Youth Wellness Hubs Ontario: Using Measurement-Based Care to Enhance Mental Health and Addiction Services for Young People

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Land Acknowledgement

We would like to acknowledge that we are joining from across Ontario from Aboriginal land that has been inhabited by Indigenous peoples from the beginning. As settlers, we're grateful for the opportunity to meet here, and we thank all the generations of people who have taken care of this land for thousands of years. We recognize that Indigenous practices of health and well-being have been in place in this territory for over 10,000 years and are maintained to this day. As healthcare leaders, we have much work to do ourselves to do our part and support the de-colonization of children's healthcare systems.

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Credit & Gratitude

1. More than 1000 youth and family members over the past 10+ years

2. Hundreds of service providers, policy makers, and system leaders

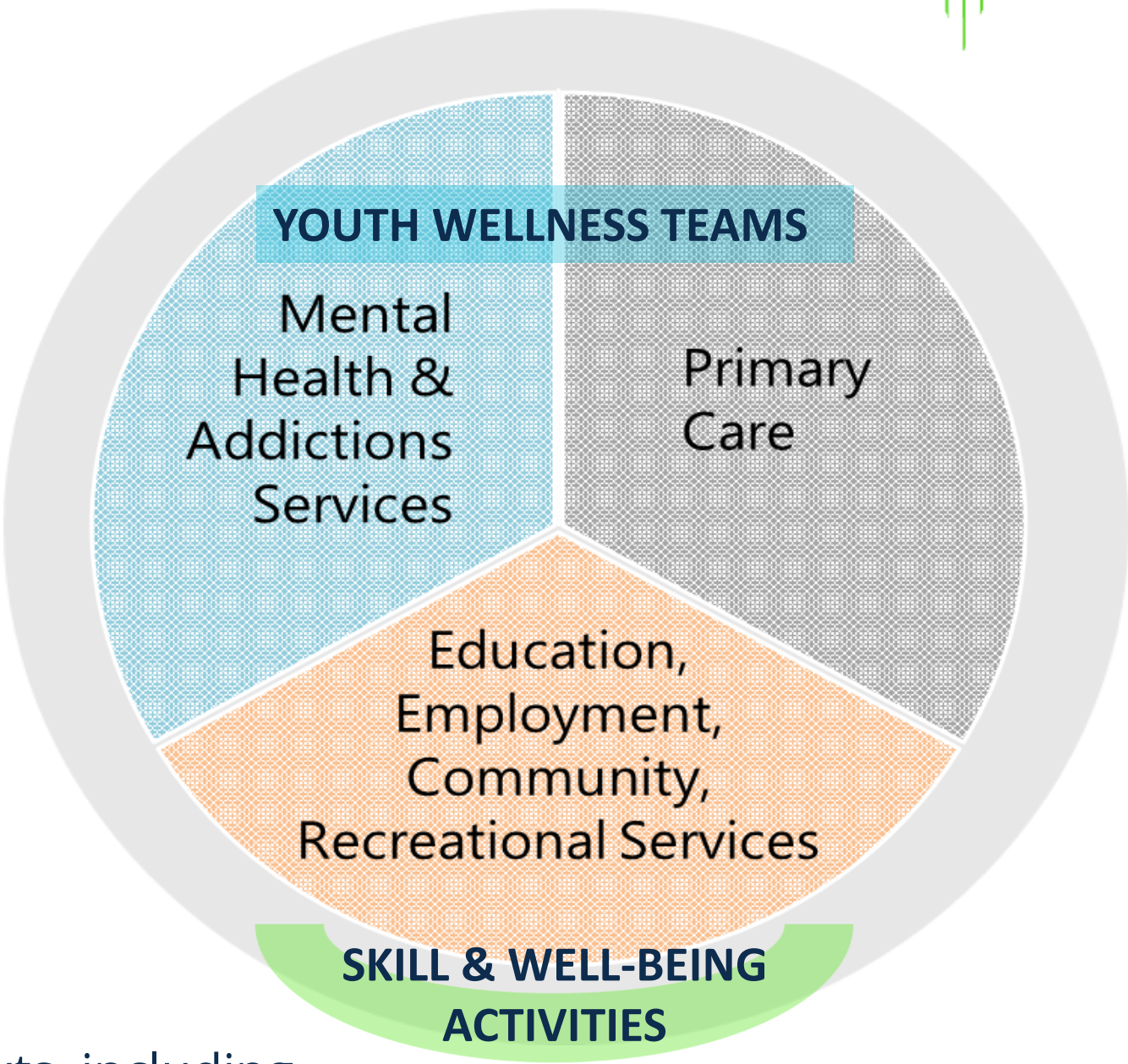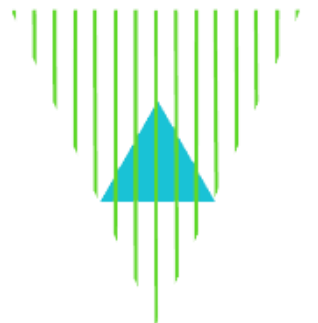3. Dozens of researchers and other academic colleagues

