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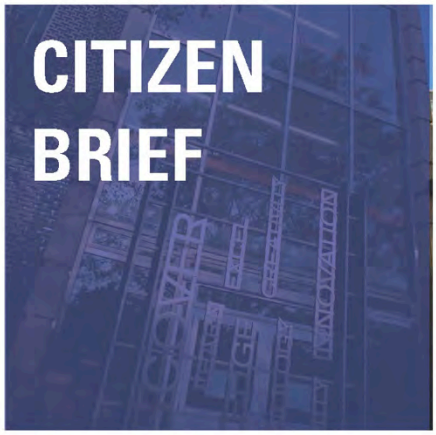
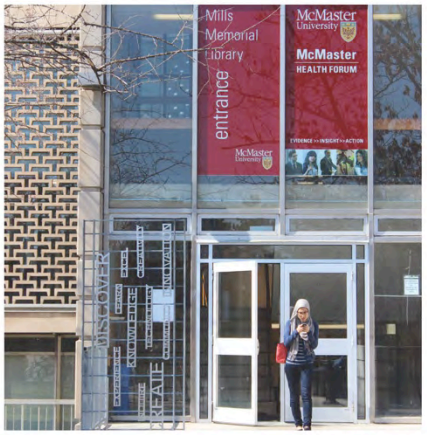
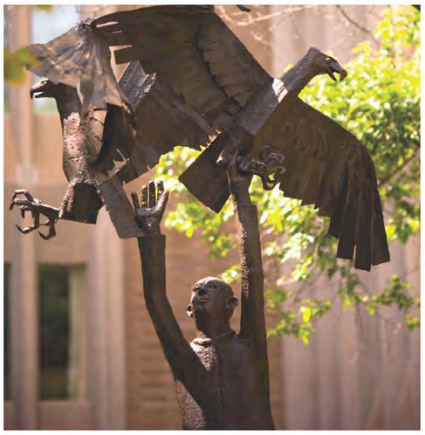






DEFINING THE MENTAL HEALTH AND ADDICTIONS 'BASKET OF CORE SERVICES' TO BE PUBLICLY FUNDED IN ONTARIO

EVIDENCE >> INSIGHT >> ACTION

The McMaster Health Forum

For concerned citizens and influential thinkers and doers, the McMaster Health Forum strives to be a leading hub for improving health outcomes through collective problem solving. Operating at regional/provincial levels and at national levels, the Forum harnesses information, convenes stakeholders and prepares action-oriented leaders to meet pressing health issues creatively. The Forum acts as an agent of change by empowering stakeholders to set agendas, take well-considered actions and communicate the rationale for actions effectively.

About citizen panels

A citizen panel is an innovative way to seek public input on high-priority issues. Each panel brings together 10-16 citizens from all walks of life. Panel members share their ideas and experiences on an issue, and learn from research evidence and from the views of others. The discussions of a citizen panel can reveal new understandings about an issue and spark insights about how it should be addressed.

About this brief

This brief was produced by the McMaster Health Forum to serve as the basis for discussions by the citizen panel on defining the mental health and addictions basket of core services to be publicly funded in Ontario. This brief includes information on this topic, including what is known about:

- the underlying problem;
- three elements of an approach to address the problem; and
- potential barriers and facilitators to implement these elements.

This brief does not contain recommendations, which would have required the authors to make judgments based on their personal values and preferences.

Table of Contents

Key Messages

What's the problem?

- Adult Ontarians experience mental health and substance use problems that span from maintaining mental wellness to severe mental illness and addictions. Three broad groups need services to address these problems: 1) general population and those at risk of mental health and/or substance use; 2) those with mild to moderate mental health and/or addictions; 3) those with severe and persistent mental health and/or addictions.
- No consistent set of services has been defined for mental health and addictions, unlike many other areas in the health system. This means that not all Ontarians have access to the same services across the province unless they pay for them privately.
- Addictions and mental health agencies deliver a variety of services under contract with the Ontario Ministry of Health and Long-Term Care. These agencies may provide a different mix of services depending on their location, their focus, and a number of other factors.

What do we know about elements of a potentially comprehensive approach for addressing the problem?

- **Element 1:** Defining the basket of core services for group 1
  - This includes services geared towards the population at large and those at risk of mental health and/or substance use problems, and focusing primarily on mental health promotion and preventing mental illness and substance use problems.
- **Element 2:** Defining the basket of core services for group 2
  - This element is focused on those with mild to moderate mental health and/or substance use problems. This may include individuals whose mental health and/or substance use needs are just emerging or are changing, as well as those who may have ongoing problems but do not need intensive support.
- **Element 3:** Defining the basket of core services for group 3
  - This element focuses on services supporting individuals experiencing severe and persistent mental health and/or addictions. These individuals have often been diagnosed with a mental illness and/or an addiction and are in need of more intensive services that are provided in settings such as a hospital or inpatient facility, and may include a combination of psychological treatments and prescription drugs.

What implementation considerations need to be kept in mind?

- Individuals who currently use mental health and addictions services may lose access to services they value. In a similar way, professionals and organizations may resist changes to the services they currently provide.
- The introduction of a publicly funded mental health and addictions basket of services for children and youth in Ontario, and for adult jurisdictions like in Alberta, suggests that this approach is possible for adults in Ontario.

Questions for the citizen panel

>> We want to hear your views about a problem, three elements of a potentially comprehensive approach to addressing it, and how to address barriers to moving forward.

