

Filling Data Gaps in Access to Mental Health and Substance Use Services

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Abstract

Improving access to mental health and substance use (MHSU) services continues to be an area of growing concern in Canada, amplified by the consequences of the COVID-19 pandemic. It was also identified as a priority for federal, provincial and territorial governments in the Shared Health Priorities (SHP) work (CIHI n.d.a.). As part of the SHP work, the Canadian Institute for Health Information recently released 2022 results for two newly developed indicators that help to fill data and information gaps in understanding access to MHSU services in Canada. The first, “Early Intervention for Mental Health and Substance Use among Children and Youth,” showed that three in five children and youth (aged 12–24 years) with self-reported early needs accessed at least one community MHSU service in Canada. The second, “Navigation of Mental Health and Substance Use Services,” revealed that two out of five Canadians (15 years and older) who accessed at least one MHSU service said that they always or usually had support navigating their services.

Introduction

As Canada continues to experience the consequences of the COVID-19 pandemic, mental health is at the forefront of many public discussions. Identifying access to, use of and barriers to mental health and substance use (MHSU) services across various Canadian demographics attempts to fill existing data gaps. It also helps identify areas for improvement in health system integration and timely access to care for populations from various demographics.

Approach

This article provides a summary of the findings presented in the Canadian Institute for Health Information’s (CIHI) recent release, “Measuring Access to Priority Health Services” (CIHI 2022a). Full indicator results, including jurisdictional breakdowns, are available in “Your Health System: In Brief” (CIHI 2022c).

The “Early Intervention for Mental Health and Substance Use among Children and Youth” indicator was calculated using data collected from the *Early Intervention for Mental Health and Substance Use Survey* (CIHI n.d.b.). Approximately 2600 children and youth aged 12–24 years who identified an issue or concern with their mental health and/or substance use in the past six months completed the survey. The “Navigation of Mental Health and Substance Use Services” indicator was calculated using data collected from the *Navigation of Mental Health and Substance Use Services Survey* (CIHI n.d.c.). Approximately, 4,800 people aged 15 years and older who accessed at least one mental health and/or substance use service in the past year completed the survey. Each survey was created to fill an important data gap to learn about the experiences of Canadians accessing MHSU services. They were developed through engagement with expert advisory groups, youth advisory councils and people with lived and living experience. Experts included representatives from across Canada with backgrounds in research, clinical practice and policy (CIHI n.d.b., n.d.c.). Respondents for each survey were recruited between April 25, 2022, and June 26, 2022, using social media. A non-probabilistic weighting methodology was used to reduce bias and improve representativeness and comparability of the non-probabilistic samples of each of the surveys (Wu 2022). More information is available in *Weighting for Navigation of Mental Health and Substance Use Services, and Early Intervention for Mental Health and Substance Use Among Children and Youth Indicators — Methodology Notes* (CIHI 2022b).

The release of these results reflects the work of FPT governments, patients, members of the public, health system leaders and measurement experts, as well as those of Health Canada, Statistics Canada and pan-Canadian health partners to develop and report on indicators to improve Canadians’ access to MHSU services (Government of Canada 2017)¹. Indicator results include data from the COVID-19 pandemic period; therefore, the results should be interpreted in the context of the pandemic.

Key Findings

Three in five children and youth with early needs accessed one or more community MHSU services

In Canada, up to 20% of children and youth are affected by a mental health issue (CMHA 2021). Early interventions can help to reduce symptoms and avoid or delay the progression of a disorder. The Early Intervention for Mental Health and Substance Use among Children and Youth indicator measures the proportion of individuals aged 12 to 24 years with early MHSU needs who accessed community-based MHSU services in the past six months.

In 2022, the Early Intervention for Mental Health and Substance Use Among Children and Youth indicator showed that three in five children and youth with self-reported early needs had accessed community mental health services in Canada. Figure 1 shows this information broken down by jurisdiction.

