

# Recommendations to Strengthen the Role of Physicians in Mental Health and Addiction Care

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*OMAThoughts*

This white paper was produced by staff of the Economics, Policy and Research Department at the Ontario Medical Association (OMA).

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## Executive Summary

Mental health is critical to overall well-being. Physicians from multiple specialties play a fundamental yet often inexplicit role in addressing mental health and addiction (MH&A) issues in Ontario.

The Ontario Medical Association (OMA) wants to improve MH&A services in the province. Many providers care for patients with MH&A issues. However, care is not integrated; nor are the various providers' respective roles well defined. To understand and respond adequately to population MH&A needs, we need a full appreciation of the availability and effectiveness of current services in Ontario.

Ontarians interact with their physicians regularly to address their MH&A needs. Approximately 80 per cent of people with common mental health problems see a family physician for care. In 2018, 16,120 physicians provided MH&A care to more than 1.17 million Ontarians.

Physicians play a unique role in delivering comprehensive MH&A services. They use their expert knowledge, medical training and understanding of the system to provide the best patient care and serve as leaders in the MH&A area. They demonstrate this leadership informally by delivering effective and compassionate care day to day and managing care teams (serving as the most responsible provider). They also take on formal leadership and management roles on committees and within organizations that deliver MH&A care. They use their advocacy skills to lead at the system level to improve the delivery of MH&A care in Ontario.

This paper will:

- Articulate the critical role that physicians play in delivering MH&A care.
- Outline physicians' leadership roles in the MH&A area.
- Propose how physicians' leadership can be used most effectively in a changing health-care system (for example, by introducing new models of integrated care, such as Ontario Health Teams [OHTs]).
- Provide preliminary direction to the government and other health system partners regarding physicians' roles in delivering MH&A care.

### Summary of recommendations:

**Recommendation #1:** Formalize and make explicit the roles of various providers in MH&A service delivery and identify the roles that are most effectively, efficiently and safely performed by physicians.

**Recommendation #2:** Match the supply, distribution and utilization of physicians to address the specific MH&A needs of patients that are best served by physicians.

**Recommendation #3:** Establish and implement standards for equitable, connected, timely and high-quality MH&A service delivery throughout the province.

**Recommendation #4:** Support MH&A leadership training for physicians in MH&A care.

**Recommendation #5:** Enable specific leadership opportunities for physicians in OHT design and implementation to strengthen MH&A care.

**Recommendation #6:** Promote physician leadership within the Mental Health and Addictions Centre of Excellence.

Role clarity and a clear understanding of the unique strengths of each provider in MH&A care promotes collaboration so that even the most complex care needs are addressed effectively. The OMA seeks to ensure that all Ontarians continue to have access to high-quality physician services that respond appropriately to their physical and mental health needs. Furthermore, Ontarians deserve to have consistent access to MH&A care that is evidence-informed and equitable across the province. Effective clinician engagement, including the meaningful use of physician leadership, can promote better service design and delivery. We hope to see this reflected in the evolution of integrated care delivery models (such as OHTs) and the newly formed Centre of Excellence.

## Introduction

The World Health Organization (WHO) defines health broadly as “... a state of complete physical, mental and social well-being.”<sup>1</sup> Policy-makers, health-care providers and the public increasingly recognize the importance of mental health in overall well-being. Physicians play a fundamental role in the health-care system. Addressing mental health and addiction (MH&A) issues is an important part of their practice.

The Ontario Medical Association (OMA) has an opportunity to contribute to the MH&A policy landscape. This is a complex area of health policy, given that there are many care providers and community and/or patient advocates providing input into the policy conversation. It is valuable to consider each stakeholder group’s unique strengths and how they can most effectively contribute to improving MH&A services and health outcomes. It is also important to consider both the distinctive role that all types of physicians perform when delivering MH&A services and the significant MH&A leadership roles they play from bedside to boardroom and beyond.

This paper aims to:

- Articulate the critical role that physicians play in delivering MH&A care.
- Outline physicians’ leadership roles in MH&A.
- Propose how physicians’ leadership can be used most effectively in a changing health-care system (for example, by introducing new models of integrated care, such as Ontario Health Teams [OHTs]).
- Provide preliminary direction to the government and other health system partners regarding physicians’ roles in delivering MH&A care.

The development of this paper was informed by:

- A scan of the literature with a focus on MH&A physician leadership.
- Interviews with physicians who are MH&A leaders in the province.
- A review of physician services data from the Ontario Health Insurance Plan (OHIP).
- A survey of OMA members.

## Background on Mental Health and Addiction

The Canadian Institute for Health Information (CIHI) describes mental illness as a leading cause of disability in Canada and indicates that each year, one in five Canadians will have a mental health concern.<sup>2</sup> Given the limitations of the data (for example, the potential exclusion of persons who do not seek services, persons with reservations about disclosing their health status and persons receiving care in the federally operated system), this figure likely underestimates the situation. According to CIHI, the five conditions that require the greatest resource use are mood disorders, anxiety disorders, substance-related disorders, schizophrenic and psychotic disorders and other diagnoses, such as behavioural, emotional and eating disorders.