Box 1: Questions for citizens

Questions related to the problem

Should there be a defined basket of services that is paid for by the government for those who need the services? Why or why not?

Overarching question to consider

Does the available research evidence lead you to include (or exclude) some of the services being considered for the publicly funded basket of services? If so, why?

Additional questions

- Is the resulting basket of services, and the reasons for including and excluding services acceptable? If so, why? If not, why not?
- If you had to select three to five services (or categories of services) from the resulting basket of services as priorities for funding (or enhancements to existing funding) in the near future, which would you pick and why?

In 2015, nearly two million Ontarians saw their family physicians for mental health or addictions concerns (1)

The context: Why is reorganizing the delivery of mental health and addictions services important?

There is high demand in Ontario for mental health and addictions services across a continuum of severity and duration. In 2015, nearly two million Ontarians saw their family physicians for mental health or addictions concerns. It is estimated that mental health and substance use problems together account for approximately 10% of the total disease burden in Ontario.(1)

Across the province, family members, caregivers and health and social services professionals provide support for people experiencing mental health and/or substance use problems.(1) Similarly, individuals experiencing mental health or substance use problems work hard to regain full mental wellness. Despite this, many Ontarians continue to report that the same levels of treatment and support that exist for physical illnesses cannot be found for mental health and addictions.

Ontarians in need of assistance report difficulties accessing mental health and addictions services for three reasons: 1) a lack of providers and services in certain geographic areas; 2) long wait times for the services that do exist; 3) individuals and family members have difficulty navigating the numerous professionals and unconnected collection of programs

that exist – too often getting lost or not receiving the right care for their conditions. These challenges for accessing services can lead some individuals to 'give up' on seeking help.(1)

In light of these challenges, and the extensive burden that mental health and/or substance use problems have on individuals, families and communities, the existing mental health and addictions services are being re-thought to help ensure that Ontarians are receiving the care and supports they need.

How are mental health and addictions services being re-thought?

Understanding the need for change, the Ontario Ministry of Health and Long-Term Care developed a 10-year strategy for mental health and addictions services in the province.(6) Though this strategy has many parts, one of the earlier initiatives involved re-thinking the delivery of community mental health services for children and youth to create a 'basket of core services.' The basket, the implementation of which is ongoing, sets out the minimum expectations for what community mental health services should be consistently provided for children and youth in communities across the province. Building on this progress and the mental health strategy, the Ministry of Health and Long-Term Care decided to take a similar approach to adult mental health and addictions, including older youth who are transitioning to adult services.

To work towards this goal, the Ministry convened a Mental Health and Addictions Leadership and Advisory Council that is responsible for recommending the services that should be included in a basket of services and consistently provided to adults across Ontario.(1) Your views will help to inform the Council's recommendations and assist in improving mental health and addictions services in Ontario. Box 3 below provides more information on the health system in Ontario and key features of the mental health and addictions sector.

Box 2: Glossary

Mental health problems

Experiencing changes in thinking, mood and behaviour that are associated with significant distress and impaired functioning.(2)

Mental illness

Mental health problems that have been diagnosed and/or treated by a mental health professional.(2)

Addiction

A behaviour that is out of control in some way, and specifically the experience of one or more of: craving; the loss of control over the amount or frequency of use; a compulsion to use; and continued use despite the presence of consequences or harm.(4)

Mental health and addictions services

Programs, interventions and supports designed to meet the needs of people who are experiencing, or are at risk of experiencing, mental health and/or substance use problems.(5)

Concurrent disorder

Experiencing mental illness and addiction problems at the same time.(5)

Dual diagnosis

Experiencing a mental illness and a developmental disability at the same time.(5)

Basket of services

A set of core institutional, hospital, residential and community services that should be available in every region of the province.(5)

Public funding

Financial resources provided by the Ontario government and related bodies such as Local Health Integration Networks.(5)

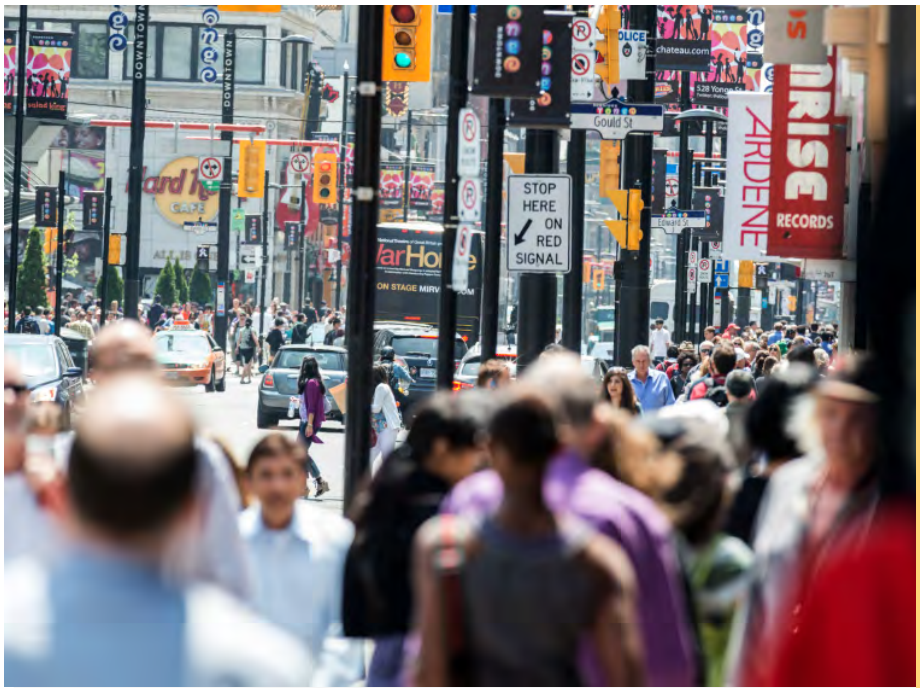
Box 3: The health system in Ontario

Key features of the health system

- Healthcare provided in hospitals and by physicians is fully paid for as part of Ontario's publicly funded health system.
- Care and support provided by other healthcare providers such as nurses, physiotherapists, occupational therapists and dietitians are typically not paid for by the health system unless provided in a hospital or long-term care home, or in the community through Family Health Teams, Community Health Centres, and community and other designated clinics.

