

## Chapter 8

# Saskatchewan Health Authority (Prince Albert Parkland) – Providing Timely Access to Mental Health and Addictions Services

### 1.0 MAIN POINTS

This chapter sets out the results of our audit of the processes that the Saskatchewan Health Authority had for providing timely access to mental health and addiction services in the former Prince Albert (PA) Parkland Health Region.

PA Parkland provides three types of mental health and addiction services: inpatient (services provided in a hospital), outpatient (services provided outside a hospital), and community rehabilitation and residential, with most services offered in the city of Prince Albert.

In mental health services, ready access to continuity of care has long been considered to be essential for good clients outcomes for those with severe and persistent mental illness. Continuity of care is associated with improved quality of life, community functioning, and satisfaction with services. Mental health and addictions clients getting the right treatment at the right time is important to recovery.

For the 12-month period ending January 31, 2018, the Saskatchewan Health Authority had, other than in the following areas, effective processes for providing timely access to mental health and addiction services in the former PA Parkland Health Region. It needs to:

- Formally assess whether mental health and addictions services are meeting client demand and adjust where necessary.

Demand for its mental health and addictions services is outpacing PA Parkland's capacity to supply them. Consequently, PA Parkland did not always provide mental health and addictions services in a timely manner. Doing comprehensive reassessments of client demand relative to mental health and addictions services available will support getting the right services at the right place at the right time.

- Establish a provincial integrated mental health record system and develop a strategy to collect key mental health and addictions client information from healthcare professionals. This will help ensure timely information is readily available for client care.
- Collaborate with the Ministry of Social Services to enhance access to housing options for mental health and addictions clients. Stable housing can lead to better outcomes for people living with complex mental health and addictions issues and avoid using costly hospital-based care when such care is no longer necessary.
- Use a model to assist staff in better matching appropriate services to mental health and addiction clients' needs.



Treating clients at the lowest appropriate service tier in the first instance, only 'stepping up' to intensive/specialist services as clinically required will move PA Parkland towards having the right service in the right place, at the right time delivered by the right person.

- Assess alternatives to decrease the number of clients that do not show up for scheduled appointments or treatment, and document evidence of follow-up when clients do not maintain their scheduled mental health and addictions treatment. Recovery is less likely if people wait too long for their first appointment, or quit therapy too early.

Ready access to mental health and addictions services when most needed helps minimize and avoid adverse events. Long waits can lead to people's conditions getting worse, and in some cases, waits can even contribute to death.

## 2.0 MENTAL HEALTH AND ADDICTIONS SERVICES

### 2.1 Introduction

Every year, approximately one in five Canadians experience a mental illness (a disorder affecting mood, thinking, and/or behaviour).<sup>1</sup> Some of the more common illnesses are depression, anxiety, and substance abuse disorders. Mental illnesses and addictions are associated with distress and impaired functioning. Those affected can use significant resources from health and social systems.

In 2014, about 220,000 Saskatchewan residents were struggling to some degree with a mental illness or addiction.<sup>2</sup> In Saskatchewan, persons with mental health or addiction issues can seek help in a variety of ways. For example, they may access care through:

- Friend and family supports
- Self-help groups
- Privately funded addictions or mental health services
- General practitioners under a fee-for-service arrangement (who may provide clients with mental health or addictions care or refer them to the care of others)<sup>3</sup>
- Psychiatrists under a fee-for-service arrangement
- Services provided by the health region

<sup>1</sup> Canadian Institute for Health Information, *Community Mental Health and Addiction Information: A Snapshot of Data Collection and Reporting in Canada*, (2017), p. 6.

<sup>2</sup> Commissioner, Mental Health and Addictions Action Plan, *A 10 Year Mental Health and Addictions Action Plan for Saskatchewan*, (2014), p. 8.

<sup>3</sup> Under the fee-for-service arrangement, the Ministry of Health directly compensates a physician at a pre-set rate for each specific insured service provided to a Saskatchewan resident.

Many mental health and addiction clients are likely to need ongoing care throughout their life. While not everyone affected with mental illness requires treatment from health care professionals, for those who do, timely access to quality services is important.<sup>4</sup>

In 2014, a government-appointed Commissioner identified access to mental health and service capacity as the area in most need of improvement.<sup>5</sup>

## 2.2 Responsibility for Mental Health and Addictions Services

Under *The Mental Health Services Act*, the Minister of Health is responsible for the strategic direction of the mental health system in the province, and for establishing regions in which to organize and provide mental health services.

Until December 4, 2017, the PA Parkland Health Authority was responsible for planning, organizing, delivering, and evaluating mental health and addictions services for its health region. It was also responsible for providing specialist services (e.g., surgery, psychiatry, and certain diagnostics) to residents of the northeast and northern part of the province.

*The Provincial Health Authority Act* came into effect on December 4, 2017, amalgamating the existing health regions (including PA Parkland) into one, the Saskatchewan Health Authority.<sup>6</sup>

*The Provincial Health Authority Act* continues to make the Minister of Health responsible for the strategic direction of the provincial health care system, and makes the Saskatchewan Health Authority responsible for planning, organizing, delivering, and evaluating health care services, including mental health and addictions services.

Post amalgamation, the PA Parkland Health Region and its services form part of the Saskatchewan Health Authority. During the transition period, staff employed by the former PA Parkland Health Region continued to deliver mental health and addictions services that were previously the responsibility of that Region.

The Saskatchewan Health Authority plans to establish six integrated service areas within Saskatchewan for the delivery and management of health services as permitted by *The Provincial Health Authority Act*. The former PA Parkland Health Region will be part of the Northeast integrated service area.

## 2.3 Focus on Better Access to Mental Health and Addictions Services

Since 2012, the Ministry of Health has focused on providing better access to health services as a key strategy in its health system improvement initiatives.<sup>7</sup> In 2014, a government-appointed Commissioner developed a 10-year action plan to guide the Provincial Government in providing mental health and addictions services to better

<sup>4</sup> Commissioner, *Mental Health and Addictions Action Plan, A 10 Year Mental Health and Addictions Action Plan for Saskatchewan*, (2014), p. 8.

<sup>5</sup> Commissioner, *Mental Health and Addictions Action Plan, A 10 Year Mental Health and Addictions Action Plan for Saskatchewan*, (2014), p. 8.

<sup>6</sup> Order-in-Council 535-2017 proclaims the Act into law.

<sup>7</sup> Ministry of Health, *Annual Report for 2016-17*, (2017), p. 16.



address the needs of clients and their families.<sup>8</sup> The Commissioner made 16 recommendations for improvement in the 2014 *10-Year Saskatchewan Mental Health and Addictions Action Plan*.<sup>9</sup>

The Government notes that *addressing and improving mental health and addictions services across many sectors is complex, and will take the efforts of many ministries and organizations collaborating together*.<sup>10</sup> It recognizes fee-for-service general practitioners and psychiatrists provide a portion of mental health and addictions care.

