RISE
Rapid-Improvement Support and Exchange

OHT priority population

RISE brief 16: Resources to support population-health management for people with mental health and addictions issues (Last updated 27 January 2021)

Overview

Many OHTs selected people with mental health and addictions issues as one of their priority populations and have established working groups focused on 'moving the needle' on quadruple-aim metrics for this population. While this brief focuses on people with mental health and addictions, three other briefs have been prepared that focus on each of the other priority populations that were frequently selected by cohort 1 OHTs (see Box 1).

Central to the work of OHTs is developing a population-health management plan, which includes four steps:
1) segmenting the priority population into groups with shared needs and access barriers;
2) co-designing care pathways and in-reach and out-reach services for each group;
3) implementing pathways and services in a way that reaches and is appropriate to each group; and
4) monitoring implementation and evaluating impact.

To support this work, RISE has:
1) updated RISE brief 6 on population-health management;[1] and
2) developed a list of questions related to developing a population-health management plan (which is available as an appendix to RISE brief 6).

When undertaking population segmentation, OHTs will likely want to be sensitive to the wide range of health and

> **Box 1: Coverage of priority populations and OHT building blocks**
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> This RISE brief addresses the second of four priority populations that were frequently selected by cohort 1 OHTs:
> 1) older adults and/or people with chronic conditions;
> 2) **people with mental health and addictions issues**;
> 3) people who could benefit from a palliative approach to care; and
> 4) people at risk of or affected by COVID-19.
>
> This RISE brief primarily addresses **building block #4** and secondarily addresses **building blocks #3, #5 and #8**:
> 1) defined patient population
> 2) in-scope services
> 3) **patient partnership and community engagement**
> 4) **patient care and experience**
> 5) **digital health**
> 6) leadership, accountability and governance
> 7) funding and incentive structure
> 8) **performance measurement, quality improvement, and continuous learning**

social needs represented in the population of people with mental health and addictions issues. Needs range from mild to moderate to severe and vary in terms of acuity, severity, chronicity and complexity, and needs may also occur in tandem with physical health problems and with adverse social conditions such as homelessness and unemployment.[2] When co-designing care pathways and in-reach and out-reach services, OHTs will likely want to consider the full continuum of mental health and addictions care, from mental health promotion and prevention to early intervention and pathways to specialized services, and from community-based services to primary care and acute care.[2] And when implementing pathways and services, OHTs will likely want to proactively identify and address mental health and addictions issues. One third of Ontarians with mental health concerns report unmet or partially unmet needs, with members of marginalized communities facing even steeper barriers to accessing mental health care.[2] Moreover, at present many Ontarians may only seek or receive care when mental health and addictions issues escalate to a crisis. Over half of the children and youth admitted to psychiatric inpatient units in Ontario had no prior contact with mental health care.[3] Similarly, one-third of adults visiting emergency rooms because of a mental health or addictions issue had received no prior medical care for their mental health.[1]

Lastly, when monitoring and evaluating, organizations will need to incorporate planning for change and set realistic targets. A helpful tool to graphically depict the relationship between the resources required and the outcomes desired is a logic model. The Health System Performance Network has developed logic model templates and other evaluation supports to aid in the implementation of OHTs (see resource section in step 4). More details on the four steps of population-health management can be found in RISE brief 6.

OHTs will ideally develop their population-health management plans in collaboration with:
1) other OHTs focused on the same priority population;
2) experts who are aware of the many resources available in Ontario to support their efforts; and
3) experts who have experience with one or more of the four steps in population-health management.

As part of the first of these three types of collaborations, OHTs may wish to discuss whether and how to:
1) seek agreement about whether the scope includes children and youth with mental health and addiction issues, adults with mental health and addictions issues, or both; and
2) differentiate their work from those focused on related priority populations, such as:
   a. older adults and/or people with chronic conditions, and
   b. people at risk of or affected by COVID-19.
Resources on these types of collaboration are available on the RISE website including those provided at the OHT Forum held February 2020. OHTs may benefit from continuing the conversation in the online collaborative for each of the priority populations.

