Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans

Report Appendices

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Appendix A: Core Services/Functions of an Integrated Mental Health and Substance Use System and National Needs-based Planning Substance use/Addictions Service Categories

Core Services/Functions of an Integrated Mental Health and Substance Use

FUNCTIONS TYPICALLY[1] OFFERED THROUGH EARLY INTERVENTION, ACCESS AND TREATMENT PLANNING & CRISIS MANAGEMENT SERVICES (COMMUNITY OR HOSPITAL SETTINGS)		
	A1	**A2**	**A3**
Functions	Providing information and response to crisis	Providing information, engagement and linkage supports, including outreach to specific populations	Providing identification and assessment of strengths and needs, and individualized treatment and support planning
Examples of service delivery	Crisis services (including crisis phone lines and mobile crisis response teams) Emergency Psychiatry departments, Emergency departments, Emergency shelters	Central/Coordinated Access models, Case Management Services, System Navigators, Peer Support Services, Treatment Engagement Specialists, Online Health Communities, Web-based information services (chat services)	Central/Coordinated Access models, Screening, Assessment and Referral Services
Examples of interventions	Short-term crisis intervention (immediate assessment, triage and problem, identification and brief intervention)	Information and Referral, Case Management, Supportive Counselling, Motivational Interviewing, Screening and Triage, Transitional Supports	Technology-delivered brief interventions, Motivational Interviewing, Standardized screening and assessment, Transitional Supports

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[1] The use of word 'typically' does not imply that this is the current practice in all jurisdictions, but rather the way these functions are operationalized when implemented.

	FUNCTIONS TYPICALLY[2] OFFERED THROUGH HEALTH CARE, HOUSING, SOCIAL, AND RECOVERY SUPPORT SERVICES			
	B1	**B2**	**B3**	**B4**
Functions	Providing treatment and support for physical health needs, including those related to mental health and/or substance use	Providing permanent or transitional housing with or without recovery-oriented services such as supportive counseling, life skills training and social skills training, as well as client-centered care and individualized support	Providing support for basic needs other than housing with a focus on social determinants, transportation, child care, mental health promotion, rehabilitation and recovery	Providing continuity of care, and monitoring to support long-term recovery goals
Examples of service delivery	Primary care, Community Health Centers, Nurse-Practitioner led clinics, Family Health Teams, Hospital-based health services, Opioid Replacement Services	Housing First, Continuum of supportive housing (e.g. transitional or long-term shelter; low-barrier housing for long-term homeless people; subsidized Housing; harm-reduction homes)	Food banks, transportation support services, income supports, child care services, employment services, training/education services, justice-related services such as legal aid, diversion and court support	Recovery support services, such as peer support and case management services; Internet-based supports; mutual aid groups, structured follow-up services; Clubhouse
Example of interventions	Provision of health care, Needle and syringe exchange, Motivational interviewing, Opiate Replacement Therapy, Transitional Supports	Transitional Supports Life skills training, Community re-integration, Psychosocial Support Services such as, employment, education, vocational training	Community gardening, psychosocial rehabilitation supports, employment support, education support	Recovery Monitoring Check-ups, transitional supports, mutual aid and peer support

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[2] The use of word 'typically' does not imply that this is the current practice in all jurisdictions, but rather the way these functions are operationalized when implemented.

FUNCTIONS TYPICALLLY[3] OFFERED THROUGH WITHDRAWAL MANAGEMENT SERVICES IN COMMUNITY/HOSPITAL SETTINGS				
	C1	**C2**	**C3**	**C4**
Functions	Providing safe, short-term monitoring and management of symptoms of an episode of heavy alcohol and/or other drug use that can't be managed at home	Providing voluntary withdrawal management with support provided in a client's home or other safe accommodation via on-site visits or web-based support	Providing voluntary withdrawal management in a non-hospital residential setting	Providing voluntary withdrawal management within a health care setting with a high level of medical and psychiatric capability
Examples of service delivery	*Withdrawal Management Services - Acute Intoxication Services* e.g. sobering centers, stabilization units, safe beds, emergency departments, crisis response centers with beds available	*Withdrawal Management Services - Non-residential* e.g. mobile WMS teams, internet-based WMS, non-residential WMS program sponsored by a hospital or community provider, including Daytox	*Withdrawal Management Services - Community Residential* e.g. community-based "social model" WMS centre, community-based WMS with some in-house medical supports, designated beds or bed/days for initial phase of residential or community treatment	*Withdrawal Management Services - Complexity enhanced/hospital-based* e.g. Medical WMS unit in hospital; designated beds or bed/days for initial phases of complexity enhanced residential treatment
Example of interventions	Regular monitoring by a nurse and/or health care worker	Medical assessment, regular monitoring by a nurse and/or health care worker, Medication Management, Stabilization, Rest, Nutrition , Life Skills, Transitional Supports	Medical assessment, regular monitoring by a nurse and/or health care worker, Stabilization, Medication Management, Rest, Nutrition , Life Skills, Transitional Supports	Care provided in health care setting with high level of medical/psychiatric capability, Medication Management, Mood Management, Transitional Supports
Considerations	This chart represents an approximate mapping of core functions and broad groupings of service settings according to severity tiers recognizing that definition of tiers does not take into account all factors that determine client need and placement. For example, within the broad function of withdrawal management individuals in Tier 5 might be able to receive the care that they need in community-based WMS centers depending on the degree of medical supports available.			

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[3] The use of word 'typically' does not imply that this is the current practice in all jurisdictions, but rather the way these functions are operationalized when implemented.

FUNCTIONS TYPICALLY[4] OFFERED THROUGH OUTPATIENT/NON-RESIDENTIAL SERVICES (COMMUNITY OR HOSPITAL SETTINGS)					
	D1	**D2**	**D3**	**D4**	**D5**
Functions	Providing feedback on current substance use and risk of potential problems related to current or increased use, and offering activities that motivate or build relationships with at-risk individuals and provide advice or otherwise facilitate connection to treatment or support services	Providing brief and structured intervention services that ask about substance use, identifies current level of risk and encourages clients to create a plan of action for addressing their substance use problems	Providing screening, assessment and delivery of individualized treatment and support plans that includes either short-term or extended counselling or other therapeutic interventions	Providing short-term, intensive, structured treatment and support for moderate to severe mental illness and/or substance use problems, while the person lives at home or another safe setting	Providing longer-term, intensive treatment and support for moderate to severe mental illness and possibly co-occurring substance use problems, while the person lives at home or another safe setting
Examples of service delivery	*Feedback and Engagement Services*, e.g. Crisis services and helplines with minimal or no structured and formalized screening and assessment processes; outreach services offered in a wide range of settings such as walk-in clinics, schools, youth hubs, hostels, peer support and street services, social	*Structured, Brief Intervention Services*, e.g. Centralized/coordinated access services including crisis services and helplines that follow a structured screening and assessment protocol; Screening and Brief Intervention and Referral to Treatment (SBIRT); structured brief screening and intervention for pregnant women; brief,	*Structured Comprehensive Intervention Services*, e.g. Specialized non-residential substance use services in a hospital or community setting, designated substance use or cross-trained workers in integrated mental health and substance use services; designated substance use or cross-trained workers in collaborative/shared care health care or other community services; ORT	*Intensive Complexity-Enhanced Intervention Services*, e.g. Day/evening programs (consisting of a minimum of 9 or more hours of structured activities a week for adults or 6 or more hours a week for adolescents respectively with a focus on treatment of clients with more complex needs than can be supported in Brief or Comprehensive	Intensive case management programs, Assertive Community Treatment (ACT), Flexible Assertive Community Treatment (FACT

[4] The use of word 'typically' does not imply that this is the current practice in all jurisdictions, but rather the way these functions are operationalized when implemented.

	assistance, justice settings, and collaborative/shared care services in health care settings such as primary care, community health centers and emergency departments	structured on-line applications; telephone or face-to-face Recovery Monitoring Check-ups	services with clear provision for psychosocial supports; in-reach or out-reach case management services	Intervention Services), Intensive land-based Aboriginal program	
Example of interventions	Information and referral		Psychotherapy, Cognitive Behavioural Therapy (CBT -individual or group or over the internet), Dialectical behavior therapy (DBT), Trauma-informed therapy, Employment and Education Support, Transitional Supports, culture-based supports	Family Education Groups, Relapse Prevention Education Groups for clients, Individual or Family Therapy, Medically Assisted Treatment, life skills, Transitional Supports	Medication management, Counselling, Life skills, Case management , Transitional Supports, culture-based supports
Considerations	This chart represents an approximate mapping of core functions and broad groupings of service settings according to severity tiers recognizing that definition of tiers does not take into account all factors that determine client need and placement. For example, within the broad function of outpatient/non-residential individuals across all Tiers need feedback and engagement services. Similarly, individuals in Tier 2, 3 and 4 need SBIRT but at varying degree of intensity. These nuances also need to be considered for individuals in Tier 4 and 5 using services available at day/evening programs.				

FUNCTIONS TYPICALLY[5] OFFERED THROUGH INPATIENT/RESIDENTIAL SERVICES IN COMMUNITY OR HOSPITAL SETTINGS						
	E1	**E2**	**E3**	**E4**	**E5**	**E6**
Functions	Providing pre-treatment support for physical, social and psychological stabilization, preparation and readiness for substance use treatment in a safe residential environment external to home	Providing accommodation in a stable, recovery-oriented environment and offering support for longer-term supported recovery and living skills, often following intensive substance use treatment, in a safe residential environment external to home	Providing structured, scheduled program of interventions and activities with access to 24-hour support and an alcohol and drug-free residential treatment milieu	Providing structured, intensive and short-term substance use treatment, with significant medical/psychiatric management, in a safe residential environment external to home	Providing intensive, and time-limited psychiatric and medical treatment for acute mental illness, including needs related to specific mental disorders, in a safe residential environment external to home	Providing long-term, psychiatric and medical treatment and support for chronic and severe mental illness, including needs related to specific mental disorders, in a safe residential environment external to home
Examples of service delivery	*Residential Stabilization/Transition Services*, e.g. Stand-alone stabilization units or "safe beds" beds in a designated residential treatment facility	*Residential Supportive Recovery Services*, e.g. Halfway or ¾-way House, Recovery Home, Residential Managed Alcohol Program, Stabilization and Transitional Living Residences or STLRs, Substance Use Supported Housing with in-house supports	*Community Intensive Residential Treatment Services*, e.g. Intensive Residential Treatment Centers	*Hospital/complexity-Enhanced Residential Services*	Residential, hospital-based acute-care psychiatric treatment services. Disorder-specific settings may focus on psychotic disorders, mood and anxiety and/or eating disorders, for example; Forensic (short-term)	Residential services offered through psychiatric hospitals; Forensic (long-term)

[5] The use of word 'typically' does not imply that this is the current practice in all jurisdictions, but rather the way these functions are operationalized when implemented.

Example of interventions	Assessment, Care planning, Respite, Nutrition, Counselling, Motivational Interviewing, Transitional Supports	Life skills training, Community re-integration, Mutual Aid Supports, Counseling, Case Management, Employment Supports, Transitional Supports	Individual/Group Counselling, Peer Support, Psycho-Social Education, Life-Skills Training Recreation Therapy, Transitional Supports	Individualized medical or psychiatric care, 24-hour access to residential support and medication management, Transitional Supports	Psychiatric Consultation and Assessment, supported by Nursing, Psychology, Social Work, Concurrent Disorders, Occupational Therapy, and Recreational Therapy Services, Transitional Supports	Comprehensive psychological, medical and medication monitoring; Social, functional and family assessments; Therapeutic activity groups (including CBT and Concurrent disorder groups), Social and Vocational Rehabilitation, Transitional Supports
Considerations	This chart represents an approximate mapping of core functions and broad groupings of service settings according to severity tiers recognizing that definition of tiers does not take into account all factors that determine client need and placement. For example, within the broad function of inpatient/residential services individuals in Tier 3, 4 and 5 need stabilization services but at varying degree of intensity. Similarly, residential supportive recovery services may offer services to individuals in Tier 3, 4 and 5 depending on the degree of supports available.					

2016-18 National Needs-based Planning Substance use/Addictions Service Categories

A.   Withdrawal Management (WM) and Support Services

These services assist with voluntary, safe withdrawal from substances and are provided at four levels of care – acute intoxication; non-residential; community residential; and hospital/complexity enhanced residential.

While some aspects of the definitions of these sub-categories are clear, for example, with or without beds other aspects are, however, a matter of degree, for example, the nature and scope of medical support that may exist in a community residential withdrawal management program (e.g., nurse practitioner and back up physician support) versus a hospital/complexity-enhanced program with a broader multi-disciplinary team including psychiatry.

Precise definitions are also challenged by the fact that there are several key *principles* that one expects to be reflected in all types of substance use services (e.g., recovery orientation, harm reduction, trauma-informed) as well as key *functions* towards which all services should have some role, however limited in scope due to their mandate (e.g., linkage and engagement support, screening/identification, assessment and treatment planning, support for social determinants and transitions). All these key principles and functions are articulated in separate draft reports from the National Needs-Based Planning Project (contact information: brian.rush@camh.ca). These are all important factors for estimating staffing and other resource requirements.

With these challenges in mind the following definitions are offered for the four levels of withdrawal management. Some examples follow each definition that illustrates how this type of service has been operationalized in some Canadian jurisdictions.

i. **Acute Intoxication Services:** This involves providing safe, short-term monitoring and management of symptoms of an episode of heavy alcohol and/or other drug use that can't be managed at home. Length of stay can be relatively brief, typically less than 24 hours depending on individual circumstances. This service is offered to clients that do not have an apparent medical or psychiatric condition necessitating emergency interventions.

Examples include: Sobering centers, stabilization units, safe beds, emergency departments, crisis response centres with beds available.

ii. **Non-residential WM Services:** This involves voluntary withdrawal management with support provided in a client's home or other safe accommodation via on-site visits or web-based support. It may also involve visits to a central location (e.g., addictions program, "safe home" in the community) during the day, while returning home at night. This service may involve a medical assessment by a physician and regular monitoring by a nurse and health care worker during the withdrawal process to provide medical management and support. Before the client is "discharged", case workers work collaboratively to support the client and/or those supporting the client to connect to post-withdrawal management services (e.g. treatment, housing, other supports).

Examples include: Mobile WMS teams, Internet-based WMS, non-residential WMS program sponsored by a hospital or community provider, including Daytox.

iii. **Community Residential WM Services**: This involves voluntary withdrawal management in a non-hospital residential setting. These services, however, are typically sponsored or otherwise administratively linked to a hospital for quick access to medical emergencies, the services provided are largely non-medical in nature. That being said, this may involve a medical assessment by a physician and monitoring by a nurse or other health care worker during the withdrawal process to provide medical management and support as needed, The intensity of the monitoring may vary by setting. Withdrawal can be supported with or without medication management. Before the client is "discharged", case workers work collaboratively to support the client and/or those

supporting the client to connect to post-withdrawal management services (e.g. treatment, housing, other supports).

Examples include: Community-based "social model" WMS centre, community-based WMS with some in-house medical supports, designated beds or bed/days for initial phase of residential or community treatment.

iv. **Hospital/complexity-Enhanced Residential WM Services**: This involves assistance with voluntary withdrawal management where care is provided within the structure of a health care setting with a high level of medical and psychiatric capability. This typically involved the use of designated hospital beds and with medication management, for example, to assist with physical stabilization and withdrawal, and/or co-occurring mental disorders. Before the client is discharged, case workers ensure that the client and/or those supporting the client are connected to other substance use treatment services.

Examples include: Medical WMS unit in hospital; designated beds or bed/days for initial phases of complexity enhanced residential treatment

B. **Community/Non-Residential Services and Supports**

These substance use services are both office and non-office based and fall into four sub-categories – feedback and engagement services; structured brief intervention services; structured comprehensive intervention services and intensive/complexity enhanced intervention services.

As with withdrawal management, many aspects of the definitions of these sub-categories are a matter of degree based on duration and intensity of the interventions offered, for example, the typical time of an encounter or appointment and the numbers of hours or days of a very structured day or evening program. They may be delivered by hospital or community-based

services and therefore offer varying levels of, or access to medical supports. The distinguishing feature of Community Services and Supports is that there is no residential component although arrangements may be made for accommodation while the person participates in a program, structured day treatment for example.

Also, as with withdrawal management precise definitions are also challenged by the fact that there are several key *principles* that one expects to be reflected in all types of substance use services (e.g., recovery orientation, harm reduction, trauma-informed) as well as key *functions* towards which all services should have some role, however limited in scope due to their mandate (e.g., linkage and engagement support, screening/identification, assessment and treatment planning, support for social determinants and transitions). All of these key principles and functions are articulated in separate draft reports from the National Needs-Based Planning Project (contact information: brian.rush@camh.ca). There are all important factors for estimating staffing and other resource requirements.

With these challenges in mind the following definitions are offered for the four levels of Community Services and Supports. Some examples follow each definition that illustrate how this type of service has been operationalized in some Canadian jurisdictions

i. **Feedback and Engagement Services:** These services provide feedback on current substance use and risk of potential problems related to current or increased use. They also offer activities aimed at motivating or building relationships with at-risk individuals and provide advice or otherwise facilitate connection to treatment or support services.

    Examples include: Crisis services and helplines but with minimal or no structured and formalized screening and assessment processes; outreach services offered in a wide range of settings such as walk-in clinics, schools, youth hubs, hostels, peer support and street services, social assistance, justice settings, and collaborative/shared care services

in health care settings such as primary care, community health centres and emergency departments.

ii. **Structured, Brief Intervention Services:** This involves brief and structured efforts that ask about substance use, identify current level of risk and encourages clients to create a plan of action for addressing their substance use problems (e.g., to reduce use, seek further assessment and treatment). This may include brief structured, readiness-based intervention for clients already screened and determined to be unmotivated at present for further treatment and support.

Examples include: Centralized/coordinated access services including crisis services and helplines that follow a structured screening and assessment protocol; Screening and Brief Intervention and Referral to Treatment (SBIRT); structured brief screening and intervention for pregnant women; brief, structured on-line applications; telephone or face-to-face Recovery Monitoring Check-ups; addiction liaison staff located in health care settings following a defined case identification and referral protocol (i.e., more extensive than a feedback and engagement service).

iii. **Structured Comprehensive Intervention Services**: These services offer structured efforts to provide screening, assessment and delivery of individualized treatment and support plans that includes either short-term or extended counselling or other therapeutic interventions. This typically involves a scheduled course of one – two hour sessions of counselling for substance use and related problems substance use-specific counseling in group sessions or individual formats. Case management also falls into this category as does Opioid Replacement Treatment (ORT) following evidence-based practice for provision of psychosocial supports.

Examples include: Specialized non-residential substance use services in a hospital or community setting, designated substance use or cross-trained clinicians in integrated mental health and substance use services; designated substance use or cross-trained clinicians in collaborative/shared care health care or other community services; ORT

services with clear provision for psychosocial supports; in-reach or out-reach case management services.

iv. **Intensive Complexity-Enhanced Intervention Services:** These services consist of a minimum of 9 or more hours of structured activities a week for adults or 6 or more hours a week for adolescents respectively with a focus on treatment of clients with more complex needs than can be supported in Brief or Comprehensive Intervention Services (see above). These offer a range of individual or group programs, including psycho-educational, relapse prevention, stress management, skills development programs. Services may be offered during the day, before or after work or school, in the evening, and/or on weekends.

Examples include: Day/Evening programs

C. Residential Services and Supports

The essential characteristic for these substance use services is that clients temporarily reside in an environment where substance use treatment interventions are provided in-house. They may be delivered by hospital or community-based services and, therefore, offer varying levels of, or access to, medical supports depending on the degree of challenges related to co-occurring mental and physical health conditions among the targeted client population.

As with Withdrawal Management and Community Non-residential Services and Supports precise definitions are challenged by the fact that there are several key *principles* that one expects to be reflected in all types of substance use services (e.g., recovery orientation, harm reduction, trauma-informed) as well as key *functions* towards which all services should have some role, however limited in scope due to their mandate (e.g., linkage and engagement support, screening/identification, assessment and treatment planning, support for social determinants and transitions). All of these key principles and functions are articulated in separate draft reports from the National Needs-Based Planning Project (contact information:

brian.rush@camh.ca). There are all important factors for estimating staffing and other resource requirements.

There are four levels of residential services and supports; Stabilization/Transition Services, Supportive Recovery Services, Community Intensive Residential Treatment, and Hospital/complexity-Enhanced Residential Services

i. **Stabilization/Transition Services:** These residential services offer a variable length stay up to a maximum of 30 days of support (as a guideline) for physical, social and psychological stabilization. A key distinguishing characteristic is that there is minimal in-house programming given the focus on rest and stabilization. This focus allows the resident to plan for entering a residential or non-residential treatment service (e.g., while on a wait list post-withdrawal management). Stabilization/transition beds may also be used to help the person make the transition from a residential service to a community non-residential service, for example when housing in the community has stabilized. This may also be a distinct phase of treatment in some residential treatment services.

Examples include: Stand-alone Stabilization Unit including those with involuntary youth beds in some Canadian jurisdictions; stabilization or "safe beds" beds in a designated residential treatment facility, such as STAR beds in BC; "Phase 1" beds of a designated residential treatment program.

ii. **Supportive Recovery Services:** These services typically provide accommodation in a stable, recovery-oriented environment. Although the large majority of such services are alcohol/drug free, "Harm Reduction Homes" or Residential Managed Alcohol Programs are also included. Activities typically include coaching for daily living focusing on eventual community reintegration, participating in mutual aid supports (e.g., AA). Highly

structured interventions or programs are not offered in house, the exception perhaps being basic counseling and case management.

Examples include: Halfway or ¾-way House, Recovery Home, Residential Managed Alcohol Program, Stabilization and Transitional Living Residences or STLRs, Substance Use Supported Housing with in-house supports.

iii. **Community Intensive Residential Treatment Services:** Clients reside on-site in these services and participate in a structured, scheduled program of interventions and activities with access to 24-hour support and an alcohol and drug-free residential treatment milieu. Program activities specifically designed to treat substance use problems and/or co-occurring disorders. This may include individual and group counselling by clinical counsellors; relapse prevention, psychoeducation; participation in mutual aid supports such as AA; life/employment skills training and education; culture-based activities such as sweat lodge and tobacco and other ceremonies, and recreation activities. While some medical supports may be provided, such as medication management, the emphasis is on psychosocial and often spiritual and/or cultural supports. ORT may be offered in-house or arrangements made for access to medication through a local pharmacy. A variable length of stay is recommended based on client strengths and needs.

Examples include: Intensive Residential Treatment Centers

iv. **Hospital/complexity-Enhanced Residential Services**: Clients reside on-site in these services and participate in a structured, scheduled program of interventions and activities with access to 24-hour support and an alcohol and drug-free residential treatment milieu. As with Community Residential Services activities may include individual and group counselling; relapse prevention; psychoeducation; participation in mutual aid supports such as AA; life skills training and education; culture-based activities such as sweat lodge and tobacco and other ceremonies, and recreation activities. However, program activities are specifically designed to treat individuals with highly

complex substance use and related needs. Thus, the distinguishing characteristic of these residential services is their capacity to offer in-house treatment of significant health, mental health and other complex conditions (e.g., traumatic brain injury, cognitive impairment, developmental disability). Clients have access to individualized medical or psychiatric care and 24-hour access to other support. Medication management is a normative element of treatment interventions and this may include ORT while participating in the program. These residential services are typically offered through a hospital but may exist within correctional facilities with access to required medical and psychiatric supports or highly specialized intensive treatment facilities. A variable length of stay is recommended based on client strengths and needs.

Examples include: Hospital inpatient addiction units or program, a medically capable treatment program in correctional facility or a medically capable, highly specialized community-based treatment centre (e.g., Burnaby Centre in BC)

Appendix B: Stakeholder Group Membership

Reference Group

Cook, Catherine	WRHA
Cooper, Marion	CMHA
Fry, Ben	AFM
Gilson, Penny	Prairie Mountain Health (PMH)
Graceffo, Greg	Justice
Keeper, Florence	
Lapointe, Laura	
Middendorp, Lori	MATC
Perron, Jill	MHRC
Rattray, Jennifer	Families
Santos, Rob	MET-HCMO
Sareen, Jitender	Professor and Head Department of Psychiatry, University of Manitoba - Medical Director, WRHA Mental Health Program
Thomson, Marcia	ADM, Mental Health & Addictions, Primary Health Care & Seniors
Van Denakker, Ron	Interlake-Eastern RHA
Zloty, Richard	Chief Provincial Psychiatrist, Mental Health & Addictions, Primary Health Care & Seniors

Logistics Committee

Wasilewski, Barbara	MHA Strategy and Logistics - Lead Executive Director, Primary Health Care
Leggett, Sean	Program & Policy Analyst, Mental Health & Addictions
Dudok, Stephanie	Program & Policy Analyst, Mental Health & Addictions
Loewen, Stephanie	Director, Mental Health & Addictions

Appendix C: Brief Overview of each of the Key Principles for System Design

Principle 1 *calls for a broad recovery-oriented systems approach in order to address the range of mental health problems and illnesses and substance use/addiction and related problems in the community as a whole, including but not limited to severe and enduring mental illness, in order to achieve a population-level impact.*

Treatment and support systems must be planned on the basis of population health, not solely on the basis of those seeking assistance at a given point in time. This approach demands consideration of the strengths and needs of the entire community and across the full spectrum of risks and harms associated with mental health, substance use and gambling, including, but not limited to, severe addiction/dependence. A correspondingly broad community "whole systems response" is required to respond effectively and efficiently to the full spectrum of acute, chronic, and complex needs. The distribution of need is reflected in "severity tiers" of a population health pyramid, an approach that has now served as the foundation for the tiered model for system planning in the vast majority of Canadian provinces and territories[6], including Manitoba. In the full gap analysis new data developed for Manitoba will be utilized. A similar approach can be applied for children and youth, although currently the data are not as strong for estimating the full spectrum of need.

Based on the population health pyramid the scope and intensity of service-related needs in a population are inverse to the proportion affected, such that the highest levels of problem severity and complexity, and in need of the most specialized and intensive treatment and recovery plans, are associated with the fewest number of people. They do, however, contribute the highest proportion of system costs. Those with lower levels of problem severity and complexity are more numerous and their needs can be met by less intensive or less specialized services, which can be made more widely available in a variety of health and social service contexts. The bottom of the "population pyramid" reflects people at no or low risk; the target population for secondary and primary prevention. Importantly, this locates the considerations of public health and prevention into the same frame as planning for treatment and recovery supports and vice versa. This includes public education and efforts to reduce stigma and discrimination. The goal of the whole system response is to improve overall population health, including across all levels of risk and need.

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[6] Rush, B. (2010). Tiered frameworks for planning substance use service delivery systems: origins and key principles. *Nordic Studies on Alcohol and Drugs, 27*, 617-636.

Principle 2 *articulates the importance of collaboration across multiple stakeholders as a necessary condition for enhancing accessibility and effectiveness of services.*

Generally stated, the purpose of collaboration is to increase the chances of achieving some objective(s) compared to acting alone. Expected benefits include improved access, earlier detection and intervention, improved transitions and continuity of care, and improved client outcomes, particularly for those with more complex conditions. Consistent with a broad systems approach, it has now become commonplace in the planning, delivery and evaluation of mental health and substance use/addiction services to look to "collaboration" as a potential solution, or at least a partial solution, to challenges in providing timely access and continuity of services. The drive toward greater collaboration with other health care services, especially primary care, criminal justice, child protection and other social services reflects the recognition of common, co-occurring health and social problems, such that no single service provider can effectively address the full array of complex and persistent challenges

Although there is no single standard definition, it is helpful to think of collaboration as varying along a continuum from communication, through to fully co-located and integrated services[7]. The literature on health service integration also distinguishes between several types of integration. A common distinction is structural versus functional integration, the former referring to arrangements for shared administrative and governance functions and (typically) co-location, while functional integration refers to cross-organizational arrangements that support the delivery of integrated services (e.g., models of shared care, integrated care pathways, shared medical records). Normative or cultural integration is less well-known and refers to convergence of values, norms, and approaches to day-to-day business, critically important for improving relationships among mental health, substance use/addiction and health service providers given the divergence of service and organizational culture that are deeply entrenched within these sectors. Integration can also take place at the level of specific programs and interventions and/or at a system level, for example, joint planning.

Principle 3 concerns the system supports needed to facilitate and ensure the effective delivery of recovery-oriented services; supports such as policy, funding and planning models, performance measurement and evaluation systems, and support for knowledge transfer and implementation of evidence-informed practices.

7Kates, M., Mazowita, G., Lemire, F., Jayabarathan, A., Bland, R., et al. (2011). The evolution of collaborative mental health in Canada: A shared vision for the future. *Canadian Journal of Psychiatry, 56*(5), 1-10.

One of the strengths of the tiered model for planning mental health and substance use/addiction treatment and recovery support systems is the distinction drawn between the functions and services needed for people at different levels of severity and the *system supports* required to ensure adequate infrastructure (Rush, 2010). These system supports include but are not limited to:

Planning and funding, for example, funding that is proportionate to the level of need; multi-sectoral partnerships, engagement of people with lived experience.

Governance and leadership, for example, ensuring governance structures facilitate an effective response to individual and community complexity and bio-psycho-social-spiritual/cultural interventions.

Workforce health and competencies, for example, ensuring workforce wellness, workplace safety, role clarity, and an adequate supply of trained and competent managers and staff.

Performance measurement and information management, for example, ensuring appropriate accountability and performance metrics, and application in quality improvement; sharing of information through e-health platforms.

implementation of evidence-based practices (EBPs), including means to identify, pilot test and scale up effective interventions and ensuring all approaches meet basic requirements for appropriateness, effectiveness and efficiency.

Research and knowledge exchange/translation, including, surveillance systems, and research and evaluation and efforts to translate findings into usable program and policy development.

Principle 4 *articulates the importance of recognizing the unique strengths and needs of Indigenous people with respect to mental health problems and illnesses, substance use/addiction and related problems with a focus on enhanced physical, mental, emotional and spiritual health, and the benefit of services that blend principles and practices of "western medicine" with those based on traditional healing.*

Among Indigenous populations worldwide, the elevated prevalence of mental health problems and illnesses and high-risk substance use and addiction is well established, with causal factors rooted in socio-political and environmental determinants of health. These determinants stem from the many stages and facets of colonization, including (but not limited to) residential schools (in Canada) and widespread displacement, which have resulted in intergenerational trauma. These facts notwithstanding, there is huge variation in both the strengths and challenges experienced in Indigenous communities during and after colonization.

The importance of articulating a separate principle for treatment system design for Indigenous peoples, as opposed to their inclusion in a general principle related to diversity and equity (see principle #5 below), is founded on the legislated and treaty-based rights of Indigenous peoples within colonized territory. While in most jurisdictions Indigenous rights to land, water, fishing, hunting and traditional cultural practices have eroded over time, they remain extremely relevant for mental health and substance use/addiction treatment systems in many counties. Important issues include, for example, the locus of responsibility and governance of health care, housing, and other community services, service provision in semi-remote or remote communities, and acceptance of culture-based healing practices. The United Nations has reaffirmed the basic universal rights of Indigenous peoples globally, including their right to traditional medicine. Increasingly these practices are offered alongside, or integrated with, western-based approaches to psychotherapy and medication-assisted treatment, with bi-culturally competence encouraged among both practitioners and clients.

Principle 5 *calls for consideration of evidence and issues related to developmental age, gender, equity and diversity in designing effective treatment and support systems.*

The development of mental health and substance use/addiction challenges involves the complex interplay between individual biology and broader social structural factors, which over time deflect an individual's developmental trajectory toward or away from manifesting these challenges. As a result, a person seeking and possibly entering treatment brings with them the host of strengths and challenges that have amassed over their life course. In addition to experiencing poverty, criminalization, racism, and other forms of social marginalization, many (if not the majority) have a history of trauma. In addition to impacting on health, these factors affect people's abilities to access care. Treatment outcomes can be expected to be maximized to the extent that services are able to attend to these issues through the provision of culturally and developmentally appropriate care.

A host of sociodemographic characteristics are used to evaluate equity in mental health and substance use treatment and recovery support systems (e.g., gender, gender identity, sexual orientation, age and developmental stage, race, ethno-cultural background, immigrant/refugee status, socioeconomic status). Such factors affect the types of barriers that people encounter when trying to access services, as well as their experiences of these services. Rates of treatment completion have been shown to vary by ethno-cultural background and socioeconomic status. Among other broad trends affecting treatment systems, we can expect increasing demand for services by older people in the coming years. This will impact the system in many ways; for instance, potentially increasing demand for services related to medications such as

benzodiazepines and opioids and raising accessibility and clinical challenges related to physical health comorbidities and cognitive impairment.

Principle 6 advocates for a full continuum of services that begins with proactive, systematic screening to improve detection and access to required services followed by systematic assessment and development of an individualized recovery plan that is matched to a full continuum of services and settings.

People with mental health and substance use/addiction challenges encounter health service professionals outside of the specialized substance use or mental health care sector. Accordingly, effective case detection and informed decision-making around treatment and referral requires that capacity for screening be built into a variety of health and social service settings (e.g., primary care, child protection and social assistance services, emergency departments, criminal justice). Improved case detection across settings and services fosters the capacity of the system to meet people where they are at.

Briefly, screening refers to the use of procedures and tools to identify people experiencing or at risk of experiencing problems. The goal is to detect problems and set the stage for subsequent in-depth assessment, recovery plans, and linkage to services. This staged approach to screening and assessment can happen in a variety of settings, and is a process that continues over time as therapeutic relationships strengthen. Decisions about treatment include assignment to specific service settings (*placement matching*, e.g., intensive inpatient, residential, outpatient) and to specific modalities (*modality matching*; specific clinical and psychosocial interventions). In addition to people's strengths and needs, their wishes and preferences are key to the recovery process, with prospective clients given opportunities to make informed decisions about their service and recovery plan in partnership with service professionals. Decisions affecting modality matching include, for instance, the balance of group versus individual treatment and recovery support, level of collaboration needed across services and sectors, and engagement of family and other loved ones.

The continuum of service within the specialized mental health and substance use/addiction treatment sector includes hospital, community, and home-based services. Some offer important supports for crisis management while others are more treatment focused and still others focus on continuing care. Still others focus on psychosocial supports such as supported housing, employment and peer supports. These are complemented by services through web-based/mobile health technology. A stepped service approach is often taken to placement matching, with treatment and support initiated at the most appropriate but least intrusive level of service, taking into accounting client preferences, previous treatment experiences, service availability and accessibility. The client is then "stepped" up or down a level of service on the

basis of progress toward their recovery goals. Effective use of this continuum requires supports for people to encourage self-reflection and help-seeking, as well as supports to promote smooth transitions between services and assist with system navigation.

Principle 7 *calls for the use of evidence-informed psychosocial and clinical interventions within these service delivery settings as the basis for effective treatment and recovery.*

Evidence supports a variety of bio-medical and psychotherapeutic approaches and peer support, to emergent approaches such as traditional medicine and the use of psychedelics. A consistent finding from the evidence base evaluating mental health and substance use/addiction treatment is that no single intervention works for everyone, highlighting the need for comprehensive assessment and recovery planning so as to accommodate people's strengths, needs, and preferences. Broad groupings of interventions can include:

1.   Group or individual psychotherapies
2.   Pharmacological treatment
3.   Self-help, mutual aid, and peer support
4.   Traditional medicine

Appendix D: Comparing Responses from Service Providers against General Public on (A) Mental Health Services and (B) Substance Use/Addiction Services

Figure D1 to D20 (A) Mental Health Services

Figure D1 - Mental Health - Information about mental health services and supports is readily available and accessible

Service Providers / General Public

Strongly Agree: 5.0 / 2.9
Agree: 39.2 / 20.4
Neither Agree nor Disagree: 15.0 / 12.0
Disagree: 30.1 / 38.2
Strongly Disagree: 9.7 / 26.0
Don't Know: 1.0 / .5
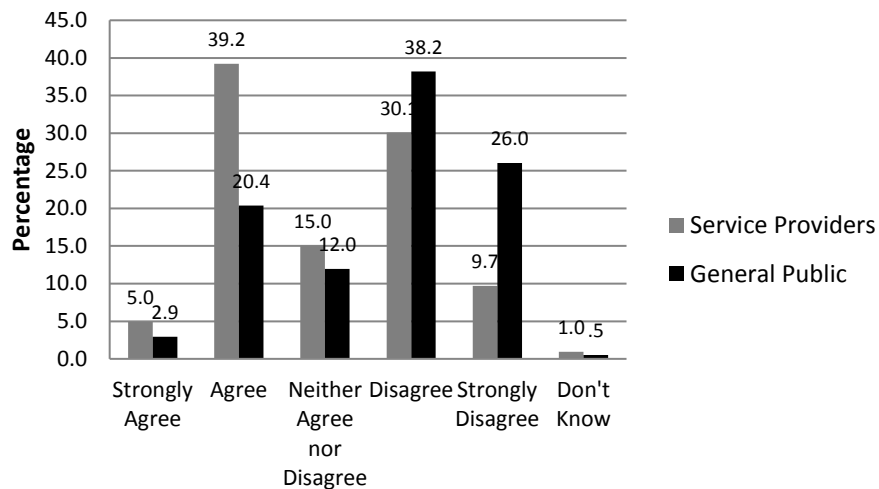
Figure D2 - Mental Health - Regardless of the kind of services or supports (such as mental health clinic, doctor's office) people start with, they are able to access other services or supports without too much difficulty

Service Providers / General Public

Strongly Agree: 2.4 / 1.3
Agree: 16.5 / 9.6
Neither Agree nor Disagree: 11.6 / 7.6
Disagree: 44.7 / 33.9
Strongly Disagree: 23.5 / 46.6
Don't Know: 1.3 / 1.0
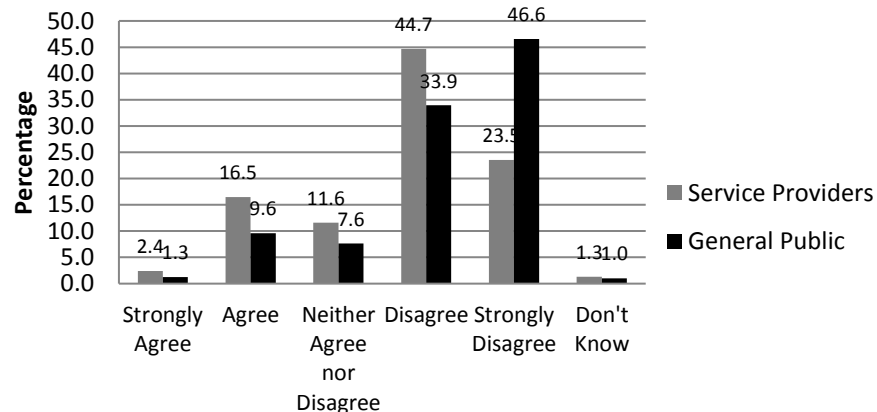
Figure D3 - Mental Health - People are able to access the services and supports they seek without unnecessary delays or long wait times

Service Providers / General Public

Strongly Agree: 1.0 / 1.1
Agree: 7.3 / 4.3
Neither Agree nor Disagree: 7.6 / 5.5
Disagree: 39.0 / 26.5
Strongly Disagree: 43.6 / 60.8
Don't Know: 1.5 / 1.8
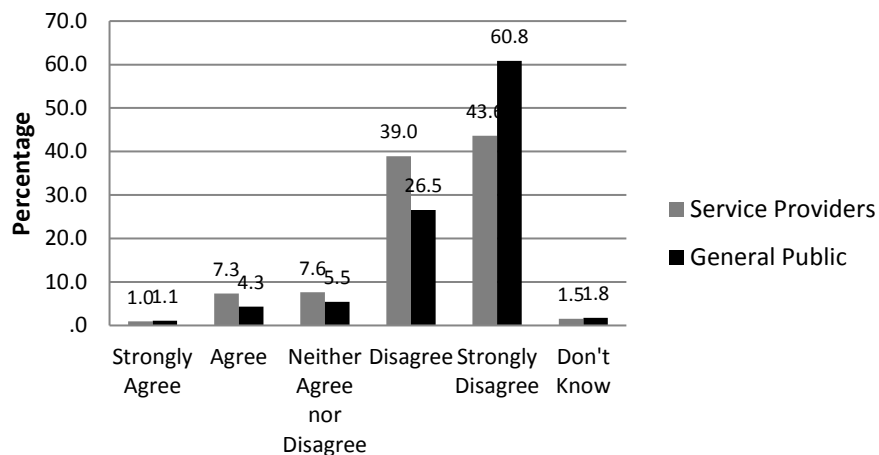
Figure D4 - Mental Health - People are able to access most services and supports they require in or near their home community

Service Providers / General Public

Strongly Agree: 2.1 / 1.5
Agree: 24.3 / 15.3
Neither Agree nor Disagree: 15.0 / 14.5
Disagree: 33.7 / 27.6
Strongly Disagree: 22.9 / 37.1
Don't Know: 2.1 / 3.9
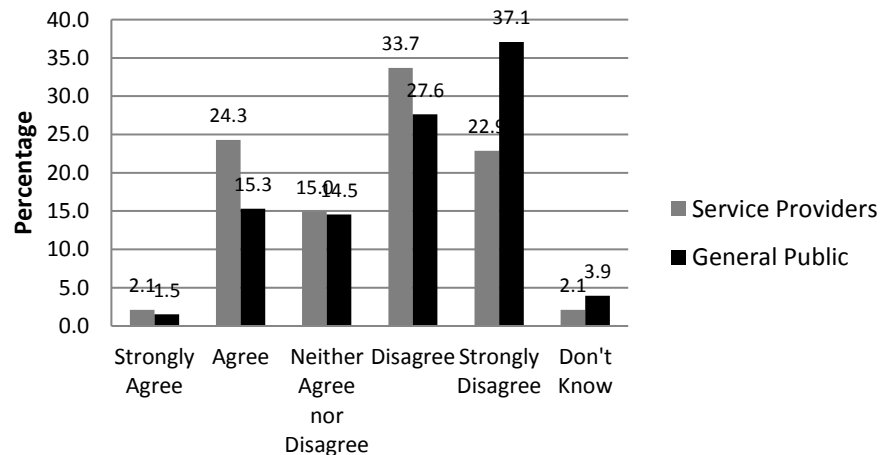
Figure D5 - Mental Health - People are able to access services and supports without being limited by factors such as language, gender, sexual orientation or age

