Women's Priorities for a Changing Mental Health System

The Women's Health and Mental Wellbeing Speakers Series

York University

October 6th,2010

Women's Priorities for a Changing Mental Health System

Agenda

1. What is Echo?

2. What about Mental Health and Addictions for women?

3. What is changing for Mental Health and Addictions Sector?

    a) The Select Committee report

    b) Excellent Care for All Act 2010

    c) LHIN Integrated Health Service Plans

4. Conclusions about the alignment of planned changes with women's needs

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Echo: Improving Women's Health in Ontario

Mission

Greater health for women through leadership, productive partnerships and research based action

Vision

Improved health and well-being, and reduced health inequities for Ontario women

Values

Equity
Diversity
Inclusiveness

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How Echo works...

Being the Focal Point
Creates Profile for Women's Health Issues
- Engaging with stakeholders to clarify needs/challenges and opportunities for improvement, channels for change
- Raising awareness and support for equitable access to services and sex/gender-sensitive care

Strengthen Community
Synthesizing and Translating Knowledge
- Develop evidence-based practice tools
- Provide stakeholder investment services

Facilitate Stewardship
Supporting Policy Advancements
- Provide input, advise on and support the uptake of policy for the government, Ministry of Health, service providers, and others

Advance Knowledge
Investing in Community and Policy Relevant Research
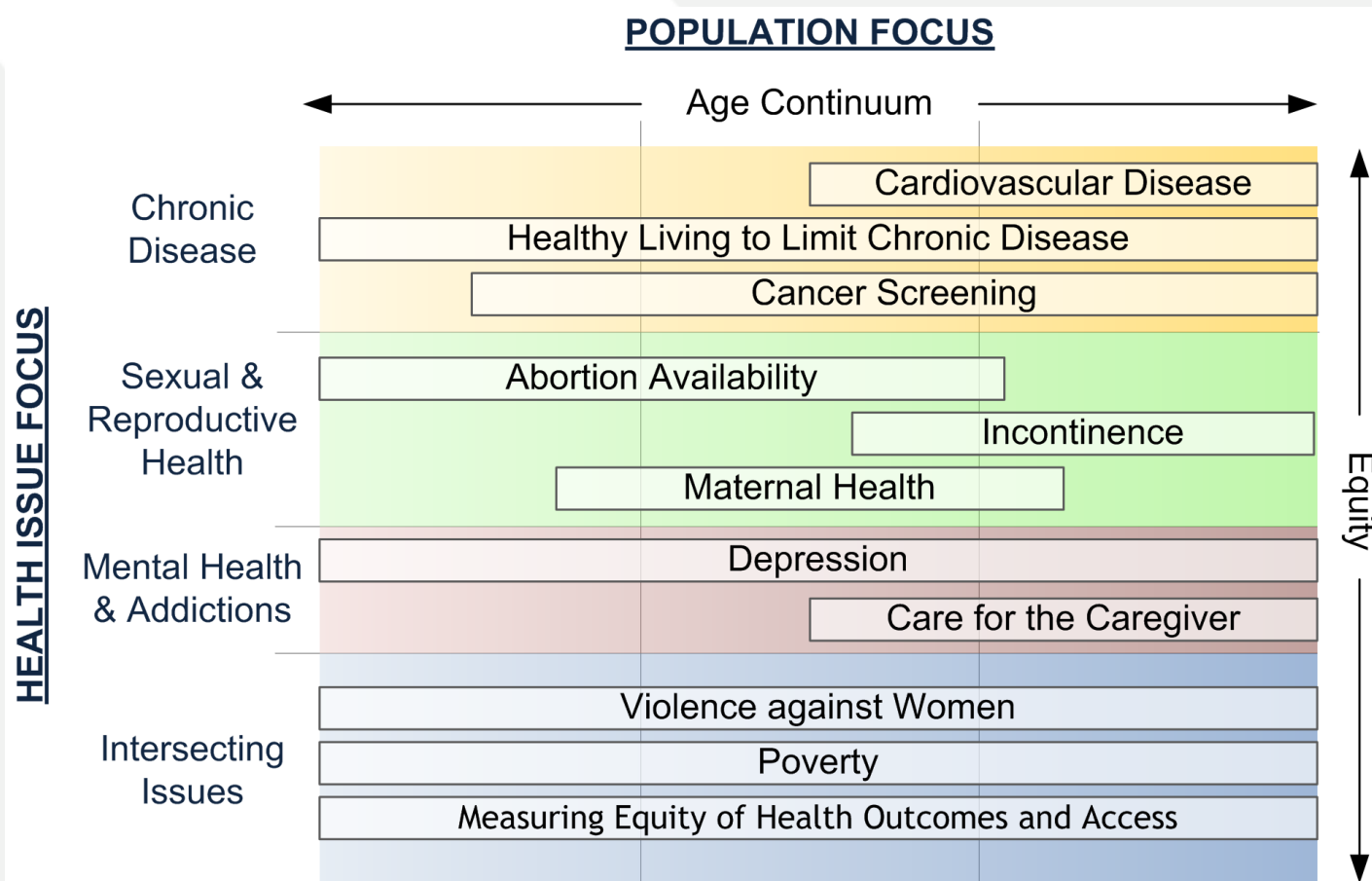- Conduct, fund, & partner on research