The Ministry developed initiatives in response to the recommendations in the 2014 10-Year Action Plan.<sup>11</sup> For example, working with the former health regions, it set improvement targets for timely client access to a number of service areas, including mental health and addictions. It has performance targets for measuring timely access to initial outpatient mental health and addictions and psychiatry services (i.e., time from assessment to initial appointment).

In its *2016-17 Annual Report*, the Ministry reported on its goal of *increased access to quality mental health and addictions services and reduced wait times for outpatient and psychiatry services* and on its partial success in reducing wait times. It reported:

- For outpatient mental health and addiction services, 10 of 13 health regions met the timeliness benchmark for first appointment for adult mental health outpatient services, and for adult and child and youth addictions outpatient services.<sup>12</sup> Whereas 8 of 13 regions met the timeliness benchmark for first appointment for child and youth mental health services.<sup>13,14</sup>
- For outpatient psychiatrist access, five of seven health regions with psychiatrists met the timeliness benchmark for adults.<sup>15</sup> Neither of the two health regions with child psychiatrists met the timeliness benchmark for children and youth.<sup>16</sup>

## 2.4 Mental Health and Addictions Services in Former PA Parkland

Located in central Saskatchewan, the former PA Parkland Health Region covered an area of about 29,000 square kilometres with Prince Albert being the major city in the region. Prince Albert is the third largest city Saskatchewan, with a population around 40,000 people. It is the last major centre along the way to northern Saskatchewan.

According to the *2015-2016 Community Program Profile* report prepared by the Ministry of Health, PA Parkland had the third highest number of active outpatient mental health

<sup>8</sup> The Government of Saskatchewan announced a Commission with a single Commissioner in May of 2013. [www.saskatchewan.ca/government/news-and-media/2013/may/07/government-to-develop-provincial-action-plan-for-mental-health-and-addictions](http://www.saskatchewan.ca/government/news-and-media/2013/may/07/government-to-develop-provincial-action-plan-for-mental-health-and-addictions) (1 November 2017).

<sup>9</sup> Commissioner, Mental Health and Addictions Action Plan, *A 10 Year Mental Health and Addictions Action Plan for Saskatchewan*, (2014), p. 7. Action Plan is available at: [www.saskatchewan.ca/government/health-care-administration-and-provider-resources/saskatchewan-health-initiatives/mental-health-and-addictions-action-plan](http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/saskatchewan-health-initiatives/mental-health-and-addictions-action-plan) (02 April 2018).

<sup>10</sup> [www.saskatchewan.ca/government/health-care-administration-and-provider-resources/saskatchewan-health-initiatives/mental-health-and-addictions-action-plan](http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/saskatchewan-health-initiatives/mental-health-and-addictions-action-plan) (02 April 2018).

<sup>11</sup> Ministry of Health, *Annual Report for 2016-17*, (2017).

<sup>12</sup> The 13 regions were comprised of the 12 regional health authorities and the Athabasca Health Authority.

<sup>13</sup> The Ministry established benchmark targets for wait times for four triage levels—very severe, severe, moderate, and mild.

<sup>14</sup> Ministry of Health, *Annual Report for 2016-17*, (2017), p. 16.

<sup>15</sup> Not all regions employ psychiatrists.

<sup>16</sup> Regina Qu'Appelle, Saskatoon, and PA Parkland health regions are the three regions that have child psychiatrists. Regina Qu'Appelle did not report mental health and addiction timeliness data to the Ministry, therefore two regions reported.

clients (after Regina and Saskatoon).<sup>17,18</sup> PA Parkland's mental health clients accounted for approximately 11% of total clients across the province (3,969 of 35,196).<sup>19</sup>

In 2016-17, PA Parkland spent \$13.2 million on mental health. PA Parkland had the second highest spending per capita on mental health in the province after the Prairie North Health Region.<sup>20</sup>

In addition, in 2015-16, PA Parkland had the third highest alcohol and drug treatment admission rates for both youth and adults, the third highest rate of injection drug users, and the third highest rate of addictions outpatient service use.

Ready access to mental health and addictions services when most needed, particularly for children, helps minimize and avoid adverse events. Long waits can lead to people's conditions getting worse, and in some cases, waits can even contribute to death.

### 3.0 AUDIT CONCLUSION

**We concluded that, from February 1, 2017 to January 31, 2018, the Saskatchewan Health Authority had, other than in the following areas, effective processes to provide timely access to mental health and addiction services in the former PA Parkland Health Region. For mental health and addictions services, the Authority needs to:**

- **Formally track and assess whether mental health and addictions services are meeting client demand and make service adjustments where necessary**
- **Implement a provincial mental health record system and determine a strategy to collect key client information for the system**
- **Collaborate with the Ministry of Social Services to enhance access to housing options for mental health and addictions clients**
- **Use a care model to aid staff in better matching appropriate treatment to client needs**
- **Assess alternatives to decrease the number of clients that do not show up for scheduled appointments and document evidence of follow-up**
- **Better connect addiction clients with post-detox support**
- **Accurately track and report wait times to access outpatient mental health and addictions services**

<sup>17</sup> The Ministry of Health annually prepares the Community Program Profile report and provides it to the health regions. The report provides information on the expenditures, resource utilization and services delivered by the Ministry, regional health authorities, and related organizations, including information on mental health and addictions services. The information and data comes from a variety of sources including the Ministry and health regions' databases, eHealth, and consultations with health sector personnel.

<sup>18</sup> 2016-17 data was not used as Regina Qu'Appelle's data was not included.

<sup>19</sup> Ministry of Health, *2015-16 Community Program Profile*, p. 7.

<sup>20</sup> Ministry of Health, *2016-17 Community Program Profile*.

**Figure 1 – Audit Objective, Criteria, and Approach**

**Audit Objective:** to assess whether the Saskatchewan Health Authority had effective processes, for the 12-month period ending January 31, 2018, for providing timely access to mental health and addiction services formerly the responsibility of the PA Parkland Regional Health Authority.

The scope of our audit did not extend to mental health and addiction services provided by fee-for-service general practitioners or fee-for-service psychiatrists. Rather, our audit focused on the mental health and addiction services delivered directly by the Saskatchewan Health Authority, specifically within the former PA Parkland Health Region.

**Audit Criteria:**

Processes to:

Plan for timely access to mental health and addictions services

- 1.1 Understand demand and supply (e.g., population needs, trends, availability of services)
- 1.2 Set timeliness guidelines and targets for services
- 1.3 Assign appropriate resources

Deliver timely services

- 2.1 Assess severity of illness and urgency of service in accordance with timeliness guidelines
- 2.2 Specify treatment and associated service timelines (e.g., time from assessment to time of treatment)
- 2.3 Co-ordinate treatment in accordance with specified plan
- 2.4 Address factors inhibiting timely treatment

Monitor performance of mental health and addictions services

- 3.1 Systematically share performance information on services (e.g., wait times and complaints)
- 3.2 Compare results to planned performance
- 3.3 Address areas where performance falls short

**Audit Approach:**

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance* (including CSAE 3001). The criteria is based on related work, reviews of the literature including reports of other auditors, and consultation with management in the Authority. The Authority's management agreed with the above criteria.

