We usually start our *Healthcare Quarterly* (*HQ*) editorial with reflections on the current landscape in healthcare and what is top of mind for healthcare leaders. In this issue, we are instead starting with two welcomes and a fond farewell. Our first welcome is for Richard Lewanczuk as our new co-editor-in-chief alongside Anne Wojtak. Richard is the senior medical director of Health System Integration for Alberta Health Services and was previously the senior medical director of Primary Care for the same organization. He is also a professor emeritus in the Department of Medicine at the University of Alberta where he continues to co-chair the Social Determinants of Health Working Group. Our second welcome is for Ruby Brown who is a special guest editor for our theme on mental health (Brown and Wojtak 2024). Ruby has led health systems across several provinces and territories, with an unrelenting commitment to improve the state of mental health. She believes that the key to tackling the complexity of mental health and substance use lies in our ability to maintain consistent and steadfast cooperation across all segments of society. By sharing knowledge, we can gain deeper insights into national and global proceedings, which, in turn, enlighten and obligate us all to implement approaches essential for the greater well-being of Canadians. We are excited to have both of these wonderful leaders join our editorial team.

Our fond farewell is to Neil Stuart, the outgoing co-editor-in-chief. We are incredibly grateful to Neil for stepping in on an interim basis while we completed our cross-Canada search for a permanent co-editor-in-chief. We have been so very fortunate to have had Neil's deep health system leadership experience at the helm for these past two years. We will miss him but look forward to working with him from time to time while he moves ahead with his well-deserved retirement. On behalf of the Longwoods community, Neil, thank you for sharing your time, expertise and insights with us.

With this edition of *HQ*, we are pleased to introduce a special focus on mental health. Last year, we considered how the rising rates of mental health and substance use in our society impacted a health system still reverberating from the effects of a global pandemic. Our idea was to put out a call for papers that highlight leading examples of jurisdictions and organizations across the country that are finding ways to address this *parallel pandemic*. We were thrilled with the level of response and breadth of topics ranging from youth mental health, dementia, substance use and forensic mental health to workplace wellness and policy development.

Special Focus on Mental Health and Substance Use

We launch the series with an introduction highlighting some big topics related to the mental health impact of the COVID-19 pandemic on the healthcare workforce, the launch of a national suicide crisis hotline, peer-led approaches to support and treatment of people with complex concurrent disorders. Through this series, we hope to provoke conversation on key issues from policy to practice. We also welcome new submissions that profile emerging work and new ideas in addressing mental health concerns.

As many readers will attest, one of the most devastating residual impacts of the COVID-19 pandemic has been its effects on our healthcare workforce. Cooper and Major (2024) provide insights into four years of data collected by Mental Health Research Canada on the changing mental health of Canadians and, more specifically, front-line healthcare workers. The data are not unexpected and show that selective populations continue to be disproportionately affected by the pandemic. The additional value of the data is in helping point to opportunities to focus our support where it is most needed, including promoting psychological health and safety in our workplaces.

In response to increasing concerns, in November 2023, the federal government supported the launch of a national 9-8-8 suicide hotline aligned with a public mental health approach to suicide prevention. While it is still early days for this initiative, Crawford et al. (2024) describe their use of the RE-AIM [reach, effectiveness, adoption, implementation and maintenance] framework to assess the emerging impacts of 9-8-8, including volume of calls, outcomes, range of partnerships, consistency of practice and sustainability. The authors also outline the future directions and intention to address inequities in access to suicide prevention supports. The breadth of collaboration and nationwide commitment to ensure the success of 9-8-8 offers much-needed hope for many Canadians.

While peer support has long been a component of recovery communities, research over the past decade has conclusively highlighted its benefits. National organizations with a role in mental health and substance use have frameworks, standards, guidelines and certifications to support their implementation. However, the adoption of peer support services across the health system in Canada remains slow and inconsistent. VanEvery et al. (2024) illustrate how peer support can be an indispensable, cost-effective and essential approach for enhancing recovery. The authors discuss strategies for leaders to integrate peer support into their organizations effectively. Their findings underscore the importance of peer support as a means to address pressure points in the health, social and justice sectors and emphasize the inclusion of peer support providers as valued team members.

Lemsky and Godden (2024) augment our understanding of cognitive impairment from traumatic brain injury and its correlation with mental health and substance use disorders. They thoughtfully offer four practical recommendations for implementation that may improve long-term outcomes for clients and may also equip care providers with more compassionate and effective ways to address some of the most challenging behaviours. Of note is the simplicity and

cost-effectiveness of screening and training direct service providers. This article highlights the need for a more concerted effort by leadership to integrate care through cross-sector collaboration and to establish supporting structures and effectively administer behavioural interventions. Given that up to 75% of individuals in the concurrent disorder programs have experienced a traumatic brain injury, the use of screening tools is becoming more prevalent. Unfortunately, their frequency of use and integration into routine practice vary across organizations hindering early detection and appropriate therapy.