Initial Priorities for Echo

Mental Health and Addictions

Sexual and Reproductive Health

Chronic Disease

Echo Priorities for Action

Health Priorities

POPULATION FOCUS

Age Continuum

HEALTH ISSUE FOCUS

Chronic Disease
- Cardiovascular Disease
- Healthy Living to Limit Chronic Disease
- Cancer Screening

Sexual & Reproductive Health
- Abortion Availability
- Incontinence
- Maternal Health

Mental Health & Addictions
- Depression
- Care for the Caregiver

Intersecting Issues
- Violence against Women
- Poverty
- Measuring Equity of Health Outcomes and Access

Equity

Sex and Gender

"'Sex' refers to the biological characteristics such as anatomy (e.g., body size and shape) and physiology (e.g., hormonal activity or functioning of organs) that distinguish males and females".

"'Gender' refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to two sexes based on a differential basis".

'Gender identity' is how we see ourselves as female or male or as a third gender or 'two-spirited'

What about Mental Health and Addictions for women?

Gathering Women's Views

Echo Conversations June to October 2009

Province Wide & English and French

Over 300 people engaged including :

Clients of services,

Front line providers,

Service providers,

Researchers,

Community leaders

In partnership with
The Social Planning Council of Sudbury, The Social Planning Council of Kitchener-Waterloo, The Community Development Council of Quinte, Ontario Women's Health Network, and Le Réseau des services de santé en français de l'Est de l'Ontario.

Previous work considered

POWER study depression chapter 2009
   Elizabeth Lin, Natalia Diaz-Granados,
   Donna E. Stewart, Anne E. Rhodes,
   Naira Yeritsyan, Ashley Johns,
   Minh Duong-Hua, Arlene S. Bierman
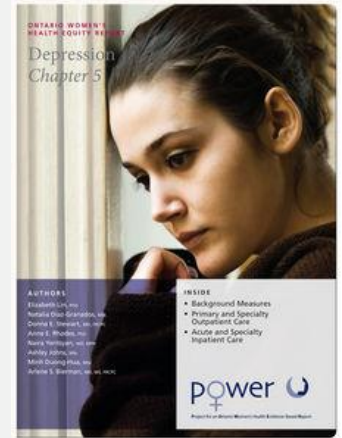
Current Research in Knowledge Translation and
   *Women's Health: A Resource Report, 2008. M.A*
   Barwick, and K. Conte

Diaz-Granados, N., et al., A literature review on
   depression among women: Focussing on Ontario. 2006:
   Toronto, ON.

Echo's recommendations on Mental Health and Addictions reform

#1 Must take a gendered approach.

- women use more mental health and addictions services, and report dissatisfaction regarding mental health and addictions services in Ontario (Lin et al., 2009)

- women with addictions often have more severe health care needs compared to men (Centre for Addictions and Mental Health, 2009)

- Occurrence of gender-specific issues such as the high occurrence of mental illness and/or addiction in women who are victims of trauma (Ad Hoc Working Group on Women Mental Health, Mental Illness, and Addictions, 2006).