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	5.5	38.9	19.2	21.3	10.6	4.5
General Public	4.0	26.0	18.3	19.0	18.9	13.8
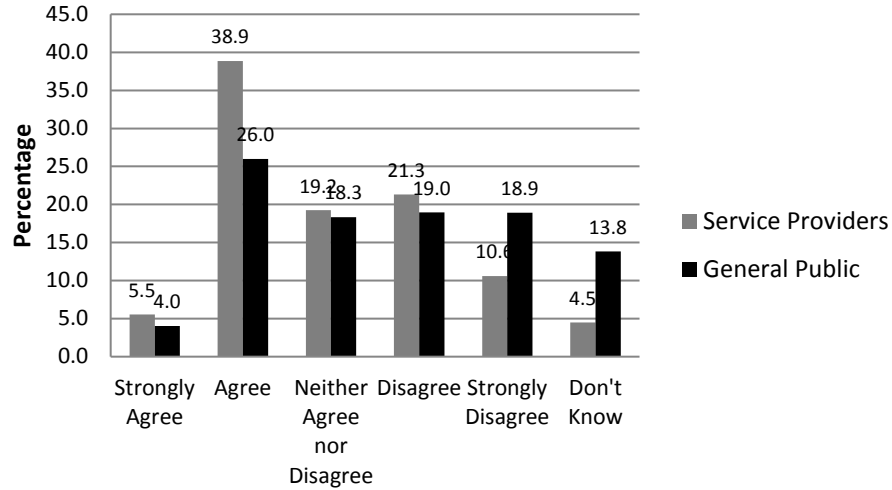
Figure D6 - Mental Health - People are able to obtain services and supports that are appropriate for the kinds of problems they are experiencing (such as mood or anxiety related challenges)

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	4.4	36.6	16.5	26.8	13.5	2.1
General Public	1.6	19.2	12.4	31.8	32.7	2.4
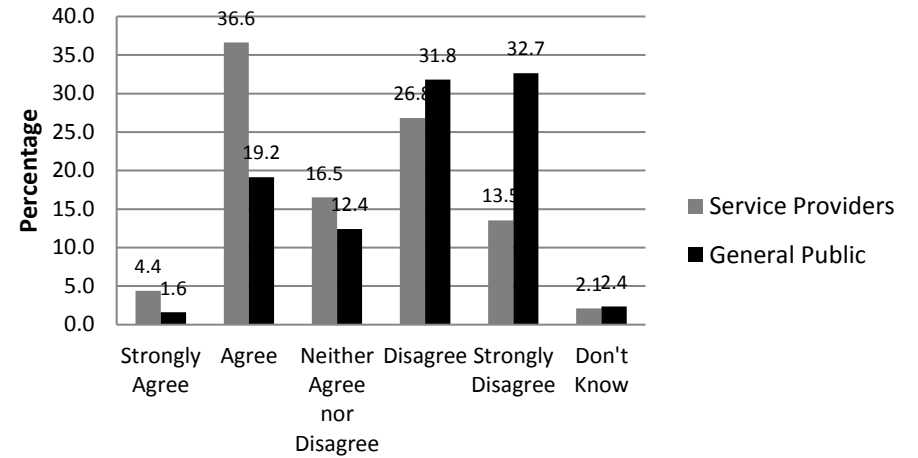
Figure D7 - Mental Health - People are able to obtain services and supports that are appropriate for the severity (seriousness) of the problems they are experiencing

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	3.0	24.4	17.0	33.6	20.3	1.6
General Public	1.6	12.0	11.5	30.7	41.4	2.8
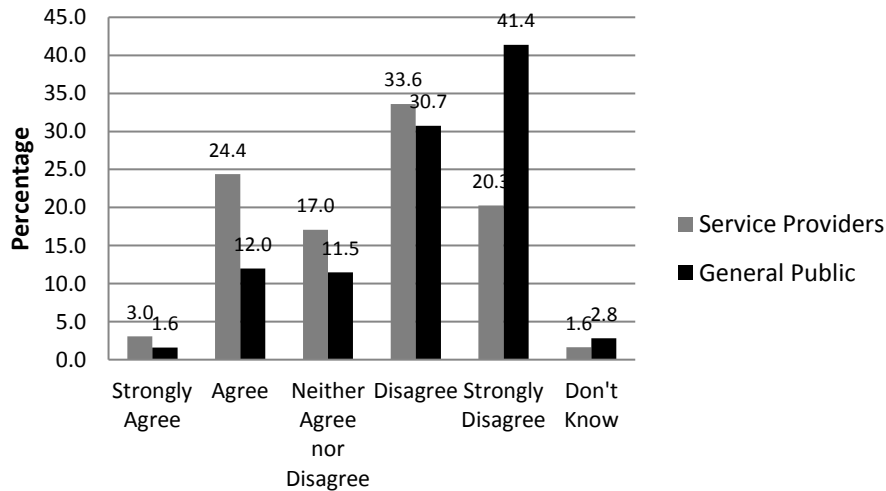
Figure D8 - Mental Health - People are able to obtain services and supports that are sensitive and appropriate to their cultural needs

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	2.8	25.5	26.8	25.7	12.9	6.4
General Public	2.2	13.5	23.2	20.0	18.7	22.5

28
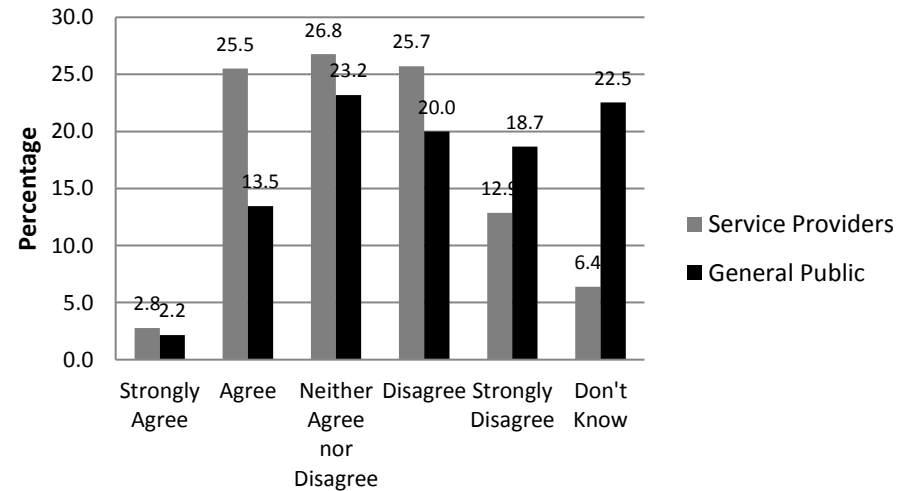
Figure D9 - Mental Health - Out of the available services and supports, people are able to choose from a range of approaches (such as different kinds of counseling or self-help) to help address their mental health-related challenges

	Service Providers	General Public
Strongly Agree	2.6	1.3
Agree	21.1	13.3
Neither Agree nor Disagree	17.0	13.0
Disagree	33.7	30.8
Strongly Disagree	22.2	38.3
Don't Know	3.4	3.2
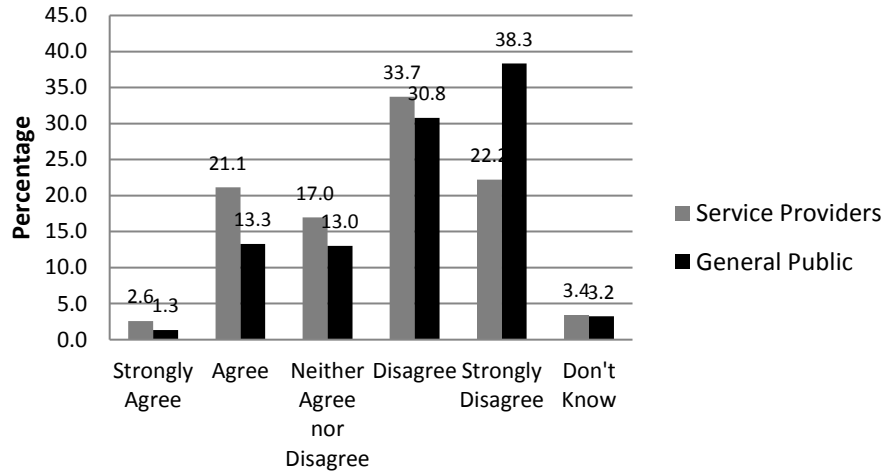
Figure D10 - Mental Health - Service providers (such as counselors) are able to explain the reasons for the practices they follow or recommend

	Service Providers	General Public
Strongly Agree	8.7	2.6
Agree	47.4	30.8
Neither Agree nor Disagree	20.8	23.1
Disagree	8.9	18.2
Strongly Disagree	4.6	13.7
Don't Know	9.7	11.6
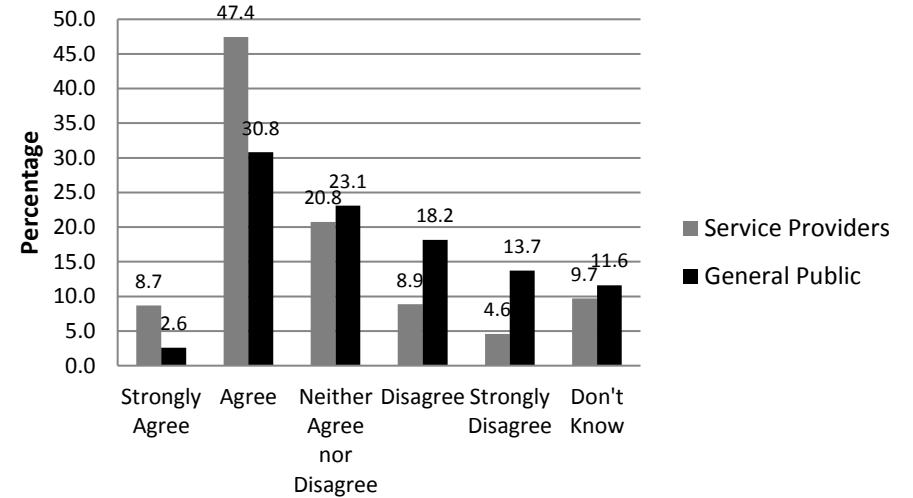
Figure D11 - Mental Health - People receiving services and supports are able to set their own goals

	Service Providers	General Public
Strongly Agree	10.0	3.0
Agree	40.5	29.5
Neither Agree nor Disagree	24.4	25.6
Disagree	12.3	18.8
Strongly Disagree	4.6	12.5
Don't Know	8.3	10.6
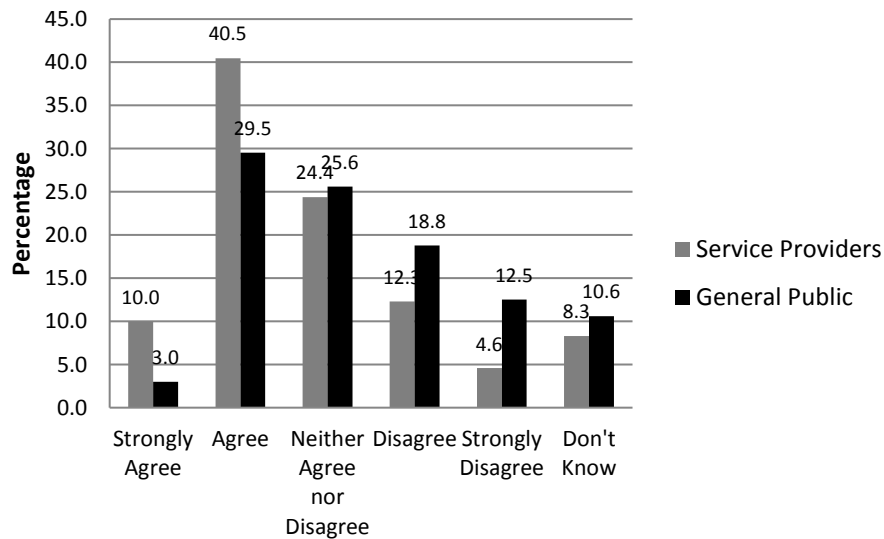
Figure D12 - Mental Health - There is a wide range of mental health services and supports to meet the diverse (different) needs of people at RISK for mental health challenges

	Service Providers	General Public
Strongly Agree	1.8	1.3
Agree	12.4	7.3
Neither Agree nor Disagree	14.4	9.7
Disagree	37.3	30.0
Strongly Disagree	31.3	47.3
Don't Know	2.8	4.5
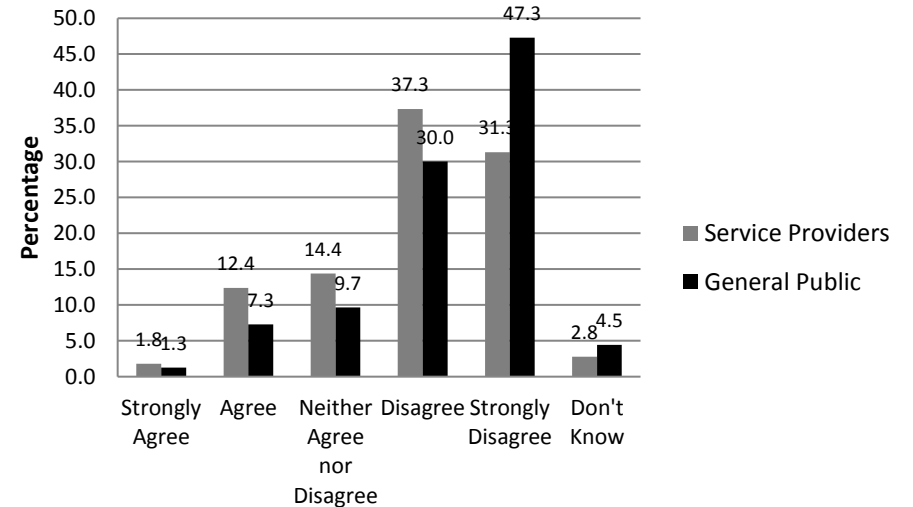
Figure D13 - Mental Health - There is a wide range of mental health services and supports to meet the diverse (different) needs of people EXPERIENCING mental health challenges
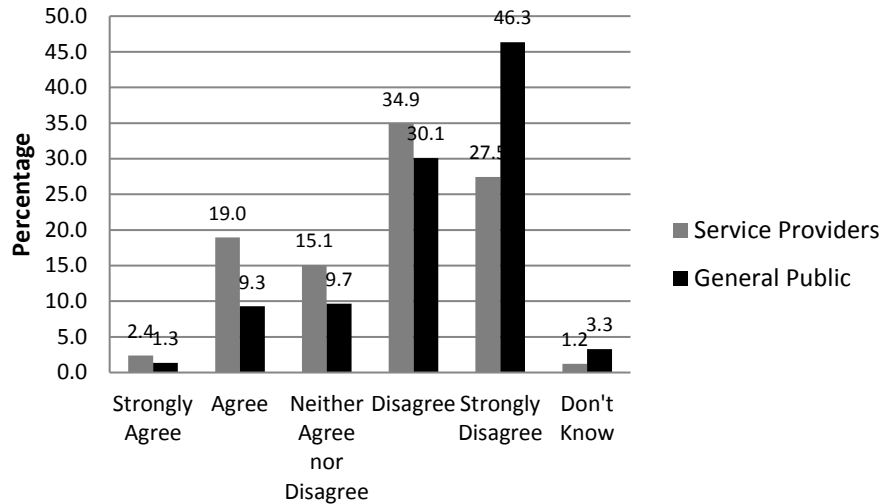
Figure D14 - Mental Health - There is a wide range of services and supports to meet the diverse (different) needs of people (such as families or other loved ones) who are AFFECTED by someone else's mental health challenges
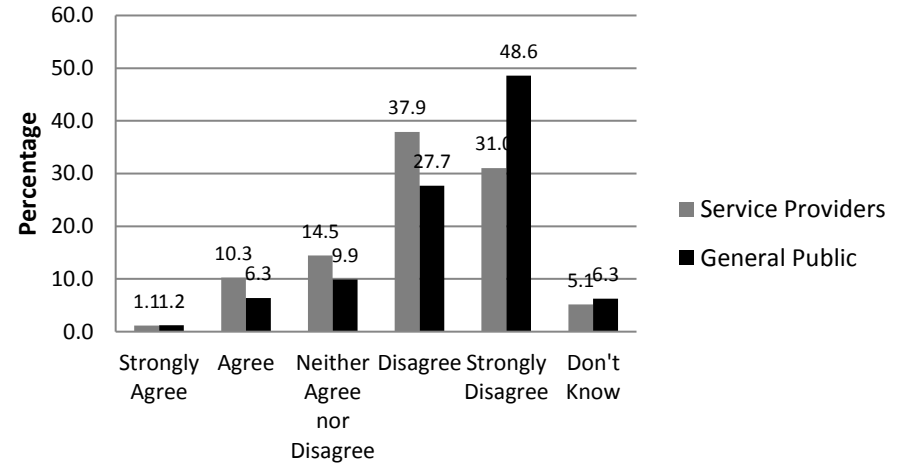
Figure D15 - Mental Health - Service providers (such as counselors) are well-informed about the different types of services and supports offered in your region
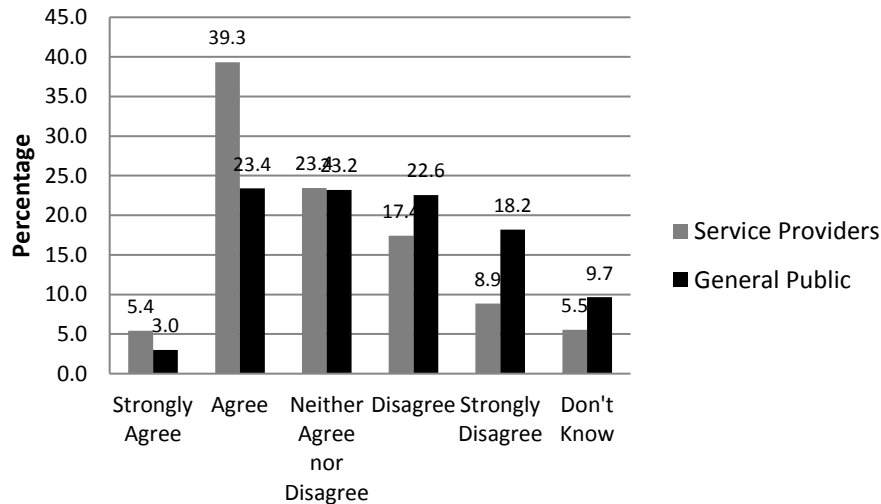
Figure D16 - Mental Health - The agencies or programs that provide different types of mental health services work well together to help people access the services they need/ want at any given point in time

30
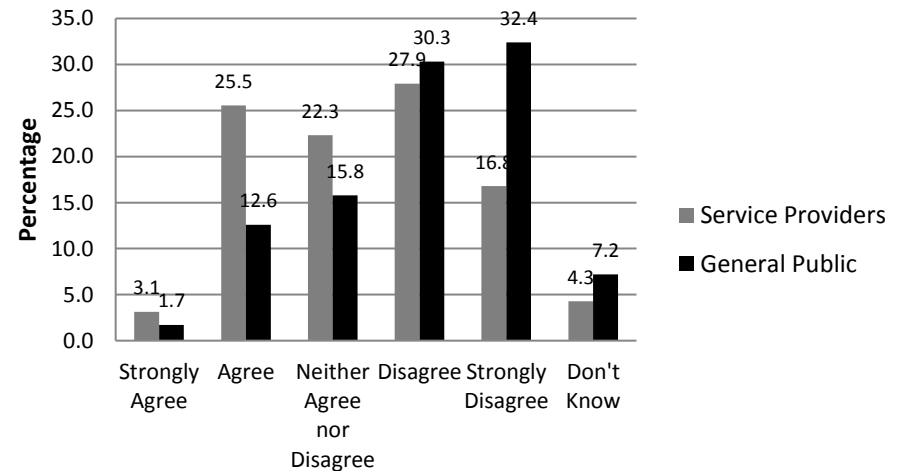
Figure D17 - Mental Health - The agencies or programs that provide different types of mental health services work well together to support clients as they transition from one agency or program's services to another's to help address their continued/changi

Service Providers / General Public

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	2.2	19.7	25.0	30.5	16.3	6.3
General Public	1.4	9.4	16.8	27.0	32.1	13.3
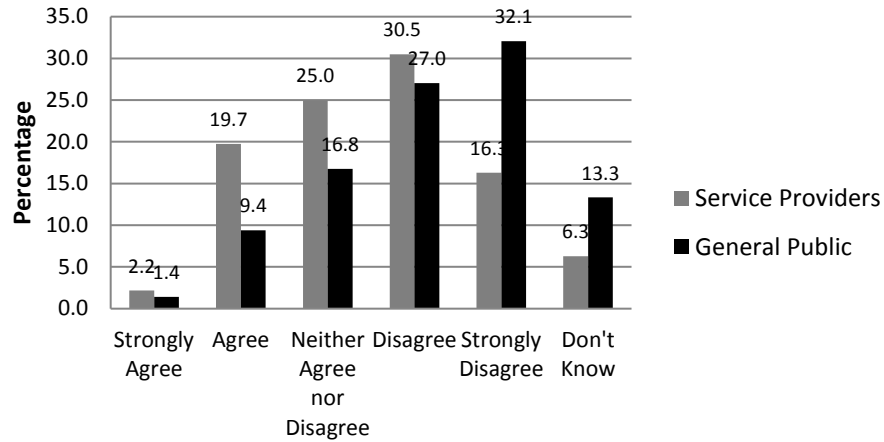
Figure D18 - Mental Health - Services and supports are able to adapt to the changing needs and preferences of people seeking help with mental health challenges

Service Providers / General Public

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	1.3	19.6	24.7	32.7	15.3	6.4
General Public	1.3	9.2	16.5	30.3	33.1	9.6
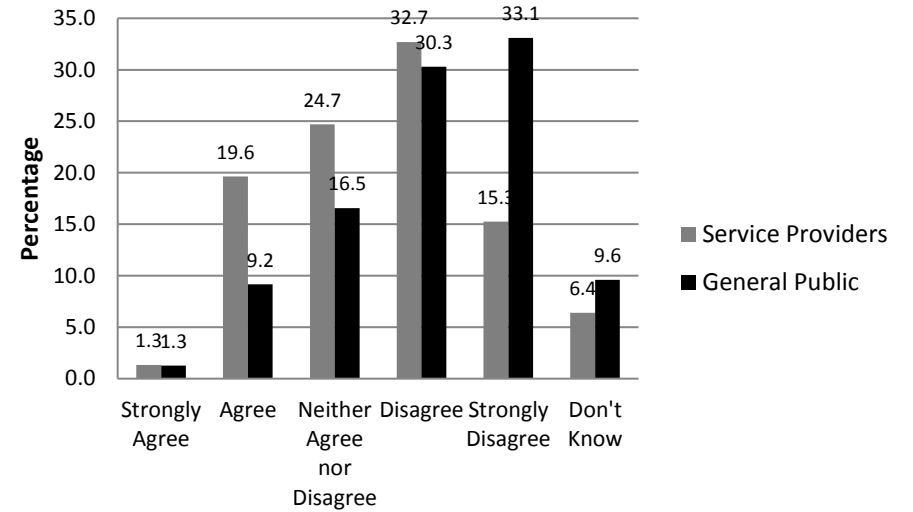
Figure D19 - Mental Health - Taken together, the available services and supports are able to meet the level of demand for them (there are enough services and supports)

Service Providers / General Public

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	.8	4.9	7.6	30.0	53.7	3.1
General Public	1.3	3.4	5.7	21.6	63.3	4.8
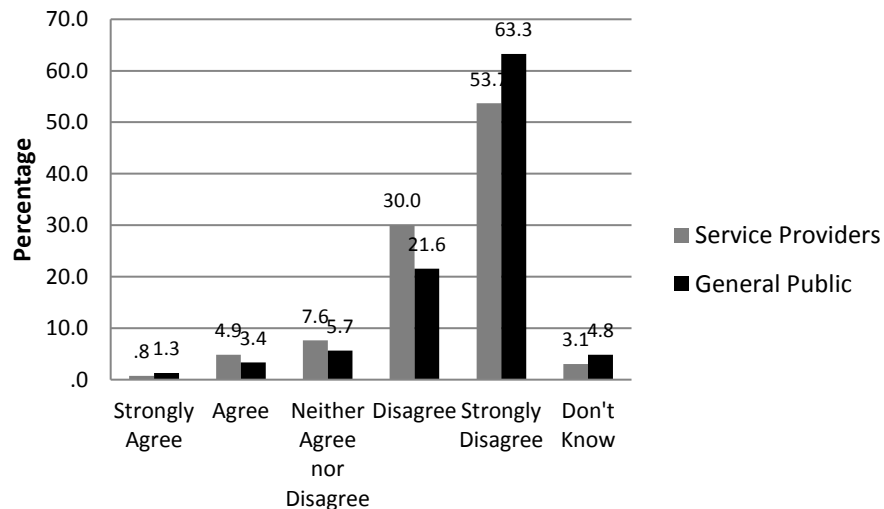
Figure D20 - Mental Health - The services and supports for people with mental health challenges are of high quality

Service Providers / General Public

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	5.5	27.7	29.8	18.7	14.3	4.0
General Public	3.4	15.5	24.1	23.7	28.4	5.0

31
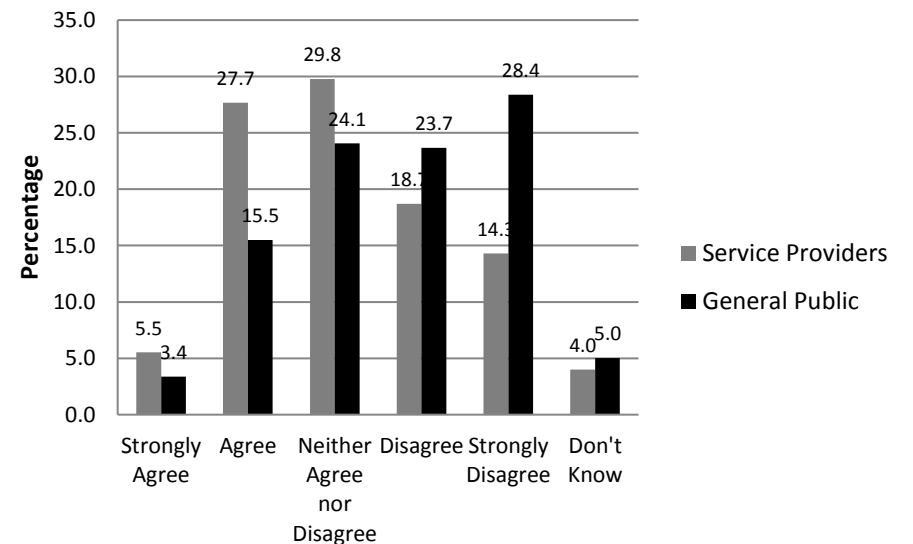
Figures D21 to D41 (B) Substance Use/Addiction Services

Figure D21 - Substance Use - Information about substance use/addiction services and supports is readily available and accessible
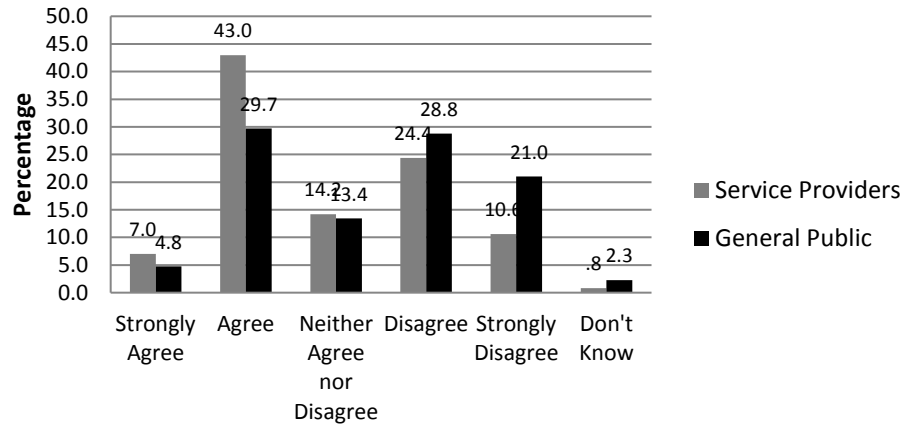
Figure D22 - Substance Use - Regardless of the kind of services or supports (detox, treatment program, doctor's office) people start with, they are able to access other services or supports without too much difficulty
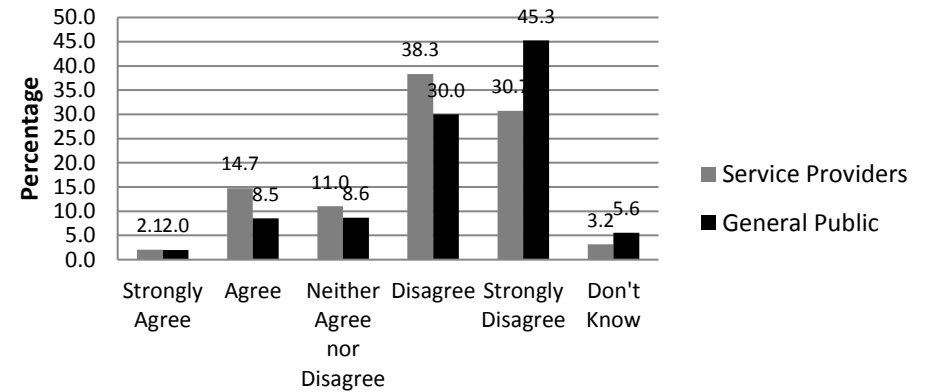
Figure D23 - Substance Use - People are able to access the services and supports they seek without unnecessary delays or long wait times
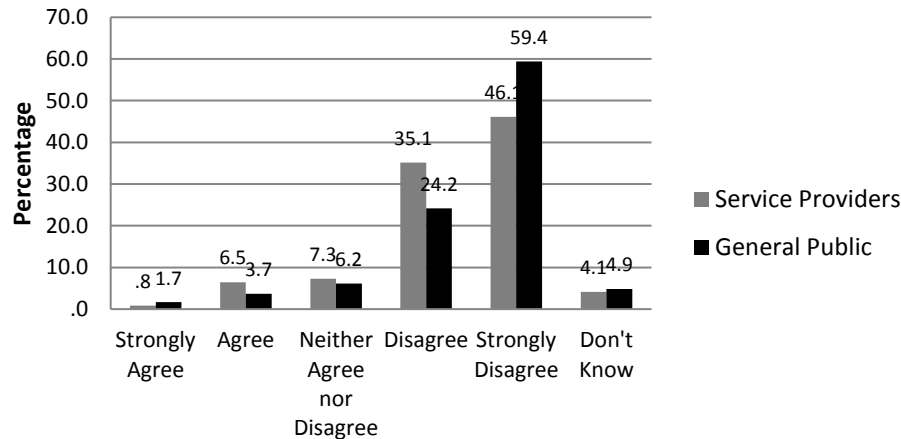
Figure D24 - Substance Use - People are able to access most services and supports in or near their home community
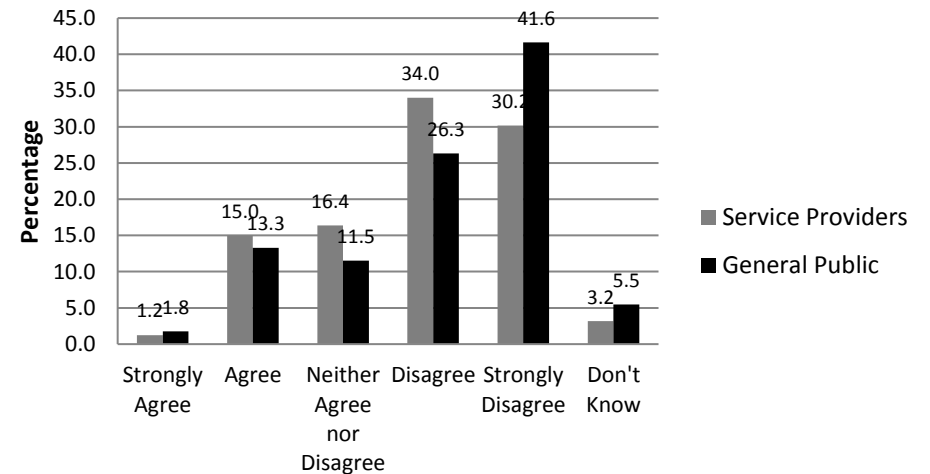
Figure D25 - Substance Use - People are able to access services and supports without being limited by factors such as language, gender, sexual orientation or age

Service Providers / General Public

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	5.5	33.6	18.7	20.9	12.1	9.1
General Public	4.2	21.4	17.6	18.1	22.4	16.4
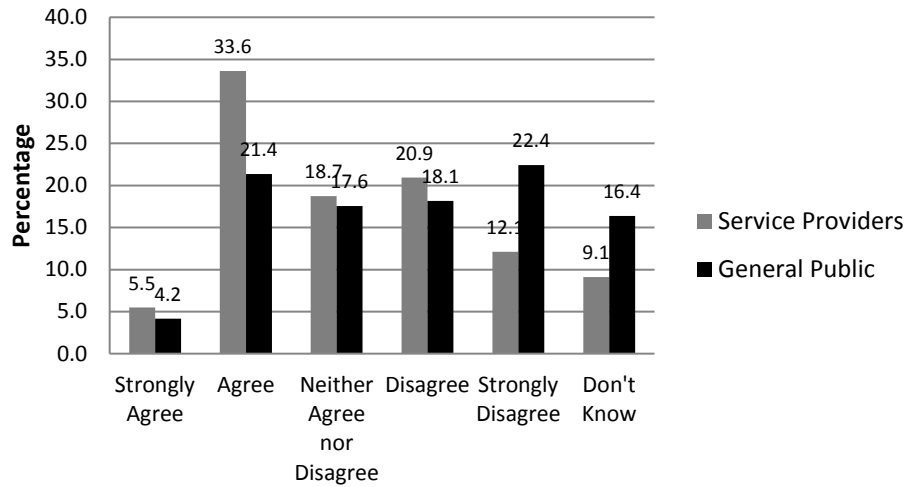
Figure D26 - Substance Use - People are able to obtain services and supports that are appropriate for the severity (seriousness) of the problems they are experiencing

Service Providers / General Public

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	2.2	21.2	14.6	33.2	24.8	4.0
General Public	1.9	9.1	11.0	28.6	43.9	5.5
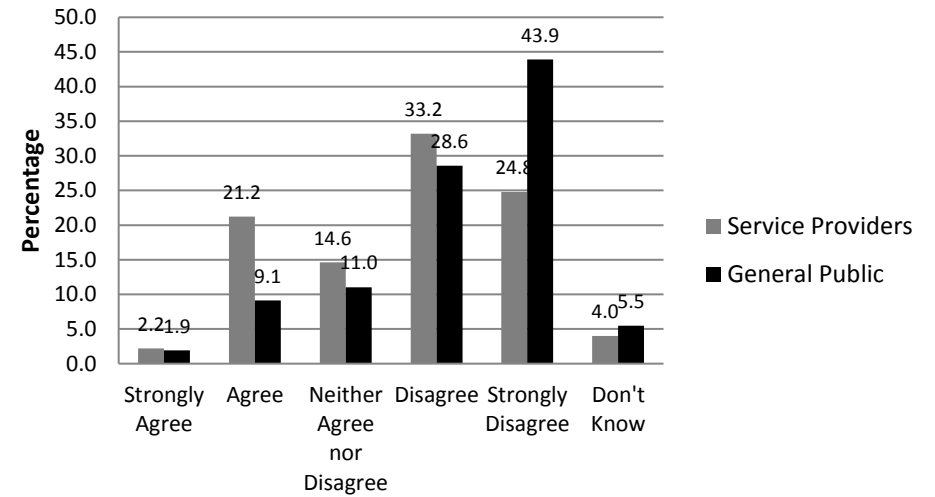
Figure D27 - Substance Use - People are able to obtain services and supports that are appropriate for the kinds of problems they are experiencing

Service Providers / General Public

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	2.6	30.2	15.9	27.8	19.2	4.3
General Public	2.1	15.9	13.6	25.9	36.8	5.7
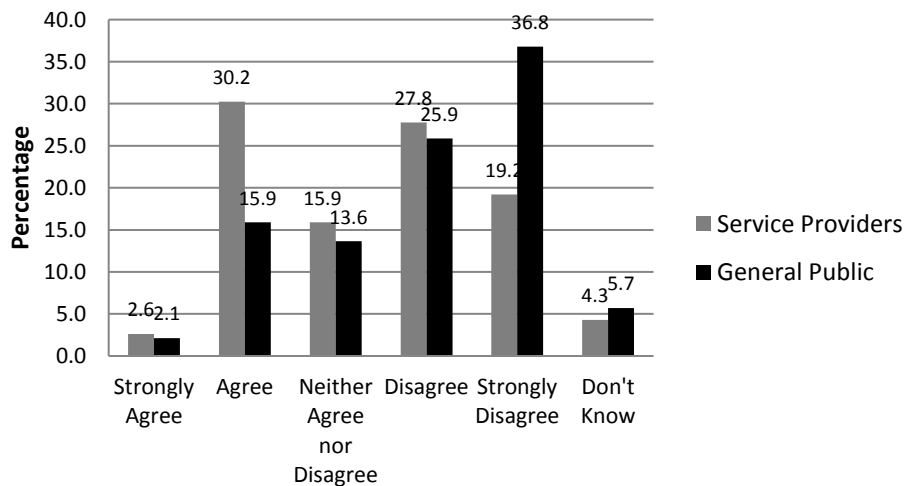
Figure D28 - Substance Use - People are able to obtain services and supports that are sensitive and appropriate to their cultural needs

Service Providers / General Public

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	3.2	27.4	23.3	25.1	11.8	9.2
General Public	3.6	12.9	22.3	17.4	23.6	20.2

33
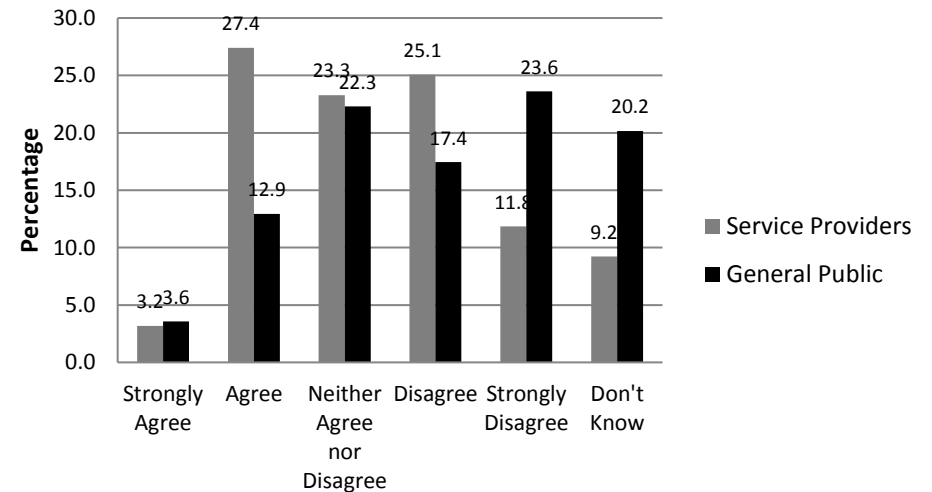
Figure D29 - Substance Use - Out of the available services and supports, people are able to choose from a range of approaches (such as different kinds of counseling or self-help) to help address their substance use/addiction challenges

Response	Service Providers	General Public
Strongly Agree	3.3	2.0
Agree	22.0	14.5
Neither Agree nor Disagree	18.2	14.0
Disagree	31.0	28.6
Strongly Disagree	19.6	34.2
Don't Know	5.9	6.8
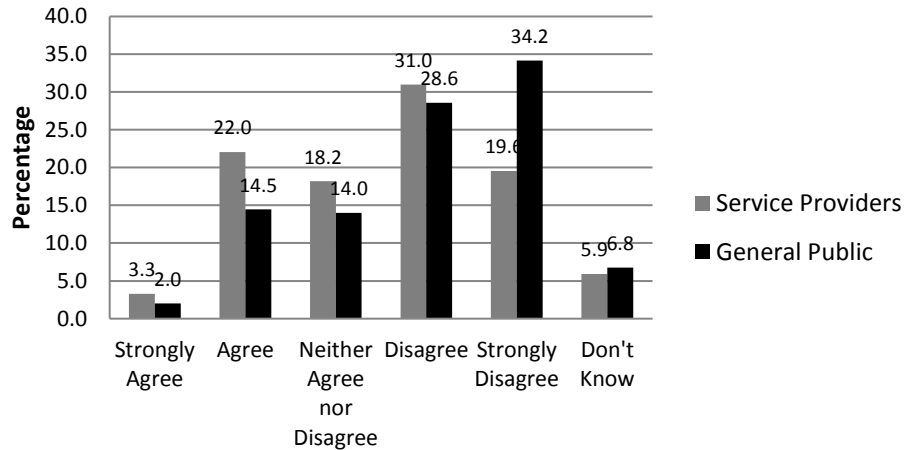
Figure D30 - Substance Use - Service providers (such as counselors) are able to explain the reasons for the practices they follow or recommend