Features most relevant to mental health and addictions

- Mental health and addictions services are provided by a variety of regulated and non-regulated health professionals.
- Mental health and addictions services range in whether they are or are not covered under the public insurance plan, with select speciality services only available in private practice and having to be paid for by either the patient, or through a private insurance plan.
- Mental health and addictions services can be provided in a person's home, community mental health and addictions agencies, primary-care offices and specialists' offices (e.g., psychiatrists, psychologists and social workers), as well as in a variety of other settings, including schools, prisons and homeless shelters, to name a few.
- Funding for mental health and addictions services is provided primarily by the government's Ministry of Health and Long-Term Care or through system-wide programs such as the Ontario Health Insurance Plan. Smaller contributions are made by other government ministries including community and social services, correctional services, education, and municipal affairs and housing.
- There are over 300 community agencies and 17 hospitals providing a wide variety of programs and services designed to meet the mental health and addictions needs of Ontarians.(4)
- The majority of community-based services are designed to meet the needs of those with the most severe and persistent needs. These organizations include Canadian Mental Health Association, Centre for Addiction and Mental Health, and many smaller agencies.



It is anticipated that one in every five Ontarians will experience mental health and/or substance use problems at some point in their lifetime (3)

The problem: Why is creating a basket of core services needed?

>> Adult Ontarians need mental health and addictions supports that span the full range of severity and duration

Mental health and/or substance use problems can appear at any time over the course of an individual's life, and can vary in both their degree of severity and how long they last. These conditions have a significant impact on the individuals experiencing them, affecting their relationships, work, hobbies and ability to lead a fulfilling life. The experience of Ontarians can be broadly thought of in relation to three main groups:

- the general population and those at risk of mental health and/or substance use problems;
- those with mild to moderate mental health and/or substance use problems; and
- those with severe and persistent mental illness and/or addictions.

The current mental health and addictions system and most of the services being provided have focused on the last of these three groups, resulting in individuals being treated after their condition has progressed. Introducing a basket of core services presents an

opportunity to shift the balance of the publicly funded services to better address all three of these groups.

No consistent set of services has been defined

Ontario does not currently have a basket of core services that are publicly funded for adults and for youth transitioning to adulthood. This is in contrast to other parts of the health system, including:

- physician services (those covered under OHIP);
- home care and public health services; and
- services for select populations (e.g., eligible First Nations)

This lack of a defined basket of services leads many Ontarians to be confused about what is or is not publicly available to them, and even more so about how funding decisions are made. Complicating matters is an absence of information about Ontarians' needs and preferences for mental health and addictions services, as well as information about how well these services are performing.(7) While there has been some work done to address this gap, it is still at an early stage.(7)

A variety of features in the health system determine whether or not the right services get to those who need them

Many different service providers are involved in the delivery of mental health and/or addictions care. These include regulated health professionals such as psychologists, social workers, nurses and physicians, but also a broad range of other health and social care workers. Though each of these providers, whether regulated or not, delivers important services and supports to individuals, the limited communication and lack of coordination between professionals may cause individuals with similar needs to be assessed and treated in very different ways.(8)

Further, addictions and mental health agencies in Ontario deliver many different types of services under contract with the Ministry of Health and Long-Term Care through the province's 14 Local Health Integration Networks. In 2014, there were over 300 agencies and 17 hospitals providing mental health and addictions care.(6) The challenge is that each of these agencies and hospitals provides:

- a different set of services;(9)

- uses a different definition of each service (which may lead to some confusion about what is actually being provided);
- is not always attentive to the cultural, linguistic and geographic barriers some populations in Ontario face.

To further complicate this, there are some services that are not publicly funded in all or some regions, creating concerns about equitable access to care across the province.(10)

Questions to consider

- Should there be a defined basket of services that is paid for by the government for those who need the services?
- Should the basket cover services that are currently funded by other sources?

Canadians in the lowest-income group are three to four times more likely than those in the highest income group to report poor to fair mental health (3)

Elements of an approach to address the problem

>> To promote discussion about what services should be included in the 'core basket,' we have divided services to meet the needs of three broad population groups.

In efforts to facilitate a discussion about the basket of services to be publicly funded in Ontario, we address separately the following three elements:

- services for the general population and those at risk of mental health and/or substance use problems;
- services for those with mild to moderate mental health and/or substance use problems; and
- services for those with severe and persistent mental health and/or addiction.

This is not to say that services listed for one group should not also be considered for other groups. In fact, many services span at least two of the three groups. All three groups and the services prioritized for them should be considered as contributing to a comprehensive approach to addressing the problem. New services or suggestions not listed here may also emerge during the discussion. It is important to note that the basket of services is not meant to cover:

- adults living with dementia or with a dual diagnosis of mental illness and a developmental disorder;
- comparing the effectiveness between prescription drugs; and
- services that complement mental health and addictions services, such as primary care and public health.