In 2012, Statistics Canada reported that approximately 21.6 per cent of Canadians would meet the criteria for a substance use disorder during their lifetime.<sup>3</sup> Alcohol is the most misused substance. The Canadian Mental Health Association (CMHA) has reported that in 2011, mental health issues resulted in more than \$6 billion in lost productivity in Canada.<sup>4</sup>

The promotion of good mental health can be divided into primary prevention (preventing illness before it occurs); secondary prevention (supporting early detection and prompt treatment); and tertiary prevention (managing health and illness over the long term with a focus on minimizing complications). Care for patients with mental illness and substance use disorders can be broadly organized into institutional- and community-based resources.

Institutional-based care is largely delivered through psychiatric programs in general hospitals and in dedicated psychiatric hospitals. Community-based resources include a broad network of outpatient physicians and allied health providers. The estimated average cost of a psychiatric hospital stay for a patient with a mental health issue is \$5,850 to \$27,738.<sup>2</sup> In 2017–18, the average per capita spending on community-based MH&A care in Ontario was \$89; the Canadian average was \$106.<sup>2</sup> A population health lens with a focus on early interventions within the community may help prevent crisis in some people, reducing the need for and associated costs of hospital stays.

The human and economic tolls of MH&A issues are clear and require action and there is a sizable physician workforce in place to respond to them. Consistent with the WHO's definition of health, MH&A issues affect nearly all physicians' practices. However, those who are more involved include family physicians, pediatricians, psychiatrists, emergency department physicians, addiction medicine specialists, primary care mental health physicians, public health and preventive medicine physicians, geriatricians and neurologists. These roles are profiled in the table below.

Role	Description
Family physician	Family medicine is broad, incorporating all people, organ systems and disease groups. Family physicians provide continuous and comprehensive health care and health promotion to individuals and families and often serve as the first point of contact for persons with MH&A issues. They provide initial and ongoing assessments and deliver first-line treatments. They also offer primary care (preventing illness before it occurs) and secondary prevention (reducing the impact of illness through early identification and treatment).

<p><b>Pediatrician</b></p>	<p>Pediatrics focuses on the physical, mental and social health of children and youth. Pediatricians deliver a broad spectrum of health services, from health promotion to the management of acute and chronic diseases. Many MH&amp;A issues first emerge during childhood and adolescence. Pediatricians are often the first point of contact for children, youth and their families when addressing MH&amp;A issues. They are also involved with primary and secondary prevention. Childhood and adolescence provide a significant window of opportunity for prevention, given that these are formative years.</p>
<p><b>Psychiatrist</b></p>	<p>A psychiatrist is a medical doctor who specializes in preventing, diagnosing and treating mental, emotional and behavioural disorders, including substance use disorders. Psychiatrists are trained to comprehensively assess and treat both the mental and physical aspects of an individual's condition by addressing the relevant biological, psychological and social contributors. In certain instances, a psychiatrist may be a first point of contact (such as during a hospitalization); however, patients are often referred to psychiatrists when first-line treatment is unsuccessful or a more comprehensive assessment and treatment plan are needed. Psychiatrists are pivotal in providing tertiary prevention (management of ongoing illness to improve function). Psychiatrists are trained to provide both pharmacological and psychological therapies and are often involved in caring for patients with the most severe and persistent mental disorders.</p>
<p><b>Emergency department physician</b></p>	<p>Emergency medicine physicians assess, diagnose and treat patients with injuries, illnesses and/or behavioural disorders who need prompt care day or night. These presentations may be critical, acute and urgent, but are not limited to these categories. Emergency department physicians are often a first point of contact for persons with MH&amp;A issues, including those in crisis. They attempt to limit morbidity through secondary prevention.</p>
<p><b>Addiction medicine specialist</b></p>	<p>Addiction medicine physicians provide prevention, assessment, intervention and treatment to patients who have substance use and addiction disorders. These services can include opioid substitution therapies. Specialists often identify and treat both the psychiatric and physical effects of addiction. While addiction medicine physicians can apply a range of interventions, their target is often secondary and tertiary prevention.</p>
<p><b>Primary care mental health physician</b></p>	<p>Physicians who practise primary care mental health assess and diagnose MH&amp;A conditions. They apply a range of therapeutic treatments, including mental health counselling, individual psychotherapy, group psychotherapy and pharmacotherapy.</p>