Response	Service Providers	General Public
Strongly Agree	6.1	3.3
Agree	42.0	26.3
Neither Agree nor Disagree	22.6	23.7
Disagree	8.8	15.3
Strongly Disagree	3.9	15.1
Don't Know	16.7	16.3
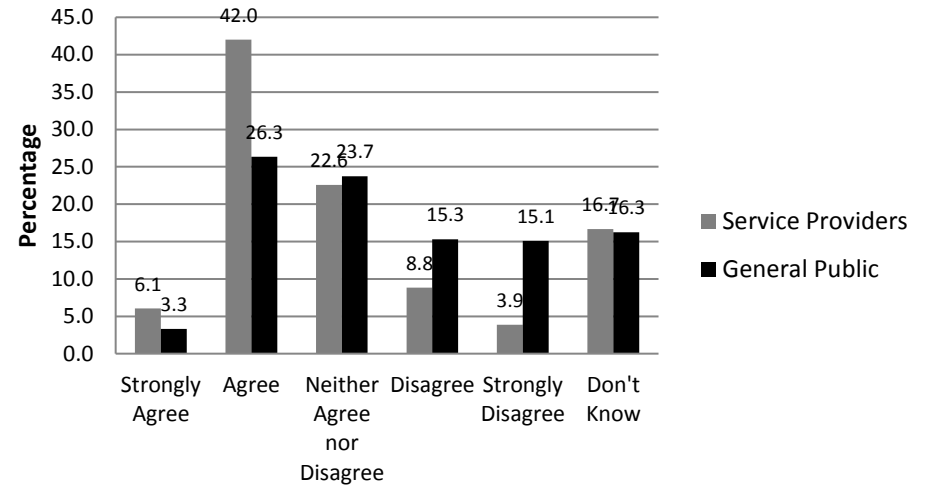
Figure D31 - Substance Use - People receiving services and supports are able to set their own goals

Response	Service Providers	General Public
Strongly Agree	9.0	4.2
Agree	38.0	27.5
Neither Agree nor Disagree	22.5	24.6
Disagree	13.2	14.8
Strongly Disagree	5.2	12.2
Don't Know	12.1	16.7
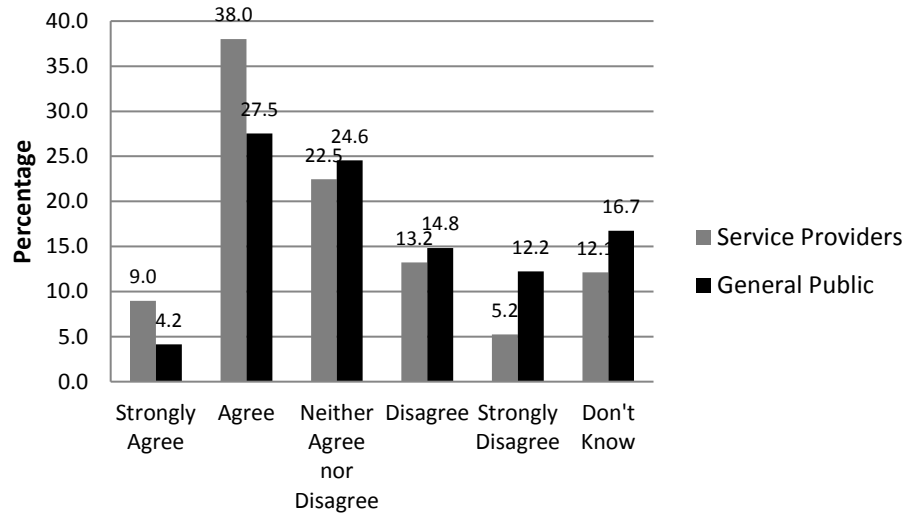
Figure D32 - Substance Use - There is a wide range of substance use/addiction services and supports to meet the diverse (different) needs of people at RISK for substance use/addiction challenges

Response	Service Providers	General Public
Strongly Agree	1.9	1.9
Agree	12.7	8.5
Neither Agree nor Disagree	13.6	9.4
Disagree	36.1	26.9
Strongly Disagree	30.7	46.3
Don't Know	5.0	7.0

34
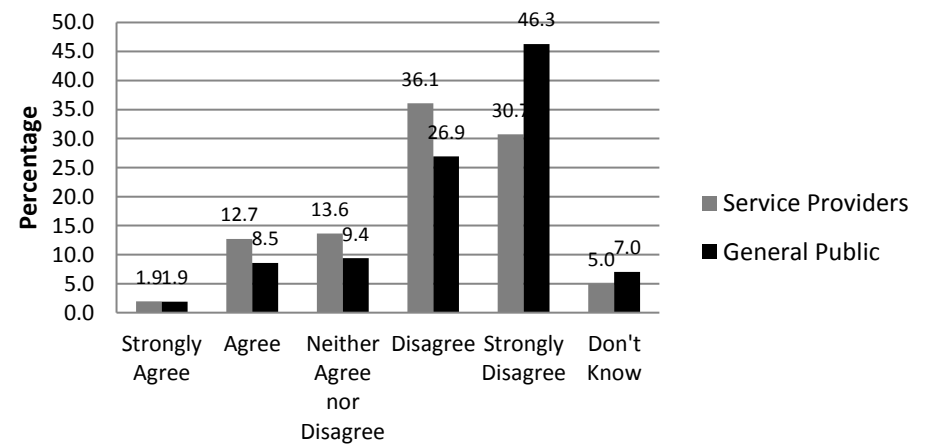
Figure D33 - Substance Use - There is a wide range of services and supports to meet the diverse (different) needs of people EXPERIENCING substance use/addiction challenges

	Service Providers	General Public
Strongly Agree	2.2	2.0
Agree	18.0	8.7
Neither Agree nor Disagree	12.8	8.8
Disagree	31.8	26.1
Strongly Disagree	32.2	48.5
Don't Know	2.9	5.9

Figure D34 - Substance Use - There is a wide range of services and supports to meet the diverse (different) needs of people (such as families, other loved ones) who are AFFECTED by someone else's substance use/addiction challenges

	Service Providers	General Public
Strongly Agree	1.7	2.3
Agree	16.0	10.7
Neither Agree nor Disagree	15.0	11.6
Disagree	33.3	27.0
Strongly Disagree	28.0	42.5
Don't Know	6.1	5.9

Figure D35 - Substance Use - Service providers (such as counselors, intake workers) are well informed about other services and supports offered in the region

	Service Providers	General Public
Strongly Agree	5.8	3.3
Agree	36.4	24.4
Neither Agree nor Disagree	21.1	22.8
Disagree	19.7	18.3
Strongly Disagree	8.4	19.0
Don't Know	8.7	12.2

Figure D36 - Substance Use - The agencies or programs that provide different types of substance use/addiction services work well together to help people access the services they need/ want at any given point in time

	Service Providers	General Public
Strongly Agree	4.1	2.1
Agree	22.9	13.8
Neither Agree nor Disagree	25.5	17.6
Disagree	23.7	24.8
Strongly Disagree	15.0	30.2
Don't Know	8.8	11.5

35
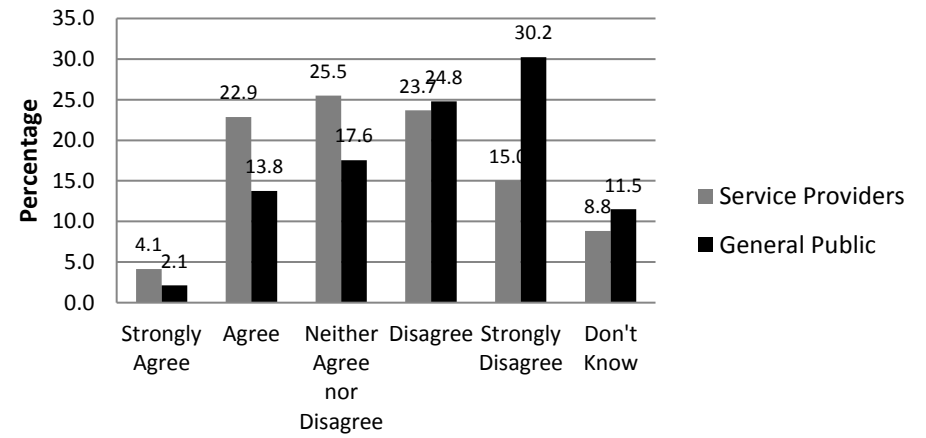
Figure D37 - Substance Use - The agencies or programs that provide different types of substance use/addiction services work well together to support clients as they transition from one agency or program's services to another's to help address their contin

Percentage

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	2.9	19.8	22.9	28.1	16.3	10.1
General Public	2.1	11.5	17.9	25.1	28.7	14.6

Figure D38 - Substance Use - Services and supports are able to adapt to the changing needs and preferences of people seeking help with substance use/addiction challenges

Percentage

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	1.8	17.4	23.6	30.3	17.4	9.6
General Public	1.8	9.4	19.1	25.4	31.1	13.3

Figure D39 - Substance Use - Taken together, the available services and supports are able to meet the level of demand for them (there are enough services and supports)

Percentage

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	.6	6.1	8.0	30.6	50.3	4.5
General Public	1.7	5.3	7.5	18.7	59.8	7.0

Figure D40 - Substance Use - The services and supports for people with substance use/addiction challenges are of high quality

Percentage

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Service Providers	2.6	24.7	27.0	20.0	15.2	10.6
General Public	4.3	13.6	21.2	20.0	30.1	10.7
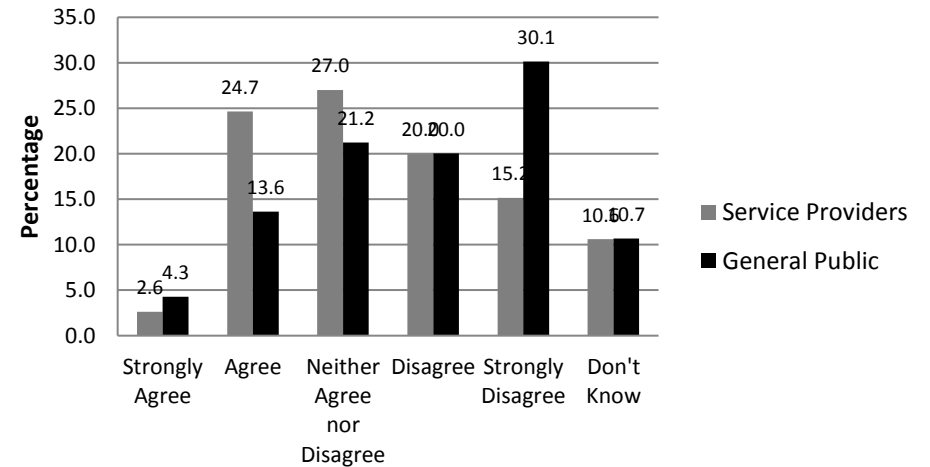
Figures D41 to D44 Service Providers Only Questions on Mental Health and Substance Use/Addiction Services

Figure D41 - Substance Use - People are able to access services and supports on days and times of day that fit with their schedules

Category	Percentage
Strongly Agree	1.9
Agree	11.9
Neither Agree nor Disagree	20.2
Disagree	31.1
Strongly Disagree	25.7
Don't Know	9.3
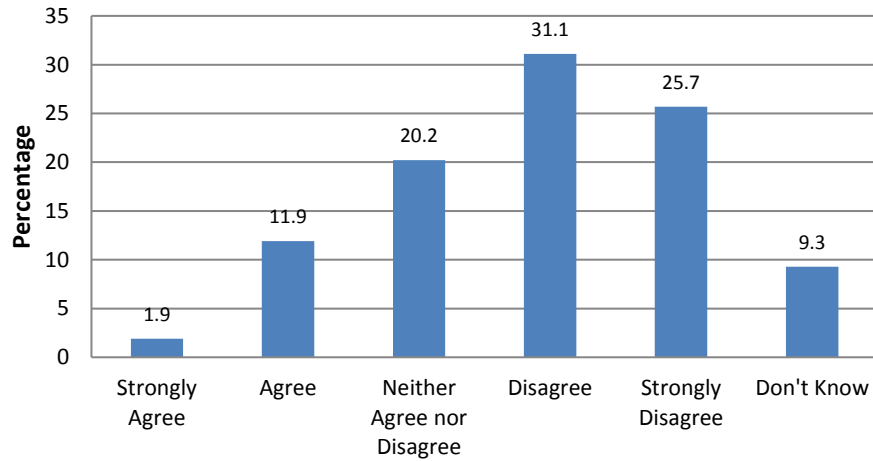
Figure D42 - Substance Use - Substance use/addiction services and supports have strong processes for reviewing evidence and making the appropriate program enhancements

Category	Percentage
Strongly Agree	3.2
Agree	15.4
Neither Agree nor Disagree	23.9
Disagree	17.1
Strongly Disagree	18.3
Don't Know	22.1
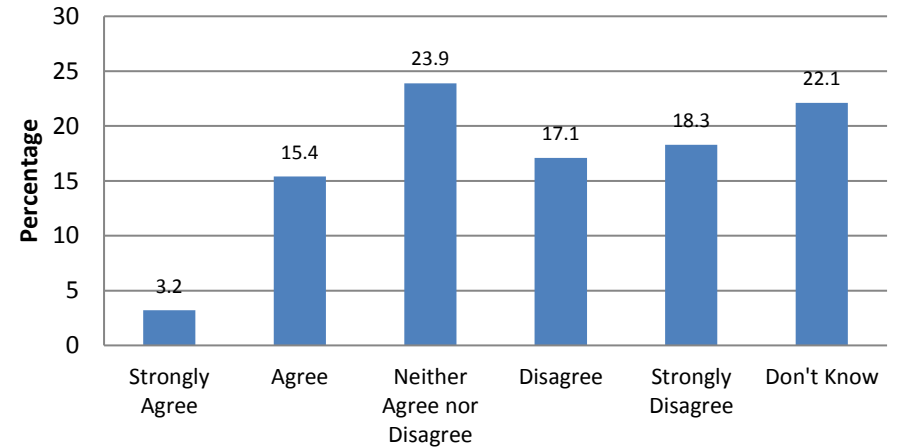
Figure D43 - Mental Health - Mental health services and supports have strong processes for reviewing evidence and making the appropriate program enhancements

Category	Percentage
Strongly Agree	3.2
Agree	17.2
Neither Agree nor Disagree	25.3
Disagree	21.7
Strongly Disagree	18.4
Don't Know	14.2
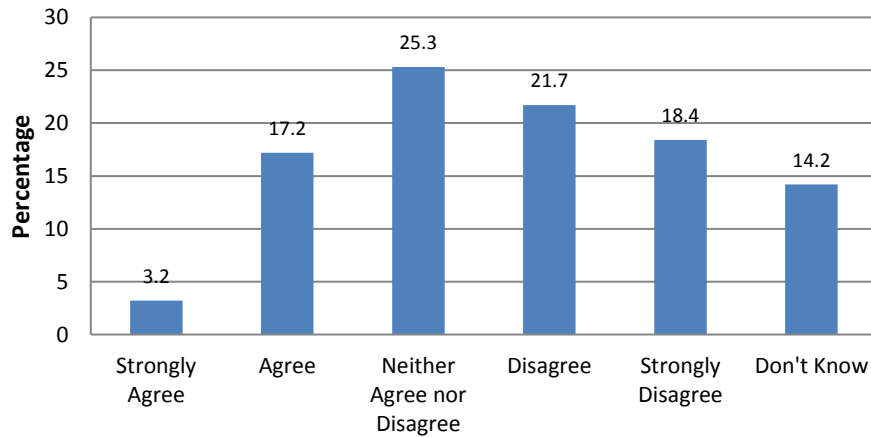
Figure D44 - Mental Health - People are able to access services and supports on days and at times of day that fit with their schedules.

Category	Percentage
Strongly Agree	1
Agree	18.2
Neither Agree nor Disagree	21.4
Disagree	32.1
Strongly Disagree	21.5
Don't Know	5.8
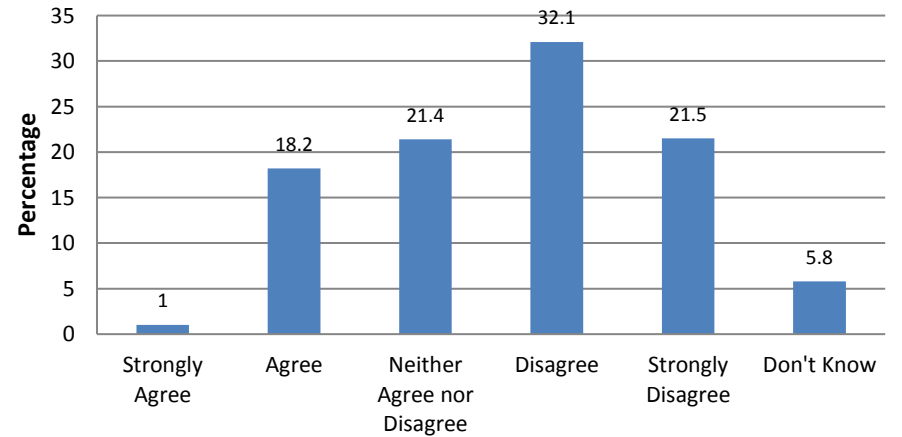
Appendix E: Comparing Responses concerning Mental Health or Substance Use/Addiction Services among (A) Service Providers and (B) the General Public

Figure E1 to E22 (A) Service Providers

Figure E1 - Service Providers - Information about services (MH or SU) and supports is readily available and accessible

Figure E2 - Service Providers - Regardless of the kind of services or supports (such as mental health clinic, doctor's office OR detox, treatment program, doctor's office) people start with, they are able to access other services or supports without too m

Figure E3 - Service Providers - People are able to access the services and supports they seek without unnecessary delays or long wait times

Figure E4 - Service Providers - People are able to access most services and supports in or near their home community

Figure E5 - Service Providers - People are able to access services and supports without being limited by factors such as language, gender, sexual orientation or age
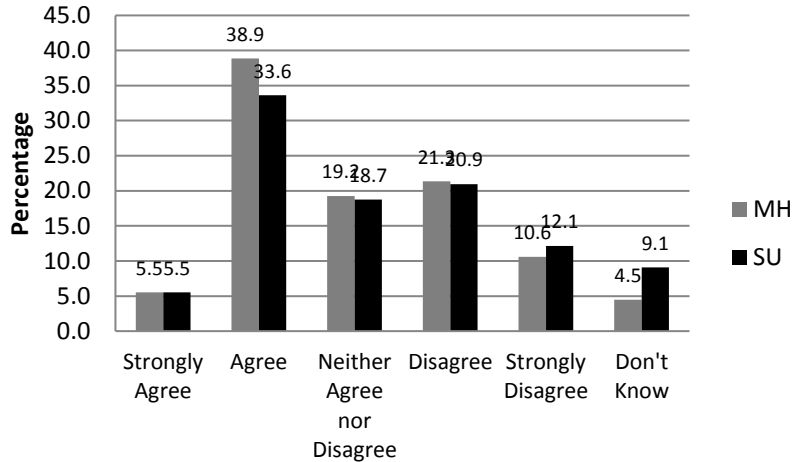
Figure E6 - Service Providers - People are able to obtain services and supports that are appropriate for the kinds of problems they are experiencing
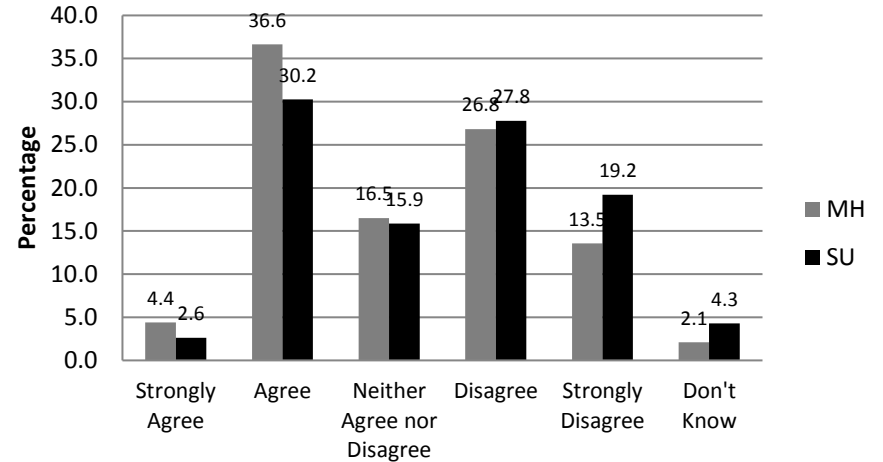
Figure E7 - Service Providers - People are able to obtain services and supports that are appropriate for the severity (seriousness) of the problems they are experiencing
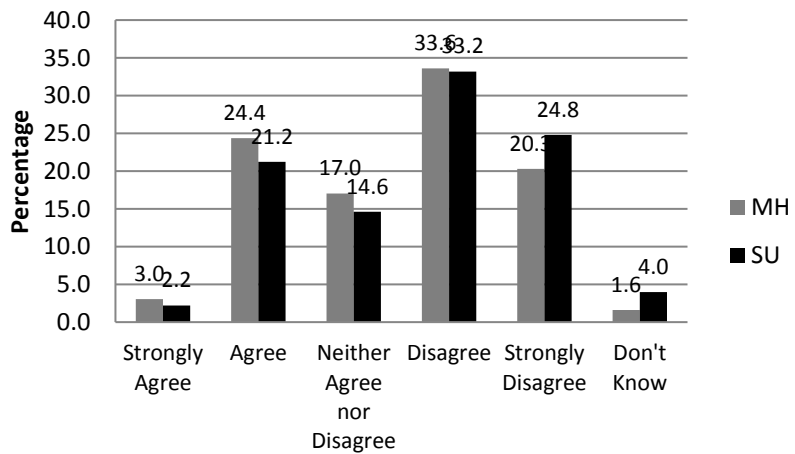
Figure E8 - Service Providers - People are able to obtain services and supports that are sensitive and appropriate to their cultural needs

40
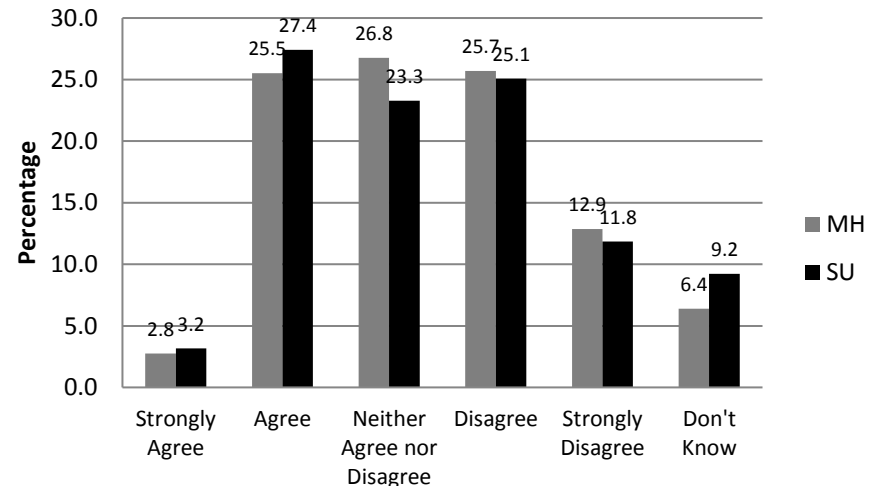
Figure E9 - Service Providers - Out of the available services and supports, people are able to choose from a range of approaches (such as different kinds of counseling or self-help) to help address their mental health OR substance use/addiction challenges

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	2.6	21.1	17.0	33.7	22.2	3.4
SU	3.3	22.0	18.2	31.0	19.6	5.9
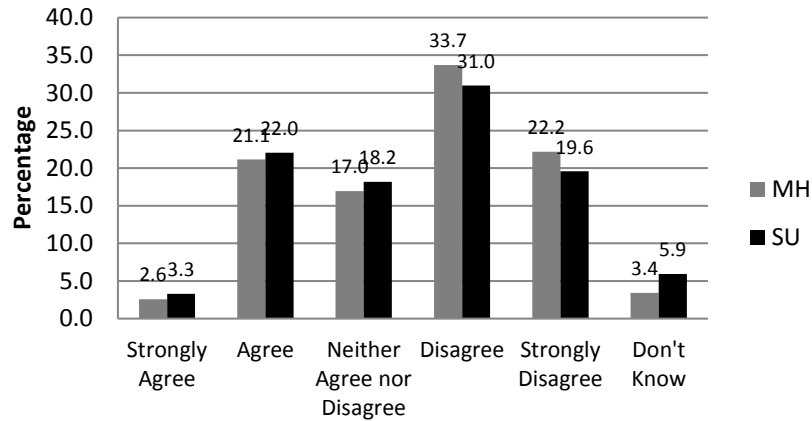
Figure E10 - Service Providers - People receiving services and supports are able to set their own goals.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	10.0	40.5	24.4	12.3	4.6	8.3
SU	9.0	38.0	22.5	13.2	5.2	12.1
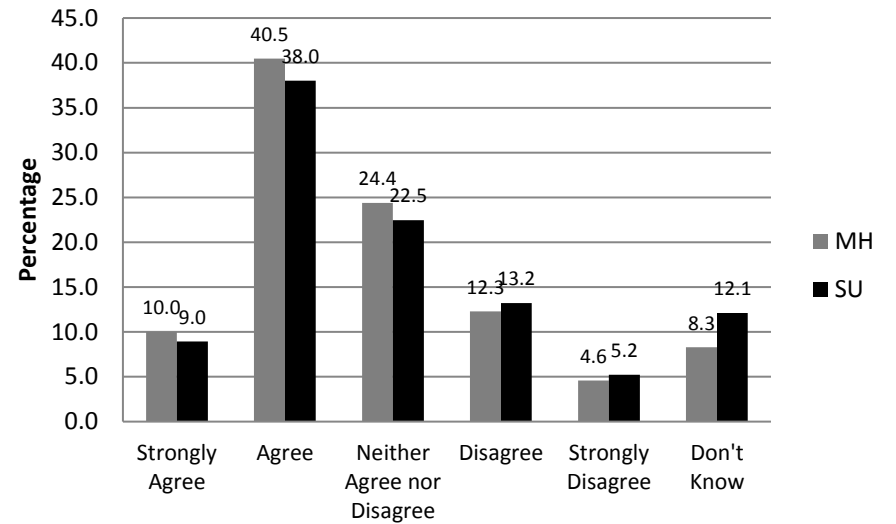
Figure E11 - Service providers - Service providers (such as counselors) are able to explain the reasons for the practices they follow or recommend

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	8.7	47.4	20.8	8.9	4.6	9.7
SU	6.1	42.0	22.6	8.8	3.9	16.7
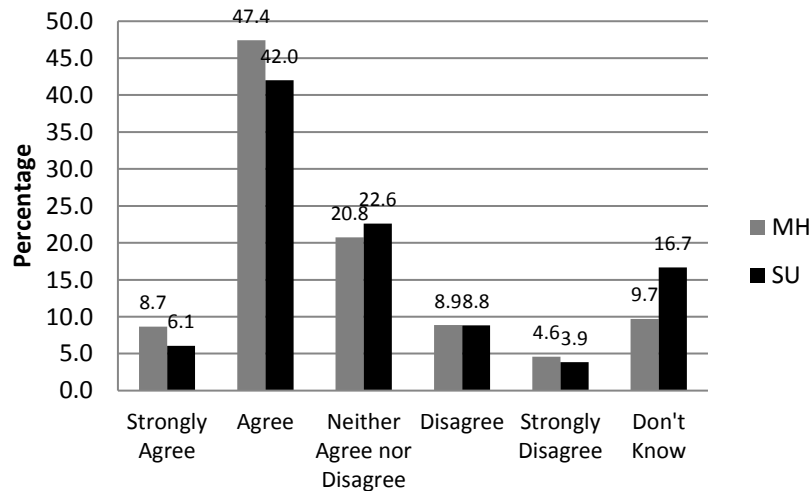
Figure E12 - Service Providers - There is a wide range of services (mental health OR substance use/addiction) and supports to meet the diverse (different) needs of people AT RISK for mental health OR substance use/addiction challenges

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	1.8	12.4	14.4	37.3	31.3	2.8
SU	1.9	12.7	13.6	36.1	30.7	5.0

41
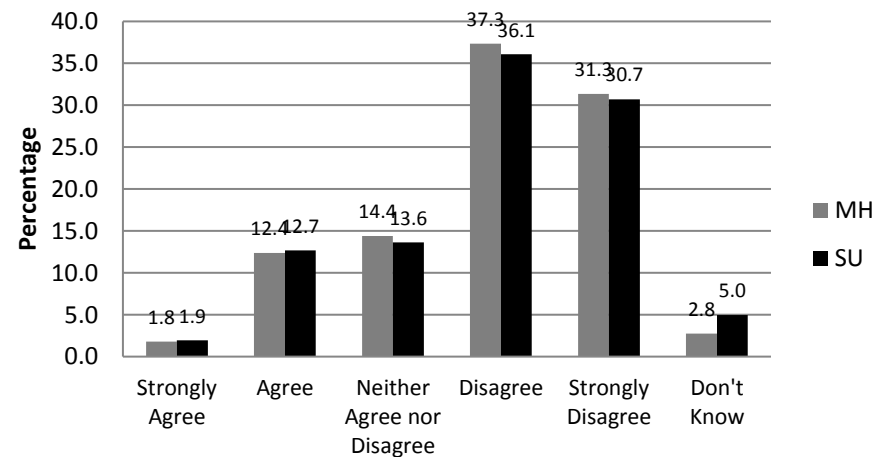
Figure E13 - Service Provider - There is a wide range of services and supports to meet the diverse (different) needs of people EXPERIENCING mental health OR substance use/addiction challenges

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	2.4	19.0	15.1	34.9	27.5	1.2
SU	2.2	18.0	12.8	31.8	32.2	2.9

Figure E14 - Service Providers - There is a wide range of services and supports to meet the diverse (different) needs of people (such as families, other loved ones) who are AFFECTED by someone else's mental health OR substance use/addiction challenges

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	1.1	10.3	14.5	37.9	31.0	5.1
SU	1.7	16.0	15.0	33.3	28.0	6.1

Figure E15 - Service Providers - Service providers (such as counselors, intake workers) are well informed about other services and supports offered in the region.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	5.4	39.3	23.4	17.4	8.9	5.5
SU	5.8	36.4	21.1	19.7	8.4	8.7
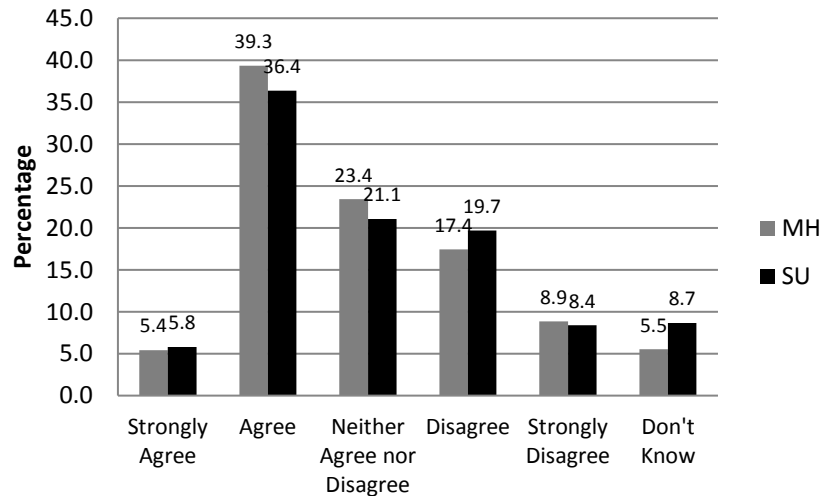
Figure E16 - Service Providers - The agencies or programs that provide different types of mental health OR substance use/addiction services work well together to help people access the services they need/ want at any given point in time

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	3.1	25.5	22.3	27.9	16.8	4.3
SU	4.1	22.9	25.5	23.7	15.0	8.8

42
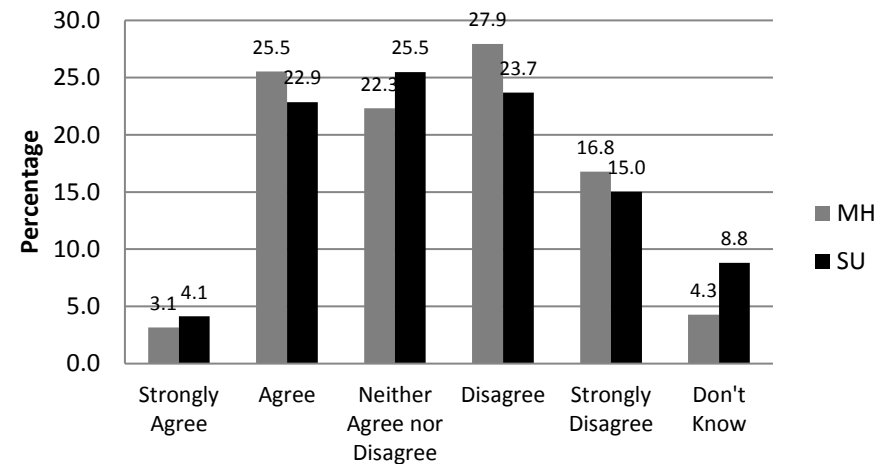
Figure E17 - Service Providers - The agencies or programs that provide different types of mental health OR substance use/addiction services work well together to support clients as they transition from one agency or program's services to another's to help

Response	MH	SU
Strongly Agree	2.2	2.9
Agree	19.7	19.8
Neither Agree nor Disagree	25.0	22.9
Disagree	30.5	28.1
Strongly Disagree	16.3	16.3
Don't Know	6.3	10.1

Figure E18 - Service Providers - Services and supports are able to adapt to the changing needs and preferences of people seeking help with mental health OR substance use/addiction challenges

Response	MH	SU
Strongly Agree	1.3	1.8
Agree	19.6	17.4
Neither Agree nor Disagree	24.7	23.6
Disagree	32.7	30.3
Strongly Disagree	15.3	17.4
Don't Know	6.4	9.6
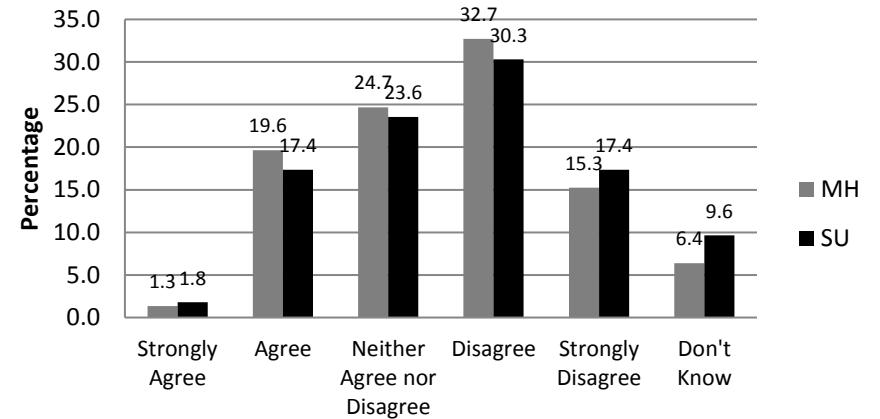
Figure E19 - Service Providers - Taken together, the available services and supports are able to meet the level of demand for them (there are enough services and supports)

Response	MH	SU
Strongly Agree	.8	.6
Agree	4.9	6.1
Neither Agree nor Disagree	7.6	8.0
Disagree	30.0	30.6
Strongly Disagree	53.7	50.3
Don't Know	3.1	4.5
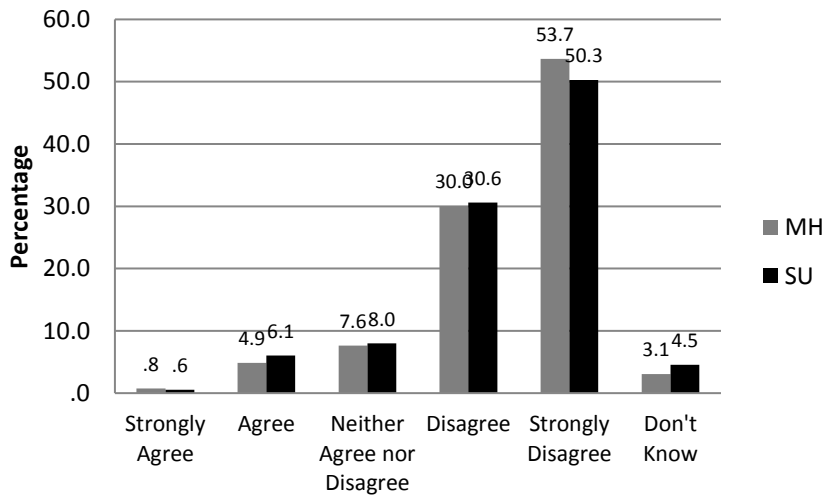
Figure E20 - Service Providers - The services and supports for people with mental health OR substance use/addiction challenges are of high quality

Response	MH	SU
Strongly Agree	5.5	2.6
Agree	27.7	24.7
Neither Agree nor Disagree	29.8	27.0
Disagree	18.7	20.0
Strongly Disagree	14.3	15.2
Don't Know	4.0	10.6

43
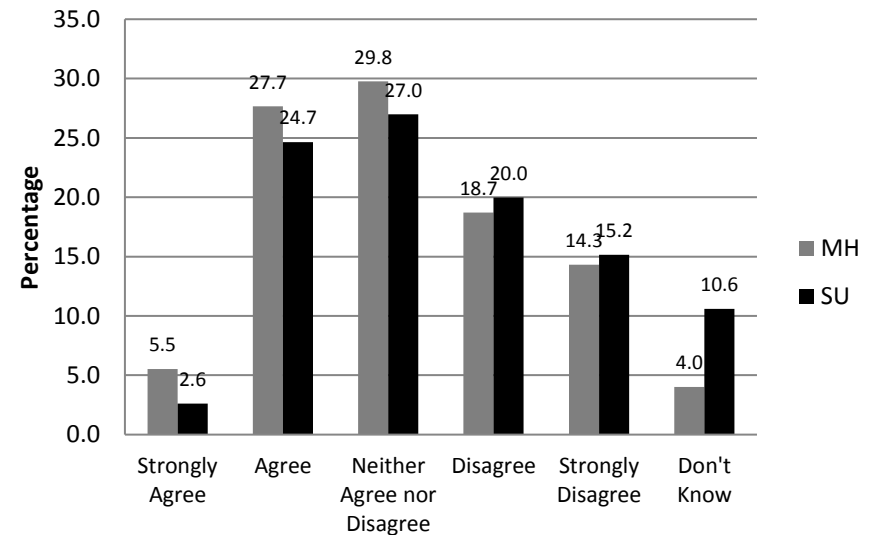
Figure E21* - Service Providers - Mental health OR substance use/addiction services and supports have strong processes for reviewing evidence and making the appropriate program enhancements
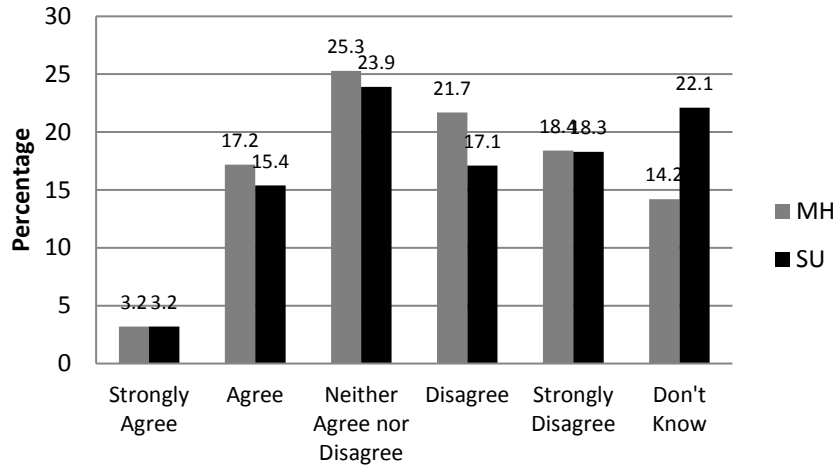
Figure E22* - Service Providers - People are able to access services and supports on days and times of day that fit with their schedules
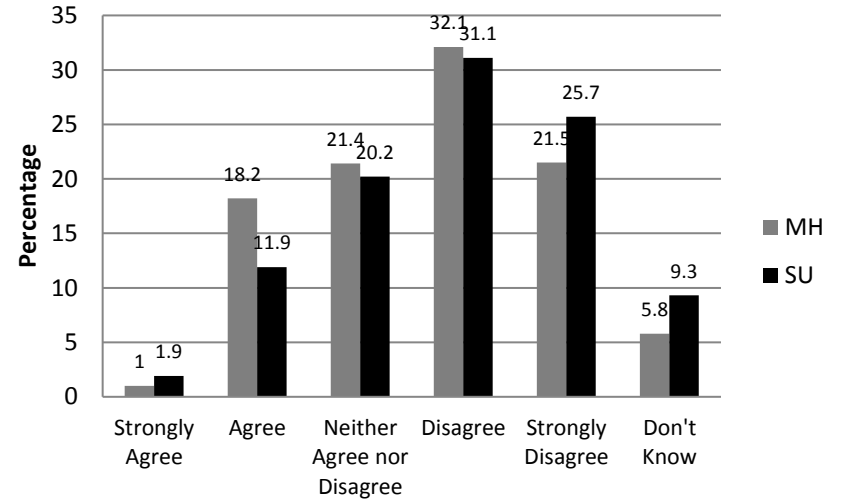
*Figures E21 and E22 record responses for questions that were asked **only** to service providers

