

## **Q's & A's: Mental Health and Addictions Leadership Advisory Council**

### **EXPANDING ACCESS TO MENTAL HEALTH AND ADDICTIONS SERVICES**

#### **A. GENERAL**

##### **Q: What is the new investment for mental health and addictions in Ontario?**

**A:** The new investment provides over \$140 million as the services and housing units are rolled-out and scaled -up over the first few years. At maturity, the investment then becomes an ongoing increase in annual funding of over \$50 million.

This includes about \$20M for supportive housing and about \$30M for structured psychotherapy. The approach to establishing integrated youth service hubs relies on a small investment to bring together youth and other leaders and partners to leverage existing resources.

These investments are in addition to the government's annual funding for mental health and addictions of about \$3.7B (MOHLTC and MCYS).

##### **Q: How does the new investment help Ontarians?**

**A:** The government's new investment will expand access to important mental health and addictions services for thousands more Ontarians across the province.

Investments are expected to create more access to:

- services to assist more Ontarians, who experience anxiety and depression, be more successful through proven structured psychotherapies such as cognitive behavioural therapy
- integrated services for young people who will benefit from easier access to mental health and addictions support along with access to a holistic range of supports such as primary care, employment and supportive housing
- new supportive housing units for Ontarians living with mental health and addictions issues who are homeless or at-risk of homelessness.

Ontario is moving forward with these investments informed by advice from Ontario's Mental Health and Addictions Leadership Advisory Council, and advice that has been provided to the ministry through a dedicated Indigenous engagement process.

**Q: How will this investment help people in Indigenous Communities?**

**A:** In the Fall of 2015, MOHLTC committed to a dedicated Indigenous engagement process to ensure that input and advice from Indigenous communities is incorporated into Phase 2 of the Mental Health & Addictions Strategy.

The Ministry will work with stakeholders, including people with lived experience, and Indigenous communities, to design and roll out the initiatives over the next three years. Ontario is moving forward with these investments based on advice from Ontario's Mental Health and Addictions Leadership Advisory Council, and advice that has been provided to the ministry through a dedicated Indigenous engagement process.

The Mental Health and Addictions Advisory Council includes members with technical expertise and experience in delivering mental health and addictions services to Indigenous communities, both on- and off-reserve.

In October 2016, the Council met with Indigenous partners to explore intersections between the work of the Council and the dedicated Indigenous engagement process, and to discuss how best to reflect the needs of Indigenous communities and include Indigenous partners' input into the Council's 2016 report.

**Q: How will this investment help young people?**

**A:** The government's new investment will expand access to important mental health and addictions services for thousands more Ontarians across the province.

The three new investments will be of benefit to young people, in particular the commitment to create up to nine integrated youth services hubs.

This is informed by the advice provided by Ontario's Mental Health and Addictions Leadership Advisory Council. In its 2016 Annual Report, the Council recommended that MOHLTC work with other ministries to promote, prevent, and intervene early across the lifespan. This included a specific recommendation to support evidence-based integrated service centres for young people, including youth making the transition to adulthood. Council called for these centres to be co-created with youth, built on existing capacity within communities, and linked conceptually and operationally around the province.

**Q: When will the services start and what will be in place this year (2017-18)?**

**A:** The following is the planned roll-out for 2017-18:

Structured Psychotherapy:

- The ministry will immediately start to work with the LHINs and key stakeholders to roll-out initiatives which are expected to begin rolling out in the Fall of 2017. Work will include developing the design, eligibility and referral pathways.

Supportive Housing:

- In consultation with LHINs and key stakeholders we plan to deliver approximately 600 new supportive housing units in 2017-18 and the remainder in 2018-19.

Integrated Youth Service Hubs:

- The Ministries of Children and Youth Services, and Health and Long-Term Care are working together and will engage key stakeholders and partners in the process to identify sites and the approach to engaging youth, families and communities in the development of a network of up to nine integrated youth service hubs. It is expected that a few sites will have their doors open to youth in 2017-18 with the remainder to follow.

**B. Immediate Investments**

***1. Structured Psychotherapy***

**Q: What is Structured Psychotherapy?**

**A:** Structured psychotherapy is a form of therapy used to treat mild to moderate anxiety and mood disorders, including depression. Mild to moderate depression and anxiety disorders are the most common disorders experienced by individuals of all ages.

Structured psychotherapy is person-directed, where the client is seen as the expert, and is time-limited. With the help of staff, clients are typically led through a systematic process to explore links between thoughts, feelings and actions, and to develop and practice coping skills that help them gain insight into maladaptive thinking patterns and avoidance behaviour.

**Q. Why is it important to provide access to structured psychotherapy?**

**A:** Existing depression and anxiety treatment guidelines cite evidence to support the use of evidence-based psychotherapies such as cognitive behavioural therapy or interpersonal therapy alone or in conjunction with anxiety or depression drug treatment. These structured psychotherapies provide individuals with the opportunity to develop coping skills that help individuals function and experience an improved quality of life. Drug treatment, while effective, can be associated with side effects and depression or anxiety relapse; in addition, recurrence rates are high once the drug treatment is stopped. Structured psychotherapies are important, evidence-based treatment options for depression and anxiety that should be widely available, but currently are mainly available on the basis of private insurance coverage or an ability to pay.