	They are active in all levels of primary, secondary and tertiary prevention.
Public health and preventative medicine specialists	Public health physicians promote the health of groups or populations. They are champions of primary prevention and lead important work at all life stages. This includes promoting healthy childhood and family development, which are critical to supporting mental health. They are leaders in establishing community resilience programs and responding to the social determinants of health to improve the health of marginalized and disadvantaged populations. They also advocate for healthy public policy; deliver harm reduction strategies; and support healthy decision-making (such as smoking cessation and safe substance consumption).
Geriatrician	A geriatrician specializes in preventing, diagnosing and treating disease and disability in older adults. Their patients may have multiple complex health and social challenges that demand a broad understanding of care. Their role is especially important as our population ages. These physicians are most involved in primary and secondary prevention of MH&A issues.
Neurologist	A neurologist assesses, diagnoses and treats issues affecting the nervous system. Damage to or interference in the nervous system can lead to changes in mood, behaviour and memory. Neurologists often work closely with psychiatrists to support persons with MH&A issues.

In 2019, the Government of Ontario announced \$3.8 billion in funding over 10 years to develop and implement an MH&A strategy.<sup>5</sup> This plan includes establishing a Mental Health and Addictions Centre of Excellence. The Ministry of Health recently realigned its structure to create a new MH&A division. These are encouraging signals of the government’s interest in improving MH&A support and care. Physicians should play a central role in developing and implementing the strategy, so it is important to capture their unique strengths and maximize their involvement. Doing so would be consistent with the quadruple aim of improving patient experience, supporting population health, promoting efficiency and strengthening the provider experience.

At the time of publication, Ontario finds itself within a worldwide COVID-19 pandemic. There are significant MH&A implications associated with the ongoing isolation, uncertainty and instability that people are experiencing in their day-to-day lives. A national study from Deloitte using modelling from past disasters projects that the number of annual visits to mental health professionals will rise from a baseline of 4.1 million visits a year to between 5.9 and 9.7 million visits during the acute phase of the pandemic, increasing to a range of 6.3 to 10.7 million visits annually during the recovery stage.<sup>6</sup> In response, the provincial government has announced a suite of supports to strengthen Ontarians’ mental health during the pandemic.<sup>7</sup> However, given the projected increase in mental health-related concerns through the recovery phases, more will likely be needed. This likelihood underscores the need to critically examine and enhance the state of mental health-care delivery in Ontario.

## Physician Utilization

Based on data from OHIP, 16,120 physicians provided some form of MH&A care to more than 1.17 million Ontarians in 2018. The degree of intervention varied based on patient need. These figures likely underestimate the care provided, given that the data originate from the most commonly billed codes for MH&A issues: K005 (Primary Mental Health Care), K007/K197/K190 (Psychotherapy), K198/K199 (Psychiatric Care) and K013/K033 (Counselling). In addition, over 4,000 physicians provided addiction care to nearly 107,000 Ontarians that same year (codes A957/K680/A680/K039). MH&A care is likely captured in other codes that were not included in this analysis.

CIHI reports that nearly 80 per cent of people with common mental health problems use the services of a family physician.<sup>2</sup> The most common issues include anxiety, depression, psychosis, drug dependence, life stressors, eating disorders, personality disorders and schizophrenia. In 2016–17, some 84 per cent of active family physicians provided MH&A care. More than 50 per cent of family physicians surveyed by the OMA reported spending at least a quarter of their practice addressing MH&A issues. A family doctor or pediatrician was the entry point for 62 per cent of families that have a child with a mental health concern.<sup>8</sup>

It is apparent that physicians provide a large proportion of MH&A care in this province. This is in large part due to their accessibility and the trust that patients place in them. The sheer volume and frequency of physician-provided MH&A care delivery forms part of the distinctive and critical role that physicians play as leaders in this area. Physicians represent a sizable and credible workforce in addressing MH&A issues. Their leadership is important to Ontario's ability to achieve clinical, organizational and system-level health goals.

## Physicians' Critical Roles in Mental Health and Addictions Care Delivery

All providers have important roles to play in delivering MH&A services and interprofessional collaboration benefits patients. It is also important to value each role and meaningfully consider each provider's unique contributions. The OMA surveyed its members to identify the elements that demonstrate physicians' critical roles in delivering MH&A services. This work was complemented by interviews with physician leaders. This section summarizes the key findings.

- **Comprehensive and continuous approach to address all medical issues**

Because physicians can co-manage mental and physical issues, they provide a high degree of comprehensiveness. Physicians see the patient as a whole, while other providers may focus on discrete elements of the patient or care continuum. The patient–physician relationship is often set up for extended periods of time, whereas other providers may have more episodic involvement with patients. The patient–physician relationship promotes strong continuity of care and avoids shifting patients among providers, which can disrupt continuity and increase the risk of errors. When transfers to or consultations with other physicians are needed, physicians usually try to link care. This is important given that mental illness and addiction may be chronic in nature.

