



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



26 JULY 2016

EVIDENCE >> INSIGHT >> ACTION

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 summary

On 26 July 2016, the McMaster Health Forum convened a citizen panel on defining the basket of mental health and addictions 'basket of core services' to be publicly funded in Ontario. The purpose of the panel was to guide the work of the Ontario Mental Health and Addictions Leadership Council in defining a basket of core mental health and addictions services for Ontario. This summary highlights the views and experiences of panel participants about:

- the underlying problem;
- three possible elements to address the problem; and
- key implementation considerations.

The citizen panel did not aim for consensus. However, the summary describes areas of common ground and differences of opinions among participants and (where possible) identifies the values underlying different positions.

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Summary of the panel

Participants identified four challenges in the current delivery of mental health and addictions services: 1) a lack of prioritization of mental health and addictions; 2) a lack of access to needed services; 3) a system that is not designed to address the broad range of mental health and addictions issues in Ontario; and 4) individuals experiencing mental health and/or addictions problems facing stigma both in the community and from health professionals.

When asked if they would support the creation of a basket of core services, participants were divided on whether a basket was sufficiently flexible to meet individual needs. In deliberating about elements 1 and 2, participants stressed the need for services that provide access to clear and easy-to-understand information, and that assist individuals in navigating where and when they should seek care. For element 3, there was agreement on the importance of services addressing the social determinants of health, with an emphasis on greater coordination between health and social services and better access to housing, employment and income supports for those with mental health and/or addictions problems. In relation to all three elements, several value-related themes emerged with some consistency: 1) evidenced-based (that services chosen for the basket are backed-up by the best available research); 2) comprehensiveness (that services included in the basket address the needs of all Ontarians); 3) accessibility (that individuals know where to go to receive care and face few barriers in their efforts to seek care); and 4) coordination (increased levels of coordination between health professionals and between health and social services).

Throughout the deliberations participants identified four factors to consider before implementing the basket of core services: 1) decision-makers should ensure that the basket of core services is sufficiently comprehensive to address the needs of the whole population, across each of the three elements; 2) decision-makers should consider alternative models of delivery and settings for care to those being used now, including online or late-night services; 3) a mechanism for continuous innovation and assessment should be built into the process to ensure that core services are updated as new evidence and models of care become available; and 4) changes should be clearly communicated to the public.



Strengthening care for people with mental health and/or substance use problems requires addressing many challenges, including the perceived lack of priority on mental health and addictions, the lack of access to needed services, current system design, and persistent stigma in both the community and health system.

Discussing the problem: Why is a basket of core services needed?

Panel participants overwhelmingly agreed that mental health and addictions are an important issue to address in the Ontario health system. There was consensus across the panel that despite recent efforts, mental health and physical health continue to be treated differently in the health system, and participants supported comprehensive changes to the system.

All participants were able to draw on personal experience as individuals who had recovered from, cared for, or known those who had or were experiencing mental health and/or substance use concerns. In recounting these experiences, panel members articulated several problems with the current mental health and addictions system. These problems fell broadly into the four following themes:

- lack of prioritization of mental health and addictions services;
- lack of access to needed services;
- the current system is not designed to adequately address the broad range of mental health and addictions problems in Ontario; and
- individuals experiencing mental health and/or addictions problems face stigma both in the community and from professionals working within the health system.

Lack of prioritization of mental health and addictions services

Participants overwhelmingly agreed that mental health and addictions continue to be treated as lower priorities than physical health within the health system, emphasizing that the attention and funding provided to physical health services has consistently outpaced the share provided to mental health and addictions. While some participants recognized the recent investments in mental health and addictions in past provincial budgets, they agreed that efforts to reorient and reform the mental health and addictions system will require the addition of new funds or a shift in financial resources for change to be taken seriously.

Participants discussed how limited funding in the mental health and addictions system has led to a number of services being delivered privately (i.e., outside the publicly funded system), and therefore are inaccessible or intermittently accessible to low-income individuals. One participant discussed how this challenged an ideal where all Ontario residents have a right to treatment and a right to mental wellness.