Summary of sex differences (women-to-men ratios and 95% confidence intervals) in background measures of need for and use of depression care, in Ontario.
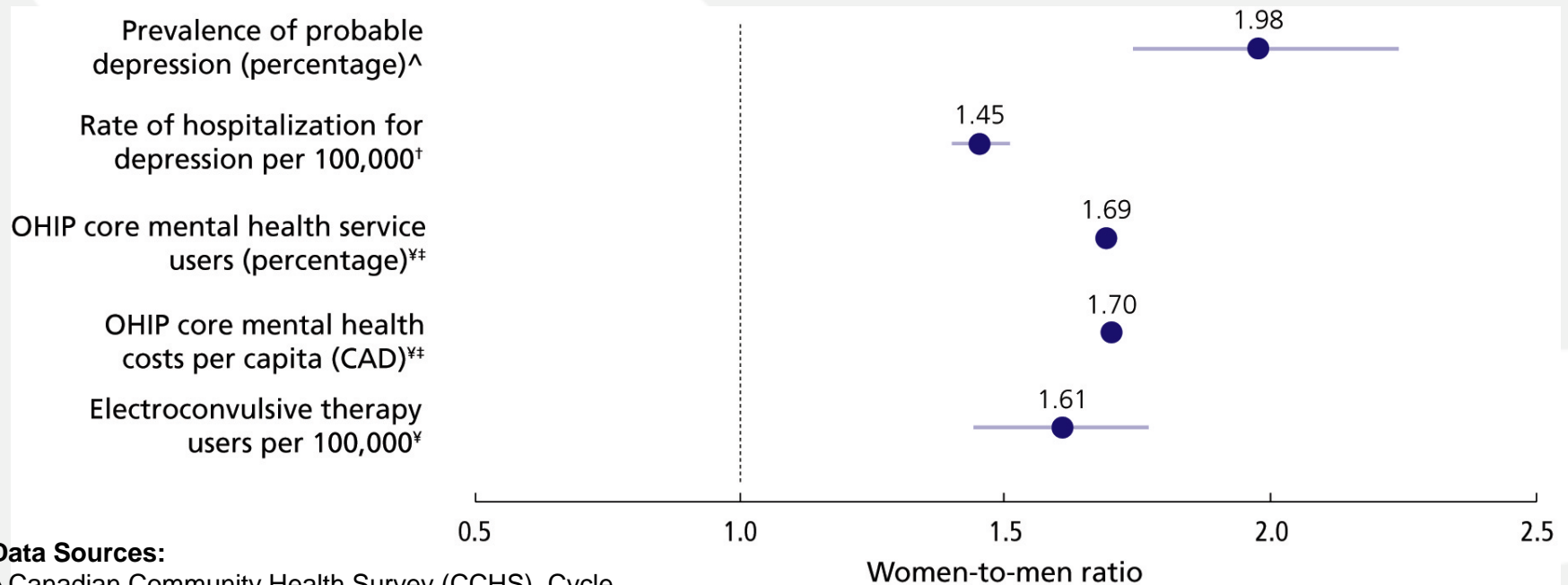
Data Sources:
^ Canadian Community Health Survey (CCHS), Cycle 1.1, 2000/01
† Canadian Institute for Health Information Discharge Abstract Database (CIHI-DAD), Mar 1, 2005 – Feb 28, 2006; Registered Persons Database (RPDB)
¥ Ontario Health Insurance Plan (OHIP), Mar 1, 2005 – Feb 28, 2006; RPDB
‡ Extremely narrow confidence intervals

Echo's recommendations on Mental Health and Addictions reform #2

#2 Develop and evaluate a standardized system that reliably offers care based on research available and accessible to all who would benefit.

#3 Integrate mental health, addictions, and trauma services to reduce system fragmentation and enhance co-ordination of care. This will require system redesign and skill development.

Echo's recommendations on Mental Health and Addictions reform #3

#4 Increase access to mental health and addictions services for women by addressing regional barriers, including addressing: culturally appropriate care, childcare and transportation, increasing service hours of community-based organizations, offering choice of services, and offering services in French.

#5 Incorporate peer support programs in mental health and addictions services and programs.

#6 Co-ordinate social services with mental health and addictions services and provide more supports for low income women addressing some of the social factors that significantly bear on women's health.

Intersectionality

A key Issue for women – particularly with MH&A issues

- feminist framework
- various socially and culturally constructed categories of discrimination interact on multiple levels contributing to systematic social inequality
- can be considered a tool for analysis, advocacy, and policy development

Hankivsky, O. and A. Christoffersen, *Intersectionality and the determinants of health: A Canadian perspective.* Critical Public Health, 2008. **18**: p. 271-283.

Hankivsky, O. and R. Cormier, *Intersectionality: Moving women's health research and policy forward.* 2009, Women's Health Research Network: Vancouver.

Settles, I.H., *Use of an intersectional framework to understand Black women's racial and gender identities.* Sex Roles, 2006. **54**: p. 589-601.

Shields, S.A., *Gender: An intersectionality perspective.* Sex Roles, 2008. **59**: p. 301-311.

