MFSP Mental Health Services Framework

A Conceptual Overview, Best Practice Guidance and Risk Management Tool for MFRCs

Version 2.0 *(some components still in development)*
February 2016

Canada

MFSP Mental Health Services Framework Overview

Service Level	Brief Service Level Description	Service Level Program Examples
OUTREACH AND ENGAGEMENT SERVICES *Staff Promoting Services and Leveraging Partnerships*	Raising awareness of existing mental health services, and collaborating with others through formal and informal networks	• Family info sessions on available mental health services • Community service provider networking meetings • Mental health community needs assessments
PEER SUPPORT SERVICES *People Helping People*	Connecting people that share experiences to support recovery	• OSISS • HOPE • Single parent support groups • AA, Al Anon, Alateen
PSYCHOEDUCATIONAL SERVICES *Professionals Teaching People*	Focusing on prevention and personal growth through education to maintain and improve autonomy, recovery, health and social functioning	• R2MR • iSTEP • YPET • The Mind's the Matter • Friends • Inter-Comm • Kids Have Stress Too! • Rainbows
PSYCHOSOCIAL SERVICES *Registered Professionals Helping People*	Short-term counselling, support and intervention using recognized evidence-based clinical approaches for issues related to adjustment, workplace difficulties, relationship, couple, family or crisis situations	• Initial needs assessment • Crisis response • Short-term support • Family / couples intervention • E=MC3
MENTAL HEALTH TREATMENT SERVICES *Professionals Providing Medical Treatment to People*	Psychological treatment for a mental health condition involving a formal assessment and diagnosis, involvement of a physician and multidisciplinary care through structured specialized services using recognized evidence-based approaches delivered by registered clinicians and psychotherapists	• Diagnostic assessment • Treatment of a diagnosed mental health condition

Contents

1   Background

1.1   Mental Health and Canadian Military Families

Mobility, separation and risk are unique lifestyle characteristics of the Canadian Armed Forces (CAF) that impact the majority of military families.   For many, this creates challenges to maintaining physical and mental health. With the recent deployment of military personnel in support of the mission in Afghanistan, there has been concern that these challenges have increased, especially those related to mental health.

In fact, about 1 in 6 full-time Regular Force members reported symptoms of at least one mental health disorder[1]. And for those Regular Force members who had been deployed to Afghanistan, their rates of post-traumatic stress disorder and panic disorder were twice as high compared to those who had not[2].

The families of military members with mental health issues not only have to deal with changing personality and relationship dynamics, but also often find themselves thrust into primary caregiving roles, shouldering tremendous burdens and stressors. This can lead to physical and mental health problems for the non-serving family members. As a result, family resilience weakens.

1.2   Mental Health Programs and Services for Military Families

Military Family Services (MFS) has committed to developing a Mental Health Strategy for the Military Family Services Program (MFSP) – one that will result in enhanced awareness, access and use of physical and mental health services.

Mental health is a vast concept – it is bigger than the presence or absence of a mental illness. It is the key to our well-being, contributing to our quality of life and our physical health. It involves how we feel, think, act and interact with the world around us. The World Health Organization defines mental health as "the state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community".

And mental health affects us all – at different times in our lives we all experience varying levels of need related to mental health. Sometimes our mental health is challenged by difficult situations that can be eased with time and informal support. Other times the challenges are significant enough that we require specialized assistance. People

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[1] Pearson, C., Zamorski , M., & Janz, T. (2014). *Mental Health of the Canadian Armed Forces.* Ottawa, ON: Statistics Canada Catalogue no. 82-624-X

[2] ibid.

