

Mental Health
and Addictions

Realizing the Vision

Better Mental Health Means Better Health

2017

Final Report of Ontario's Mental Health
& Addictions Leadership Advisory Council



Message from the Chair

As the mandate of the Mental Health and Addictions Leadership Advisory Council comes to a close, I am pleased to present our third and final report.

Susan Pigott
Chair, Mental Health and Addictions
Leadership Advisory Council

The Council was established in 2014 to provide the Minister of Health and Long-Term Care with strategic advice to fulfill the vision outlined in [Open Minds Healthy Minds](#) (2011), the government's ten year strategy to build a comprehensive mental health and addictions system in Ontario. Our recommendations over the past three years have been grounded in the principles of hope, meaning, purpose, equity and belonging, to achieve wellness and recovery. They have ranged from identifying immediate and critical service gaps in the system to recommending broader system-wide reforms such as strengthening mental health promotion, prevention and early intervention, and supporting ongoing system transformation and accountability.

We are pleased that many of our previous recommendations have been accepted, and are currently being implemented. This year, we offer our final recommendations while also highlighting the conditions we believe will be critical to success, and providing potential directions for future consideration by the ministry.

While there is still much to be done, we believe that we have set in motion strategies and service initiatives which will go a long way toward meeting the needs of Ontarians. At the same time, we have harnessed the expertise of a broad range of leaders from the field, and built effective partnerships between sector leaders and the government. In addition, we have all benefited from the advice of our two reference panels, consisting of people with lived experience and their families/caregivers, and we believe that co-design of mental health and addictions policies and practices with those who have lived experience of the system is the way of the future.

The success of the Council model also leads us to strongly recommend that the government establish a permanent body to carry on this important work. Previous advisors like the Legislative Assembly's Select Committee on Mental Health and Addictions in 2010 and the earlier Graham report in 1988 – *Building Community Support for People* – have made similar recommendations which unfortunately were not acted on. The case is even stronger today and, we believe, critical to achieving government's vision. The Council is extremely pleased that the Premier has established a Ministers' Table on Mental Wellness. This represents a critically important step toward realizing the all-of-government approach so pivotal to a high-functioning mental health and addictions system.

The people of Ontario want and deserve a mental health and addictions system that is on par with the larger healthcare system, and in line with the vision of *Open Minds Healthy Minds*: "An Ontario where every person enjoys good mental health and well-being throughout their lifetime, and where all Ontarians with mental illness or addictions can recover and participate in welcoming, supportive communities."

REALIZING THE VISION: Our Final Recommendations

Over the course of its three-year mandate, the Mental Health and Addictions Leadership Advisory Council has focused its efforts on fulfilling the four overarching objectives of Ontario’s Comprehensive Mental Health and Addictions Strategy, *Open Minds Healthy Minds*:

1. Improve mental health and well-being for all Ontarians;
2. Create healthy, resilient, inclusive communities;
3. Identify mental health and addictions problems early and intervene;
4. Provide timely, high quality, integrated, person-directed health and other human services.

We have explored the availability and quality of mental health and addictions services, and identified critical gaps in services and supports. We have focused on equity as a key pillar and marker of system effectiveness, particularly as it relates to diverse and marginalized populations, but more generally as a way to respond to the impacts of discrimination, stigma and other inequities faced by all Ontarians experiencing mental illness or addictions. We have dealt with the issue of system fragmentation, and the difficulties individuals and families face when trying to understand and access the services and supports they need in their communities. We have developed a strategy to build and fund supportive housing for people living with mental illness and addictions across Ontario, which will help provide a foundation for recovery and wellness and provide access to a fundamental social determinant of health. We have also looked at mental health and addictions services from the perspective of overall quality, and the measurement data needed to assess system performance and set performance targets.

Most importantly, we have placed people at the centre by engaging those with lived experience in the system, and their families, as integral partners in our process.

We acknowledge government’s positive response to our 2015 and 2016 recommendations, many of which are being implemented today, most notably, the development of a plan for system transformation (including core services and a data strategy) and investments in supportive housing, structured psychotherapy and youth wellness hubs. As we provide our final recommendations in this report, we also offer a set of critical conditions for success – features of the mental health and addictions system that we believe to be fundamental to its effectiveness and success now and in the future. In addition, we point to some areas that, while not fully addressed during our mandate, we believe deserve future consideration in realizing the vision of *Open Minds Healthy Minds*.

