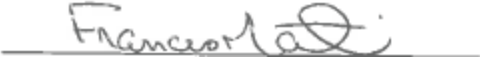




Standard: Mental Health Outpatient Services Standards

Originating Branch: Mental Health, Children's Services, and Addictions

Original Approval Date: June 19, 2008 Review Date: September 23, 2013

Approved By: 
Frances Martin, Acting Deputy Minister, Health and Wellness

Standards for Mental Health Services in Nova Scotia

In Canada mental illness is the second leading cause of human disability and premature death. \$51 billion is the estimated annual cost of mental illness to the Canadian economy, in terms of health care and lost productivity. On any given week, at least 500,000 employed Canadians are unable to work due to mental illness, including approximately 355,000 disability cases due to mental and/or behavioral disorders plus approximately 175,000 full-time workers absent from work due to mental health issues. Mental Health is the number one cause of disability in Canada, accounting for nearly 30% of disability claims and 70% of the total costs.

System-level standards for mental health services in Nova Scotia have been drafted by the Core Programs Standards Working Group of the Mental Health Steering Committee. Numerous system stakeholders were involved in reaching consensus on standards based on the best available information regarding effectiveness and/or best practice, balanced by the perspective of consumers, expert practitioners and educators. Input will continue to be sought and revisions will take place every five years to keep pace with best practice evidence.

Core program standards form the foundation for long-term improvement in mental health services. An overarching set of generic standards represent the preferred conditions relevant to all mental health service delivery. The core program standards define the key service components to be achieved within each of the core programs. Core programs are accessible to all Nova Scotians as part of a comprehensive mental health system. Nova Scotia's core programs, as referenced in the work of the Federal/Provincial/Territorial Advisory Network on Mental Health (2001), are:

- **Outpatient and outreach services**
- Community supports

- Inpatient services
- Specialty services

The standards are intended to provide guidance for quality service delivery and reduce variations across the province, while maintaining flexibility to adapt approaches to unique district, community and organization conditions.

In addition there will be:

- Foundation standards which apply across all DHAs and IWK
- Network & EIBI standards for speciality services

Guiding Principles

Standards for outpatient services must address the following:

- ✓ clear evidence of a patient centred /family centred philosophy
- ✓ the promotion of a wellness lifestyle and a rehabilitative approach
- ✓ the provision of a full range of medical care
- ✓ the collection and analysis of outcome measures
- ✓ the special needs of differing cultures and vulnerable populations
- ✓ clear accountability for the efficacy of services
- ✓ the provision of a continuum of care for patients both with partner services in the community at large

Development Process & Methodology

To inform the standards development process, a situational analysis of current Inpatient Services and Supports provided by mental health and addiction services in NS was conducted, as well as a cross-jurisdictional review of relevant policies, guidelines, and standards was completed. Using this information as a foundation, as well as key references from the literature regarding promising and emerging practices, a set of standards was developed by representatives of mental health and addictions services staff from across the province.

Effective intervention for mental illness requires close collaboration between DHW mental health branch and DHAs and the IWK. In addition to the *Accreditation Canada Mental Health Service Standards* and these standards aim to improve the quality of service delivery of mental health services in the DHAs

and the IWK, and comply with the DHW quality framework which sets expectations of activity and performance in the health system through the development and monitoring of standards.

The standards include a specific set of indicators contained within a monitoring report. The indicators will enable the DHAs and the IWK to monitor the extent to which progress is being made towards meeting the System Standards for Inpatient Services. However, it must be noted that the indicators are generic in nature until such time as we have a provincial data collection system to capture very specific data and allow for very specific indicators. At present we will be using a template to monitor compliance for the DHAs and the IWK to report on and will visit the stakeholders to ensure their audited responses are accurate and to make recommendations on areas they are having difficulty with.

Outpatient Services

Outpatient mental health services are provided by a multidisciplinary assessment or treatment team.

Individual treatment and support and group programs are available across the province. The types of groups offered in communities include anger management, anxiety management, stress management, depression management and recovery (i.e. walking group; Community Social Group).

Outpatient services standards are comprised of four service areas:

1. Early Identification/Intervention Services
2. Crisis and Emergency Response Services
3. Individual, Group and Family Services
4. Collaborative Care Services

Early Identification/ Intervention Services

Early identification and intervention across the life span is founded on the understanding that collaboration with primary health and community agencies is essential.