We examined the Authority's policies and procedures, system data, and reports that relate to mental health and addiction services. We interviewed staff responsible for mental health and addictions services, and selected and tested a random sample of 30 mental health and 30 addictions client files.

## 4.0 KEY FINDINGS AND RECOMMENDATIONS

Throughout this chapter, we refer to the former PA Parkland Health Region as PA Parkland.

### 4.1 Demand for Mental Health and Addictions Services Greater than Available Services

PA Parkland offers a range of mental health and addictions services with most of these services offered in the city of Prince Albert. However, demand for its mental health and addictions services is outpacing its capacity to supply them.

#### Range of Mental Health and Addiction Services Available

PA Parkland provides three types of mental health and addiction services: inpatient (services provided in a hospital), outpatient (services provided outside a hospital), and community rehabilitation and residential. See **Figure 2** for further details.

Prince Albert is Saskatchewan's most northern city with an adult, child, and youth inpatient mental health unit. The unit has a combined 39 beds (see **Figure 2**). It serves primarily a northeastern Saskatchewan population of about 150,000. Child and youth inpatient units are also located in Regina and Saskatoon.

PA Parkland offers both inpatient and outpatient addictions services given the high rate of alcohol and drug use in northern Saskatchewan.<sup>21</sup>

Inpatient addiction services include a Family Treatment Centre for women (with dependent children) who are dealing with alcohol and drug issues, and a Brief and Social Detox Centre for short-term stays. Both Centres are located in the city of Prince Albert and are open 24/7.

PA Parkland also has outpatient walk-in mental health and addictions centres open Monday to Friday during the day. Clients can walk-in to see counsellors or make an appointment for another time. It also provides outreach mental health and addiction services (e.g., in four schools located outside of Prince Albert) from Monday to Friday during the day.

In addition, PA Parkland has a team of nurses that support long-term mentally ill clients living in the community (e.g., provide injections, monthly visits).

PA Parkland routinely tracks the key information about the use of each of its services (e.g., number of new clients, readmits).

**Figure 2—Mental Health and Addictions Services Offered in PA Parkland**

Type of Service	Service Description	Services Available
<b>Inpatient Services</b>		
<b>Mental Health Inpatient Unit</b>	Diagnostic and treatment services provided on acute inpatient units in designated facilities (i.e., hospitals); services are designed to restore a person's capacity to live in the community.	Open 24/7 - Hospital Inpatient Unit Two inpatient units are located in the hospital in Prince Albert: one child and youth unit with 10 child and youth beds and one adult unit with 29 adult beds.
<b>Addictions Brief and Social Detox Centre</b>	Offers brief detox and social detox with case management, including goal setting and treatment planning.  Brief detox is an alternative to overnight incarceration or admission to emergency rooms (one-night stay). Clients can self-refer to brief detox by walk-in or phone.  Social detox is a recovery-based program focusing on the management of physical withdrawal symptoms while engaging in the recovery process (usually about a one week stay).	Open 24/7  Brief and Social Detox Centre is located in Prince Albert (built in 2009) with 14 beds.

<sup>21</sup> Ministry of Health, 2016-17 Community Program Profile, p. 14.



Type of Service	Service Description	Services Available
<b>Family Treatment Addictions Centre</b>	<p>Six-week addictions treatment program</p> <p>Clients receive life skills coaching and parenting support during their inpatient stay.</p> <p>Provincial resource for women with dependent children; referrals come from an addictions counsellor.</p>	<p>Open 24/7</p> <p>Programing runs Monday to Friday</p> <p>The Family Treatment Centre is a provincial resource located in Prince Albert (opened in 2013) with eight bedrooms (space for eight clients and up to 20 of their children).</p>
<b>Outpatient Services</b>		
<b>Mental Health Outpatient Services</b>	<p>Direct clinical and counselling services are available through walk-in clinics, by appointment, or through internet-based therapy.</p> <p>Direct services include diagnosis and treatment of a wide variety of mental health problems, as well as counselling and support for community clients.</p> <p>Services available through clinics include: intake, group therapy, individual counselling, and education.</p>	<p>Open Monday to Friday 9 am to 5 pm</p> <p>Mental health outpatient clinic is located in Prince Albert</p>
<b>Addictions Outpatient Services</b>	<p>Walk-in &amp; appointment counselling service</p> <p>Direct services include diagnosis and treatment of a wide variety of addictions problems, as well as counselling and support for community clients.</p>	<p>Open Monday to Friday 9 am to 5 pm</p> <p>Addiction outpatient clinic is located in Prince Albert</p>
<b>Mental Health and Addictions Outreach Services</b>	<p>Walk-in &amp; appointment counselling service</p>	<p>Addictions and mental health outreach counsellors are available at four primary care sites (in Shellbrook, Big River, Spiritwood, and Kinistino), five schools in Prince Albert, and four schools located in Birch Hills, Kinistino, Meath Park, and Big River.</p> <p>Services are also provided in three correctional centres and at the Prince Albert hospital.</p>
<b>Rehabilitation and Residential Services</b>		
<b>Community Rehabilitation and Residential Services (Outpatient)</b>	<p>Assists long-term mentally ill clients through nursing services and supports to secure housing in the form of group and approved homes, as well as independent living options.</p> <p>Nurses support clients in the community; referrals often come from mental health inpatient unit.</p> <p>Services available to rehabilitation clients include: intake, case management, residential services, and family education and support.</p> <p>Other services available through contracted service providers include day activity and recreational programs, family respite and education, and crisis management to support clients and their families.</p>	<p>Nurses work Monday to Friday 8 am to 5 pm</p> <p>Residential services include: 1 group home located in Prince Albert with capacity for 6 clients, apartments with capacity for 18 clients, and 36 approved homes with capacity for 149 clients located throughout the region.</p>

Source: Provincial Auditor Saskatchewan.



## Indicators Suggesting Demand Outpaces Supply of Services

The following indicators suggest that the demand for mental health and addictions services offered by the health region is outpacing its ability to meet demand:

- Its mental health inpatient beds are frequently full. Statistics show PA Parkland's occupancy for mental health inpatient services was higher than some other health regions in 2015-16 (not all health regions have inpatient mental health wards). See **Figure 3**.