**Q: How will structured psychotherapy be delivered?**

**A:** Implementation planning will be done over the Winter and early Spring in consultation with LHINs and key stakeholders. The approach to delivering structured psychotherapy will include one-on-one, groups, online, and manuals with supports over the phone. Online and phone delivery will continue to be evaluated to determine if this form is equally effective as direct delivery one-on-one or groups.

Health Quality Ontario is currently conducting a health technology assessment on structured psychotherapy for major depression and generalized anxiety disorder. Results of this health technology assessment are expected to be available this Fall and will inform future development of the structured psychotherapy program.

***2. Supportive Housing***

**Q: Why is Ontario investing in the creation of supportive housing for people living with mental health and addictions issues?**

**A:** Ontario recognizes the important role that supportive housing plays in meeting the province's goals of reducing healthcare spending and ending chronic homelessness by 2025. The Mental Health and Addictions Leadership Advisory Council (the Council) has recommended that the government increase its investment in supportive housing for Ontarians living with mental health and addictions challenges and this investment responds to that recommendation.

This investment will provide vital affordable housing and support services to up to 1,150 people living with mental health and addictions challenges who are homeless or at-risk of homelessness.

**Q: What impact is the proposed investment in supportive housing expected to have?**

**A:** The investment will assist up to 1,150 households achieve and maintain stable housing with the appropriate level of support. Research shows that with housing and support, individuals' use of costly emergency services declines and they become healthier and participate more in their community.

### ***3. Integrated Youth Service Hubs***

**Q: What are Integrated Youth Service Hubs?**

**A:** The hubs are intended to provide youth with an integrated service experience that brings together mental health and addictions services, primary care and other social services (e.g., employment and housing). The focus is on providing youth with mild-to-moderate issues easier access through a youth-friendly entry point into these and other supports that reflect their lived experience. Hub staff would also have the capacity to refer youth with more complex issues to the appropriate services and supports.

**Q: Who is eligible for services?**

**A:** Recognizing that “youth” is a life stage that does not end at the 18-year-old cut-off that many youth and their families experience in accessing much of the current care, these integrated youth service sites will provide walk-in access to one-stop-shop mental health and addictions services, as well as other social supports, to youth aged 12 to 25.

Services will be provided on a walk-in basis and sites will be co-created with youth in order to make them accessible and relevant to young people. Referrals would come from a range of professionals and youth will also be able to self-refer. The number of youth who access each site will be tracked as part of the evaluation of the initiative, which is intended to determine the value of scaling this model further across Ontario

**Q: Are services also available for adults?**

**A:** Integrated youth service hubs would focus on serving Ontarians aged 12 to 25. By providing services to youth 18 to 25, hubs will better support the transition to adult services that are often not developmentally appropriate and can lead to youth not connecting to critical services.

**Q: How do hubs aid transitional-aged youths in managing their care?**

**A:** “Youth” is a life stage that often extends beyond the 18-year-old cut-off for child and youth mental health services. At 18, many youth are just finishing high school and heading off to college or university. Few of them are yet fully independent, and many still need significant support from their families and communities during this challenging life-stage transition.

Integrated service hubs attempt to respond to the needs of “emerging adults” or “transitional-aged youth” by engaging them in the development of youth-friendly, easier to access service sites that respond to their needs based on their lived experiences. Youth up to age 25 will have walk-in access to mental health and addictions services, peer support, primary care and other social services such as housing and employment supports – all in one place. Supported by a clinical coordinator, staff will provide youth with an integrated care experience to address the reality that for many youth, self-managing multiple service providers in disparate locations is a significant barrier to ensuring that their holistic health needs are met.

By providing integrated services to youth during this critical life-stage – often the stage when mental health and addictions issues first emerge – hubs help emerging adults to build resilience and wellness – the ultimate goals of care.

**Q: Where will the integrated youth services be delivered?**

**A:** The Ministries of Children and Youth Service and Health and Long-Term Care are working together and will engage key stakeholders in the process to identify possible sites and the approach to engaging youth, families and communities.

The integrated service experience focuses on giving youth aged 12 to 25 one-stop shop access to a range of mental health and addiction services as well as other social supports such as housing, employment, and peer support services at one of up to nine sites across Ontario. This network of integrated service sites will include up to 9 sites.

**Q: At how many locations will integrated youth services be available?**

**A:** The network will include up to nine sites to be rolled-out over the next couple of years. An evaluation is included to assess the value and potential of further expansion.

**C. SYSTEM TRANSFORMATION**

**Q: Why is the government transforming the adult mental health and addictions system?**

**A:** For many people with mental health and addiction issues, seeking treatment is a critical first step towards recovery. However, a large gap still exists between the demand for services and what is available. When people are unable to access the services they require immediately, their conditions can deteriorate rapidly.

