A message from the Guest Editor

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I would like to begin by thanking the College for the privilege to be a Guest Editor for an edition dedicated to mental health. The prevalence of psychiatric and addiction disorders is increasing worldwide, and it has implications on the health services across Canada.

As the main theme, I chose studies related to the Resident Assessment Instrument–Mental Health (RAI-MH), a significant driver in mental health practice and quality evaluation. I spent many years with others in the development of the RAI-MH, and it is exciting to see the diversity of outcomes of the RAI-MH system in the articles in this edition.

The RAI-MH was built on strong partnerships that started with the Joint Policy and Planning Committee work linking InterRAI, the Ontario Hospital Association, and the Ontario Ministry of Health and Long Term Care. Now the Canadian Institute for Health Information plays a major national role in supporting the implementation and ongoing use of the RAI-MH. Canada played a lead role in developing the RAI-MH, but InterRAI’s international scope (www.interrai.org) has allowed mental health researchers from around the world to focus on mental health in traditional psychiatric settings (inpatient and community mental health) as well as in non-mental health settings. The first instrument in mental health developed by InterRAI was the RAI-MH.

The InterRAI mental health instruments provide a multi-sector standardized assessment language that can be used to support integrated mental health services across the life course. The series of articles in this edition show how InterRAI continues to expand its mental health instruments and their applications with instruments for screening by police, emergency intake in hospitals or mobile crisis teams, community mental health services, and child and youth mental health.

Neufeld et al. described characteristics of rural and urban home care recipients with a hospital or emergency department visit for suicide attempts in Ontario, Canada. Factors that increase or decrease risks of emergent care are identified. This research builds on a growing need for health leaders to ensure that home care providers have appropriate training and resources to assess and respond to potential risk of suicide among frail elders.

Pizzingrilli showed the development, implementation, and outcomes of a collaborative protocol between the Niagara Health System and the Niagara Regional Police Service that resulted in a 57% reduction in police wait times in the emergency department. Six critical success factors contributed to the outcomes that were achieved and are detailed for those organizations interested in engaging in a similar change initiative. Use of complementary InterRAI systems helped to facilitate this partnership.

Inpatient psychiatry plays a key role in the delivery of services. Patient safety issues and utilization review approaches are key in advancing the quality agenda. In this edition, authors described their studies related to these matters. Mah et al. studied the prevalence of Control Intervention (CI) use in adult in-patient psychiatric units in Ontario and developed a profile of those patients who had CI use. The CI types included mechanical/physical, chairs that prevent rising, acute control medications, and seclusion. The profiles of patients with CI use included an examination of sociodemographic, mental health service use, and mental health clinical characteristics.

Little et al. studied the characteristics associated with Alternate Level of Care (ALC) status in mental health in-patient units across Ontario. Using assessment information from the RAI-MH, the prevalence of ALC episodes, resource utilization associated with ALC, and demographic and diagnostic characteristics of ALC patients were examined.

Within the psychiatric specialties, the InterRAI tools have been helpful in children services and forensic settings. Stewart’s study demonstrated the use of the InterRAI assessment instruments to examine mental health symptoms in children and adults within residential and in-patient care settings. Regardless of service setting, children exhibited more harm to self and others than adults. Children in adult in-patient beds were more likely to exhibit suicide and self-harm and less likely to exhibit harm to others compared to children in child-specific service settings.
Mathias conducted a study related to gender-based analysis, which provided insight into these effects on mental health, and it can provide evidence to inform policy and practice to meet these gender-specific needs among persons in forensic mental health settings.

The recovery movement and engagement of care recipients are key components in a progressive mental health system. InterRAI Mental Health tools could also help facilitate the recovery process. Martin’s study engaged persons with mental illness to understand how health information could empower them. Participants reported wanting information on diagnoses, medications, symptoms, and strengths as well as clinician notes and rationale. The RAI-Mental Health assessment contains this information and is mandated in in-patient psychiatry in Ontario. Its findings could be summarized and shared with individuals to promote and facilitate shared decision-making.

Tempier et al. addressed the limited amount of research suggesting that cultural and linguistic variables may affect access to health services, by specifically looking at access of French-speaking Canadians to psychiatrists. The study used data from the Ontario Mental Health Reporting System to examine patterns of daily contact with psychiatrists in the first 3 days of admission to mental health facilities in Ontario. The results showed that after controlling for a broad range of covariates, French-speaking Ontarians were about one-third as likely to have daily contact with psychiatrists in that time period compared with English-speaking patients.

Approaches to mental health in the workplace play key roles in a healthy work environment and in enhancing productivity. Christie, in the ethics column in this edition, addresses the Drug Free Workplaces Program, evidence-based issues, and ethical implications.

Canadians with mental health needs would benefit from provinces adopting the full suite of mental health instruments developed by InterRAI because they would support an integrated approach to mental health service provision independent of the person’s age or care setting. InterRAI mental health instruments are designed first and foremost as clinical tools to identify and respond to the strengths, preferences, and needs of persons with mental illness. More needs to be done to support implementation of these instruments in a way that facilitates their day-to-day use in clinical practice. The data based on the RAI-MH have improved the evidence-base available to help us understand and improve mental health services in Canada. The InterRAI systems will help advance the quality and patient safety agenda.

Finally, I offer special recognition to John P. Hirdes, Professor, and Ontario Home Care Research and Knowledge Exchange Chair at the University of Waterloo for his ongoing commitment in Canada and internationally in facilitating the development of InterRAI and for his outstanding contributions to academic activities that help inform clinical practice and system issues.