

Measuring Jurisdictional Performance in Homecare and Mental Health Services:

Implications for HealthCareCAN Members



OVERVIEW

Access to mental health and substance use services and home and community care is a growing area of concern for Canadians. In 2017, the federal government signed bilateral agreements with each provincial and territorial government, agreeing to [A Common Statement of Principles on Shared Health Priorities](#)¹ that recognized the need for the federal, provincial, and territorial governments to improve access to mental health and substance use services and home and community care. The agreement was accompanied by an \$11 billion federal investment over 10 years².

The following year, 12 Canadian indicators were developed to measure the progress on improving access to these shared priority healthcare areas. In December 2022, the Canadian Institute for Health Information (CIHI) released the first-ever reporting of progress on the full complement of these 12 indicators. The results reflect the work of governments, patients, members of the public, health system leaders, and measurement experts. In this brief, HealthCareCAN summarizes key aspects of the [companion report](#) with implications for our members¹.

CURRENT SITUATION

The COVID-19 pandemic shifted healthcare priorities to respond to the crisis and to provide urgent care needs and away from mental health, community, and home care needs. This shift involved redirecting resources and supports in healthcare organizations to emergency and intensive care. Providers also quickly adapted to virtual care visits to reduce crowding in waiting rooms and limit contact between those seeking care¹.

These actions had an impact on accessing mental health and home care services across the country, with key results that may be of interest to hospitals, health organizations, and health research institutes across Canada in three new indicators:

1. Early Intervention for Mental Health and Substance Use Among Children and Youth¹
2. Navigation of Mental Health and Substance Use Services¹
3. Death at Home or in Community¹

Early Intervention for Mental Health and Substance Use Among Children and Youth

This indicator tracks the proportion of children and youth (ages 12 to 24) with early mental health and substance use needs who have sought community-based mental health and substance-use services in the past 6 months¹. This indicator can also help identify groups that have difficulty obtaining mental health, drug use services and identify areas for greater integration and prompt access to care¹.

- Most persons with lived experiences in mental health experience symptoms before the age of 18. There are approximately 1.2 million people or 20% of children and youth in Canada affected¹.
- Three in 5 (61%) children and youth with early needs self-reported mild-to-moderate functional impairment or perceived a need for care accessed community mental health and substance use services¹.
 - 74% of children and youth with self-reported early needs accessed counselling and therapy services¹;
 - 49% of children accessed school-based services such as guidance counsellors, social workers, and school nurses¹;
 - 31% of children used crisis support services such as telephone lines, mobile outreach teams, and other on-demand supports.
- More than 50% of children and youth who used services in Canada said that they were not easy to access and issues such as financial barriers¹.
- There were fewer boys and young men (54%) that self-reported early needs and had accessed early intervention services when compared to girls and young women (63%) and non-binary children and youth (77%)¹.

The COVID-19 pandemic had a significant impact on younger Canadians' mental health and substance use and led to a rise in depression and anxiety. The pandemic has also made youth who identify as sexual and gender minorities more vulnerable to mental health issues. Numerous factors affected how easily people access early mental health and substance use services:

- The support that children and teens receive from their network of friends and teachers was curtailed due to school closures and the transition toward virtual learning¹.
- Many health services were either suspended or access was limited to services such as school guidance counsellors and social workers¹.

METHODOLOGICAL IMPLICATIONS

Access to community-based mental health and substance use services for children and youth with self-reported early needs varied among provinces and territories. Some factors that influence this include¹:

- School boards' emphasis on comprehending student needs and working with partners in the community to provide resources¹.
- Awareness of available services and how to access them¹.
- Stigmatization, whether real or perceived, and its impact on patient's decision-making and behaviour in seeking care¹.
- Individuals in rural communities facing longer commute times¹.
- Social determinants of health i.e., income, education, gender, language, social networks, housing, and intergenerational trauma¹.
- In-person appointments transitioned to virtual care, thus individual's access to technology and private spaces became an issue¹.

