Exploring Mental Health- or Addictions-Related Emergency Department Use by Racialized Populations in Ontario

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ABOUT THE COI

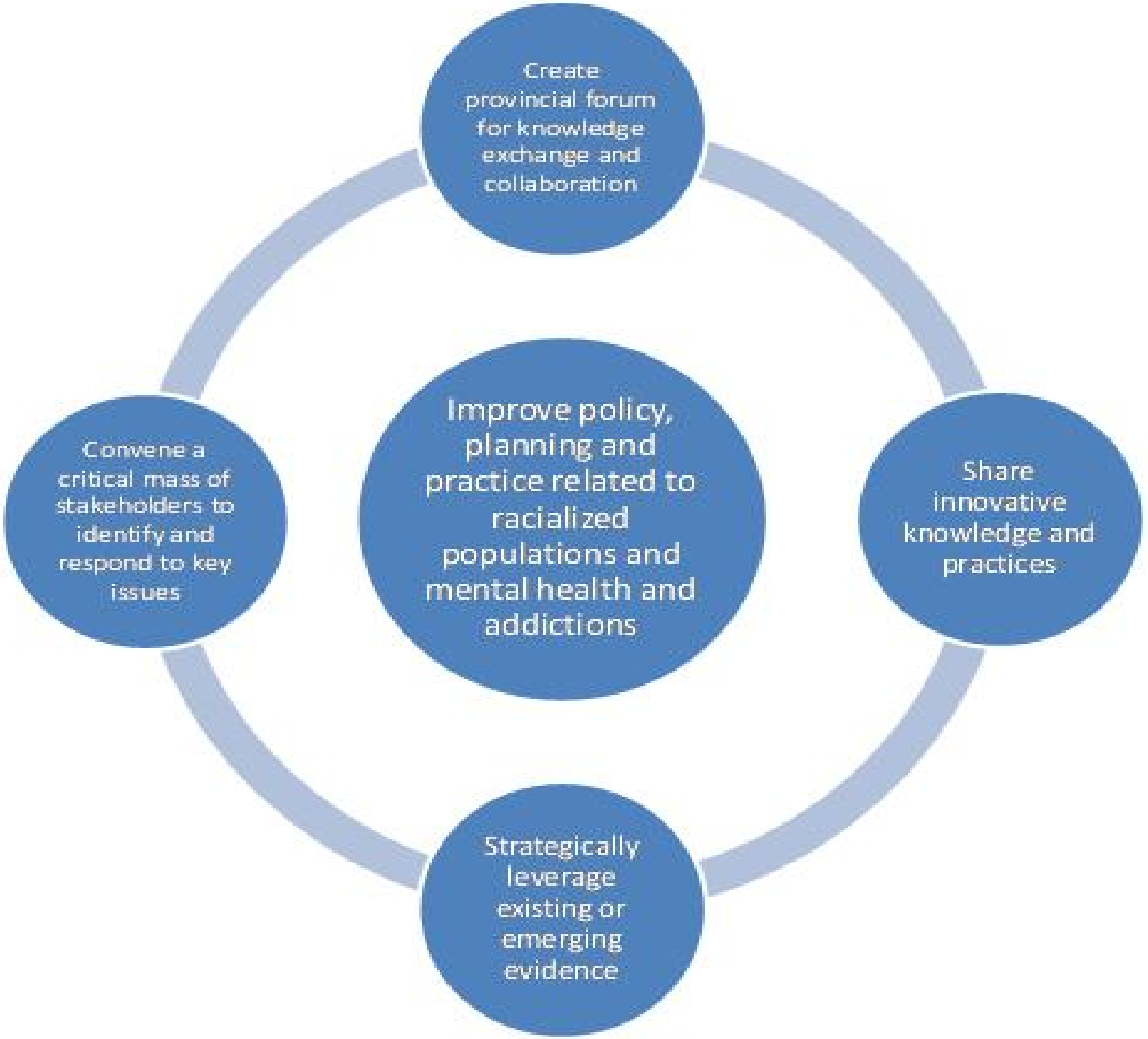
Community of Interest

- GOAL: Improve policy, planning and practice around racialized populations and MH&A
- Provincial forum
- Knowledge exchange
- Collaborative knowledge creation

Partners

The COI is a collaboration between the following organizations:

- Across Boundaries: An Ethno-racial Mental Health Centre
- Addictions and Mental Health Ontario
- Canadian Mental Health Association, Ontario
- Canadian Mental Health Association, Toronto
- the Centre for Addiction and Mental Health (CAMH)
- Community Resource Connections of Toronto
- Ontario Peer Development Initiative
- Ryerson University
- Wellesley Institute;
- Women's Health in Women's Hands Community Health Centre
- Working for Change