Intersectionality:
Gender and Ethnic Disparities
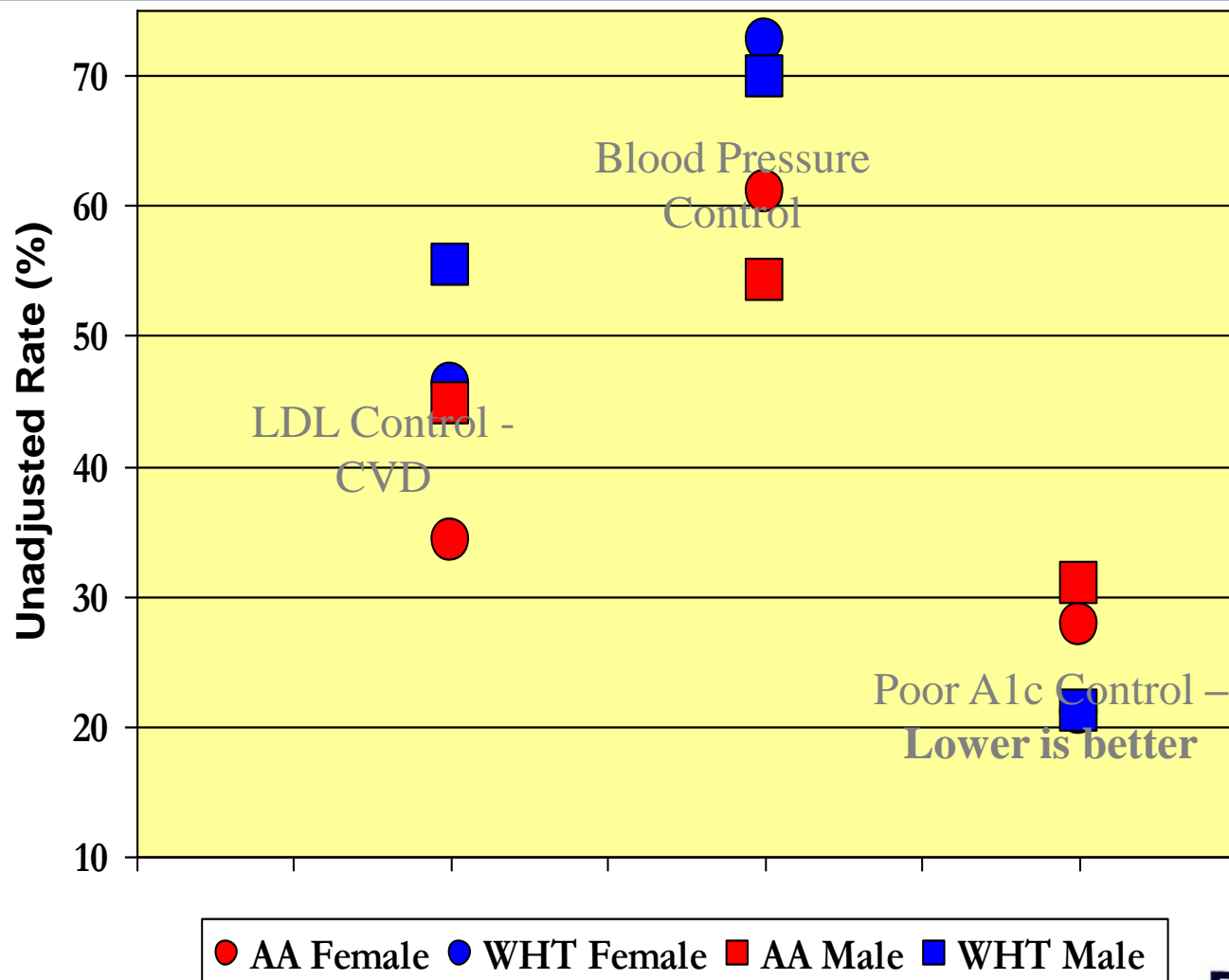
Intersectionality in Mental Health & Addictions – a critical concept

Aboriginal women, racialized women, women with a history of and/or currently suffering abuse, homeless women, women who are single parents, and women with chronic physical conditions are all at increased risk of developing depression and other mental health problems [8, 48]

Diaz-Granados, N., et al., *A literature review on depression among women: Focussing on Ontario*. 2006: Toronto, ON.
 Whizman, C., *At the intersection of invisibilities: Canadian women, homelessness, and health outside the 'big city'*. Gender, Place & Culture, 2006. **13**(4): p. 383-399.

What is changing for Mental Health and Addictions Sector?