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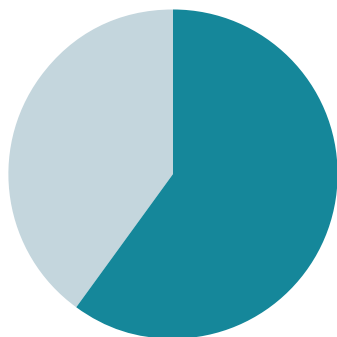
THE SYSTEM: Meeting the Needs of Ontarians

Promote, Prevent and Intervene Early

Our highest return on investment – both human and financial – lies in promoting wellness, preventing mental illness and addictions, and intervening early when problems arise.

Mental health and addictions problems affect virtually all population groups, in all social settings, and at all stages of life. The Canadian Medical Association estimates that 60% of the factors that make us ill, impact our mental health and limit recovery can be classed social determinants of health. The recent Lancet Commission on the future of psychiatry says that action to improve the social determinants of health should be a cornerstone of a modern mental health system. Therefore, effective promotion of mental wellness and prevention and early intervention in mental illness and addictions must be considered an all-of-society and all-of-government concern.

We must, as a society, work toward promoting mental wellbeing, enhancing mental health literacy, and removing the stigma associated with mental illness and addictions. The collective nature of our efforts is illustrated by the fact that the best outcomes from mental health problems arise from early intervention. Though mental health services may focus on understanding and responding to high-risk populations, early identification of problems may be as much the purview of carers, early childhood educators, teachers, post-secondary faculty, employers, or those who work with the elderly, as it is primary care physicians, nurses, psychologists and social workers.



“60% of the factors that make us ill, impact our mental health and limit recovery can be classed as social determinants of health.”

RECOMMENDATION 1

That the Ministry of Health and Long-Term Care adopt *5in5 THRIVE*, the Mental Health Promotion, Prevention and Early Intervention Action Framework, and use this as a starting point for collaboration with other ministries, governments and stakeholder organizations to build a coordinated, comprehensive and systematic approach to promotion, prevention and early intervention, and to develop public interest in population wellness.

Action Items:

- ❑ Work collaboratively across ministries to create the social conditions that allow Ontarians to thrive. Use the tools developed by the Council to understand the impacts of their decisions on the social determinants of health, and to increase the effectiveness of their policies and programs in supporting Ontario to improve wellness, decrease the risk of mental illness and addictions, and increase pathways to recovery.
- ❑ Through the new Ministers' Table on Mental Wellness, demonstrate all-of-government commitment to wellness promotion via the uptake and roll out of *5in5 THRIVE*, including the development of a strong implementation plan enacted by a provincial team with a dedicated budget.
- ❑ Implement evidence-informed early and school years programming that is focused on skill-building, identity, and belonging, and has been shown to yield a particularly high return on investment, such as parenting education and support, curriculum-embedded JK-12 social emotional learning, bullying and cyberbullying prevention.
- ❑ Enhance mental health literacy among Ontarians through public awareness initiatives that emphasize universal wellness for all, with differentiated knowledge-building for those who are particularly well-positioned to identify and support individuals with mental health problems (such as early childhood educators, primary care physicians and nurse practitioners, school staff, coaches, campus staff, faith leaders, and parents/guardians).
- ❑ Prioritize early intervention for transitional aged youth 16 to 25 by supporting and evaluating low-barrier youth-friendly programming that is designed to streamline access to assessment and evidence-informed services, and promote personal resiliency, like the Youth Wellness Hubs initiative.
- ❑ Coordinate and align efforts in suicide prevention with existing national and provincial initiatives, and leverage existing expertise, with a view to supporting communities across Ontario – with a particular focus on communities with higher suicide rates – and to collaboratively mobilize for suicide prevention, intervention and the provision of support to bereaved communities after a suicide.

Close Critical Service Gaps

In its 2016 report, the Council examined how and where resources could be most effectively applied to address critical system weaknesses in the short term, through interventions that are research-based and demonstrably effective.

These recommendations focused on expanding the structured psychotherapy program, improving the integration and accessibility of mental health and addictions services for youth, and increasing the availability of supportive housing. While ‘down payments’ have been made in these critical areas, we urge government to accelerate these investments.

Supportive housing provides affordable rents, secure tenure, and support services. For people living with mental illness or addictions, it is a stable foundation for recovery. Supportive housing is the key to achieving Ontario’s goal of ending chronic homelessness. The Council has recommended adding 3,000 units each year, with a ten-year total of 30,000 units. The 1,150 extra units which Ontario has funded are a good first step.

RECOMMENDATION 2

That the Ministry of Health and Long-Term Care continue to address chronic gaps in youth addictions, psychotherapy and supportive housing.