This RISE brief provides a first draft of a summary of the resources available to support the development of a population-health management plan for people with mental health and addictions.Priority was given to those resources that are provincial in scope and free to access. Once proposed additions and corrections from the OHT Forum and participating experts has been acted on, an updated version will be made publicly available through the RISE website and newsletter.

We have organized these resources into five groups:
1) resources related to each of the four steps in population-health management;
2) resources related to each of the eight OHT building blocks;
3) provincial organizations;
4) government-supported initiatives; and
5) key legislation.

Resources related to each of four steps in population-health management

While not always directly targeting or using language directly related to the four steps in population-health management (or the first four steps in a 'rapid-learning and improvement' cycle to which they correspond), a number of resources can be drawn upon to inform these steps (Table 1).

Table 1: Resources by step in population-health management

Step	Resources
Step 1: Segmenting the population into groups (or population segments) with shared needs and barriers to accessing needed services [or more generally identifying a problem (or goal) through an internal and external review]	• OHTs were each provided with two data packages from the Ministry of Health that include utilization and referral data on their attributed population, some of which may be relevant to understanding the needs of people with mental health and addictions issues • In addition, data and research findings from available reports can be used to understand the burden of mental health and addictions issues in the province as well as shared needs and barriers to care:

Step	Resources

	o Evidence on current mental health-system quality and performance can be found in:
	  ▪ Ontario Health (Quality) 2015 report Taking stock: A report on the quality of mental health and addictions services in Ontario, and 2019 Measuring up report
	  ▪ ICES' reports Mental health and addiction system performance in Ontario: A baseline scorecard and Mental health of children and youth in Ontario: A baseline scorecard
	  ▪ Ontario Child Health Study's reports
	  ▪ Canadian Institute for Health Information's report Common challenges, shared priorities
	• A needs-based planning model has also been developed to estimate the required capacity of a substance-use treatment system

Step 2: Co-designing care pathways and in-reach and out-reach services appropriate to each group
[or more generally designing a solution based on data and evidence generated locally and elsewhere]
	• The Provincial System Support Program published Fostering meaningful engagement of persons with lived experience at the systems level
	• The Ontario Centre of Excellence for Child and Youth Mental Health has created standards for family and youth engagement, and The New Mentality initiative also offers a workbook for youth engagement
	• The Registered Nurses Association of Ontario has best practice guidelines which can be used to inform the co-design of care pathways, including guidance on:
	  o Assessment and care of adults at risk for suicidal ideation and behaviour
	  o Crisis intervention for adults using a trauma-informed approach
	  o Engaging clients who use substances
	  o Supporting clients on methadone maintenance treatment
	  o Implementing supervised injection services

Step 3: Implementing pathways and services in a way that reaches and is appropriate to each group [or more generally implementing the plan, possibly in pilot and control settings]	• The Provincial System Support Program, based out of the Centre for Addiction and Mental Health with regional offices across the province, offers implementation supports to help programs and communities put best practices into action • The Ontario Centre of Excellence for Child and Youth Mental Health's Quest: Quality improvement initiative will offer tailored quality-improvement coaching to select organizations • School Mental Health Ontario supports implementation of mental health initiatives in school settings • Centre for Effective Practice offers academic detailing to support the implementation of evidence-based care in primary-care settings (and includes a specific focus on mental health and addictions care) • Excellence through Quality Improvement Project (E-QIP) provides quality-improvement coaching to community mental health and addictions organizations

Step 4: Monitoring implementation and evaluating impact
[or more generally evaluating to identify what does and does not work]
	• Health System Performance Network **(HSPN)** has developed a guide to support OHTs in developing their own logic models for their prioritized populations
	• A standardized tool has been developed to collect information about care experiences: Ontario perceptions of care tool for mental health and addictions (OPOC-MHA)
	• Additional measurement tools have also been developed (or applied) in an Ontario context:
	  o Ontario common assessment of need (OCAN): a standardized tool used in the community mental health sector to identify initial need and track change over time
	  o The Global appraisal of individual needs (GAIN) system is used to assess needs, inform treatment, and measure change in addictions treatment

Resources related to the OHT building blocks

A number of resources can also be drawn upon that relate to those OHT building blocks that are most connected to population-health management for people with mental health and addictions issues (Table 2).