Finally, some participants discussed how the lack of funding is not only a limiting factor for moving forward on current reforms, but is also apparent in the lack of human resources, infrastructure and technology currently available in the mental health and addictions system to meet the needs of Ontarians.

Box 1: Key features of the citizen panel

The citizen panel about defining the 'mental health and addictions basket of core services' to be publicly funded in Ontario had the following 11 features:

1. it addressed a high-priority issue in Ontario;
2. it provided an opportunity to discuss different features of the problem;
3. it provided an opportunity to discuss three elements of an approach to addressing the problem;
4. it provided an opportunity to discuss key implementation considerations (e.g., barriers to and facilitators of action);
5. it provided an opportunity to talk about who might do what differently;
6. it was informed by a pre-circulated, plain-language brief;
7. it involved a facilitator to assist with the discussions;
8. it brought together citizens affected by the problem or by future decisions related to the problem;
9. it aimed for fair representation among the diversity of citizens involved in or affected by the problem;
10. it aimed for open and frank discussions that will preserve the anonymity of participants; and
11. it aimed to find both common ground and differences of opinions.

Lack of access to needed services

In discussing the problems with the current system, participants agreed that they or someone they knew had faced challenges accessing services.

The first challenge they identified was that they were not aware of the full range of mental health and addictions services available to Ontarians. They felt this included a general lack of awareness of who could provide services, what organizations deliver them, and where to access information on care options. Participants felt strongly that this lack of awareness and limited communication on the part of the system was a key barrier in being able to access the right services at the right time. One participant suggested that this lack of public awareness, when coupled with the limited scope of services available and continued use of traditional models of care (e.g., 9-5 operating hours and bricks-and-mortar facilities), severely restricted the number of individuals able to receive support. Some participants questioned the limited adoption, advertisement and use of centralized telephone and internet support services, concluding that these could relieve some barriers to people accessing care.

Participants contrasted this situation with their experiences accessing physical health services, with one participant stating “that when something is wrong physically I know

Box 2: Profile of panel participants

The citizen panel aimed for fair representation among the diversity of citizens likely to be affected by the problem. We provide below a brief profile of panel participants.

- **How many participants?**

15

- **Where were they from?**

Region covered by the Central, Central West, Hamilton Niagara Haldimand Brant, and Mississauga Halton Local Health Integration Networks

- **How old were they?**

25-44 (2), 45-60 (9), 65 and older (4)

- **Were they men or women?**

Men (8) and women (7)

- **Were they living in urban, suburban or rural settings?**

Urban (6), suburban (8) and rural (1)

- **Were they a member of the LGBTQ community?**

Yes (4), No (11)

- **Were they Francophone?**

Yes (2), No (13)

- **Were they a person living with a disability?**

Yes (2), No (13)

- **What was the income level of participants?** One individual earned less than \$20,000, four individuals earned between \$20,000 and \$40,000, three individuals earned between \$40,000 and \$60,000, two individuals earned between \$60,000 and \$80,000, four individuals earned more than \$80,000, and one preferred not to answer.

- **How were they recruited?** Selected based on explicit criteria from the AskingCanadians™ panel

where to go.” When it comes to mental health and addictions, however, participants discussed the burden placed on individuals and their family and friends to navigate the system on their own, discussing how this barrier may be so large that it deters individuals from seeking care altogether.

The participants discussed an additional two barriers that they felt limited the ability of individuals to access mental health and addictions services. One barrier was the long wait times that individuals face when they are unable to pay for private services. Panel participants emphasized that even when individuals know where to go and what services are available, they may encounter wait times at each step along their care pathway, which severely delays care and support.