While significant progress has been made on filling identified service gaps, further work is required to ensure that Ontarians seeking treatment for mental health and addictions issues receive the same high quality of care as those using other sectors of our health care system.

Thus, in addition to the immediate investments, we will continue to work on broader system transformation to aid people with mental health and addictions issues in their recovery. We are committed to a person-directed system – a system that is equitable, accessible, high-performing and recovery-oriented.

**Q: What are the major components of MOHLTC’s plan for system transformation?**

**A:** There are five major components in MOHLTC’s proposed plan for system transformation:

- a. **Equitable Access to Services:** Implement a province-wide set of core services to improve access for Ontarians in need of services and supports for MH&A issues;

- b. **High-Quality Services:** Improve service delivery by ensuring a province-wide approach to quality assurance and improvement;
- c. **Measurable Outcomes:** Drive quality improvement through standardization, streamlining and centralization of data and outcomes for the MOHLTC-funded MH&A sector;
- d. **Funding Tied to Need:** Reform funding model to allocate MOHLTC funding for community MH&A services to LHINs to support population need; and
- e. **Appropriate Governance Structure:** To ensure continuity of system progress with appropriate transition planning for continued leadership following the end of the Mental Health and Addictions Leadership Advisory Council's mandate.

## **D) SUMMARY: Ontario Expanding Access to Mental Health and Addictions Services**

The government's new investment of more than \$140 million over the next three years, followed by a sustained increase in funding of more than \$50 million annually, will expand access to important mental health and addictions services for thousands more Ontarians across the province.

Working with mental health and addictions sector partners, including people with lived experience, the province will develop and roll out a number of initiatives over the next three years.

Ontario is moving ahead with a number of immediate initiatives based on recommendations provided by Ontario's Mental Health and Addictions Leadership Advisory Council, the strong evidence supporting the effectiveness of prevention and early intervention of mental illness, and the need to address critical gaps in accessing services. New initiatives include:

### **Structured Psychotherapy**

- Investments will support thousands of Ontarians with mental health challenges and mental illness, including depression.
- Structured psychotherapy includes various evidence-based therapies. For example, cognitive behavioural therapy (CBT) is an effective form of structured psychotherapy that facilitates an individual's understanding of the relationship between thoughts, mood states and behaviours to reduce distress and improve coping mechanisms. CBT is one of the most researched psychotherapies, with numerous studies highlighting the broad evidence for how it effectively treats conditions like anxiety and depression.
- Ontarians will be able to access services in a variety of ways such as on-line, self-guided, individual and group programs available at existing mental health service providers across the province.



- This phased approach will include immediate investments to existing psychotherapy programs and the government will work with Health Quality Ontario and other experts to advise on the program design, eligibility, referral pathway and quality standards for the effective delivery of structured psychotherapy.

### **Supportive Housing**

- Investments are expected to create up to 1150 new supportive housing units targeted for Ontarians living with mental illness and addiction who are homeless or at-risk of homelessness.
- This is in addition to the approximately 16,000 supportive housing units currently funded by the government, which assist vulnerable people including those living with mental illness and addiction.
- This investment builds on the 1000 dedicated units for people living with mental illness and addiction that was committed as part of Ontario's Poverty Reduction Strategy.
- Ontario's Long-term Affordable Housing Strategy has committed to investing up to \$100 million in operating funding for housing assistance and support services for up to 4,000 families and individuals in new supportive housing over the next two years. Ontario will also support the construction of up to 1,500 new housing units, eventually assisting up to 6,000 families and individuals. These investments will help Ontario to make progress on its goal to end chronic homelessness by 2025.

### **Youth Wellness Hubs**

- These hubs provide walk-in access to mental health for a priority demographic, transitional-aged youth up to age 25, to ensure access to peer support, primary care and social services are available all under one roof.
- This approach to integrated care improves access to prevention and treatment services, and provides more seamless transitions between the services young people with mental illness and addiction require to thrive.
- Ontario will support local partners to come together and collaborate with youth and their families to provide young people with an integrated service experience that reflects their needs at a time when the majority of mental illness and addictions first emerge.

Investing in prevention, promotion and early intervention for youth living with mental illness and addiction helps reduce the long-term burden of untreated mental illness and addictions on individuals, families and communities. In addition to immediate investments to address critical gaps in accessing services, the government is undertaking a multi-year transformation to the mental health and addictions system to promote positive mental wellness and improve the lives of people living with mental illness and addiction. This work will be informed by recommendations from the Council and a diverse group of experts from various backgrounds, including those with lived experience. These changes include:

- Implementing a province-wide set of core services that every Ontarian in need of treatment for mental illness and addictions will have easier access to no matter where they live.

- Improving service delivery by working with key partners to develop evidence-based quality standards for mental health services so that Ontarians can rely on a high quality system similar to those available to other chronic disease treatments.
- Develop a data strategy to drive quality improvement through standardization, streamlining and centralization of data and outcomes.

These changes to the mental illness and addictions system will lay the foundation for an evidence-based, accountable system where all Ontarians, no matter where they live, can get access to high quality services in their community as soon as they reach out for help.