Objectives

- Overview of YWHO
- Understanding key features of the YWHO model
- YWHO's equity pillars
- YWHO's youth and family engagement model
- YWHO's measurement-based care model

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Map of Ontario Youth Wellness Hubs sites:
1. Renfrew County
2. Haliburton County
3. North Simcoe
4. Scarborough
5. Toronto East
6. Central Toronto
7. Niagara Region
8. Malton
9. Guelph-Wellington
10. Eastern Champlain
11. Chatham-Kent
12. Windsor-Essex
13. Timmins
14. Kenora

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YOUTH WELLNESS TEAMS

Mental Health & Addictions Services

Primary Care

Education, Employment, Community, Recreational Services

SKILL & WELL-BEING ACTIVITIES

14 sites, across geographic and cultural contexts, including Indigenous, Francophone, rural, urban, and culturally diverse contexts.

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Key Features of YWHO Model of Service Delivery

Integration across sectors, age ranges, existing and new services

Network-based

Values-based

Leverage existing resources: Working differently to achieve outcomes

Measurement-based care

Health funding: Youth Wellness Teams

Evidence-based or evidence-Generating Services

Diverse funding: Government, philanthropy, research

Co-design with youth, family members, service providers

Commitment to learning: Learning health system approach

Youth centered and developmentally appropriate services

Focused on equity

Branding

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Equity-based values and actions

Equity Pillars

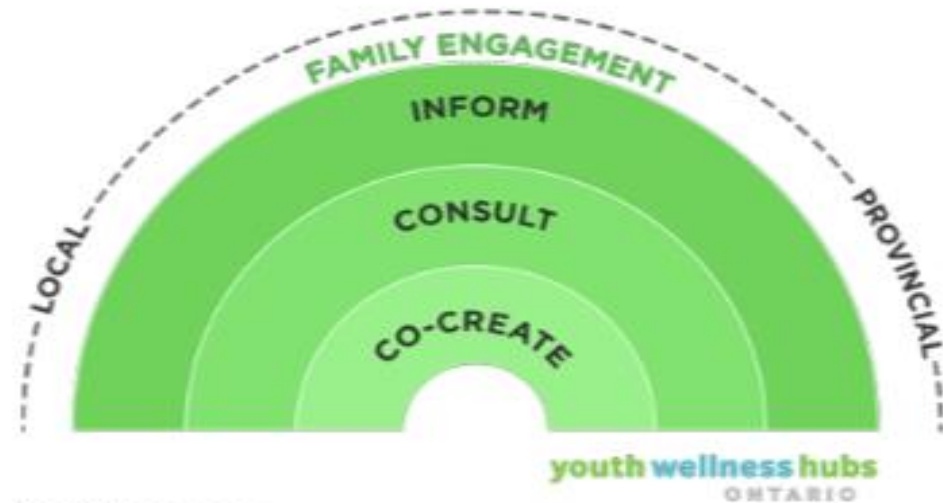|	
Equity data use	Culturally specific services that reflect the population groups
Organizational capacity, approach and culture operating within equity-based principles: Cultural safety	Staff & staff capacity
Equitable and inclusive access and physical space	Network membership & resource sharing

YWHO engagement model

Family Engagement

FAMILY ENGAGEMENT
INFORM
CONSULT
CO-CREATE
LOCAL — PROVINCIAL
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Youth Engagement

YOUTH ENGAGEMENT
CO-CREATE
CONSULT
INFORM
LOCAL — PROVINCIAL
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Youth engagement & family engagement: Specific activities