Early identification/intervention services:

- Identify and assess early signs and symptoms of mental illness;
- provide early intervention to prevent progression to a diagnosable illness;
- referral of diagnosed mental illnesses for treatment and support
- reduce impact of mental illness; and
- foster hope for future well-being.

A framework of early identification and intervention services includes:

- identification of at risk individuals and populations
- targeted intervention for individuals and groups at risk [i.e. young children, school age children,

individuals with co-occurring mental illness and substance use disorders, older adults and individuals involved in the criminal justice system]

- linkages between mental health, primary care and community agencies for screening and intervention across the life span.

Crisis and Emergency Response Services

The capacity to provide a crisis and emergency response service (CRS) is an integral part of a collaborative and culturally sensitive mental health service's continuum of care.

Due to the complexities of the presenting issues and the presumption that crises are determined and defined by the individuals experiencing them, there is a continuum of presentations of crises/emergencies and corresponding responses. The continuum moves from psychosocial crisis through to psychiatric emergency.

Psychosocial crises manifest in many ways, ranging from an acute presentation of mental illness to the emotional consequences of the loss of housing and other psychosocial stressors. A crisis occurs when an individual's usual coping strategies are overwhelmed by the presenting situation and the individual requires an urgent response. The goal of the intervention is to provide support to enable the individual to handle the crisis while remaining in the community.

Psychiatric emergencies occur when an individual's coping strategies are significantly compromised and there is potential for harm to self or others, or the individual's well-being is seriously threatened. An emergent response is required. The goal of intervention is to facilitate access to both a secure environment and active treatment.

Serious and persistent mental illness can increase both the number of crises a person experiences as well as the individual's response to crisis. Reciprocally, the stress of a crisis can precipitate episodes of mental illness.

According to Crises Response Service Standards – Ontario (2005), Nursing Best Practices Guidelines Crisis Intervention, 2002 and APA Task Force, Psychiatric Emergency Services (200) the range of functions provided by a CRS includes:

- 1) stabilizing individuals in crisis in order to assist them to return to their pre-crisis level of functioning;
- 2) assisting individuals and members of their natural support systems to resolve situations that may have precipitated or contributed to the crisis;
- 3) linking individuals with services and supports in the community in order to meet their ongoing community support needs; and
- 4) linking individuals to appropriate mental health care.

Individual, Group and Family Services

Where it is clear that a different service or agency may appropriately meet the needs of a referred person, there are identified methods of communication and collaboration to support the transfer of information and responsibility.

A continuum of services is built on the following elements:

- a therapeutic relationship is the foundation of effective treatment;
- the continuum of services ranges from therapeutic support interventions such as psychosocial education groups, consumer and caregiver support groups, and counseling support to specialized treatment interventions such as individual and group psychotherapy;
- therapeutic intervention interventions include quality review processes, defined, measurable goals / expected outcomes, treatment/support plans, and formal clinical review processes along with documentation of these things;
- continuity of care is supported by a multi-disciplinary approach to service provision, by the active development of appropriate and helpful partnerships, and by processes that support accurate and timely transfer of patient care-related information
- clients are engaged in their own treatment as informed, consenting and active partners and not simply as recipients of service; and
- continuity is again ensured at the conclusion of service delivery through appropriate discharge planning and post-treatment follow-up.

Individuals are deemed to be eligible to receive services if they are experiencing mental illness or significant mental health problems with functional impairment, and there is an expectation of benefit from treatment.

Outpatient/community policy and procedures identify eligibility/exclusion criteria for service. Individuals are deemed to be ineligible to receive services if, in the absence of a mental illness or mental health problem, they require or are requesting services for:

- Primary addiction, substance abuse or gambling problems
- Legal problems, including custody and access assessments
- Assessment for insurance claims
- Partner/relationship problems
- Psycho educational assessments

Collaborative Care Services

Collaborative care is built on principles aimed at enhancing continuity of care through the entire continuum of service delivery, and upholds the value that consumers and caregivers are the experts in their own right and are to be respected partners in determining treatment options and setting goals in their recovery.