Navigation of Mental Health and Substance Use (MHSU) Services

This indicator measures the percentage of people aged 15 and older who, once they accessed a service, always or typically had the support required to navigate mental health and substance use services in the past year. Navigation is considered moving within or between services or being directed to another provider within the same service. This indicator is intended to reflect the experience of Canadians who require to speak with someone else to acquire the services they need¹.

It can be particularly difficult for people seeking treatment for mental illness and substance abuse to navigate the healthcare system and its intricate network of services. This support may be scarce, especially in places where services are limited¹.

- 2 in 5 Canadians said they always or usually had support when navigating MHSU services. Many people do not receive the care they need from the first professional they connect with and require support to access another service, which varies from province and territories¹.
- 29% of Canadians responded that they rarely or never had the support needed to navigate within and between mental health and substance use services¹.

During the COVID-19 pandemic, the mental health of Canadians was heavily impacted, and surveys found a decline in mental health among Canadians generally and an increase in levels of anxiety and loneliness¹.

- There was an increase in the need for mental health and drug use treatments, which resulted in an increase in physician-provided mental health services, the frequency with which people visited the emergency room, and the number of hospitalisations for substance-related harms. These factors put more strain on the healthcare system, necessitating greater funding for care coordination of patients moving between and within services¹.
- The delivery of services has changed, which has made it more difficult for people to navigate the system and for health professionals making referrals. For example, provinces and territories switched to offering virtual assistance for substance abuse and mental health¹.

METHODOLOGICAL IMPLICATIONS

Provinces and territories had varying proportions of Canadians who received assistance utilizing mental health and drug use services. Several variables can affect how supported someone feels when using service navigation¹:

- The amount of assistance needed to move between and within services, which is affected by the jurisdictions' access to mental health services and supports, how these services are organized, and how people are eligible for them¹.
- How simple the system is to use and how seamlessly services are connected, especially the quality of ties between community services, primary healthcare doctors, and specialists¹.
- Awareness of available services and how to access them¹.
- Stigmatization, whether real or perceived, and its impact on patient' decision-making and behaviour in seeking care¹.
- Individuals in rural communities facing longer commute times¹.
- Social determinants of health i.e., income, education, gender, language, social networks, housing, and intergenerational trauma¹.

Death at Home or in the Community

This indicator measures the percentage of people who pass away each year outside of hospitals, either at home or in the community. It may be a sign of patient- and family-centred care at the end of life if one receives treatment and passes away in a place of one's choosing¹. Although a person's decision may vary as their illness progresses, many Canadians would rather not pass away in a hospital. 55% of Canadians died at home or in the community of the approximately 300,000 Canadians that died in 2020¹.

The pandemic resulted in an increased number of Canadian deaths in 2020 compared to 2019. During the COVID-19 pandemic, it has become challenging to provide services in palliative care, home care, and long-term care due to staffing shortages¹. Additionally, due to the fear of COVID-19 infection, patients at home or in the community avoided hospitals, and it is possible that hospital patients who were near the end of life were discharged to accommodate hospitalization of COVID-19 patients¹.

METHODOLOGICAL IMPLICATIONS

Some factors influencing the rate of deaths in institutions versus in the community among the provinces and territories include:

- The availability of sufficient health care supports, such as home care, physician home visits and home-based palliative care¹.
- The availability of informal caregivers, who can play a crucial role in providing care at home, including medical, personal, social and psychological care when appropriately supported¹.
- Social determinants of health such as age, income, education, and gender.

IMPLICATIONS FOR MEMBERS

Mental Health and Substance Use

Despite the \$4.5 billion promised but not yet delivered by the Liberal government in the 2021 election, there has been little progress made in improving access to mental health and substance use services since the bilateral agreements were signed³. Along with helping identify populations that experience barriers when seeking mental health and substance use treatment, it is crucial to pinpoint areas for greater health system integration and prompt access to care³.