Model development

Services

Evaluation plan

Engagement strategy

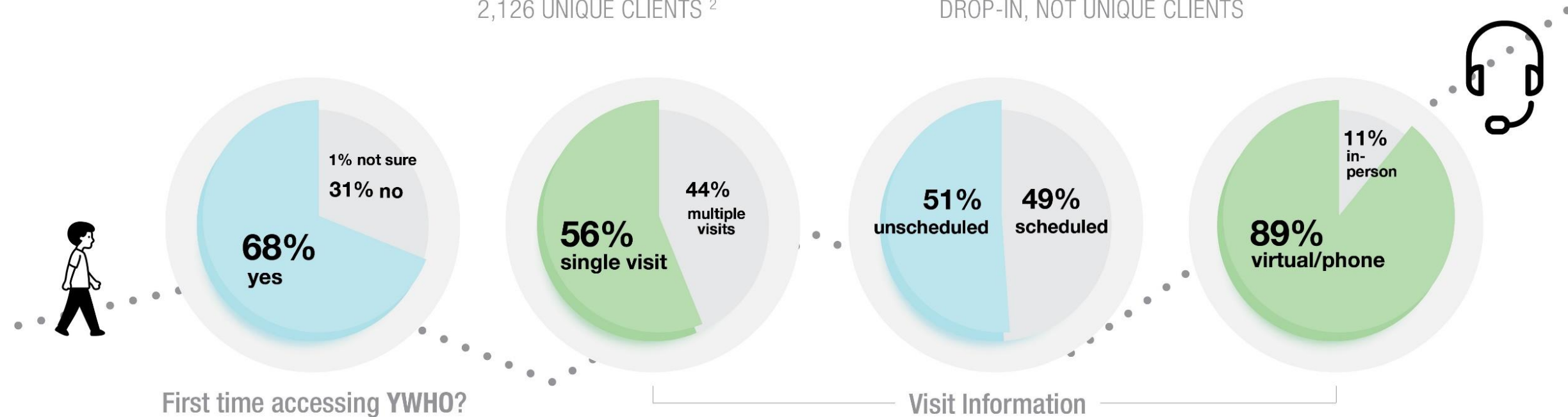**Site selection**

Implementation

Governance

Branding

Knowledge translation

YWHO ACROSS ONTARIO

18,819 TOTAL VISITS [1] **7,418** WELLNESS TEAM VISITS **11,401** SKILLS & WELL-BEING ACTIVITY VISITS

2,126 UNIQUE CLIENTS [2] DROP-IN, NOT UNIQUE CLIENTS

68%
yes

1% not sure
31% no

56%
single visit

44%
multiple visits

51%
unscheduled

49%
scheduled

89%
virtual/phone

11%
in-person

First time accessing **YWHO**?

Visit Information

Where would you have gone otherwise?

19% not sure
11% nowhere

15% friends
14% family

12% family doctor
5% hospital ER
5% walk-in clinic

10% other, 4% my worker, 4% school counsellor/teacher,
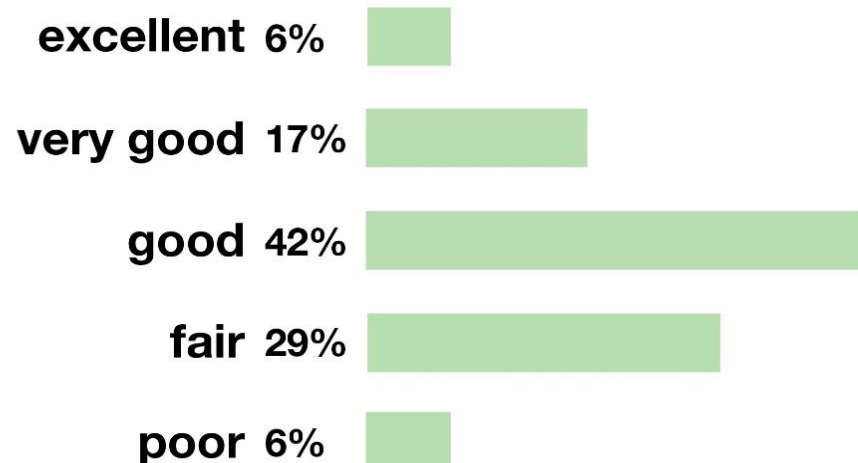1% prefer not to say, <1% psychiatrist