The following pages summarize what has been learned from the evidence for each of the potential services. The balance between desirable and undesirable effects has been weighed based on the conclusions of the evidence that was found; these have been labelled in the following tables as 'harmful,' 'not effective,' somewhat effective,' 'effective for select populations,' and 'effective.' In addition, we have tried to highlight any evidence found on the following populations:

- Ontarians living with co-morbidities;
- French-speaking Ontarians;
- aboriginal Ontarians (that is, First Nations, Inuit and Metis);
- transition-age youth (that is, those aged 16-25);
- racialized Ontarians and new immigrants/refugees;
- lesbian, gay, bisexual, transgender, queer and questioning (LGBTQQ) Ontarians;
- Ontarians living in poverty;
- Ontarians living in rural and remote communities; and
- justice-involved Ontarians.

Questions to consider:

In considering which services should be publicly funded and included in the basket of core services, how much weight should be given to each of the following factors, and why?

1) burden of disease (that is, need for services);
2) benefits and harms of the services (the balance between good and bad effects);
3) values and preferences about the outcomes achieved and the balance between benefits and harms;
4) amount of resources the service uses (both how expensive the service is and what the value for money is);
5) impact on health equity;
6) acceptability of stakeholders (including individuals experiencing mental health and/or substance use problems); and
7) feasibility of implementation.(11)

Element 1 – Services for the general public and those at risk of mental health and/or substance use problems

The first element focuses on the services that are geared towards the population at large and those who are at risk of mental health and/or substance use problems. These include:

- mental health promotion services; and
- mental illness and addictions prevention services.

A high level summary of the evidence found is provided in Table 1. Included with the evidence is a quality rating of either low (low Q), medium (medium Q) or high (high Q), which reflects confidence in the methods used in the review. The summary of evidence focuses on populations in general and for two broad categories of people: those with co-morbidity (e.g., diabetes, heart disease) and those listed on page 11 (e.g., French-speaking Ontarians and transition-age youth). We also note whether the services are currently provided in Ontario, and whether they've been included in the basket of core services by any of the other groups that have used a similarly explicit process for defining the basket (children in Ontario, adults covered by the South East Local Health Integration Network in Ontario, and adults in Alberta).

Table 1: Services for the general population and those at risk of mental health and/or substance use problems

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services included in other jurisdictions
Mental health promotion						
• Stigma reduction	Anti-stigma training and workshops	Effective (high Q) (12-14)			Yes, selectively	SE LHIN
	Mass media campaigns	Uncertain (high Q)(15)				
• Befriending services (services to prevent social isolation)	Befriending	Somewhat effective (high Q)(16)			Yes, selectively	
• Suicide awareness	Media campaigns	Uncertain (med Q) (17;18)			Yes, selectively	SE LHIN
• Promoting well-being at the workplace	Physical activity	Somewhat effective (med Q)(18)			No	
Mental illness and addictions prevention						
• Suicide prevention	Education and training	Somewhat effective (med Q) (19;20)			Yes, selectively	Children; SE LHIN
	Gatekeeper training	Effective (med Q) (20-22)		Effective in indigenous communities (22)		
	Institutional policies	Effective (med Q) (20;21)				
	Family intervention	Not effective (med Q)(23)				
	Emergency	Not				

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services included in other jurisdictions
	access	effective (med Q)(23)				
	Brief intervention (contact)	Not effective (med Q)(24)				
	Cognitive behavioural therapy	Effective (med Q)(23)				
• Workplace depression screening	Screening, delivery of results and referral	Uncertain (med Q)(25)			No	
• Screening for alcohol misuse in primary care	Screening and brief intervention	Effective (high Q)(26)			Yes, selectively	
• Harm reduction	Needle and syringe exchange	Effective (high Q) (27;28)			Yes, selectively	SE LHIN; Alberta
	Family therapy and community reinforcement			Effective in indigenous communities (med Q)(29)		
	Cognitive behavioural therapy			Effective in indigenous communities (med Q)(29)		
	Managed alcohol (regulated doses of alcohol)	Uncertain (high Q)(30)				
	Interventions to reduce behavioural risk (education;	Effective (med Q)(28)		More effective among ethnic minorities		

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services included in other jurisdictions
	providing condoms; providing bleach; self-management)			(med Q)(28)		
• Outreach	Post-suicide onsite outreach	Effective (med Q)(31)			Yes, selectively	SE LHIN
	School-based post-suicide intervention	Somewhat harmful (med Q)(31)				
	Gatekeeper referrals	Effective for select populations (low Q)(32)				

Box 2: Questions related to element 1

Overarching questions to consider

- Does the available evidence lead you to include (or exclude) some of the services being considered for the publicly funded basket of services? If so, why?

Additional questions to consider

- How much weight should be placed on services for the general population and those at risk of mental health and/or substance use problems?
- Would it be acceptable for some services to be provided and funded by sources other than the provincial government?

Element 2 – Services for those with mild to moderate mental health and/or substance use problems

The second element moves away from the general population to focus on services geared towards those with mild to moderate mental health and/or substance use problems. These services include:

- crisis intervention;
- early identification and information and referral;
- self-help resources;
- counselling and therapy;
- specialized consultation, assessment and treatment;
- psychosocial interventions; and
- self-management and support groups

While element 1 focused on the general population and those who may be at risk, element 2 is focused on individuals who are currently experiencing some mental health and/or substance use problems. This group may include people whose mental health and/or substance use problems are just emerging or are changing, as well as those who have established problems but do not require intensive supports. A high level summary of the evidence found for this element is provided in Table 2.