Action Items:

- Undertake widespread expansion of the structured psychotherapy program across the province as indicated by evidence.
- Continue the investment in supportive housing recommended by the Council in its 2016 annual report, by creating 3,000 units of supportive housing annually for 10 years. Ensure that the supportive housing created:
 - uses diverse approaches to address the needs of the different client groups and local communities;
 - gives priority in the near term to high-support housing for people with severe mental illness;
 - involves collaboration between community mental health providers, LHINs, and municipalities.
- Provide an immediate investment to sustain youth addictions and child and youth mental health services and address the critical service gaps identified in the Council’s 2016 report.
- Ensure the Youth Wellness Hubs initiative, currently consisting of up to nine Hubs, is adequately resourced, has sufficient time for implementation and is aligned with important work currently underway, aimed at improving core services, access and quality. Expand the Hubs across Ontario following the evaluation.
- Evaluate high intensity services for youth and explore new models for those with moderate to severe needs (needs that cannot be met adequately within the hub model) and build the capacity of staff in the mental health and addictions sectors to deliver these services.

Build Foundations for System Transformation

In its past recommendations, the Council identified three foundational building blocks – focused on service availability, measurement, and funding – all of which are fundamental for system transformation.

We are pleased that progress has been initiated across two of these system-wide dimensions: a core services framework is under development, as is the implementation of a data strategy. Ontarians need access to a consistent and coordinated set of mental health and addictions services – and a more consistent and seamless service experience – regardless of where they live. In order to achieve this, and to align with the transformations that have taken place in the community-based child and youth mental health sector, the Council continues to emphasize the importance of moving toward implementation of a set of core services along with standardization, streamlining and centralization of data. This will enable improved service coordination across the province – reducing gaps and inefficiencies in services, and improving transitions across services – as well as supporting better cross-sector integration.

A clear funding plan, also recommended in 2016, has yet to be developed. The Council believes that a cohesive, integrated approach to funding – coupled with high-quality data – is a fundamental underpinning of system excellence. Such a funding strategy would ensure that investments are targeted to the right people, programs and places to address the need for services based on population health and equity, and that linkages are established between quality and outcomes to reduce variations in service quality.

In this final report we identify an additional three dimensions that we believe to be critical to continued progress.

First we believe that a strong governance framework must be established to enable clear strategic direction and decision-making, strong accountability, and effective processes and mechanisms across ministries and sectors to sustain – and accelerate – mental health and addictions system transformation. We likewise urge the Ministry of Health and Long-Term Care to work with Local Health Integration Networks to ensure that all Ontarians have equitable access to mental health and addictions services. Finally, we recommend that government pursue an integrated provincial approach for youth 12-25 with mental health and addictions issues to ensure that youth across a range of intersecting identities (such as race, gender, and sexual orientation), and their families and caregivers, are supported by seamless, accessible, high quality mental health and addictions services that build positive futures for youth.



“Ontarians need access to a **consistent and coordinated** set of high quality mental health and addictions services **regardless of where they live.**”

RECOMMENDATION 3

That the Ministry of Health and Long-Term Care take action toward enhanced governance, equitable access to services, and youth policy reform as key foundations for system transformation.

Action Items:

- ❑ Implement a new governance framework that would include the following elements:
 - ❑ a cabinet committee for mental health and addictions that includes the Ministries responsible for health, child and youth services, education, community and social services, justice, corrections as well as other critical social determinants of health.
 - ❑ a permanent, legislated provincial advisory and tracking body reporting to the Minister of Health and Long-Term Care to:
 - ❑ provide strategic advice on mental health and addictions service system transformation, related implementation initiatives, the broader Strategy and other Council identified priorities;
 - ❑ promote alignment across other Ministries that impact on mental health and addictions;
 - ❑ track progress against the strategy's objectives (e.g., release annual public reports highlighting progress at the provincial level);
 - ❑ champion health equity, the social determinants of health and prevention, promotion and early intervention as deeply embedded, foundational principles.
 - ❑ a significant role for people with lived experience (PWLE), to include the following:
 - ❑ a PWLE co-chair on the provincial advisory and tracking body;
 - ❑ one third of the membership to be PWLE and Family/Caregivers;
 - ❑ use of reference panels of PWLE and Family/Caregivers as part of the framework to help ensure a client and family centred approach;
 - ❑ a youth-specific reference panel.
 - ❑ ongoing collaboration with Indigenous partners.
 - ❑ strong secretariat support and capacity within government to ensure progress on system transformation and the strategy.

