

Environmental scan of mental health care models with e-mental health programs and/or psychotherapies offered in Canada

Mental Health Commission of Canada — Request for Proposals

Submission Deadline: 11:59 p.m. ET, Monday, October 5, 2020

Purpose

To increase knowledge on the scope of the continuum of access to mental health counselling and psychotherapies in each provincial, territorial and federal jurisdictions, with a specific focus on stepped care and collaborative care models, e-mental health (E-MH) service programs, psychotherapies, counselling, psychological services and peer support programs. Additionally, to increase knowledge on private sector services, employment assistance programs (EAPs), and employment-based benefits, including federal programs.

Background

In any given year, one in five people in Canada will experience a mental health problem or illness — including substance use. By age 40, half will either be living with or will have had experience with one or more mental health problems or illnesses. Yet 1.6 million people across the country say that their need for mental health care has been only partially met or not met at all.

Since 2007, the Mental Health Commission of Canada (MHCC) has worked to support the mental health and wellness of people in Canada by leading the development and dissemination of innovative programs and tools. Through its unique mandate from the Government of Canada, the MHCC helps federal and provincial/territorial (PT) governments and organizations incorporate best evidence into public policy through research and knowledge translation.

Our 2012 guiding document, the [Mental Health Strategy for Canada](#), called for increased access to psychotherapies and clinical counselling delivered by qualified service providers using the best evidence-based approaches. Such services can help people of all backgrounds, children and adults alike, recover and stay well across a range of mental health problems. That said, unequal access to psychotherapy remains one of the most significant parity gaps between mental and physical health care. While some publicly funded services are offered in hospitals, mental health centres, and collaborative/primary care settings, wait lists can be long and access criteria restrictive. While there are therapists and counsellors in private practice, many people cannot afford these services (even with workplace benefits). However,

more can be done to fund and support innovations that increase access, including team-based approaches for services in community mental health settings and primary health care networks.

The [Mental Health Strategy for Canada](#) also called for the expansion of telehealth and E-MH services — through better infrastructure, ongoing training and support, and greater funding flexibility. Yet, so far, investments in technology and its use for mental health services also remain far below those of physical health. In an effort to change that, the MHCC has been engaging in strategic partnerships, investing in proven innovations, addressing knowledge gaps, and identifying and sharing best practices. And we are seeing progress on E-MH during the COVID-19 pandemic, with more mental health services being offered virtually, including psychotherapies and counselling and a range of other services that support urgent and ongoing mental health needs.

Currently, a dedicated MHCC team is exploring two ways to increase access to quality mental health services: (1) by advancing technology-enabled delivery through E-MH, and (2) incubating a multi-disciplinary, pan-Canadian network called the psychotherapy policy implementation network (PPIN). The PPIN comprises policy experts, researchers, clinicians, persons with lived and living experience, organizations representing health-care providers, and other experts. Initiatives include engaging and aligning the efforts of key stakeholders, supporting knowledge sharing across jurisdictions, and providing policy research and implementation support on expanded access to psychotherapies.

Project scope

The MHCC is seeking proposals for the completion of an environmental scan to advance its understanding of which programs and models are available in each province and territory and/or federally with regard to stepped care, collaborative care, virtual/E-MH, psychotherapies, counselling, peer support, and psychological services. Additionally, the scan should include what is being offered through the private sector, EAPs, and employment-based benefits (including federal programs).

Note: The environmental scan request combines the E-MH and the PPIN projects based on the overlap in information requirements. For E-MH, the focus is on care models such as stepped care, collaborative care and virtual/E-MH delivery, whereas for the PPIN it is on the range of services and which models or programs are being used to deliver them. While many independent therapeutic services exist (e.g., sole (private) practices), this environmental scan concentrates on the services offered by provinces, territories, and/or federally (i.e., psychotherapies, counselling, peer support, and psychological services) within a program or model of care (e.g., collaborative care in which family health teams provide primary care and mental health care, or else stepped care in which peer support is offered).

With these distinctions in mind, we would expect some information in the two projects to overlap and some to be exclusive. For example, E-MH programs or services focused on self-help supports would fit more closely with the E-MH project, while a collaborative care model combining primary care and mental health care, without any virtual components, would be closer to the PPIN. That said, with the

transition of these models to virtual mental health care components during COVID-19, we expect that many of them will be relevant to both projects.

Upon completion, the environmental scan will be shared with both project networks to help develop policy recommendations that can increase access to E-MH and psychotherapies. To facilitate that process, the contractor may adopt one of two strategies: (1) use one report for all findings, with a specific section that covers E-MH supports, or (2) use two different documents, one for E-MH that includes information relevant to both projects (with a specific section on E-MH supports only), and one for the PPIN that includes information relevant for both projects (with a specific section on programs or models of care without any virtual components).