13% AGE 12 - 14   **28%** AGE 15 - 17   **39%** AGE 18 - 21   **20%** AGE 22 - 25

first visit **SELF-RATED HEALTH**

excellent 6%
very good 17%
good 42%
fair 29%
poor 6%

first visit **SELF-RATED MENTAL HEALTH**

excellent 3%
very good 5%
good 19%
fair 43%
poor 30%
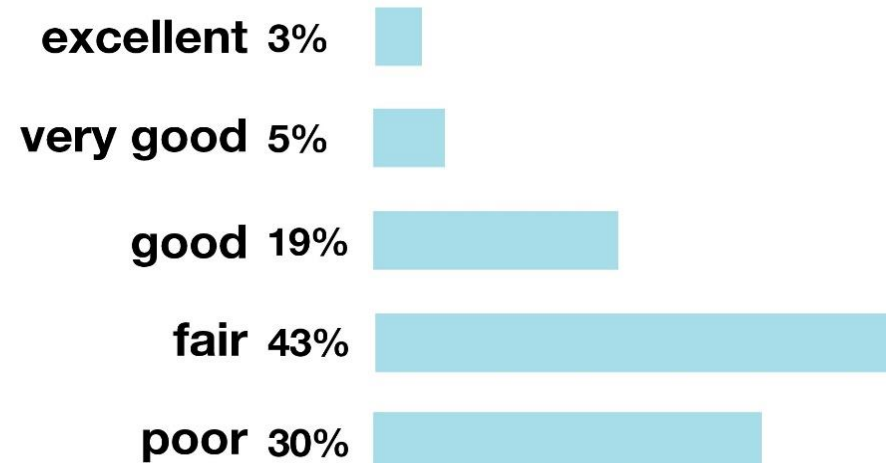
99% Would Recommend
YWHO SERVICES (n=759)

82% "yes, definitely" 17% "yes, generally" 1% "no, not really" <1% "no, definitely not"

"Friendly service with no judgment.
Will attend again if in need of support."
- Service User

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YWHO takes a systems approach

Foundational System Pillars

YWHO is a platform of service delivery that can enhance and align the foundational pillars of the Mental Health and Addiction system in Ontario.

Establishing Core Services

Supporting Continuous Quality Improvement

Developing an Evidence-based Funding Methodology

Improving Data Infrastructure

Creating Centralized Access to MHA Services

Adopting a Measurement-Based Care in

YWHO's Measurement-Based Care Model

Enhanced mental health outcomes in randomized controlled trials

- Systematic measurement of symptom severity
- Treatment adjustments when clients are not responding to care

Routine mental health care

- Using clinical judgement alone, mental health providers detect deterioration for only 21% of their patients
- Clinical inertia

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Hatfield, et al. 2010

Measurement-Based Care

- *Routine, systematic use of symptom rating scales integrated into routine clinical practice to inform clinical decision-making (Fortney et al., 2016)*
  - Evidence-based intervention (integrated care pathway)
  - Framework for shared decision-making with youth

- Empirically monitoring client progress

- Evidence-based standard of care in mental health guidelines

- Transtheoretical and transdiagnostic

- Youth-centred care

So, how are we doing with MBC?

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How does MBC fit within your practice/agency/organization?