Table 2: Resources by OHT building block

Building block	Resources
Building block #1: Defined patient population (who is covered, and what does 'covered' mean?): Identified population and geography at maturity and target population for year 1. Process in place for building sustained care relationships with patients. High-volume service delivery target for year 1. *Year 1 expectations*: Patient access and service delivery target met. Number of patients with sustained care relationship reported. Plan in place for expanding target population. *At maturity*: Teams will be responsible for the health outcomes of the population within a geographic area that is defined based on local factors and how patients typically access care.	• See resources listed in step 1 of the population-health management table above
Building block #2: In-scope services (what is covered?): Existing capacity to deliver coordinated services across at least three sectors of care (especially hospital, home care, community care, and primary care). Plan in place to phase in the full continuum of care and include or expand primary-care services. *Year 1 expectations*: Additional partners identified for inclusion. Plan in place for expanding range and volume of services provided. Primary-care coverage for a significant portion of the population. *At maturity*: Teams will provide a full and coordinated continuum of care for all but the most highly specialized conditions to achieve better patient and population-health outcomes.	• Ontario's Roadmap to wellness identifies a core-services framework with services outlined by level of need • The former Ministry of Children and Youth Services published program guidelines and requirements for child and youth community mental health core services
Building block #3: Patient partnership and community engagement (how are patients engaged?) - Demonstrated history of meaningful patient, family and caregiver engagement, and support from First Nations communities where applicable. Plan in place to include patients, families and caregivers in governance structure(s) and put in place patient leadership. Commitment to develop an integrated patient-engagement framework and patient-relations process. Adherence to the *French Language Services Act,* as applicable. *Year 1 expectations*: Patient declaration of values is in place. Patients, families and caregivers are included in governance structure(s) and patient	• The Provincial System Support Program published Fostering meaningful engagement of persons with lived experience at the systems level • A number of resources exist with respect to the engagement of peers within organizations: o The Ontario Peer Development Initiative represents peer-led and consumer/survivor organizations in Ontario, and provides peer support training o Addictions and Mental Health Ontario published a report on best practices in peer support o The Provincial System Support Program offers a workbook for organizations seeking to engage peers • Resources related to engaging specific populations include: o The Shkaabe Makwa initiative, based at the Centre for Addiction and Mental Health, fosters partnerships between mental health and