RECOMMENDATION 3 Continued

Action Items:

- ❑ The Ministry of Health and Long-Term Care take on a leadership role, in partnership with the LHINs, to ensure a consistent approach to developing and implementing a coordinated access approach that will improve equitable access to mental health and addictions services for Ontarians across the province, as follows:
 - ❑ coordinated access services in each LHIN should incorporate standardized key features, principles and guidelines;
 - ❑ MOHLTC and LHINs should work closely with Ministry of Children and Youth Services (MCYS) and MCYS lead agencies to further strengthen the alignment of access services and create one access system across the lifespan;
 - ❑ the coordinated access approach should be person-centred and include linkages to the full continuum of Council recommended core services across the lifespan, and include clear and direct linkages with provincial coordinated access services such as ConnexOntario as well as primary care.
- ❑ The Ministries of Health and Long-Term Care and Children and Youth Services implement an integrated provincial policy approach for youth 12-25 with mental health and addictions issues to ensure that youth and their families/caregivers are supported by seamless, accessible, high-quality mental health and addictions services that foster strength, resilience, and hope in creating a positive future, including through the following:
 - ❑ eliminate the child and youth mental health service cut-off at 18 by extending it to 25; harmonize age restrictions in youth addictions services to 12-25;
 - ❑ implement a single set of core services for mental health and addictions for children and youth 0-25, to be delivered in a concurrent disorder capable way;
 - ❑ implement joint system planning between LHINs and Lead Agencies with a single integrated plan for mental health and addictions services for children and youth 0-25 in each region;
 - ❑ increase capacity in youth addictions services and child and youth mental health services to deliver developmentally appropriate care, optimize youth-to-adult service transitions and work together to meet the needs of youth with concurrent disorders based on provincial guidelines;
 - ❑ assess and enhance current knowledge of youth addictions and concurrent disorders and build capacity for Screening, Brief Intervention, and Referral to Treatment (SBIRT) in all youth-serving sectors, including the education sector;
 - ❑ identify transitional aged youth (16-25) as a priority population in system transformation activities.

THE APPROACH: Critical Conditions for Success

Many of the recommendations made by the Council over the past three years have spoken to the 'what' of mental health and addictions system transformation. In offering the following critical conditions for success, we focus on the 'how'—those features of the system that do not relate to a specific policy or program, but must be applied across all policies, programs and practices.

Health inequities are differences in health outcomes that are avoidable, unfair and systemically related to social inequality and marginalization. In Ontario, people belonging to certain population groups including Indigenous, immigrant, refugee, ethno-cultural and racialized groups, Francophones, low-income groups, LGBTQ individuals, and people with disabilities do not have the same opportunity as others for good mental health because of the impacts of discrimination and the social determinants of health. For the same reasons, they also experience multiple barriers to accessing services and poorer outcomes. This requires that ongoing attention be paid to the factors that cause disparities in health outcomes, and that deliberate/conscious efforts be made to eradicate them.

A system grounded in hope requires a strong commitment to and belief in the notion that people with lived experience can and do experience recovery and wellness and that people with lived experience play an essential, invaluable, and irreplaceable role at all levels of the system from service delivery to governance. To advance a truly person-centred provincial mental health and addictions system, these commitments and beliefs must cut across all areas of the provincial government, the LHINs and all service providers.

We will succeed only when our approach is equitable, accessible and accountable, serving the needs of all populations, and serving those needs across the lifespan. Our success will likewise depend on a steadfast focus on recovery and wellness as our final goal. Equally important, our future success will depend on engagement across all of government, and a commitment to making the ongoing investment necessary to ensure the excellence of the mental health and addictions system, on par with the healthcare system as a whole.



“ We will succeed only when our approach is equitable, accessible and accountable, serving the needs of all populations across the lifespan. ”

RECOMMENDATION 4

That the Ministry of Health and Long-Term Care ensure that policies, programs and practices be developed and implemented in alignment with key guiding principles for system excellence.

Action Items:

Equity

- ❑ Embed a commitment to health equity for diverse populations – including Indigenous, racialized, immigrant and refugee people, LGBTQ communities, low-income groups, Francophones and other vulnerable or marginalized populations – at all levels of the mental health and addictions system:
 - ❑ ensure that mental health and addictions governance tables champion and address health equity issues;
 - ❑ ensure ongoing and meaningful engagement and leadership of stakeholders representing Ontario’s diverse populations in mental health and addictions system governance, provincial and local health system planning and service delivery;
 - ❑ actively support the standardized collection of race-based and other socio-demographic data to identify and take action on health inequities;
 - ❑ embed explicit equity objectives into all services and activities;
 - ❑ embed equity in quality, funding and accountability frameworks and mechanisms to ensure we can effectively track and take action to reduce health inequities;
 - ❑ implement targeted and tailored health promotion, prevention and early intervention strategies to decrease exposure to risks, promote resiliency and improve pathways to care for vulnerable and marginalized populations;
 - ❑ improve access to and availability of culturally relevant services and interventions that are responsive to the unique needs of diverse populations.