- **Ability to bridge mental, physical and social health**

According to CMHA Ontario: “Both mind and body are affected by changes to physiological and emotional processes, as well as by social factors such as income and housing. These three pathways of

biology, illness experience and the social determinants of health can increase the likelihood of someone living with a mental illness or chronic physical condition developing a co-existing condition. People living with mental illnesses experience a range of physical symptoms that result both from the illness itself and as a consequence of treatment. Mental illnesses can alter hormonal balances and sleep cycles, while many psychiatric medications have side-effects ranging from weight gain to irregular heart rhythms. These symptoms create an increased vulnerability to a range of physical conditions.”

Physicians receive upward of 13 years of training in the basics of medicine, including attention to mental and physical health systems. This creates a knowledge base that is unmatched elsewhere in the health-care system. Physicians have the ability to apply a broad range of assessment and intervention techniques to co-manage mental and physical illnesses,<sup>9</sup> and are well-prepared to manage the physical manifestations of mental illness and/or addiction issues. They are also able to identify non-psychiatric conditions that may manifest as psychological symptoms (for example, endocrine disorders, neurological disorders or tumours). This level of efficiency saves unnecessary investigations, improves the accuracy of diagnosis, helps to select the best treatment priorities from the outset, and enhances patient satisfaction.

In addition, given the years of experience they have in their communities, physicians are aware of the day-to-day social realities that patients experience and the influences these may have on their health. Physicians actively link patients to community resources and make best efforts to ensure they feel supported. They actively speak out for persons living with MH&A issues to fight stigma and ensure they are not overlooked.

- **Ability to manage pathways through a complex health-care system**

Guided by patients’ best interests, physicians are often positioned as pathfinders in Ontario’s publicly funded health-care system. Physicians are accessible in all reaches of the province. They use their expert clinical judgment and years of experience to develop evidence-informed treatment plans for those living with MH&A issues. A treatment plan will trigger a number of interactions elsewhere in the system, including (but not limited to) diagnostic testing, specialist consultations and referrals to community services. Physicians are entrusted with this duty given their years of robust training and interest in acting as stewards of the health-care system. Campaigns such as [Choosing Wisely](#) demonstrate physicians’ commitment to evidence-informed interventions and interest in promoting the system’s effectiveness. Physicians also help patients navigate the complexities of the health-care system. This can include mapping out and triggering a network of support.

- **Responsibility**

Physicians are often expected to lead interprofessional care teams. Although each team member has a valuable contribution to make, the literature recognizes patient benefits when responsibility is accepted by and anchored in an individual versus a team.<sup>9</sup> For patients who have MH&A issues, in many circumstances—given physicians’ broad training—it may be beneficial to have a physician oversee and take responsibility for the medical care provided. The health-care system places significant trust in physicians’ abilities, and this is reflected in regulatory and legal requirements. Physicians have robust continuing education programs to maintain competency and are actively involved in quality-improvement initiatives. They are required to rapidly adapt and apply new knowledge as medical science grows.

- **Competencies to advocate from bedside to boardroom and beyond**

Advocacy is entrenched in the practice of medicine. Physicians are proud to advocate for their patients, to fight MH&A stigma and ensure they receive effective levels of support. This advocacy translates into leadership, which is demonstrated throughout the health-care system from the bedside (for example, making sure each patient has sufficient access to needed health-care services and that nobody is overlooked) to the boardroom (for example, providing input at the organization or system level to promote the highest quality care for a defined population) and beyond (for example, taking political action and/or contributing to societal efforts to combat stigma). Physicians also have access to unique platforms associated with roles that only they can occupy, such as the medical director of a psychiatry program. They use their leadership roles and unique influence to enable positive system change. An example of this is the Coalition of Ontario Psychiatrists, which comprises the OMA's Section of Psychiatry and the Ontario Psychiatric Association. The physicians involved in this group promote healthy public policy to support prevention, treatment and recovery from MH&A issues (for example, reports on youth suicide prevention; structured psychotherapy programs; community treatment orders; online gambling<sup>10</sup>).

- **Focus on prevention and health promotion**

Benjamin Franklin once said that “an ounce of prevention is worth a pound of cure.” Ontario’s *Mental Health Promotion Guideline* states: “Mental health promotion is the process of enhancing the capacity of individuals and communities to increase control over their lives and improve their mental health. By working to increase self-esteem, coping skills, social connectedness and well-being, mental health promotion empowers people and communities to interact with their environments in ways that enhance emotional and spiritual strength.”<sup>11</sup>

Physicians at all levels understand and enable prevention and health promotion. Nowhere is this more evident than in public health. Ontario’s public health standards define public health’s role as supporting and protecting not just the physical, but also the mental health of the population being served.<sup>11</sup> All medical officers of health are physicians; along with other public health physicians, they gather, synthesize and provide advice to the public and decision-makers regarding MH&A matters. Upstream public health interventions focus on decreasing barriers and improving supports so people can achieve their full potential. Overseen by a physician, they can help prevent and/or support the early identification of mental illness and/or addiction.