Growing recognition of the need for improvement

•Select Committee of the Legislature in Ontario –
Navigating the Journey to Wellness report issued in Aug 2010
•Mental Health Commission of Canada
Out of the Shadows – Forever
•Every Door is the Right Door
Consultation document from the Ministry of Health and Long Term Care Ontario – July 2009
•LHIN Integrated Health Service Plans- Mental Health priority in every LHIN

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Select Committee on Mental Health and Addictions

All party support = Political will to act?

23 Recommendations

#1 calls for a new umbrella organization – <u>Mental Health and Addictions Ontario (MHAO)</u> responsible to the Minister of Health and Long Term Care

AND

That all mental health and addictions programs and services – for all regions of the province and all ages, including children and youth- should be consolidated in MOHLTC.

Excellent Care for All Act 2010 –

requirements on health care provider organizations

(starting with hospitals)

- *Create quality committees to report to each organization on quality related issues*
- *Develop and make public annual quality improvement plans*
- *Link executive compensation to quality plan performance improvements*
- *Conduct patient and employee satisfaction surveys*
- *Develop patient declaration of values*
- *Establish a transparent patient relations process that reflects the declaration of values*

Mental Health Commission of Canada

The goal of the Mental Health Commission of Canada is to help bring into being an integrated mental health system that places people living with mental illness at its centre.

The Mental Health Commission of Canada will:

- Be a catalyst for the reform of mental health policies and improvements in service delivery;
- Act as a facilitator, enabler and supporter of a national approach to mental health issues;
- Work to diminish the stigma and discrimination faced by Canadians living with mental illness;
- Disseminate evidence based information on all aspects of mental health and mental illness to governments, stakeholders and the public.

LHIN Integrated Health Service Plans

Vast majority of LHINs have prioritized Mental Health and Addiction for improvement in their Integrated Health Services Plans.

MOHLTC still specifies funding allocations and provider roles in MH&A services (2009 MOHLTC/LHIN accountability agreement)

Conclusions on the alignment of planned changes with women's needs

Women's voices

#1 Gendered approach

#2 standardized system that reliably offers care based on research available and accessible to all who would benefit.

Change Initiatives

Not stated in any current initiative. Current initiatives speak to being patient centred (ECFA)

OHQC is being challenged with ensuring practice standards based on evidence are in place.

Select committee report recommends core services available in all regions and use of standardized assessment tools

MHCC is disseminating best practices

Conclusions on the alignment of planned changes with women's needs

Women's Voices

#3 Integrate mental health, addictions, and trauma services to reduce system fragmentation and enhance co-ordination of care. This will require system redesign and skill development.

Change Initiatives

Select committee report recommends core services available in all regions with referral programs for specialized services –

no specific acknowledgement of trauma impacts on mental health in any documents

Conclusions on the alignment of planned changes with women's needs

Women's Voices

#4 Increase access to mental health and addictions services for women by addressing regional barriers, including addressing: culturally appropriate care, childcare and transportation, increasing service hours of community-based organizations, offering choice of services, and offering services in French.

Change Initiatives

Select committee report recommends core services available in all regions with referral programs for specialized services –

LHIN equity plans are addressing issues related to culturally appropriate care/translation etc but priorities vary

French language access is being supported through another mechanism ?impact on MH

Conclusions on the alignment of planned changes with women's needs

Women's Voices

#5 Incorporate peer support programs in mental health and addictions services and programs.

Change Initiatives

Select committee report – Recommendation #14 institutional and community based providers to actively seek peer support workers...

MHCC -Peer Project to enhance the utilization of peer support through the creation and application of national standards of practice.

Conclusions on the alignment of planned changes with women's needs

Women's Voices

#6 Co-ordinate social services with mental health and addictions services and provide more supports for low income women addressing some of the social factors that significantly impact on women's health.

Change Initiatives

Select Committee –

#3 system navigators to connect people with treatment and community supports needed

#13 foster the creation of affordable housing units with support

#10 interdisciplinary primary care models to include MH&A workers

Echo's recommendations on Mental Health and Addictions reform #2

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#2 Develop and evaluate a standardized system that reliably offers care based on research available and accessible to all who would benefit.

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Time for Optimism

Political will in place for change

All change is recognizing the need for standards – and we know that standards have improved quality and equity

Many of the areas that women have told us are important will at least be partially addressed if the Select committee report is adopted

Discussion

Patient Centred approachs - Is that sufficient to address sex and gender differences?

Standardized approaches – is the research sufficiently robust to address sex and gender differences in mental health and addictions?

How do we start to get intersectionality on the agenda/in the conversation?

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Thank You

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