

## Topic Overview

Defining the Mental Health and Addictions 'Basket of Core Services' to be Publicly Funded in Ontario

Stakeholder Dialogue  
24 June 2016

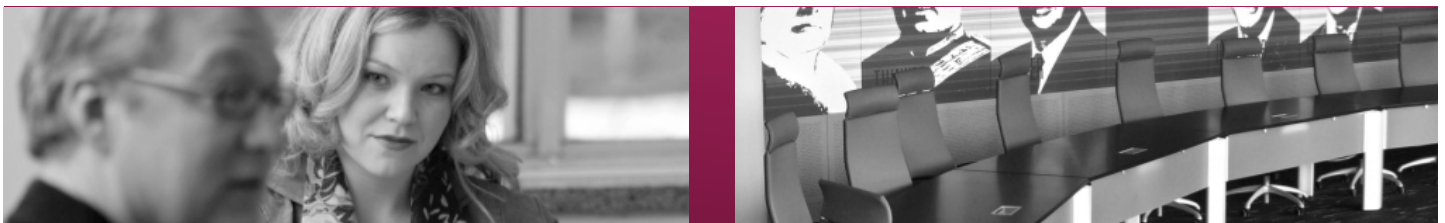
The McMaster Health Forum convened a stakeholder dialogue on the subject of defining the mental health and addictions 'basket of core services' to be publicly funded in Ontario. With the support of Government of Ontario and through funds to support the work of the Mental Health and Addictions Leadership Advisory Council, the dialogue brought together 22 participants – 6 policymakers, 8 managers, 1 healthcare professional, 2 researchers, 3 patient/citizen representatives and 2 stakeholders – from across Ontario to examine the problem, options for addressing it, and key implementation considerations.

### Deliberation about the problem

Dialogue participants generally agreed with the aspects of the problem presented in the evidence brief, which discussed adult Ontarians experiencing the full continuum of mental health and addictions challenges, the numerous providers currently involved in the delivery of care, and the heterogeneous array of services that are contracted by Local Health Integration Networks. Building on this, participants focused on the way in which the continuum of mental health and addictions needs was conceptualized in the brief as three distinct population groups, opting instead for a framework based on four levels of complexity.



*The views expressed in the evidence brief and dialogue summary are the views of the authors and should not be taken to represent the views of the funders.*





Participants drawn from government and from health, professional and research organizations gather during a McMaster Health Forum event on 24 June 2016

## Deliberation about an approach

In deliberating about the three elements, participants were hesitant to prioritize certain services over others and instead vocalized a number of principles that they felt should underpin the delivery of mental health and/or addictions services. These principles included, among others: developing services that are reflective of the voices of those with lived experience; ensuring there are set standards and accountability measures for any services; supporting flexibility and choice in services; and providing services that support patients holistically and across the life course. There was widespread agreement on the need to reorient the system to include more prevention and targeted promotion services including stigma reduction, suicide prevention, screening in primary care for substance use as well as for depression and anxiety, and harm reduction. Additionally, participants discussed the importance of strong communities and the need for services that address the social determinants of health to be integrated throughout the basket of services. Participants acknowledged that an ‘upstream’ approach needed to be balanced with the continued delivery of high-quality acute services for those individuals who will continue to require that level of care. A focus was placed throughout deliberations on the need for addictions services to be more prominent within the basket.

## Deliberation about next steps

In considering the implementation of the basket, participants noted questions regarding feasibility, specifically in the infrastructure and competencies needed to link across the continuum of needs, as well as the importance of a transparent implementation process and public communication plan. The next steps for this process include convening a citizen panel in July comprised of a diverse group of Ontarians whose perspective will be an additional input for the Basket of Core Mental Health and Addictions Services’ Task Group to consider. The expectation is that the Task Group will develop recommendations on the basket of core services, shaped by all of the inputs they have sought, with a plan to submit their recommendations to the Mental Health and Addictions Leadership Advisory Council, and ultimately from the council to the Ministry of Health and Long-Term Care over the summer.

## Dialogue deliverables

To learn more about this topic, consult the [evidence brief](#) that was presented to participants before the dialogue, the [summary](#) of the dialogue, and [view the interviews](#) with dialogue participants.

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