Figure E23 to E42 (B) General Public

Figure E23 - General Public - Information about mental health OR substance use/addiction services and supports is readily available and accessible
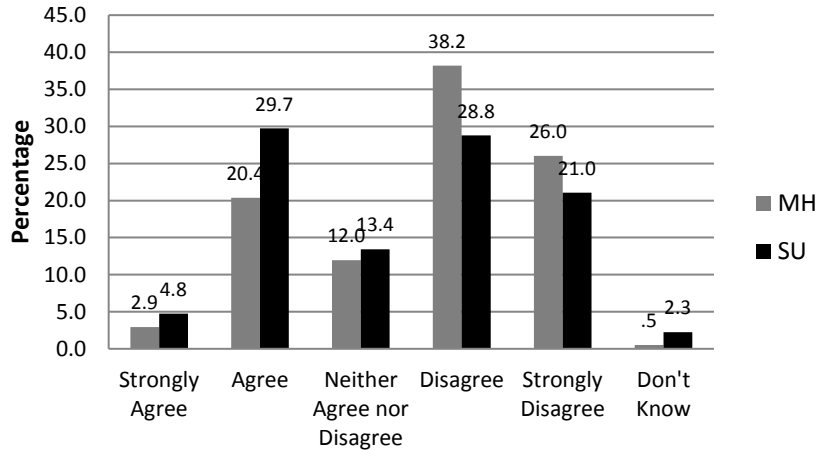
Figure E24 - General Public - Regardless of the kind of services or supports (such as mental health clinic, detox, treatment program, doctor's office) people start with, they are able to access other services or supports without too much difficulty
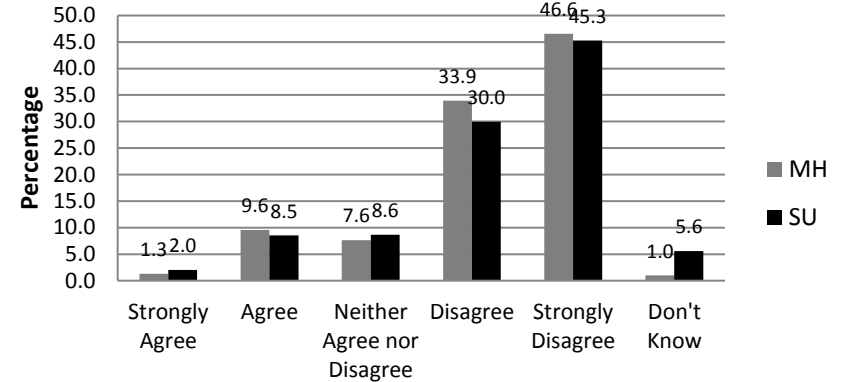
Figure E25 - General Public - People are able to access the services and supports they seek without unnecessary delays or long wait times
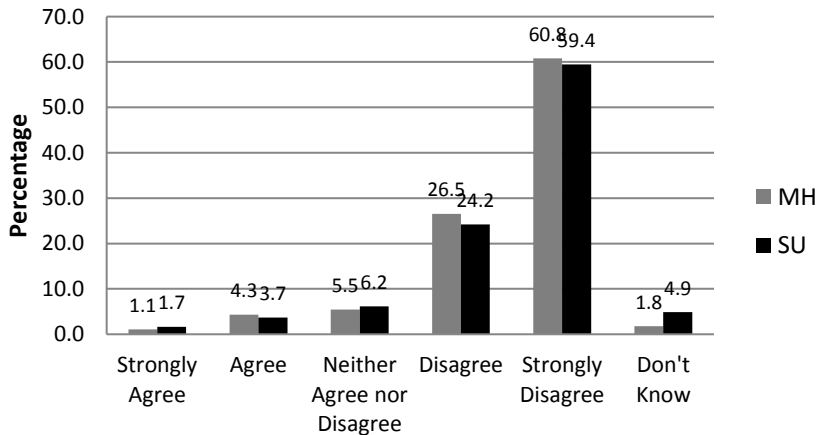
Figure E26 - General Public - People are able to access most services and supports in or near their home community
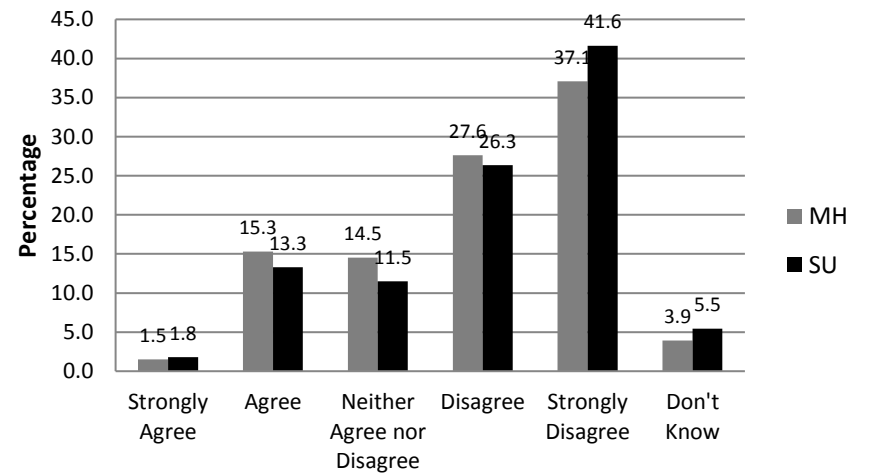
Figure E27 - General Public - People are able to access services and supports without being limited by factors such as language, gender, sexual orientation or age

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	4.0	26.0	18.3	19.0	18.9	13.8
SU	4.2	21.4	17.6	18.1	22.4	16.4
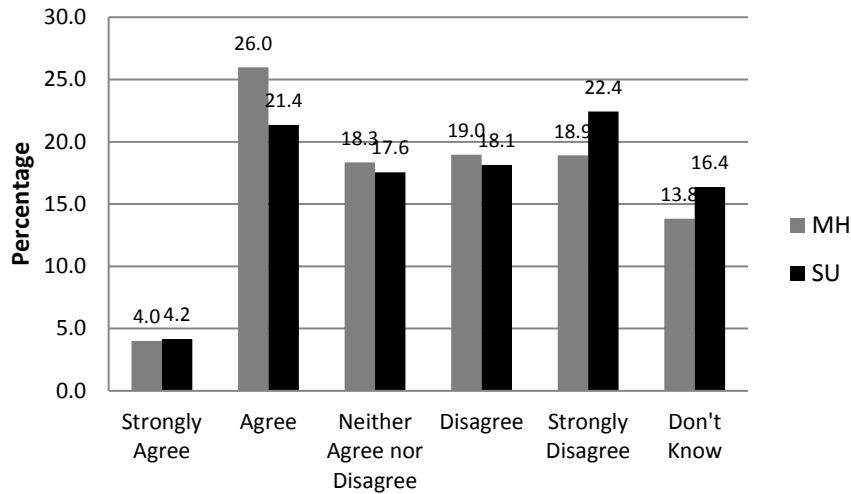
Figure E28 - General Public - People are able to obtain services and supports that are appropriate for the kinds of problems they are experiencing (such as mood or anxiety related challenges)

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	1.6	19.2	12.4	31.8	32.7	2.4
SU	2.1	15.9	13.6	25.9	36.8	5.7
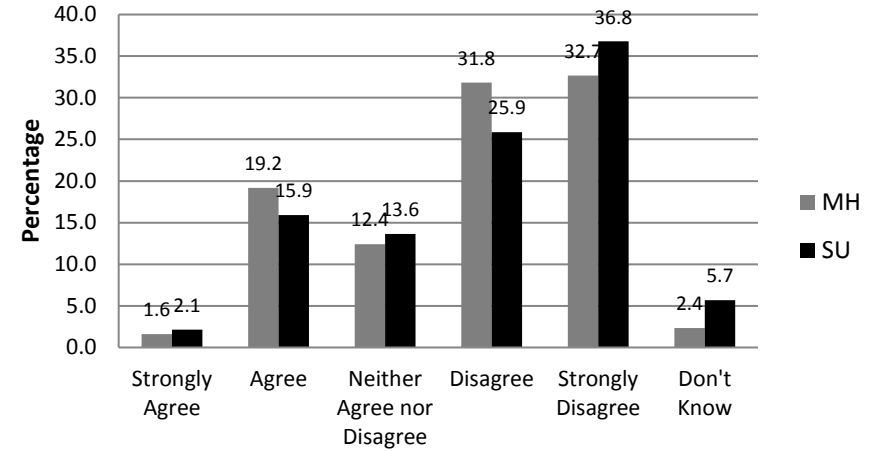
Figure E29 - General Public - People are able to obtain services and supports that are appropriate for the severity (seriousness) of the problems they are experiencing

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	1.6	12.0	11.5	30.7	41.4	2.8
SU	1.9	9.1	11.0	28.6	43.9	5.5
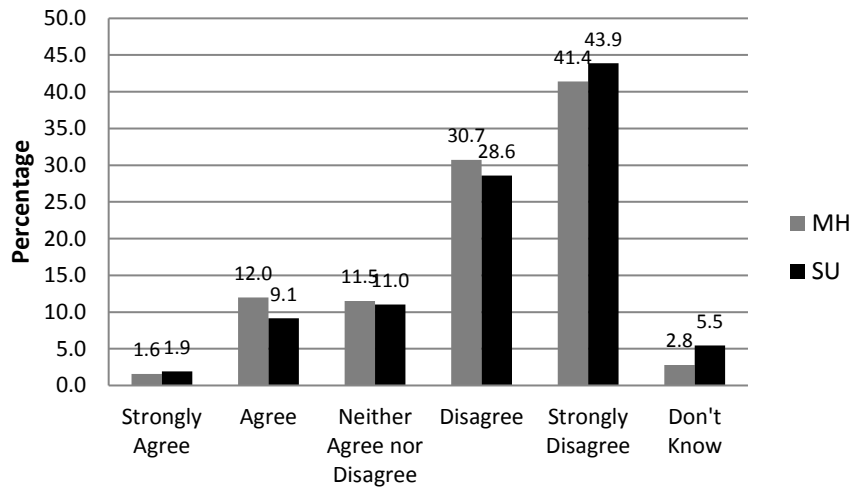
Figure E30 - General Public - People are able to obtain services and supports that are sensitive and appropriate to their cultural needs

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	2.2	13.5	23.2	20.0	18.7	22.5
SU	3.6	12.9	22.3	17.4	23.6	20.2

46
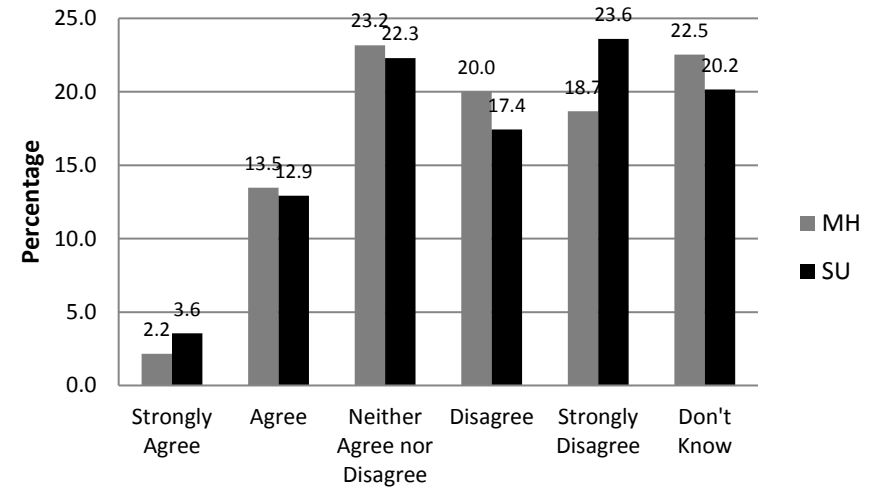
Figure E31 - General Public - Out of the available services and supports, people are able to choose from a range of approaches (such as different kinds of counseling or self-help) to help address their mental health OR substance use/addiction challenges
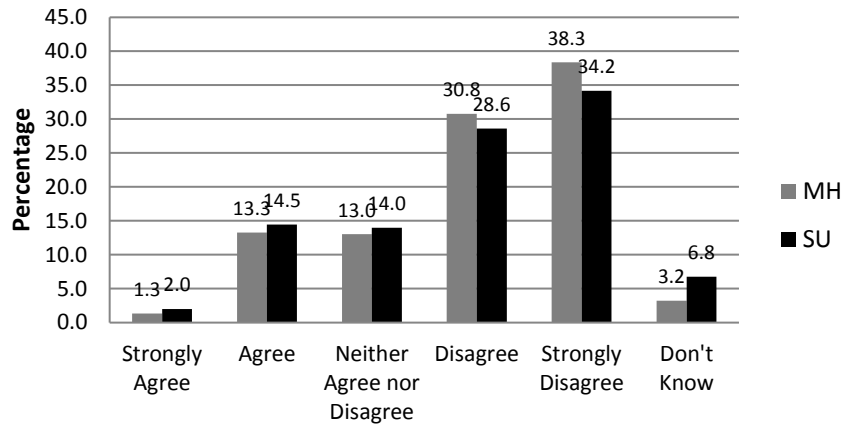
Figure E32 - General Public - People receiving services and supports are able to set their own goals
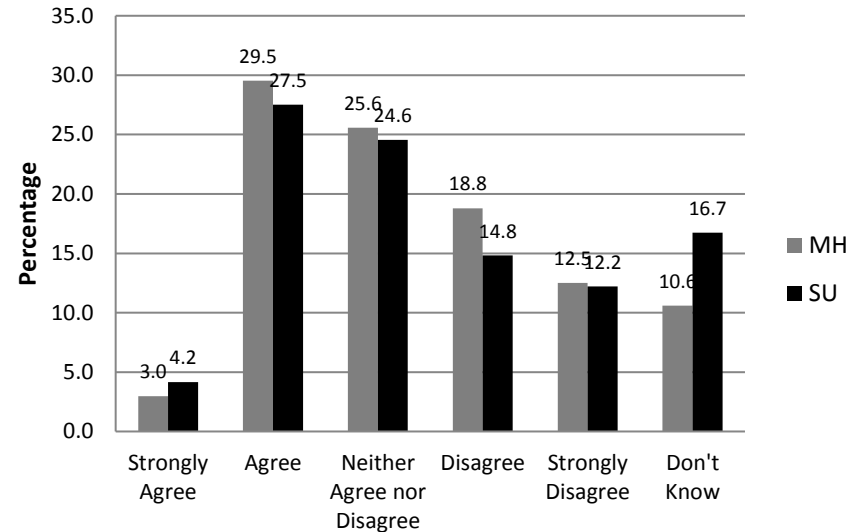
Figure E33 - General Public - Service providers (such as counselors) are able to explain the reasons for the practices they follow or recommend
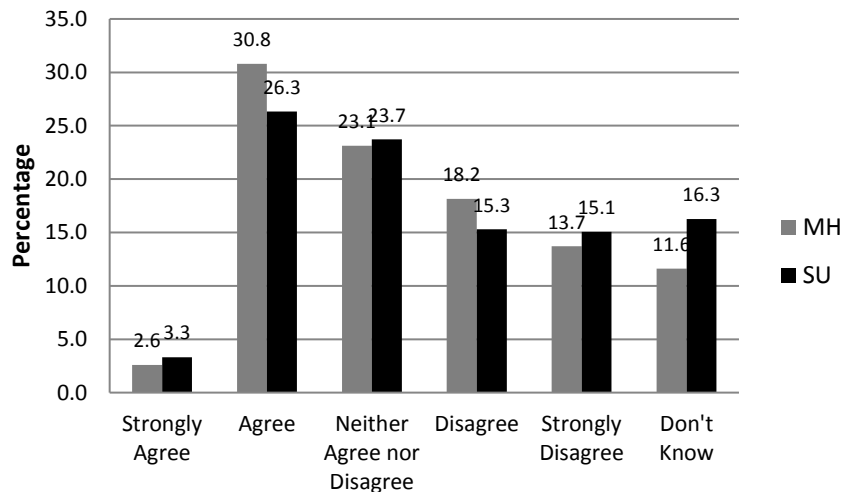
Figure E34 - General Public - There is a wide range of mental health OR substance use/addiction services and supports to meet the diverse (different) needs of people at RISK for mental health OR substance use/addiction challenges

47
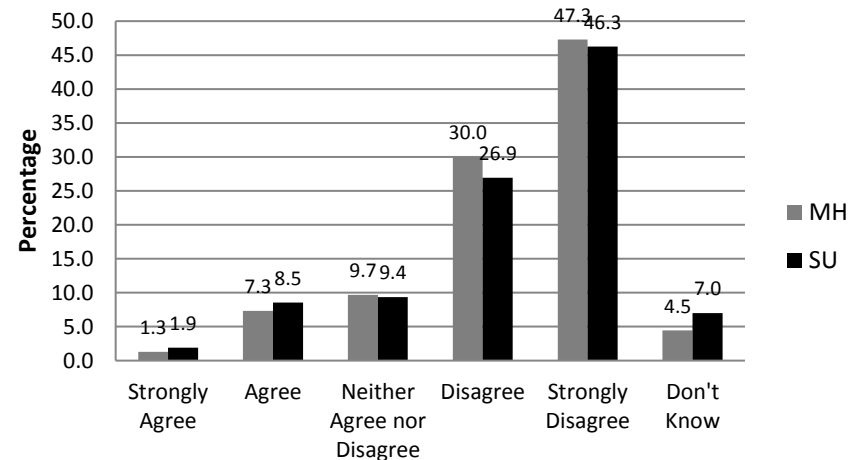
Figure E35 - General Public - There is a wide range of services and supports to meet the diverse (different) needs of people EXPERIENCING mental health OR substance use/addiction challenges

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	1.3	9.3	9.7	30.1	46.3	3.3
SU	2.0	8.7	8.8	26.1	48.5	5.9

Figure E36 - General Public - There is a wide range of services and supports to meet the diverse (different) needs of people (such as families, other loved ones) who are AFFECTED by someone else's mental health OR substance use/addiction challenges

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	1.2	6.3	9.9	27.7	48.6	6.3
SU	2.3	10.7	11.6	27.0	42.5	5.9

Figure E37 - General Public - Service providers (such as counselors, intake workers) are well informed about other services and supports offered in the region

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	3.0	23.4	23.2	22.6	18.2	9.7
SU	3.3	24.4	22.8	18.3	19.0	12.2
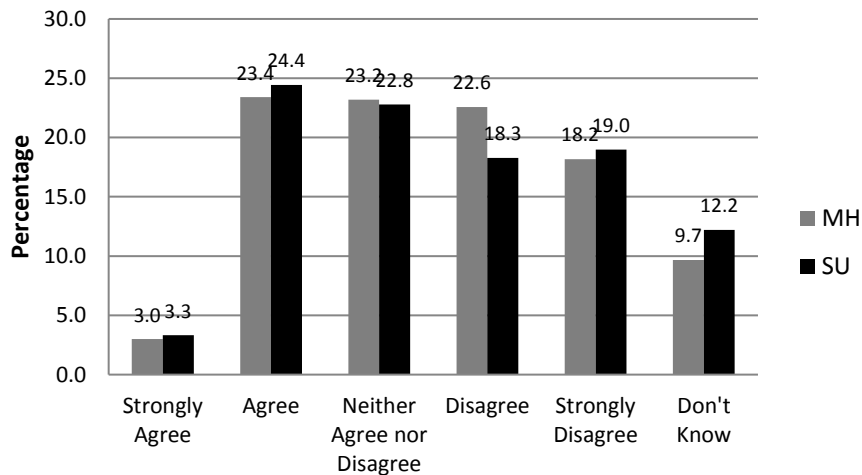
Figure E38 - General Public - The agencies or programs that provide different types of mental health OR substance use/addiction services work well together to help people access the services they need/ want at any given point in time

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
MH	1.7	12.6	15.8	30.3	32.4	7.2
SU	2.1	13.8	17.6	24.8	30.2	11.5
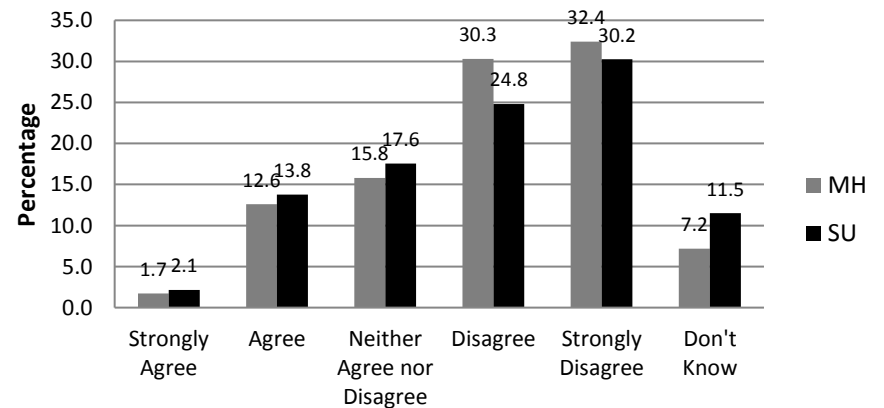
Figure E39 - General Public - The agencies or programs that provide different types of mental health OR substance use/addiction services work well together to support clients as they transition from one agency or program's services to another's to help ad

Category	MH	SU
Strongly Agree	1.4	2.1
Agree	9.4	11.5
Neither Agree nor Disagree	16.8	17.9
Disagree	27.0	25.1
Strongly Disagree	32.1	28.7
Don't Know	13.3	14.6

Figure E40 - General Public - Services and supports are able to adapt to the changing needs and preferences of people seeking help with mental health OR substance use/addiction challenges

Category	MH	SU
Strongly Agree	1.3	1.8
Agree	9.2	9.4
Neither Agree nor Disagree	16.5	19.1
Disagree	30.3	25.4
Strongly Disagree	33.1	31.1
Don't Know	9.6	13.3
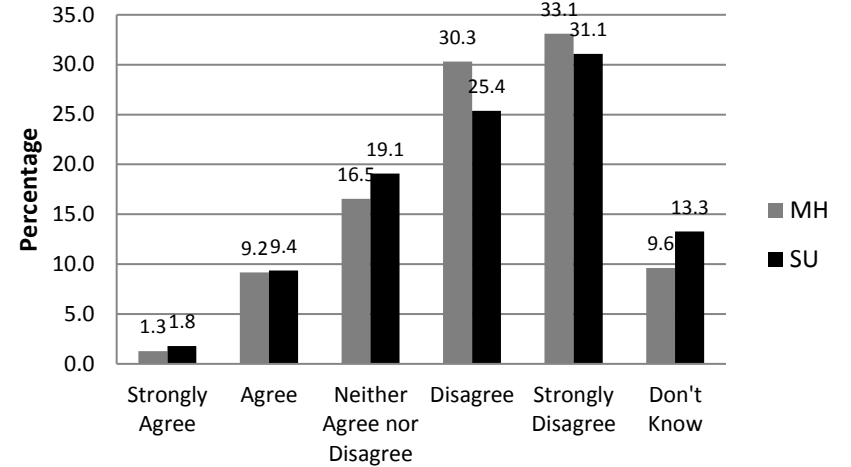
Figure E41 - General Public - Taken together, the available services and supports are able to meet the level of demand for them (there are enough services and supports)

Category	MH	SU
Strongly Agree	1.3	1.7
Agree	3.4	5.3
Neither Agree nor Disagree	5.7	7.5
Disagree	21.6	18.7
Strongly Disagree	63.3	59.8
Don't Know	4.8	7.0
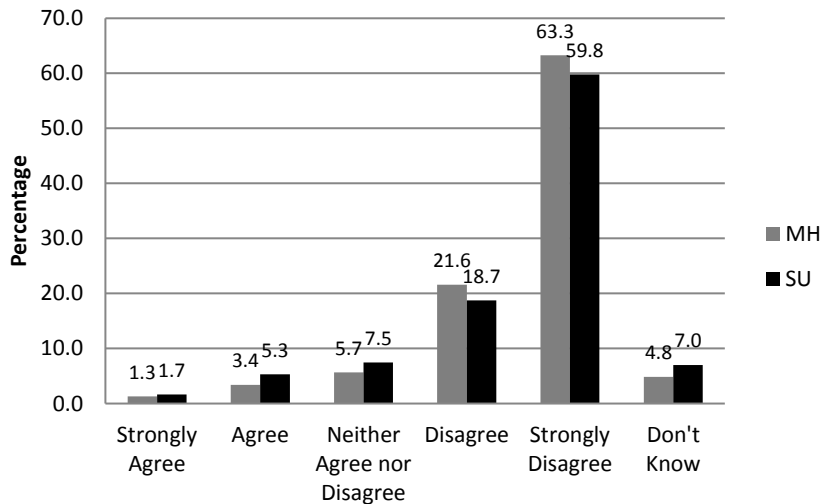
Figure E42 - General Public - The services and supports for people with mental health OR substance use/addiction challenges are of high quality

Category	MH	SU
Strongly Agree	3.4	4.3
Agree	15.5	13.6
Neither Agree nor Disagree	24.1	21.2
Disagree	23.7	20.0
Strongly Disagree	28.4	30.1
Don't Know	5.0	10.7

49
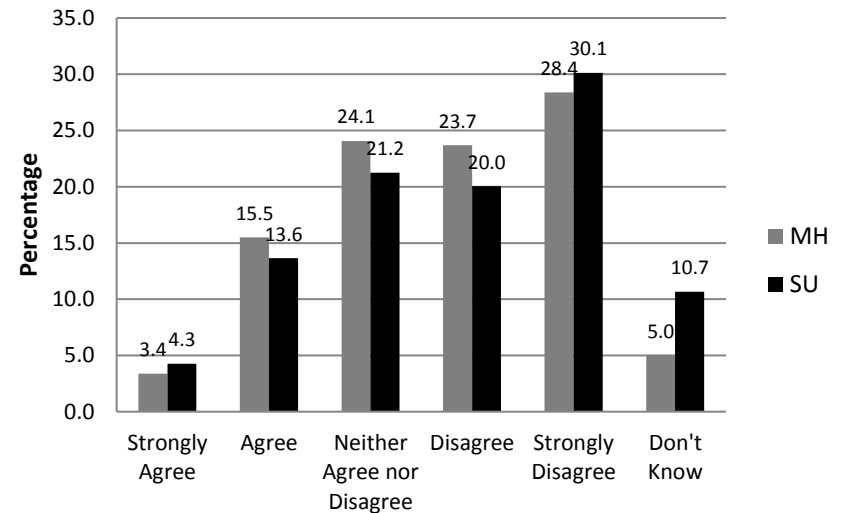
Appendix F: Comparing Responses concerning (A) Mental Health or (B) Substance Use/Addiction Services among Service Providers with Different Years of Working in the Field

Figure F1 to F23 (A) Mental Health Questions

Figure F1 - Mental Health - In responding to the questions do you have a particular age group in mind?

Children and Youth (17 and Under): 2 years or less 16.2, 3 to 10 Years 12.9, 11 years or more 11.5
Adults (18 and over): 2 years or less 17.9, 3 to 10 Years 23.3, 11 years or more 18.8
All Age Groups: 2 years or less 65.8, 3 to 10 Years 63.5, 11 years or more 69.1
No answer provided: .3 .6

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more
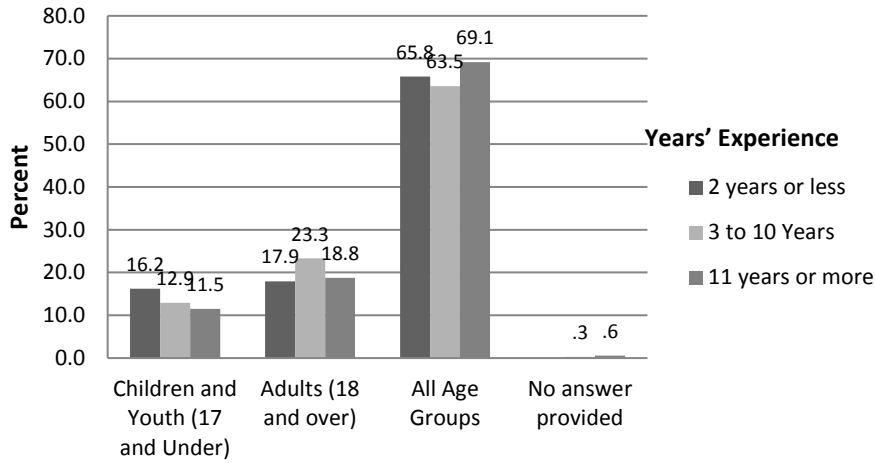
Figure F2 - Mental Health - Information about mental health services and supports is readily available and accessible

Strongly Agree: 3.4 3.0 6.7
Agree: 38.5 40.8 38.3
Neither Agree nor Disagree: 19.7 14.1 14.7
Disagree: 29.9 33.2 27.9
Strongly Disagree: 6.0 8.1 11.7
Don't Know: 2.6 .8 .7

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more
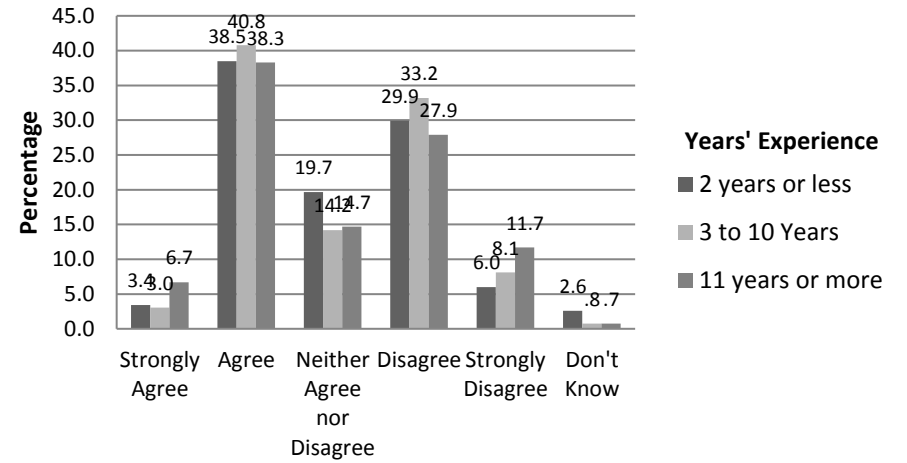
Figure F3 - Mental Health - Regardless of the kind of services or supports (such as mental health clinic, doctor's office) people start with, they are able to access other services or supports without too much difficulty

Strongly Agree: 3.4 1.0 3.2
Agree: 12.8 15.9 17.7
Neither Agree nor Disagree: 13.7 10.6 11.9
Disagree: 58.1 45.6 41.1
Strongly Disagree: 11.1 25.1 25.1
Don't Know: .9 1.8 1.1

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more
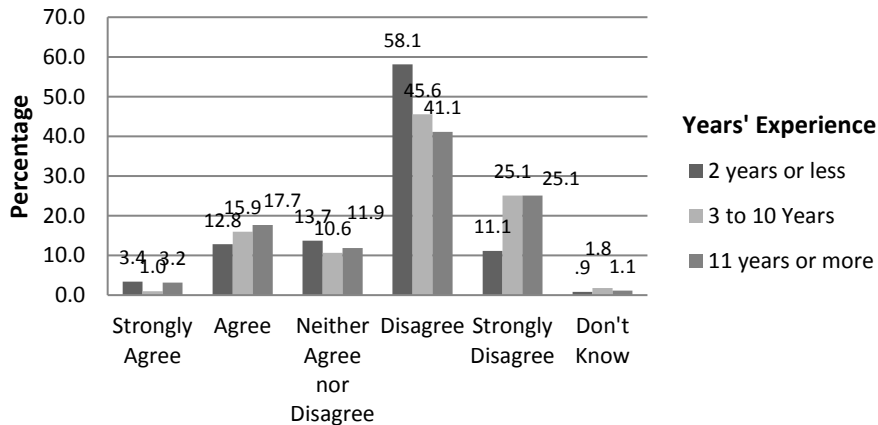
Figure F4 - Mental Health - People are able to access the services and supports they seek without unnecessary delays or long wait times

Strongly Agree: .9 .8 1.1
Agree: 6.0 6.6 8.2
Neither Agree nor Disagree: 15.4 9.1 4.8
Disagree: 41.9 34.4 41.6
Strongly Disagree: 34.2 47.3 42.9
Don't Know: 1.7 1.8 .3

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

51
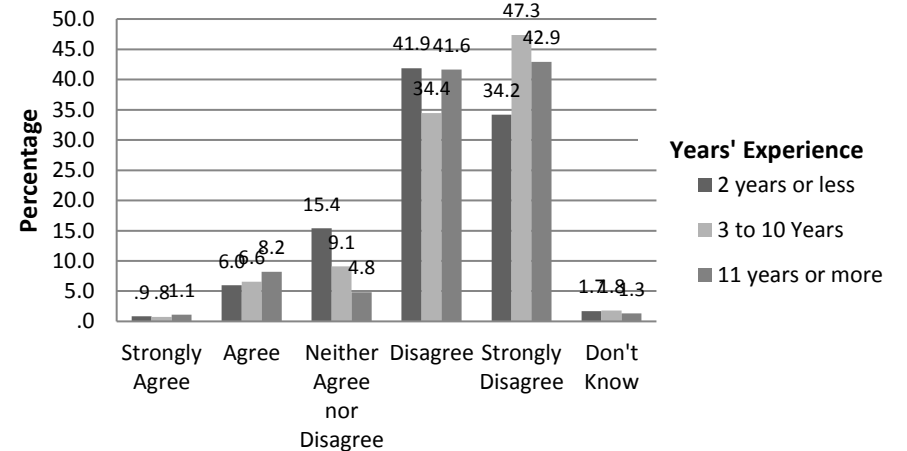
Figure F5 - Mental Health - People are able to access most services and supports they require in or near their home community

Percentage

	2 years or less	3 to 10 Years	11 years or more
Strongly Agree	1.7	2.3	2.0
Agree	33.3	23.5	22.9
Neither Agree nor Disagree	19.7	17.2	12.3
Disagree	30.8	32.2	35.5
Strongly Disagree	14.5	22.0	25.3
Don't Know		2.8	2.0

Years' Experience
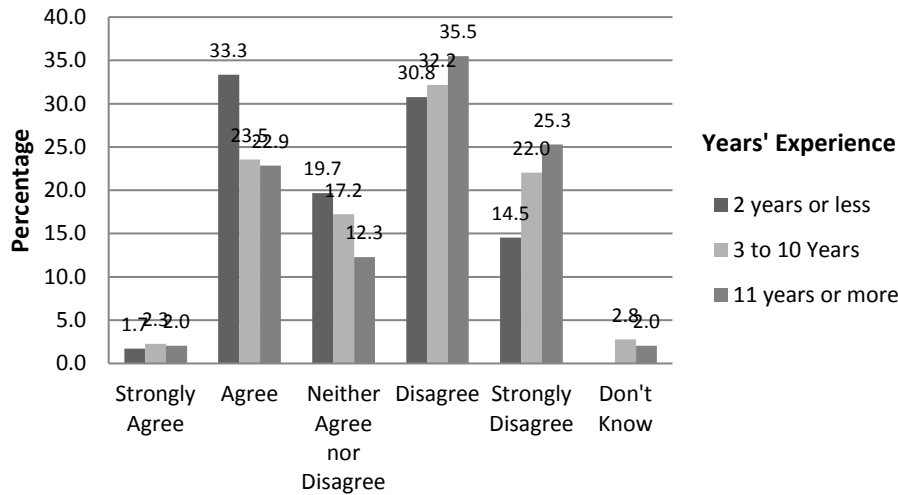
Figure F6* - Mental Health - People are able to access services and supports on days and at times of day that fit with their schedules

Percentage

	2 years or less	3 to 10 Years	11 years or more
Strongly Agree	2.6	1.0	.6
Agree	27.4	17.5	16.7
Neither Agree nor Disagree	19.7	23.8	20.1
Disagree	31.6	29.4	34.2
Strongly Disagree	13.7	20.5	24.0
Don't Know	5.1	7.8	4.5

Years' Experience
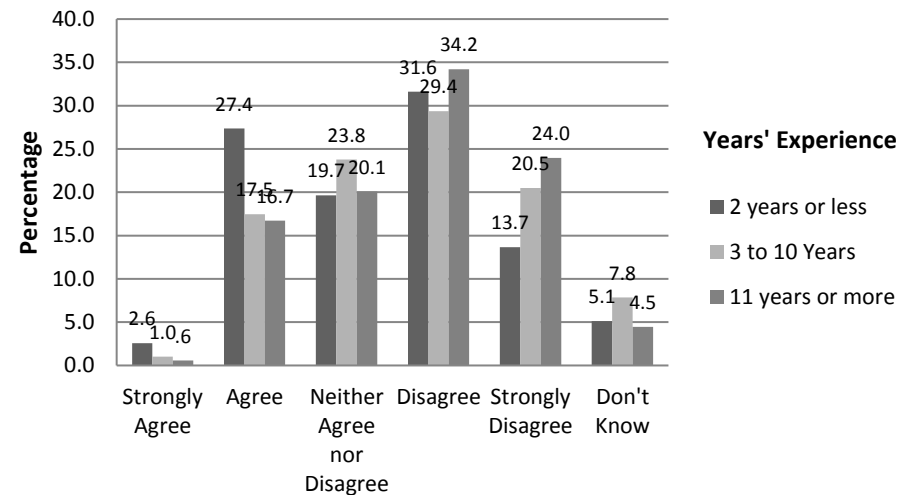
Figure F7 - Mental Health - People are able to access services and supports without being limited by factors such as language, gender, sexual orientation or age

Percentage

	2 years or less	3 to 10 Years	11 years or more
Strongly Agree	10.3	5.8	4.3
Agree	47.0	37.7	37.9
Neither Agree nor Disagree	17.1	17.5	21.0
Disagree	16.2	22.1	21.9
Strongly Disagree	5.1	11.6	11.0
Don't Know	4.3	5.3	3.9

Years' Experience
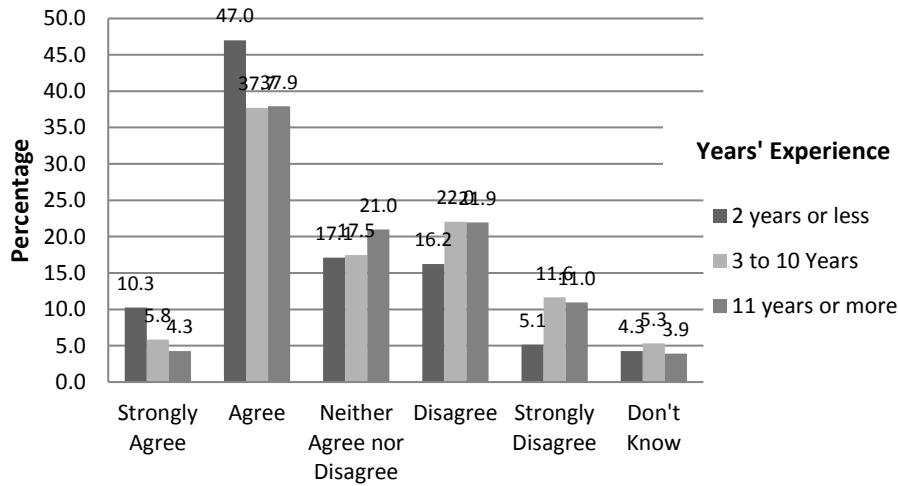
Figure F8 - Mental Health - People are able to obtain services and supports that are appropriate for the kinds of problems they are experiencing (such as mood or anxiety related challenges)

Percentage

	2 years or less	3 to 10 Years	11 years or more
Strongly Agree	4.3	3.6	5.0
Agree	49.6	35.3	34.8
Neither Agree nor Disagree	16.2	17.3	16.0
Disagree	22.2	28.2	26.8
Strongly Disagree	6.0	11.7	16.5
Don't Know	1.7	3.8	.9

Years' Experience

52
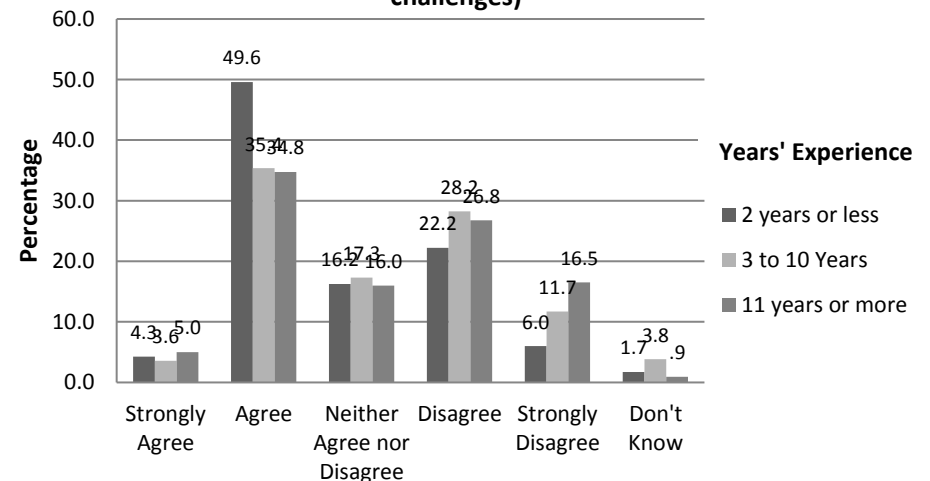
Figure F9 - Mental Health - People are able to obtain services and supports that are appropriate for the severity (seriousness) of the problems they are experiencing
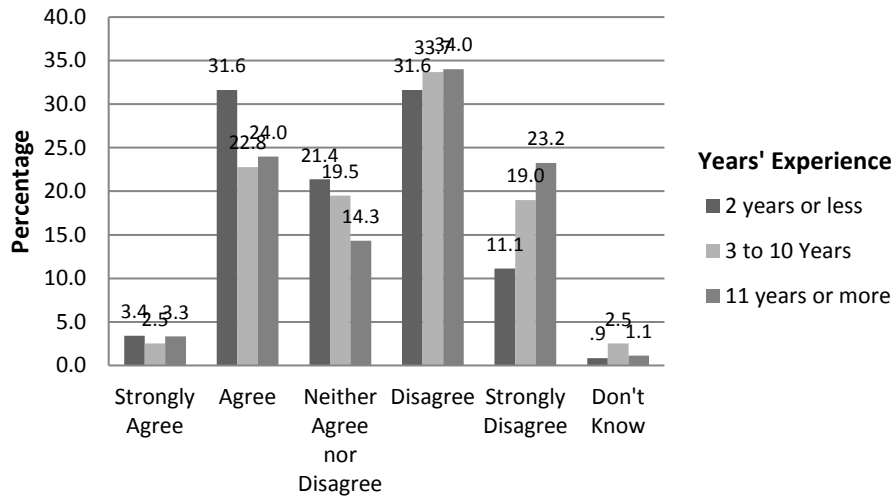
Figure F10 - Mental Health - People are able to obtain services and supports that are sensitive and appropriate to their cultural needs
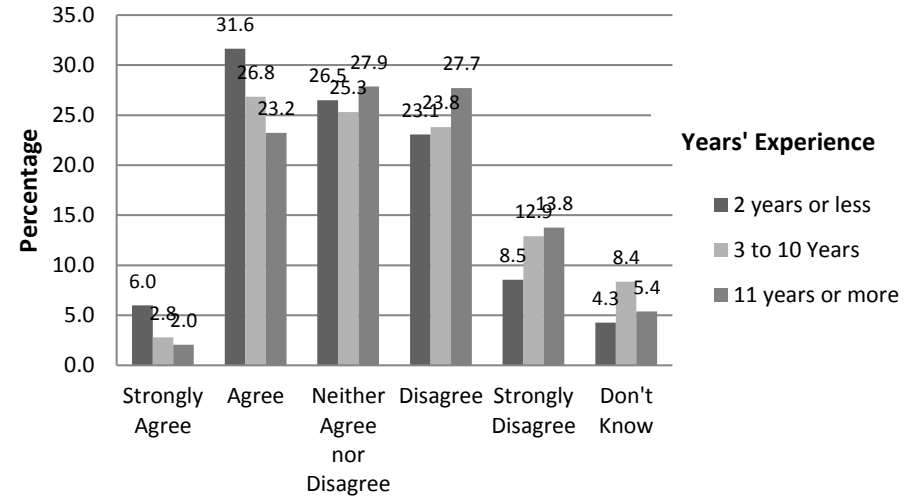
Figure F11 - Mental Health - Out of the available services and supports, people are able to choose from a range of approaches (such as different kinds of counseling or self-help) to help address their mental health-related challenges
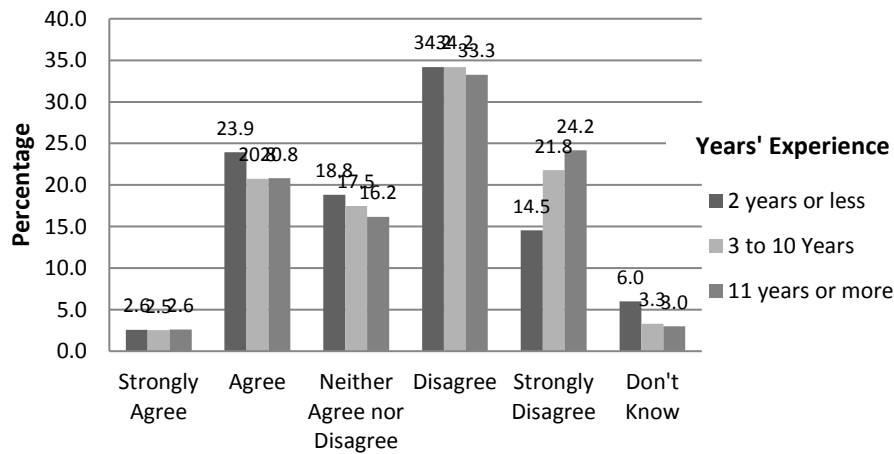
Figure F12 - Mental Health - Service providers (such as counselors) are able to explain the reasons for the practices they follow or recommend