Additionally, participants noted that the current mental health and addictions system focuses on acute services, which can limit access to care for those who could benefit from promotion and prevention services, or for those with mild to moderate mental health and/or addictions problems who may fall below the threshold required for a diagnosis. One panellist described how this demand for a diagnosis may keep individuals out of the system until their symptoms progress. Several panellists agreed and felt this could undermine efforts to seek care and to proactively manage health and wellbeing.

System is not designed to address the broad range of mental health and addictions issues faced by Ontarians

Participants felt strongly that the current health system is not designed to address the range or complexity of mental health and addictions issues that Ontarians face. Several participants expressed frustration that their family doctors were not aware of what mental health and addictions services are available in their communities, limiting their ability to refer and coordinate care around the individual. Participants mentioned how this resulted in them using informal channels, including family, friends and other professionals, to access services.

Participants described additional limitations in coordinating the full range of needed services, particularly as they related to coordination between health and social services. Further, panellists agreed that too many patients are falling through cracks in the system, and that the complexity of needs of people with mental health and addictions problems may be best attended by a team-based model of care, which extends beyond what are typically

considered health services. Participants generally felt, however, that despite this model being emphasized, it is not consistently available across the province.

In elaborating on this complexity, some participants stressed the importance of individuals who seek mental health and addictions services being seen and treated holistically by health professionals. Participants recounted their experiences in the health system more broadly and noted that they often felt health professionals were not sensitive to particular symptoms of mental health and addictions problems, or were unable to sensitively deal with these symptoms and the person experiencing them. They noted that above all, it is important for services to be approachable and accepting.

Individuals experiencing mental health and/or addictions problems face stigma both in the community and from health professionals

Finally, several participants mentioned that an important part of the problem in the way mental health and addictions services are currently delivered is the stigma that exists in communities and throughout the health system. Participants described the stigma that is associated with seeking mental health and addictions services and the impact it can have on, for example, finding and keeping friends, maintaining employment and accessing certain social services. Importantly, participants mentioned how stigma can permeate the health profession as well, and that individuals with mental health and addictions problems are often treated differently than those presenting with physical illnesses. There was, however, general agreement that this stigma is less pervasive among younger health professionals, which the panel attributed to possible changes in education practices during training.

Discussing the elements of an approach to address the problem

After discussing their views and experiences related to the problem, participants were asked to reflect on whether they agreed that a defined basket of core services should be developed. While there was an overwhelming consensus that change is needed, panellists were split on whether they supported the development of a basket or not. Those making a case against the development of a defined basket were concerned that individuals with unique circumstances or extremely complex conditions may not find the care they need among the defined services. Many of these individuals emphasized the need for flexibility in mental health and addictions services, and the need to consider the delivery of these services differently than those provided for physical health problems. Contrary to this, those participants who supported the development of a defined basket of services emphasized that change had to start from somewhere and that adjustments could be made later in the process. They further discussed how a basket of services might help to address some of the current geographic inequities, as well as better informing the public about what services are available and where they can be accessed. Overall, the majority of participants supported a basket of core services when it was suggested that it could act as a minimum guarantee of services, with personalized or additional services also available.

Following this deliberation, participants were asked to deliberate about the mental health and addictions services described as part of the three elements outlined in the citizen brief. These elements included:

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

While the discussion around the elements focused on what services should be included and excluded from the basket, several values were consistently expressed by participants that should underpin the basket's development:

- evidenced-based (that services chosen for the basket are backed-up by the best available evidence on effectiveness);
- accountability (that a strong mechanism for public accountability exists, with decision-makers being held responsible for results);
- comprehensiveness (that services included in the basket address the needs of all Ontarians, including those at risk and those with mild to moderate mental health and/or substance use problems);
- accessibility (that individuals know where to go to receive care and face few barriers in their efforts to seek care);
- efficiency (that decision-makers should choose services that provide the best value for money while also meeting population health needs);
- coordination across sectors (increased levels of coordination and integration between health and social services); and
- privacy and confidentiality (that individuals have a reasonable expectation to privacy in service settings given the pervasive stigma associated with mental health and addictions).