respond differently to the same challenges and indeed to the same mental illness – some will require more assistance than others to cope.
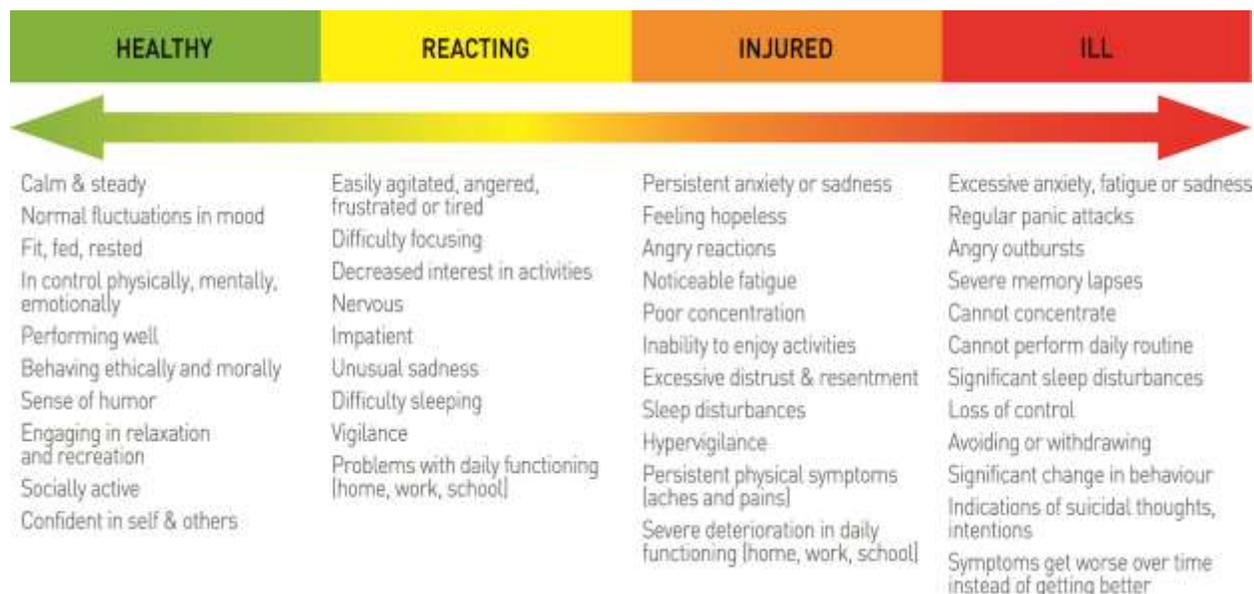
There are many different types of mental health problems and illnesses, and there is no single cause for most. They are the result of a complex interaction among social, economic, psychological, and biological/genetic factors[3].

Any mental health strategy must be similarly complex, as a simplistic approach would never address the multiple layers and experiences of military families living with mental health challenges. In order to develop an effective MFSP Mental Health Strategy, MFS began by documenting the wide variety of mental health and social wellness programs currently available to military families. This culminated in a downloadable guide, *You're Not Alone*, to help families locate these services and get the support they need to bring balance back to their lives.

1.3   CAF Mental Health Continuum

The programs and services compiled in the *You're Not Alone* guide address varying zones of the Mental Health Continuum – a conceptual tool that helps explain how individuals cope.

The Mental Health Continuum describes the spectrum of mental health concerns that may impact CAF members and their families. Mental health is not an all or nothing concept – individuals are not either sick or healthy. Rather mental health exists along a continuum.

HEALTHY	REACTING	INJURED	ILL
Calm & steady	Easily agitated, angered, frustrated or tired	Persistent anxiety or sadness	Excessive anxiety, fatigue or sadness
Normal fluctuations in mood	Difficulty focusing	Feeling hopeless	Regular panic attacks
Fit, fed, rested	Decreased interest in activities	Angry reactions	Angry outbursts
In control physically, mentally, emotionally	Nervous	Noticeable fatigue	Severe memory lapses
Performing well	Impatient	Poor concentration	Cannot concentrate
Behaving ethically and morally	Unusual sadness	Inability to enjoy activities	Cannot perform daily routine
Sense of humor	Difficulty sleeping	Excessive distrust & resentment	Significant sleep disturbances
Engaging in relaxation and recreation	Vigilance	Sleep disturbances	Loss of control
Socially active	Problems with daily functioning (home, work, school)	Hypervigilance	Avoiding or withdrawing
Confident in self & others		Persistent physical symptoms (aches and pains)	Significant change in behaviour
		Severe deterioration in daily functioning (home, work, school)	Indications of suicidal thoughts, intentions
			Symptoms get worse over time instead of getting better

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[3] Mental Health Commission of Canada. (2009). *Toward Recovery and Well-Being – A Framework for a Mental Health Strategy for Canada.* Ottawa, ON: Mental Health Commission of Canada.

The Mental Health Continuum Model goes from healthy, adaptive coping (green), through mild and reversible distress or functional impairment (yellow), to more severe, persistent injury or impairment (orange), to clinical illnesses and disorders requiring more concentrated medical care (red).

Throughout one's life, an individual may find themselves moving in and out of the yellow/reacting zone of the continuum. This is a normal reaction to stressful situations. However it is important at this stage along the continuum to employ positive, effective coping strategies to return to green. It is equally important to monitor one's mental health and watch for signs that an individual may be moving further along the continuum in the orange or red zones so that they can get the extra support required to return to green.