RECOMMENDATION 4 Continued

Action Items:

Wellness and recovery

- ❑ Build a truly person-centred system focused on wellness and recovery by committing to meaningful collaboration and engagement with those who have lived experience, their families and their caregivers, at all stages of system transformation and at all levels of the system:
 - ❑ ensure that people with lived experience, including youth, families and caregivers, play a key role in system governance as per the Council's governance recommendation;
 - ❑ seek input and advice from people with lived experience, including youth, families and caregivers, to inform the ministry's policy development process for system transformation, including through participation in technical or advisory tables;
 - ❑ improve the quality of mental health and addictions service delivery through:
 - ❑ creating training opportunities for future and current members of the mental health and addictions workforce to learn from people with lived experience about their experiences of the system, as well as of wellness and recovery;
 - ❑ increasing the number of mental health and addictions peer support workers across Ontario in a range of settings;
 - ❑ creating peer support standards, including addressing the principle of equitable compensation.
- ❑ operationalize the commitment to a person-centred system through quality and accountability frameworks leveraging meaningful indicators that tell a clear story of the role of people with lived experience within the system.

RECOMMENDATION 4 Continued

Action Items:

Addressing the needs of Indigenous communities and populations

□ Undertake ongoing engagement with Indigenous partners to build capacity within Indigenous communities to design, develop, deliver, evaluate, and have governance over self-determined supports, and expand access to culture-based services including land-based healing, traditional healers, and interpreters.

The efficacy of this partnership model, depends on the following:

- recognize that building capacity will also require investments across the province in existing but under-resourced infrastructure that is Indigenous governed, community-based addictions and residential treatments, and healing lodges;
- ensure that the continuum of evidence-based core services developed through the ministry's mental health and addictions system transformation work responds to the needs of Indigenous populations by being culturally safe and includes tailored services in priority areas identified by Indigenous partners (i.e. family treatment, youth-specific and gender-specific services);
- address justice and child welfare practices to reduce and prevent incarceration and apprehensions and create supportive diversion and family healing models;
- use First Nations, Inuit, Métis, and urban Indigenous mental wellness models and frameworks to guide the development of programs and policies impacting Indigenous communities and populations. These could include, but are not limited, to: The First Nations Mental Wellness Continuum Framework, Honouring our Strengths Framework, and the Alianait Inuit Mental Wellness Action Plan, as well as Indigenous organization-specific frameworks/models;
- work with Indigenous communities to enhance efforts to collect and monitor Indigenous health data in a way that preserves Indigenous ownership over the data and control over how it is used;
- engage Indigenous communities early in decision-making processes so feedback can continue to meaningfully shape Strategy initiatives.

RECOMMENDATION 4 Continued

Action Items:

French language services

- ❑ Further to the 2016 Council recommendations to collect client and service language data alongside other key data to assess and reduce gaps for Francophones, the Council recommends that the Ministry support and implement the recommendations identified through the French language services engagement process in 2017 to ensure that Francophone needs are reflected and integrated into new initiatives. The initial focus should be on mapping French language human resources and service capacity, to develop a clear understanding of the province's current system-wide status. In addition, continue to enhance existing capacity as follows:
 - ❑ increase geographic flexibility in planning, outreach and service delivery;
 - ❑ leverage current workforce by expanding provision of French language services through technologies like the Ontario Telemedicine Network;
 - ❑ grow the Francophone mental health and addictions workforce;
 - ❑ enhance funding to meet costs associated with recruitment, training and retention of French-speaking health professionals;
 - ❑ capture the need and demand for French language services and strengthen accountability of French language services delivery within identified and designated agencies;
 - ❑ build a network for French language mental health and addictions service providers.

Funding

- ❑ Expand mental health and addictions spending to 9 percent of total healthcare spending, in recognition that system transformation will have significant financial implications in order to address the unmet mental health and addictions needs of Ontarians, and prioritize those investments as part of the ministry's annual planning process. While the government's investments earlier this year were an important first step, additional new investments of \$145M/year for each of the next nine years are needed to address these funding needs.

THE PATH FORWARD: Future Considerations

The Council has identified several areas that it has not been able to address over the term of its mandate, but which will require further study and attention if the vision of *Open Minds Healthy Minds* is to be fully realized. These include responding to the needs of several specific priority populations, creating stronger linkages with the primary care community, and further embedding our knowledge of the social determinants of health within mental health and addictions policies, programs and strategies.

RECOMMENDATION 5

That the Ministry of Health and Long-Term Care pursue further study of, and address, additional areas of concern identified by the Council.