The Canadian healthcare system has many issues and gaps including unprecedented wait times and the inequitable impact social determinants of health have on health outcomes, which has been exacerbated by the COVID-19 pandemic and contributes to a decline in the mental health of individuals of all ages³. Canada's health system needs support to address these issues and further improve services along with the recognition that mental health is just as important as physical health.

HealthCareCAN continues to advocate to the federal government to ensure that mental health is a priority. In 2022, HealthCareCAN held a roundtable with member organizations and the Hon. Carolyn Bennett, Minister of Mental Health, and Addictions. In our [2023 Federal pre-budget submission](#), HealthCareCAN recommends the government introduce mental health parity legislation that ensures prompt access to high-quality, inclusive care for all Canadians and the establishment of appropriate, sustainable long-term funding for mental health and drug use services nationwide. HealthCareCAN will continue meeting with parliamentarians and policymakers in 2023 to discuss better access to mental health care and substance use services in Canada.

Health Human Resources

The COVID-19 pandemic has exacerbated long-standing critical shortages in Canada's health workforce. As Canada's population ages and people live longer with more complex and chronic diseases, the demand on the health system keeps increasing⁴. Resources and investments in the health system, however, have not increased to reflect these challenges. The Canadian population's healthcare requirements are expanding and diversifying, and the health system is overburdened, overworked, underfunded, and under-resourced. Many healthcare workers reported that they had worsened mental health during the pandemic. A disproportionate number of women, immigrants, newcomers, racialized individuals, and workers in these healthcare roles are employed with low-wages, part-time occupations with few to no benefits⁴.

It is also important to recognize that Canada does not adequately perform health workforce planning. HealthCareCAN has developed [recommendations](#) to strengthen healthcare in Canada, including the implementation of a pan-Canadian health workforce planning strategy to gather workforce information, generate solutions, and address the issues that prevent the recruitment and retention of healthcare professionals⁴. Additionally, in collaboration with the provincial and territorial governments, it is important to enable strategic data collection, research planning, and forecasting for the whole Canadian health workforce.

Home and Community Care

Access to home and community care has been affected by the pandemic where home care was limited due to the public health directives of limiting contact with others. Additionally, healthcare workers providing home care and mental health services were found to more likely to seek work in other healthcare sectors due to increased demand during the pandemic as noted in CIHI's [Common Challenges, Shared Priorities Report](#). Demand is predicted to rise by 60% and 53% respectively between 2019 and 2031 for both long-term and home care⁴. However, Canada's long-term and home care facilities are ill-prepared to handle the sophisticated medical requirements of the country's aging population⁴.

HealthCareCAN urges the federal government to ensure older Canadians receive the proper care at the appropriate time and location. Communities need to be created that allow adults to age in a place and address housing, transportation, and nutrition, which affect healthy aging to fill the existing gaps⁴. Creating a national strategy to promote healthier aging and to enhance social and health services for seniors in Canada will also help to address this issue⁴.

FOR MORE INFORMATION

HealthCareCAN remains attentive to our members – if your organization has any questions, concerns or feedback in connection with these developments we encourage you to contact us.

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REFERENCES

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² Canadian Institute for Health Information (2022). Shared Health Priorities. Retrieved from: <https://www.cihi.ca/en/shared-health-priorities>

³ HealthCareCAN (2022). HealthCareCAN submission to the Standing Committee on Finance Pre-Budget Consultations in advance of the 2023 Federal Budget. Retrieved from: https://www.healthcarecan.ca/portfolio_item/submission-to-the-standing-committee-on-finance-pre-budget-consultations-in-advance-of-the-2023-federal-budget/

⁴ HealthCareCAN (2022). Strengthening the foundation of healthcare in Canada. Retrieved from: https://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/Advocacy/PolicyBriefBooklet_FinalEN_May2020.pdf?target=blank