Create provincial forum for knowledge exchange and collaboration
Share innovative knowledge and practices
Strategically leverage existing or emerging evidence
Convene a critical mass of stakeholders to identify and respond to key issues
Improve policy, planning and practice related to racialized populations and mental health and addictions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Racialized Populations and
Mental Health and Addictions
Early Intervention

BACKGROUND

Background

- Provincial/LHIN priority for ED diversion includes focus on MH&A
- EDs are key system entry points for racialized populations
  - Barriers to accessing MH&A and primary care
- Promising practices underway
- Potential for improved dialogue and collaboration across stakeholders

COI Activities

- Stakeholder consultations
- Environmental scan survey (prov'l)
- Literature review
- Identification of promising practices (prov'l)
- Consultations
  - PWLE
  - Community-based mental health service providers
- Think tank


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EVIDENCE

MH&A and ED Use

- Evidence of increased frequency and avoidable visits among some individuals with MH&A
- Specific marginalized regions or groups:
  - Northern Ontario residents
  - Concurrent disorders
  - Dual diagnosis
  - Aboriginal people
  - Low-income kids
- Varied causes for avoidable visits:
  - Socio-economic factors: housing, poverty
  - Prescription renewals
  - Faster access to psychiatrists

Racialized Populations and MH&A

- Changing Demographics
- Racialized populations experience racism and other intersecting oppressions
- Barriers to accessing services/supports
- Implications for policy, planning and service delivery

Racialized Populations and ED Use

- Major data gaps
  - Poor quality (or no) data on racialization and utilization rates
- Ontario-based study on pathways to early psychosis intervention (Archie et al., 2010)
  - Asian participants 4x more likely and Aboriginal and Latin American participants 3x more likely than White or Black participants to use ED to enter MH&A system
- COI consultation findings confirmed/expanded this evidence

Criminal Justice System

- Ontario's *Mental Health Act*
  - Police officers may apprehend individuals (disorderly behaviour, risk of harm to self or others)
  - Officer accompanies the individuals to physician examination, usually at an ED
- Extended wait times for police officers at ED
- "Revolving door"
  - Individual does not meet criteria for involuntary admission
  - Repeat encounters with police and ED

Criminal Justice (cont'd)

- Montreal-based study: African-Canadians overrepresented in police/ ambulance referrals for psychiatric ED services

  (Jarvis et a., 2005)

Promising Practices

- Increasing access to primary care
  - **Hong Fook Nurse Practitioner-Led Clinic**
- Community-based crisis management programs
- Police-ED protocols
  - HSJCC
  - Mobile Crisis Intervention Teams
  - Clear channels of communication between police and community MH&A service providers
- Community-hospital collaborations
  - **Women's Health in Women's Hands CHC**
  - **CATCH ED**
  - Community-based discharge planning
- Innovative practices in the ED
  - Role of peer support
  - **Promising practice brief to come!**

Areas for Action

Four themes:

- Social Determinants of Health/Beyond the Health Sector
- Provincial Health System
- Hospital and Community Collaboration
- Emergency Department Dynamics

WHAT WE HEARD: PWLE AND SERVICE PROVIDERS

Who Did we Consult with?

- Persons with lived experience, who are from racialized communities who have direct experience using ED; and
- Service providers from community-based mental health organizations who are familiar with the needs of racialized communities and can share thoughts about how/why their clients use the ER.

Why?

- To hear persons with lived experience and service providers' perspectives on why and how racialized clients use the ED for mental health and/or addictions reasons, and any challenges or barriers associated with this use.

Who we didn't hear from..

- Hospital staff
- Policing sector
- Non English speaking individuals with lived experience

Participants

- People with Lived Experience
  - 7 individuals with lived experience (2 females & 5 males)
  - 2 family members (1 female & 1 male)
- Service Providers
  - 3 - work in a partnership setting between community mental health agencies and hospitals,
  - 5 – work with racialized clients
  - 3 – work with Early Intervention Programs

Summary of Consultation Findings

ED USE

- All participants with lived experience used ED multiple times
- Frequency depended on the context

REASONS FOR ED USE

"I was put in a shelter where I was constantly using & abusing drugs and alcohol. That's when I started to go to emergency rooms; 3 times a week sometimes. Humber River Hospital to East General, Western, Toronto General, St. Michael's; 200 times I have been - you name it. Because I was always worried, I was always frightened, & in order to stay away from these feelings I had no choice except grabbing alcohol & drugs."