53
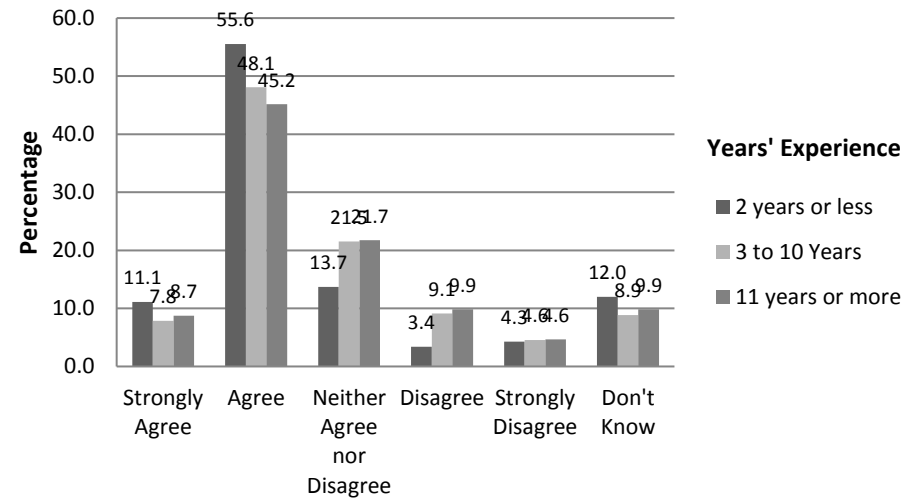
Figure F13 - Mental Health - People receiving services and supports are able to set their own goals
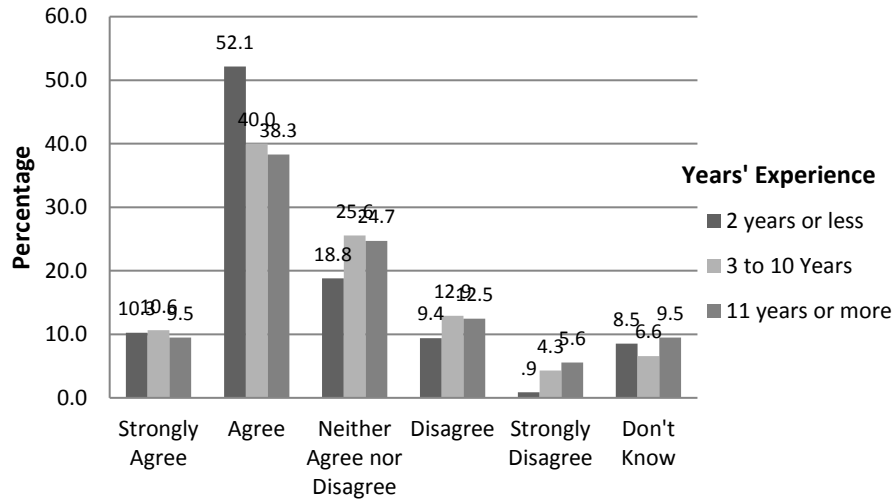
Figure F14 - Mental Health - There is a wide range of mental health services and supports to meet the diverse (different) needs of people at RISK for mental health challenges
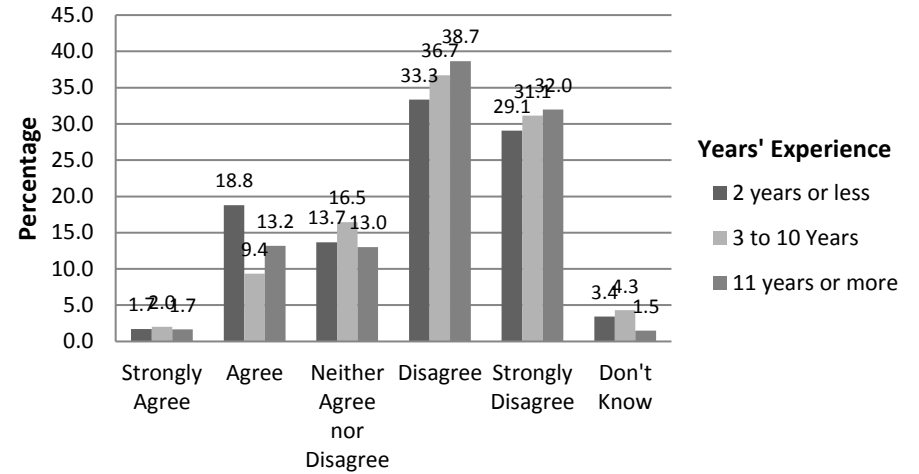
Figure F15 - Mental Health - There is a wide range of mental health services and supports to meet the diverse (different) needs of people EXPERIENCING mental health challenges
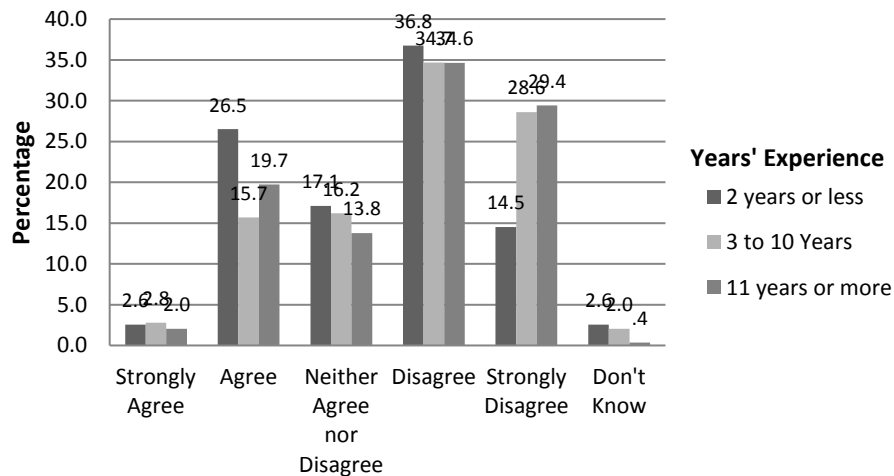
Figure F16 - Mental Health - There is a wide range of services and supports to meet the diverse (different) needs of people (such as families or other loved ones) who are AFFECTED by someone else's mental health challenges
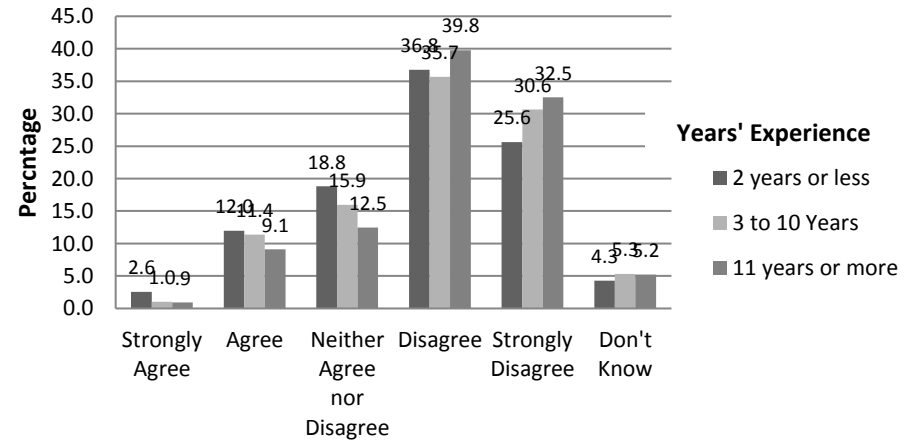
Figure F17 - Mental Health - Service providers (such as counselors) are well-informed about the different types of services and supports offered in your region

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more
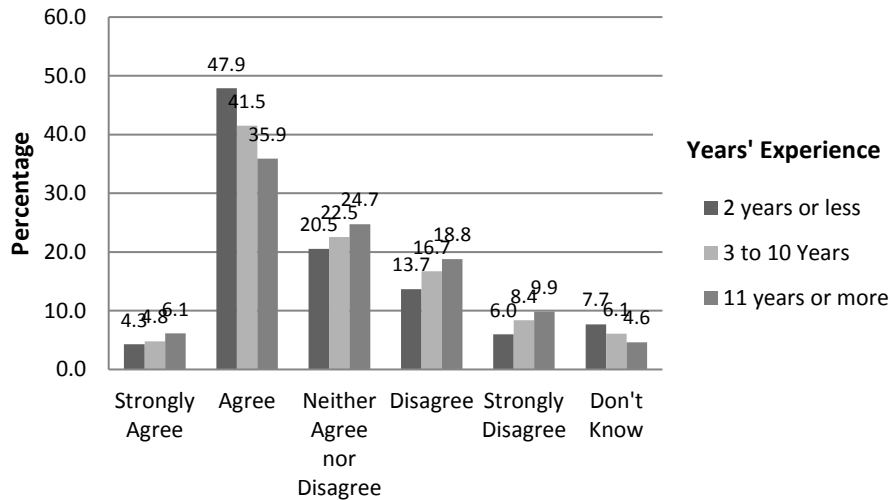
Figure F18 - Mental Health - The agencies or programs that provide different types of mental health services work well together to help people access the services they need/ want at any given point in time

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more
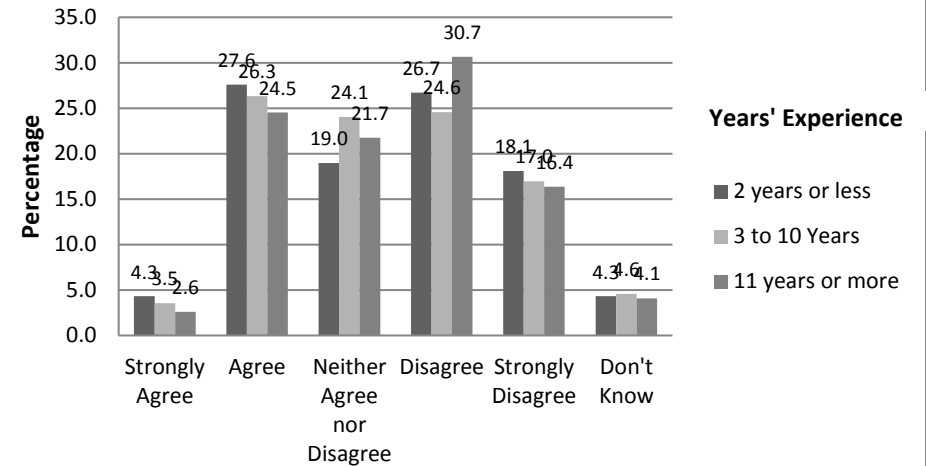
Figure F19 - Mental Health - The agencies or programs that provide different types of mental health services work well together to support clients as they transition from one agency or program's services to another's to help address their continued/changi

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more
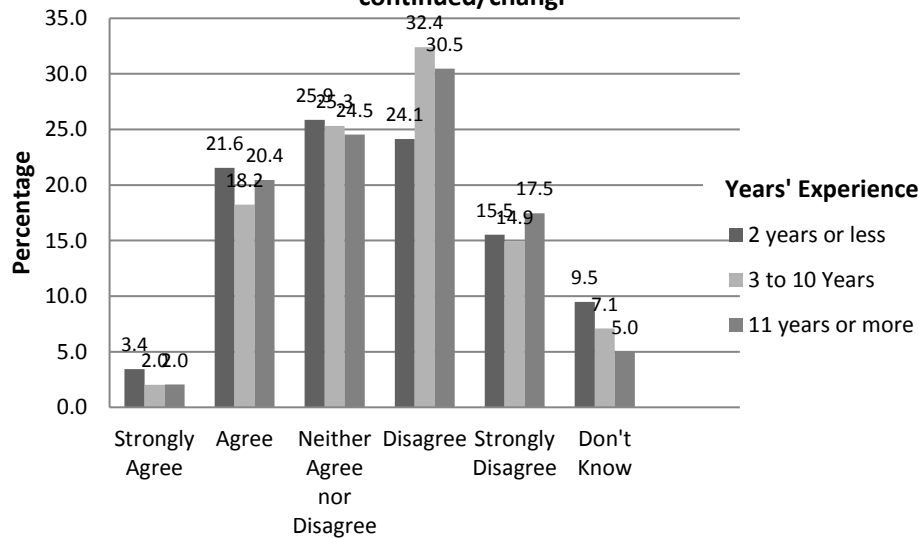
Figure F20 - Mental Health - Services and supports are able to adapt to the changing needs and preferences of people seeking help with mental health challenges

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

55
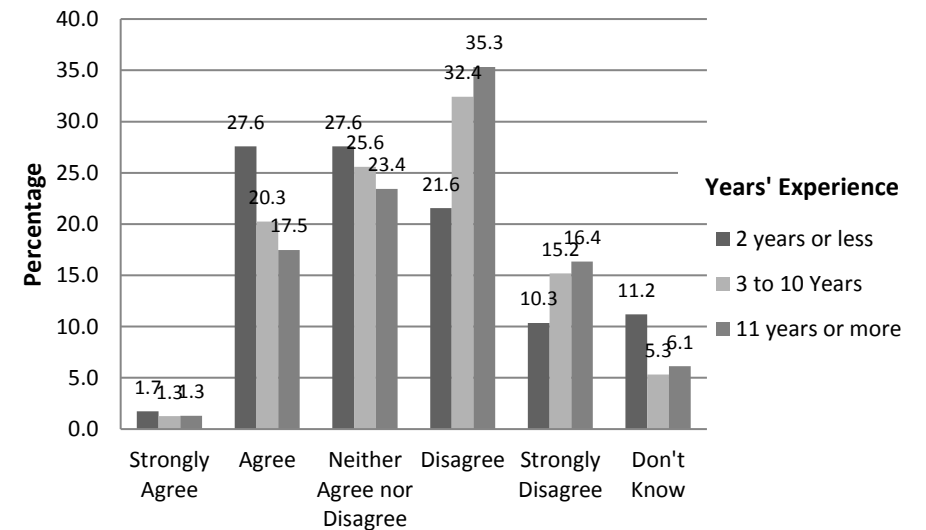
Figure F21 - Mental Health - Taken together, the available services and supports are able to meet the level of demand for them (there are enough services and supports)

Percentage (y-axis)

Response	2 years or less	3 to 10 Years	11 years or more
Strongly Agree	.9	.3	1.1
Agree	6.9	4.5	5.0
Neither Agree nor Disagree	6.9	8.6	7.1
Disagree	31.9	27.8	31.2
Strongly Disagree	50.0	54.5	53.9
Don't Know	3.4	4.8	1.7

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more
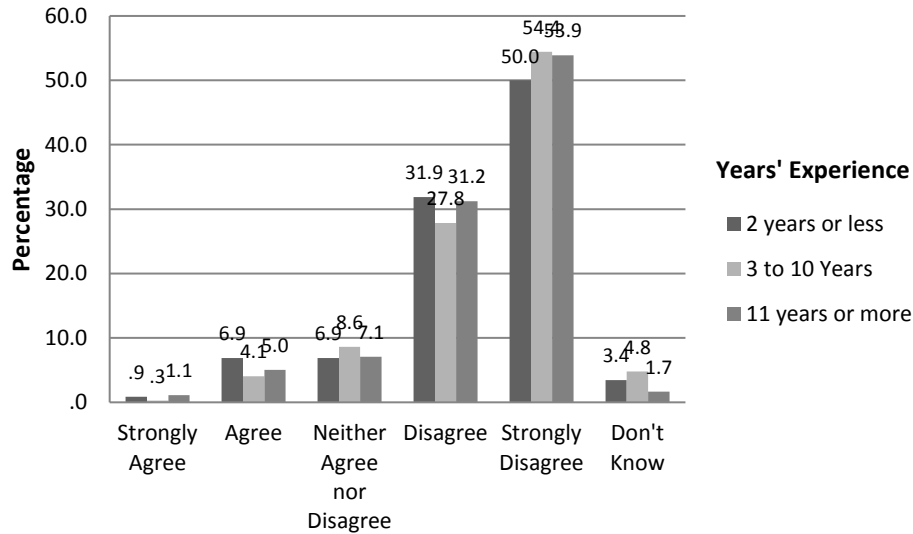
Figure F22* - Mental Health - Mental health services and supports have strong processes for reviewing evidence and making the appropriate program enhancements

Percentage (y-axis)

Response	2 years or less	3 to 10 Years	11 years or more
Strongly Agree	4.3	2.8	3.3
Agree	25.0	15.4	16.7
Neither Agree nor Disagree	24.1	28.4	23.2
Disagree	19.8	19.0	24.2
Strongly Disagree	9.5	17.5	21.0
Don't Know	17.2	17.0	11.5

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more
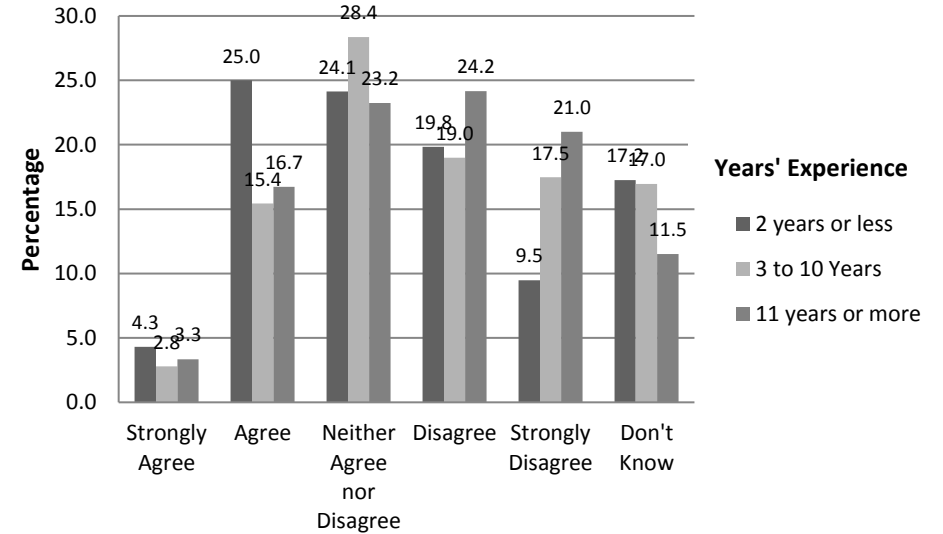
Figure F23 - Mental Health - The services and supports for people with mental health challenges are of high quality

Percentage (y-axis)

Response	2 years or less	3 to 10 Years	11 years or more
Strongly Agree	7.8	4.8	5.6
Agree	29.3	25.6	28.9
Neither Agree nor Disagree	32.8	31.1	28.1
Disagree	16.4	19.5	18.6
Strongly Disagree	7.8	14.4	15.6
Don't Know	6.0	4.6	3.2

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more
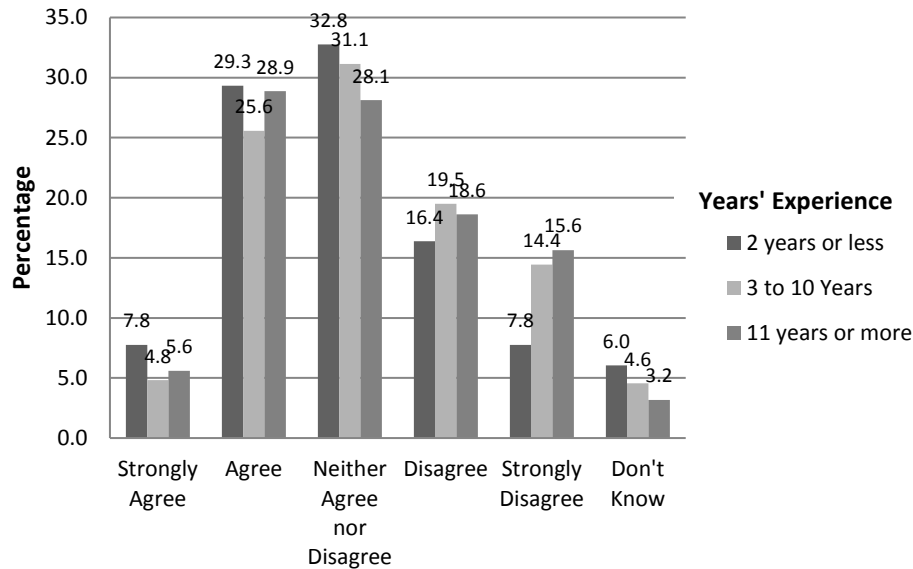
*Figures F6 and F22 record responses to questions asked **only** to Service Providers

Figure F24 to F46 (B) Substance Use Questions

Figure F24 - Substance Use - In responding to the questions do you have a particular age group in mind?

Children and Youth (17 and Under): 2 years or less 7.8, 3 to 10 Years 6.7, 11 years or more 7.4
Adults (18 and over): 2 years or less 13.0, 3 to 10 Years 22.2, 11 years or more 15.8
All Age Groups: 2 years or less 79.2, 3 to 10 Years 71.1, 11 years or more 76.6
No answer provided: .3

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

Figure F25 - Substance Use - Information about substance use/addiction services and supports is readily available and accessible

Strongly Agree: 9.1, 5.6, 7.7
Agree: 54.5, 44.4, 39.6
Neither Agree nor Disagree: 11.7, 14, 14.5
Disagree: 18.2, 25, 24.8
Strongly Disagree: 5.2, 9.6, 12.4
Don't Know: 1.3, .4, 1.1

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

Figure F26 - Substance Use - Regardless of the kind of services or supports (detox, treatment program, doctor's office) people start with, they are able to access other services or supports without too much difficulty

Strongly Agree: 1.3, 1.5, 2.6
Agree: 22.1, 17.0, 11.6
Neither Agree nor Disagree: 13.0, 10.4, 11.1
Disagree: 39.0, 37.0, 39.1
Strongly Disagree: 15.6, 31.9, 33.0
Don't Know: 9.1, 2.2, 2.6

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

Figure F27 - Substance Use - People are able to access the services and supports they seek without unnecessary delays or long wait times

Strongly Agree: .7, 1.1
Agree: 9.1, 5.6, 6.3
Neither Agree nor Disagree: 9.1, 9.3, 5.5
Disagree: 37.7, 31.9, 36.9
Strongly Disagree: 39.0, 48.1, 46.2
Don't Know: 5.2, 4.1, 4.0

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

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Figure F28 - Substance Use - People are able to access most services and supports in or near their home community

Percentage (Y-axis)

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
2 years or less	3.9	14.3	13.0	35.1	29.9	3.9
3 to 10 Years	1.1	19.3	17.4	31.1	27.8	3.3
11 years or more	.8	12.1	16.4	35.9	31.9	2.9
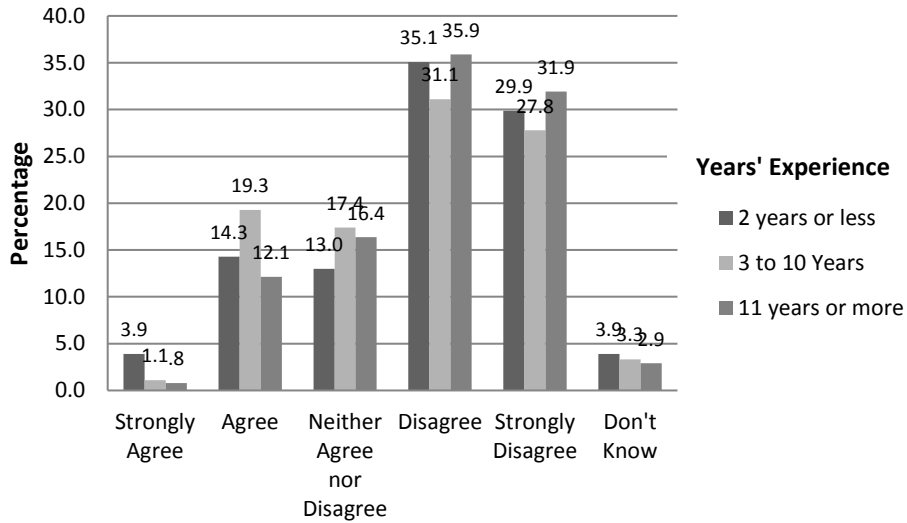
Figure F29* - Substance Use - People are able to access services and supports on days and times of day that fit with their schedules

Percentage (Y-axis)

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
2 years or less	2.6	22.1	28.6	19.5	15.6	11.7
3 to 10 Years	2.6	13.1	21.6	28.0	25.7	9.0
11 years or more	1.3	9.0	17.4	35.6	27.7	9.0
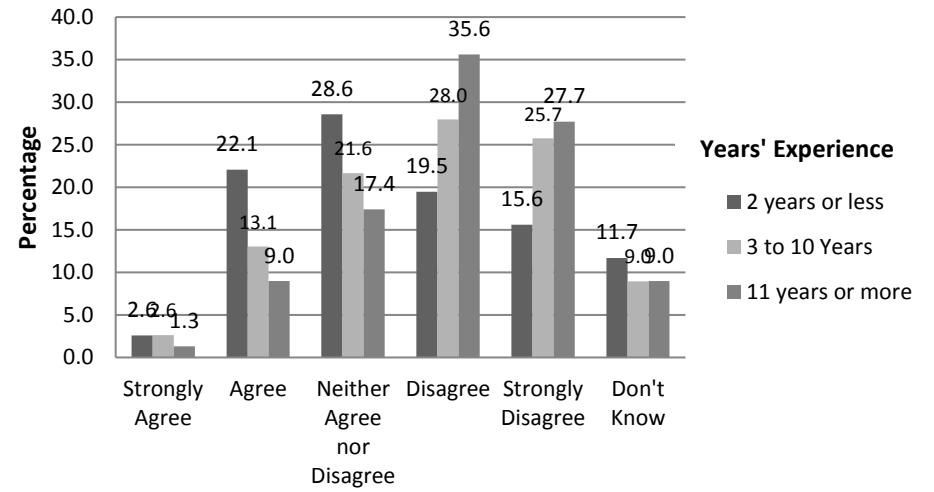
Figure F30 - Substance Use - People are able to access services and supports without being limited by factors such as language, gender, sexual orientation or age

Percentage (Y-axis)

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
2 years or less	9.1	45.5	14.3	16.9	5.2	9.1
3 to 10 Years	5.9	35.9	17.4	19.6	12.2	8.9
11 years or more	4.5	29.6	20.6	22.7	13.5	9.2

Figure F31 - Substance Use - People are able to obtain services and supports that are appropriate for the kinds of problems they are experiencing

Percentage (Y-axis)

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
2 years or less	3.9	41.6	23.4	14.3	9.1	7.8
3 to 10 Years	3.0	29.9	16.4	30.2	17.5	3.0
11 years or more	2.1	28.2	14.0	28.8	22.4	4.5

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Figure F32 - Substance Use - People are able to obtain services and supports that are appropriate for the severity (seriousness) of the problems they are experiencing
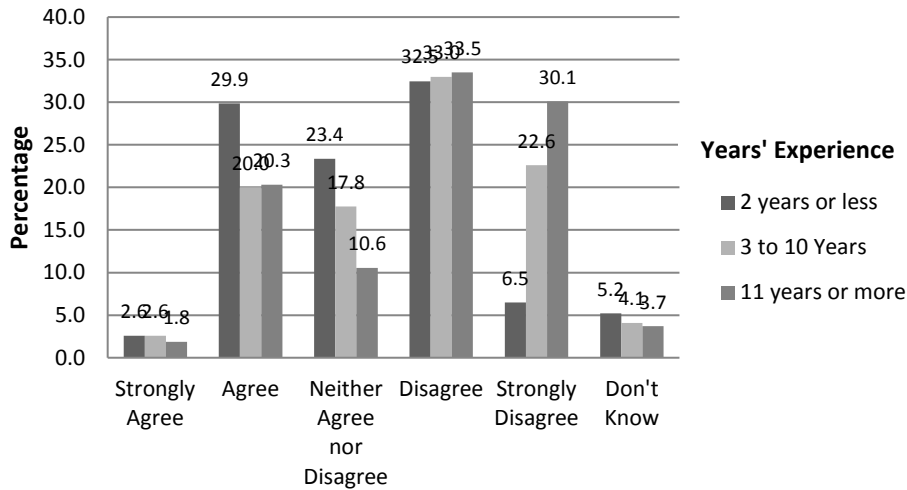
Figure F33 - Substance Use - People are able to obtain services and supports that are sensitive and appropriate to their cultural needs
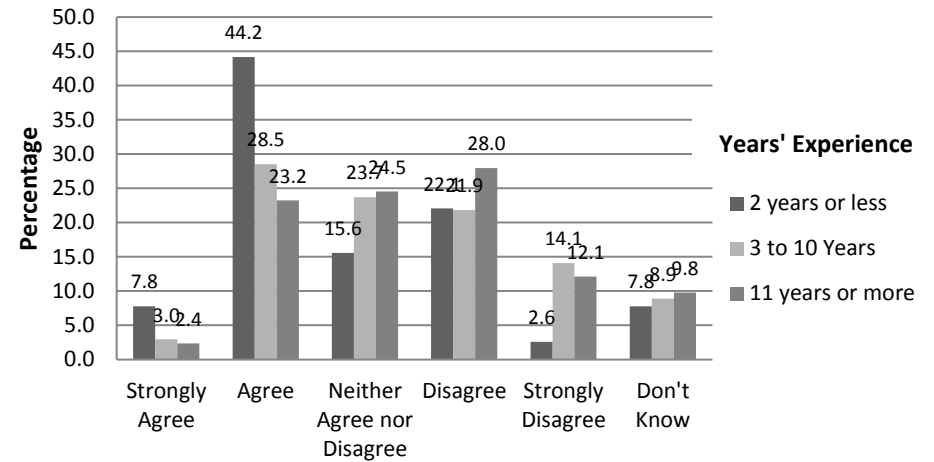
Figure F34 - Substance Use - Out of the available services and supports, people are able to choose from a range of approaches (such as different kinds of counseling or self-help) to help address their substance use/addiction challenges
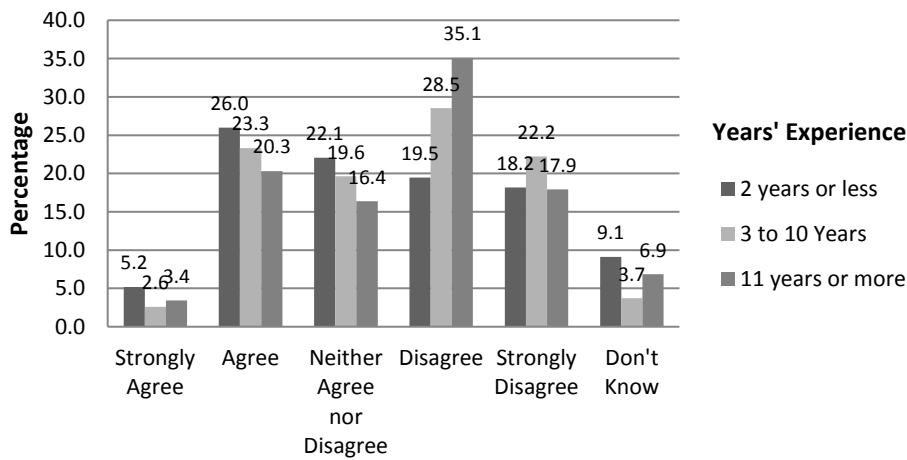
Figure F35 - Substance Use - Service providers (such as counselors) are able to explain the reasons for the practices they follow or recommend
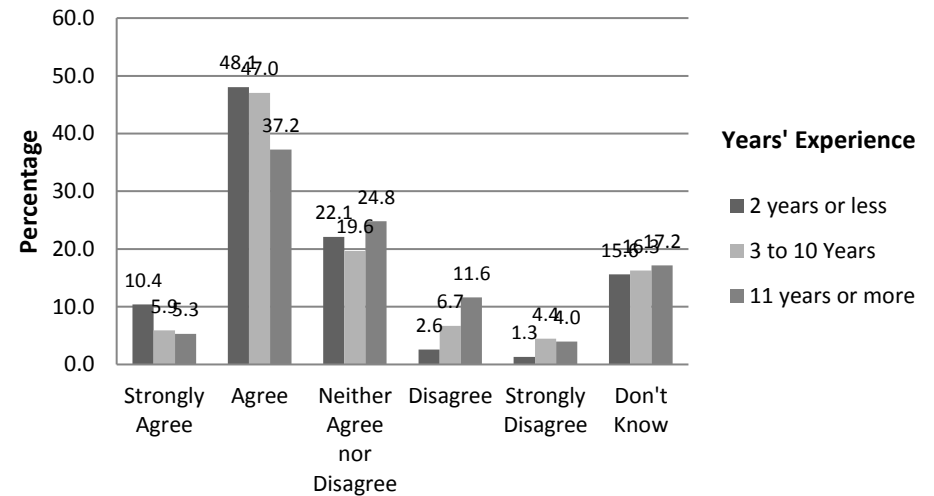
Figure F36 - Substance Use - People receiving services and supports are able to set their own goals
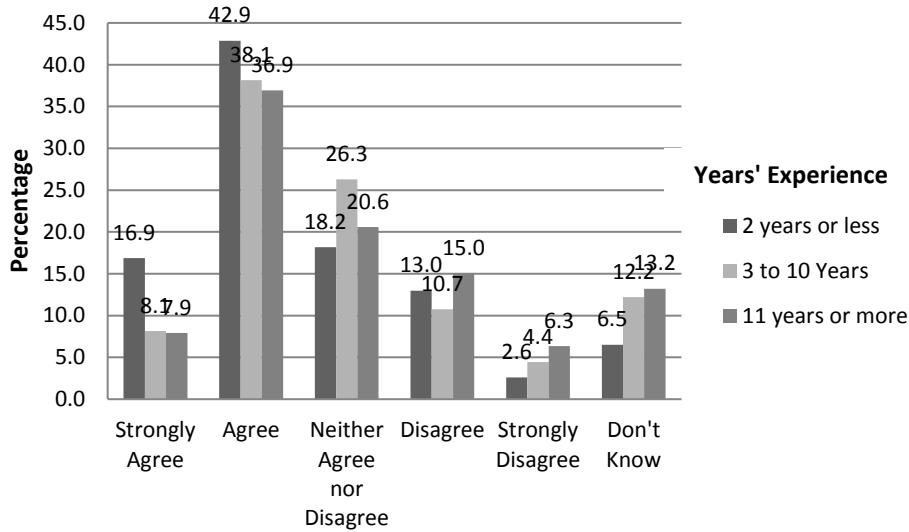
Figure F37 - Substance Use - There is a wide range of substance use/addiction services and supports to meet the diverse (different) needs of people at RISK for substance use/addiction challenges
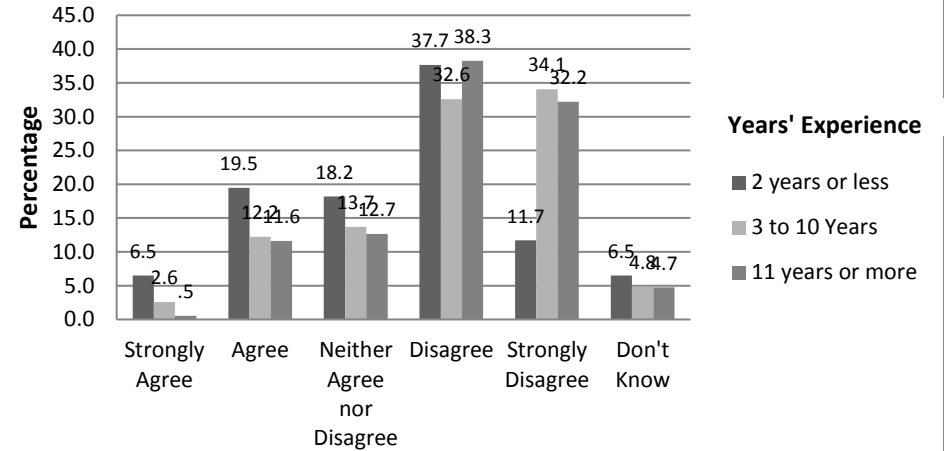
Figure F38 - Substance Use - There is a wide range of services and supports to meet the diverse (different) needs of people EXPERIENCING substance use/addiction challenges
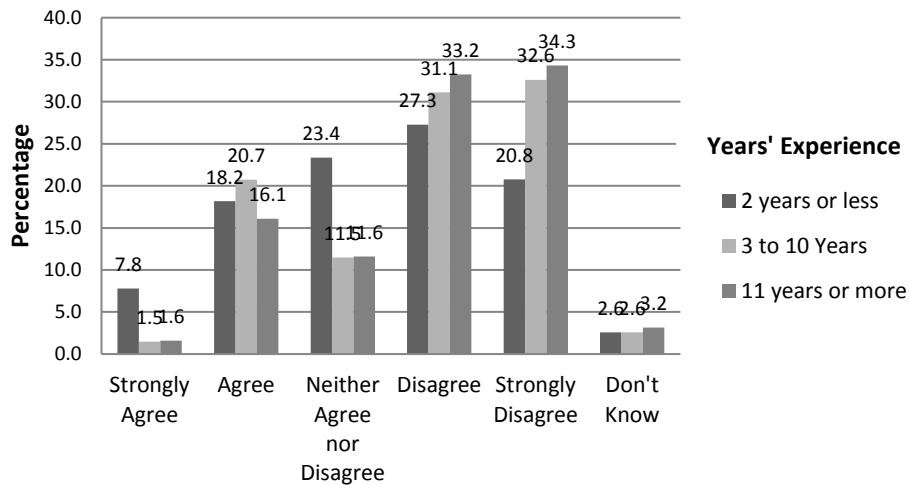
Figure F39 - Substance Use - There is a wide range of services and supports to meet the diverse (different) needs of people (such as families, other loved ones) who are AFFECTED by someone else's substance use/addiction challenges
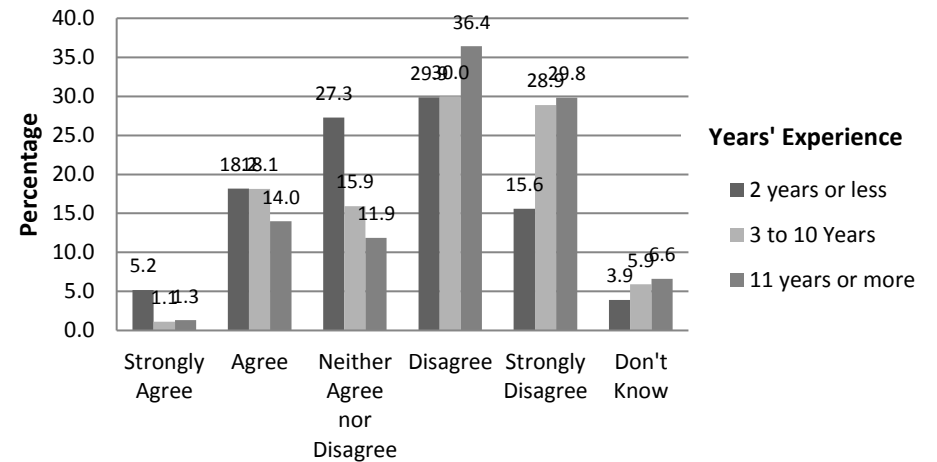
Figure F40 - Substance Use - Service providers (such as counselors, intake workers) are well informed about other services and supports offered in the region
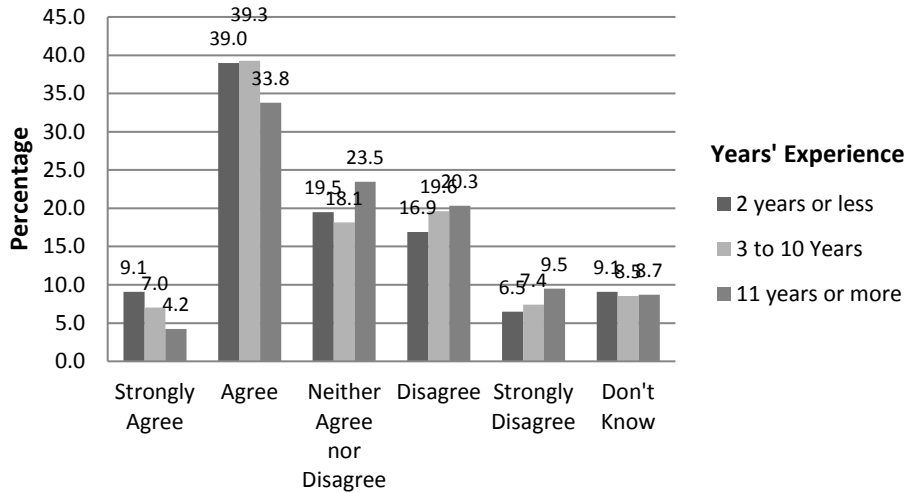
Figure F41 - Substance Use - The agencies or programs that provide different types of substance use/addiction services work well together to help people access the services they need/ want at any given point in time
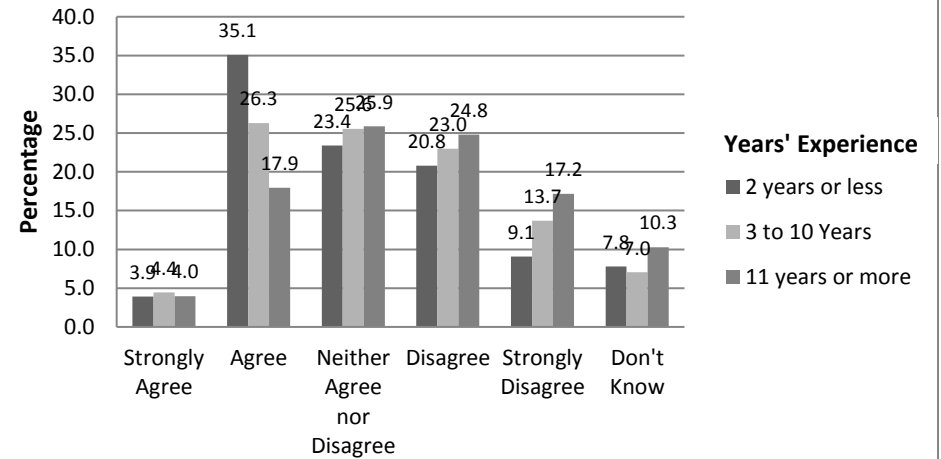
Figure F42 - Substance Use - The agencies or programs that provide different types of substance use/addiction services work well together to support clients as they transition from one agency or program's services to another's to help address their contin
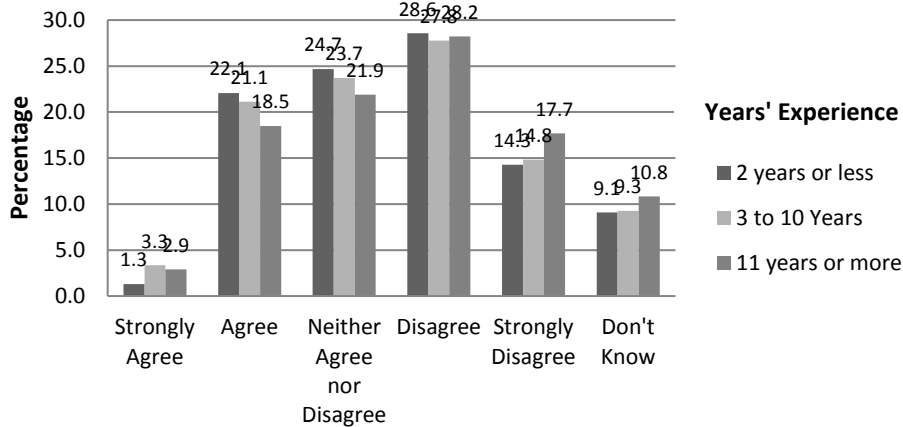
Figure F43 - Substance Use - Services and supports are able to adapt to the changing needs and preferences of people seeking help with substance use/addiction challenges