Mental health services develop collaborative relationships with primary health care providers and community agencies that provide various services to individuals with mental disorders. Best practice literature supports this practice to truly build capacity of the system.

Primary health care providers and community agencies often request education and consultation in responding to the mental health needs of the individuals they serve, which might include individuals who may not require a 'secondary' level of care/treatment. Sometimes the practicality of service provision would indicate that case management is retained at the primary care or agency level. Such cases could benefit from the provision of education and consultation to the primary care provider on treatment approach, psychiatric medication management, differential diagnosis, etc.

Four areas of focus for collaborative working relationships, beyond the provision of a secondary level treatment include:

1. Knowledge transfer between mental health services and primary health care providers in the effective assessment and treatment of mental health disorders.
2. Provision of consultation services to primary health care providers, including treatment recommendations and support.
3. Knowledge transfer between mental health services and community agencies in early identification of mental illnesses and referral to mental health services.
4. Development of processes that support collaboration between mental health services and primary care providers and community agencies. These include shared care and interagency treatment protocols for various disorders where evidence or best practices dictate or where efficiencies may be gained.

Outpatient Services Standards

Purpose

Outpatient (OP) Services Standards outline a very clear direction on how mental health outpatient services respond to those clients requiring outpatient services. Implementation of these standards will provide a roadmap for DHAs and the IWK ensuring access to equitable services anywhere in Nova Scotia.

Background

Historically Mental Health systems in Nova Scotia have been underfunded and struggled to provide an acceptable level of service. The medical model has failed to ensure services is client centred and involved significant others in the treatment process. The system has prescribed what they see as the best for the client and not what the client considers to be an integral part of their recovery. Keeping the client and his or her concerned significant others at the center of system planning is vital.

The 2000: Bland-Dufton report. *Mental Health: A Time for Action* was a consolidation of all previous reports as well as broad stakeholder input. All 72 recommendations of the report were accepted by the government in 2001. A Mental Health Steering Committee was struck and mandated for the development of minimal system standards and this involved over 200 professionals including front-line staff.

Nova Scotia was the first province to develop mental health standards in Canada. In 2003 the first set of standards approved by the government were; Inpatient, Outpatient, Community Support, Prevention & Promotion, Eating Disorders, and Early Psychosis with a price tag of \$30m.

System-level standards for mental health services in Nova Scotia have been drafted by the Core Programs Standards Working Group of the Mental Health Steering Committee. Numerous system stakeholders were involved in reaching consensus on standards based on the best available information regarding effectiveness and/or best practice, balanced by the perspective of consumers, expert practitioners and educators. A guideline was established by the Steering Committee that all standards would be reviewed and revised every 5 years for best practice and emerging evidence.

The June 2010 Auditor General (AG) Report “A Summary of the Current State of Mental Health and Addictions Services in Nova Scotia” recommended the revision of standards for the treatment of people with mental illness in Nova Scotia. The revision of the System Level Standards for Inpatient Mental Health Services (Acute IP Services & Rehab Children & Youth) responds directly to the AG Recommendation # 4.6, “The Department of Health should review the mental health standards to ensure each standard is measurable, specific and can be evaluated.” The previous standards from July, 2009 were a minor revision from the 2003 version.

A further review of the mental health standards began in 2012 with a removal of those standards that are currently well embedded in practice, those that were more guidelines and to make them more succinct. Indicators in most cases are those that can be audited as there is currently no data collection system to assist in this area. The plan is to have more benchmarks and percentage type indicators when a data collection system is in place.

Legal Authority

The NS DHW is responsible for setting the strategic direction in establishing and monitoring Provincial System Level Standards, for the delivery of mental health services in Nova Scotia. The duties and powers for the development and implementation of health policies and standards are legislated under the *Health Authorities Act, 2000*.

Policy and Standards Framework

An overarching policy called: “The Mental Health and Addictions Service Delivery Standards Policy” was developed in 2012 for the NS health care system, to improve service delivery of addiction and mental

health services and to revise and update existing Provincial Standards for the delivery of mental health services.

