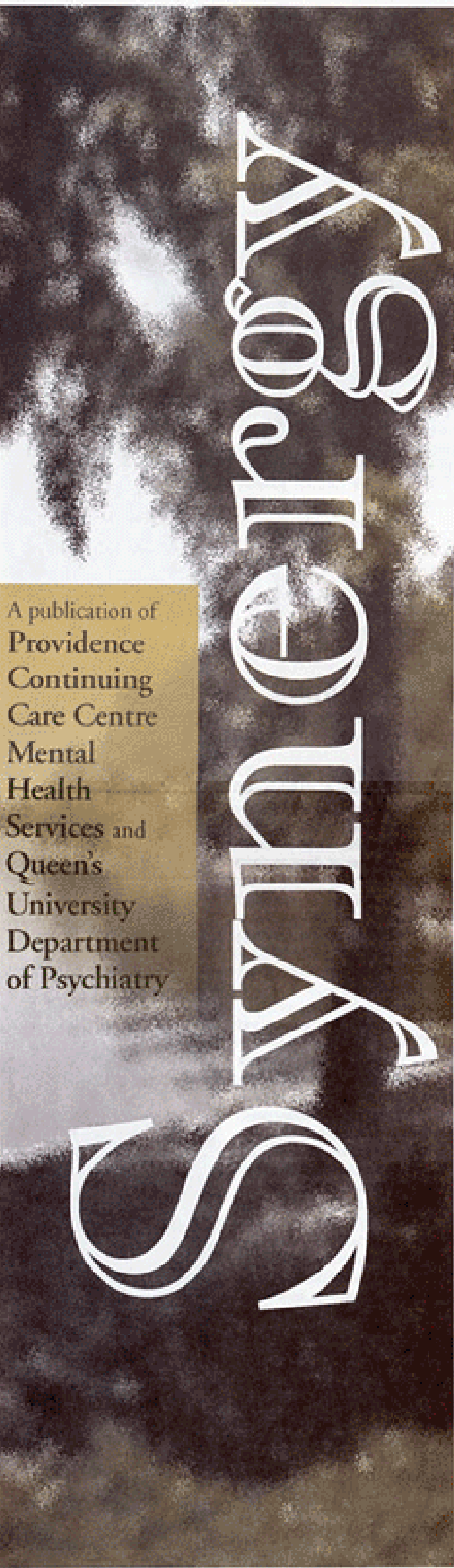

Synergy
RESEARCH NEWSLETTER
Vol. 6 No. 1 Spring 2002

An Interview with Sandra Lawn,

Chair, Mental Health Implementation Task Force

By: Duncan Day,
PhD, CPsych, PCCC-MHS

Sandra Lawn
Chair, MHITF

Recent changes in the shape and focus of mental health care in Ontario, described in the *Making it Happen* document, precipitated the need to establish a clear direction for these changes. In a bid to follow a more integrated and consultative approach to these changes, the Minister of Health and Long-Term Care established nine interim Mental Health Implementation Task Forces (MHITF) in Ontario. Sandra Lawn, former Mayor of Prescott, Ontario was invited to chair the Southeastern Ontario District group by Elizabeth Witmer, Minister of Health at that time. This nomination did not arise from her experience in the field of mental health, but from her experience in community capacity building, management, and public administration. The challenge in creating the Task Force was to bring together individuals with expertise in planning, consultation, community building and mental health. Their goal, once set up, was to engage as many groups, organizations, and interests as possible in a non-traditional, non-adversarial, and non-territorial consultative process that would lead to recommendations to the minister; recommendations that are consistent with, and will enhance the goals outlined in the *Making It Happen* document.