**Figure 3—Occupancy Rates for Inpatient Mental Health Wards in Saskatchewan 2015-16 by Former Regional Health Authorities**

Former RHA	Facility	# of Beds	Occupancy Rate %
<b>Cypress</b>	Swift Current Mental Health Centre	10	64.1%
<b>Five Hills</b>	Moose Jaw Mental Health Centre	12	73.9%
<b>Prairie North</b>	Battlefords Mental Health Centre	22	79.5%
<b>Prince Albert Parkland</b>	Prince Albert Mental Health Centre – Adult	29	83.5%
	Prince Albert Mental Health Centre – Adolescent	10	94.7%
<b>Regina Qu'Appelle</b>	Regina General Hospital – Adult	50	99.4%
	Regina General Hospital – Adolescent	10	91.9%
<b>Saskatoon</b>	Saskatoon Dube Centre – Adult	54	106.0%
	Saskatoon Dube Centre – Adolescent	10	91.4%
<b>Sun Country</b>	Weyburn Mental Health Centre	10	69.2%
<b>Sunrise</b>	Yorkton Mental Health Centre	15	45.7%
<b>Total</b>		<b>232</b>	<b>88.6%</b>

Source: Ministry of Health, 2016-17 Community Program Profile.

For its 29 adult beds, the average daily census showed 25 or more beds full from September 2016 to September 2017 with beds at full utilization for four of those months.<sup>22,23</sup>

For its 10 child and youth beds, the average daily census showed six or more beds full from September 2016 to September 2017 with beds at full utilization for three of those months.

- Its detox services regularly and increasingly turn away both brief and social detox clients due to capacity issues (see **Figure 4**). The PA Parkland Detox Centre, a 14-bed facility, is usually full. Demand for detox services has increased from 2015 to 2017. In 2017, staff refused detox service to over 2,500 clients as compared to almost 600 in 2015. The majority of PA Parkland addictions clients (over 80%) are addicted to alcohol and about one-third of its addictions clients also abuse opioids or crystal methadone.

<sup>22</sup> September 2017 was the most current data available at January 2018.

<sup>23</sup> Figures come from the hospital admission system.

**Figure 4—Total Number of Clients Serviced or Refused at the Brief and Social Detox Centre**

Calendar Year	2015	2016	2017
<b>Total Clients Serviced</b>	3,135	3,118	3,220
<b>Total Clients Refused</b>	570	1,584	2,510
<b>Total Demand for Detox Services</b>	3,705	4,702	5,730
<b>% refused</b>	15%	33%	44%

Source: PA Parkland management.

- Visits to PA Parkland mental health outpatient services in 2016-17 increased over 20% from the prior year (2016-17: 60,334 total visits; 2015-16: 49,456 visits).<sup>24</sup>

Clients may leave outpatient addictions services before receiving the first-come-first-served services because clinicians are not available. Addictions Outpatient and Outreach Services indicated, for the nine-month period ending December 2017, 290 clients left before accessing services because a clinician was unavailable.

Feedback from some clients and families indicate the need for more flexible hours including evening and weekend outpatient services. Outpatient services are only available Monday to Friday during the day.

- General awareness that the PA Parkland funding model may not fully address needs of the broader client base served. A number of its mental health and addictions clients come from outside the health region.

Findings of a 2007 Ministry of Health program evaluation indicated PA Parkland was under-resourced both from a general clinician perspective (e.g., counsellors) as well as from specialized services (e.g., psychiatrists). The 2007 program evaluation was of the PA Parkland mental health and addiction services. This was the most recent program evaluation completed of this area as of January 2018.

Staff indicated to address increased demand for mental health and addiction services, that PA Parkland must primarily reallocate funds from other mental health and addictions services (e.g. changes in extent, type, and location of services) as availability of additional funding is limited. In 2016-17, PA Parkland spent \$13.2 million (2015-16: \$13.7 million) on mental health.<sup>25</sup> In 2016-17, PA Parkland budgeted for 157.06 (2015-16: 156.35) full-time equivalent employees to provide mental health and addiction services. While demand for is increasing, spending has remained fairly constant and there has been minimal increases in staffing.

Furthermore, as previously noted, its inpatient services are only offered in Prince Albert, and its outpatient services are offered in limited locations outside of the city. Inpatient mental health and addiction services require more resources and infrastructure to deliver than outpatient services, and must be located where specialized staff are available. PA

<sup>24</sup> Prince Albert Parkland Regional Health Authority, *2016-2017 Annual Report*, p. 9.

<sup>25</sup> These figures come from Ministry of Health Community Program Profiles and include the region's costs of providing service to clients in the hospital and in the community, as well as administration costs and contracted psychiatrist salaries.

Parkland was unable to show us how the current locations of its outpatient services aligned with the demand for mental health and addictions services.

A periodic comprehensive assessment for determining whether resources meet program objectives is good practice. Not doing a comprehensive reassessment of client demand relative to mental health and addictions services available increases the risk of not providing those with mental health illnesses and addictions with timely access to service. In addition, an updated review of resource allocations may be warranted given the move to a provincial health authority.

- 1. We recommend that the Saskatchewan Health Authority formally assess whether mental health and addictions services are meeting client demand and make adjustments where necessary in its Northeast integrated service area.**

## 4.2 Integrated Client Files Needed

PA Parkland manually records services it provides to mental health and addiction clients; its clients can have multiple files. Not having a single file that includes all mental health and addiction services provided to a client can impede treatment for mental health and addictions clients and may create inefficiencies in the provision of care.

Many of PA Parkland's clients access more than one of its service areas (e.g., detox, mental health inpatient, mental outpatient, addiction outpatient) on a regular basis.

While it assigns a single client file number to each client, PA Parkland keeps separate manual files located at the different services areas for services a client accesses. PA Parkland manually tracks assessments and care provided to its mental health and addictions clients in the files. It does not share the content of manual files between its service areas. For clients who are referred to its services, it provides the referring source (e.g., school) information upon request.

In January 2018, PA Parkland was participating in Phase 1 implementation of a new IT system.<sup>26</sup> Certain service areas (e.g., mental health outpatient services) were using the system for documenting some client information. The new Mental Health and Addiction Information System is to serve as a complete electronic health record for mental health and addictions clients and help match levels of care needed to existing services. The Ministry has yet to determine when this IT system will be in use province-wide.

Having separate manual client files does not allow staff in the various service areas to access complete client information for consideration. Establishing one client file in electronic format would ensure relevant and timely information is readily available for client care.

- 2. We recommend that the Saskatchewan Health Authority implement a provincial integrated mental health record system to record services provided to mental health and addictions clients.**

<sup>26</sup> The IT system is called MHAIS—mental health and addictions information system. The system includes a level of care utilization tool that will help clinicians determine the level of care needed for clients.



As previously noted, individuals may seek mental health and addiction services from other sources including fee-for-service general practitioners and psychiatrists, and the Health Service 811 line.<sup>27</sup> In 2016-17, fee-for-service psychiatrists provided services to over 1,900 clients in PA Parkland and almost 12,000 clients saw general practitioners for mental health concerns.<sup>28</sup> A number of these clients may not seek services from the health region. Every month, HealthLine 811 fields an average of 6,716 health-related calls from across the province.<sup>29</sup>

PA Parkland does not have access to information about the provision of all mental health and addictions services to its clients (e.g., those provided by fee-for-service general practitioners and psychiatrists), even though these services are publicly funded.