Emerging Perspectives on Quality Improvement

There is widespread agreement that having patients more involved in care planning and care decisions represents a positive shift in healthcare; however, it is easy to get mired in the array of terms and frameworks used to describe different levels of partnership and engagement. In her latest column, Thompson (2024) urges us toward a higher level of maturity in how we work with patients and caregivers to co-create health system transformation. This includes sharing five conditions for success in achieving change at scale, in any jurisdiction. Readers will no doubt be inspired by the compelling case studies and Leslee's practical advice for embracing co-creation in their own contexts.

Organizational Self-Assessment: Tools and Processes

The First Nations Health Authority (FNHA) in British Columbia is a First Nations-led organization that supports health and wellness to over 200 diverse First Nations communities. Edmundson et al. (2024) share the processes created to assess the FNHA against the Health Standards Organization's (HSO's) British Columbia Cultural Safety and Humility Standard. Time and resource allocation, as well as providing space for the ceremony, are cited as necessary success factors. Although the 92 HSO standards are constant, the methodology relating to measurement against the standards was varied and adapted to ensure that community voices drove the process and outcomes. The work is a wonderful example of self-assessment with humility and openness to new insights.

New Models of Care Delivery

Like many western nations, Canada has an aging society and a growing number of seniors who wish to remain living independently. This situation is giving rise to more naturally occurring retirement communities (NORCs) within neighbourhoods or buildings that have a higher concentration of older residents. Meschino et al. (2024) describe a new program in Canada's largest city aimed at improving overall health, socialization, physical activity and wellness within NORC populations by supporting residents to self-mobilize for health. This program, launched by University Health Network's Open Lab, helps us understand how communities can better support healthy aging in place.

Caring for Complex Older Adults

Shifting population demographics are often cited as a key contributor to the healthcare crisis, with older adults representing a rising proportion of the population and placing increasing pressure on our health systems. However, Chalk et al. (2024) also demonstrate a concerning increase in multimorbidity of the aging population regardless of the age cohort. In the Southlake Regional Health Centre of Ontario, these demographic changes led to challenges in care coordination, polypharmacy, healthcare costs and post-acute care. The comprehensive approach taken by the hospital included using data to optimize in-patient flow, develop post-hospital community supports and establish an upstream community-focused aging well program. They have been generous in sharing their lessons learned and several of their innovative approaches have been adopted in other parts of Ontario.

Emerging Leadership Models

Discussions about and programs to support team resilience are becoming more common as we come out of the COVID-19 era. While such programs focus on teams and carers, it is often presumed that the leaders of those teams are immune to moral stresses and have intrinsic resilience. The article by Yoon et al. (2024) presents a program designed to support resilience in leaders, as well as to provide them with the tools to build resilience in their teams. The Team Resilience Initiative acknowledged the challenges faced by leaders and leveraged solution-focused communication as a methodological framework through which to address team resilience. Additional tools and methodology enabled leaders and their teams to build resilience through self-reflection and open, psychologically safe conversations, leading to a participatory leadership model. Quoting the participants involved in the program, "We must take good care of ourselves to continue to take good care of others" (Yoon et al. 2024: 77).

Quarterly Columns

The theme of crisis and perception versus data is highlighted in the ICES report as it was in the article by Chalk et al. (2024). Using physician well-being as a topic for investigation, the ICES team used a unique data linkage tool, HELP-MD, to examine longitudinal health indicators and health service use for over 45,000 physicians in Ontario (Myran et al. 2024). As per perception, it appears that physicians may be subordinating their medical wellness but requiring significantly more mental health supports. The data breakdown is particularly helpful in identifying those groups at most risk.

In keeping with an ongoing theme in this issue, the Canadian Institute for Health Information (CIHI) once again highlights the value of data (Kildyushov et al. 2024). With a particular focus on pre-COVID-19 and post-COVID-19 pandemic performance, many of the CIHI-reported metrics have shown a slight, but notable, deterioration in performance, including wait times for hip and knee replacement, radiation therapy, hip fracture repair, cancer surgery and diagnostic imaging. The authors note that in many cases, while absolute procedure numbers have increased, relative performance has decreased, likely due to population growth and aging, as well as resource constraints in the surgical workforce and hospital bed capacity.

In his latest column, Seeman (2024) shares some very personal reflections on the final weeks of his mother's life. Mary V. Seeman (MD, DSc, OC, FRCPC) had dedicated her life to improving women's mental health and tackling stigma. Her curiosity, empathy and passion for science stayed with her, even in her final days. She deliberately chose not to disclose her medical background to the hospital team and opted to use her time to document her observations of patient-medical interactions. With her son's assistance, she classified different members of her healthcare team into archetypes of caregiving. Her profound insights and wisdom transcend her passing and will be meaningful to any healthcare provider who aspires to deliver more holistic, respectful and personalized care. This is a moving tribute to a remarkable woman of science. HQ

– Anne Wojtak and Richard Lewanczuk

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