Table 2: Services for those with mild to moderate mental health and/or substance use problems

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services included in other jurisdictions
Crisis intervention						
• Crisis intervention	Short-term crisis intervention (immediate assessment, identification and brief intervention)	Effective (high Q) (33;34)			Yes	Children; SE LHIN; Alberta

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services included in other jurisdictions
• Mobile crisis response teams	Multidisciplinary teams responding to crises in community settings	Uncertain (high Q) (35)			Yes, selectively	SE LHIN
• Emergency psychiatry		No reviews identified			Yes, selectively	SE LHIN
• Short-term assessment and treatment		No reviews identified			Yes	SE LHIN
• Short-term crisis support beds		No reviews identified			Yes	SE LHIN
Early identification and information and referral						
• Community service information	Online health communities	Uncertain (low Q)(36)			Yes, selectively	Alberta
• Centralized access/intake		No reviews identified			Yes, selectively	SE LHIN
• Initial screening, brief assessment and referral	Screening for drug use	Somewhat effective (high Q) (37;38)			No	Alberta
	Screening, brief intervention and referral to treatment	Effective for select populations (low Q)(39)				
• Client navigation services		No reviews identified			No	
Self-help resources						
• Self-help resources	Self-help apps	Uncertain (low Q) (40;41)			Yes	Alberta

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services included in other jurisdictions
	Online cognitive behavioural therapy	Somewhat effective (med Q) (42-44)				
	Written cognitive behavioural therapy	Somewhat effective (high Q) (45)				
	Guided self-help	Effective (high Q) (45)				
Counselling and therapy						
• Counselling and treatment	Cognitive behavioural therapy	Effective (high Q) (46-50)			Yes	Children; SE LHIN; and Alberta
	Group cognitive behavioural therapy	Effective (high Q) (51)				
	Motivational interviewing	Effective (high Q) (52)				
	Problem-solving therapy	Somewhat effective (high Q) (53)				
	Interpersonal psychotherapy	Somewhat effective (high Q) (53)				
	Supportive therapy	Not effective for select populations (high Q) (54)				

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services included in other jurisdictions
• Community treatment	Adapting guidelines to be culturally sensitive			Effective for minority populations (med Q)(55)	Yes, selectively	Children; SE LHIN; and Alberta
	Community-based alcohol programs			Effective in indigenous communities (med Q)(56)		
	Stepped care	Effective for select populations (med Q) (57)				
	Cognitive behavioural therapy	Effective (med Q) (58)				
• Brief interventions	Technology-delivered brief interventions	Effective for select populations (med Q) (59)			Yes, selectively	Children
	Brief motivational interviewing	Effective for select populations (med Q) (60-62)				
• Family interventions	Family therapy (family counselling, educational groups for relatives, and concurrent family and individual counselling)	Effective (med Q) (63)		Effective for indigenous communities and among young and marginalized populations (med Q)(29)	Yes, selectively	Children; Alberta
Specialized consultation, assessment and treatment						
• Internet	Cognitive	Effective			Yes	SE LHIN

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services included in other jurisdictions
gaming disorders and problem gambling services	behavioural therapy	(high Q) (64)				
	Motivational interviewing	Effective (high Q) (64)				
	Integrative therapy	Not effective (high Q) (64)				
• Eating disorder programs and community therapy	Cognitive behavioural therapy	Effective (high Q) (65)			Yes, selectively	SE LHIN
	Group cognitive behavioural therapy	Uncertain (high Q) (52)				
	Internet cognitive behavioural therapy	Somewhat effective (med Q) (66)				
Psychosocial interventions						
• Social skills training	Social skills instruction, modelling and feedback	Effective for select populations (med Q) (67)			Yes, selectively	Alberta
• Employment support	Supportive employment services	Effective (high Q) (68)		Less effective for minority populations (high Q) (68)	Yes, selectively	SE LHIN; Alberta
• Psychosocial education and skills-based training	Life-skills program	Not effective for select populations (high Q) (69)			Yes, selectively	SE LHIN

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services included in other jurisdictions
Self-management and support groups						
• Self-management	Self-management program (medication management, recognition of early signs of relapse, coping skills for persistent symptoms)	Effective for select populations (high Q) (70)			Yes, selectively	SE LHIN
	Self management as part of an integrated model	Uncertain (med Q) (71)				
• Peer support groups	Mutual self-help groups	Somewhat effective for select populations (med Q) (72)			Yes, selectively	SE LEHIN
• Indigenous support groups/ elders		No reviews identified			No	SE LHIN