These values are further described below, as are the deliberations regarding what services should be included and excluded from the basket of core services.

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

The first element involved services for the general population and those at risk of mental health and/or substance use problems. Discussions focused on the following two categories of services:

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

Overall, there was general consensus that mental health promotion and the prevention of mental illness and addiction are critical services to invest in. Participants focused on the services that were identified as effective in the citizen brief, namely:

- stigma reduction;
- befriending services;
- suicide prevention
- screening in primary care;
- harm reduction; and
- outreach services.

Participants also proposed the addition of early identification, treatment and intervention in this element, as well as the development of a service similar to Telehealth Ontario, but specific to mental health and addictions. Participants expressed that this service could assist individuals in determining the severity of symptoms they (or a friend or family member) are experiencing, and whether and where they should seek care.

There was general agreement that needle-exchange services, though categorized under prevention, should be moved to the third element. Participants stressed that if

Box 3: Key messages about services for the general population and those at risk of mental health and/or substance use problems (element 1)

Three values-related themes emerged that participants felt were important in making decisions regarding services that are part of element 1:

- evidence-based (choosing services should be in part informed by the best available research evidence);
- access (gaining access to services should be simple); and
- trusting relationships between patients and health professionals (in understanding what services are available and when they should be used).

individuals are frequently using injection drugs, they likely have needs that are beyond those of the general population or those at risk of substance use problems.

Finally, there was an ongoing discussion about the role that private industry could play in funding stigma-reduction campaigns. Generally participants expressed that this was a positive way for private companies to be involved in addressing mental health and addictions, and that this might also reduce the funding burden of the provincial government in this area. However, other participants questioned whether the interests of private companies are always aligned with the interests of the public, as well as noting that there remained a key role for public funding targeted toward stigma reduction among health professionals.

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

The second element focused on services for those with mild to moderate mental health and/or substance use problems. This included the following seven categories of services:

- crisis services;
- 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.

Panellists agreed that an important aspect of element 2 was the potential to increase the sector's capacity to intervene early and reduce the number of individuals who progress to an acute-stage problem or into a long-term chronic illness or addiction. A subset of participants felt that if they were allocating resources, they would place more public funding in element 2 than element 1, without compromising the care that the individuals with the most need (e.g., element 3) are receiving.

Box 4: Key messages about services for those with mild to moderate mental health and/or substance use problems (element 2)

Three values-related themes emerged that participants felt were important for guiding decisions about services for those with mild to moderate mental health and/or substance use problems:

- evidence-based (choosing services should be in part informed by the best available research evidence);
- trusting relationships between patients and doctors (helping people to get access to the services they need); and
- empowerment (individuals should be encouraged to participate in their care

Again, there was a consistent focus on ensuring the basket included those services that had some evidence as to their effectiveness, including:

- crisis intervention;
- initial screening, brief assessment and referral;
- counselling and treatment;

- community treatment;
- brief interventions;
- family interventions;
- eating disorder programs;
- social skills training;
- employment supports;
- self-management services; and
- peer support.

In addition to these services, participants felt that within this element there should be a strong emphasis on public awareness, communication, and navigation services, and they highlighted the need for a clearly marked ‘front door’ to mental health and addictions services. Participants also agreed that services to combat social isolation and educational services to address stigma should span both elements 1 and 2.

Some participants identified services that they felt could receive support from sources other than the public purse, although one participant stressed that they should still be readily available. For example, some participants expressed that services for internet gaming and gambling problems should receive less public funding from the health sector than other areas of mental health and addictions, believing that lottery and gaming companies should hold the primary responsibility for funding these services.

Finally, though all participants felt that self-help and self-management services were important, there were mixed opinions regarding whether the government should act as the primary funder of these services. Those participants who were in favour of continued funding suggested that encouraging individuals to play a larger role in their care is an important value to promote in the health system. This group further indicated that the involvement of government (through public funding) may be one method of ensuring quality and consistency in self-help and self-management resources, particularly for those that exist online. Other participants felt that many private entities are already taking responsibility for the development of these services through apps, online portals and self-help groups. These panellists felt that this private involvement in the delivery of mental health and addictions services should be encouraged, particularly if it means that government resources can be redirected to fund other services.

