Virtual Care for Mental Health

Information to help you complete your Virtual Care Business Case

About this work

OTN has created a business case template and a collection of pre-populated business case modules demonstrating how virtual care supports different patient population needs.

How to use this document

This document was designed to support the development of a virtual-care business case for mental health. You can use parts of this document to enhance your existing business case or use OTN’s template to create one in its entirety.

The following information is contained in this document and includes areas where OTN can work with your organization to complete:

✓ Background & Problem Definition

✓ Objectives & Outcomes

✓ Alignment with Health System Priorities

✓ Model of Care Options

As you consider virtual care options for this patient population, it’s important to include information specific to your organization, such as strategic fit, analysis of options, outcome realization, assessment of capacity and ability, stakeholder analysis, costs, risk analysis and other analyses to develop a recommendation and high-level implementation plan as part of your business case.

Looking for information for a different patient population?

To access other modules, or the template please click one of the links below:

* [Virtual Care Business Case Template](https://otn.ca/wp-content/uploads/2020/01/Virtual-Care-Business-Case-Template_Final.docx)
* Palliative Care
* [Substance Use Disorder](https://otn.ca/wp-content/uploads/2020/01/VCBC_Module_MH_SUD_Final.docx)
* Internet-based Cognitive Behavioural Therapy (iCBT)

## 1.1 - Background & Problem Description

The World Health Organization (WHO) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”[[1]](#endnote-2)

Poor mental health can impact quality of life[[2]](#endnote-3) and lead to mental illness and risk-taking behaviours, including substance use disorders and addictions.[[3]](#endnote-4) Here are some examples of how mental illness affects Canadians:

* One in five Canadians are affected by mental illness annually.[[4]](#endnote-5)
* The burden of mental illness and addictions in Ontario is more than 1.5 times that of all cancers.4
* Readmissions are sometimes unavoidable; however, some patients readmitted to a hospital for a mental illness or addiction may not have had access or transitioned to the care and support they needed. Readmission rates varied between Ontario’s regions, and ranged from 7.4% to 9.8% in 2018[[5]](#endnote-6).

Access to mental health services is challenging due to insufficient or inefficient use of resources, geography and stigma. Wait lists for treatment are lengthy. Effective and cost-efficient virtual-care solutions are increasingly a viable option to help improve the health and mental health well-being of Ontarians.

*For more information related to your local region, you can access Health Quality Ontario’s* [*System Performance statistics here.*](https://www.hqontario.ca/System-Performance)

*If your organization is part of an OHT, re-use the OHT application form ‘Section 1.2 - Who will you focus on in Year 1?’*

## 1.2 – Objectives and Outcomes

Changes in regulations and policies, patient access to information and the expanding use of virtual care has led to an increased focused on the patient experience. The Institute for Healthcare Improvement (IHI) has created the Triple Aim: Experience of Care (improve patient outcomes); Per Capita Costs (reduce costs); and Population Health (better outcomes). in an approach to optimize health system performance.[[6]](#endnote-7) To build upon IHI’s Triple Aim, a Quadruple Aim is often looked to as the standard to rate different virtual care models, with the additional objective of Improved Clinician Experience.[[7]](#endnote-8) Outcomes aligned with each of these objectives are detailed below:

|  |  |
| --- | --- |
| **Objectives** | **Outcomes** |
| Better Outcomes | * Improved ability to better manage and reduce symptoms of anxiety and depression [[8]](#endnote-9),[[9]](#endnote-10)
* Enhanced ability to manage and gain control of mental health issues9,[[10]](#endnote-11),[[11]](#endnote-12)
 |
| Reduced Costs | * Mitigate/prevent acute care visits[[12]](#endnote-13),[[13]](#endnote-14),8
* Reduction of ambulance and ED costs[[14]](#endnote-15),[[15]](#endnote-16)
 |
| Improve Clinician Experience | * Shared decision making9,18
* Improved therapeutic alliances9,[[16]](#endnote-17)
 |
| Improve Patient Experience | * Reduced wait and call-back times9,11,[[17]](#endnote-18)
* Easier access to services and access to a wider variety of services9,[[18]](#endnote-19),[[19]](#endnote-20),[[20]](#endnote-21)
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## 1.3 - Alignment with Health System Priorities

Mental health is a focus of governments and various health systems across the country. Ontario’s Ministry of Health has identified mental health one of its focus areas. Not only has a Mental Health and Addictions Centre of Excellence been approved and an Associate Minister of Mental Health and Addictions role created, but Ontario has also allocated $174 million for mental health and addictions care in the 2019/2020 provincial budget. This initial funding is part of a $3.8-billion investment over the next 10 years to develop and implement a comprehensive and connected mental health and addictions strategy.