Outside of public health, physicians, particularly in primary care settings, actively support primary and secondary prevention through MH&A screening. From these assessments, physicians help provide and/or connect patients with the right services at the right times and in the right places.

- **Ability to care for a broad range of patient populations**

Although each physician has a defined scope of practice, there will almost always be a physician in Ontario to care for a patient regardless of who they are, what condition they present or their level of acuity. This broad range of expertise means physicians can care for patients whose MH&A conditions range from mild to severe. Physicians are the most relied upon, comfortable and best prepared to deal with patients of a high degree of acuity. They are regularly involved in managing the health conditions of physically, mentally and socially complex persons. Psychiatrists and addiction medicine physicians

provide a high degree of tertiary prevention to minimize complications and restore functioning for those with the most significant MH&A challenges.

Physicians' medical ethics demand that they show respect to all patients. Increasingly, they are receiving training on cultural sensitivity and social issues that affect health. While there is still work to be done to fully break down the barriers to accessing care, physicians are creating safe spaces for people to explore sensitive health matters. This is especially important in addressing the many stigmas attached to MH&A issues.

- **Availability during a crisis**

While all efforts should be made to intervene before a crisis occurs, most people in crisis benefit from a physician's care. Many family doctors, pediatricians and psychiatrists have flexible hours. There are physicians available 24–7 and 365 days of the year in places like the emergency department to assist patients in crisis. The Centre for Addiction and Mental Health (CAMH) features Ontario's only psychiatric emergency department overseen by physicians. Other emergency departments have psychiatrists available (or on-call) and offer important psychiatric outreach or connection services. Lastly, primary care mental health physicians are also available and play a pivotal role in supporting their patients during a period of crisis.

- **Patient trust**

Physicians are privileged to hold very high levels of public trust.<sup>12</sup> Patients trust their doctors and see them as a reliable source of information, advice and support. The physician–patient relationship is among the most crucial in health care. This trust is invaluable and not easily replicated.

- **Non-pharmacological interventions**

Physicians deliver non-pharmacological interventions for those with MH&A issues, including psychotherapy. Many physicians are specially trained in various models of evidence-informed psychotherapy. Given the comprehensiveness of medical practice and physicians' blended knowledge of mental and physical health, the delivery of medical-led psychotherapy offers a holistic approach to health care.

- **Prescribing pharmaceuticals**

A limited number of health-care providers can prescribe pharmaceutical interventions. Physicians have the greatest length and depth of experience prescribing; it is included throughout their comprehensive medical education. Moreover, physicians, particularly psychiatrists, can safely manage the use of (often multiple) psychiatric medications for those with complex mental illnesses, paying close attention to a patient's physical and mental well-being. This benefits patients by ensuring their medications are properly managed (especially in cases of polypharmacy) and their mental and physical responses are continuously evaluated.

## Physician Leadership

Medical leadership “consists of having fully trained physicians occupying leadership roles relevant to the practice of medicine. Physician leadership can include resource managing, decision making, recruiting and medical consulting as well as implementing changes and improvements in hospital and clinical settings.”<sup>13</sup> The Royal College of Physicians and Surgeons of Canada indicates that “as leaders, physicians engage with others to contribute to a vision of a high-quality health-care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.”<sup>14</sup>

A key competency of any physician is to demonstrate leadership in professional practice.<sup>14</sup> Each day, physicians make critical decisions that affect their patients’ health and well-being. Physicians can be classified as expert leaders who have amassed significant domain knowledge.<sup>15</sup> Expert leaders signify credibility because they have “walked the walk” to a high standard (all physicians have practice experience).<sup>15</sup> Furthermore, each physician demonstrates elements of leadership in their practice simply by virtue of the nature of medicine.

Leadership can be formal or informal. Formal leadership involves entering into positions of authority and influence; informal leadership involves demonstrating leadership qualities outside of a formal position.

Informal leadership may manifest itself within a clinical team, where it can entail “... optimizing team functioning to enable a diversity of viewpoints to be integrated into a coherent care plan, particularly for complex patients.”<sup>16</sup> It can also take the form of individually serving as a patient’s guide, advocate or coordinator by helping them navigate the health-care system or by advocating for their best interests. As previously described in this paper, physicians regularly lead care teams for persons who experience MH&A challenges.

Formally, physicians occupy many leadership roles within organizations, heading programs and participating on committees. For example, in addiction medicine, they can serve as medical directors and oversee residential programs. Physicians may be involved in governing an organization, such as serving on its board or senior leadership team. Physicians routinely take leadership roles in performance improvement. In doing so, they provide “... leadership for measuring, assessing and improving processes that primarily depend on the activities of one or more licensed independent practitioners.”<sup>17</sup> Physicians are also best equipped to solve problems in the clinical process, including variations in care, adverse events, errors and the ineffective use of interventions.<sup>17</sup> Beyond the organizational level, physician leadership can keep decision-makers who design health systems focused on patient well-being.<sup>9</sup>

Physicians also use their leadership to foster innovation. When there is a complex challenge in the health-care system, they use their training and in-depth understanding of the system to derive solutions. For example, psychiatrists throughout the province are addressing waiting lists to foster timely access to mental health services. In certain areas, they are also working to develop urgent-access mental health clinics. Other physicians are producing order sets or clinical tools and leveraging new technologies, all to improve patient care.

