

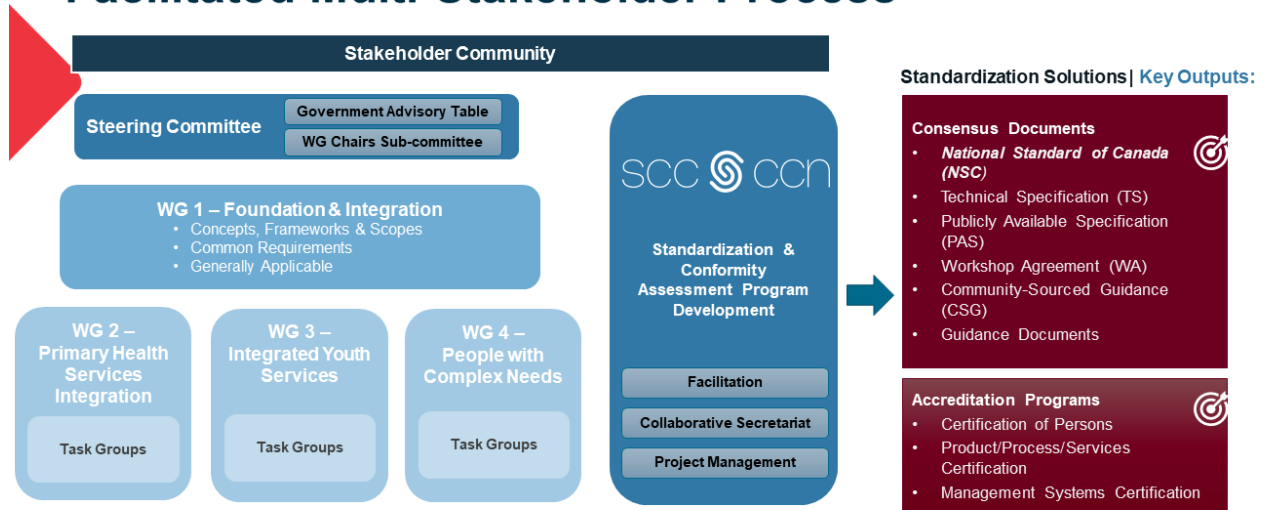
## Backgrounder on Focus Areas of the National Mental Health and Substance Use Standardization Collaborative

The National Mental Health and Substance Use Standardization Collaborative (hereafter, the Collaborative) is an initiative of the Standards Council of Canada (SCC) with support from Health Canada (HC), the Public Health Agency of Canada (PHAC), the Canadian Institutes of Health Research (CIHR), and other key stakeholders. The Collaborative will be tasked with developing a standardization roadmap that will include advancing six integrated, national standards-based deliverables, and evaluate the needs and opportunities for related conformity assessment schemes and accreditation programs to support the implementation of the six deliverables. This work will create momentum for further standardization activity in mental health and substance use (MHSU) service delivery in Canada, in collaboration with provinces, territories, health organizations and other key stakeholders.

The role of the Collaborative in this process falls into three main categories:

- **Discovery:** The Collaborative will be engaged in a review of the existing standardization landscape to determine the current best practices and levels of consensus for each priority area, and to identify existing national and international standards and other documents that can be adapted and used as a basis for national deliverables. This ensures that drafting begins with the strongest possible foundation and without duplication of efforts to achieve the most comprehensive deliverables possible in the shortest time frame. The Collaborative will also make recommendations on further standardization activities to support MHSU initiatives.
- **Validation:** The Collaborative will be consulted on the development of the Standardization Roadmap, as well as the scope and detailed statements of work for the deliverables, prior to SCC engaging third parties to develop standards-based documents. This ensures that the documents are informed by the discovery activities and tailored to the needs of the stakeholder community.
- **Champions:** Members of the Collaborative will be invited to participate in the drafting of the deliverables, to share calls for participation and public consultations to their networks, and to promote the use of the published documents. This builds commitment and interest in the documents during their development and increases eventual uptake and use.

## Facilitated Multi-Stakeholder Process



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Figure 1: Structure of MHSU Collaborative

The structure of the Collaborative is illustrated in Figure 1 (above). The Collaborative will be populated by key stakeholders and implementation partners, including: governments (including HC, PHAC, CIHR, and provincial/territorial ministries), Indigenous partners, service providers, practitioners and communities of practice, academia and research bodies, industry, civil society and public interest stakeholders, standards development organizations, and people with lived and living experience. The selection of specific participants will also be guided by GBA+ considerations and SCC’s Gender and Standardization Strategy, to ensure an inclusive, equity-driven approach.

The **Steering Committee** (SC) is an executive council that will include senior representatives from HC, CIHR, PHAC and other key organizations. The SC will lead the Collaborative and advise the SCC implementation team on work plan and process, technical subject matter, stakeholder engagement, and other strategic considerations. The SC guides the Working Groups where needed, including providing assistance in efforts to identify and secure the participation of key Canadian stakeholders in the Collaborative and standard-setting activities. The Steering Committee will also play a key role in supporting stakeholder consultation activities launched on behalf of the Collaborative.