Effectively sharing information is integral to the co-ordination of mental health and addictions services. The completeness of a provincial record is contingent upon the willingness of those with client information (e.g., general practitioners, psychiatrists) to share and use it.

- 3. We recommend that the Saskatchewan Health Authority develop a strategy to collect key mental health and addictions client information from healthcare professionals for the provincial integrated mental health record system.**

### 4.3 Need to Analyze Frequent Mental Health and Addiction Service Users

PA Parkland has not assessed how it can best address the needs of clients who frequently use its mental health and addiction services.

PA Parkland has a number of clients that frequently use its mental health and addictions services. Our review of PA Parkland statistics found:

- It readmits the same clients multiple times into the Detox Centre. For example, it admitted 48 brief detox clients more than 10 times each in 2017, and 36 social detox clients more than 2 times each in 2017.
- About 11% of the mental health and addictions clients (excluding detox clients) accessed more than one mental health or addiction service in 2017. This can be appropriate for some clients given the complexity of illness.
- In 2016-17, PA Parkland had 169 mental health clients readmitted to the hospital within 30 days of discharge; nearly one in ten mental health patients returned to the hospital within a month.

PA Parkland management indicated that they do not analyze how to reduce the number of readmissions.

<sup>27</sup> HealthLine 811 employs registered psychiatric nurses, registered nurses, and social workers who can offer crisis support and strategies to someone in a mental health crisis, or give someone suffering from mental health or addictions issues information about resources in their community. <http://publications.gov.sk.ca/documents/13/104236-MHAAP-Newsletter-Oct-2017V2.pdf> (02 April 2018).

<sup>28</sup> Ministry of Health, *Mental Health Program Data for 2016-17*, p. 23.

<sup>29</sup> <http://publications.gov.sk.ca/documents/13/104236-MHAAP-Newsletter-Oct-2017V2.pdf> (02 April 2018).

Better addressing the needs of users with high overall usage of mental health and addictions services may reduce their usage and improve their health outcomes.

4. We recommend that the Saskatchewan Health Authority identify and analyze clients who frequently use mental health and addictions services to determine how they may be better served in its Northeast integrated service area.

## 4.4 Guidelines for Timely Service Set

PA Parkland has guidelines that set out desired timeframes for delivering mental health and addictions services to clients for most of its services. This includes timeframes for clients accessing services through emergency departments, outpatient clinics, or psychiatry services.

For clients accessing services through emergency departments (ER), PA Parkland uses the ER CTAS triage scoring guidelines to prioritize mental health and addiction services to these clients (see **Figure 5**).<sup>30</sup> A healthcare provider should see a CTAS Level I patient immediately, while a provider should see a CTAS Level V patient within 120 minutes. In 2016-17, over 3,300 clients presented to the ER with mental health issues.<sup>31</sup>

**Figure 5—CTAS Levels and Time Goals**

CTAS Level	Severity of Condition	Goal to be seen or reassessed by healthcare provider
CTAS I	Resuscitation	Immediate
CTAS II	Emergent	15 minutes
CTAS III	Urgent	30 minutes
CTAS IV	Less Urgent	60 minutes
CTAS V	Non-Urgent	120 minutes

Source: CTAS Implementation Guidelines.

For clients accessing services through outpatient clinics or psychiatry services, PA Parkland, along with other health regions and the Ministry of Health, has developed triage guidelines for addictions and mental outpatient services. The guidelines set the suggested maximum length of client wait to first offered service based on seriousness of the presenting symptoms (acuity level, illness severity level). Clients assessed as having more medically urgent conditions are to be seen before those with less urgent conditions.

As shown in **Figure 6**, the wait-time guidelines include four triage urgency levels. Each level is assigned a suggested maximum wait time before services are provided (i.e., the client gets first appointment to a counsellor or psychiatrist).

<sup>30</sup> Canadian Triage Acuity Score (CTAS) is a tool that helps emergency departments to prioritize or rank patient care needs based on illness conditions.

<sup>31</sup> Based on data provided by PA Parkland.

**Figure 6—Target Timeframes for Outpatient and Psychiatry Services**

Acuity	Service Response Target
T1 - Very Severe	Client seen within 24 hours
T2 - Severe	Seen within 5 days
T3 - Moderate	Seen within 20 business days
T4 - Mild	Seen within 30 business days

Source: Ministry of Health, 2016-17 Community Program Profile.

As the Ministry of Health expects, PA Parkland uses these target timeframes for prioritizing new clients (children, youth, adults) accessing outpatient clinic or psychiatry services.

PA Parkland does not need formal guidelines to prioritize services provided to clients who access its detox programs (e.g., Family Treatment Centre and Brief and Social Detox Centre) or community rehabilitation and residential services.

Rather for the Family Treatment Centre, it accepts clients referred by an addictions counsellor in the province on a first-referred-first-served basis. According to management, at January 2018, there was no waitlist for the Family Treatment Centre.

The Detox Centre allows clients to self-refer (via phone or walk-in). It serves them on a first-come-first-serve basis. As previously noted, its detox services regularly and increasingly turn away both brief and social detox clients due to capacity issues.

For its rehabilitation and residential services, client referrals are required through a psychiatrist. A community health nurse visits clients between once a month and once a quarter depending on needs.

## 4.5 Services Not Always Timely

PA Parkland does not always provide mental health and addictions services in a timely manner. Ongoing vacancies in psychiatry positions in PA Parkland and its ability to recruit and retain health care providers including specialists providing mental health and addiction services have affected its ability to provide timely services.

### Inpatient Services

For two of eight mental health and addiction client files we tested of clients who accessed care through the ER, mental health clients appeared to have waited a long time before being admitted to the mental health inpatient unit. In one instance, PA Parkland did not admit a client with CTAS Level II to the mental health inpatient unit for five hours. In another instance, PA Parkland did not admit a client with a CTAS Level IV to the mental inpatient unit for nine hours. These clients may have had their medical condition regularly re-assessed in the ER in a timely manner. However, long waits in the ER for clients with mental health issues can create additional challenges and may result in clients leaving before they receive necessary treatment.