Physicians demonstrate leadership in research and education. They are actively leading significant research projects that are making cutting-edge advances in medicine. This translates into life-prolonging

measures that also aim to improve quality of life. In terms of education, physicians are actively involved in training within the profession and contribute their leadership to the education of non-physician health-care providers.

Physician leadership is cultivated through medical training: “Specifically, medical training enables individuals to think systematically and go beyond the superficial presentation of a problem. Doctors learn not to accept without question what is said to them or take at face value the symptoms reports or signs elicited. Doctors are trained to think about what has not been said or cannot be seen; and to think about how strains in one human system can produce symptoms and signs in another. Doctors ideally learn to use a curious and inquisitive approach to asking people about experience.”<sup>18</sup> Leadership is often about asking questions and thinking systematically. This is engrained in the physician mindset. With an increasing emphasis on both leadership and MH&A issues in medical schools, the next generations of physicians will be well equipped to lead in this area.

Most of the MH&A medical leadership literature pertains to psychiatrists. However, lessons can be learned and applied to other physician specialties. Leadership involves conveying a vision with passion;<sup>19</sup> good leaders have passion, good communication skills and a vision for the organization or service they are involved with.<sup>19</sup> Ontario physicians are guided by a vision of enhancing their patients’ mental and physical health. They are regarded as prime decision-makers and natural managers.<sup>20</sup> Consistent with the “theory of expert leadership,” leaders should have a deep understanding of the care business of the organization in which they are situated.<sup>21</sup> Physicians are intimately acquainted with the day-to-day realities of health-care delivery.

Thanks to their training, psychiatrists are recognized as “... [having] developed many of the necessary skills to be good medical leaders. Psychiatric training encompasses many of the key components of self-awareness and self-regulation. Psychiatrists spend years thinking about their own feelings to better understand interpersonal interactions... Psychiatrists, by the nature of their work, are seeking to develop people and one marker of outstanding leadership is the development of other leaders.”<sup>9</sup> Furthermore, psychiatrists can use their deep understanding of interpersonal interactions among their multidisciplinary colleagues to manage emotionally charged situations and use these emotions to negotiate, build rapport and move “stuck” situations.<sup>18</sup>

A good leader also knows when to support and enable others. Physicians recognize that there are times, places and situations where other members of a health-care team are best situated to lead, and where the physician’s optimal role is to enable and support that leadership. Physicians serve as mentors and collaborators with intra- and interprofessional colleagues.

In summary, physicians harness their expert knowledge, medical training, passion for helping others and focus on optimal patient care to serve as effective leaders in MH&A. They may demonstrate this leadership informally by delivering effective day-to-day care and managing care teams (serving as the most responsible provider) or by taking on formal leadership and management roles on committees and in organizations that deliver MH&A care. Finally, physicians can leverage their advocacy skills to provide leadership at the system level to improve the delivery of MH&A care in the province.

## Physician Leadership in an Evolving Health-Care System

**Recommendation #1:** Formalize and make explicit the roles of various providers in MH&A service delivery and identify the roles that are most effectively, efficiently and safely performed by physicians.

Physicians value interprofessional collaboration. MH&A care can be strengthened when health-care professionals work together on united teams that seek the best possible patient outcomes. However, attempts to modify roles without sound consideration of safety, quality and effectiveness must be avoided. Cost-driven attempts at efficiencies that seek to substitute other health-care providers for physicians can jeopardize quality, safety and overall cost. Rather, an appropriate match is needed between the competencies and training of each provider and the needs and complexities of the patient and the system. From this, work can be done to formalize the roles that physicians can perform most effectively, efficiently and safely in MH&A care delivery. These roles should be identified and embraced by policy-makers and other decision-makers.

Most patients can benefit from an assessment and treatment plan that is developed with and monitored by a physician. Time spent receiving care directly from a physician benefits patients. Certain populations will benefit from more intensive levels of involvement, depending upon their clinical condition.

Ensuring that patients receive the best care from the most appropriate provider promotes patient safety and quality of care and drives improved health outcomes as well as the overall effectiveness of the system.

**Recommendation #2:** Match the supply, distribution and utilization of physicians to address the specific MH&A needs of patients that are best served by physicians.

Physicians play a distinct and central role in responding to patients' MH&A care needs. Policy decisions must value this unique role and seek to strengthen it. Doing so promotes quality care and responds to patients' desire to receive MH&A care from physicians. As a start, government and its partners can seek to better understand the supply, distribution and utilization of physician resources in response to MH&A needs. Using a stepped care approach, some Ontarians can benefit from receiving ongoing MH&A care in the community from their family physician, while others will require specialty care in a tertiary centre (with options in between).