The SC will be co-chaired by representatives of different sectors, to reflect the commitment to a balanced, consensus-based process involving all stakeholders. All SC members will be identified and selected in close consultation with Health Canada and other key stakeholders. The SCC implementation team will provide secretariat and facilitation support for the SC.

The **Working Group Chairs Committee** is comprised of all Working Group Chairs and their Secretariats and is a subset of the SC. The Working Group Chairs Committee will meet periodically to address cross-cutting horizontal issues and the impacts on the development of standardization solutions under each stream. They will report these to both the Steering Committee and their respective working groups for consideration.

The **Government Advisory Table** is comprised of Federal/Provincial/Territorial representatives that will meet periodically to solicit views related to the development of the MHSU Standardization Roadmap and standards-based deliverables. The Co-chairs of the Government Advisory Group, would also participate on the SC.

Four **Working Groups** (WGs) will be responsible for leading and supporting key areas of work. WGs will be co-chaired by representatives of key stakeholder communities and receive robust facilitation and secretariat support from the SCC implementation team. WGs will be populated by representatives from key stakeholder groups to allow for broad input on the identification of standardization gaps and requirements, and to develop solutions and strategies that are consistent with Canadian's MHSU needs.

Purpose-driven **Task Groups** (TGs) exist under WGs to advance six specific, defined areas of work. Additional TGs may be formed under WGs, at the discretion of membership or the SCC implementation team, to address specific issue areas as they arise. The SCC implementation team will form additional TGs to support specific standardization solution development and technical activities, as required.

## Annex A: Working Group 1 – Foundation & Integration

To achieve its objectives, the Collaborative will require a strong foundation and a group focused on ensuring the outputs are developed in an integrated way that will maximize positive outcomes and avoid duplication of efforts between working groups. Working Group 1 (WG1) will be responsible for this task.

WG1 will focus on developing coordinated, consensus-based foundational requirements and frameworks for establishing the national standards-based deliverables and related evaluations of future conformity assessment and accreditation activities. This will include providing input to help shape the scopes of deliverable, as well as supporting integration between deliverables, such as defining common elements. The SCC implementation team will provide process and facilitation support, and standardization expertise, to ensure that key foundational work can be completed within year one of the program.

### Starting Points

Although each of the other working groups will have distinct considerations for their work, there will also be some areas which will be highly interrelated and, in some cases, interdependent. Understanding the interrelationships and interfaces between the working groups and priority areas is essential.

In collaboration with the other working groups, WG1 will need to begin its work by identifying some of these interrelationships and interfaces between work, and establishing the tools, processes, and connections required to integrate the work and outcomes in an effective manner. That work will continue throughout the Collaborative process, in collaboration with the Working Group Chairs committee.

WG1 may also play a key role in coordinating development of the Conformity Assessment and Accreditation Strategy, which will include recommendations for pilots and other initiatives in the medium- and long-term that would support further implementation of the standards-based deliverables. Since the Strategy is a cross-cutting output that involves input from the three other WGs, WG1 can play a coordinating role in its development.

### Key Stakeholders

The main stakeholder group for WG1 are the Chairs of WGs 2–4, all of whom will serve on the WG Chair committee. Additional stakeholders, including those with particular experience in the Collaborative process and/or conformity assessment development, may be engaged as needed.

### Outputs

This working group will be responsible for building a strong foundation for the work and ensuring it is completed in a coherent, integrated manner. No specific standards-based outputs are expected from this group.

### Next Steps

Working closely with the WG Chair committee, WG1 will track and map out cross-cutting themes and establish tools and processes to benefit the work of the other WGs.

## Annex B: Working Group 2 – Primary Health Services Integration

Primary health services are the entry point for individuals who are seeking health care and can play integral roles in supporting screening and early interventions for MHSU. When needed, these health care professionals will direct patients to specialized care services—including MHSU support and care. By ensuring that high-quality and accessible MHSU services are integrated into primary health settings, Canadian health care providers will improve the quality of care and patient outcomes.

### Scope

To support primary health services integration, Working Group 2 (WG2) will establish two Task Groups to advance defined areas of work.

Task Group 1 will seek to improve the quality, accessibility, and types of MHSU services and supports (including digital services) that are available to Canadians through their primary care providers. By focusing on how initial contact with primary care providers can best lead to appropriate MHSU supports, it is expected that this work would promote better access to MHSU services and ultimately improve patient outcomes.

Task Group 2 will focus on developing a standards-based document that promotes high-quality, safe, and effective apps for MHSU, so that Canadians and health care providers can make better informed choices.

### Starting Points

As the first point of contact for health services for most Canadians, it is critical that MHSU services are integrated into primary care settings. Standards development will focus on building on the significant work that has been completed to date to improve primary health services integration across provinces and territories, including within primary care professions and health settings, to leverage this knowledge and experience.

