

Summary Report: Quadruple Aim and Equity – National Standards for Mental Health Services End-of-Grant Workshop

OVERVIEW

The *National Standards for Mental Health Services (NSMHS)* initiative, led by the CIHR Institute of Neurosciences, Mental Health and Addiction (CIHR-INMHA), is supporting innovative health research and knowledge mobilization to inform the development of national standards, guidelines, best and wise practices for mental health and substance use services to ensure all Canadians can access the support they need, when they need it.

Budget 2021 committed \$45 million over two years, starting in 2021-2022, to Health Canada, the Public Health Agency of Canada, and CIHR to help develop national mental health service standards in collaboration with provinces and territories, health organizations and key knowledge users. Since 2021, CIHR has launched *three NSMHS research funding opportunities*, representing an investment of approximately \$6.4 million.

The *Quadruple Aim and Equity* catalyst grant was the first funding opportunity to be launched under the NSMHS initiative. Led by the CIHR Institute of Health Services and Policy Research (CIHR-IHSPR), the funding opportunity included an investment of more than \$4.9 million for *50 grants* to advance health system innovations with the greatest potential to achieve the Quadruple Aim principles. Of these 50 grants, *six (\$600,000) were funded through the NSMHS initiative* to inform the development of pan-Canadian standards, guidelines, and best or wise practices. These projects aimed to synthesize evidence and compare or evaluate existing service standards regarding the virtual delivery of mental health and substance use health services.

EVENT SUMMARY

In November 2023, *CIHR-IHSPR hosted a virtual end-of-grant workshop* for the Quadruple Aim and Equity funding program, bringing together researchers, policy makers, community members, people with lived and living experience, partners and other *knowledge users*. The *six funded teams in the CIHR-INMHA* pool presented their findings in a session designed to share research projects, forge cross-project collaborations and provide a forum for knowledge exchange and networking. Evidence briefs (summaries of key findings, impacts, and implications for next steps) for these projects are linked below:

- *Standardizing approaches to transitions in care in early psychosis intervention* – Nominated Principal Investigator (NPI): Janet Durbin, Centre for Addiction and Mental Health
- *Re-imagining regulatory frameworks for the mental health and substance use health workforce in Canada* – NPI: Kathleen Leslie, Athabasca University
- *Navigation for youth mental health and addictions: A realist review and synthesis of approaches and practices (The NavMAP standards project)* – NPI: Roula Markoulakis, Sunnybrook Research Institute
- *Developing Canadian national standards for virtual delivery of mental health services within primary care* – NPI: Braden O’Neill, Unity Health Toronto
- *Implementing online mindfulness for people with multiple sclerosis* – NPI: Robert Simpson, Sunnybrook Research Institute
- *What is the effect of new virtual care financial incentives on the delivery of mental health care services?* – NPI: Nibene Somé, Centre for Addiction and Mental Health

OVERARCHING THEMES

High-level, overarching themes from the Quadruple Aim and Equity – National Standards for Mental Health Services End-of-Grant Workshop include:

- **Policy implications**
 - A key challenge of implementing guidelines is **balancing the guidelines with the specificity of services**.
 - Guidelines for mental health and substance use services are crucial in delivering quality health services. However, it is important to avoid overregulation by **offering care providers a range of options to tailor services to the individual**.
 - There is a need for frameworks to support system integration, including integrated care teams, with **the goal of harmonization while still allowing enough flexibility so that each jurisdiction can tailor** services to meet the needs of the community.
- **People with lived and living experience**
 - People with lived and living experience (PWLLE) provide **essential peer support for many population groups and fill critical gaps in the delivery of services**. **Engaging and incorporating PWLLE** in policy making and implementation of services (e.g., within integrated care teams) is of immense value.
- **Virtual delivery of care**
 - Virtual delivery of care (e.g., telemedicine) should be considered an **adjunct to services** rather than an opportunity to decrease or replace in-person care.
 - Virtual delivery of care can improve health equity for many groups (e.g., those in rural/remote areas or with accessibility concerns). However, there are **risks of exclusion** for those with limited internet access, low income or low digital literacy. More consultation with rural and remote providers and patients is required.
 - Patients from equity-seeking groups should have **opportunities for prioritized access** to virtual mental health services if that is their preference and it is feasible.
- **Knowledge gaps and future research**
 - There is a need for **increased attention to transitions in and out (and between) services** to provide better continuity of care for young people and families. These challenges exist due to the many barriers to accessing services and the fragmented state of existing services.
 - Regulating mental health and substance use services **can have unintended consequences** (e.g., services/benefits limited to individuals working full-time, disparities in wages for providers across jurisdictions, complications around unregulated mental health and substance use health providers) that need to be explored. Regulation helps to ensure providers are operating under best and wise practices but can sometimes create barriers for these individuals to practice.
 - Future research should evaluate standards, guidelines, best or wise practices, and how **virtual mental health services might reduce costs compared with in-person services**.
 - Standards, guidelines, and best or wise practices are intended to improve client, family and provider experiences and better client outcomes. However, **expectations should be assessed** for further research and to improve practice.



FOR MORE INFORMATION

Additional information about the *Quadruple Aim and Equity End-of-Grant Workshop and evidence briefs for all the funded projects* can be found [here](#).

For more information on the *National Standards for Mental Health Services initiative*, visit [here](#).

More information on the *CIHR Institute of Neurosciences, Mental Health and Addiction* can be found [here](#) or by email: INMHA-INSMT@cihr-irsc.gc.ca.