In partnership with the OMA, enhancements can be considered to ensure that all Ontarians have access to physicians based on their needs. A report from the Coalition of Ontario Psychiatrists suggests a number of innovative ways to enhance access to psychiatry.<sup>22</sup> Psychiatrists are unique in that they possess a comprehensive medical foundation combined with many years of additional training to systematically address MH&A issues. This allows them to provide holistic care to a wide range of patient populations, including those with the most complex MH&A needs. They are also equipped to make difficult decisions relating to capacity assessments and involuntary hospitalizations. However, it is not just access to psychiatry that should be enhanced. There are also opportunities to strengthen capacity in all the medical specialties that address MH&A issues. This includes providing access to appropriate training. Moving forward, it is important to consider diverse perspectives on how to do this by bringing



the OMA and relevant stakeholders together to begin a discussion of how to ensure that all Ontarians can rely on physician expertise for their MH&A needs.

Ensuring the appropriate supply, distribution and utilization of physicians will ensure patients get high-quality MH&A services when they need them, now and in the future. It will promote continuity of care and drive efficiency in the health-care system.

**Recommendation #3: Establish and implement standards for equitable, connected, timely and high-quality MH&A service delivery throughout the province.**

Mental and physical health are important to a person's overall well-being. Together, along with social well-being, they are part of the complete picture of a person's health. Historically, policy efforts have focused on physical health, with secondary attention given to mental health. However, mental health needs to be considered on par with physical health and this should be reflected in policy decisions.

When surveyed, physicians have identified timely access to services as the greatest opportunity to improve the delivery of MH&A care. MH&A service delivery has been characterized as delayed, fragmented and inequitable in different parts of the province. These factors limit physicians' ability to deliver care. The first step toward developing Ontario's renewed MH&A strategy involves establishing service standards for care delivery. Appropriate targets pertaining to equity of access, connectedness or integration, timeliness and quality should accompany these standards. The responsibility for achieving these targets must be shared across the system, not shouldered by physicians alone. Support is also needed to prioritize areas for attention and the investment of resources. The ultimate goal is to establish a core set of consistent, high-quality, connected MH&A services for Ontarians. Three key enablers, if properly implemented, could support this:

- Appropriate funding based on an analysis of current gaps (including long-term, sustainable and sufficient funding for physician services and community-based care).
- OHTs to enhance connectivity and minimize the fragmentation that occurs in the sector.
- Support for quality improvement through the Mental Health and Addictions Centre of Excellence.

An effective measurement strategy, with an emphasis on quality improvement, will be an important part of this work to understand the availability, quality and effectiveness of the services provided. Decision-making should be data-informed, and the system must have the capacity to evaluate its ability to meet Ontarians' mental health needs.

Ensuring access to timely, connected and effective services enables the prevention of MH&A issues, promotes early detection and treatment and supports those with chronic challenges over a longer term. Doing so promotes health and wellness for Ontarians and supports recovery.

**Recommendation #4: Support leadership training for physicians in MH&A care.**

While medical training can help establish a foundation for leadership, not all doctors feel prepared to take on formal leadership roles.<sup>17,23</sup> Some have called for a cultural shift toward a greater sense of embracing leadership and management qualities as a part of medical practice.<sup>20</sup> Opportunities should be created to strengthen leadership experience and knowledge development for physicians who deliver

MH&A care. This can include supporting physicians to attend formal leadership training that already exists or creating opportunities to offer new training specific to the MH&A environment. Leadership training for MH&A areas can be interpreted broadly. It may consist of, among other things, training in clinical topics, business, communication, complex systems, human resources, patient engagement, governance, quality improvement, stigma reduction, advocacy, health promotion and cultural sensitivity. It should also include opportunities for peer-to-peer support and shared learning initiatives that provide timely, ongoing access to mentors with clinical expertise (for example, the Ontario College of Family Physicians' Collaborative Mental Health Network,<sup>24</sup> Medical Mentoring for Addictions and Pain<sup>25</sup> and the Leadership in Primary Care Network<sup>26</sup>). Physicians have valuable expertise to offer. It is imperative that an effective framework is established to support them in applying these leadership capabilities.

Supporting physicians to take on leadership roles ensures that the design and delivery of services are structured so as to most effectively meet the needs of patients, groups and populations. Physicians understand the health-care system and can easily identify areas that will improve service delivery and promote the most effective use of health-care resources.