Action Items:

- Consider the specific needs of older adults / seniors to ensure that mental health and addictions services fully reflect the needs of Ontarians across the lifespan.
- Ensure that the system responds to the needs of individuals with a developmental disability, as they are more likely to experience mental health and addictions issues in their lifetimes (i.e. dual diagnosis).
- Identify means to build more effective mental health and addictions supports for Indigenous populations involved with the justice and child welfare systems.
- Build greater mental health and addictions literacy within, and linkages between, the primary care system and the mental health and addictions system.

CONCLUSION: Realizing the Vision

In offering its final recommendations, the Council acknowledges the substantial steps government has already taken toward moving the mental health and addictions system forward.

The initiation of the core services framework as well as a data strategy are important fundamentals, and the investment in 2017 of \$140 million over 3 years to fund structured psychotherapy, up to nine integrated youth service hubs, and approximately 1,150 additional supportive housing units, along with the recently announced Opioid Strategy addictions treatment investments, are important ‘down payments’.

Of course, much remains to be done.

The recommendations presented in this final report are intended to support and align with our 2015 and 2016 recommendations (see below). We hope our work has helped to set system transformation in motion, and to build important bridges across the broad spectrum of organizations and individuals involved in mental health and addictions. We once again call on government to create a permanent body which would further strengthen these cross-sector relationships, and carry on the valuable work that has been accomplished over three years.

We are confident in government’s commitment to fulfilling the vision of *Open Minds Healthy Minds*, and remain grateful for the opportunity we have been given to collaborate and contribute.

2015 RECOMMENDATIONS

1. Make it easier for young people to transition from youth to adult mental health and addictions services and supports.
2. Expect the same focus on quality from Ontario’s mental health and addictions system as you do from other parts of the health care system.
3. Move on key First Nation, Métis, Inuit, and urban Aboriginal mental health and addictions needs.
4. Prioritize investments in supportive housing focused on meeting the needs of individuals with mental illness and addictions.
5. Clarify which provincial ministry should lead the development and implementation of youth addictions policy and programming.

2016 RECOMMENDATIONS

1. Promote, prevent, and intervene early: work with other ministries and stakeholders to promote, prevent and intervene early across the lifespan.
2. Close critical service gaps: address chronic gaps in youth addictions, psychotherapy and supportive housing.
3. Build foundations for system transformation: undertake three critical first steps toward large-scale transformation including adoption of a set of core mental health and addictions services, implementation of a data and quality strategy, and development of an evidence- and needs-based funding model for community mental health and addictions service.

APPENDIX 1: Council’s Recommended Core Services

Focus Area	Brief description
PREVENTION, PROMOTION AND EARLY INTERVENTION SERVICES	<p>Universal promotion - The process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health.</p> <p>Universal prevention - A focus on reducing risk factors and enhancing protective factors associated with mental illness and addictions.</p> <p>Targeted prevention – A focus on changing views and behaviors, building skills and competencies and/or creating awareness and resiliency through the provision of information, education and programming to defined at-risk populations.</p> <p>Early intervention services – Involves responding early in life or in the course of a mental health disorder or illness or an episode of illness, to reduce the risk of escalation, have positive impact in the pattern of illness and minimize the harmful impact on individuals, their families and the wider community.</p>
INFORMATION, ASSESSMENT AND REFERRAL SERVICES	<p>Provide up-to-date, evidence-based information on mental illness and addictions and on core services available in Ontario.</p>
COUNSELLING AND THERAPY SERVICES	<p>Counselling and therapy services focus on reducing the severity of and/or remedying the emotional, social, behavioral and self-regulation problems of individuals.</p>
PEER AND FAMILY CAPACITY BUILDING SUPPORT	<p>Family support services consist of activities that facilitate emotional and practical support and information exchange between people with common lived experiences (either individual experience with mental illness or addictions or family members who have a loved one with a mental illness and/or addictions).</p> <p>Peer support is a naturally occurring, mutually beneficial support process, where people who share a common experience meet as equals, sharing skills, strengths and hope; learning from each other how to cope, thrive and flourish. Formalized peer support begins when persons with lived experience, who have received specialized training, assume unique, designated roles within the mental health system to support an individual’s expressed wishes. Specialized peer support training is peer developed, delivered and endorsed by Consumer/Survivor Initiatives, Peer Support Organizations and Patient Councils, and is rooted in principles of recovery, hope and individual empowerment.</p>
SPECIALIZED CONSULTATION AND ASSESSMENTS	<p>Specialized consultation and assessments are designed to provide advice in the assessment, diagnosis, prognosis and/or treatment of an individual with an identified mental health or addictions need.</p>
CRISIS SUPPORT SERVICES	<p>Crisis support services are immediate, time-limited services, delivered in response to an imminent mental health crisis or an urgent situation as assessed by a mental health professional that places the client or others at serious risk of harm.</p>
INTENSIVE TREATMENT AND SERVICES	<p>Intensive treatment services are targeted to clients who have severe and/or complex mental illness and/or addictions that is limiting their functioning in areas such as employment, parenting, household management, schooling, and/or housing.</p>
HOUSING AND SOCIAL SUPPORTS	<p>Housing and social supports consist of a range of non-therapeutic and non-medical services aimed at facilitating the recovery, well-being, and functioning of the patient at home, at school, at work, and in the broader community.</p>