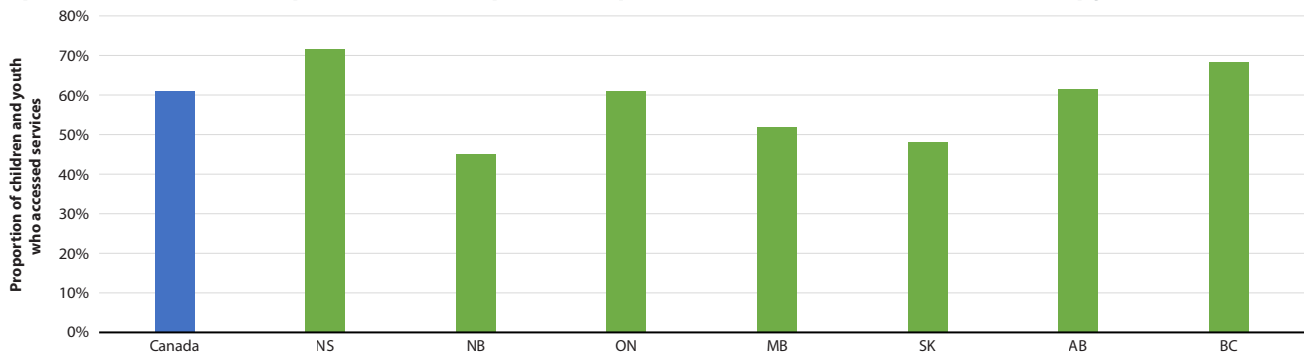
Many factors can influence early access. These include availability of services and supports in jurisdictions, how these services are arranged specifically for children and youth

and how individuals qualify for them (Brownlie et al. 2017; Malla et al. 2018), awareness of available services and how to access them, school boards' focus on understanding the needs of students and collaborating with community partners (Government of Ontario 2022) and real or perceived stigmatization, among others.

More than half of children and youth with early needs said that MHSU services were not easy to access. Figure 2 shows the most common barriers to accessing MHSU services for children and youth.

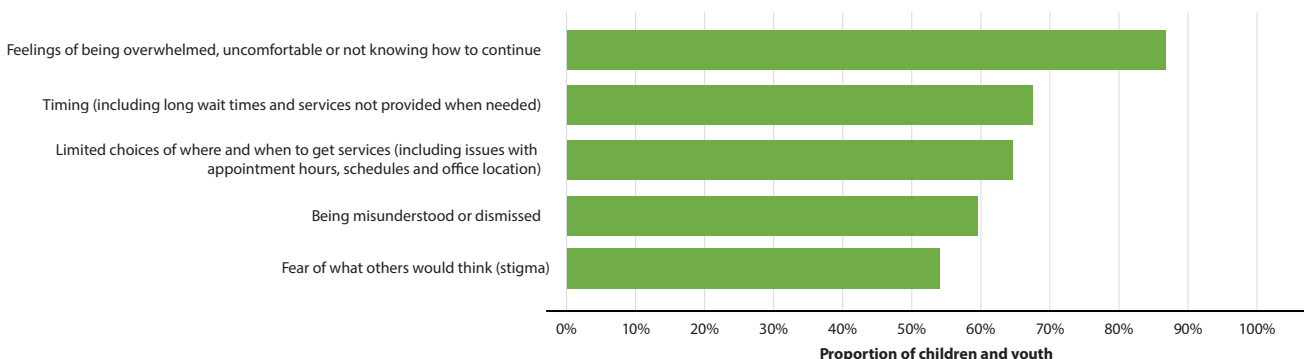
Access to community-based services for children and youth differed by gender. About half of the boys and young men with self-reported early needs were able to access the services compared with more than 60% of girls and young women and 80% of transgender and non-binary children and youth. While these findings suggest that transgender and non-binary children and youth are more likely to receive access to early intervention services, it should be noted that transgender youth face significant health disparities and poor mental health outcomes related to depression, self-harm and suicide (Reisner et al. 2015; Veale et al. 2017).

FIGURE 1. Proportion of children and youth with self-reported early needs who accessed MHSU services, by jurisdiction, 2022



MHSU = mental health and substance use.

FIGURE 2. Top five barriers reported by children and youth to accessing MHSU services, 2022



MHSU = mental health and substance use.