HEALTHY	REACTING	INJURED	ILL
Maintain healthy lifestyle	Ask for help when necessary	Talk to someone; ask for help	Follow doctor's recommendations
Focus on task at hand, small steps	Set limits and boundaries	Tune into own signs of distress	Accept offers of help from friends
Controlled breathing	Balance demands and priorities	Make self care a priority	Learn and try new ways to cope
Nurture a support system	Identify unhealthy coping	Accept that you cannot do it all	Be honest with yourself about how you are doing
Join a deployment support group	Apply problem solving skills	Get help sooner, not later	Focus on regaining health
Plan time for rest & fun	Keep lines of communication open	Maintain social contact, don't withdraw	Don't give up on yourself
Recognize limits, take breaks			

Every situation differs and each person will move along this continuum at a different pace. But movement can happen in both directions along the continuum, indicating that there is always the possibility for a return to complete health and functioning.

Depending on where each person is on the Mental Health Continuum, a different level of service may be required. And each member of a family dealing with a mental health issue may fall in different areas of the continuum. For family support to be truly effective, mental health services must be tailored to fit the unique needs of each individual where he/she falls within the Mental Health Continuum.

2   MFSP Mental Health Services Framework – Overview

After the compilation of available programs, MFS began to create a framework to better understand the variety of programs and services required to support the mental health of families, recognizing that different families have different needs, and that individuals may require different supports depending on which zone of the Mental Health Continuum they are in. MFS has involved representatives from MFRCs, CF Health Services and the Canadian Mental Health Association in the development of this MFSP Mental Health Services Framework.

The MFSP Mental Health Services Framework provides a conceptual overview of the types of mental health programming available to families. These services range from outreach and engagement, to peer support, to psychoeducation, to psychosocial services to mental health treatment.

Its purpose is to provide clarity to MFRCs, service providers and other community partners. It also serves as a risk management tool for MFRCs. For example, by using the Framework it becomes clear what is involved in each level of service, and consequently what level of qualification is required by the service provider delivering the service.

The MFSP Mental Health Services Framework will also assist MFS and MFRCs to communicate more effectively with families about the different types of support they can access depending on the level of their needs.

Within each level of service, industry standards and best practice guidelines have been developed, and continue to be developed by subject matter experts involved in MFS Mental Health Communities of Practice, in a variety of service delivery components, including the following:
- Service Level Description
- Examples of MFRC and Community Programs
- Evidence-based Best Practices
- Credentials
- Suggested Job Descriptions and Titles
- Client Outcome Measures
- Service Delivery Statistics Collection
- Accreditation Standards

Each of these components will be explored in detail within each level of service.

3   Outreach and Engagement Services

Staff Promoting Services and Leveraging Partnerships

3.1   Description – Outreach and Engagement Services

Outreach aims to inform and raise awareness of existing available services.

Engagement aims to involve and collaborate with others in our communities.

Outreach and engagement can be achieved through informal or formal networks:
- Formal networks are organizations, departments, etc.
- Informal networks are individuals, families, friends, associations, etc.

3.2   Program Examples – Outreach and Engagement Services

Examples of mental health outreach services include:
- ✓ Family info sessions on available mental health services (informal networks);
- ✓ Community service provider networking meetings (formal networks).

Examples of mental health engagement services include:
- ✓ Mental health community needs assessments (informal networks);
- ✓ Partnering with civilian mental health service providers to ensure they are informed about the military lifestyle and are willing to take on military families if referred (formal networks).

3.3   Evidence-Based Best Practices – Outreach and Engagement Services

Currently in development.

3.4   Credentials – Outreach and Engagement Services

Currently in development.

3.5   Sample Job Descriptions and Titles – Outreach and Engagement Services

Currently in development.

3.6 Client Outcome Measures – Outreach and Engagement Services

Currently in development.

3.7 Service Delivery Statistics Collection – Outreach and Engagement Services

Currently in development, but will include at a minimum:
- # requests for brochures / other print info
- # requests for briefings / presentations / discussions

Refer to the MFS website (Performance Measurement) for more details on service delivery statistics collection requirements.

3.8 Accreditation Standards – Outreach and Engagement Services

Currently in development.

4 Peer Support Services

People Helping People

4.1 Description – Peer Support Services

Peer Support Services:
- Focus on connecting people that share common experiences to support recovery;
- Promote emotional support, encouragement and hope that recovery is possible;
- Do not involve individual clinical record-keeping;
- Are not based on psychiatric models and do not require diagnostic criteria.

4.2 Program Examples – Peer Support Services

Examples of Peer Support Services include:
- ✓ OSISS (Operational Stress Injury Social Support)
- ✓ HOPE (Helping Others by Providing Empathy)
- ✓ Single parent support groups
- ✓ AA, Al Anon, Alateen (Addictions Support Group)

4.3 Evidence-Based Best Practices – Peer Support Services

Currently in development.

4.4 Credentials – Peer Support Services

Not specified, but should there be a need for a facilitator then training is recommended.