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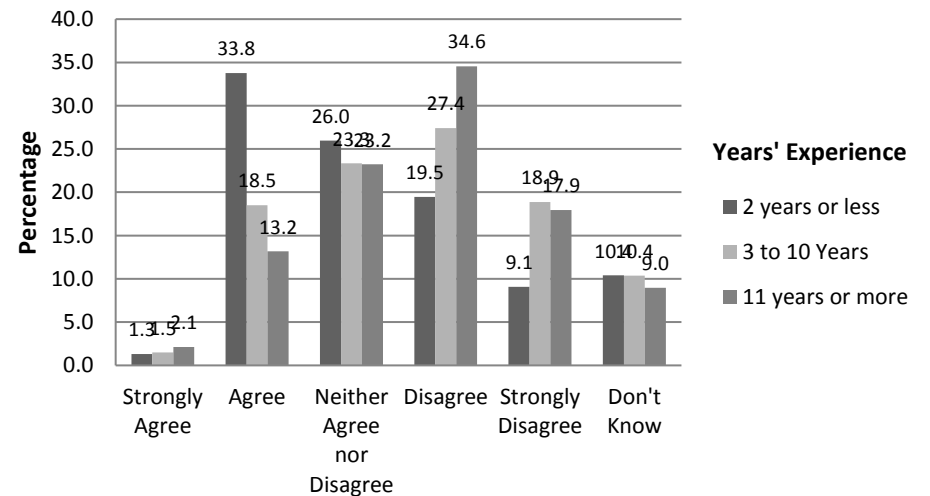
Figure F44 - Substance Use - Taken together, the available services and supports are able to meet the level of demand for them (there are enough services and supports)

Percentage (y-axis)

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
2 years or less	3.9	6.5	14.3	24.7	45.5	5.2
3 to 10 Years		7.8	7.8	31.3	48.9	4.1
11 years or more	.3	4.7	6.9	31.1	52.2	4.7
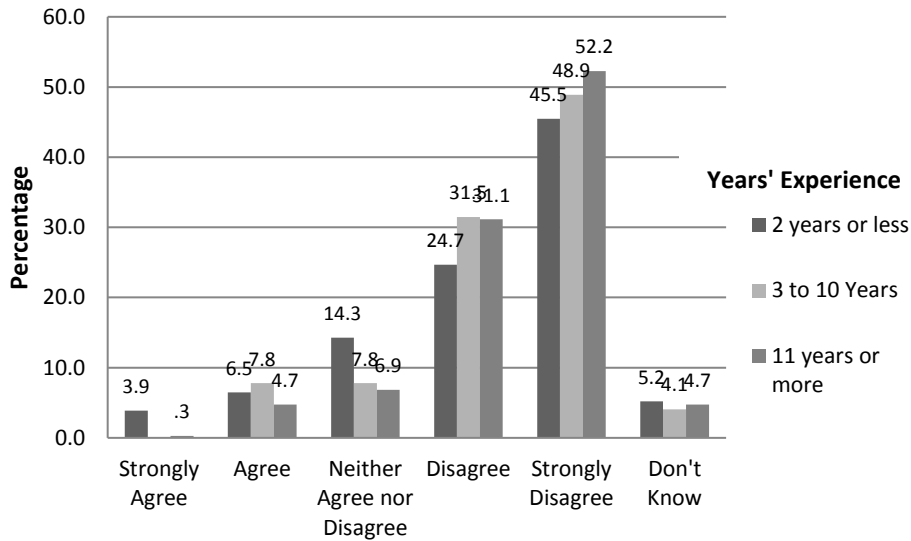
Figure F45* - Substance Use - Substance use/addiction services and supports have strong processes for reviewing evidence and making the appropriate program enhancements

Percentage (y-axis)

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
2 years or less	3.9	31.2	22.1	18.2	9.1	15.6
3 to 10 Years	3.7	16.0	25.3	11.2	17.1	26.8
11 years or more	2.6	11.9	23.2	21.1	21.1	20.
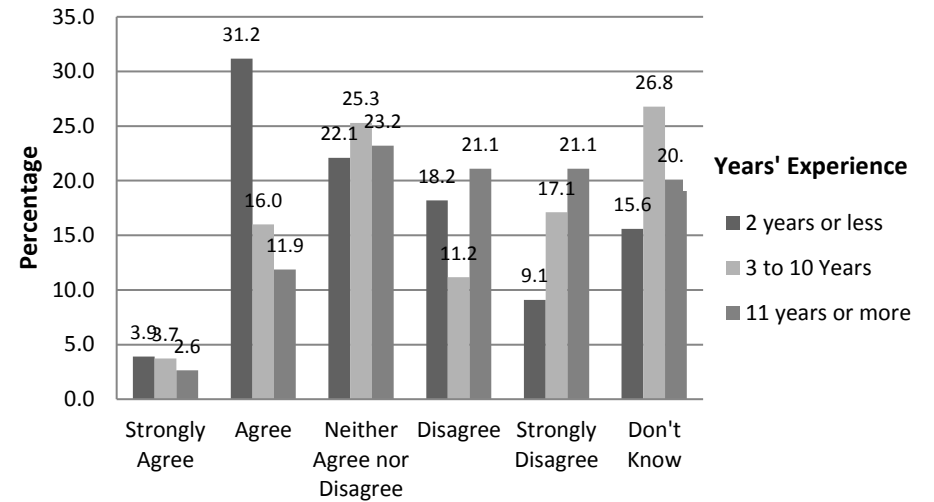
Figure F46 - Substance Use - The services and supports for people with substance use/addiction challenges are of high quality

Percentage (y-axis)

Years' Experience
- 2 years or less
- 3 to 10 Years
- 11 years or more

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
2 years or less	5.2	31.2	27.3	16.9	7.8	11.7
3 to 10 Years	2.2	23.0	31.5	15.9	15.9	11.5
11 years or more	2.4	24.5	23.7	23.5	16.1	9.8
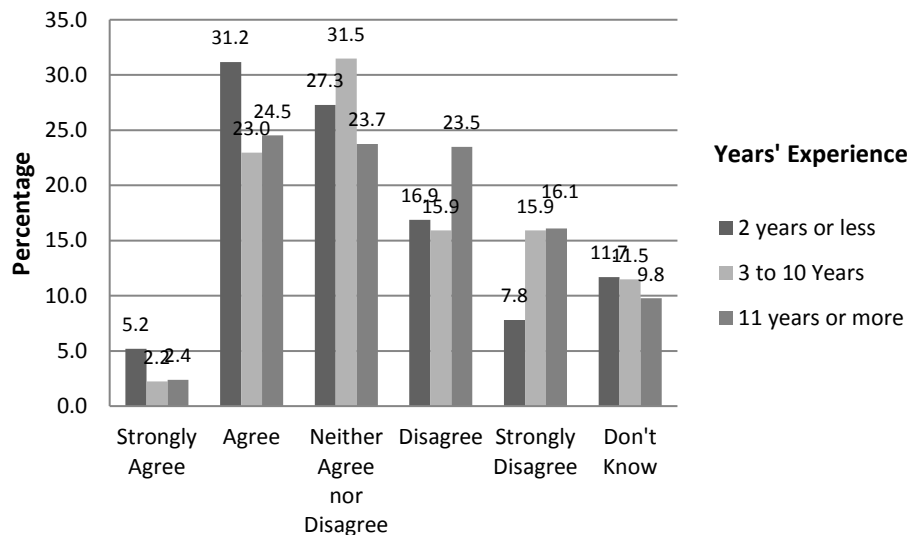
*Figures F29 and F45 record responses to questions asked **only** to Service Providers

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Appendix G: Comparing Responses concerning (A) Mental Health or (B) Substance Use/Addiction Services among Service Providers Responding for Different Age Groups in Mind

Figure G1 to G22 (A) Mental Health Services

Figure G1 - Mental Health - Information about mental health services and supports is readily available and accessible

Percentage

Legend: Children and Youth (17 and Under); Adults (18 and over); All Age Groups

- Strongly Agree: 5.3, 4.7, 5
- Agree: 45.5, 48.1, 35.4
- Neither Agree nor Disagree: 12.9, 13.6, 15.9
- Disagree: 28, 25.2, 32.1
- Strongly Disagree: 6.8, 8.4, 10.4
- Don't Know: 1.5, 1.1

Figure G2 - Mental Health - Regardless of the kind of services or supports (such as mental health clinic, doctor's office) people start with, they are able to access other services or supports without too much difficulty

Percentage

Legend: Children and Youth (17 and Under); Adults (18 and over); All Age Groups

- Strongly Agree: 3.0, 4.2, 1.7
- Agree: 15.9, 18.7, 16.0
- Neither Agree nor Disagree: 11.4, 12.6, 11.3
- Disagree: 49.2, 43.0, 44.4
- Strongly Disagree: 18.2, 20.6, 25.3
- Don't Know: 2.3, .9, 1.3

Figure G3 - Mental Health - People are able to access the services and supports they seek without unnecessary delays or long wait times

Percentage

Legend: Children and Youth (17 and Under); Adults (18 and over); All Age Groups

- Strongly Agree: 1.5, 2.3, .4
- Agree: 6.8, 13.1, 5.7
- Neither Agree nor Disagree: 5.3, 7.9, 7.7
- Disagree: 35.6, 41.6, 39.0
- Strongly Disagree: 48.5, 35.0, 45.3
- Don't Know: 2.3, 1.9

Figure G4 - Mental Health - People are able to access most services and supports they require in or near their home community

Percentage

Legend: Children and Youth (17 and Under); Adults (18 and over); All Age Groups

- Strongly Agree: 2.3, 4.2, 1.4
- Agree: 18.9, 32.2, 23.0
- Neither Agree nor Disagree: 19.7, 14.1, 14.3
- Disagree: 31.8, 29.9, 35.1
- Strongly Disagree: 25.8, 17.3, 24.0
- Don't Know: 1.5, 2.3, 2.1

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Figure G5* - Mental Health - People are able to access services and supports on days and at times of day that fit with their schedules
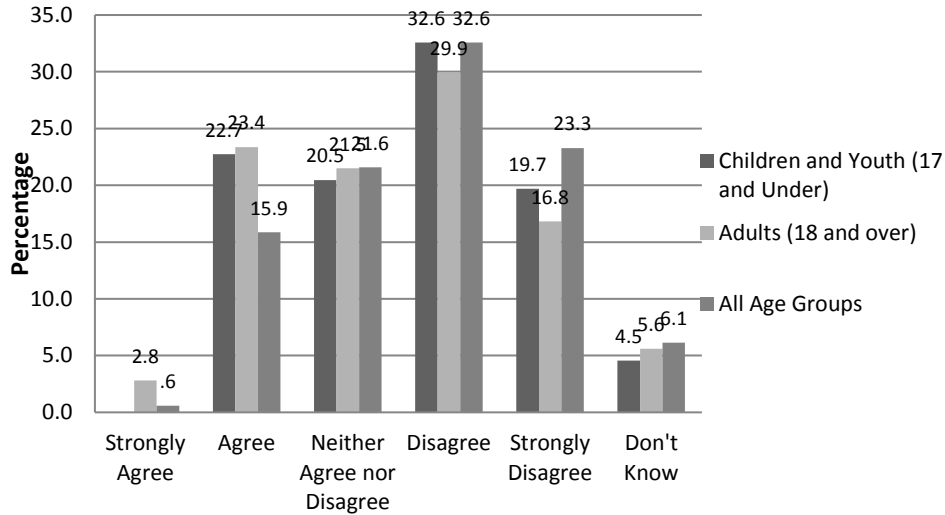
Figure G6 - Mental Health - People are able to access services and supports without being limited by factors such as language, gender, sexual orientation or age
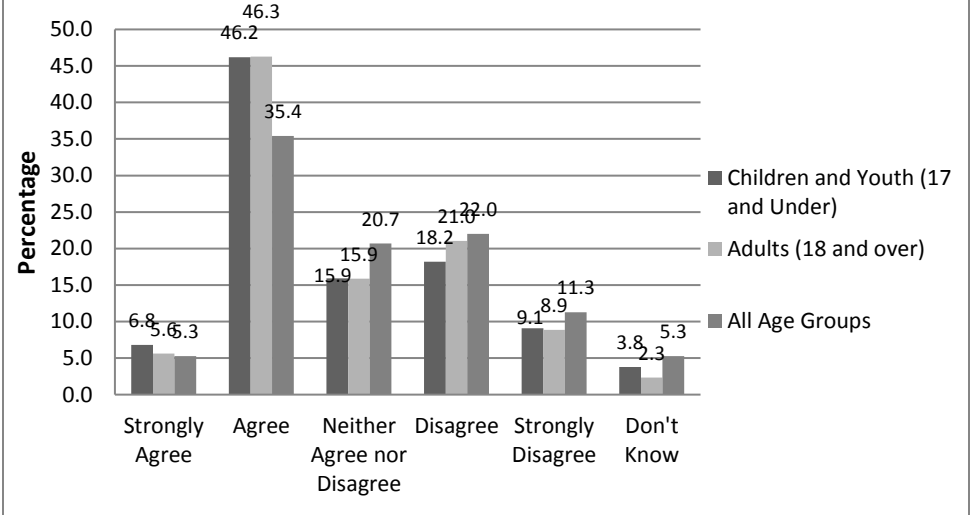
Figure G7 - Mental Health - People are able to obtain services and supports that are appropriate for the kinds of problems they are experiencing (such as mood or anxiety related challenges)
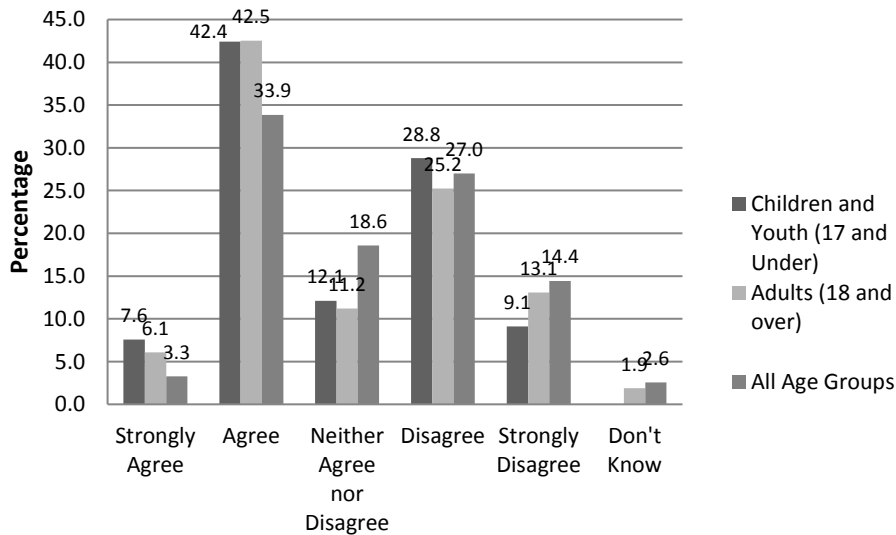
Figure G8 - Mental Health - People are able to obtain services and supports that are appropriate for the severity (seriousness) of the problems they are experiencing

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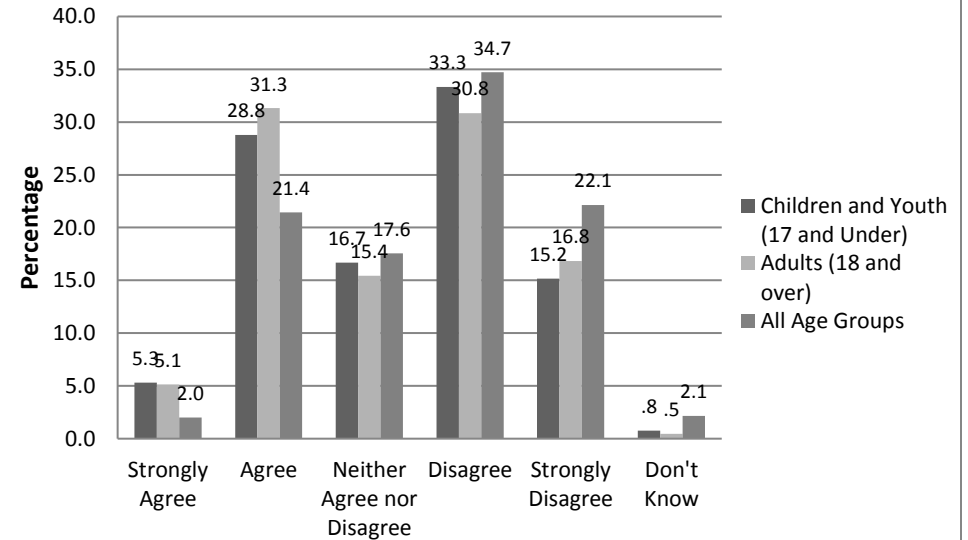
Figure G9 - Mental Health - People are able to obtain services and supports that are sensitive and appropriate to their cultural needs

Percentage

Category	Children and Youth (17 and Under)	Adults (18 and over)	All Age Groups
Strongly Agree	1.5	5.1	2.3
Agree	33.3	33.2	21.9
Neither Agree nor Disagree	30.3	25.7	26.4
Disagree	19.7	22.0	28.0
Strongly Disagree	12.1	9.3	13.9
Don't Know	3.0	4.7	7.6
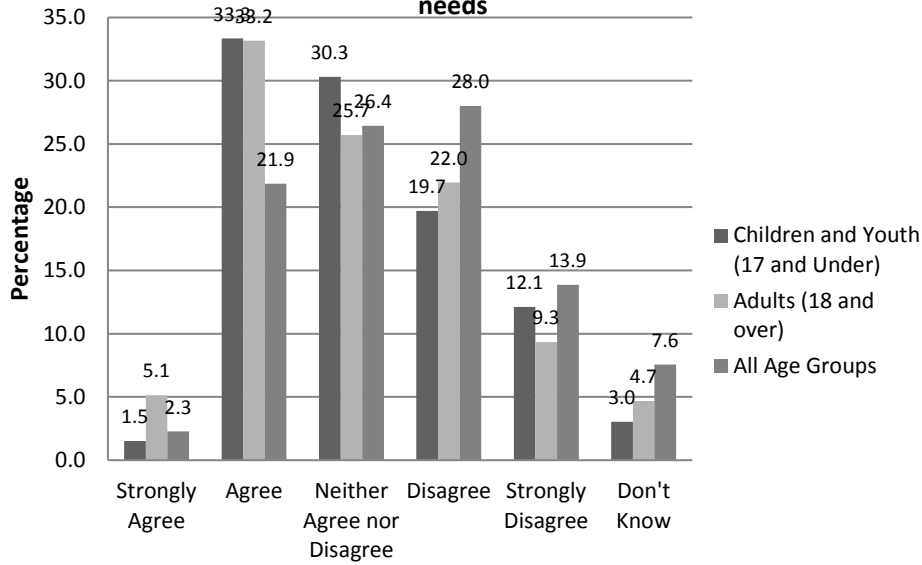
Figure G10 - Mental Health - Out of the available services and supports, people are able to choose from a range of approaches (such as different kinds of counseling or self-help) to help address their mental health-related challenges

Percentage

Category	Children and Youth (17 and Under)	Adults (18 and over)	All Age Groups
Strongly Agree	2.3	2.8	2.6
Agree	25.0	25.7	19.1
Neither Agree nor Disagree	15.9	14.0	18.1
Disagree	37.9	34.6	32.6
Strongly Disagree	16.7	20.6	23.6
Don't Know	2.3	2.3	4.0
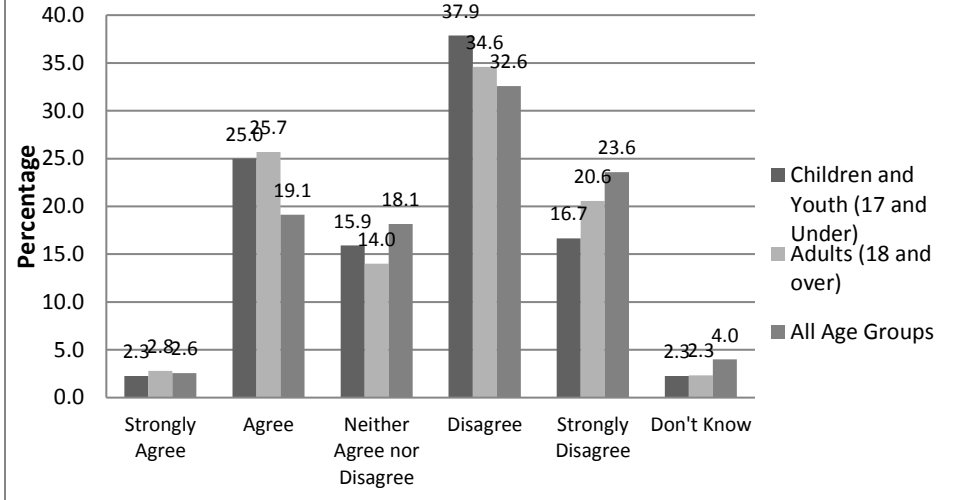
Figure G11 - Mental Health - Service providers (such as counselors) are able to explain the reasons for the practices they follow or recommend

Percentage

Category	Children and Youth (17 and Under)	Adults (18 and over)	All Age Groups
Strongly Agree	9.8	9.3	8.3
Agree	44.7	51.9	46.7
Neither Agree nor Disagree	21.2	16.8	21.7
Disagree	7.6	9.8	8.9
Strongly Disagree	3.0	3.3	5.1
Don't Know	13.6	8.9	9.3
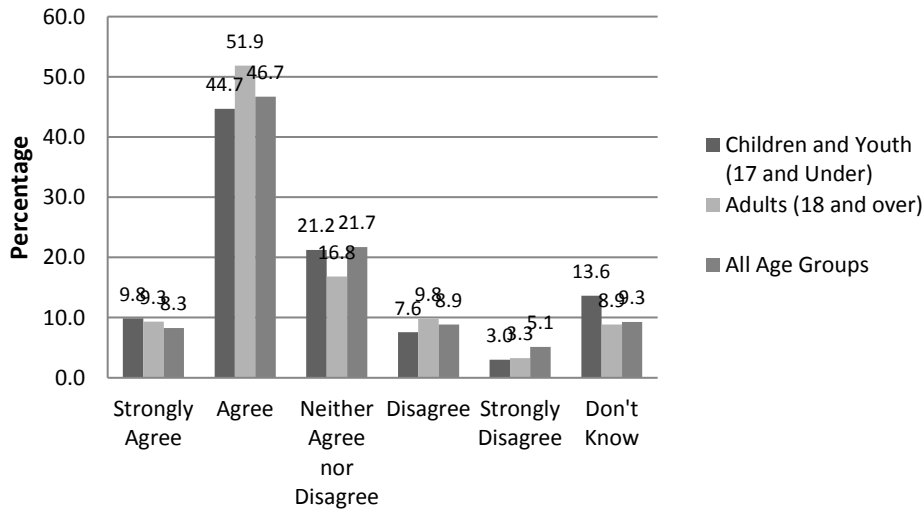
Figure G12 - Mental Health - People receiving services and supports are able to set their own goals

Percentage

Category	Children and Youth (17 and Under)	Adults (18 and over)	All Age Groups
Strongly Agree	11.4	14.5	8.4
Agree	43.9	42.1	39.4
Neither Agree nor Disagree	20.5	19.6	26.6
Disagree	14.4	13.1	11.7
Strongly Disagree	1.5	5.1	4.9
Don't Know	8.3	5.6	9.0
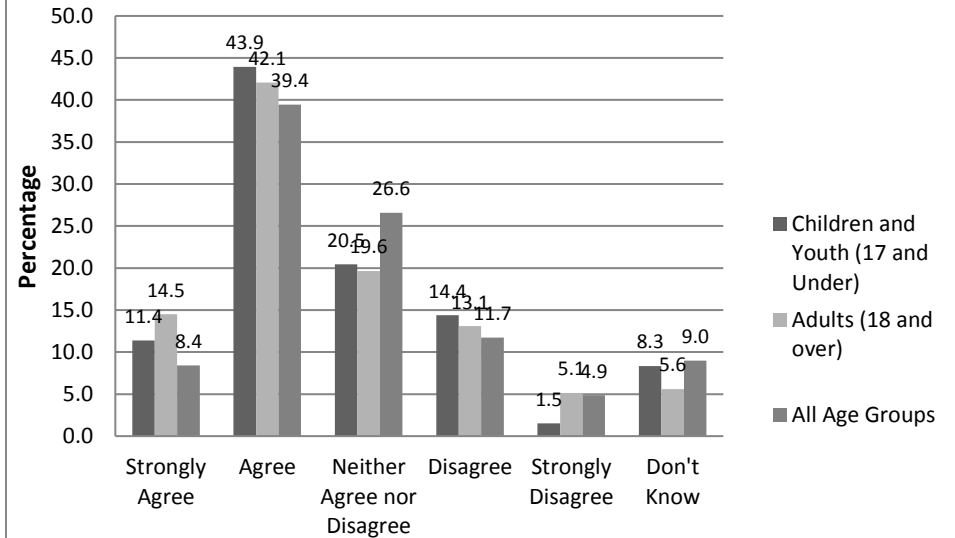
Figure G13 - Mental Health - There is a wide range of mental health services and supports to meet the diverse (different) needs of people at RISK for mental health challenges

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	2.3	12.1	17.4	37.1	31.1	
Adults (18 and over)	1.4	14.5	13.6	38.8	28.0	3.7
All Age Groups	1.9	11.9	14.0	37.0	32.3	3.0
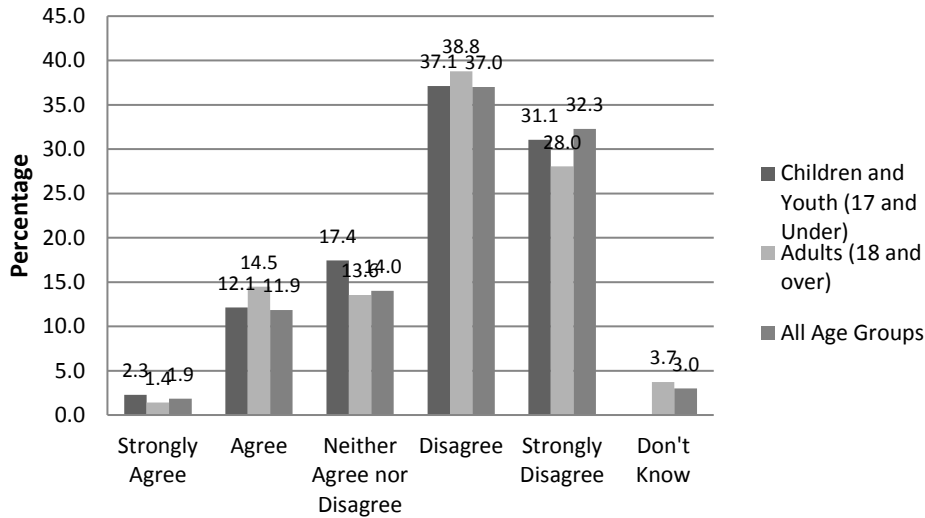
Figure G14 - Mental Health - There is a wide range of mental health services and supports to meet the diverse (different) needs of people EXPERIENCING mental health challenges

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	3.8	19.7	17.4	29.5	29.5	
Adults (18 and over)	1.9	26.6	15.9	33.6	21.5	.5
All Age Groups	2.3	16.6	14.1	36.4	28.7	1.7
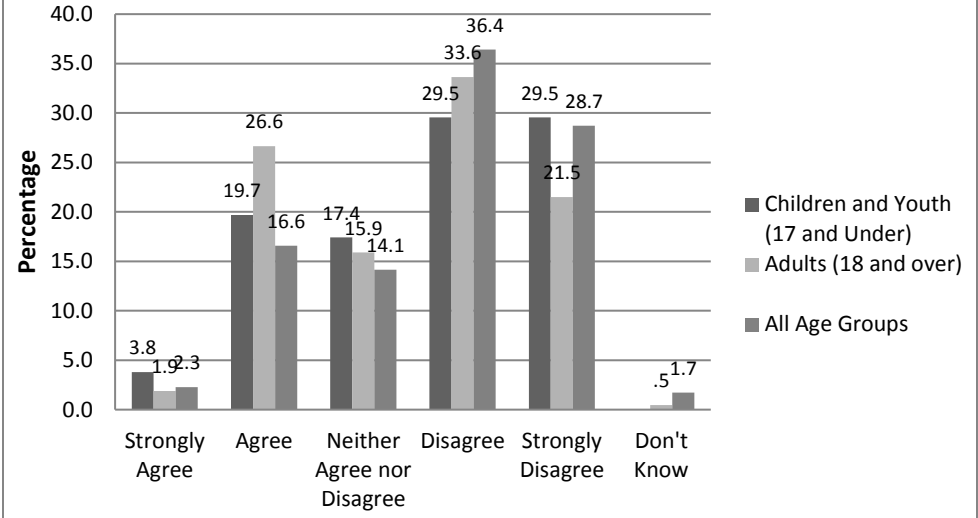
Figure G15 - Mental Health - There is a wide range of services and supports to meet the diverse (different) needs of people (such as families or other loved ones) who are AFFECTED by someone else's mental health challenges

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	2.3	8.3	17.4	43.2	26.6	2.3
Adults (18 and over)	1.4	11.2	16.8	38.8	26.6	5.5
All Age Groups	.9	10.4	13.3	36.6	33.1	5.7
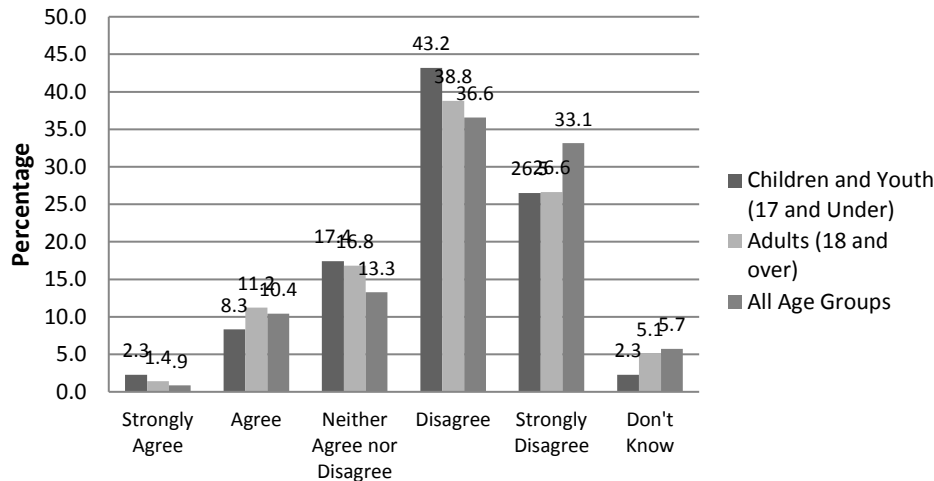
Figure G16 - Mental Health - Service providers (such as counselors) are well-informed about the different types of services and supports offered in your region

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	6.8	39.4	29.5	18.2	3.0	3.0
Adults (18 and over)	7.9	44.9	18.2	15.9	5.6	7.5
All Age Groups	4.4	37.9	23.7	17.9	10.7	5.4

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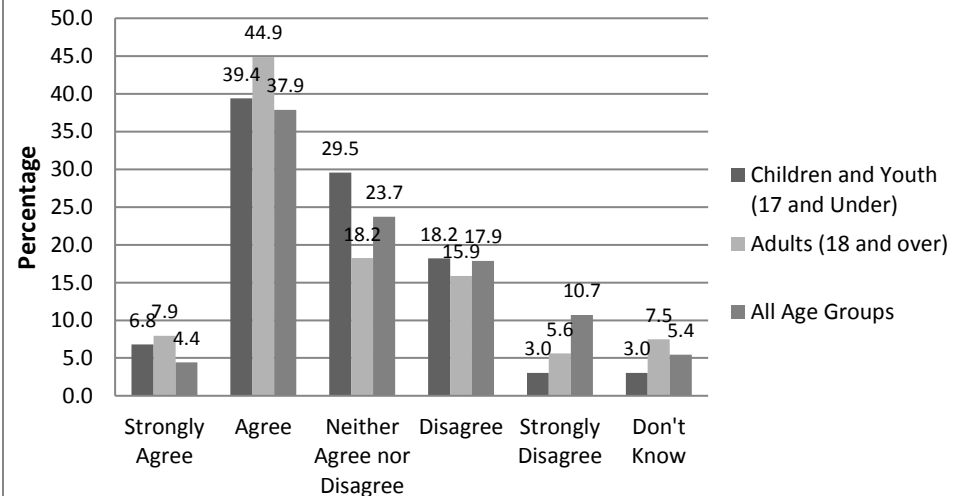
Figure G17 - Mental Health - The agencies or programs that provide different types of mental health services work well together to help people access the services they need/ want at any given point in time

Children and Youth (17 and Under)
Adults (18 and over)
All Age Groups

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	3.8	25.8	22.7	31.1	14.4	2.3
Adults (18 and over)	3.3	32.2	21.0	27.1	13.1	3.3
All Age Groups	3.0	23.6	22.4	27.7	18.1	5.0
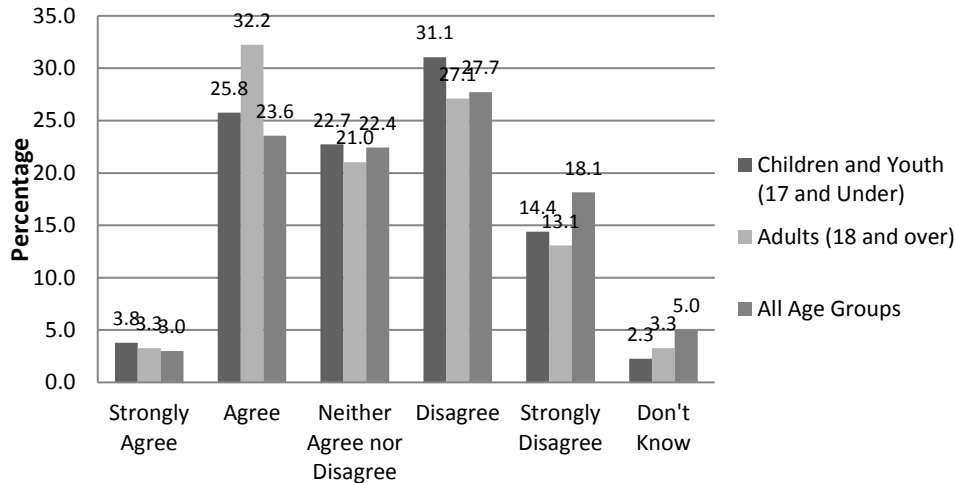
Figure G18 - Mental Health - The agencies or programs that provide different types of mental health services work well together to support clients as they transition from one agency or program's services to another's to help address their continued/changi

Children and Youth (17 and Under)
Adults (18 and over)
All Age Groups

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	1.5	17.4	28.0	34.1	13.6	5.3
Adults (18 and over)	3.3	25.2	23.4	30.2	14.5	3.3
All Age Groups	2.0	18.6	24.9	29.9	17.1	7.4
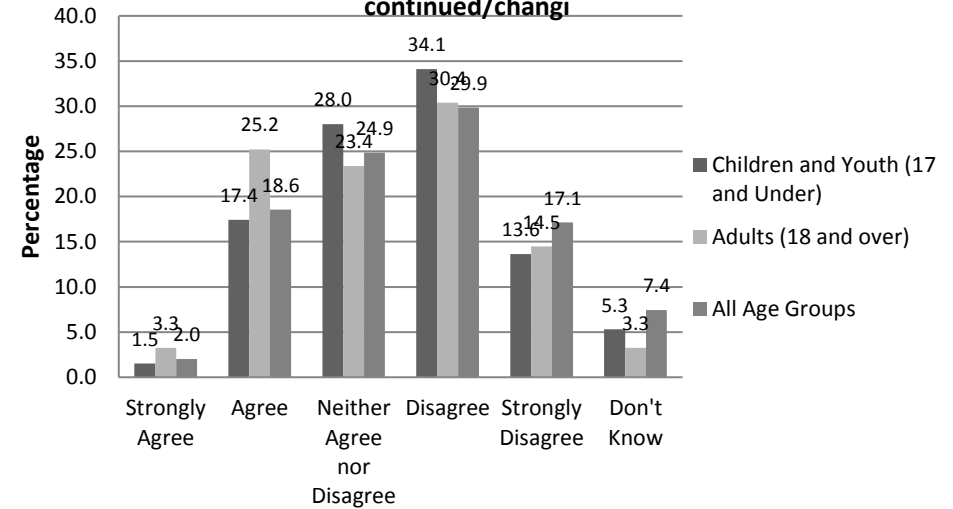
Figure G19 - Mental Health - Services and supports are able to adapt to the changing needs and preferences of people seeking help with mental health challenges