APPENDIX 2: Council's Recommended Performance Indicators for the Mental Health and Addictions System in Ontario

Approved by the Mental Health and Addictions Leadership Advisory Council on May 16, 2016

EQUITY	CLIENT-CENTERED	SAFE	EFFECTIVE	TIMELY	EFFICIENT
<p>Indicators calculated from ICES administrative data, and other indicators where possible, will be assessed through five equity dimensions:</p> <p>(1) Geography (2) Income by neighbourhood (3) Immigration status (4) Age (5) Sex</p>	<p>1. Overall rating of services received by client</p> <p>Internal Database MHA</p>	<p>2. Use of physical restraints</p> <p>OMHRS MH</p>	<p>3. Years of life lost due to MHA</p> <p>ICES: DAD, NACRS, OHIP, OMHRS, ORGD MHA</p>	<p>5. Wait times from referral to service initiation</p> <p>O CAN DATIS MHA</p>	<p>7. Repeat unscheduled ED visit within 30 days</p> <p>NACRS MHA</p>
			<p>4. Rate of death by suicide</p> <p>ICES: ORGD MHA</p>	<p>6. First contact in the emergency department (ED) for MHA</p> <p>NACRS, DAD, OHIP, OMHRS MHA</p>	<p>8. Doctor visit within 7 days of leaving hospital after treatment for MHA</p> <p>DAD, OMHRS, OHIP MHA</p>
					<p>9. Rate of inpatient readmission within 30 days of discharge</p> <p>DADS, OMHRS MHA</p>
					<p>10. Alternate level of care (ALC)</p> <p>ATC MH</p>
<p>Critical gaps in socio-demographic dimensions include:</p> <ul style="list-style-type: none"> - Francophone communities - Indigenous communities - Racialized communities 	<p>A. Stigma/Discrimination indicator</p> <p>TBD MHA</p>	<p>D. Medication reconciliation</p> <p>TBD MHA</p>	<p>E. Global assessment of functioning (GAF) scores ≥ 10 points</p> <p>OMHRS MHA</p>	<p>F. Common definition of "wait times"</p> <p>TBD MHA</p>	<p>G. System transitions indicator</p> <p>TBD MHA</p>
	<p>B. Decrease in a client's unmet needs indicator</p> <p>O CAN MHA</p>				
	<p>C. Family/Caregiver support indicator</p> <p>TBD MHA</p>				

LEGEND			
	POPULATION		MENTAL HEALTH & ADDICTIONS
	SYSTEM		MENTAL HEALTH
	COMMUNITY-BASED & HOSPITAL SERVICES		ADDICTIONS
	COMMUNITY-BASED SERVICES		DATA SOURCE
	HOSPITAL SERVICES		
	INDICATORS RECOMMENDED FOR DEVELOPMENT		

INDICATOR DESCRIPTIONS

Client-Centered:

1. Overall rating of services received by client

Every organization should ensure that the following question/statement is included in their client satisfaction survey: "I think the services provided here are of high quality" (Strongly Disagree, Disagree, Agree, Strongly Agree, Not Applicable)

Safe:

2. Use of physical restraints

Use of physical restraints in facilities providing acute mental health care (# of patients who had mechanical restraint use indicated on their OMHRS records / Total # of individuals who were discharged from a designated adult mental health bed)

Effective:

3. Years of life lost due to mental health and addictions

4. Rate of death by suicide

of deaths caused by suicide / Total # of individuals in Ontario

Timely:

5. Wait times from referral to service initiation

5.1 # of days from the point of referral/application to initial assessment for community-based mental health programs

5.2 # of days from the point of referral/application to initial assessment for community-based addictions programs

5.3 # of days from the point of initial assessment to service initiation for community-based mental health programs

5.4 # of days from the point of initial assessment to service initiation for community-based addictions programs

6. First contact in the emergency department (ED) for mental health and addictions

of individuals with an unscheduled ED visit related to mental health and addictions and without prior outpatient visits, claims, ED visits or hospital admissions related to mental health and addictions in the previous 2 years/All unscheduled ED visits related to mental health and addictions