In addition, there are select domestic and international examples of guidelines and certification programs for MHSU apps that may help to provide a starting point for defining a Canadian model. There has also been extensive policy work completed by stakeholders within Canada that provides a strong foundation for this work, and will help to define the minimum requirements for high-quality, safe and effective apps.

### Key Stakeholders

Primary health care providers; people with lived and living experience; health ministries; MHSU NGOs; developers of apps for MHSU and general wellbeing across all major platforms (Windows, Android, Apple); App stores (Windows, Android, Apple); etc.

### Outputs

- National Workshop Agreement or a National Technical Specification on the integration of MHSU services in primary care settings

- National Publicly Available Specification or National Technical Specification to establish requirements for mental health and substance use apps
- Review conformity assessment options as part of a Strategic Plan

**Next Steps**

Working closely with key stakeholders, SCC will prepare scopes and Statements of Work for validation by the Collaborative.

## Annex C: Working Group 3 – Integrated Youth Services

Canadian youth require access to community-based MHSU services that are integrated with physical health, sexual health, and social services.

In response to this gap, Working Group 3 (WG3) will focus on defining and advancing integrated youth services models, to promote high-quality, timely and integrated care.

### Starting Points

The scope of services to be addressed by WG3 is broad, and could include counselling services in the community, crisis and emergency services, stand-alone substance use, and many other integrated activities.

The delivery of integrated youth services could be supported through the development of a new National Standard of Canada that defines the processes, activities, and requirements for this model, building on significant work to date in provinces and territories as well as pre-existing standards work.

### Key Stakeholders

Integrated youth services organizations owners/operators; physicians, nurses, and other medical staff employed or connected to integrated youth services organizations; people with lived and living experience; provincial and territorial health ministries; Indigenous partners; service providers for Indigenous communities; MHSU NGOs; children and youth social services NGOs.

### Outputs

- National Standard of Canada
- Conformity assessment options (as part of the greater Strategic Plan)

### Next Steps

SCC will develop a statement of work for validation through engagement with the Collaborative and WG3 in particular.

## Annex D: Working Group 4 – People with Complex Needs

Canadians with concurrent mental health and substance use needs require access to integrated care approaches that address complex needs. To help support this aim, Working Group 4 (WG4) will focus on advancing three standards-based deliverables, involving: 1) integrated MHSU care for individuals with complex needs, 2) substance use treatment centres, and 3) substance use workforce.

### Scope

WG4 will be structured with three Task Groups:

Task Group 1 will seek ways to provide greater integration of services for people with complex and concurrent MHSU needs.

Task Group 2 will focus on establishing consistent guidelines and accreditation requirements for Substance Use Treatment Centres. This is expected to address the gaps that result from a patchwork of existing clinical guidelines and accreditation of substance use treatment centres across Canada and should lead to more consistent and effective treatment options.

Finally, Task Group 3 will seek to ensure that medical personnel and other professionals providing MHSU services are equipped with the skills and experience needed to provide evidence-based, equitable, culturally-relevant and compassionate care, including stepped-care approaches. This will help empower health professionals to deliver services in the most effective way possible, and those seeking services are treated in the most appropriate way.

### Starting Points

The first Task Group could begin by exploring how a normative document (National Workshop Agreement, Technical Specification, National Standard of Canada) could be developed to standardize clinical guidelines. The document could specify a framework, process, or system to deliver services, which would lead to greater consistency in service delivery if use of the document is adopted by provincial and territorial health ministries, as well as private treatment sites, through policy or other requirements. The document could also be the basis for a conformity assessment scheme.

For the second Task Group, initial scoping on substance use treatment centres has shown that some residential treatment programs in Canada do hold an accreditation, and work is underway in some jurisdictions to develop standards for treatment centres. Task Group 2 could leverage existing guidelines and requirements to establish common requirements that will result in consistent and evidence-based care for those seeking treatment.

Work is underway to define competencies for the substance use workforce, as well as other ongoing initiatives to develop training, guidelines, and other resources specific to the integration of peers in MHSU care. Task Group 3 could leverage this work as the basis of a National Standard of Canada for the certification of health care personnel against these competencies.



To further address these gaps, several options should be considered as part of the conformity assessment roadmap, including certification models for management systems, for processes and services and for certification of persons.

### **Key Stakeholders**

Mental health care service providers; substance use service providers and treatment centres; people with lived and living experience; provincial and territorial health ministries; physicians, nurses, and other medical staff employed or connected to substance use treatment centres; Accreditation Canada; the Canadian Centre for Accreditation; regulatory bodies/colleges for physicians, nurses, and other medical staff; colleges and universities including continuing education; Canadian Centre on Substance Use and Addiction (CCSA); MHSU NGOs; children and youth social services NGOs.

### **Next Steps**

Working closely with the Collaborative, stakeholder groups, and key organizations, SCC will prepare scopes and Statements of Work for validation by the Collaborative. In parallel, the conformity assessment needs will be considered, and pilot assessments may be undertaken.