Children and Youth (17 and Under)
Adults (18 and over)
All Age Groups

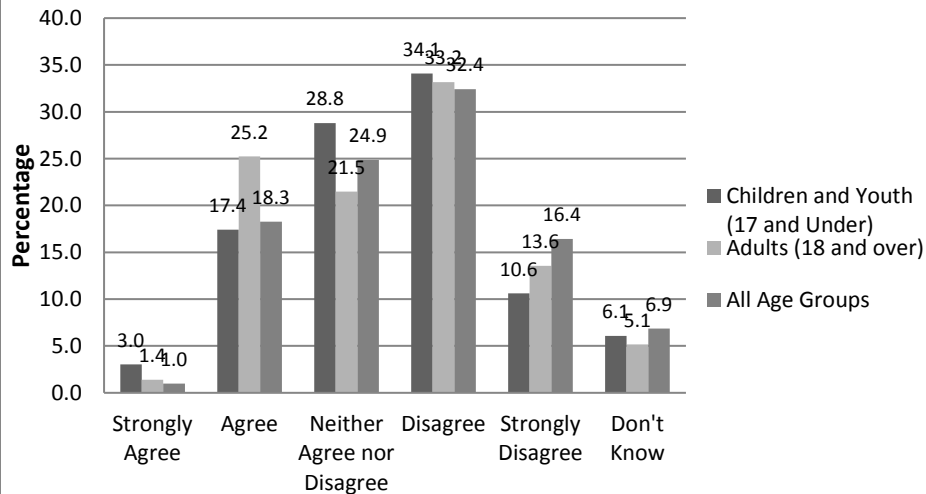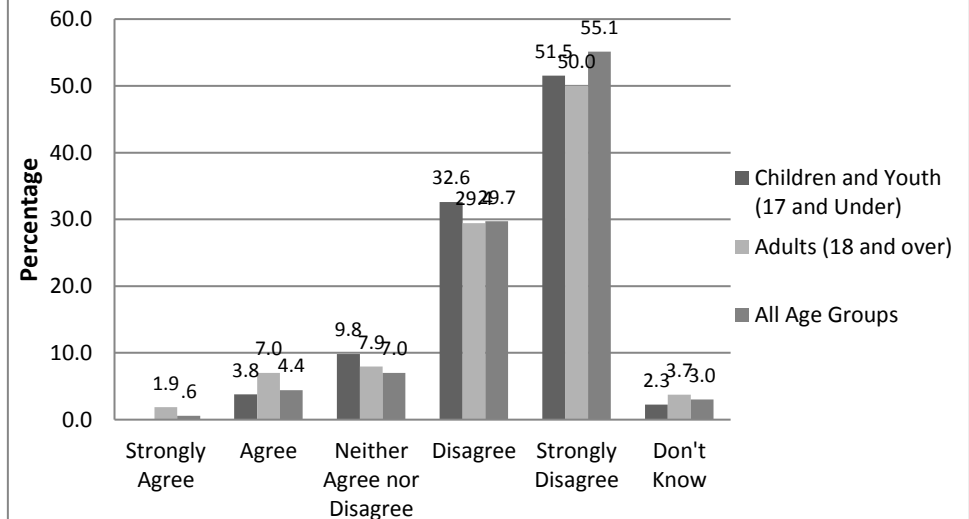|	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	3.0	17.4	28.8	34.1	10.6	6.1
Adults (18 and over)	1.4	25.2	21.5	33.2	13.6	5.1
All Age Groups	1.0	18.3	24.9	32.4	16.4	6.9

Figure G20 - Mental Health - Taken together, the available services and supports are able to meet the level of demand for them (there are enough services and supports)

Children and Youth (17 and Under)
Adults (18 and over)
All Age Groups

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	1.9	3.8	9.8	32.6	51.5	2.3
Adults (18 and over)	.6	7.0	7.9	29	50.0	3.7
All Age Groups		4.4	7.0	29.7	55.1	3.0

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Figure G21* - Mental Health - Mental health services and supports have strong processes for reviewing evidence and making the appropriate program enhancements

Percentage

	Children and Youth (17 and Under)	Adults (18 and over)	All Age Groups
Strongly Agree	3.8	2.8	3.3
Agree	19.7	22.4	15.0
Neither Agree nor Disagree	30.3	22.9	24.9
Disagree	23.5	24.3	20.7
Strongly Disagree	9.8	15.9	20.7
Don't Know	12.9	11.7	15.3
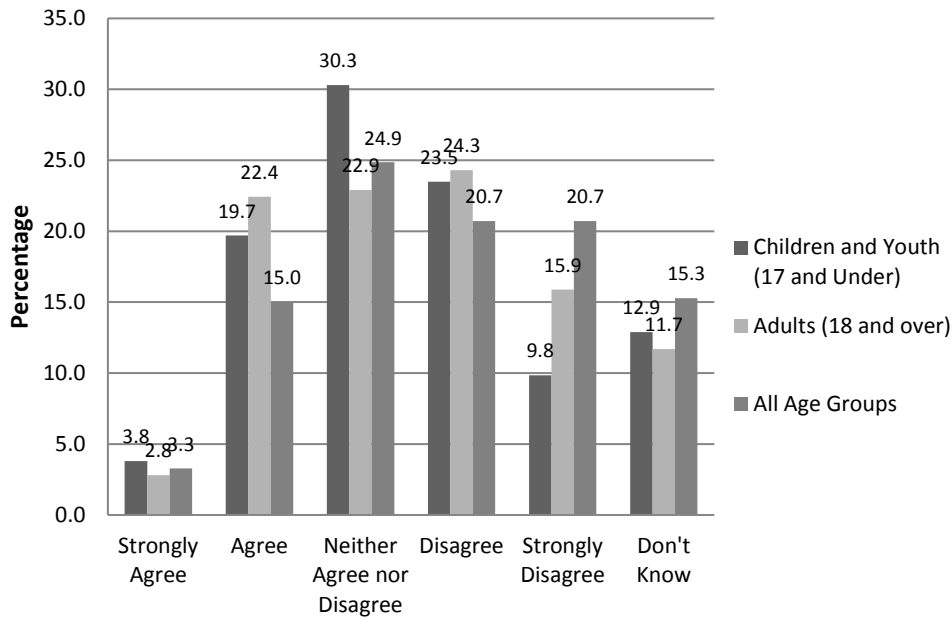
Figure G22 - Mental Health - The services and supports for people with mental health challenges are of high quality

Percentage

	Children and Youth (17 and Under)	Adults (18 and over)	All Age Groups
Strongly Agree	7.6	6.5	4.9
Agree	28.0	36.9	24.7
Neither Agree nor Disagree	31.1	22.0	31.9
Disagree	19.7	18.6	18.6
Strongly Disagree	9.1	13.6	15.3
Don't Know	4.5	2.3	4.4
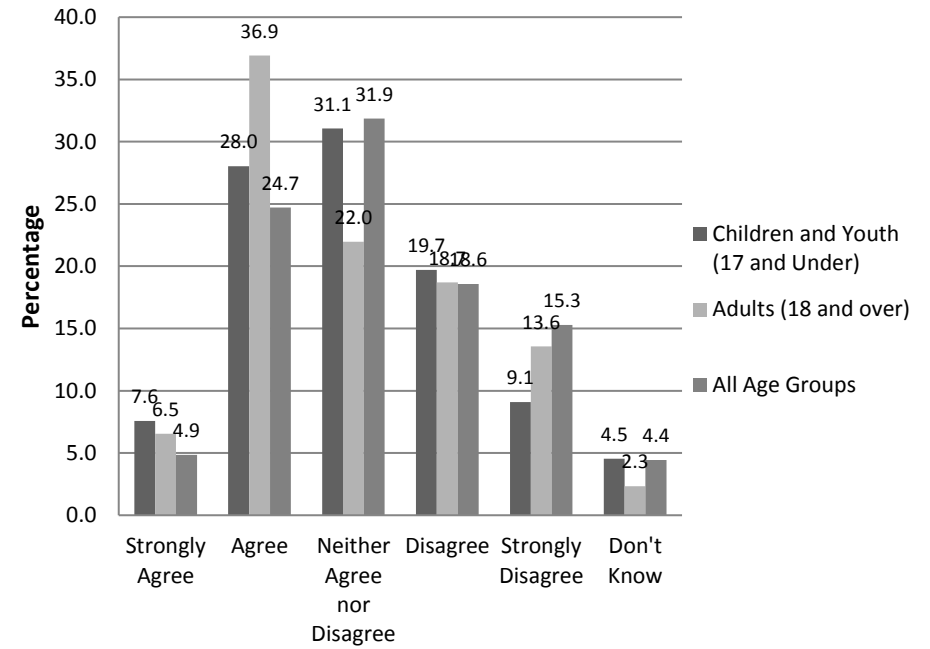
*Figures G5 and G21 record responses to questions asked **only** to Service Providers

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Figure G22 to G41 (B) Substance Use Services

Figure G22 - Substance Use - Information about substance use/addiction services and supports is readily available and accessible

Legend:
- Children and Youth (17 and Under)
- Adults (18 and over)
- All Age Groups

Values:
- Strongly Agree: 9.6, 8.5, 6.4
- Agree: 53.8, 37.7, 43.2
- Neither Agree nor Disagree: 11.3, 12.3, 14.9
- Disagree: 17.3, 27.7, 24.1
- Strongly Disagree: 7.7, 11.5, 10.7
- Don't Know: 1.5, .7

Figure G23 - Substance Use - Regardless of the kind of services or supports (detox, treatment program, doctor's office) people start with, they are able to access other services or supports without too much difficulty

Legend:
- Children and Youth (17 and Under)
- Adults (18 and over)
- All Age Groups

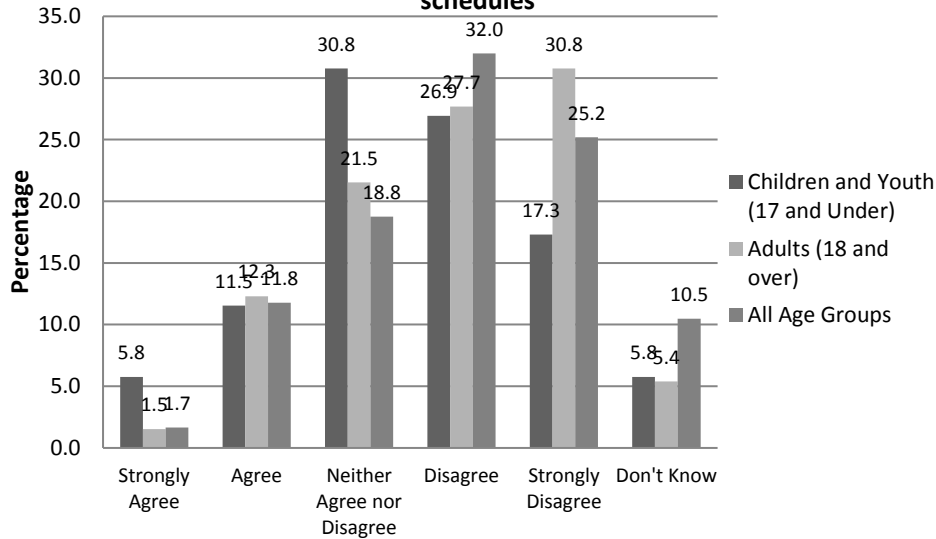Values:
- Strongly Agree: 1.9, .8, 2.4
- Agree: 23.1, 13.1, 14.3
- Neither Agree nor Disagree: 13.5, 11.5, 10.7
- Disagree: 30.8, 33.1, 40.3
- Strongly Disagree: 25.0, 39.2, 29.0
- Don't Know: 5.8, 1.5, 3.3

Figure G24 - Substance Use - People are able to access the services and supports they seek without unnecessary delays or long wait times

Legend:
- Children and Youth (17 and Under)
- Adults (18 and over)
- All Age Groups

Values:
- Strongly Agree: 3.8, .8, .6
- Agree: 7.7, 6.2, 6.4
- Neither Agree nor Disagree: 17.3, 2.3, 7.5
- Disagree: 28.8, 40.8, 34.4
- Strongly Disagree: 36.5, 48.5, 46.3
- Don't Know: 5.8, .8, 4.8

Figure G25 - Substance Use - People are able to access most services and supports in or near their home community

Legend:
- Children and Youth (17 and Under)
- Adults (18 and over)
- All Age Groups

Values:
- Strongly Agree: 1.9, .8, 1.3
- Agree: 11.5, 21.5, 13.8
- Neither Agree nor Disagree: 25.0, 15.4, 15.8
- Disagree: 32.7, 33.1, 34.2
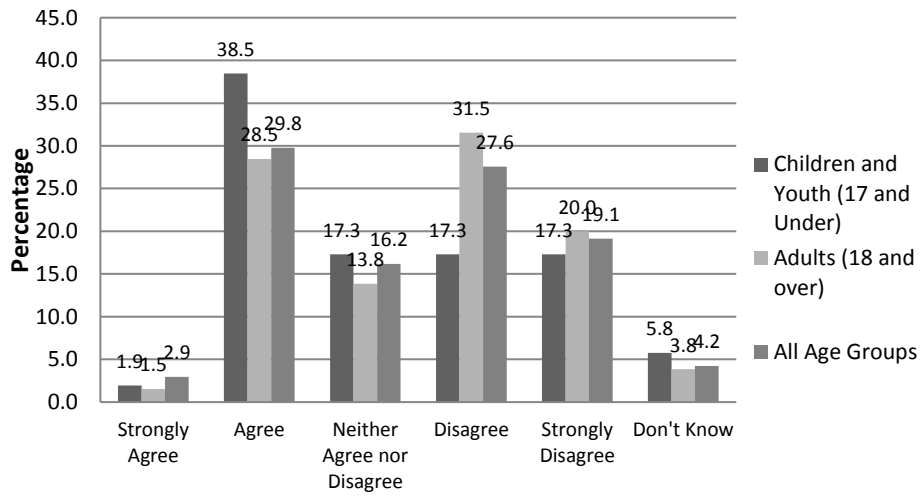- Strongly Disagree: 23.1, 26.9, 31.6
- Don't Know: 5.8, 1.5, 3.3

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Figure G26* - Substance Use - People are able to access services and supports on days and times of day that fit with their schedules

Legend:
- Children and Youth (17 and Under)
- Adults (18 and over)
- All Age Groups

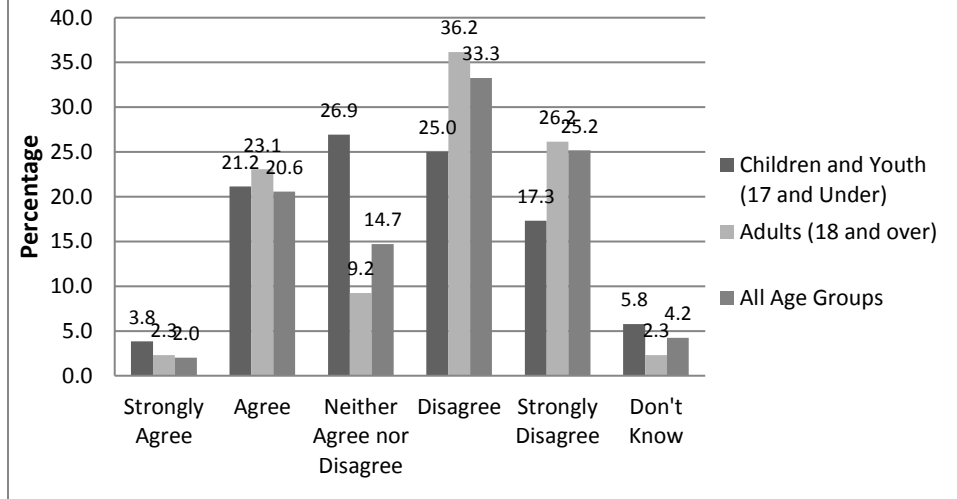|	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	5.8	11.5	30.8	26.9	17.3	5.8
Adults (18 and over)	1.5	12.3	21.5	27.7	30.8	5.4
All Age Groups	1.7	11.8	18.8	32.0	25.2	10.5

Figure G27 - Substance Use - People are able to access services and supports without being limited by factors such as language, gender, sexual orientation or age

Legend:
- Children and Youth (17 and Under)
- Adults (18 and over)
- All Age Groups

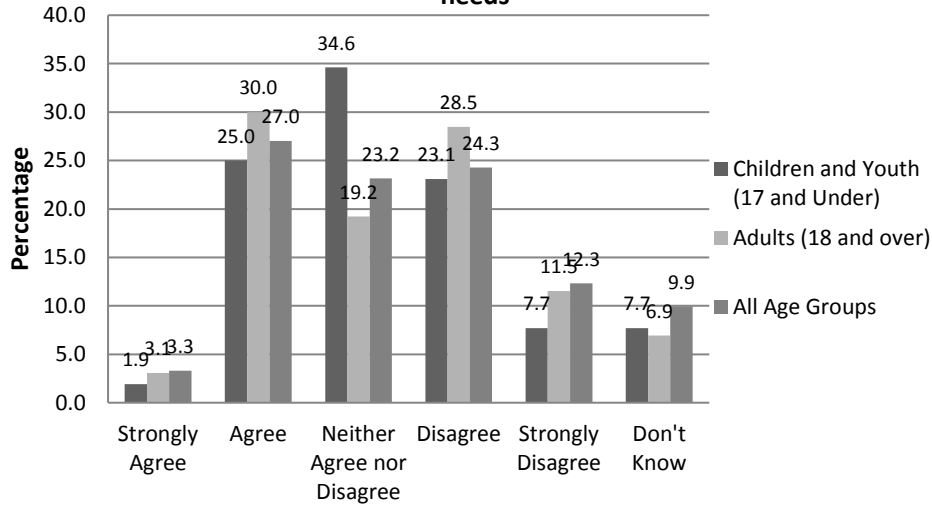|	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	9.6	38.5	26.9	11.5	5.8	7.7
Adults (18 and over)	2.3	40.0	16.9	20.8	10.8	8.5
All Age Groups	5.9	31.6	18.4	21.9	12.9	9.4
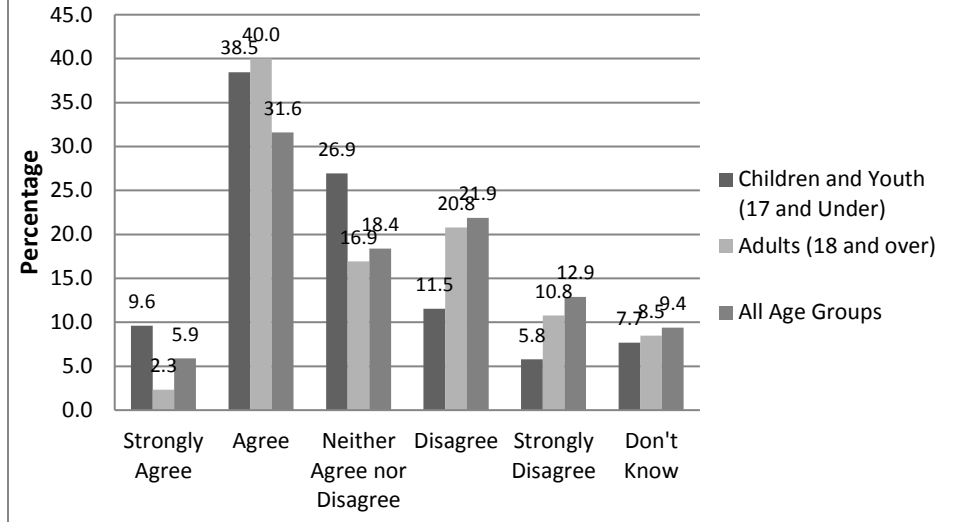
Figure G28 - Substance Use - People are able to obtain services and supports that are appropriate for the kinds of problems they are experiencing

Legend:
- Children and Youth (17 and Under)
- Adults (18 and over)
- All Age Groups

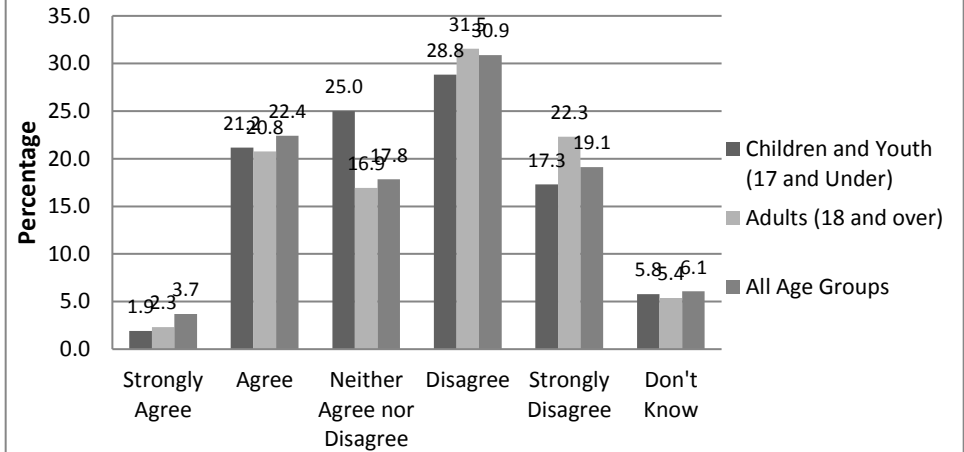|	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	1.9	38.5	17.3	17.3	17.3	5.8
Adults (18 and over)	1.5	28.5	13.8	31.5	20.0	3.8
All Age Groups	2.9	29.8	16.2	27.6	19.1	4.2

Figure G29 - Substance Use - People are able to obtain services and supports that are appropriate for the severity (seriousness) of the problems they are experiencing
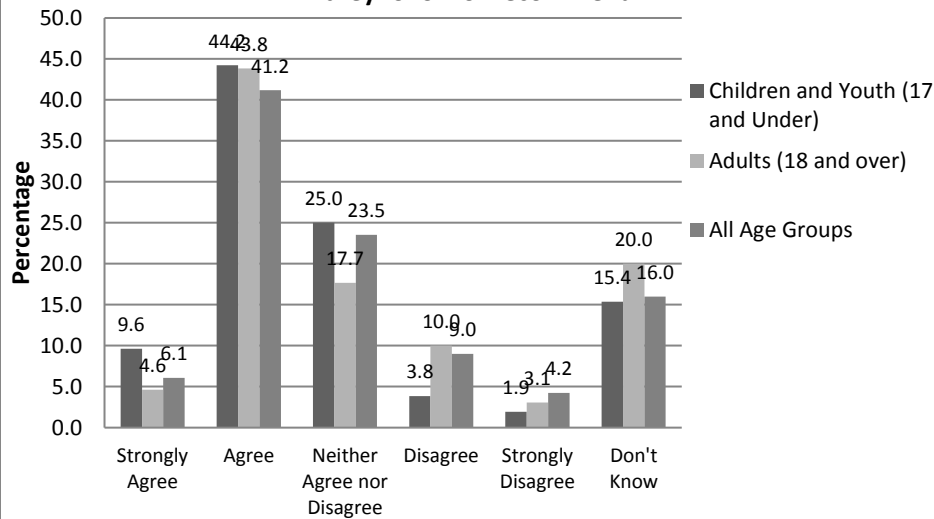

Legend:
- Children and Youth (17 and Under)
- Adults (18 and over)
- All Age Groups

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	3.8	21.2	26.9	25.0	17.3	5.8
Adults (18 and over)	2.3	23.1	9.2	36.2	26.2	2.3
All Age Groups	2.0	20.6	14.7	33.3	25.2	4.2

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Figure G30 - Substance Use - People are able to obtain services and supports that are sensitive and appropriate to their cultural needs
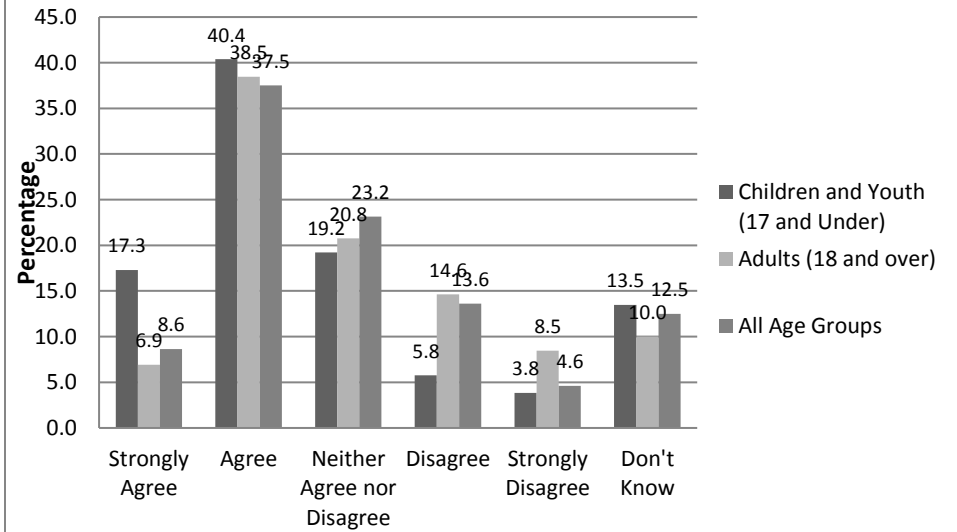
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	1.9	25.0	34.6	23.1	7.7	7.7
Adults (18 and over)	3.1	30.0	19.2	28.5	11.5	6.9
All Age Groups	3.3	27.0	23.2	24.3	12.3	9.9

Figure G31 - Substance Use - Out of the available services and supports, people are able to choose from a range of approaches (such as different kinds of counseling or self-help) to help address their substance use/addiction challenges

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	1.9	21.2	25.0	28.8	17.3	5.8
Adults (18 and over)	2.3	20.8	16.9	31.5	22.3	5.4
All Age Groups	3.7	22.4	17.8	30.9	19.1	6.1

Figure G32 - Substance Use - Service providers (such as counselors) are able to explain the reasons for the practices they follow or recommend

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	9.6	44.4	25.0	3.8	1.9	15.4
Adults (18 and over)	4.6	43.8	17.7	10.0	3.1	20.0
All Age Groups	6.1	41.2	23.5	9.0	4.2	16.0

Figure G33 - Substance Use - People receiving services and supports are able to set their own goals

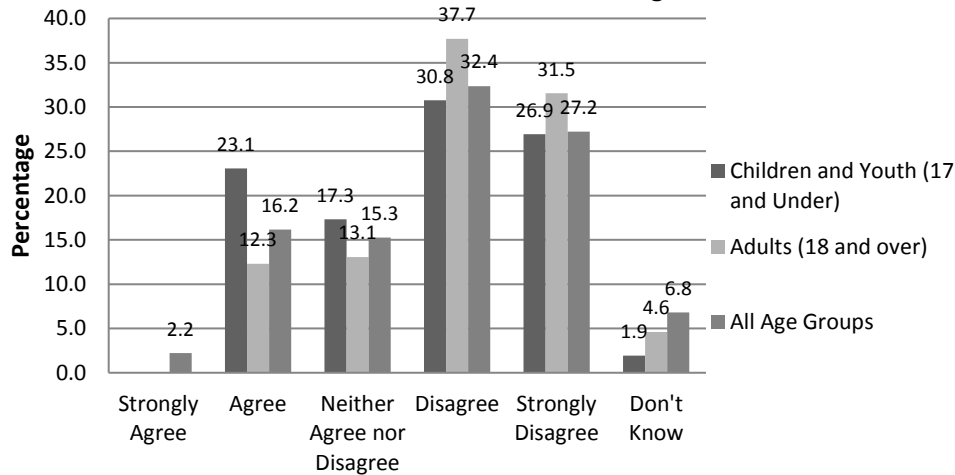|	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Children and Youth (17 and Under)	17.3	40.4	19.2	5.8	3.8	13.5
Adults (18 and over)	6.9	38.5	20.8	14.6	8.5	10.0
All Age Groups	8.6	37.5	23.2	13.6	4.6	12.5

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Figure G34 - Substance Use - There is a wide range of substance use/addiction services and supports to meet the diverse (different) needs of people at risk for substance use/addiction challenges
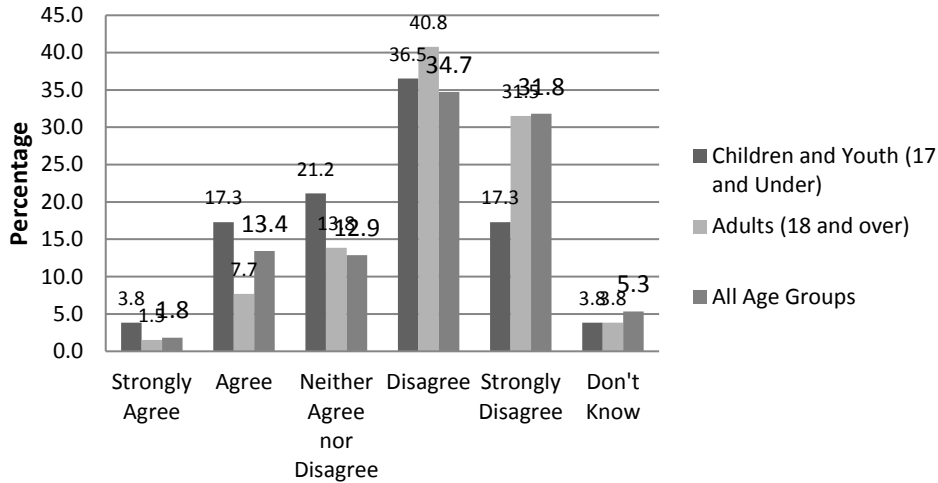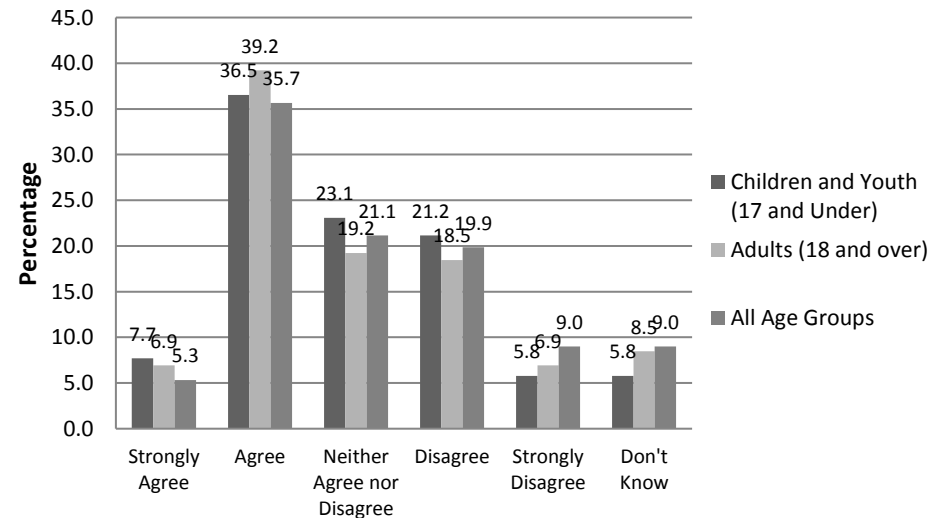

Figure G35 - Substance Use - There is a wide range of services and supports to meet the diverse (different) needs of people EXPERIENCING substance use/addiction challenges
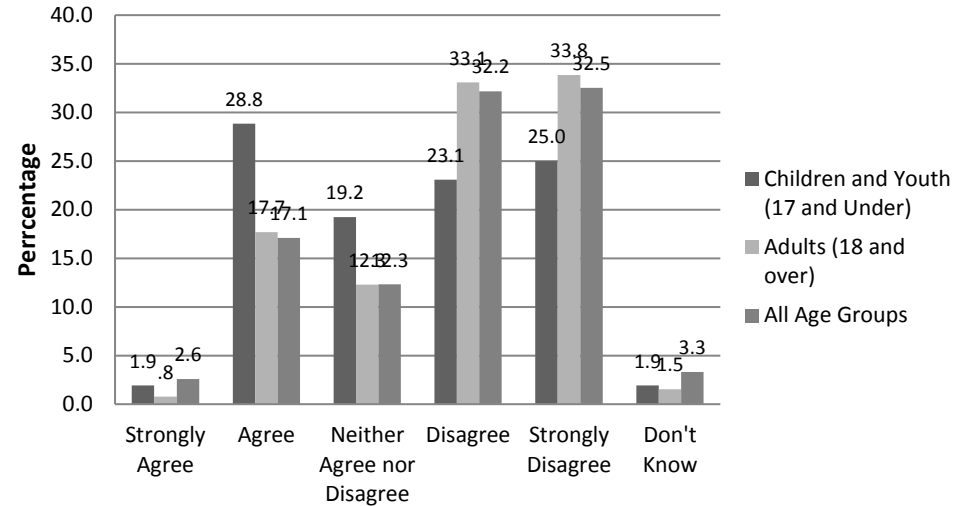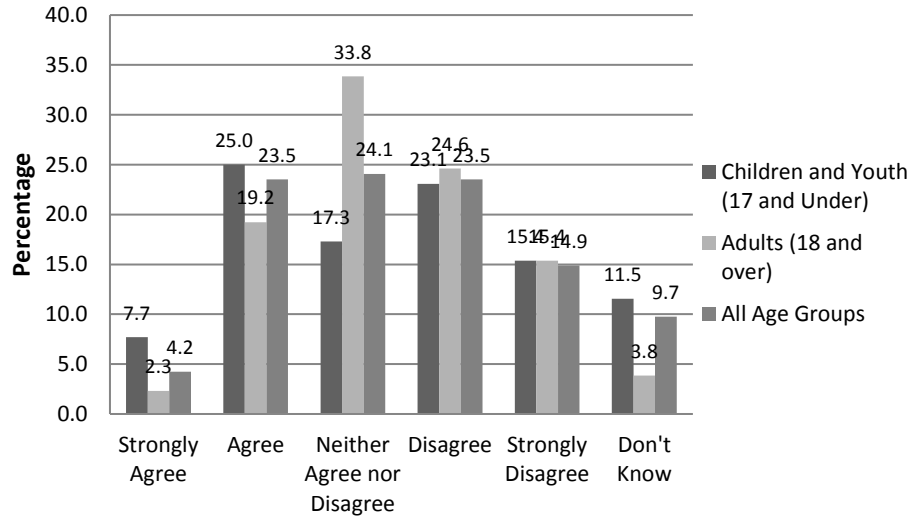

Figure G36 - Substance Use - There is a wide range of services and supports to meet the diverse (different) needs of people (such as families, other loved ones) who are AFFECTED by someone else's substance use/addiction challenges

Figure G37 - Substance Use - Service providers (such as counselors, intake workers) are well informed about other services and supports offered in the region

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Figure G38 - Substance Use - The agencies or programs that provide different types of substance use/addiction services work well together to help people access the services they need/ want at any given point in time
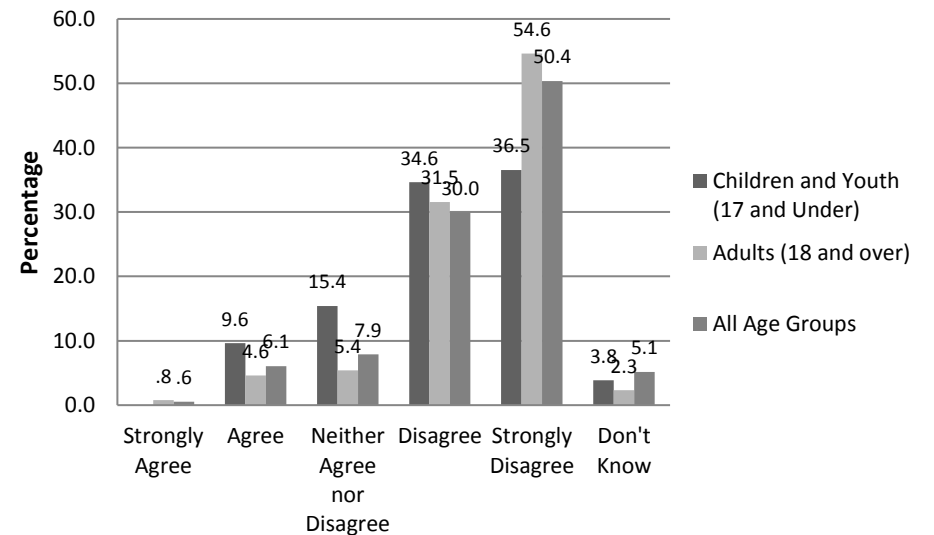
Children and Youth (17 and Under); Adults (18 and over); All Age Groups

Response	Children and Youth (17 and Under)	Adults (18 and over)	All Age Groups
Strongly Agree	7.7	2.3	4.2
Agree	25.0	19.2	23.5
Neither Agree nor Disagree	17.3	33.8	24.1
Disagree	23.1	24.6	23.5
Strongly Disagree	15.4	15.4	14.9
Don't Know	11.5	3.8	9.7

Figure G39 - Substance Use - The agencies or programs that provide different types of substance use/addiction services work well together to support clients as they transition from one agency or program's services to another's to help address their contin

Response	Children and Youth (17 and Under)	Adults (18 and over)	All Age Groups
Strongly Agree	7.7	1.5	2.8
Agree	15.4	18.5	20.6
Neither Agree nor Disagree	19.2	21.5	23.5
Disagree	28.8	30.8	27.2
Strongly Disagree	15.4	18.5	15.8
Don't Know	13.5	8.5	10.1
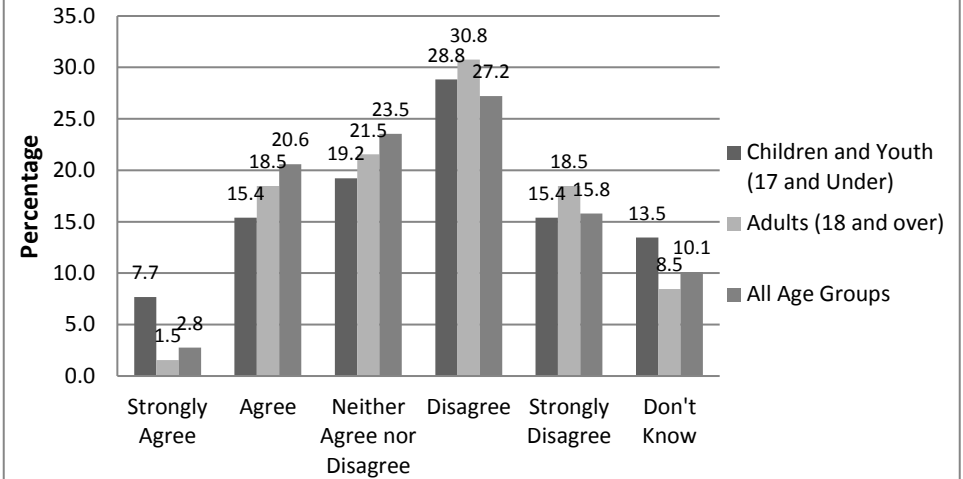
Figure G40 - Substance Use - Services and supports are able to adapt to the changing needs and preferences of people seeking help with substance use/addiction challenges

| Response	Children and Youth (17 and Under)	Adults (18 and over)	All Age Groups
Strongly Agree	3.8	.8	1.8
Agree	19.2	18.5	16.9
Neither Agree nor Disagree	23.1	23.8	23.5
Disagree	34.6	25.4	30.9
Strongly Disagree	9.6	22.3	16.9
Don't Know	9.6	8.5	9.9

Figure G41 - Substance Use - Taken together, the available services and supports are able to meet the level of demand for them (there are enough services and supports)

Response	Children and Youth (17 and Under)	Adults (18 and over)	All Age Groups
Strongly Agree		.8	.6
Agree	9.6	4.6	6.1
Neither Agree nor Disagree	15.4	5.4	7.9
Disagree	34.6	31.5	30.0
Strongly Disagree	36.5	54.6	50.4
Don't Know	3.8	2.3	5.1

Figure G42* - Substance Use - Substance use/addiction services and supports have strong processes for reviewing evidence and making the appropriate program enhancements
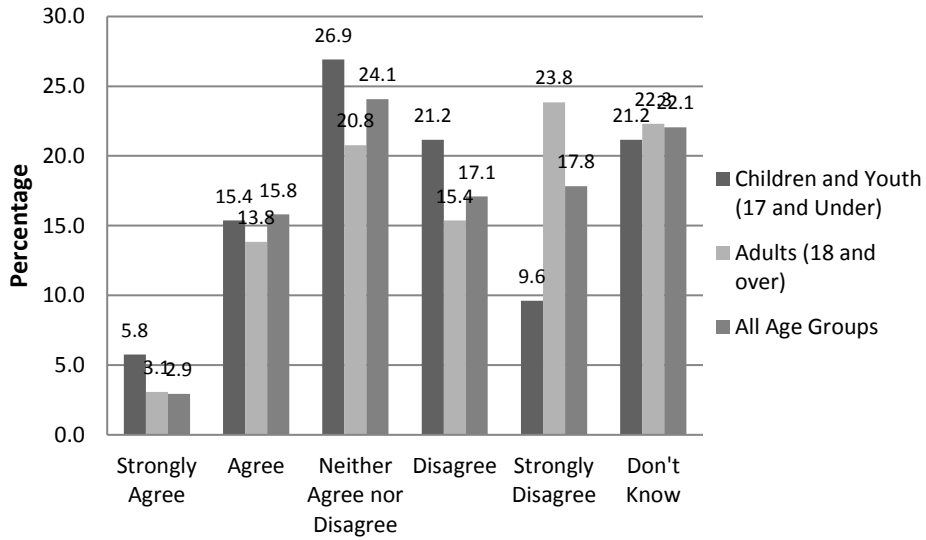
Figure G43- Substance Use - The services and supports for people with substance use/addiction challenges are of high quality
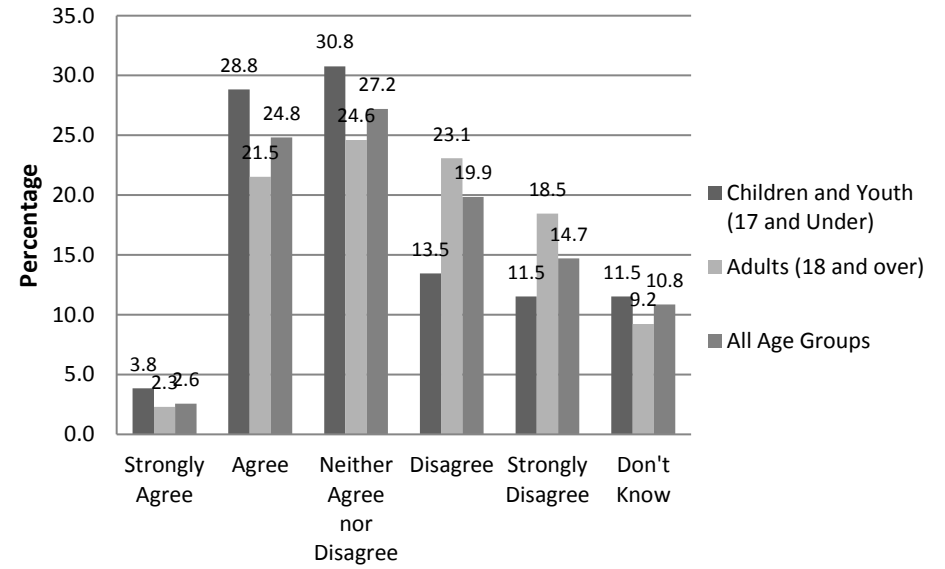
*Figures G26 and G42 record responses to questions asked **only** to Service Providers

Appendix H: CCHS 2012 Criteria

Level of Need	Definitions for Mental Health and Substance Use	Definitions for Substance Use
Tier 1	No CIDI disorder -and- No perceived need for care -and- Drinking below (our approximation to) the low-risk guidelines: Men: Up to 15 drinks per week; Up to 3 drinks per day most days Women: Up to 10 drinks per week; Up to 2 drinks per day most days -and- No non-cannabis illicit drug use -and- Prescription drug use only as prescribed -and- Cannabis use: never, -or- just once (past 12m or lifetime), -or- more than once > 12m ago, -or- more than once in the past 12m and frequency was less than once a month.	No CIDI alcohol -or- drug disorder -and- No perceived need for care -and- Drinking below (our approximation to) the low-risk guidelines: Men: Up to 15 drinks per week; Up to 3 drinks per day most days Women: Up to 10 drinks per week; Up to 2 drinks per day most days -and- No non-cannabis illicit drug use -and- Prescription drug use only as prescribed -and- Cannabis use: never, -or- just once (past 12m or lifetime), -or- more than once > 12m ago, -or- more than once in the past 12m and frequency was less than once a month.
Tier 2	One alcohol problem (out of 11) OR Binge drinking (5+ drinks on one occasion), *less than once a month* (but not *never*) OR Drinking above the (approximate) LRDG: Men: (> 3 drinks per day on most days -or- >15 drinks per week) Women: (>2 drinks per day on most days -or- >10 drinks per week)	One alcohol problem (out of 11) OR Binge drinking (5+ drinks on one occasion), *less than once a month* (but not *never*). OR Drinking above the (approximate) LRDG: Men: (> 3 drinks per day on most days -or- >15 drinks per week) Women: (>2 drinks per day on most days -or- >10 drinks per week)

Level of Need	Definitions for Mental Health and Substance Use	Definitions for Substance Use
	OR Any perceived need for care *(No perceived need/All needs met/needs partially met/needs not met.* **OR** A self-reported disorder *[schz/pyschosis/ mood/anxiety/PTSD/ADD/eating]* -**and**- **(***no perceived need* -**or**- *all needs met*)**.**[a,b] *[PNCDNEED in (1,2)]* **OR** Any drug use excl. one-time cannabis **OR** Any prescription drug use not as prescribed **OR** Cannabis use more than once in the past 12m, -**and**- freq once a month or more.	**OR** Any perceived need for care *(No perceived need/All needs met/needs partially met/needs not met.* **OR** Any drug use excl. one-time cannabis **OR** Any prescription drug use not as prescribed **OR** Cannabis use more than once in the past 12m, -**and**- freq once a month or more.

