

Emerging from the worst global pandemic in a century, we now face significant new threats and uncertainty through worldwide political upheaval. As Canadians, we have become acutely aware of what it means to have highly interdependent relationships threatened by an innate imbalance of power. The situation is making us reflect on what lies within our locus of control and how to build more resiliency into our society and our systems. This conversation is as relevant to healthcare as it is to virtually every aspect of our economy and society.

As co-editors for *Healthcare Quarterly* (HQ), we have been considering how we can support shared learning about resiliency and leading through these times of volatility, uncertainty, complexity and ambiguity. As a start, we urge leaders to reject the inclination to retreat to the perceived safety of traditional silos while waiting for signs of stability to return. Instead, and perhaps paradoxically, we believe in shifting to even higher levels of interdependence, creating deeper connections across a wider range of partners who share our vision, with the goal of achieving radical co-reliance and collaboration. High-functioning integrated networks promote resilience and distribute strength, similar to a web that holds together even if one or two links are broken.

This imperative for achieving deeper levels of connection has led us to introduce a new theme on integrated care. We are pleased to have the support of our colleagues from the International Foundation for Integrated Care (IFIC) Canada. IFIC Canada has taken a leadership role in advancing our understanding of how and why healthcare systems around the world are turning toward integrated care to reimagine and redefine how healthcare is organized and delivered. We recently spoke with IFIC Canada's co-founders, Jodeme Goldhar and Walter Wodchis, about the work they are doing and its potential impact (Wojtak and Lewanczuk 2025). This enlightening conversation launches a series of articles and case studies highlighting Canadian examples of integrated care.

Also in this edition, we continue the focus on mental health with a series of papers focused on mental health in the justice system. There are also articles centred on the themes of collaborative service planning, innovation, quality improvement and a unique approach to palliative care support. These contributed articles are followed up by our regular columns from the Canadian Institute for Health Information (CIHI), ICES and Neil Seeman.

Mental Health and the Justice System

As a society, we are seeing increasingly visible signs of the lack of support for individuals with serious mental health conditions, including homeless encampments and public substance use. Yet, there is substantial division among policy makers and health leaders about how to best address the issue.

Czucar (2025) provides insights into fundamental questions about the causes and solutions, including the legal realities within our psychiatric system, healthcare and shelter under-resourcing and the serious stigma and biases that define the experience of people in the system.

Complementing Czucar's insights is Szigeti's (2025) paper, "Issues in Mental Health Law for Health Leaders"; together they provide a compulsory understanding of forensics mental health, mental health law and justice – applicable to the health system and relevant to its leaders. Szigeti offers a powerful and insightful view of the forensic psychiatric system based on her extensive experience as a mental health justice litigator. Among other facts, she brings to light the unsettling reality that the difference between one individual being criminalized and "forensicized" versus another receiving care through the civil mental health system often comes down to pure happenstance. The health system plays a role in this outcome, first by contributing to the confinement of the individual within forensic mental health due to a lack of access to timely, preventative treatment.

Judge Renée Cochard shares her journey to establish mental health courts in Alberta, made possible through collective action and a timely political opportunity (Brown and Wojtak 2025). Despite working within the structured confines of the law, she shows that even in rule-bound environments and institutions, there are opportunities to prioritize the person at the centre of the process, considering their unique circumstances. Mental health courts, she explains, are designed to recognize the humanity of individuals, embracing a flexible approach that addresses their perceived needs.

The historical separation of forensic mental health has led to missed opportunities for the broader health system. Valuable, specialized knowledge and skills developed within forensic mental health have remained underutilized, preventing other areas of healthcare from benefiting from these insights that they may not uncover otherwise. To illustrate examples of innovation that forensic mental health services can offer, Wilkie et al. (2025) describe the model of care developed at the Centre for Addiction and Mental Health for this high-risk and high-cost tertiary service. The approach can be applied to mental healthcare in general during acute phases, and its elements can inform high-cost services elsewhere in health.

People in correctional facilities are substantially more likely to have a serious mental illness than in the general population. During periods of incarceration, individuals have access to psychiatric treatment but the transition upon release poses many barriers to accessing appropriate care, resulting in higher rates of recidivism. Researchers from the Centre for Addiction and Mental Health and the Department of Psychiatry at the University of Toronto, Jones et al. (2025), describe the

development of an innovative community service designed to fill the gap by providing mental health consultation and case management that extends into the community to support reintegration for individuals released from custody.