4.5 Sample Job Descriptions and Titles – Peer Support Services

Currently in development, but will include at a minimum:

- Volunteer
- Peer
- Support

4.6 Client Outcome Measures – Peer Support Services

Currently in development, but will include at a minimum:

- Performance evaluation
- Client satisfaction survey

4.7   Service Delivery Statistics Collection – Peer Support Services

Currently in development, but will include at a minimum:
- # staff (FTE)
- # new referrals to peer support
- # hours (during peer support meetings)
- # clients

Refer to the MFS website (Performance Measurement) for more details on service delivery statistics collection requirements.

4.8   Accreditation Standards – Peer Support Services

Currently in development, but may include at a minimum:
- Program satisfaction survey from client
- Annual program evaluation

5   Psychoeducational Services

Professionals Teaching People

5.1   Description – Psychoeducational Services

Psychoeducational Services:
- Focus on prevention and personal growth through education;
- Involve the transmission of knowledge and the development of specific abilities;
- Aim to maintain and improve autonomy, recovery, health and social functioning;
- Learning objectives may be related to health, mental health, wellness or other topics;
- Can be provided one on one or in a group;
- Do not involve individual clinical record-keeping.

5.2   Program Examples – Psychoeducational Services

Examples of Psychoeducational Services include:
- ✓ R2MR
- ✓ iSTEP
- ✓ YPET
- ✓ Friends
- ✓ Kids Have Stress Too!
- ✓ Inter-Comm
- ✓ Stress Take Charge
- ✓ Family Violence Prevention Brief
- ✓ Addiction Prevention Brief
- ✓ Parenting Skills
- ✓ Stress Prevention
- ✓ The Mind's the Matter
- ✓ Rainbows

5.3   Evidence-Based Best Practices – Psychoeducational Services

Currently in development.

5.4   Credentials – Psychoeducational Services

Currently in development, but will include at a minimum:
- Recommended:
  - o   University degree in Education or Mental Health field

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- Minimum requirements:
  - College degree in relevant Education or Mental Health field;
  - Training in principles of adult/child learning (as applicable); and
  - Experience

5.5   Sample Job Descriptions and Titles – Psychoeducational Services

Currently in development, but will include at a minimum:
- Prevention, Support and Intervention (PSI) Coordinator
- Health Promotion Coordinator
- Deployment Coordinator

5.6   Client Outcome Measures – Psychoeducational Services

Currently in development, but will include at a minimum:
- Program evaluation
- End-of-course survey
- Facilitator evaluation

5.7   Service Delivery Statistics Collection – Psychoeducational Services

Currently in development, but will include at a minimum:
- # staff (FTE)
- # hours
- # clients

Refer to the MFS website ([Performance Measurement](#)) for more details on service delivery statistics collection requirements.

5.8   Accreditation Standards – Psychoeducational Services

Currently in development, but may include at a minimum:
- Client satisfaction survey
- Annual program evaluation
- Annual staff evaluation
- Needs survey
- Qualification requirements

6   Psychosocial Services

Registered Mental Health Professionals Helping People

6.1   Description – Psychosocial Services

Psychosocial Services:
- Offer short-term counselling, support and intervention;
- For issues related to adjustment, workplace difficulties, relationship, couple, family, or crisis situations;
- Require the use of recognized evidence-based models and clinical approaches;
- Involve development of customized intervention plans that assist the client in establishing and achieving personal objectives;
- Can be offered individually or in group;
- Require confidential clinical record-keeping in accordance with the guidelines provided by the clinician professional regulatory authority and with privacy act regulations (for individual as well as group intervention).

Notes
- Conditions linked to a mental health problem (diagnosed or not, and in accordance with DSM-5) do not fall under psychosocial services – these fall under "Mental Health Treatment Services" and require the involvement of a doctor.
- Military members seeking social work reports, individual intervention, or any screenings (pre/post deployment or posting related) must be referred to CF Health Services to ensure CAF procedures are followed.

Scope of Practice:
- ✓ **Initial needs screening**: Overview of client's presenting needs in order to orient them to the appropriate resource.
- ✓ **Crisis intervention**: Immediate, brief and direct intervention; aims to stabilize a person or the environment related to the crisis; may include risk assessment, transmission of coping strategies and referral to more appropriate services or care providers.
- ✓ **Support meeting**: Allowing someone to express their struggles; clinician may provide the person with advice or make recommendations.
- ✓ **Support intervention**: Advice, information and support; aims to maintain the current situation and reinforce adaptation strategies by focusing on strengths /resources; can be provided one on one or in a group.
- ✓ **Intervention follow-up**: Actualization of intervention plan; for people with behavioural disturbances or other problems causing psychological suffering or health issues; may require multidisciplinary teams' involvement, psycho-education and re-adaptation; can be provided one on one or in a group.