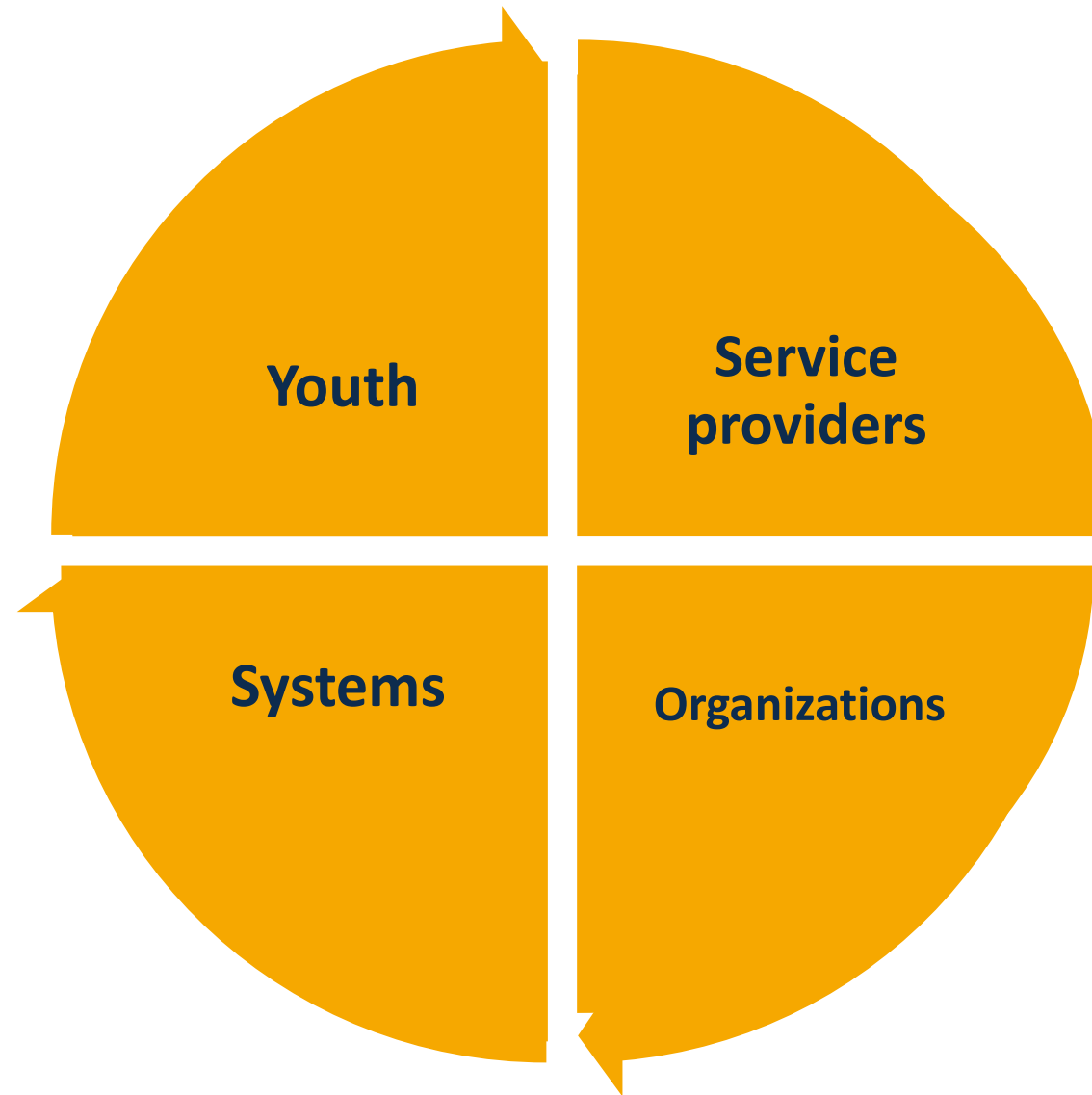|	
We are MBC ninjas!	**A**
We do some MBC but not with much success	**B**
We do some MBC with success	**C**
What's MBC?	**D**
We want to do MBC, but we just can't find the time yet	**E**

Why is MBC Important for Youth Mental Health Care?

A circular diagram divided into four quadrants:
- **Youth** (top left)
- **Service providers** (top right)
- **Systems** (bottom left)
- **Organizations** (bottom right)

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Utility of MBC for Youth

- Enhances therapeutic relationship with service provider

- Youth become more knowledgeable of their symptoms

- Youth become better able to recognize improvement early in the course of treatment

- Helps to validate youth's feelings

- Eases youth's ability to communicate about and quantify their experiences

Utility of MBC for Service Providers

- Optimizes efficiency, accuracy, and consistency of assessing needs or symptoms

- Enhances ability to track goal achievement and detect changes

- Helps to overcome treatment inertia and course correct

- Enhances ability to know when to 'step up' or 'step down' treatment

- Facilitates collaboration and coordination

- Helps to inform treatment decisions

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Utility of MBC for Health Learning Systems

- Aggregate data can be used to:

  - Monitor effectiveness of specific treatments, treatment components, and clinical programs
  - Target areas for professional development and quality improvement
  - Demonstrate competency & value to accreditors and funders

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ON A SCALE OF 1 – 10

1 2 3 4 5 6 7 8 9 10

If MBC is important to youth mental health, why is it rarely incorporated into practice?