leadership established. Patient-engagement framework, patient-relations process, and community-engagement plan are in place. *At maturity*: Teams will uphold the principles of patient partnership, community engagement, and system co-design. They will meaningfully engage and partner with - and be driven by the needs of - patients, families, caregivers and the communities they service.	addictions services and First Nations, Inuit, and Métis communities, and supports culturally relevant initiatives o EENet's community of interest in racialized populations shares resources related to and carries out projects related to the mental health of racialized populations in Ontario o Ontario's Mental Health and Addictions Leadership Advisory Council published a report on Francophone Ontarians' mental health and addictions needs • Ontario Centre of Excellence for Child and Youth Mental Health has created standards for family and youth engagement, and The New Mentality also offers a workbook for youth engagement
Building block #4: Patient care and experience (how are patient experiences and outcomes measured and supported?): Plans in place to improve access, transitions and coordination, key measures of integration, patient self-management and health literacy, and digital access to health information. Existing capacity to coordinate care. Commitment to measure and improve patient experience and to offer 24/7 coordination and navigation services and virtual care. *Year 1 expectations*: Care has been redesigned. Access, transitions and coordination, and integration have improved. Zero cold handoffs. 24/7 coordination and navigation services, self-management plans, health-literacy supports, and public information about the team's services are in place. Expanded virtual-care offerings and availability of digital access to health information. *At maturity*: Teams will offer patients, families and caregivers the highest quality care and best experience possible. 24/7 coordination and system navigation services will be available to patients who need them. Patients will be able to access care and their own health information when and where they need it, including digitally, and transitions will be seamless.	• Resources related to coordinated care for mental health and/or addictions include: o A brief outlining models of coordination between primary care and mental health and addictions services from EENet o A rapid review of evidence on care coordination for individuals with complex or severe mental health and/or addictions issues from EENet o An evaluation of coordinated access mechanisms in the mental health sector from Addictions and Mental Health Ontario o A report on innovative practices in care coordination for people with mental health and addictions issues from Ontario Health (Quality) • Resources related to transition-aged youth include: o The Centre for Excellence in Child and Youth Mental Health's recommendations for improving transitions between child and adult mental health care o An EENet brief on models of mental health care for transition-aged youth, including campus mental health and integrated service centres o Recommendations from the Mental Health and Addictions Leadership Advisory Council for developmentally appropriate youth addictions services • Ontario Centre of Excellence for Child and Youth Mental Health has developed papers on care pathways for early childhood mental health, and for integration between primary care and community-based mental health services • Children's Mental Health Ontario conducted a survey on barriers and facilitators to integrated mental health care for children and youth • School Mental Health Ontario has developed resources to support mental health promotion and prevention, and care pathways to higher-intensity services, within the school system • The New Mentality initiative published youth-led recommendations for improved transition care, anti-oppressive practice, expanded access in rural, remote, and northern communities, and partnering with youth • A number of mental health and justice-related organizations collaborated to produce a framework for hospital-police transitions • Addictions and Mental Health Ontario offers a 'snapshot' document on the needs of patients with mental health issues who have been designated as 'alternative level of care' patients • Ontario Health (Quality) has a number of standards documents relating to mental health and addictions care: o Anxiety disorders (with more focus on care for adults in community and primary care) o Major depression (care for adults and adolescents) o Obsessive-compulsive disorder o Opioid-use disorder (opioid addiction)

	○ Schizophrenia (care for adults in the community) ○ Schizophrenia (care for adults in hospital) ○ Unhealthy alcohol use and alcohol-use disorder ○ An indicator for transitions between inpatient mental health and home is in development - Ontario Health (Quality) also offers technology assessment products for the following mental health treatments: ○ Cognitive behavioural therapy for psychosis ○ Internet-delivered cognitive behavioural therapy for major depression and anxiety disorders ○ Repetitive transcranial magnetic stimulation (rTMS) for people with treatment-resistant depression ○ Pharmacogenomic testing for selection of psychotropic drugs - A number of additional community-based mental health service standards and guidelines were produced by the Ministry of Health in 2005, 2008 and 2011: ○ Crisis response service standards (2005) ○ Intensive case management service standards (2005) ○ Assertive community treatment team standards (2005) ○ Joint policy guideline for the provision of community mental health and developmental services for adults with a dual diagnosis (2008) ○ Early psychosis intervention program standards (2011) - Addictions and Mental Health Ontario has published provincial standards for residential addiction treatment and withdrawal management services - The Centre for Effective Practice offers clinical tools outlining best practice in primary care for a number of mental health conditions and addictions: ○ Adult major depressive disorder ○ Alcohol-use disorder ○ Adult mental health ○ Youth mental health - The Ministry of Health and Long-Term Care offers guidelines for mental health promotion targeted at boards of public health - The Centre for Addiction and Mental Health developed mental health promotion guides for three specific populations: children and youth, older adults and refugees
Building block #5: Digital health (how are data and digital solutions harnessed?): Demonstrated ability to digitally record and share information with one another and to adopt/provide digital options for decision support, operational insights, population-health management, and tracking/reporting key indicators. Single point of contact for digital-health activities. Digital-health gaps identified and plans in place to address gaps and share information across partners. *Year 1 expectations*: Harmonized information-management plan in place. Increased adoption of digital-health tools. Plans in place to streamline and integrate point-of-service systems and use data to support patient care and population-health management. *At maturity*: Teams will use digital health solutions to support effective healthcare	- The Mental Health and Addictions Leadership Advisory Council developed recommendations for a data strategy for the provincial mental health and addictions system - The Ontario Telemedicine Network offers remote access to specialist care and consultation, including for patients in Indigenous communities, and also offers evidence reviews of technology-based self-management supports for addictions and mood and anxiety disorders - Project ECHO aims to build capacity for evidence-based care for complex patients through interdisciplinary, expert-led digital knowledge-sharing networks on specific conditions and themes, including addiction medicine and psychosocial interventions; child and youth mental health; chronic pain and opioid stewardship (and chronic pain and opioid stewardship in northern Ontario); complex patients with comorbid mental health and physical health conditions; mental health; obsessive compulsive disorder; and psychotherapy