✓ **Couple or family intervention**: Support the optimal inner-working of a couple or family unit; aims to fix malfunctioning elements of a couple or family relationship.

✓ **Re-adaptation**: Support meetings; aims to help someone cope with the symptoms of an illness.

✓ **Coaching**: Assisting an individual who is not in distress or suffering, who expresses needs related to personal or professional goals and achieving their full potential; aims to develop talents, resources or abilities.

6.2 Program Examples – Psychosocial Services

Examples of Psychosocial Services include:
- ✓ Initial needs assessment (intake)
- ✓ Crisis response
- ✓ Short-term support
- ✓ Family and couple intervention
- ✓ E=MC3

6.3 Evidence-Based Best Practices – Psychosocial Services

Currently in development, but will include at a minimum:
- Cognitive Therapy
- Cognitive Behavioural Therapy
- Cognitive Processing Therapy
- Crisis Intervention
- Emotionally-Focused Therapy
- Family Support and Psychoeducation
- Motivational Interviewing
- Supportive Counselling
- Skills Training (e.g. relaxation, anger management, stress management, etc.)
- Systemic Therapy
- Solution-Focused Therapy
- Mindfulness-Based Cognitive Behavioural Therapy

6.4 Credentials – Psychosocial Services

Currently in development, but will include at a minimum:
- Recommended:
  - Clinical degree (Masters level) in Psychology, Social Work or Counselling field;
  - 2 years of related clinical experience;
  - Maintains registration with Provincial/National professional association(s); and

- o Trained and experienced in using one or more of the recognized evidence-based approaches for psychosocial services.
- Minimum requirements:
  - o University degree in relevant Mental Health field (e.g. Social Work, Counselling, Psychology);
  - o 2 years of related clinical experience;
  - o Maintains registration with Provincial/National professional association(s); and
  - o Trained and experienced in using one or more of the recognized evidence-based approaches for psychosocial services.

6.5   Sample Job Descriptions and Titles – Psychosocial Services

Currently in development, but will include at a minimum:
- Prevention, Support and Intervention (PSI) Coordinator
- Family Liaison Officer (FLO)
- Clinical Social Worker
- Clinical Supervisor

6.6   Client Outcome Measures – Psychosocial Services

Currently in development, but will include at a minimum:
- Service provider evaluation
- Program evaluation

6.7   Service Delivery Statistics Collection – Psychosocial Services

Currently in development, but will include at a minimum:
- # staff (FTE)
- # avg wait time to access services in days
- # hours (direct client contact)
- # clients
- # new cases opened

Refer to the MFS website (Performance Measurement) for more details on service delivery statistics collection requirements.

6.8   Accreditation Standards – Psychosocial Services

Currently in development, but may include at a minimum:
- Client file management (standardized clinical forms and industry-standard file management systems)
- Record keeping

- Best practices
- Annual program evaluation
- Qualifications requirement for scope of practice
- Needs survey
- Code white
- Reference process
- Mental health accreditation process

7   Mental Health Treatment Services

Professionals Providing Medical Treatment to People

7.1   Description – Mental Health Treatment Services

Mental Health Treatment Services:
- Provide psychological treatment for a mental health condition (e.g. behavioral disturbances, or other problem resulting in psychological suffering or distress);
- Involve development of an intervention plan aimed at fostering significant changes in cognitive, emotional, or behavioral functioning, or in personality, interpersonal relations or health;
- Are preceded by formal assessment and diagnosis prior to treatment;
- Provide multidisciplinary care through structured specialized programs/services;
- Require referral by and involvement of a physician;
- Are delivered by registered clinicians and psychotherapists;
- Require the use of recognized evidence-based models and clinical approaches;
- Can be offered individually or in group;
- Require confidential clinical record-keeping in accordance with the guidelines provided by the clinician professional regulatory authority and with privacy act regulations (for individual as well as group intervention).

Notes
- Treatment extends beyond support or counselling role.
- Military members seeking this level of service must be referred to CF Health Services.