Integrating Care

In a recent conversation, co-founders of the IFIC Canada, Jodeme Goldhar and Walter Wodchis, shared their respective career paths and interests and how their experiences led them to understand that integration of health and social care is the key to improving population health (Wojtak and Lewanczuk 2025). They share important messages about how to enable large-scale system transformation, including a call to action for radical collaboration, reorienting our mindsets and structuring funding and performance systems to enable success.

In the latest addition to the Health Quality 5.0 series, Leslee Thompson teamed up with co-author Jodeme Goldhar to share their perspectives on advancing integrated care. Thompson and Goldhar (2025) discuss what holds us back from progress, including the pull of the status quo and how it undermines the counterforces for change, noting that our tendency to continuously pull on the same levers of change results in the perception that we are constantly changing, yet nothing is truly shifting.

Collaborative Service Planning

Health human resources shortages are widespread across the country, with access to primary care reaching crisis levels. Shemanchuk et al. (2025) share how the City of Beaumont, Alberta, has taken a creative approach to improve local healthcare by partnering with Alberta Health Services to develop a Health Services Action Plan. The plan includes a broad range of activities, from options for incentivizing physician recruitment to improving transit and increasing accessibility of social supports. While Beaumont's Health Services Action Plan is still in its early stages of implementation, the authors have identified emerging lessons from this work, including the importance of shifting mindsets, creating a shared vision, engaging the community, using population health data and cross-sector collaboration.

Innovation in Healthcare Communication

Sadly, Canada lags behind many other developed countries in its rates of organ donation. Klag et al. (2025) identify the paradox between the low rates of organ donation and the favourable public opinion in Quebec toward such. Two aspects to this paradox were identified: the failure of the public to register as organ donors as well as the family refusal of organ donation despite the registered consent of the deceased. In order to better understand these issues and to develop

corresponding communication strategies, the authors identified groups within the population who held similar beliefs and attitudes and then used personas – descriptions of imaginary individuals with a given set of characteristics – to identify barriers to organ donation and effective strategies to address these barriers.

Quality Improvement

Quality improvement is often cited as a reason for data collection in health systems. Unfortunately, the data collected is not universally made available to those in a position to make changes. May et al. (2025) showcase the Ontario Surgical Quality Improvement Network, where data are collected, shared and used at a grass-roots level – including with patients – to effect change. This network exemplifies a system that shares a common vision, has agreed-upon metrics and shares not only outcomes but also ways in which the outcomes are achieved

Offering Support and Hope

Spiritual needs are an important aspect of healthcare and transitional objects can aid in that purpose. Transitional objects are items that provide psychological or spiritual comfort, a child's favourite stuffed animal being a common example. Prayer shawls are knitted or crocheted items that incorporate prayer in their creation and to which these prayers or well-wishes are attached. The implementation, acceptance and evaluation of prayer shawls in an urban, Catholic academic healthcare centre are described in this report by Lucas et al. (2025). Results of patient and support network surveys showed that prayer shawls were widely accepted and appreciated regardless of religious denomination.

Quarterly Columns

The primary care crisis in Canada is well recognized by the public and politicians alike, but in order to find solutions to this crisis, root causes must be understood. In the article by Glazier and Green (2025) on behalf of ICES, a number of contributory demographic and workforce issues are identified. In addition, significant instances of the mismatch between need and resource – the “inverse care law” – are highlighted. As the authors state: “Canada lacks the population-based strategy, investment, supports and accountability for primary care that would establish it as a high performing health system” (p. 8).

In 2023, the federal, territorial and provincial governments agreed to work together to improve healthcare across four priority areas and to develop common indicators for these areas. The report by Latus et al. (2025) on behalf of CIHI, presents a baseline status report for three of these four priority areas at a national level. With common indicators, whose

development was led by CIHI, jurisdictions will be able to measure their progress toward the shared priorities. More importantly, the data can inform jurisdictions as to the effectiveness of the initiatives designed to achieve progress in these areas.

Over the past few decades, so much has been written about health system transformation that leaders can be forgiven for losing track of what solutions we should prioritize.

Seeman's (2025) essay tackles this challenge by sharing findings from a mixed methods review that included structured e-mail interviews with 20 diverse health system leaders who each recommended a "must-read" text for Canadian policy makers. Seeman provides us with both an essential summary of the highest priorities we must pay attention to in system transformation as well as an important reminder that gaining knowledge is only the first step in the path to action.

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