

Changes in Ontario's Core Mental Health Care

By Elizabeth Lin

Plans to reform Ontario's mental health care date back to the late 1980s and have focused on moving from an inpatient system to a less expensive, and less restrictive, community-based model. Two new reports from the Institute for Clinical Evaluative Sciences (ICES) shed some light on trends in the provision of core mental health care in the province and reveal that there are still gaps in service.

Essentially the reports show that the delivery of core mental health services has expanded but has not changed in the fundamental ways envisioned by Mental Health Reform. While increased coverage is desirable if it corresponds to need, even more desirable would be a larger proportion of individuals involved in "shared care" and a more consistent matching of that care to sociodemographic groups who are most in need.

The first of the reports focuses on the fiscal changes in core mental health care over the five-year period from 1992/93 to 1997/98. Among the findings was a rise in costs for fee-for-service mental health care – 12.7 % over the study period – a rate slightly higher than the increases for total health and total OHIP costs. The primary factor for this increased use is a growth in the percentage of Ontario's population that is receiving these services. This is a desirable situation particularly if the new individuals receiving care are those with previously untreated, serious problems.

Sociodemographic and Regional Characteristics of OHIP Core Mental Health Care Users in Ontario, 1992/93 and 1997/98

Characteristics of OHIP Mental Health Care Users		1992/93 (%)	1997/98 (%)
Age	15-19	3.8	4.1
	20-44	53.3	48.2
	45-64	29.3	32.7
	65 +	13.6	15.1
Women		64.4	64.2
Rural		8.5	8.8
Health Planning Region	South West	11.7	11.3
	Central South	8.3	8.6
	Central West	15.1	15.4
	Toronto	28.6	28.1
	Central East	14.0	14.1
	East North	16.4	16.4
		5.9	6.2

Data Source: Ontario Health Insurance Plan (OHIP)

While this increase in coverage may be good news, it is tempered by the fact that those groups that have been previously identified as underserved with respect to mental health care – males, adolescents, elderly and rural or Northern Ontarians – continue to be underserved five years later.

The gap between the "use" of mental health services and the "need" for mental health services is not narrowing.

The second report deals with issues around the frequency of visits for mental health and the types of physicians providing these services. Most core mental health care users (63%) receive that care from a general practitioner or family physician (GP/FP) alone. This number increases to about 75 % if those that saw both a general practitioner and a psychiatrist are included. While the GP/FP plays a significant role in mental health care, the goal of Mental Health Reform is to move more towards a model of "shared care" whereby the care for individuals who require complex assessments or interventions is coordinated between their GP/FP and specialty physicians.

Fiscal Changes for Core Mental Health Services Delivered by Fee-for-service Physicians and Fee-for-service Core Mental Health Services: Changes in Provider Source and Visit Frequency are the latest Atlas Reports, an ongoing series of health services research publications that document patterns and trends focusing on the quality, equity and effectiveness of healthcare in Ontario. These reports are also available in PDF format on the ICES website: <http://www.ices.on.ca>.

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Clinical Issues is a quarterly update from the Institute for Clinical Evaluative Sciences.

Baby-Boomers Responsible for more than Half the Growth in Visits to Canadian Doctors in 1999

According to new figures from IMS Health, baby-boomers kept Canadian doctors busy last year. Canadians aged 40 to 59 were responsible for 52% of the 22 million more visits made to office-based physicians in 1999. In 1998, baby boomers drove less than a third of the 11 million more visits made. Statistics Canada figures show the age group grew by only 2% in 1999 to reach 8.2 million.

Total estimated patient visits grew 8.6% last year to reach 288 million. In 1998, visits totaled 265 million. Among the leading diagnosis were: hypertension (accounting for 16 million patient visits); diabetes (7.5 million visits) and depression (7.1 million visits).