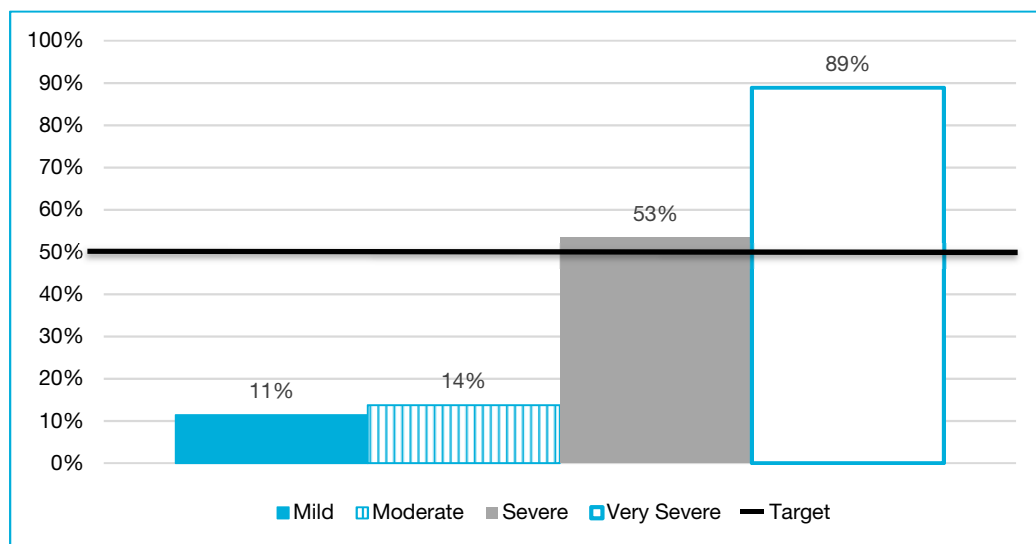
To alleviate these challenges for clients, PA Parkland has created a quieter space (separate room) for mental health clients to wait in the ER. PA Parkland also allows ER physicians to admit mental health clients to the mental health inpatient unit (unlike other ER departments in the province).

## Outpatient Services

For the 2017 calendar year, PA Parkland struggled to meet the wait-time target for adults and children wanting to see a psychiatrist.<sup>32,33</sup> With three vacancies in its psychiatry positions at March 31, 2017, PA Parkland found it difficult to meet its service response targets.

**Figure 7** shows, in 2017, PA Parkland did not provide timely initial appointments to psychiatrists for adult clients rated with mild and moderate illness severity levels (e.g., mild—11% had appointments within 30 days; 89% did not). In 2017, 503 adult clients saw psychiatrists.

**Figure 7—Percentage of Wait Times Met (from Assessment to Initial Psychiatrist Appointment) vs Target for Adult Clients by Illness Severity Level for 2017**



Source: PA Parkland Health Region data.

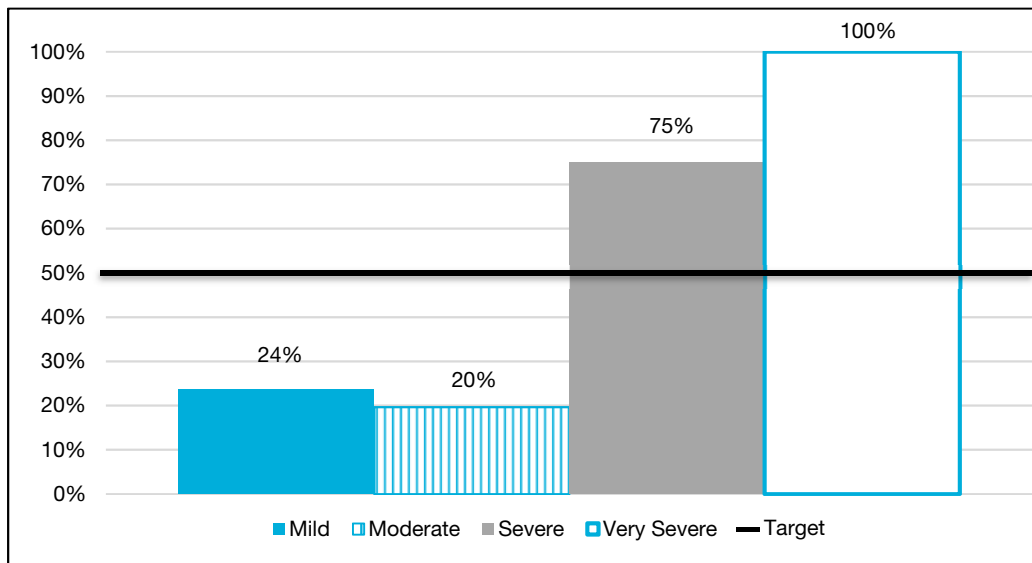
PA Parkland filled two of the three psychiatrist vacancies in September 2017 but continued to have difficulties recruiting a child psychiatrist. Consequently, PA Parkland has difficulties providing timely psychiatrist appointments for children and youth. **Figure 8** shows, in 2017, PA Parkland did not provide timely first appointments to psychiatrists for child and youth clients rated with mild and moderate illness severity levels (e.g., moderate—20% had appointments within 20 days; 80% did not). In 2017, 325 child and youth clients saw psychiatrists.

<sup>32</sup> The target for March 31, 2017, was for clients to see psychiatrists within the time guidelines (see **Figure 6**) 50% of the time — see the 50% line in **Figures 7** and **8**.

<sup>33</sup> Prince Albert Parkland Regional Health Authority, *2016-2017 Annual Report*, p. 18.



**Figure 8—Percentage of Wait Times Met (from Assessment to Initial Psychiatrist Appointment) vs Target for Child and Youth Clients by Illness Severity Level for 2017**



Source: PA Parkland Health Region data.

For 14% of the 28 mental health client files we tested of clients accessing outpatient services, the client waited longer to receive outpatient mental health services than the triage rating would suggest. For four files we tested, the first appointment was not booked for the client within the timing required by their triage rating; and each file did not indicate why. The lateness in booking the first appointment for these four clients ranged from 17 to 79 days late. These clients called to book an appointment instead of visiting a walk-in clinic (clients walking in can see a counsellor right away if they wait).

Because PA Parkland does not track the time between first and second appointments of outpatients seeking mental health and addiction services, we could not determine whether PA Parkland provided timely outpatient services beyond the first appointment.

Many individuals with mental illness or addictions need ongoing care and support. Receiving timely services after the first appointment is equally important to the health and well-being of these individuals and their families. Our testing of 60 mental health and addictions files found certain clients do not show up for second appointments. See **Recommendation 9** about documenting evidence of follow-up when clients do not show up for scheduled appointments.

Not providing outpatient and inpatient mental health and addiction services when clients require them can create additional challenges for clients with mental health and addictions issues. Not providing timely access can result in significant human and economic costs. See **Recommendation 1** about formally assessing whether mental health and addiction services are meeting client demand and making adjustments where necessary.

### Rehabilitation and Residential Services

PA Parkland encounters some challenges finding places for those mental health and addictions clients who need supported housing resulting in longer than necessary stays for clients in hospital beds.



How fast mental health and addiction clients with housing needs can access suitable residential spaces varies across the province. **Figure 9** shows the approximate average wait times in 2016-17 for various residential spaces for mental health clients offered through the health regions. PA Parkland uses a standard set of criteria to match clients to residential spaces—this includes the willingness of facility owners to accept the client (who may have mental health issues that can be difficult to manage). The Ministry of Social Services also offers supported housing for adults with intellectual disabilities or mental health challenges.