Preliminary considerations

The environmental scan will need to cover the following questions:

- (a) What services, programs, and models are available in each PT and/or federally with regard to stepped care, collaborative care, virtual/E-MH, psychotherapies, counselling, peer support, and psychological services?
- (b) What are the federal and PT plans for increasing access to these models and programs? (They may not yet be implemented, but it is helpful to know what policy work is underway.)
- (c) What is available through the private sector, major EAPs, and employment-based benefits, including federal programs? What is covered in the federal programs?
- (d) How are these programs being offered and funded (e.g., sector/department, organizations or community, access points/promotion, fee structure/funding, implementation framework, program promotion/outreach activities)? What is the scope and volume of these programs? How many people can be served and what volume is the model able to meet? How much of the population is covered? What specific types of therapy are covered? Who are the eligible providers? What are the links to regulatory/competency/accreditation/standards frameworks? For the funding structure, what is its source and length? How much of the service cost is covered? How many sessions are covered?
- (e) Who are the targets of these programs? What are the findings for priority populations, if available (First Nations, Inuit, and Métis; Immigrant, refugee ethnocultural and racialized populations (IRER); 2SLGBTQ2+ [two spirit, lesbian, gay, bisexual, trans, gender independent, queer and questioning]; minority languages; age and gender groups; geographic location [urban, rural, remote])? Are social determinants of health analyses or outcomes available? Can socio-demographic variables be reported?
- (f) What is the evidence and/or rationale for offering these models?
- (g) What are the trends or variations in the availability of these models across jurisdictions?
- (h) What are the gaps in the availability of these models? What is the hard data on utilization, help seeking, and outcomes? Can it be broken down by socio-demographic variables? Who is not being reached/affected by these models and programs, including the digital divide? Are there considerations to address the gap for particular populations (mentioned above) and the digital divide?

- (i) What are the key findings from the scan in terms of policy considerations and practical recommendations for the MHCC’s access team and key stakeholders?

Requirements for the environmental scan

Deliverables	Scope	Budget
<p>Environmental Scan</p> <p>Depending on the findings, the contractor may choose to write one report that includes a specific section on E-MH supports, or two reports (one for each project) as described under Project Scope.</p>	<ul style="list-style-type: none"> • Include grey literature, policy reviews, website or program documents, and at least five key informant interviews or two to three focus groups. The interviews and focus groups must be done in combination with or prior to the grey literature scan (to inform the search parameters and the scan) as well as after information has been collected (to verify the findings). The MHCC will provide a list of key informants for this purpose. • The draft and final reports must include executive summaries and policy/practical considerations, to help conclude the scan for the MHCC and key stakeholders. 	<p>\$50,000¹</p>

Note: The MHCC will retain the intellectual property rights of environmental scan. Co-branding and shared knowledge translation opportunities may be available.

Deliverables

1. Finalized project plan and budget (by Tuesday, October 13, 2020)
2. Proposed scope and search parameters for the scan, including the grey literature review (by Tuesday, October 20, 2020)
3. Draft environmental scan report (by Friday, November 20, 2020)
4. Final environmental scan report (by Friday, December 4, 2020)

¹ The budget includes developing the draft and final reports using the appropriate MHCC document template.

Key dates

- Deadline on requests for additional information:² Friday, September 25, 2020
- **Deadline to submit proposals: Monday, October 5, 2020**
- Confirmation of the selected contractor: Monday, October 12, 2020
- Expected contract start date: Tuesday, October 13, 2020
- Kick-off call/meeting: week of October 13, 2020
- First draft of deliverables: Friday, November 20, 2020
- Final draft of deliverables: Friday, December 4, 2020

Requirements for the proposal and budget

- A project plan that focuses on objectives, scan methodology, activity timelines, and budget (including GST/HST/PST), no more than four pages
- The names, roles, CVs, or biographies of the project team member(s)
- Two examples of prior research projects or similar initiatives
- Two references (optional)
- A list of other individuals or organizations you plan to draw on or engage with to complete the work

Evaluation criteria

1. A demonstrated history of writing and publishing on mental health and substance use
2. A demonstrated familiarity with key concepts in care models, E-MH, and psychotherapies
3. An adequate human resource capacity to meet the identified timelines
4. An ability to complete the project within the available budget

How to send your proposal

Please email your proposal to Kam Tello, MHCC Program Manager, Access to Quality Mental Health Services at ktello@mentalhealthcommission.ca by Monday, October 5, 2020, using the subject line: Environmental scan of mental health care models with e-mental health programs and/or psychotherapies offered in Canada.

² Every effort will be made to respond within 48 hours.