Standard Statements and Indicators

Standard B - Outpatient Services	
<p>Goal Statement: Nova Scotians have access to a full continuum of supportive and therapeutic community-based assessment and treatment services.</p> <p>Description: Outpatient Services are often seen as part of a comprehensive community mental health service. The purpose of these services is to provide assessment and treatment for those individuals who have, or appear to have, a mental illness 1) (e.g. depression, anxiety, schizophrenia), a mental, behavioural or emotional disorder with functional impairment and those at risk of significant functional impairment. Services include: Early Identification/Intervention Services, Assessment/Treatment Services and Collaborative Care Services. Each district has services across the lifespan with linkages to key community supports and services.</p>	
Standard B1 - Early Identification/Intervention Services	
<p>Goal Statement: Mental Health Early Identification/ Intervention Services identify individuals experiencing early signs and symptoms of mental illness and provide early intervention to prevent progression and/or reduce the impact of the mental illnesses.</p> <p>Description: These services are usually targeted to specific groups of adults, children and youth at risk. The purpose is to prevent the emergence or reduce the impact of a mental illness in these groups, for example, the teaching of pro-social skills to groups of children already showing some signs of early behavioral problems. These services promote the earlier identification and treatment of individuals with mental illness who may not otherwise be referred at that time by other agencies and groups. This may provide an opportunity for collaboration with agencies and groups, including primary care providers, justice/corrections agencies, community service agencies, seniors programs, etc. In such cases, the service recipient may be the agency/group as well as the person with mental illness.</p>	
Standard Statements	Measure/Indicator
B1.1 The program provides consultation, education and knowledge transfer on to promote early identification intervention for mental illnesses.	<p style="text-align: center;">Benchmark: 100% compliance for all</p> <ul style="list-style-type: none"> • List of capacity building activities.

<p>B1.2 DHAs/IWK provides early interventions for at risk populations in collaboration with primary health and other community agencies.</p>	<ul style="list-style-type: none"> Evidence of early intervention programs
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Standard B2 - Crisis and Emergency Response Services

Goal Statement: Nova Scotians have access to twenty-four (24) hour crisis and emergency response services.

Description: A Crisis Response Service (CRS):

- utilizes skilled professional staff who are able to differentiate between mental disorder crises and psychiatric emergencies;
- ensures the availability of experienced professional staff to respond to the first telephone or walk-in contacts made to the service;
- provides timely information gathering, assessment and intervention;
- links individuals in crisis with the appropriate community and/or hospital resources/services; and
- provides coordinated responses to individuals and/or their significant others, and consults and collaborates with community providers, mental health staff, family practitioners, police, education, natural support systems (i.e. church, self-help group), etc.

<p>Standard Statements</p>	<p>Measure/Indicator Benchmark: 100% compliance for all</p>
<p>B2.1 A crisis and emergency response service (CRS) is available in a timely manner in the most appropriate environment in each district and includes a plan for twenty-four (24) hour seven (7) days per week service</p>	<p>CRS policy and procedures identify 24/7 availability, protocols for collaboration with primary health care, emergency departments, police and other emergency responders.</p>
<p>B2.2 The CRS has designated mental health staff with suicide risk assessment, violence risk assessment and oriented mental health assessment.</p>	<p>Demonstration that CRS staff maintains core competencies</p>
<p>B2.3 The CRS will make appropriate recommendations as to disposition after assessment</p>	<p>CRS policy and procedures identifies protocols to access mental health inpatient services or crisis beds, as well as a range of other services.</p>
<p>B2.4 Service agencies are provided with education and consultation to assist them in identifying and intervening in mental disorder crises and psychiatric emergencies</p>	<p>Demonstrated evidence of collaboration, education and consultation to other service providers.</p>
<p>B2.5 Medical clearance/assessment completed for individuals who are being assessed by a CRS.</p>	<p>CRS policy and procedures identifies those situations and circumstances in which medical clearance/assessment is required for individuals who are being assessed by CRS.</p>