person with lived experience

Access to care when needed and place to stay when homeless

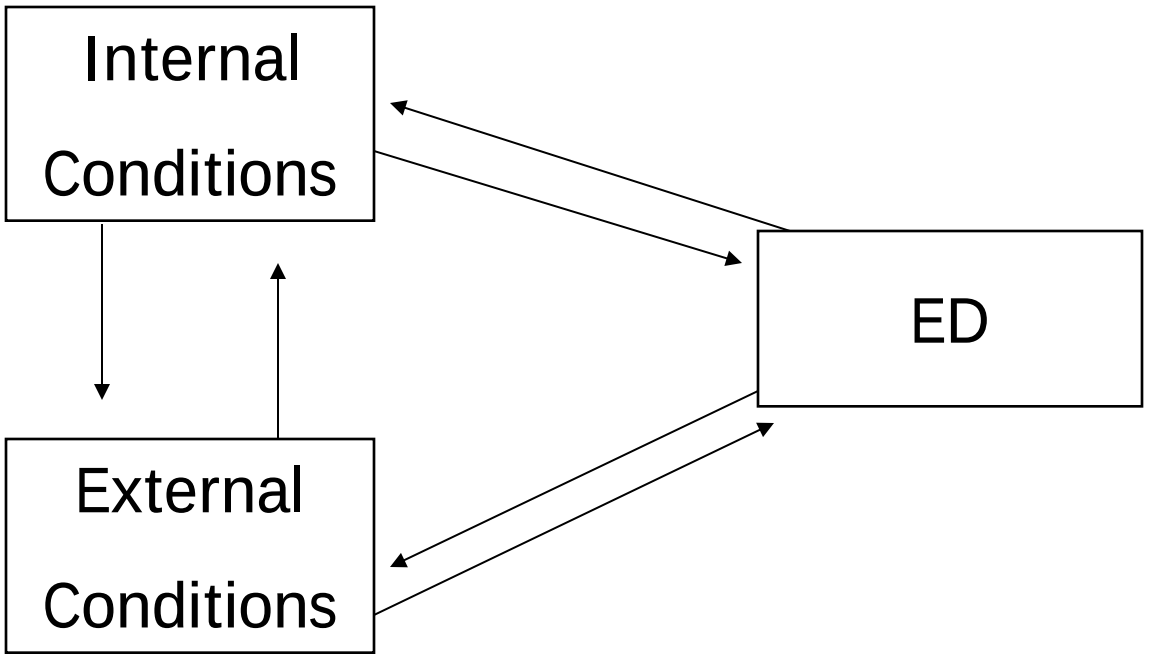
"I moved from Vancouver to Toronto and I missed my medication so I went to St. Michael's hospital and told I don't have my medication. Doctor right away gave me. I said I don't have my Ontario health card, I just arrived from Vancouver. He sent prescription to pharmacy and said he would give you this much until you have found your doctor."

REASONS FOR ED USE

"Sometimes clients go to ER to get med refills, or due to the wait times to see a psychiatrist."

service provider

What leads individuals to ED



Issues Raised

- Experience of racism and marginalization
- Language barriers and poor quality interpretation
- Use of force
- Lack of follow up

“What happened to me, I was going to school. I was doing my hair, cut off all my hair. Lady at shelter said you want to go get hot chocolate, and go to the hospital? I didn’t know why we were going in the hospital. We were laughing, talking about recipes, in the waiting room. “

person with lived experience

"….when I looked at the bed, there were restraints on the bed. Before I could say that, 6 security guards tackled me, knee on my face, I'm no criminal; I have no history, no violence, no nothing. They put their knee, squeezing my face on the ground. I said I couldn't breathe. They strapped me to the bed. They jabbed the syringe full of liquid into my leg. In the ER they didn't ask me nothing. The treated me like a livestock." **person with lived experience**

“My son – police beat him. His eyes were closed down. His face was so…[chocked up] …There’s no equality for mentally ill. ……If it weren’t for this centre, I couldn’t stand on my feet.”

family member

“Communication towards patients is important. Let patient know why they’re there, what’s the problem. Don’t just grab them and tie them and inject them.“

person with lived experience

Conclusion

- Main points to come out of the Community consultation:
  - Racialized service users are within the margins of an already marginalized social group (i.e. person with the lived experience of mental health and addictions issues).
  - People with lived experience should be treated with dignity and respect
  - Importance of the social determinants of health
  - Understanding of ED use in context
  - Obligation of mental health system to be responsive (not directive)
  - Key role of the frontline provider

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- Participants
- Across Boundaries