delivery, ongoing quality and performance improvement, and better patient experience.	
Building block #6: Leadership, accountability and governance (how are governance and delivery arrangements aligned, and how are providers engaged?): Team members are identified and some can demonstrate history of working together to provide integrated care. Plan in place for physician and clinical engagement and inclusion in leadership and/or governance structure(s). Commitment to the Ontario Health Team vision and goals, developing a strategic plan for the team, reflecting a central brand, and where applicable, putting in place formal agreements between team members. *Year 1 expectations*: Agreements with ministry and between team members (where applicable) in place. Existing accountabilities continue to be met. Strategic plan for the team and central brand in place. Physician and clinical-engagement plan implemented. *At maturity*: Teams will determine their own governance structure(s). Each team will operate through a single clinical and fiscal accountability framework, which will include appropriate financial management and controls.	• The Ontario Centre of Excellence for Children and Youth Mental Health has published guidance for governance specific to the child and youth mental health sector • The Centre for Innovation in Campus Mental Health offers a toolkit for developing relationships between community mental health service agencies and campus mental health services
Building block #7: Funding and incentive structure (how are financial arrangements aligned?): Demonstrated track record of responsible financial management and understanding of population costs and cost drivers. Commitment to working towards integrated funding envelope, identifying a single fundholder, and reinvesting savings to improve patient care. *Year 1 expectations:* Individual funding envelopes remain in place. Single fundholder identified. Improved understanding of cost data. *At maturity:* Teams will be prospectively funded through an integrated funding envelope based on the care needs of their attributed patient populations.	None available
Building block #8: Performance measurement, quality improvement, and continuous learning (how is rapid learning and improvement supported?): Demonstrated understanding of baseline performance on key integration measures and history of quality and performance improvement. Identified opportunities for reducing inappropriate variation and implementing clinical standards and best evidence. Commitment to collect data, pursue joint quality-improvement activities, engage in continuous learning, and champion integrated care.	• Two key performance-measurement initiatives are currently in place o The Ministry of Health monitors accountability and performance obligations of local health service providers through multi-year accountability agreements with the legacy Local Health Integration Networks (which provide the ministry with regular reports on rates of repeat emergency-department visits (within 30 days) for a mental-health issue or, separately, a substance-use issue, as well as post them quarterly against provincial targets on their websites) o Thirteen key performance indicators have been developed for Ministry of Health-funded child and youth mental-health services, with 11 of these indicators included in the 2015 ICES scorecard • Ontario Health (Quality) has developed quality indicators to accompany its quality standards relating to mental health and addictions care (see

Year 1 expectations: Integrated quality-improvement plan in place for the following fiscal year. Progress made to reduce variation and implement clinical standards and best evidence. Complete and accurate reporting on required indicators. Participation in central learning collaborative

At maturity: Teams will provide care according to the best available evidence and clinical standards, with an ongoing focus on quality improvement. A standard set of indicators aligned with the quadruple aim will measure performance and evaluate the extent to which Ontario Health Teams are providing integrated care, and performance will be reported.

building block #4 for the quality standards), and an indicator for transitions between inpatient mental health and home is in development