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

Element 3 focused on services supporting individuals experiencing severe and persistent mental illness and/or addictions. This included the following seven categories of services:

- crisis services;
- intensive treatment;
- case management;
- intensive therapies;
- transition services;
- social determinants support; and
- justice-related services.

While participants valued early intervention, they recognized that services in element 3 are the most costly to provide per individual when compared to those in either element 2 and/or element 1, and expressed that funding for these services should not be cut or redirected. Further, it was suggested that those individuals with the greatest needs should continue to receive the most mental health and addictions services.

Participants maintained the emphasis on research evidence through their discussion of element 3, by indicating that the basket should include all services identified as at least somewhat effective. These included:

- crisis intervention;
- early intervention for psychosis;
- primary day/night care;
- assertive community treatment;
- intensive case management;
- withdrawal management;

Box 5: Key messages about services for those with severe and persistent mental illness and/or addictions (element 3)

Three values-related themes emerged that participants felt were important for guiding decisions about services for those with severe and persistent mental illness and/or addiction:

- evidence-based (choosing services should be in part informed by the best available research evidence);
- excellent patient-experience (ensuring that services are coordinated for the patient and consider their unique needs and characteristics); and
- collaboration between sectors (emphasizing the coordination between health and social services to fully address individual needs).

- concurrent disorder treatment;
- case management;
- cognitive behavioural therapy;
- antidepressants and combined therapy;
- dialectic behavioural therapy;
- transition services;
- housing support;
- social recovery and rehabilitation; and
- peer support.

There was a general consensus among participants about the importance of services addressing the social determinants of health, emphasizing that these services, particularly those providing housing and employment, are key to a successful recovery. Services from element 1, including outreach services and education, were thought to also be important here, particularly for communities that are frequently marginalized and individuals who may have severe and persistent mental illness and/or addictions, but may not be currently seeking or receiving care. Participants also agreed that services in this element should focus on a bundled approach (e.g., providing pharmacological and psychological care simultaneously) rather than focusing on single interventions.

Additionally, all participants agreed on the need for those with severe and persistent mental health and/or addictions to have an advocate or case manager, both to help navigate the sector and to ensure that services are being ‘wrapped around’ the individual and tailored to their unique needs and characteristics. Select participants also felt there were not enough public rehabilitation programs or addictions services currently available in Ontario, and one participant suggested that future efforts should focus on increased funding to this area.

Finally, participants agreed that they found this element to be the most challenging when it came to including and excluding services due to the complexities involved in providing care to this population. Participants also expressed hesitation in the development of a basket of core services for element 3, noting that the exclusion of services from this element may result in greater harm to individuals who rely on specific services than would be the case for the other elements.

Discussing key implementation considerations

When turning to implementation considerations, participants identified four factors as being important. First, all participants indicated that decision-makers should ensure that the basket of core services is sufficiently comprehensive to address the needs of the whole population, across each of the three elements. Second, when choosing services for the basket, participants encouraged decision-makers to explore alternative models of delivery and settings for care, including online or late-night services. Third, it was emphasized that a mechanism for continuous innovation and assessment should be built into the process to ensure that core services are updated as new evidence and models of care become available. Finally, participants highlighted the need for public communication and transparency in the development of the basket. Participants suggested that one of the largest concerns with current services was a lack of awareness of what services are available, and therefore communicating any changes is critical to the adoption and successful implementation of the basket of core services.

Acknowledgments

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Conflict of interest

The authors declare that they have no professional or commercial interests relevant to the panel summary. Staff of one of the funders reviewed a draft panel summary, but the authors had final decision-making authority about what appeared in the panel summary.

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