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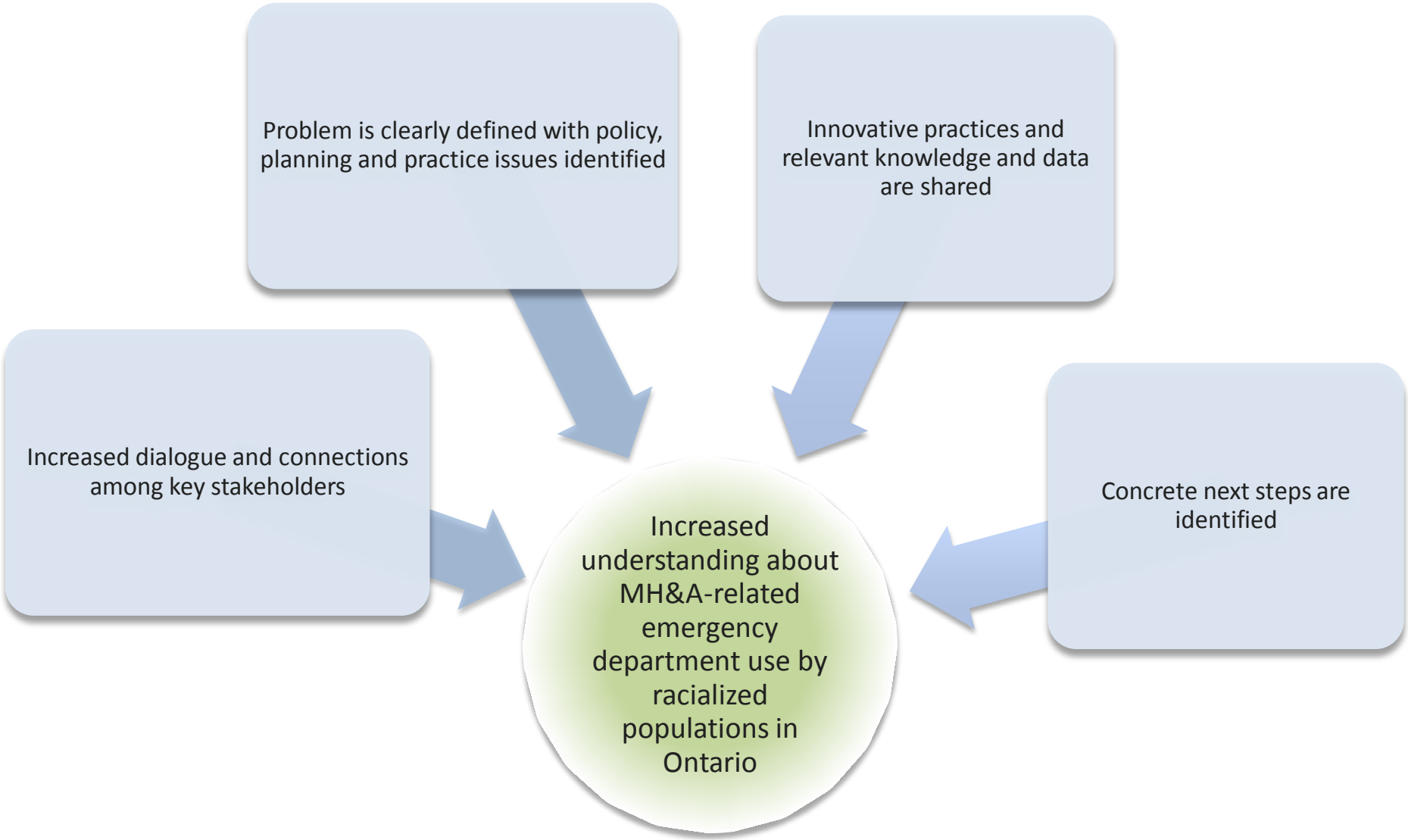
- Helen Li (CRCT, EI case manager)
- Ameil Joseph (CMHA Toronto, Social Worker, Early Psychosis Intervention)
- Sagal Mahmoud (Across Boundaries, case manager, MH and Justice program)

THINK TANK: March 2013

Think Tank Goals



Presentations

- Understanding Emergency Department Use by Racialized Populations
- Findings for COI Consultations with Service Providers and People with Lived Experience
- Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario
- Peer Support in the ED: Value, Opportunities and Challenges
- Mental Health Shared Care Models: A Response to ED Usage and Racialized Women

Break-out Group Discussions

1. Looking beyond the health sector
2. Provincial health system
3. Hospital and community collaboration
4. Emergency department dynamics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NEXT STEPS

COI Activities (April 2013-now)

- Documented findings from activities
  - Ongoing conversations with stakeholders
  - Final report on ED activities
  - Promising practice briefs
- Identify concrete next steps
  - Gaps in data collection…what about OCAN?
  - Focus group
  - Key informant interviews
- 2015 Think Tank about OCAN


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QUESTIONS?