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Barriers to Implementing MBC In Practice

For youth:

- Accessibility needs (e.g. delusions or cognitive impairment)
- Response burden
- Concerns about confidentiality
- Virtual service delivery models: completing tools on their own

For service providers:

- Time and effort
- Negative attitudes (e.g. belief that clinician's judgment is more accurate than standardized measures)
- Concerns that using standardized measures can overtake relationship piece
- Concerns that MBC data could be used to assess clinician performance

For organizations:

- Demand on personnel if MBC is not integrated into electronic health records
- High staff turnover
- Lack of leadership support
- Limited resources for training
- Low "organizational readiness"

For health learning systems:

- Confusion around what measures to use
- Conflicting views and priorities
- No universal MBC platform
- Lack of financial incentives
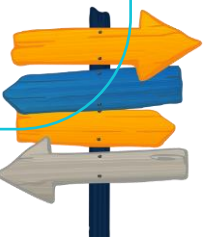
Facilitators for MBC

- Proper training and resources
- Automated or delivered via an electronic platform
- Measures must be thorough but brief, and easy to understand
- Local champions and leaders who support, advocate, and implement MBC in practice
- Ongoing consultation, supervision, and implementation

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Are you all still with me?

KEEP CALM We Make it Happen

The "How" of MBC

Key Components of MBC

Measure of youth-reported outcome/symptom/function rather than objective measure of a disorder

Practitioner review of responses

Youth review of responses

Collaborative re-evaluation of treatment plan based on responses

Shared decision-making

What have we learned so far in supporting YWHO sites with MBC?

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1. The foundation of MBC is built within the therapeutic relationship

- For MBC to work, it must be based within a therapeutic relationship framework

- MBC enhances communication and information sharing between service provider and youth

- Assessment feedback supports active youth engagement in the decisions made about their care

2. Create a climate for feedback

- Administering screening tools is no guarantee that the response you get is an honest picture of the clients reality. The clinician has a responsibility to create a climate where the clients actually want to open up

- Creating a climate for feedback is about culture in the service on how to best utilize MBC potential

- Creating this climate should not rest solely on the shoulders of the individual service provider

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3. Practice the Art of Share-Decision Making

- An approach to treatment decision-making that involves collaboration and a two-way exchange between a clinician and client

  1. Clinician communicates suitable treatment options and the potential risks and benefits, and client communications their values and preferences about these treatment options

  2. Clinician and client deliberate and discuss these possible outcomes, values, and preferences

  3. Selection of an option that is consistent with the values and preferences of the client, and a review of the decision at an agreed upon time point
     - Treatment choice is selected based on evidence and client preference

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Cundill Centre for Child and Youth Depression, CAMH

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4. Prepare for a demanding process of change

- Expect your team to go through a change process when implementing MBC

- MBC can be very demanding (for some) and can be met with resistance at first

- In general, service providers tend to feel less resistance after a while when they got to know MBC better and experience its usefulness

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5. Leadership is essential

- Leadership must demonstrate unwavering belief in the value of MBC

- A working environment with encouragement to look at failing cases as an opportunity for improvement and possibility for trial and error

- Good training, monitoring, and supervision is needed

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How Does YWHO Support MBC for Sites?

- *My Wellness Passport (MWP)*

  - MWP is an example of a measurement-feedback system:

    - Can be used in tandem with an organization's existing electronic health records

    - Able to provide feedback in real time

    - Easy to access during a clinical encounter

    - Easy to interpret

    - Paired with tools that support clinical decision-making

    - Youth and service provider friendly interface to collect relevant information about youth's needs and goals for service in a standardized way

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We asked our YWHO sites what they liked the best …and least about MWP

- Screening approach is evidence-based
- Visually tracking client progress over time
- Allows for the collection of sensitive information from youth in a less intimidating way
- Youth still have the choice to complete the screeners
- All assessments are in one place
- Easy to use
- Knowing what the client is feeling the day of the appointment

- Youth express frustration at having to complete tools so frequently
- Can be overwhelming for youth to complete (e.g., past trauma)
- If youth are late to an appointment, service time can be lost
- Double documentation
- Platform doesn't always work consistently

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Knowledge Institute on Child and Youth Mental Health and Addictions

Institut du savoir sur la santé mentale et les dépendances chez les enfants et les jeunes

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