- Provincial System Support Program (PSSP) coordinates the Evidence Exchange Network (EENet), which includes an online resource database as well as a team of knowledge brokers
- PSSP's Gambling, gaming, and technology use knowledge exchange offers resources specific to behavioural addictions
- The early psychosis intervention network-Ontario (EPION) supports the implementation of Ontario's early psychosis-intervention program standards
- The Ontario College of Family Physicians offers collaborative mentoring networks for primary-care doctors on themes including mental health, and medical monitoring for addictions and pain, to enhance quality of care in these areas
- Additional initiatives are in progress
  - In 2017, the Mental Health and Addictions Leadership and Advisory Council developed a report containing system-level recommendations, including key areas for improvement and future indicators
  - The government of Ontario is working with the Canadian Institute for Health Information to support public reporting on six pan-Canadian indicators by 2022 (current status available here)
    - Hospitalization rates for problematic substance use
    - Rates of repeat emergency departments and/or urgent care centre visits for a mental health or addiction issue
    - Rates of self-injury, including suicide
    - Wait times for community mental health services, referral/self-referral to services (provided outside emergency departments, hospital inpatient programs and psychiatric hospitals)
    - Early identification for early intervention in youth ages 10-25 (to be defined)
    - Awareness and/or successful navigation of mental health and addictions services (self-reported; to be defined)

Provincial organizations as resources

A number of provincial organizations support the development, implementation, delivery, and evaluation of best practices in mental health and/or addictions services across Ontario (Table 3). These organizations offer information, evidence and pre-packaged resources relevant to OHTs' efforts to improve outcomes for people with mental health and/or addictions issues.

Table 3: Organizations as resources

Organization	Description
Addictions and Mental Health Ontario	- Represents community-based mental health and addictions services in Ontario, conducts policy analysis, research and advocacy relating to mental health and addictions policy, and collaborates on provincial projects including quality-improvement initiatives
Canadian Mental Health Association–Ontario	- Conducts policy analysis and advocacy relating to provincial mental health policy and supports use of best practices and effective governance in local CMHA branches, which provide community mental health services in 30 communities across the province

Centre for Effective Practice	• Provides academic detailing and evidence-based tools and resources to support high-quality care delivery in primary-care settings
Children's Mental Health Ontario	• Represents Ontario's publicly funded child and youth mental health centres and conducts research and advocacy relating to child and youth mental health in Ontario
ICES-Mental Health and Addictions Research Program	• Carries out population-based health research relating to mental health and addictions services in Ontario, and develops provincial indicators for evaluation and system monitoring
Ontario Centre of Excellence for Child and Youth Mental Health	• Mobilizes knowledge and supports quality improvement in child and youth mental health services in Ontario, which includes offering a searchable resource hub and developing care pathways and indicators
Ontario's Health's Clinical Institutes and Quality Programs division (formerly Health Quality Ontario)	• Monitors health-system performance, develops quality standards, and supports quality improvement
Ontario Mental Health and Addictions Centre of Excellence (website coming soon)	• Functions within Ontario Health to set and monitor quality standards and support implementation of the Roadmap to Wellness for mental health and addictions care across the province
Ontario Telemedicine Network	• Supports virtual care and virtual communities of practice, and evaluates virtual-care products, including those specific to people with mental health and/or addictions issues
Provincial System Support Program	• Supports dissemination, exchange and implementation of evidence-based practices in mental health services and systems, as well as conducts health-equity impact assessments
The New Mentality	• Supports – as a youth-led initiative – youth engagement and offers policy recommendations
School Mental Health Ontario	• Provides evidence-based implementation and coaching supports for schools and school boards across the province

Government-supported initiatives as resources

Many government-supported initiatives are underway that aim to increase access to, and quality of, mental health and addictions treatment in Ontario (Table 4). Some of these initiatives are in the pilot stage, while others are being rolled out across the province. In addition to these newer initiatives, which include structured psychotherapy, self-management supports, and new models of youth care, Ontario is also home to two care-coordination and service-navigation programs.