**Figure 9—Wait Times for Residential Spaces 2016-17 by Former Regional Health Authority**

Former RHA	Group Homes	Apartments	Approved Homes
Number of Weeks (wks) or Months (mos)			
Cypress		<2 wks	2-4 wks
Five Hills		5-8 wks	5-8 wks
Kelsey Trail			<2 wks
Prairie North	3-6 mos	5-8 wks	5-8 wks
Prince Albert Parkland	2-4 wks	5-8 wks	<2 wks
Regina Qu'Appelle		3-6 mos	<2 wks
Saskatoon	5-8 wks	<6 mos	<2 wks
Sun Country	9-12 wks	9-12 wks	5-8 wks
Sunrise		<2 wks	<2 wks

Source: Ministry of Health, 2016-17 Community Program Profile.

Not all health regions have these types of accommodations. The grey shaded areas indicate no such spaces available at that region.

**Figure 9** indicates PA Parkland provided, on average, access to residential spaces sooner or similar to other regions, in any given month. However, we found PA Parkland also provided hospital-based care to several mental health clients who no longer needed those services. These clients were waiting to be discharged to a residential facility.

According to PA Parkland, between April 2016 and March 2017, the mental health inpatient unit had 14 clients that each stayed in a hospital for longer than 60 days. Based on PA Parkland's tracking, the reason for these long-term stays is often difficulty in finding alternate places for these mental health clients to live. For example, PA Parkland identified that 3 of the 14 clients waiting in hospital longer than 60 days would qualify for supported housing through the Ministry of Social Services; 6 of the 14 clients were waiting for a long-term care bed; and 2 of the 14 clients needed a longer length of stay in order to stabilize. PA Parkland had difficulty in finding a place for the other three long stay clients because they have co-occurring disorders that have high risk behaviour (addiction, aggression/violence) that has prevented them from being placed.

In addition, PA Parkland is aware that some of its detox clients with addictions issues have nowhere to go to sleep. For 2016-17, it had 802 detox stays where clients identified as homeless.<sup>34</sup>

The Saskatchewan Health Authority and the Ministry of Social Services working together to provide stable housing can lead to better outcomes for people living with complex mental health and addictions issues. In addition, providing stable housing outside of a hospital would avoid using costly hospital-based care when such care is not warranted.

<sup>34</sup> The figure may include multiple stays of a single homeless client.



5. We recommend that the Saskatchewan Health Authority collaborate with the Ministry of Social Services to enhance access to housing options for mental health and addictions clients.

## 4.6 Moving Towards a New Care Model

PA Parkland uses one-to-one treatment sessions for most of its mental health and addictions clients, which may not effectively match service to client needs or reflect current good practice.

At January 2018, PA Parkland's mental health and addiction outpatient clinics focused on providing one-to-one counselling for all clients. While it has internet-based cognitive behavioral therapy available, its clients' use of internet-based therapy was limited to date. Only 17 clients used internet-based therapy in 2016-17.<sup>35</sup> In general, PA Parkland did not use group therapy for treating outpatients.

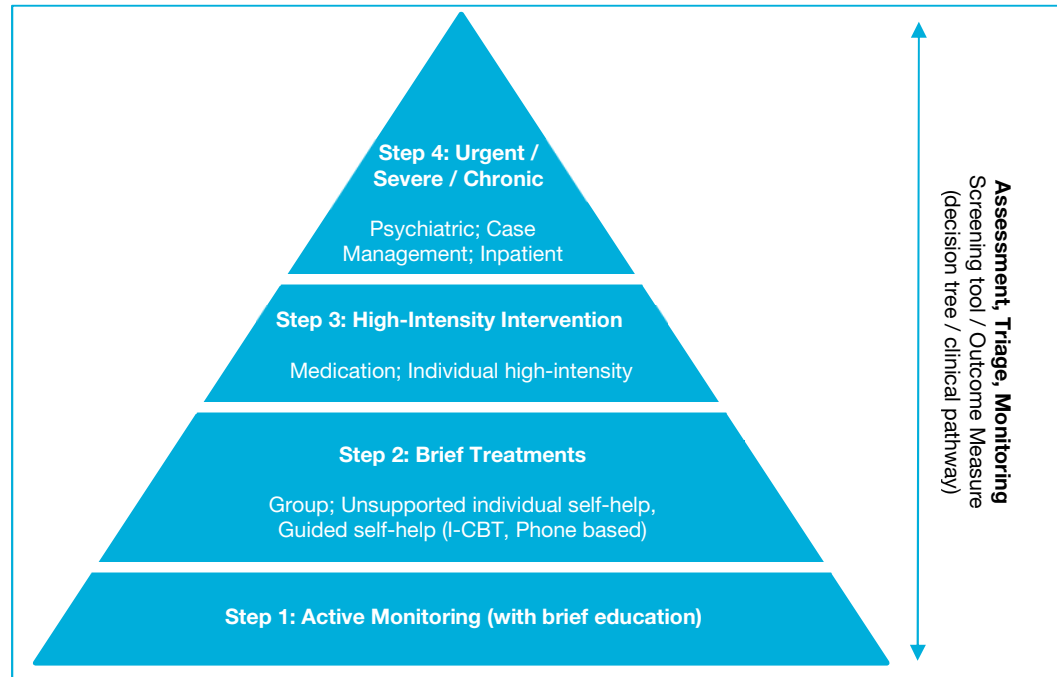
PA Parkland participated in a provincial committee to address province-wide changes in the delivery of mental health and addiction services. The committee included Executive Directors across health regions and staff from the Ministry of Health. It prepared an annual work plan to guide its ongoing initiatives. The work plan included an initiative to move to a stepped care approach (see **Figure 10**).

Since 2017, PA Parkland has been using the new Mental Health and Addiction Information System developed by the Ministry of Health. This new IT system incorporates the stepped care model. It includes tools to aid staff in determining clients' severity and needs, and matching them to the resources available.

As of January 2018, PA Parkland was early stages of using the stepped care model. The model reflects current good practice.<sup>36</sup> It matches clients' needs to the most appropriate mental health and addictions services. Under this model, services could include walk-in treatment, group therapies, one-to-one treatment, and internet-based treatment. See **Figure 10**.

<sup>35</sup> Internet-based behavioural therapy (I-CBT) is an online therapy program led by the University of Regina that was initially developed in Australia. The program allows therapists to provide online clinic treatment to adults suffering from anxiety and depression. The program's online capability allows clients from across the province to get help they need in a timely manner without having to commute for in-office treatment supports.

<sup>36</sup> The model has been designed by the American Association of Community Psychiatrists (2009).

**Figure 10—Stepped Care for Mental Health and Substance Abuse**

Source: Ministry of Health.