#### **Recommendation #5: Enable specific leadership opportunities for physicians in Ontario Health Team design and implementation to strengthen MH&A care.**

Physicians are practising in a changing and complex health-care environment. The provincial government is moving forward with its goal of having every health service provider become a part of an OHT.<sup>27</sup> This is a multi-year process. When complete, OHTs will be expected to:<sup>27</sup>

- Provide a full and co-ordinated continuum of care for a defined population within a geographic region.
- Offer patients 24–7 access to co-ordination of care and system navigation services and work to ensure patients experience seamless transitions throughout their care journeys.
- Improve performance across a range of outcomes linked to the quadruple aim: better patient and population health outcomes; better patient, family and caregiver experience; better provider experience; and better value.
- Be measured and reported against a standardized performance framework aligned to the quadruple aim.
- Operate within a single, clear accountability framework.
- Be funded through an integrated funding envelope.
- Reinvest into front-line care.
- Take a digital-first approach in alignment with provincial digital health policies and standards, including the provision of digital choices for patients to access care and health information and the use of digital tools to communicate and share information among providers.

OHTs will change the structure in which care is delivered. They will aim to offer a more co-ordinated and integrated approach for patients. For providers, it may mean a different way of working. Most of all, it presents a significant opportunity to examine and evaluate how MH&A care can be better integrated and enhanced to avoid fragmentation and improve access.

International experience demonstrates that health-care system reform is most successful when physicians are engaged. Evidence from U.S. accountable care organizations suggests that physician leadership is a key to success.<sup>28</sup> Given physicians' expert leadership capabilities, it is important that OHTs leverage physician leadership in their design. Because physicians provide a significant proportion of MH&A care and are often the entry point for patients, the degree to which MH&A care can be successfully integrated will depend on how physicians are engaged.

OHTs should be structured to enable physicians to demonstrate leadership in the delivery of high-quality MH&A care. Consideration should be given to creating designated MH&A leadership positions within OHTs. Doing so would align with the government's interest in making MH&A a priority policy area. At a minimum, physicians should be brought to the table for any discussions surrounding MH&A. This can include participation on committees; full involvement in meaningful consultations with government and Ontario Health (the provincial agency overseeing most health-care delivery in Ontario); and active involvement in cross-organization collaboration surrounding MH&A. When selecting physicians for leadership roles and/or consultation opportunities, attention should be given to diversity by experience level, gender, practice area and geography. Consideration should also be given to the support that will be needed to enable physician participation (such as flexible scheduling around clinic operation or remuneration for time away from clinical duties).

Enabling physician leadership within OHTs promotes their success and will translate into a more seamless journey for patients and more integrated care within the system.

#### **Recommendation #6: Promote physician leadership within the Mental Health and Addictions Centre of Excellence.**

Bill 116, the *Foundations for Promoting and Protecting Mental Health and Addictions Services Act, 2019*, provides the following objectives for the Mental Health and Addictions Centre of Excellence:<sup>29</sup>

- Putting into operation the mental health and addictions strategy.
- Developing clinical, quality and service standards for mental health and addictions.
- Monitoring metrics related to the performance of the mental health and addictions system.
- Providing resources and support to health service providers, integrated care delivery systems and others related to mental health and addictions.
- Any other functions that the minister may direct.

Similar to the recommendation provided for OHTs, it will be imperative to establish leadership opportunities within the centre for a diverse selection of physicians. Physicians will be able to guide Ontario Health and the provincial government as they establish standards and allocate resources to improve the delivery of MH&A care. Physicians can also have a direct role in identifying and monitoring meaningful metrics related to the system's performance. These leadership opportunities elevate the physician voice at the system level and permit them to advocate for patients, groups and populations. No significant changes should move forward within the centre without adequate physician consultation. The OMA can assist the government and its agency in identifying exceptional and diverse leadership candidates. Consideration should also be given to the support that will be needed to enable physician participation (such as flexible scheduling around clinic operation or remuneration for time away from clinical duties).

The province has taken steps to improve the availability of publicly funded psychotherapy services through a stepped model, ranging from self-help modules to group therapy and individual counselling. The centre has an important role to play in rolling out and evaluating this strategy. Done effectively—including robust engagement with patients, physicians and other health providers—this work could serve as a model for addressing other components of a comprehensive mental health and addiction strategy.

Positioning physician leadership in the centre will help to drive evidence-informed decision-making that reflects the day-to-day realities facing patients and providers in the system. This will translate into higher-quality care and better system outcomes.

## Conclusion

The prevalence of MH&A issues is significant and warrants attention from clinicians and policy-makers. Physicians play a central role in responding to these issues. Given their robust medical education and unique roles, physicians occupy a distinct space. They are leaders at both the point of care and the organizational and system levels. Their leadership, when utilized effectively, translates into better-quality MH&A care for patients, improved population health and an enhanced health-care system. The OMA is keen to advance MH&A issues and presents several recommendations as a starting point. It will be imperative for decision-makers to involve physicians fully in the design of MH&A systems, whether at the OHT or provincial level. Doing so will ensure that policy reflects patients' needs and supports optimal provider experiences. The OMA hopes these recommendations will be fully considered and advanced.

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