7.2   Program Examples – Mental Health Treatment Services

Examples of Mental Health Treatment Services include:
- ✓ Diagnostic assessment
- ✓ Treatment of a diagnosed mental health condition, such as but not limited to:
    - ✓ Depression
    - ✓ Anxiety disorder (panic disorder, social phobia, generalized anxiety disorder, obsessive compulsive disorder, post-traumatic stress disorder, acute stress disorder)
    - ✓ Addiction
    - ✓ Personality disorder
    - ✓ Phobia

7.3 Evidence-Based Best Practices – Mental Health Treatment Services

Currently in development, but will include at a minimum:
- Behavioural Therapy
- Cognitive Therapy
- Cognitive Behavioural Therapy
- Cognitive Processing Therapy
- Crisis Intervention
- Dialectical Behaviour Therapy
- Eye Movement Desensitization and Reprocessing
- Hypnosis
- Imagery Rehearsal Therapy
- Motivational Interviewing
- Pharmacotherapy
- Prolonged Exposure
- Psychoeducation
- Skills Training (e.g. relaxation, anger management, stress management, etc.)
- Solution-Focused Therapy
- Systematic Desensitization

7.4 Credentials – Mental Health Treatment Services

Currently in development, but will include at a minimum:
- Recommended:
  - Clinical degree (Masters/PhD level) in Psychology or Social Work field;
  - Maintains registration with Provincial/National professional association(s) and Psychotherapist association; and
  - Trained and experienced in the treatment of relevant mental health conditions and in the use of recognized evidence-based treatment approaches.
- Minimum requirements:
  - University degree in relevant Mental Health field (e.g. Social Work);
  - Registered clinician (ON and QC clinicians must also be registered Psychotherapists); and
  - Trained and experienced in mental health treatment and in the use of recognized evidence-based approaches for mental health treatment services.

7.5 Sample Job Descriptions and Titles – Mental Health Treatment Services

Currently in development, but will include at a minimum:
- Mental Health Clinician
- Clinical Supervisor

7.6   Client Outcome Measures – Mental Health Treatment Services

Currently in development, but will include at a minimum:
- Service provider evaluation
- Program evaluation

7.7   Service Delivery Statistics Collection – Mental Health Treatment Services

Currently in development, but will include at a minimum:
- # staff (FTE)
- # avg wait time to access services in days
- # clients
- # hours (direct client contact)
- # new cases opened

Refer to the MFS website ([Performance Measurement](#)) for more details on service delivery statistics collection requirements.

7.8   Accreditation Standards – Mental Health Treatment Services

Currently in development, but may include at a minimum:
- Client file management (standardized clinical forms and industry-standard file management systems)
- Application of psychotherapy legislations
- Annual program evaluation
- Annual staff evaluation
- Qualifications requirement

8 MFSP Mental Health Services Framework for Families

While the primary purpose of the MFSP Mental Health Services Framework is to provide clarity to MFRCs, it will communicate more effectively to families the different types of support they can access depending on the level of their needs. For example, this sample infographic details the various types of mental health service and program options that families can access, depending on their level of need. This infographic will be available for MFRC websites and to printout for distribution.

Promotional materials for families are currently in development and will be released at a later date.

9   Service / Program Classification Guidance

A mental health service or program may include elements at more than one level of the Mental Health Services Framework. By answering the following questions, you will be able to determine which level your service/program predominantly falls within, and thereby ensure the use of appropriate best practice approaches, staff credentials, outcome measures, stats collection, etc.

	What is the intention – what are the main "needs" being addressed?	What is the most frequent "activity"?	Is clinical charting required by professional association?	Tally # ✔
Outreach and Engagement Services	☐ To inform and collaborate on services	☐ Marketing, info sessions and networking	☐ No	
Peer Support Services	☐ To break down isolation and offer encouragement, support and hope	☐ Connecting with a group and sharing of experiences	☐ No	
Psycho-educational Services	☐ To learn about and develop skills for issues related to health, mental health, wellness and social functioning	☐ Teaching and supporting skills development to maintain and improve recovery, autonomy, mental health and social functioning	☐ No	
Psychosocial Services	☐ To deal with adjustment, workplace, family or relationship difficulties, or a crisis situation	☐ Individual or group-based short-term professional intervention and support (e.g. crisis intervention, adaptation support, coaching, etc.)	☐ Confidential clinical record-keeping must be kept in accordance with professional association guidelines	
Mental Health Treatment Services	☐ To significantly improve cognitive/ emotional/behavioural functioning or interpersonal relations	☐ Individual or group-based treatment of diagnosed mental illness (e.g. depression, anxiety, addiction, etc.)	☐ Confidential clinical record-keeping must be kept in accordance with professional association guidelines	

10 Quick Reference Chart – Brief Service Descriptions

OUTREACH AND ENGAGEMENT SERVICES *Staff Promoting Services and Leveraging Partnerships*	Raising awareness of existing mental health services, and collaborating with others through formal and informal networks
PEER SUPPORT SERVICES *People Helping People*	Connecting people that share experiences to support recovery
PSYCHOEDUCATIONAL SERVICES *Professionals Teaching People*	Focusing on prevention and personal growth through education to maintain and improve autonomy, recovery, health and social functioning
PSYCHOSOCIAL SERVICES *Registered Professionals Helping People*	Short-term counselling, support and intervention using recognized evidence-based clinical approaches for issues related to adjustment, workplace difficulties, relationship, couple, family or crisis situations
MENTAL HEALTH TREATMENT SERVICES *Professionals Providing Medical Treatment to People*	Psychological treatment for a mental health condition involving a formal assessment and diagnosis, involvement of a physician and multidisciplinary care through structured specialized services using recognized evidence-based approaches delivered by registered clinicians and psychotherapists