A stepped care model seeks to treat clients at the lowest appropriate service tier in the first instance, only 'stepping up' to intensive/specialist services as clinically required. This may allow the system to provide appropriate care while better managing resources.

- 6. We recommend that the Saskatchewan Health Authority use a model to assist staff in better matching appropriate services to mental health and addiction clients' needs in its Northeast integrated service area.**

## 4.7 Post-Detox Support Needed

While the PA Parkland Detox Centre admits clients and detoxes them, PA Parkland does not always guide clients to further treatment support after completion of this detox treatment program.

PA Parkland indicated it relies on provincially contracted services for stabilization programming and 28-day inpatient treatments for many its social detox clients.<sup>37</sup> During 2017, the provincially contracted service did not run all of its contracted programs. As a result, PA Parkland could not refer clients to those services. It did not identify alternate services.

PA Parkland has guidelines for staff to follow when discharging social detox clients. However, for all of the 13 files of clients who accessed the detox program we tested, we did not see evidence that PA Parkland connected detox clients with further addictions services (e.g., stabilization programs, counsellors close to clients' homes, inpatient treatment). We realize the utilization of further addictions services is dependent on a

<sup>37</sup> Stabilization program helps to support physical, mental, spiritual, and emotional stability in a safe setting. It is a 7 to 14 day social detox service.



client's willingness to undertake treatment. Staff connecting clients with post-treatment support will increase the likelihood that clients access and continue with drug or alcohol rehabilitation.

As noted in **Section 4.3**, the same clients access the detox program multiple times in a year. The region saw 48 brief detox clients more than 10 times each in 2017, and 36 social detox clients came more than 2 times each in 2017.

Successful addictions treatment has several steps beyond just detoxification, including behavioral counselling and long-term follow-up to prevent relapse. Lack of planned post-detox support can increase the number of client readmissions and substance use relapses.

- 7. We recommend that the Saskatchewan Health Authority require staff to document the post-detox support arranged for detox clients in its Northeast integrated service area.**

## 4.8 Clients Not Showing Up for Appointments Impacts Capacity

Mental health and addiction clients not showing up for scheduled appointments/treatments adversely affects staff's ability to deliver PA Parkland's mental health and addiction services efficiently.

PA Parkland does not take into account no-shows when scheduling appointments. It expects clients to attend scheduled appointments or treatments. However, as shown in **Figure 11**, between 12% to 39% of clients do not show up for scheduled appointments or treatments. We found similar results in our client file testing (8 of 30 mental health clients and 5 of 15 addiction clients we tested declined further services by not showing up for their second scheduled appointment).

**Figure 11 – Number of Clients Not Showing up for Scheduled Appointments**

Service Area	Related Period	# of no-show clients	% of no-show clients
Addictions Outpatient and Outreach Services	2016-17	1,842	15
Mental Health Outpatients Services – new clients	2017		39
Mental Health Outpatients Services – follow-up clients	2017		22
Addictions Inpatient Services - Family Treatment Centre	2016-17	10	15
Addictions Inpatient Services – Social Detox	Apr – Dec 2017	98	12

Source: Adapted from PA Parkland records.  
Number of no-show clients not readily available from PA Parkland in shaded cells.

Clients with chronic conditions, like addictions and mental health issues, have an increased tendency of not showing up for scheduled appointments. Some may have socioeconomic reasons (e.g., homelessness). Some cannot afford the costs to travel to an appointment, or live in a rural area far from where the addictions centre is located and access to transportation is difficult. Also, challenges associated with their condition can make it difficult to maintain a time commitment.

PA Parkland management could consider possible alternatives to decrease the number of client no-shows and staff waiting for clients that do not show up. These include contacting clients to remind them of their scheduled appointments by using text messages, live phone calls, and automated phone calls.

Missed appointments disrupt schedules, potentially leaving staff with gaps during the workday and wasting capacity.

8. **We recommend that the Saskatchewan Health Authority assess alternatives to decrease the number of mental health and addiction clients that do not show up for scheduled appointments or treatment in its Northeast integrated service area.**

Losing contact with clients has been problematic for PA Parkland.

PA Parkland regularly deals with a number of clients who do not show up for their scheduled outpatient appointments and who do not interact with the region until months after their scheduled appointments. In certain instances, the client is readmitted to the hospital for care. We did not consistently see staff documenting evidence of follow-up with clients who missed their scheduled appointment in the 60 files we tested.

Timely follow-up to assess health status can avoid future hospital visits and reduce overall costs to the client and healthcare system.

9. **We recommend that the Saskatchewan Health Authority document evidence of follow-up when clients do not maintain their scheduled mental health and addictions treatment in its Northeast integrated service area.**

## 4.9 More Accurate Tracking of Outpatient Wait Times Required

PA Parkland does not accurately track wait time to first appointment for mental health and addictions outpatient services.

PA Parkland reports that it meets outpatient triage benchmarks 100% of the time because it can provide same-day counselling appointments through its outpatient walk-in addictions and mental health clinics. Other health regions with walk-in services report to the Ministry of Health in the same manner. The Ministry of Health *Community Program Profile* report, the Ministry of Health annual report, and PA Parkland's annual report include this outpatient wait time.

As noted in **Section 4.5**, for 4 of 28 files of clients accessing outpatient services we tested, PA Parkland provided mental health and addiction outpatient services later than the service response targets set out in **Figure 6**. These clients called to book an appointment.

Not accurately determining the length of time outpatient clients wait for treatment increases the risk of patients not being treated in a timely manner, and using incorrect information to make decisions about outpatient services. Also, not accurately determining these wait times results in inaccurate public reporting of outpatient wait times.



**10. We recommend that the Saskatchewan Health Authority accurately track and report wait times to access outpatient mental health and addictions services in its Northeast integrated service area**

## **4.10 Incidents and Complaints Analyzed**

PA Parkland systematically records and responds to incidents and complaints including those related to its mental health and addiction services.

PA Parkland follows the Ministry's processes for reporting and addressing critical incidents. This process is well established and understood.

A critical incident is a serious adverse health event including, but not limited to, the actual or potential loss of life, limb, or function related to a health care service provided by a regional health authority or health care organization.

When reporting, PA Parkland must categorize the severity of each incident (e.g., a near miss, critical incident).<sup>38</sup> Management must follow-up each incident and report to the Ministry the results of the follow-up of critical incidents.

For all of the reported incidents we reviewed, they were properly reported, investigated and acted upon.

PA Parkland risk management staff review complaints and assess the significance of risk to residents. Based on the risk level of these complaints, staff escalate matters to management as necessary. PA Parkland's Client Representative works with management and the complainant as necessary.

PA Parkland also conducts client surveys and summarizes results to determine changes to mental health and addictions services needed. In 2017, it formed a client/family mental health advisory council to improve the experience for clients accessing mental health and addictions services.

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<sup>38</sup> Near miss is an incident that did not result in an injury or damage but had the potential to do so.

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