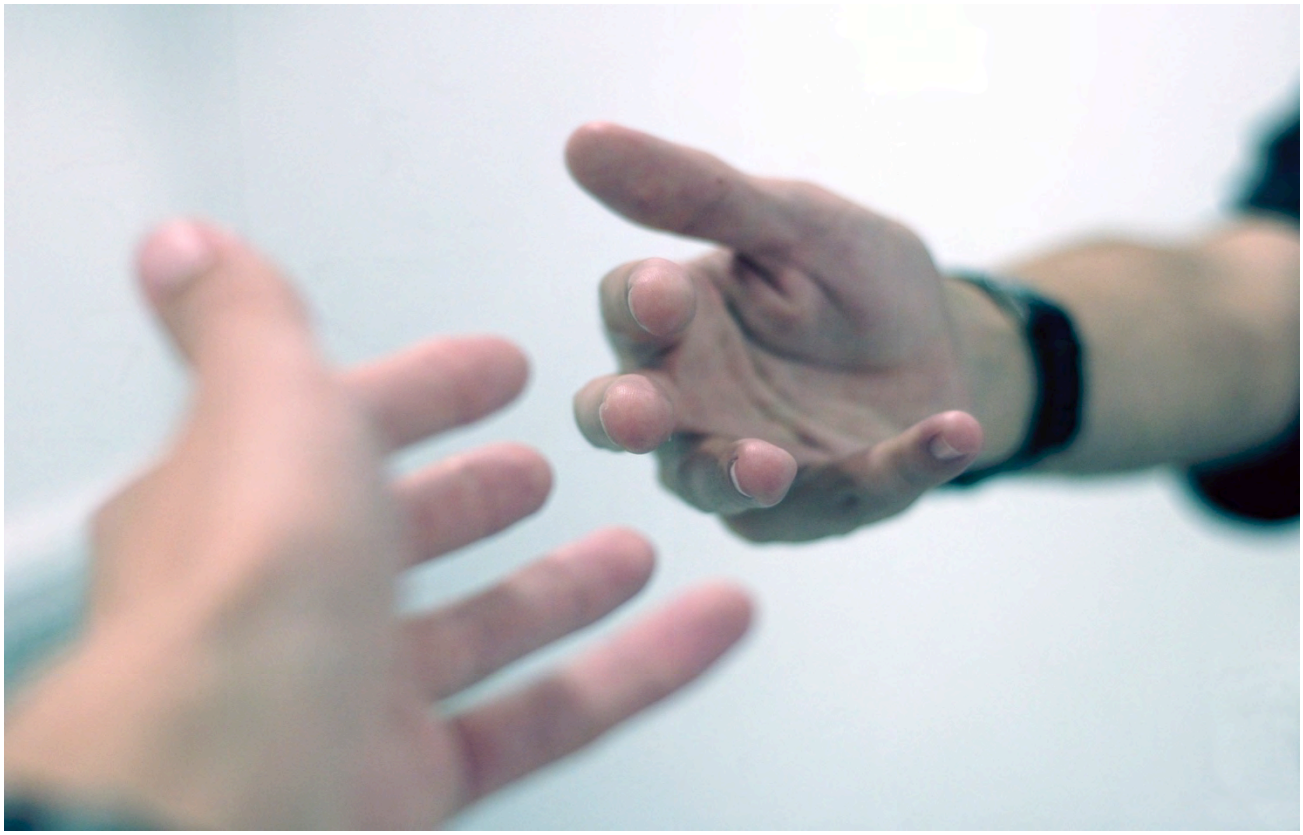
Box 3: Questions related to element 2

Overarching questions to consider

- Does the available evidence lead you to include (or exclude) some of the services being considered for the publicly funded basket of services? If so, why?

Additional questions to consider

- How much weight should be placed on services for those with mild to moderate mental health and/or substance use problems, compared to those services along the rest of the continuum?
- Are there services included in element 2 that you think should also be prioritized and be carrier over and available for this population?



Element 3 – Services for those with severe and persistent mental illness and/or addictions

The third element focuses on services supporting individuals experiencing severe and persistent mental illness and/or addictions. This includes:

- crisis services;
- intensive treatments;
- case management;
- intensive therapies;
- transition services;
- social determinant support; and
- justice-related services.

Individuals with needs that require this level of support typically have a diagnosed mental illness and/or addiction. The services described in this element are those that are the most costly to treat per individual when compared to those in either element 1 or 2. Some individuals will periodically require services at this level of intensity, but as they recover their needs may shift to those described in element 2 and/or element 1. In general, these services are more complex, are delivered in settings such as hospitals and community mental health agencies, are provided by multiple health professionals, and may include combined psychological treatments and prescription drugs. A summary of key findings from the evidence that was found is provided in Table 3.

Table 3: Services for those with severe and persistent mental health and/or addictions

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services available in other jurisdictions
Crisis services						
• Crisis intervention	See 'Crisis intervention' in Table 2					
Intensive treatments						
• Early intervention for psychosis	Cognitive behavioural therapy	Not effective (high Q)(50)			Yes	Children; SE LHIN
	Pharmaceutical therapy	Not effective (high Q)(50)				

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services available in other jurisdictions
	(risperidone and olanzapine)					
	Combined cognitive behavioural therapy and risperidone	Effective (high Q)(50)				
	Omega-3	Somewhat effective (high Q)(50)				
	Phase-specific treatment	Not effective (high Q)(50)				
	Training to recognize early warning signs	Somewhat effective (high Q)(73)				
• Primary day/night care	Day hospital treatment (psychoanalytic psychotherapy, expressive therapy, community meetings and education)	Effective (high Q) (74;75)			Yes, selectively	Children; SE LHIN
• Assertive community treatment	Assertive community treatment	Effective (med Q) (76;77)		Effective in selective populations (med Q)(77)	Yes	SE LHIN; Alberta
• Intensive case management	Combined case management and assertive community treatment	Somewhat effective (med Q)(78)			Yes, selectively	SE LHIN
• Intensive harm reduction and relapse prevention	Computerized cognitive behavioural therapy	Uncertain (high Q)(79)			Yes, selectively	
	Ten step	Uncertain				