11 Quick Reference Chart – Service Program Examples

OUTREACH AND ENGAGEMENT SERVICES *Staff Promoting Services and Leveraging Partnerships*	• Family info sessions on available mental health services • Community service provider networking meetings • Mental health community needs assessments
PEER SUPPORT SERVICES *People Helping People*	• OSISS • HOPE • Single parent support groups • AA, Al Anon, Alateen
PSYCHOEDUCATIONAL SERVICES *Professionals Teaching People*	• R2MR • iSTEP • YPET • The Mind's the Matter • Friends • Inter-Comm • Kids Have Stress Too! • Rainbows
PSYCHOSOCIAL SERVICES *Registered Professionals Helping People*	• Initial needs assessment • Crisis response • Short-term support • Family / couples intervention • E=MC3
MENTAL HEALTH TREATMENT SERVICES *Professionals Providing Medical Treatment to People*	• Diagnostic assessment • Treatment of a diagnosed mental health condition

12 Quick Reference Chart – Evidence-Based Best Practices

OUTREACH AND ENGAGEMENT SERVICES *Staff Promoting Services and Leveraging Partnerships*	• Currently in development
PEER SUPPORT SERVICES *People Helping People*	• Currently in development
PSYCHOEDUCATIONAL SERVICES *Professionals Teaching People*	• Currently in development
PSYCHOSOCIAL SERVICES *Registered Professionals Helping People*	• Cognitive Therapy • Cognitive Behavioural Therapy • Cognitive Processing Therapy • Crisis Intervention • Emotionally-Focused Therapy • Family Support and Psychoeducation • Motivational Interviewing • Supportive Counselling • Skills Training (e.g. relaxation, anger management, stress management, etc.) • Systemic Therapy • Solution-Focused Therapy • Mindfulness-Based Cognitive Behavioural Therapy
MENTAL HEALTH TREATMENT SERVICES *Professionals Providing Medical Treatment to People*	• Behavioural Therapy • Cognitive Therapy • Cognitive Behavioural Therapy • Cognitive Processing Therapy • Crisis Intervention • Dialectical Behaviour Therapy • Eye Movement Desensitization and Reprocessing • Hypnosis • Imagery Rehearsal Therapy • Motivational Interviewing • Pharmacotherapy • Prolonged Exposure • Psychoeducation • Skills Training (e.g. relaxation, anger management, stress management, etc.) • Solution-Focused Therapy • Systematic Desensitization

13 Quick Reference Chart – Credentials

OUTREACH AND ENGAGEMENT SERVICES *Staff Promoting Services and Leveraging Partnerships*	• Currently in development
PEER SUPPORT SERVICES *People Helping People*	• Not specified, but should there be a need for a facilitator then training is recommended
PSYCHOEDUCATIONAL SERVICES *Professionals Teaching People*	• Recommended: University degree in Education or Mental Health field • Minimum requirements: College degree in relevant Education or Mental Health field; Training in principles of adult/child learning (as applicable); and Experience
PSYCHOSOCIAL SERVICES *Registered Professionals Helping People*	• Recommended: Clinical degree (Masters level) in Psychology, Social Work or Counselling field; 2 years of related clinical experience; Maintains registration with Provincial/National professional association(s); and Trained and experienced in using one or more of the recognized evidence-based approaches for psychosocial services. • Minimum requirements: University degree in relevant Mental Health field (e.g. Social Work, Counselling, Psychology); 2 years of related clinical experience; Maintains registration with Provincial/National professional association(s); and Trained and experienced in using one or more of the recognized evidence-based approaches for psychosocial services.
MENTAL HEALTH TREATMENT SERVICES *Professionals Providing Medical Treatment to People*	• Recommended: Clinical degree (Masters/PhD level) in Psychology or Social Work field; Maintains registration with Provincial/National professional association(s) and Psychotherapist association; and Trained and experienced in the treatment of relevant mental health conditions and in the use of recognized evidence-based treatment approaches. • Minimum requirements: University degree in relevant Mental Health field (e.g. Social Work); Registered clinician (ON and QC clinicians must also be registered Psychotherapists); and Trained and experienced in mental health treatment and in the use of recognized evidence-based approaches for mental health treatment services.