Additionally, in accordance with the Mental Health Commission of Canada’s (MHCC) Canadian Mental Health Strategy, all Canadians must have equitable and timely access to evidence-based treatments.[[21]](#endnote-22) Virtual care has been demonstrated to be a mechanism to deliver more accessible and effective mental health care.[[22]](#endnote-23) The MHCC supports the advancement of virtual care or e-mental health care in Canada, as well, stating that “existing and evolving technologies have tremendous potential to transform the mental health system and positively change how resources and care are developed, delivered, and received.”[[23]](#endnote-24)

Virtual care also aligns with various “stepped care” models, which are becoming increasingly popular for their ability to empower patients to actively participate in care options and receive a seamless transition from one mental health service to another, as needed.[[24]](#endnote-25) The stepped care model is based on an initial assessment, during which the client and clinician agree on the lowest intensity intervention warranted. Care is later stepped up or down depending on client needs or preferences based on outcome monitoring.24 Virtual care enables stepped care models to be implemented quickly and effectively, as an array of accessible programs is essential for the success of stepped care.24 The Government of Ontario is currently working on a stepped care model for access to mental health services. Other Canadian provinces have already begun to implement stepped care models—Newfoundland and Labrador’s Stepped Care 2.0 model:24

## 2.1.1 – Model of Care Options

*Interested in learning about real-world virtual care models implemented locally? Check out* [*OTN’s Virtual Care Program Profiles*](https://otn.ca/virtual-care-in-action-archives/?cat=evidence-virtual-care)*.*

| **#** | **Model Name** | **Model Description** | **Technologies** | **Objectives** |
| --- | --- | --- | --- | --- |
| ***Better Outcomes*** | ***Reduce Costs*** | ***Improved Patient Experience*** | ***Improved Clinician Experience*** |
| 1 | Video Visits | Deliver real-time client mental health care via secure videoconferencing | Videoconferencing | ✔[[25]](#endnote-26) | ✔[[26]](#endnote-27),[[27]](#endnote-28) | ✔[[28]](#endnote-29) | ✔[[29]](#endnote-30) |
| 2 | eLearning | Access of educational material through virtual means (web-based, phone app) | Web-browsing devices (phone, tablet, computer) |  |  | ✔[[30]](#endnote-31),[[31]](#endnote-32) |  |
| 3 | Digital self-management | Automated support to facilitate symptom management, mood regulation, medication adherence | Web-based(app, computer) | ✔[[32]](#endnote-33) |  | ✔[[33]](#endnote-34) | ✔[[34]](#endnote-35) |
| 4 | Remote Patient Monitoring / Telepsychiatry | Video-enabled mental-health assessments for diagnostic clarification and treatment planning with a clinician. RPM supports monitoring, symptom support, health education, referrals to community resources, and collaborative care planning. | VideoconferencingSymptom monitoring devices | ✔[[35]](#endnote-36),[[36]](#endnote-37) | ✔[[37]](#endnote-38),[[38]](#endnote-39) | ✔[[39]](#endnote-40),[[40]](#endnote-41) | ✔[[41]](#endnote-42) |
| 5 | Electronic screening and decision support tools | Promotion of mental-health assessments and collaborative treatment decisions | Electronic Assessment (mobile, web) | ✔[[42]](#endnote-43),[[43]](#endnote-44) |  |  | ✔[[44]](#endnote-45) |
| 6 | Peer-to-Peer Support Groups | Connects patients with others who are in similar situations; can also include clinical moderation.  | Web-based(app, computer) | ✔[[45]](#endnote-46),[[46]](#endnote-47),[[47]](#endnote-48) |  | ✔[[48]](#endnote-49),[[49]](#endnote-50),[[50]](#endnote-51) | ✔[[51]](#endnote-52) |
| 7 | Conversational AI | Use of a chatbot that resembles an instant-messaging service. Offers evidence-based CBT tools, or motivational interviewing techniques. | Chatbots over secure messaging (text) | ✔[[52]](#endnote-53) |  | ✔[[53]](#endnote-54),[[54]](#endnote-55) |  |
| 8 | Motivational Interviewing | Blend of patient-centered and coaching strategies, combined with understanding of what triggers behavior change over video or audio | Video / Audio Conferencing | ✔[[55]](#endnote-56),[[56]](#endnote-57),[[57]](#endnote-58) |  | ✔[[58]](#endnote-59) |  |
| 9 | Guided iCBT | Patient communicates with a regulated health care professional while undergoing internet-based CBT | Web-based(app, computer) | ✔[[59]](#endnote-60) | ✔59 | ✔[[60]](#endnote-61) | ✔59 |
| 10 | Unguided iCBT | Patient is not supported by a regulated health care professional, and instead accesses modules in a self-directed model | Web-based(app, computer) | ✔[[61]](#endnote-62) | ✔59 | ✔[[62]](#endnote-63) |  |

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