Two out of five Canadians who needed support navigating MHSU services said they always or usually had it

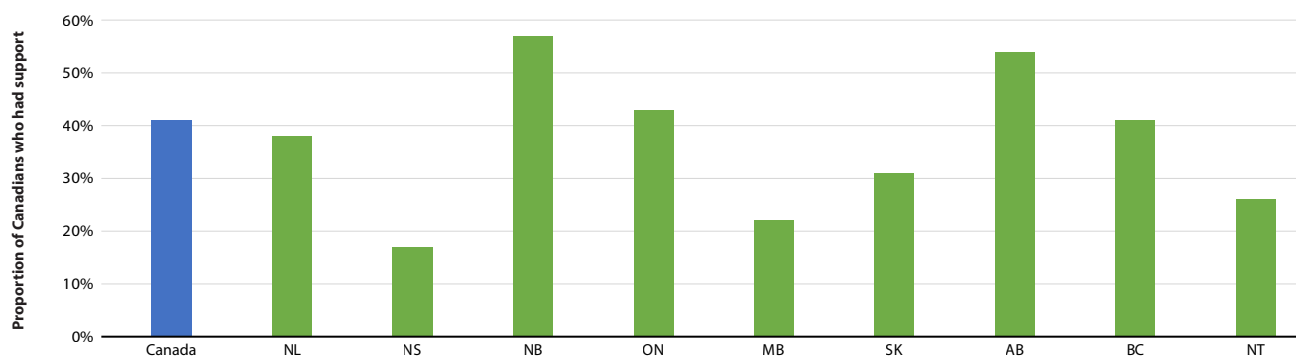
A higher proportion of people who have support while navigating MHSU services may indicate that Canadians are efficiently and effectively receiving the care that they need. The Navigation of Mental Health and Substance Use Services indicator helps to fill an important data gap by measuring the proportion of individuals aged 15 years and older who said that once they accessed services, they had the support they needed when moving between formal MHSU services. Having support

meant receiving the guidance, assistance or resources needed to navigate MHSU services from a professional.

The 2022 results (CIHI 2022a) from this indicator show that two out of five Canadians said that they had support navigating MHSU services. Figure 3 shows how the reported availability of support varies by Canadian jurisdiction.

Fewer transgender and non-binary individuals, individuals with less than high-school education and individuals from lower-income families said that they had support to navigate the MHSU services compared with their peers.

FIGURE 3. Proportion of Canadians who responded that they always or usually had support navigating within or between MHSU services, by jurisdiction, 2022



MHSU = mental health and substance use.

Additional support is needed to navigate MHSU services

Through the Navigation of Mental Health and Substance Use Services indicator, 29% of Canadians responded that they rarely or never had the support needed to navigate within and between MHSU services. This highlights the complexity of referrals or hand-offs between services and demonstrates the importance of effectively communicating about available services.

Survey respondents who did not always have support would have benefitted from additional help. For 48% of respondents, more choices of where, when and how services were provided was something that would have made a difference in their care. Scheduling support and communication from and between providers were highlighted by 40% of the respondents. Lack of financial support was also noted to be a barrier, which is consistent with past reports showing that Canadians of all ages with an MHSU disorder could not afford the financial cost of obtaining mental health services (Slaunwhite 2015).

Moving forward

The aforementioned indicators were the final two to be developed in a suite of six that were selected to tell the story of access to MHSU services from different points of view (all available in “Your Health System: In Brief”) (CIHI 2022c) as part of the Shared Health Priorities work. Over time, they will tell a clearer story about access to MHSU care across the country, identify where there are gaps in services and help make meaningful changes to improve the experiences of Canadian patients and their families. CIHI will continue to update the indicator results and work with provincial and territorial governments and other pan-Canadian health organization partners to refine the indicators, improve data coverage and support indicator uptake and use.

CIHI will also continue to facilitate conversations and support researchers and health partners when using indicator results. By reporting and monitoring results, decision makers can better understand where to focus improvement efforts that will allow Canadians to access the services they need. **HQ**

Note

1. The federal government agreed to an asymmetrical arrangement with Quebec, distinct from the agreement referenced here.

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