Tier 3	Binge drinking, *once a month* or *2–3 times a month.*
	
	OR
	(2–3 problems on any one of alcohol -**or**- cannabis -**or**- other drugs
	                -**and**-
	Sheehan Disability Scale < 4. *AUDFINT=2 -or- SUDFINT=2 (not sig. interference)***)**
	
	OR
	(One CIDI disorder that is not alcohol, cannabis, other drugs, or bipolar I[c]
	                -**and**-
	Sheehan Disability Scale <4. *MHPFINT=2 (not sig. interference)***)**
		Binge drinking, *once a month* or *2–3 times a month.*
		
		OR
		(2–3 problems on any one of alcohol -**or**- cannabis -**or**- other drugs
		                -**and**-
		Sheehan Disability Scale < 4. *AUDFINT=2 -or- SUDFINT=2 (not sig. interference)***)**

Level of Need	Definitions for Mental Health and Substance Use	Definitions for Substance Use
	OR **(**Any self-reported disorder[a] **-and-** Perceived needs *partially met* **-or-** *not met***)**	
Tier 4	Binge drinking *once a week* **OR** **(**4+ problems on any one of alcohol -**or-** cannabis **-or-** other drugs **-and-** Sheehan Disability Scale >=4.**)** *AUDFINT=1 -or- SUDFINT=1 (significant interference)* **OR** **(One** CIDI disorder[c] that is not alcohol, cannabis, other drugs, or bipolar I **-and-** Sheehan >=4. *MHPFINT=1 (significant intf).***)** **OR** 2+ CIDI disorders including alcohol -**or-** cannabis **-or-** other drugs, interference not necessary[c] **OR** **(**Self-reported schizophrenia **-or-** self-reported psychosis**)** **OR** **(**Self-reported mood **-or-** anxiety **-or-** PTSD **-or-** ADD **-or-** learning disability **-or-** eating disorder**)** **-And-** **(**Hospitalized overnight for a mental health, alcohol, or drug problem **-or-** Had suicidal ideation**)** **OR** K6 >=13. *(Serious distress.)*	Binge drinking *once a week* **OR** **(**4+ problems on any one of alcohol **-or-** cannabis **-or-** other drugs **-and-** Sheehan Disability Scale >=4.**)** *AUDFINT=1 -or- SUDFINT=1 (significant interference)*

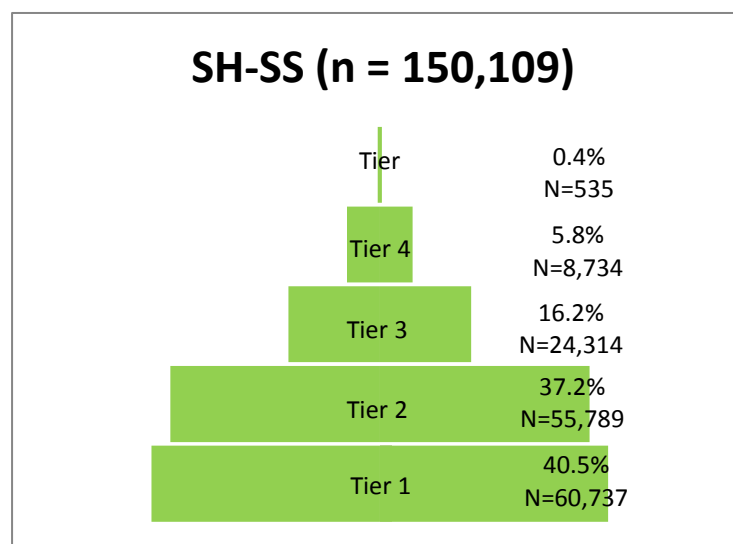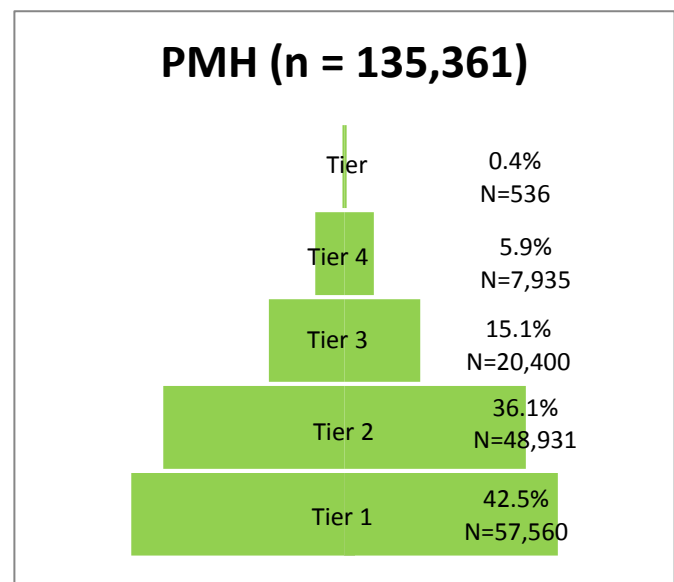| Level of Need	Definitions for Mental Health and Substance Use	Definitions for Substance Use
Tier 5	**Four stand-alone sets below, separated by 'OR':** **[(**Binge drinking, *more than once a week***)** **-or-** **(**4+ problems on any one of alcohol -or- cannabis **-or-** drugs **-and-** Sheehan Disability Scale >=4.**)** (*AUDFINT=1* *-or- SUDFINT=1 (signif. interference)* **-And-** **(**2+ CIDI disorders[c] that are not alcohol or cannabis or drugs **-and-** Sheehan Disability Scale >=4.**)** *MHPFINT=1 (signif. interference)* **-And-** **(**1+ chronic condition *(out of 7)* **-or-** WHO_DAS=high *(90th pctile)***)]** **OR** **[(**2+ CIDI disorders[c] that are not alcohol or cannabis or drugs **-and-** Sheehan Disability Scale >=4**]**. *MHPFINT=1 (signif. interference)***)** **-And-** **(**1+ chronic condition *(out of 7)* **-or-** WHO_DAS=high *(90th pctile)***)]** **OR** **[(**Self-reported schizophrenia **-or-**	**Drinking or problems is required, and then either one of the two sets after AND, separated by -OR-, is required:** {**[(**Binge drinking, *more than once a week***)** **-or-** **(**4+ problems on any one of alcohol **-or-** cannabis **-or-** drugs **-and-** Sheehan Disability Scale >=4.**)** (*AUDFINT=1* *-or- SUDFINT=1 (signif. interference)* **AND** **(**2+ CIDI disorders[c] that are not alcohol or cannabis or drugs **-and-** Sheehan Disability Scale >=4**)**. MHPFINT=1 *(signif. interference)* **-And-** **(**1+ chronic condition *(out of 7)* **-or-** WHO_DAS=high *(90th pctile)***)** **-OR-** **[(**Self-reported schizophrenia **-or-**

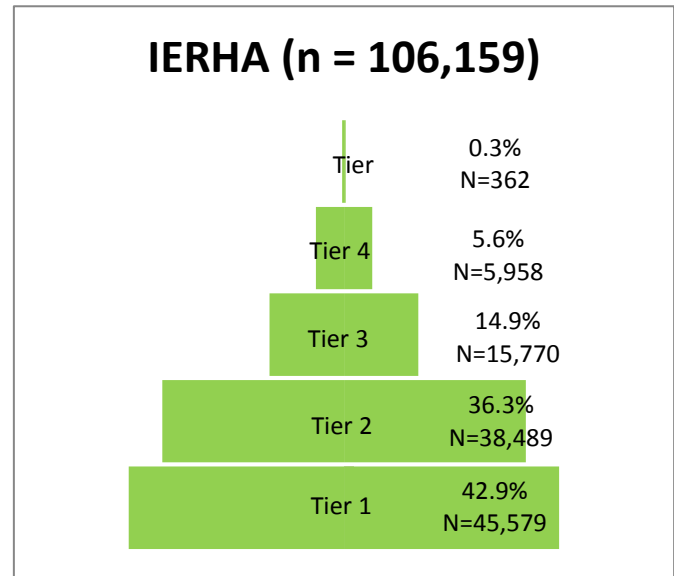| Level of Need	Definitions for Mental Health and Substance Use	Definitions for Substance Use
Tier 5, contd	Self-reported psychosis **-or-** CIDI Bipolar I**)** **-And-** **(**1+ chronic condition *(out of 7)* **-or-** WHO_DAS=high *(90th pctile)***)]**. **OR** **[(**Binge drinking, *more than once a week***)** **-or-** **(**4+ problems on any one of alcohol **-or-** cannabis **-or-** drugs **-and-** Sheehan Disability Scale >=4.**)** (*AUDFINT=1* **-or-** *SUDFINT=1* *(signif. interference)* **-And-** **(**Self-reported schizophrenia **-or-** Self-reported psychosis **-or-** CIDI Bipolar I**)** **-And-** **(**1+ chronic condition *(out of 7)* **-or-** WHO_DAS=high *(90th pctile)***)]**	Self-reported psychosis **-or-** CIDI Bipolar I**)** **-And-** **(**1+ chronic condition *(out of 7)* **-or-** WHO_DAS=high *(90th pctile)***)]}**.

a. Self-reported disorders: schizophrenia, any other psychosis, a mood disorder, an anxiety disorder, PTSD, attention deficit disorder, learning disability, or an eating disorder.
b. Perceived need: Overall perceived need for mental health care: *No perceived need/All perceived needs met/Perceived needs partially met/Perceived needs not met/Not stated.*
c. CIDI disorders: Major depressive episode, hypomania, bipolar I, bipolar II, generalized anxiety disorder.

Appendix I: Regional Pyramids and Estimated Coverage of Substance Use and Addiction Services

Figure I1. Substance Use/Addiction Population Health Pyramids for Manitoba Adults, 15+ Over, by Region

WRHA (n = 627,214)

Tier		
Tier	0.4%	N=2,416
Tier 4	5.9%	N=37,291
Tier 3	16.1%	N=100,751
Tier 2	37.1%	N=232,500
Tier 1	40.5%	N=254,256

IERHA (n = 106,159)

Tier		
Tier	0.3%	N=362
Tier 4	5.6%	N=5,958
Tier 3	14.9%	N=15,770
Tier 2	36.3%	N=38,489
Tier 1	42.9%	N=45,579

NHRA (n = 52,621)

Tier		
Tier	0.5%	N=269
Tier 4	6.8%	N=3,533
Tier 3	17.4%	N=9,087
Tier 2	37.5%	N=19,581
Tier 1	37.8%	N=19,691

PMH (n = 135,361)

Tier		
Tier	0.4%	N=536
Tier 4	5.9%	N=7,935
Tier 3	15.1%	N=20,400
Tier 2	36.1%	N=48,931
Tier 1	42.5%	N=57,560

SH-SS (n = 150,109)

Tier		
Tier	0.4%	N=535
Tier 4	5.8%	N=8,734
Tier 3	16.2%	N=24,314
Tier 2	37.2%	N=55,789
Tier 1	40.5%	N=60,737

Figure I2. Mental Health and Substance Use/Addiction Population Health Pyramids for Manitoba Adults, 15+ Over, by Region

WRHA (n = 627,214)

Tier	%	N
Tier 5	1.4%	N=8,831
Tier 4	12.3%	N=76,861
Tier 3	21.1%	N=132,426
Tier 2	29.4%	N=184,114
Tier 1	35.9%	N=224,982

IERHA (n = 106,159)

Tier	%	N
Tier 5	1.5%	N=1,570
Tier 4	11.6%	N=12,308
Tier 3	20.3%	N=21,555
Tier 2	29%	N=30,737
Tier 1	37.7%	N=39,988

NHRA (n = 52,621)

Tier	%	N
Tier	1.3%	N=676
Tier 4	13.3%	N=6,947
Tier 3	21.5%	N=11,230
Tier 2	30.1%	N=15,693
Tier 1	33.8%	N=17.615

PMH (n = 135,361)

Tier	%	N
Tier 5	1.3%	N=1,808
Tier 4	17.4%	N=23,569
Tier 3	20.1%	N=27,142
Tier 2	29%	N=39,248
Tier 1	32.2%	N=43,594

SH-SS (n = 150,109)

Tier	%	N
Tier 5	1.6%	N=2,373
Tier 4	12.2%	N=18,292
Tier 3	21.5%	N=32,300
Tier 2	29.3%	N=43,968
Tier 1	35.4%	N=53,176

82
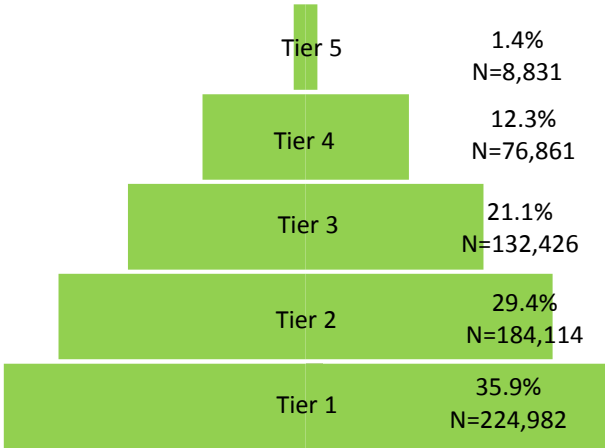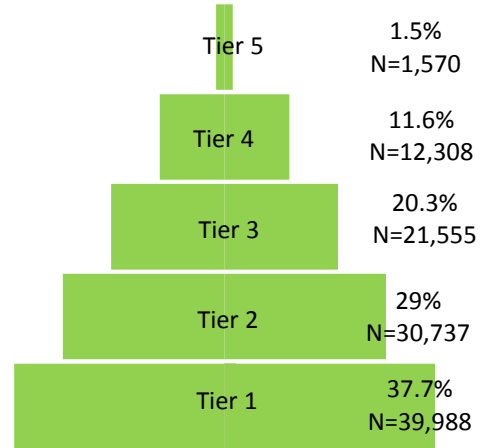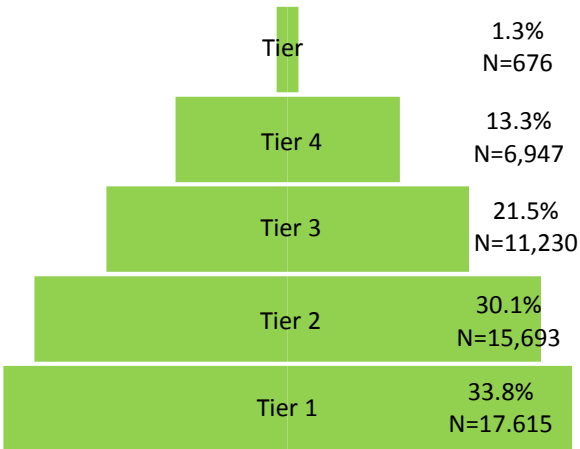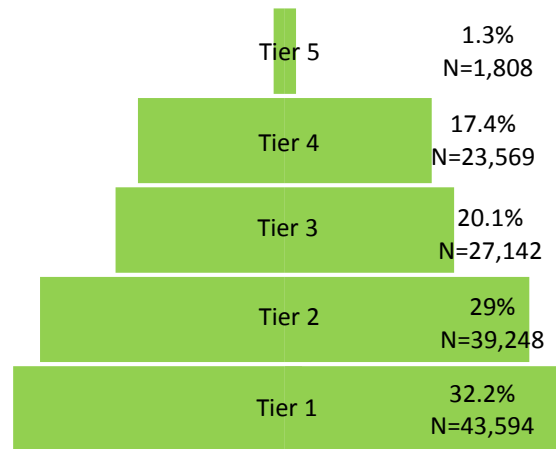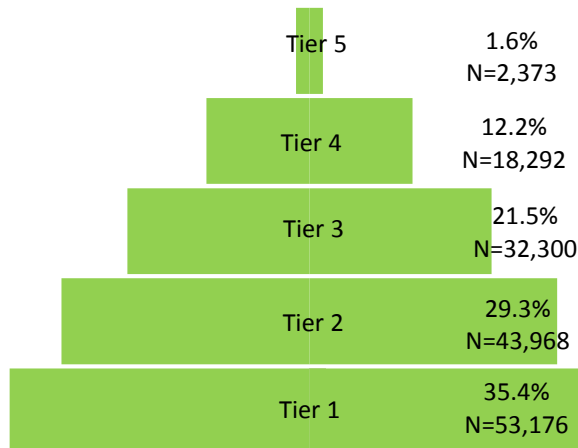
Estimated Coverage of Substance Use/Addiction Services

Table I1. Estimated Coverage of Substance Use/Addiction Services for the WRHA Population, Aged 15 and Over.

Tier	Percentage in need	Estimated number of individual in-need
5	0.4	2,416
4	5.9	37,291
3	16.0	100,751
2	37.1	232,500
1	40.5	254,526
*Tiers 3-5	22.4	140,458
**Tiers 2-5	59.5	372,958

*
In-need: 140,458 | Current services: 20,938 | Coverage: 14.9%

**
In-need: 372,958 | Current services: 20,938 | Coverage: 5.6%

Table I2. Estimated Coverage of Mental Health and Substance Use/Addiction Services for the WRHA Population, Aged 15 and Over.

Tier	Percentage in need	Estimated number of individual in-need
5	1.4	8,831
4	12.3	76,861
3	21.1	132,426
2	29.4	184,114
1	35.9	224,982
*Tiers 3-5	34.8	218,118
**Tiers 2-5	64.2	402,232

*
In-need: 218,118 | Current services: 169,975 | Coverage: 77.9%

**
In-need: 402,232 | Current services: 169,975 | Coverage: 42.3%

Table I3. Estimated Coverage of Substance Use/Addiction Services for the IERHA Population, Aged 15 and Over.

Tier	Percentage in need	Estimated number of individual in-need
5	0.3	362
4	5.6	5,958
3	14.9	15,770
2	36.3	38,489
1	42.9	45,579
*Tiers 3-5	20.8	22,090
**Tiers 2-5	57.1	60,579

* In-need: 22,090 | Current services: 1,498 | Coverage: 6.8%

** In-need: 60,579 | Current services: 1,498 | Coverage: 2.5%

Table I4. Estimated Coverage of Mental Health and Substance Use/Addiction Services for the IERHA Population, Aged 15 and Over.

Tier	Percentage in need	Estimated number of individual in-need
5	1.5	1,570
4	11.6	12,308
3	20.3	21,555
2	29.0	30,737
1	37.7	39,988
*Tiers 3-5	33.4	35,433
**Tiers 2-5	62.4	66,170

* In-need: 35,433 | Current services: 15,010 | Coverage: 42.4%

** In-need: 66,170 | Current services: 15,010 | Coverage: 22.7%

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Table I5. Estimated Coverage of Substance Use/Addiction Services for the NHR Population, Aged 15 and Over.

Tier	Percentage in need	Estimated number of individual in-need
5	0.5	269
4	6.8	3,533
3	17.4	9,087
2	37.5	19,581
1	37.8	19,691
*Tiers 3-5	24.7	12,889
**Tiers 2-5	62.2	32,470

*
| In-need: 12,889 | Current services: 1,848 | Coverage: 14.3% |

**
| In-need: 32,470 | Current services: 1,848 | Coverage: 5.7% |

Table I6. Estimated Coverage of Mental Health and Substance Use/Addiction Services for the NHR Population, Aged 15 and Over.

Tier	Percentage in need	Estimated number of individual in-need
5	1.3	676
4	13.3	6,947
3	21.5	11,230
2	30.1	15,693
1	33.8	17,615
*Tiers 3-5	36.1	18,853
**Tiers 2-5	66.2	34,546

*
| In-need: 18,853 | Current services: 12,085 | Coverage: 64.1% |

**
| In-need: 34,546 | Current services: 12,085 | Coverage: 34.9% |

Table I7. Estimated Coverage of Substance Use/Addiction Services for the PMH Population, Aged 15 and Over.

Tier	Percentage in need	Estimated number of individual in-need
5	0.4	536
4	5.9	7,935
3	15.1	20,400
2	36.1	48,931
1	42.5	57,560
*Tiers 3-5	21.4	28,871
**Tiers 2-5	57.5	77,802

* In-need: 28,871 | Current services: 4,477 | Coverage: 15.5%

** In-need: 77,802 | Current services: 4,477 | Coverage: 5.8%

Table I8. Estimated Coverage of Mental Health and Substance Use/Addiction Services for the PMH Population, Aged 15 and Over.

Tier	Percentage in need	Estimated number of individual in-need
5	1.3	1,808
4	17.4	23,569
3	20.1	27,142
2	29.0	39,248
1	32.2	43,594
*Tiers 3-5	38.8	52,519
**Tiers 2-5	67.8	91,767

* In-need: 52,519 | Current services: 28,935 | Coverage: 55.1%

** In-need: 91,767 | Current services: 28,935 | Coverage: 31.5%

*Table I9. Estimated Coverage of Substance Use/Addiction Services for the SH-SS Population, Aged 15 and Over.*

Tier	Percentage in need	Estimated number of individual in-need
5	0.4	4,535
4	5.8	8,734
3	16.2	24,314
2	37.2	55,789
1	40.5	60,737
*Tiers 3-5	22.4	33,583
**Tiers 2-5	59.6	89,372

* In-need: 33,583 | Current services: 1,372 | Coverage: 4.1%

** In-need: 89,372 | Current services: 1,372 | Coverage: 1.5%

Table I10. Estimated Coverage of Mental Health and Substance Use/Addiction Services for the SH-SS Population, Aged 15 and Over.

Tier	Percentage in need	Estimated number of individual in-need
5	1.6	2,373
4	12.2	18,292
3	21.5	32,300
2	29.3	43,968
1	35.4	53,179
*Tiers 3-5	35.3	52,965
**Tiers 2-5	64.6	96,933

* In-need: 52,968 | Current services: 16,212 | Coverage: 30.6%

** In-need: 96,933 | Current services: 16,212 | Coverage: 16.7%

Appendix J: Age Pyramids, Service Utilization and Estimated Coverage of Substance Use and Addiction Services for Province

Figure J1. Substance Use/Addiction Population
Health Pyramids, Manitoba Adults, broken by age group
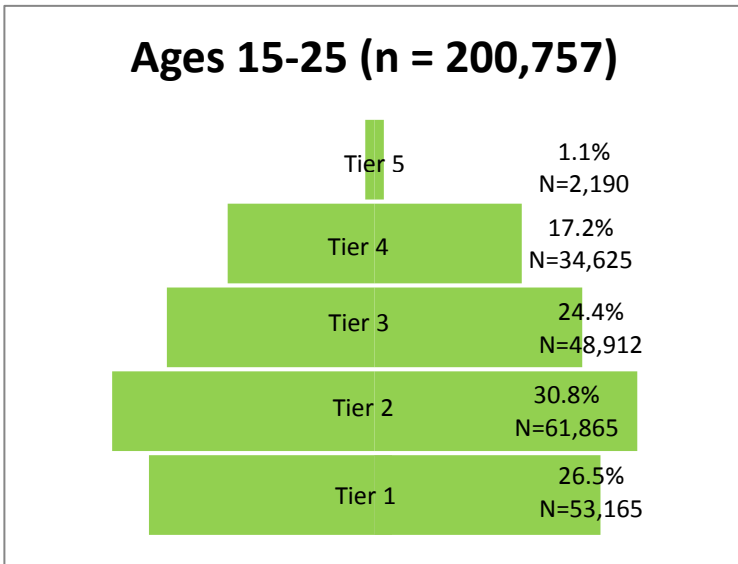
Figure J2. Mental Health and Substance Use/Addiction
Population Health Pyramids, Manitoba Adults, broken by age group

Ages 15-25 (n = 200,757)

Tier	%	N
Tier 5	1.1%	N=2,190
Tier 4	17.2%	N=34,625
Tier 3	24.4%	N=48,912
Tier 2	30.8%	N=61,865
Tier 1	26.5%	N=53,165

Ages 15-25 (n = 200,757)

Tier	%	N
Tier 5	0.7%	N=1,461
Tier 4	8.6%	N=17,311
Tier 3	23.0%	N=46,159
Tier 2	36.6%	N=73,552
Tier 1	31.0%	N=62,274

Ages 26-64 (n = 672,111)

Tier	%	N
Tier 5	0.4%	N=2,629
Tier 4	6.3%	N=42,065
Tier 3	17.3%	N=116,601
Tier 2	40.2%	N=269,878
Tier 1	35.8%	N=240,938

Ages 26-64 (n = 672,111)

Tier	%	N
Tier 5	1.8%	N=11,777
Tier 4	12.8%	N=86,055
Tier 3	23.4%	N=157,583
Tier 2	30.8%	N=206,705
Tier 1	31.2%	N=209,911

Ages 65+ (n = 198,316)

Tier	%	N
Tier 5	0.7%	N=1,291
Tier 4	8.7%	N=17,298
Tier 3	9.2%	N=18,157
Tier 2	22.8%	N=45,191
Tier 1	58.6%	N=116,199

Ages 65+ (n = 198,316)

Tier	%	N
Tier 5	0.01%	N=28
Tier 4	2.1%	N=4,075
Tier 3	3.8%	N=7,562
Tier 2	26.2%	N=51,859
Tier 1	67.9%	N=134,611

Estimated substance use service utilization rates for three sub-categories of adults 15 and over – Table J1: 15 to 25; Table J2: 26-64 and Table J3: 65+

Table J1. Adults (15 to 25) Substance Use Service Utilization, Estimated Annual Caseload 2016-2017, by Region of Residence

Type of Service	Region of Client Residence[1]					
	IERHA	NHR	PMH	SH-SS	WHRA	Total
Withdrawal Management						
Acute Intoxication[2]	-	-	-	-	113	113
Community Residential WMS[3]	2	2	-	-	297	301
Complexity Enhanced/Hospital Based WMS[4]	-	-	-	-	28	28
Residential Services						
Stabilization/Transitional[5]	-	-	-	-	1	1
Supportive Recovery[6]	-	-	-	-	15	15
Community Intensive Residential[7]	28	45	48	25	324	470
Hospital/Complexity Enhanced Residential[8]	15	3	2	3	15	38
Non-Residential Services						
Outreach - Feedback and Engagement (e.g. Outreach, Harm Reduction, etc.)[9]	-	-	-	-	395	395
Outpatient - Structured Brief Intervention[10]	157	221	357	199	1,209	2,143
Outpatient - Structured Comprehensive Intervention[11]	91	100	242	65	775	1,273
Day/Evening - Intensive Complexity Enhanced[12]	-	1	2	1	13	17
Non-Specialized						
Hospital Inpatient[13]	45	154	146	37	308	690
Physician Services[14]	111	78	141	49	1,009	1,388
Emergency and Crisis[15]	-	-	-	108	1,653	1,761
Community Mental Health	-	-	104	-	-	104
Total Duplicated Cases[16]	449	601	1,042	487	6,155	8,737
Total Estimated Unduplicated Cases	356	438	778	309	3,820	5,701

[1] With the exception of AFM, currently based on location of service
[2] Main Street IPDA
[3] Main Street, AFM and YASU
[4] HSC Medical WMS
[5] Main Street and selected housing services
[6] Primarily contracted addiction service providers
[7] Primarily AFM and contracted addiction service providers
[8] Selkirk Mental Health Centre

[9] Primarily Resource Assistance for Youth (RaY) and Klinic
[10] Primarily AFM and RaY
[1] Primarily AFM and MATC
[12] AFM Day Treatment, MATC and contracted addiction agencies
[13] Cases reported in hospital statistics
[14] Cases reported in medical claims
[15] Primarily ED services and crisis

[16] Duplication removed where possible, may over-estimate service utilization across service providers and/or regions.

Table J2. Adults (25 to 64) Substance Use Service Utilization, Estimated Annual Caseload 2016-2017, by Region of Residence

Type of Service	Region of Client Residence[1]					
	IERHA	NHR	PMH	SH-SS	WHRA	Total
Withdrawal Management						
Acute Intoxication	-	-	-	-	-	-
Community Residential WMS[2]	3	34	1	-	873	911
Complexity Enhanced/Hospital Based WMS[3]	-	-	-	-	47	47
Residential Services						
Stabilization/Transitional[4]	-	-	-	-	48	48
Supportive Recovery[5]	-	-	-	-	146	146
Community Intensive Residential[6]	85	163	89	70	1,116	1,523
Hospital/Complexity Enhanced Residential	-	-	-	-	-	-
Non-Residential Services						
Outreach - Feedback and Engagement (e.g. Outreach, Harm Reduction, etc.)[7]	-	-	-	-	2,188	2,188
Outpatient - Structured Brief Intervention[8]	226	433	706	268	1,975	3,608
Outpatient - Structured Comprehensive Intervention[9]	131	250	556	111	1,871	2,919
Day/Evening - Intensive Complexity Enhanced[10]	2	3	16	3	108	132
Non-Specialized						
Hospital Inpatient[11]	183	300	409	157	1,170	2,219
Physician Services[12]	468	555	631	274	5,570	7,498
Emergency and Crisis[13]	-	-	-	159	2,781	2,940
Community Mental Health	-	-	236	-	-	236
Total Duplicated Cases[14]	1,098	1,738	2,644	1,042	17,893	24,415
Total Estimated Unduplicated Cases	917	1,000	1,996	705	13,201	17,819

[1] With the exception of AFM, currently based on location of service

[2] Main Street, AFM and YASU

[3] HSC Medical WMS

[4] Main Street and selected housing services

[5] Primarily contracted addiction service providers

[6] Primarily AFM and contracted addiction service providers

[7] Primarily Resource Assistance for Youth (RaY) and Klinic

[8] Primarily AFM and RaY

[9] Primarily AFM and MATC

[10] AFM Day Treatment, MATC and contracted addiction agencies

[11] Cases reported in hospital statistics

[12] Cases reported in medical claims

[13] Primarily ED services and crisis

[14] Duplication removed where possible, may over-estimate service utilization across service providers and/or regions.

Table J3. Adults (65+) Substance Use Service Utilization, Estimated Annual Caseload 2016-2017, by Region of Residence

Type of Service	Region of Client Residence[1]					
	IERHA	NHR	PMH	SH-SS	WHRA	Total
Withdrawal Management						
Acute Intoxication	-	-	-	-	-	-
Community Residential WMS[2]	-	-	-	-	8	8
Complexity Enhanced/Hospital Based WMS[3]	-	-	-	-	11	11
Residential Services						
Stabilization/Transitional[4]	-	-	-	-	1	1
Supportive Recovery[5]	-	-	-	-	15	15
Community Intensive Residential[6]	28	45	48	25	324	470
Hospital/Complexity Enhanced Residential[7]	15	3	2	3	15	38
Non-Residential Services						
Outreach - Feedback and Engagement (e.g. Outreach, Harm Reduction, etc.)	-	-	-	-	-	-
Outpatient - Structured Brief Intervention[8]	10	3	14	4	38	69
Outpatient - Structured Comprehensive Intervention[9]	10	-	10	1	39	60
Day/Evening - Intensive Complexity Enhanced[10]	-	-	-	-	1	1
Non-Specialized						
Hospital Inpatient[11]	45	31	77	40	303	496
Physician Services[12]	34	5	66	17	555	677
Emergency and Crisis[13]	-	-	-	-	187	187
Community Mental Health	-	-	49	-	-	49
Total Duplicated Cases[14]	142	87	266	90	1,497	2,082
Total Estimated Unduplicated Cases	91	37	197	60	902	1,347

[1] With the exception of AFM, currently based on location of service

[2] Main Street, AFM and YASU

[3] HSC Medical WMS

[4] Main Street and selected housing services

[5] Primarily contracted addiction service providers

[6] Primarily AFM and contracted addiction service providers

[7] Selkirk Mental Health Centre

[8] Primarily AFM and RaY

[9] Primarily AFM and MATC

[10] AFM Day Treatment, MATC and contracted addiction agencies

[11] Cases reported in hospital statistics

[12] Cases reported in medical claims

[13] Primarily ED services and crisis

[14] Duplication removed where possible, may over-estimate service utilization across service providers and/or regions.

Estimated Coverage of Substance Use/Addiction Services

Table J4. Estimated Coverage of Substance Use/Addiction Services for the Manitoba Population, Aged 15-25.

Tier	Percentage in need	Estimated number of individual in-need
5	0.7	1,461
4	8.6	17,311
3	23.0	46,159
2	36.6	73,552
1	31.0	62,274
*Tiers 3-5	32.3	64,931
**Tiers 2-5	68.9	138,483

* In-need: 64,931 | Current services: 5,701 | Coverage: 8.8%

** In-need: 138,483 | Current services: 5,701 | Coverage: 4.1%

Table J5. Estimated Coverage of Substance Use/Addiction Services for the Manitoba Population, Aged 26-64.

Tier	Percentage in need	Estimated number of individual in-need
5	0.4	2,629
4	6.3	42,065
3	17.3	116,601
2	40.2	269,878
1	35.8	240,938
*Tiers 3-5	24.0	161,295
**Tiers 2-5	64.2	431,173

* In-need: 161,295 | Current services: 17,819 | Coverage: 11.0%

** In-need: 431,173 | Current services: 17,819 | Coverage: 4.1%

Table J6. Estimated Coverage of Substance Use/Addiction Services for the Manitoba Population, Aged 65 and Over.

Tier	Percentage in need	Estimated number of individual in-need
5	0.01	28
4	2.1	4,075
3	3.8	7,562
2	26.2	51,859
1	67.9	134,611
*Tiers 3-5	5.9	11,665
**Tiers 2-5	32.1	63,524

*

In-need: 11,665	Current services: 1,347	Coverage: 11.5%

**

In-need: 63,524	Current services: 1,347	Coverage: 2.1%

Appendix K: Alternative Measures of Adults and Children/Youth Mental Health and Substance Use/Addiction Prevalence.

Table K1. Summary of Diagnostic Prevalence of Mental and Neurodegenerative Disorders and Rates of Suicidal Behaviours in Adults in Manitoba, 2010/11-2014/15, Age- and Sex-adjusted, Five-year Time Period.

Mental Health Indicators	Manitoba Overall	Age - Female				Age - Male				Urban vs. Rural	Income Gradient*	
		18-24	25-44	45-64	65+	18-24	25-44	45-64	65+		Urban	Rural
Mental Disorders												
Psychotic Disorders (%)	2.33	1.11	1.30	2.41	9.32	2.58	2.18	2.70	7.73	No difference	↑	↑
Schizophrenia (%)	0.91	0.79	0.86	1.54	1.61	1.84	1.80	1.88	1.24	Urban higher	↑	↑
Personality Disorders (%)	0.95	2.06	1.52	1.42	2.27	1.07	1.12	1.09	1.73	Urban higher	↑	↑
Substance Use Disorders (%)	5.88	4.73	6.41	5.91	2.50	5.63	7.98	7.78	4.41	Urban higher	↑	↑
Mood and Anxiety Disorders (%)	23.16	32.92	36.56	36.32	30.45	18.06	21.39	22.32	22.82	Urban higher	↑	↑
Any Mental Disorder† (%)	27.57	36.11	41.78	41.65	37.17	22.73	28.56	30.16	31.26	Urban higher	↑	↑
Suicidal Behaviours												
Hospitalization for attempted suicide[a] (per 100,000)	262.15	474.20	364.19	304.04	253.94	326.51	257.30	257.35	289.25	Rural higher	↑	↑
Suicide[b] (per 100,000)	88.19	165.64	78.44	81.14	57.56	117.29	114.44	159.14	116.36	No difference	↑	↑
Neurodegenerative Disorders												
Dementia (%)		55-64	65-74	75-84	85+	55-64	65-74	75-84	85+			
	10.34	3.31	13.60	41.79	59.47	3.02	11.49	40.56	64.19	No difference	↑	↑

* a linear trend test was conducted to determine if prevalence increases or decreases with each increase in income. ↑ means prevalence increased as income decreased. ↓ means prevalence decreased as income decreased.

† Any Mental Disorder includes the following disorders: psychotic, personality, substance use, and mood and anxiety

[a] Females have a higher rate of hospitalizations for attempted suicide than males when all ages are combined (340 versus 281 per 100,000).

[b] Females have a lower suicide rate than males when all ages are combined (88 versus 126 per 100,000).

Table K2. Summary of Diagnostic Prevalence of Mental and Developmental Disorders and Rates of Suicidal Behaviours in Children in Manitoba, 2009/10-2012/13, Age-and Sex-adjusted, Four-year Time Period

Mental Health Indicators	Manitoba Overall	Age Groups (years)**			Sex		Urban vs. Rural	Low Income vs High Income‡	
		0-5	6-12	13-19	Boys	Girls		Urban	Rural
Mental Disorders (four-year prevalence)									
Any Mental Disorder (%)	14.0	n/a	1.8	17.0	17.6†	13.3	Urban higher	Low income higher	No difference
Externalizing Disorders (%)	8.5	n/a	9.7	7.5	11†	5.7	Urban higher	Low income higher	No difference
Attention-Deficit Hyperactivity Disorder (%)	6.8*	n/a	8.7	4.8	8.7†	3.5	Urban higher	Low income higher	High income higher
Conduct Disorder (%)	1.5	n/a	2.1	1.1	1.7†	1.2	Urban higher	Low income higher	No difference
Substance Use Disorders (%)	2.6	n/a	n/a	2.6	2.4	2.9	Rural Higher	Low income higher	Low income higher
Mood and Anxiety Disorders (%)	7.3*	n/a	2.2	12.0	7.2†	9.5	Urban higher	Low income higher	No difference
Psychotic Disorders (%)	0.75	n/a	n/a	0.75	0.88†	0.55	No difference	Low income higher	Low income higher
Schizophrenia (%)	0.34	n/a	n/a	0.34	0.45†	0.19	No difference	Low income higher	No difference
Suicidal Behaviours (four-year prevalence)									
Suicide(per 100,00)	74	n/a	n/a	74	66	84	n/a	Low income higher	
Attempted Suicide (per 100,00)	459	n/a	n/a	459	213*	729	Rural higher	Low income higher	Low income higher
Developmental Disorders (lifetime prevalence)									
Developmental Disorders (%)	2.9*	2.5	3.2	2.9	3.6†	1.6	Urban higher	Low income higher	No difference
Autism Spectrum Disorder (%)	1.4*	1.4	1.5	1.2	2.1†	0.6	Urban higher	Low income higher	High income higher

*indicates statistical increase from first time period (2005/06-2008/09) to second time period (2009/10-2012/13).

**no testing was conducted to determine differences between age groups.

†Indicates a statistical difference between boys and girls.

‡ a linear trend test was conducted to determine if prevalence increases or decreases with each increase in income.

Note: n/a indicates not available for that indicator

Table K3. Estimated in Need Population Among Children and Youth for Mental Health and Addiction Services by Region

Disorder	Estimated Prevalence (%)	Age in Years	WRHA	NHR	IERHA	PMH	SH-SS	Province
Any Anxiety Disorder	3.8%	4 to 17	4,635	759	807	1,116	1,582	8,900
Generalized Anxiety Disorder	0.7%	4 to 17	854	140	149	206	291	1,640
Posttraumatic Stress Disorder	0.5%	4 to 17	610	100	106	147	208	1,171
Obsessive-Compulsive Disorder	0.4%	4 to 17	488	80	85	118	167	937
Attention-Deficit/Hyperactivity Disorder	2.5%	4 to 17	3,050	500	531	735	1,041	5,856
Any Substance Use Disorder	2.4%	11 to 17	1,467	215	257	335	479	2,754
Alcohol Abuse or Dependence	1.4%	11 to 17	856	126	150	196	280	1,607
Marijuana Abuse or Dependence	1.2%	11 to 17	734	108	128	168	240	1,377
Conduct Disorder	2.1%	4 to 17	2,562	420	446	617	874	4,919
Major Depressive Disorder	1.6%	4 to 17	1,952	320	340	470	666	3,748
Any Autism Spectrum Disorder	0.6%	4 to 17	732	120	127	176	250	1,405
Bipolar Disorder	0.6%	11 to 17	367	54	64	84	120	689
Any Eating Disorder	0.2%	11 to 17	122	18	21	28	40	230
Schizophrenia	0.1%	11 to 17	61	9	11	14	20	115
Any Disorder	12.6%	4 to 17	15,369	2,518	2,677	3,702	5,246	29,512