Wait time for treatment.
What role does the LHIN play in Tier 2 Mental Health Divestment?

Because Tier 2 mental health divestment would result in a change to the services being currently provided, the South West LHIN needs to consider the plan as "integration" under the Local Health System Integration Act 2006. Even though the divestment is a directive from the Health Service Restructuring Commission, the changes must be considered within the context of today's legislation.

Tier 2 divestment involves moving beds and patients closer to their home communities. Specifically, these transfers will involve movement to Grand River Hospital in Kitchener, Windsor Regional Hospital, St. Joseph's Health Care Hamilton and St. Thomas Elgin-General Hospital, which are within the Waterloo-Erie St. Clair, Hamilton-Niagara-Haldimand-Brant and South West LHINs respectively. Each of these LHINs will be involved in integration decision-making as we move through the process.

On August 27, the South West LHIN and Waterloo-Wellington LHIN received a notice of integration from St. Joseph's Health Care London and Grand River Hospitals respectively. The LHINs will assess the information provided and have 60 days to respond. We anticipate the LHIN Boards will consider these proposals at their meetings the third week of September.