Efficient:

7. Repeat unscheduled emergency department visit within 30 days

7.1 Repeat unscheduled emergency department visit within 30 days for a substance abuse condition

7.2 Repeat unscheduled emergency department visit within 30 days for a mental health condition

8. Doctor visit within 7 days of leaving hospital after treatment for mental health and addictions

of patients who within 7 days of discharge following index hospitalization had at least one psychiatrist or primary care physician visit/ # of acute care discharges from episode care in which a mental health and addictions condition is coded as most responsible diagnosis

9. Rate of inpatient readmission within 30 days of discharge

10. Alternate level of care (ALC)

10.1 # of individuals on ALC by hospital in mental health beds whose next place of care is supportive housing

10.2 # of days an individual is on ALC by hospital in mental health beds whose next place of care is supportive housing

INDICATORS RECOMMENDED FOR DEVELOPMENT

Client-Centered:

A. Stigma/Discrimination indicator - Recommended development of indicator on client perception of stigma/discrimination when receiving services (i.e. Did you experience stigma or discrimination from staff at this organization? Staff did not stigmatize or discriminate against me in relation to my mental illness, and/or my substance misuse/addictions, and/or my involvement with the criminal justice system).

B. Decrease in client's unmet needs indicator - Recommended development of indicator on the decrease in client's unmet needs based on OCAN (i.e. % change in a client's unmet needs following 1 year of ongoing service)

C. Family/Caregiver support indicator - Recommended development of indicator to capture family/caregiver satisfaction with services

Safe:

D. Medication reconciliation - Recommended that every organization ensure that medication reconciliation is conducted & reported for each client at the point of admission and/or service initiation

Effective:

E. Global assessment of functioning (GAF) scores \geq 10 points - GAF will be phased out of OMHRS by April 1, 2016 and will be replaced. An indicator that captures information such as the following is recommended: % of clients with positive difference of at least 10 points between admission & discharge GAF scores.

Timely:

F. Common definition of "wait times" - Recommended development of a standardized definition of "wait times" that can capture high-quality, comparable data consistently across multiple data sources

Efficient:

G. System transition indicator - Recommended development of community-hospital transition indicator based on Community Business Intelligence demonstration project data, and development of transition to/from justice system indicator based on OCAN data (i.e. % of individuals applying for court diversion who are successfully diverted from the criminal justice system)

DATA SOURCES - GLOSSARY

ATC (Access to Care) provides high-quality information products and services to help improve performance and ensure accountability within health care organizations.

DAD (Discharge Abstract Database) is a database that contains demographic, administrative and clinical data on all separations (with the exception of stillbirths and cadaveric donors) from acute inpatient facilities in all provinces and territories except Quebec.

DATIS is the Ontario Drug and Alcohol Treatment Information System.

NACRS (National Ambulatory Care Reporting System) is a data collection tool developed by the Canadian Institute for Health Information (CIHI) to capture information on patient visits to emergency departments.

OCAN (Ontario Common Assessment of Need) is a standardized, consumer-led, decision-making tool.

OHIP (Ontario Health Insurance Plan) Billing Data collects data that includes services rendered by a physician for which an amount payable is prescribed by the regulations under the Health Insurance Act (HIA), or a service prescribed as an insured service under the HIA rendered by a practitioner within the meaning of that Act.

OMHRS (Ontario Mental Health Reporting System) contains data about individuals admitted to adult mental health beds in hospitals across Ontario.

ORGD is the Vital Statistics – Death (Office for the Registrar General – Deaths).

APPENDIX 3: About the Council

The Mental Health and Addictions Leadership Advisory Council is an advisory body created by the Government of Ontario in 2014. The Council, with a three year term, is advising the Minister of Health and Long-Term Care on the cross-sectoral implementation of Ontario's Comprehensive Mental Health and Addictions Strategy. The Council is providing advice on the Strategy, promoting collaboration across sectors and reporting annually on the Strategy's progress. The 20 members of the Council represent diverse sectors, and include people with lived experience, family members and caregivers.



Back row (left to right): Dr. Kathy Short, Adelina Urbanski, Eric Windeler, Gail Czucar, Dr. Ian Manion, Victor Willis, Dr. Kwame McKenzie, Camille Quenneville, Peter Sloly, Dr. Philip Ellison (resigned from the Council in 2016), Pat Capponi, Carol Hopkins. Front row (left to right): Cynthia Clark, Dr. Suzanne Filion, Dr. Catherine Zahn, Susan Pigott, Mae Katt, Louise Paquette, Aseefa Sarang. Missing: Rachel Cooper.