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services available in other jurisdictions
	beating-the-blues program	(high Q)(80)				
	Collaborative care	Not effective in select populations (high Q)(81)				
	Combined antidepressants and psychological therapy	Effective for select populations (high Q)(80)				
• Withdrawal management	Combined psychological and pharmacological therapies	Effective (high Q)(82)			Yes, selectively	SE LHIN
	Magnesium treatment	Uncertain (high Q)(83)				
	Benzodiazepines	Not effective (high Q)(84)				
• Concurrent disorder treatment	Antidepressants	Effective in select populations (high Q)(85)			Yes, selectively	SE LHIN
	Integrated case management	Not effective in select populations (high Q)(86)				
	Combined cognitive behavioural therapy and motivational interviewing	Not effective in select populations (high Q)(86)				
	Cognitive behavioural therapy	Not effective in select populations (high Q)(86)				

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services available in other jurisdictions
	Motivational interviewing	Uncertain (high Q)(86)				
Case management						
• Case management	Case management	Not effective for select populations (high Q)(87)			Yes	SE LHIN
	Combined case management, assertive community treatment and assertive outreach	Effective (med Q)(88)				
Intensive therapies						
• Cognitive behavioural therapy	Cognitive therapy; psychoeducation; and behavioural activation training	Effective (high Q)(89-92)			Yes	
• Antidepressants	Selective serotonin reuptake inhibitors	Somewhat effective (high Q)(93)			Yes, selectively	
• Combined therapy	Cognitive behavioural therapy and second generation antidepressants	Effective for select populations (high Q)(93)			Yes, selectively	
• Transcranial magnetic stimulation	Repeat transcranial magnetic stimulation	Uncertain (high Q)(94-96)			Yes, selectively	
• Dialectic behavioural	Dialectic behavioural	Effective for select			Yes	

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services available in other jurisdictions
therapy	therapy	populations (high Q)(97)				
Transition services						
• Transitions from youth to adult services	Transition interventions (wrap around, cross-system provider communication, collaborative care planning)	Effective (med Q) (98)			No	
• Transition from acute care to the community	Length of hospital stay (short stay)	Effective (high Q) (99)			Yes, selectively	SE LHIN
	Discharge planning	Effective (med Q) (100)				
	Acute continuous day hospital	Effective (low Q) (101)				
	Assertive outreach care	Effective (low Q) (101)				
	Acute home services	Effective (low Q)(101)				
	Psychoeducation	Effective (low Q) (102)				
	Pre-discharge needs assessment	Effective (low Q) (102)				
	Transition managers	Effective (low Q) (102)				
	Inpatient/ outpatient communication	Effective (low Q) (102)				

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services available in other jurisdictions
Social determinant support						
• Clubhouse (comprehensive community supports)		No reviews identified			Yes, selectively	
• Housing support	Permanent housing	Effective (med Q) (76;103;104)			Yes, selectively	SE LHIN
	Provision of housing during discharge planning	Uncertain (high Q)(105)				
• Ontario Disability Support Program and Ontario Works advocacy		No reviews identified			No	SE LHIN
• Social recovery and rehabilitation	Social skills training	Effective for select populations (med Q)(67)			Yes, selectively	SE LHIN; Alberta
• Peer support	Group help sessions	Effective for select populations (med Q)(72)			Yes, selectively	
• Vocational and employment services	See 'employment support' in Table 2				Yes, selectively	SE LHIN
Justice related services						
• Diversion and court support		No reviews identified			Yes, selectively	SE LHIN
• Back-on-track	Combined education and motivational	Effective (med Q) (106)			Yes, selectively	

Category of service	Intervention	What works (and what doesn't)			What's included?	
		In general	For people with co-morbidity	For other groups	Services currently provided in Ontario	Services available in other jurisdictions
(treatment for individuals convicted of impaired driving)	intervention					
	Intensive supervision services	Uncertain (med Q)(106)				
	Driving under the influence courts	Uncertain (med Q)(106)				
	Fines and mandatory licence withdrawals	Effective (med Q) (106)				
• Forensic services		No reviews identified			Yes, selectively	SE LHIN

Box 4: Questions related to element 3

Overarching questions to consider

- Does the available evidence lead you to include (or exclude) some of the services being considered for the publicly funded basket of services? If so, why?

Additional questions to consider

- How would you balance the delivery of services that are effective but too expensive to be broadly available?
- Are these services included in either element 1 or element 2 that you think should also be prioritized for this population?

Implementation considerations

It is important to consider what barriers we may face as we implement a basket of core services for adults and transition-aged youth in Ontario. These barriers may affect different groups (for example, people with lived experience, healthcare providers), different healthcare organizations or the health system as a whole. While some barriers can be overcome, others can be so substantial that they force us to re-evaluate whether we should pursue the planned approach. Potential barriers to implementing the core basket of services are summarized in Table 4.