In a recent interview with Ms. Lawn, some of the issues facing the MHITF were reviewed. Overall, the Task Force's work is divided into four main categories: Research and Accountability, Human Resources, Integration, and Community. The first of these focuses primarily on outcome measures and program evaluation strategies. Human Resources is probably the most straightforward conceptually, but the most challenging when it comes to deciding who should be where, and with what qualifications, and then actually finding those individuals. Integration involves three working groups focusing on integration needs for those in first line mental health care, those involved in intensive mental health care, and those involved in specialized services. Finally, the Community focus is designed to provide recommendations for public education, community awareness, prevention, and linking with the provincial level campaign.

The main issue seemed to be identifying the strengths, gaps, and overlaps of the current mental health system. Ms. Lawn outlined some examples of their work when asked about the plan for assuring equity of resources across regions in Ontario, such as the Community Comprehensive Assessment Project. This project looks at how the various programs are working to serve the mental health needs of communities. She also identified Dr. Heather Stuart, of Queen's University, as their coordinator working with the District Health Council, in examining community health and epidemiology. Using the Geographic Information System (GIS), they will be better able to understand the distribution of population and services across regions which will in turn, help define how things will need to change with respect to the 'have' communities, and the 'have-nots'.

When asked about examples of strengths, Ms. Lawn quickly identified the front line mental health workers as one of the main strengths across the entire system, from family practitioners, to long term care facility workers. When

Continued on page 2

Providence Continuing Care Centre
Sisters of Providence of St. Vincent de Paul
Queen's University

Continued from page 1

asked about gaps, she added that Human Resources, overall, were a problem: there are too few mental health professionals available for the current need. She also identified the gaps in inter-ministerial connections, even though similar community-level connections seemed to be working adequately. When asked about areas of service overlap, she used the example of someone needing help for the first time. Such an individual might not know where to turn, and be told different things depending on whom they asked, as a number of professionals are currently doing the same things, but in different systems. Ms. Lawn added that she is not certain how to fix all these problems yet. They are still in the process of identifying the different areas of strengths, gaps and overlaps. However, the MHITF is trying to hear everyone's views, and to keep all creative ideas and suggestions open. She stated that they are trying to see all of the pieces of the puzzle before determining how they will all fit together best.

When asked about equity of mental health services across age ranges, Ms. Lawn cited one of the guiding principles, and greatest challenges of the ministries involved, as well as that of the MHITF: to leave as a legacy a mental health care system that takes the entire lifespan into account. The recommendations will be guided by the desire to provide the best service for any patient requiring mental health care. When asked how Community Care Access Centre funding cuts, bed reductions, and facility closures fit this objective, she reiterated the point that their recommendations will be guided by what is best for patients, and what options will most likely lead to a successful outcome for the person. If the best practice is to have a variety of supports in the community, based on fluctuating individual levels of need, then that is what will take shape. Problems arise when there is lack of clarity due to reforms, and rapid governmental 'changing-of-the-guard'.

Ms. Lawn responded to the question: "How will you know if the changes are working?" by pointing out that the system will always be changing, and that a point of being 'finally fixed' will likely never occur, as best practices, models of care, and societal priorities change over time. She underscored the importance of outcome research, and measuring the efficacy of implemented changes over time. The importance of the current process is that it is one of the first times such a comprehensive and ambitious undertaking has occurred across all aspects of mental health care in Ontario. Her hope is that the process results in a framework for better care for patients everywhere.

Editorial Board

Duncan Day, *PhD, Editor*
Psychologist, Geriatric Psychiatry Program, PCCC-MHS

Nicholas Delva, *MD,*
Research Psychiatrist, PCCC-MHS; Assoc. Professor, Depts. of Psychiatry and Physiology, Queen's University

Karen Gagnon, *MLIS,*
Librarian, PCCC-MHS

Julie Curwin, *MD, Resident in Psychiatry, Queen's University*

Heather Stuart, *PhD, Associate Professor, Depts. of Community Health & Epidemiology, and Psychiatry, Queen's University*

Comments and suggestions are welcome. Please direct correspondence to:

SYNERGY,
Community Relations Office,
Providence Continuing Care Centre,