14 Quick Reference Chart – Job Descriptions and Titles

OUTREACH AND ENGAGEMENT SERVICES *Staff Promoting Services and Leveraging Partnerships*	• Currently in development

PEER SUPPORT SERVICES
People Helping People
	• Currently in development, but will include at a minimum:
	   o Volunteer
	   o Peer
	   o Support

PSYCHOEDUCATIONAL SERVICES
Professionals Teaching People
	• Currently in development, but will include at a minimum:
	   o Prevention, Support and Intervention (PSI) Coordinator
	   o Health Promotion Coordinator
	   o Deployment Coordinator

PSYCHOSOCIAL SERVICES
Registered Professionals Helping People
	• Currently in development, but will include at a minimum:
	   o Prevention, Support and Intervention (PSI) Coordinator
	   o Family Liaison Officer (FLO)
	   o Clinical Social Worker
	   o Clinical Supervisor

MENTAL HEALTH TREATMENT SERVICES
Professionals Providing Medical Treatment to People
	• Currently in development, but will include at a minimum:
	   o Mental Health Clinician
	   o Clinical Supervisor

15 Quick Reference Chart – Outcome Measures

OUTREACH AND ENGAGEMENT SERVICES *Staff Promoting Services and Leveraging Partnerships*	• Currently in development

PEER SUPPORT SERVICES
People Helping People
	• Currently in development, but will include at a minimum:
	  o Performance evaluation
	  o Client satisfaction survey

PSYCHOEDUCATIONAL SERVICES
Professionals Teaching People
	• Currently in development, but will include at a minimum:
	  o Program evaluation
	  o End-of-course survey
	  o Facilitator evaluation

PSYCHOSOCIAL SERVICES
Registered Professionals Helping People
	• Currently in development, but may include:
	  o Service provider evaluation
	  o Program evaluation

MENTAL HEALTH TREATMENT SERVICES
Professionals Providing Medical Treatment to People
	• Currently in development, but may include:
	  o Service provider evaluation
	  o Program evaluation

16 Quick Reference Chart – Statistics Collection

OUTREACH AND ENGAGEMENT SERVICES
Staff Promoting Services and Leveraging Partnerships
	• Currently in development, but will include at a minimum:
	    • # request for brochures / other print info
	    • # requests for briefings / presentations / discussions

PEER SUPPORT SERVICES
People Helping People
	• Currently in development, but will include at a minimum:
	    o # staff (FTE)
	    o # new referrals to peer support
	    o # hours (during peer support mtgs)
	    o # clients

PSYCHOEDUCATIONAL SERVICES
Professionals Teaching People
	• Currently in development, but will include at a minimum:
	    o # staff (FTE)
	    o # hours
	    o # clients

PSYCHOSOCIAL SERVICES
Registered Professionals Helping People
	• Currently in development, but will include at a minimum:
	    o # staff (FTE)
	    o # avg wait time to access services in days
	    o # hours (direct client contact)
	    o # clients
	    o # new cases opened

MENTAL HEALTH TREATMENT SERVICES
Professionals Providing Medical Treatment to People
	• Currently in development, but will include at a minimum:
	    o # staff (FTE)
	    o # avg wait time to access services in days
	    o # hours (direct client contact)
	    o # clients
	    o # new cases opened

17 Quick Reference Chart – Accreditation Standards

OUTREACH AND ENGAGEMENT SERVICES *Staff Promoting Services and Leveraging Partnerships*	• Currently in development

PEER SUPPORT SERVICES
People Helping People
	• Currently in development, but may include at a minimum:
	   ○ Client satisfaction survey
	   ○ Annual program evaluation

PSYCHOEDUCATIONAL SERVICES
Professionals Teaching People
	• Currently in development, but may include at a minimum:
	   ○ Client satisfaction survey
	   ○ Annual program evaluation
	   ○ Annual staff survey
	   ○ Qualification requirements

PSYCHOSOCIAL SERVICES
Registered Professionals Helping People
	• Currently in development, but may include at a minimum:
	   ○ Client file management (standardized clinical forms and industry-standard file management systems)
	   ○ Annual program evaluation
	   ○ Qualifications requirement for scope of practice
	   ○ Needs survey
	   ○ Code white
	   ○ Reference process
	   ○ Mental health accreditation process

MENTAL HEALTH TREATMENT SERVICES
Professionals Providing Medical Treatment to People
	• Currently in development, but may include at a minimum:
	   ○ Client file management (standardized clinical forms and industry-standard file management systems)
	   ○ Application of psychotherapy legislation
	   ○ Annual program evaluation
	   ○ Annual staff evaluation
	   ○ Qualifications requirement