Scribe : Aderonke Akande

Lots of data from different sources – can all help us through the City of Toronto

Goals – measure more, find out what works; focus on a few things and do them well

Data in TPH

– how data on popn health can support service provision – interventions and policies

* Measure mental wellbeing
* Measure prevalence of Mental illness
* Measures substance use
* Focus – upstream approach – freedom from violence & discrimination

Paul – Psychiatrist at CAMH

– lens on MH system – calling it a system is a misnomers – gaps, duplication

Data mirrors this – reflect historical legacy of neglect

ISIS looks at this – e.g. increase rates of cardiac death for ppl with schizophrenia

Need to have conversation about what data can do for us – e.g. involvement of police officers in MH care & access

How do we use data better?

Question # 1: What key types of data sources and indicators are you aware of in your mental health work currently?

• What are some positive and negative attributes of these data?

• Discuss limitations with data sources and indicator definitions

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| **Existing types & Attributes** | **Limitations** |

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| **Housing, homelessness – keep details case notes** | **We have data on mental illness - How do we measure,**  **how do we valid,**  **how do we measure the same way across a system** |
|  | **Ppl hit a wall because they go where they are told to go but get no help** |
| **Universal approach to collecting data;**  **Collection of social determinants of health** | **Challenge is to confront this issues that the data presents** |
| **Admin data – service user access**  **Who the patients are?** | **Privacy – how can ppl share their data so that they don't have to rehash story**  **Response rates differ; marginalized communities are underrepresented** |
| **Some say lots of access to qualitative data / some say quantitative** |  |
| **Intersectional data** |  |

Question # 2: What are the data gaps in mental health?

• List any specific indicators you feel are lacking

• Describe the issues that prevent you from accessing and/or collecting those data

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| **What's lacking?** | **Barriers to access or collection** |

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| **Ways of addressing data privacy concern** |  |
| **Valid constructs and ways to collect positive MH indicators e.g. sense of belonging,** |  |
| **Level of MH issues of different types doesn’t currently exists** |  |
| **Burden of MH on health care system e.g. Cost to family doctors, MH care waiting lists** |  |
| **Common definition of data – there are different perspectives depending on where you are coming from e.g. police talk about stats from officers** |  |
| **Complex, multi-factor needs from individuals** |  |
| **Data siloes** |  |
| **TPS – data collection to defend or justify time spent but don’t really use data to inform the way for system to respond – e.g. apprehend to take someone**  **How can we intervene soon enough** |  |
| **Leverage non traditional actors to respond – e.g. faith- based comm** |  |
| **Using wait time date to inform investments** |  |
| **Tools with good psychometric qualities but is not off-putting for ppl** |  |

Question # 3: How can data be used to build City-wide mental health and wellbeing?

• Describe examples of 'data to action' that have worked in the past

• Consider concrete ways to incorporate quality mental health data into as policy development, programs and services

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| **Big, Radical Game-Changing Ideas** | **Practical, Just Do-It Ideas** |

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| **Educate leaders on meaning and relevance of the data – so that evidence- based approaches can be better used (not just at a crisis)** | **Better tracking** |
| **Empower the community so that they can become champions for change – give the community the tools to collect data and what they consider most important** |  |
| **Building relevant data and data collection capacity into community level responses** |  |
| **Change the funding cycle to enable better response** | **Standardized methods of data collection and tracking** |
| **Convening nbhd tables to hash out issues, needs, etc.** |  |
| **Executive dashboard on MH – available to right ppl at right level** |  |
| **Leverage Vancouver successes on opiod strategy** |  |
| **Stop hiding behind** |  |
| **Use AI to establish predictive factors for MH so that we can intervene early on** |  |
| **Appropriateness of individuals for certain services using AI** | **How can we use data to hold ppl accountable e.g. transparency may be part of it; if they need to show what they are doing the governance and accountability is stronger** |
| **Looking at mental wellness – how do we measure thriving healthy** | **How can we work around the artificial barriers of what can and cannot be shared** |
| **How do we track the social connectedness and use in concert within mental health** | **Use a heat map approach to id what we need and where it should be focus** |
| **Leveraging existing expertise rather than building net new** | **Have data sources informed by the ppl that are using the services** |
| **One window access – think of NYC model** | **Can we make MH data that is going to health care providers can be available to patients** |
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How do we move forward? (3 key learnings or practical solutions)

Action (summary statement of our “gold star” recommendation):

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| **Core Concept and Outcomes** |  |
| **Key Elements/Outputs** |  |
| **Key Stakeholders** |  |
| **Next Steps** |  |