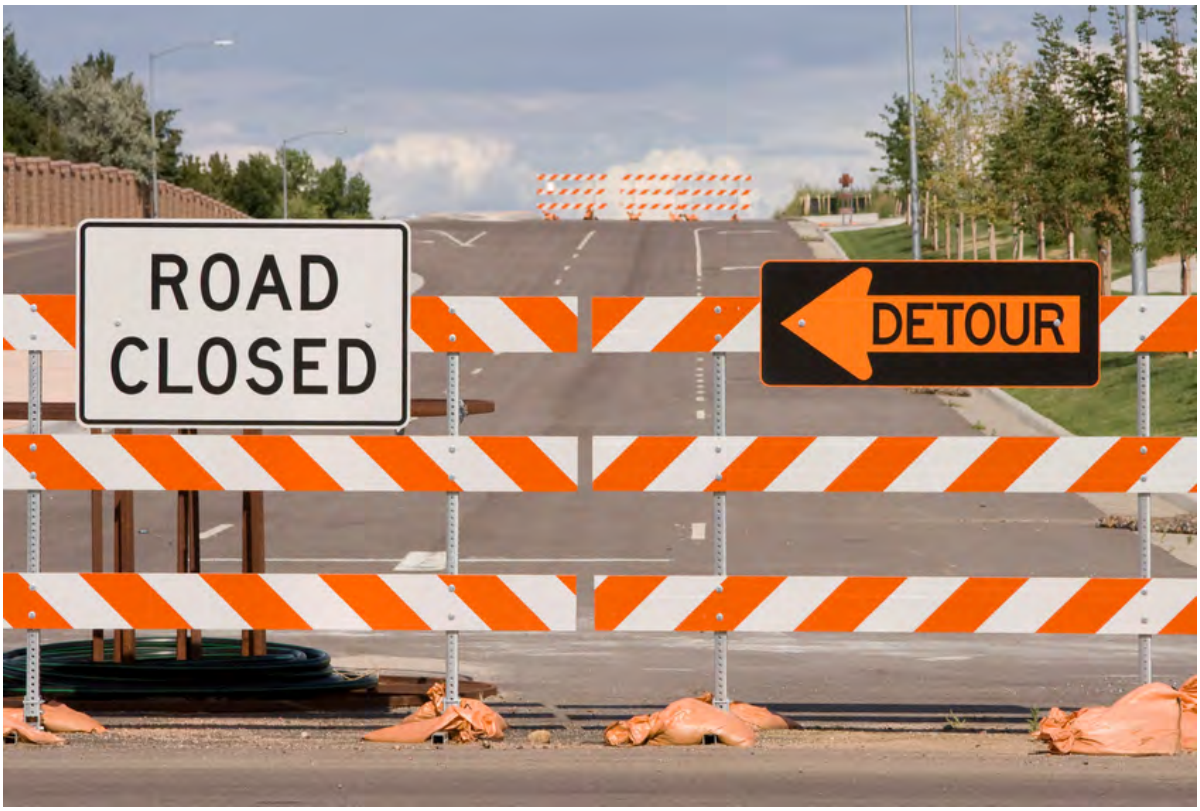


Table 4: Potential barriers to implementing the elements

Element	Description of potential barriers
Element 1 – Defining the basket of services for the general population and those at risk of mental health and/or substance use problems	• Individuals may lose services that they use and value if they are not included in the basket • The impact of prevention and promotion services are difficult to measure • If not included in the basket, health providers may resist no longer providing services that they typically deliver • If not included in the basket, organizations may resist the loss of services that make up a big part of the organization's work • Policymakers may not make the necessary changes to the system to allow for effective implementation
Element 2 – Defining the basket of services for those with mild to moderate mental health and/or substance use problems	• Individuals may lose services that they value and may become 'trapped' in the system if services are not easy to navigate • Providers working in the private system may resist some of their services being paid for publicly because it could reduce their income • Policymakers may not make the necessary changes for implementation, particularly given the larger investment needed for this element
Element 3 – Defining the basket of services for those with severe and persistent mental illness and/or addictions	• Individuals could lose services that they may have a long history of using • Unregulated workers may need to upgrade their skills and become regulated professionals to provide some of these services • Professional associations may resist the move to more non-physician led services delivered in community settings • Organizations may not have the budget to recruit new professionals to provide these intensive services • Policymakers may find the degree of integration between mental health and addictions services needed at this level challenging

The implementation of services across each of the three elements could also be influenced by the ability to take advantage of potential windows of opportunity. A window of opportunity could be, for example, a recent event that was highly publicized in the media, a crisis, a change in public opinion, or an upcoming election. A window of opportunity can facilitate the implementation of the approach or of a specific element.

Examples of potential windows of opportunity include:

- **Government attention:** With significant progress having been made for the children and youth strategy, there is increased government attention being given to the definition of a basket of core services for adults.
- **Funding commitments:** Ontario budgets for 2015-2016 and 2016-2017 provided increased funding for mental health, chiefly for the implementation of the comprehensive addictions and mental health strategy, of which the basket is a part.
- **Policy learning:** Other jurisdictions including Alberta and other parts of the mental health system, such as the Ministry of Child and Youth Services, have already undertaken a similar initiative, providing opportunities to learn from their experience.

Box 6: A reminder of the questions to consider for your deliberations

Overarching question to consider

- Does the available research evidence lead you to include (or exclude) some of the services being considered for the publicly funded basket of services? If so, why?

Additional questions

- Is the resulting basket of services, and the reasons for including and excluding services, likely to be acceptable to those who will be affected by decisions about what's in the basket (primarily people with lived experience, families and caregivers, but potentially healthcare providers, agency managers and policymakers)? If so, why? If not, why not?
- If you had to select three to five services (or categories of services) from the resulting basket of services as priorities for funding (or enhancements to existing funding) in the near future, which would you pick and why?
- Is it acceptable for some services to be provided and/or funded by other sources than the provincial government?

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Conflict of interest

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Merit review

The citizen brief was reviewed by a small number of citizens, other stakeholders, policymakers and researchers in order to ensure its relevance and rigour.

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