New Model of Mental Health Services for Adolescents Dramatically Reduces Length of Stay for Treatment

The “no wrong door” approach presented at National Health Leadership Conference in Charlottetown, PEI, June 15-16, 2015

CHARLOTTETOWN – A new model of mental health services that prevents adolescents from slipping through the cracks was presented today at the National Health Leadership Conference (NHLC) in Charlottetown, PEI. This transformative program, designed by the Ontario Shores Centre for Mental Health, has dramatically slashed wait times, improved access, decreased lengths of stay, and increased family involvement.

“The system is normally set up in siloes,” explains Cynthia Weaver, Administrative Director, Ontario Shores Centre for Mental Health, located in Whitby, Ontario. “Parents can tell their story six or seven times. There should be no wrong door, so once parents enter they have one service provider who follows them. Instead of the family fitting to a service, the service should fit to the family.”

The results were presented at the National Health Leadership Conference by HealthCareCAN and the Canadian College of Health Leaders. The NHLC is hosting more than 700 healthcare leaders from across the country. Keynotes and presentations will focus on improving Canada’s healthcare system.

The Ontario Shores program, aimed at patients aged 12-18, has reduced the median wait from 46 days to 27, and the average length of stay from almost five months (141.5 days) to just under three months (89 days). An inter-professional team has a shared responsibility for delivering assessment, consultation, stabilization, and treatment and transition services. The result is more comprehensive care, and a greater level of wellness before the adolescent patients are reintegrated into their home communities.

Prior to revamping their program, the length of stay for adolescent residential beds at Ontario Shores was up to one year. Adolescents frequently remained in hospital for the duration of the school year, even though evidence suggests that intensive shorter stays have better outcomes.

“Rates of ER visits by youth with mental disorders have increased by 45% since 2006, partly because of the difficulty of obtaining community support,” says Bill Tholl, President and CEO, HealthCareCAN. “Adolescent mental health services are underfunded and inefficient. Every part of the system does its best, but the pieces aren’t integrated. Parents often have to become full-time advocates just to find the right resources among community agencies and treatment facilities. The federal government needs to make mental health – for youth and for all – a priority.”
“Parents say the mental health system is difficult to navigate,” says Sheila Neuburger, Executive Vice-President, Clinical Services at Ontario Shores. “We need a better coordinated system, so there’s a seamless continuum of services provided to the child.”

Ontario Shores created a 12-bed assessment, stabilization and treatment unit for complex mental illness. The staff mix includes the disciplines needed to support all treatment needs. As an important part of care, Ontario Shores organizes weekly teleconferences to include families in the review and planning process.

Teens and young adults are highly vulnerable to experiencing mental illness – and are also at risk of not receiving timely treatment or any treatment. According to the Canadian Institute for Health Information (CIHI), 6,000 adolescents will wait over a year for mental health services. The Canadian Mental Health Association notes that 10-20% of Canadian youth are affected by a mental illness or disorder, and only 1 in 5 who needs mental health services receives it.

WHAT DO CANADIANS THINK?
According to a recent Ipsos Reid survey (May 2015) commissioned by HealthCareCAN, 90% of Canadians say more needs to be done to improve the quality and accessibility of mental health care in Canada. What’s more telling is that 59% admitting they have risk factors putting them at moderate (26%) or high (33%) risk, with 30% noting they have had to take time off (from work, school, missing family occasions) as a result of a mental health issue.

Forty-five per cent of Canadians also felt that quality mental health care is not available in their area.

CALL-TO-ACTION
Mental health is also on the agenda of the NHLC’s Great Canadian Healthcare Debate. This unique forum gives health leaders the chance to pass resolutions aimed at helping policymakers to address the key healthcare challenges.

One resolution from Louise Bradley, President and CEO of the Mental Health Commission of Canada, proposes a major increase in mental health care funding. Bradley will renew the call contained in Changing Directions, Changing Lives: The Mental Health Strategy for Canada for an increase in proportional spending devoted to mental health in Canada by two percentage points, from the current 7% to a target of 9%, over the next 10 years.

Presented by HealthCareCAN and the Canadian College of Health Leaders, the National Health Leadership Conference hosts more than 700 healthcare leaders from across the country. Keynotes and presentations will focus on driving a culture, of engagement, innovation and improvement in Canada’s healthcare system. The Great Canadian Healthcare Debate is a unique forum giving health leaders the chance to pass resolutions aimed at helping policymakers address the key healthcare challenges Canada now faces. The conference runs June 15-16 in Charlottetown, PEI.
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