Table 4: Other initiatives as resources

Initiative	Description
Increasing Access to Structured Psychotherapy	• Time-limited cognitive-behavioural therapy for adults 18+ with mild-to-moderate depression and anxiety, obsessive-compulsive disorder, and post-traumatic stress disorder • Coordinated through regional hubs at the Centre for Addiction and Mental Health, Ontario Shores Centre for Mental Health Sciences, Royal Ottawa Health Care Group, and Waypoint Centre for Mental Health Care
BounceBack	• Cognitive-behavioural therapy-based self-help with supportive coaching for youth and adults 15+ with mild-to-moderate depression or anxiety, or low mood, stress, or worry

	• Delivered by telephone, online videos and workbooks and coordinated by the Canadian Mental Health Association – Ontario

Youth Wellness Hubs	• One-stop shop for youth aged 12-25 with mental health and addictions issues and includes:
	  o Low barrier to entry including walk-in based services
	  o Multiple services including mental health and addictions counselling, peer support, employment services, and primary care (with the full range of services varying across the hubs)
	  o Supports referrals and transitions to specialized care as needed via a stepped-care model
	• Coordinated by Youth Wellness Hubs Ontario in partnership with the Provincial System Support Program and the Ontario Centre of Excellence for Child and Youth Mental Health

ConnexOntario	• Online or telephone-based information about mental health and addictions services including location, wait times, and referral requirements, as well as basic information about mental health and addictions

Health Links	• Coordinated care planning for patients who often see multiple healthcare providers, access a range of services, and may find it difficult to navigate the health system
	  o Development of a patient-centred care plan based on the individual's needs and goals
	  o Coordination of the care plan across multiple health providers, services and sectors
	• Geographically based, inter-sectoral collaboration
	• In full implementation in 82 networks of providers

Key legislation and policy documents

While many pieces of legislation touch on the lives of those with mental health and addictions issues, four pieces of legislation are particularly key to the development of population-health management plans. (Table 5). Additional information about relevant legislation can be found in chapter 7 of *Ontario's health system: Key insights for engaged citizens, professionals and policymakers*, which is available for free online. Additionally, the current government's policy priorities can be found in the Roadmap to wellness: a plan to build Ontario's mental health and addictions system.

Table 5: Key legislation

Legislation	Description
Mental Health Act	• Specifies conditions under which patients may be involuntarily admitted to hospital or placed on a community treatment order
Mental Health and Addictions Centre of Excellence Act	• Outlines the structure and functions for a new (2019) centre of excellence within Ontario Health to support a mental health and addictions strategy in Ontario
Health Care Consent Act	• Sets out rules for obtaining informed consent and determining capacity to consent with respect to treatment decisions, admission to a care facility, and personal-assistance services
Substitute Decisions Act	• Governs what happens when someone does not have the capacity to make certain decisions about their own property or personal care
Psychotherapy Act	• Establishes psychotherapy as a controlled act, defines the act of psychotherapy, and specifies the regulated professions eligible to provide psychotherapy

Additional tips about how to draw on evidence sources to improve patient care and experience can be found in RISE brief 9 on evidence sources.

As noted in the introduction, an updated version of this RISE brief will be made publicly available through the RISE website and newsletter once proposed additions and corrections from the OHT Forum and participating experts have been acted on. If you would like to propose additions or corrections, please email your input to rise@mcmaster.ca.

References

[1] Waddell K, Reid R, Lavis JN. RISE brief 6: Population-health management. Hamilton, Canada: McMaster Health Forum; 2019.

[2] Health Quality Ontario. Taking stock: a report on the quality of mental health and addictions services in Ontario. Toronto: Queen's Printer for Ontario; 2015. http://www.hqontario.ca/portals/0/Documents/pr/theme-report-taking-stock-en.pdf (accessed: 10 February 2020)

[3] Gill P, Saunders N, Gandhi S, Gonzalez A, Kurdyak P, Vigod S, et al. Emergency department as a first contact for mental health problems in children and youth. *Journal of the American Academy of Child and Adolescent Psychiatry.* 2017; 56(6):475-482.e4.