<p>B2.6 An assessment focusing on risk and current mental health status is completed within twenty-four (24) hours for any patient referred from an emergency department</p>	<p>Proportion of patients seen within 24 hours</p>
<p>Standard B3 - Individual, Group and Family Services (B3)</p>	
<p>Goal Statement: A range of individual, group and family services that address significant mental disorder needs is available to the population of each DHA/IWK.</p> <p>Description: Individual, group and family services are part of a broader continuum of services that are available in the community. A client-centered approach, which values the input and informed involvement of individuals receiving services, is a basic principle of service delivery. There are clear eligibility and exclusion criteria for service provision, and referrals are accepted from a variety of sources, including the client him/herself and families. Individual, group and family services include screening, intake and case assignment, assessment, determination of diagnosis or diagnostic impression, and treatment/ support planning and delivery.</p>	
<p>Standard Statements</p>	<p>Measure/Indicator Benchmark: 100% compliance for all</p>
<p>B3.1Uniform and consistently-implemented triage and screening processes are used to respond to referrals in an appropriate and timely manner by members of the clinical team.</p>	<ul style="list-style-type: none"> • Outpatient/community policy and procedures identify triage and screening processes. • Demonstrated evidence of triage and screening processes being consistently implemented for all referrals including inpatients. • Follow-up of individuals discharged from inpatient care is provided in keeping with triage guidelines. Demonstrated evidence of chart audit/monitoring comparing date of discharge with next attended appointment to ensure follow-up and transfer of care. • Referrals are reviewed by a mental health clinician within one working day to determine eligibility (i.e., subjected to a basic screening assessment). • The triage process distinguishes between levels of need/distress and identifies procedures for response with respect to identified categories of referral. These categories* include Emergent, Urgent, Semi-urgent and Regular referrals. This process assists in the linkage between the level of need and the therapeutic

	<p>service intervention continuum (see Appendix B3-A).</p> <ul style="list-style-type: none"> • Triage category is identified on each chart and duration to treatment is documented. Emergent referrals are immediately referred to an appropriate emergency service. Urgent referrals are offered an appointment within seven (7) calendar days of the date of referral. Semi-urgent referrals are offered an appointment to be seen within twenty-eight (28) days of the date for the referral. Regular referrals are offered an appointment <u>within ninety (90) days of the date of referral.</u> <p>Demonstrated evidence of referral tracking process including date of referral and date of review which are clearly identified on each chart.</p>
<p>B3.2 Services are evidence based</p>	<p>Staff demonstrates core competencies to offer evidence based treatment methods. All services offered are supported by evidence.</p>
<p>Standard B4 - Collaborative Care Services</p>	
<p>Goal Statement: Mental health services collaborate with primary health care providers and community agencies for the benefit of individuals with mental health care needs and their families and communities.</p> <p>Description: These services are aimed at developing collaborative relationships with primary health care providers and agencies that provide various services to individuals and families. These collaborative relationships provide opportunities for knowledge transfer, education and consultation on treatment approaches, psychiatric medication management and differential diagnosis.</p>	
<p>Standard Statements</p>	<p>Measure/Indicator Benchmark: 100% compliance for all</p>
<p>B4.1 Collaborative/Shared Care relationships are established with primary health providers.</p>	<p>Demonstrated evidence of multi-partner collaboration on individual care/support/treatment plans.</p>

Glossary

Clinical Case Review components include:

- Standardized review timelines
- Case Presentation overview
- Review of Intervention Plan
- Review of Progress
- Case Status decision and subsequent Intervention Plan

***Collaborative mental health care:** *“one approach to improving the delivery of mental health services in primary health care settings.”*

(*p 6 Canadian Collaborative MH Initiative: Key Messages in Support of Dissemination)

***Collaborative primary health care:** *“The delivery of services at the first point of contact with the health system by two or more different stakeholders (health professionals, consumers, families, primary health care organizations, community agencies) working together in a partnership that is characterized by:*

- *common goals or purpose*
- *a common language*
- *a recognition of and respect for respective strengths and differences*
- *equitable and effective decision-making*
- *clear and regular communication*

in order to:

- *improve access to a comprehensive range of services (treatment, health promotion, disease and injury prevention, management of chronic diseases and self-help), delivered by the most appropriate provider in the most suitable location*
 - *deliver high-quality and effective health care*
 - *make the most of resources*
- Improve outcomes for the consumer”.*

(*CCMHI, Collaboration between mental health and primary care services: A planning and implementation toolkit for health care providers and planners, 2007, p.91)

Intensive Therapy Interventions includes: (the word intensive has other meanings in the standards. We should be careful about this.)

Individual, Family, Group Psycho-Therapy: an intensive psychological process drawing on Clinical expertise in Bio, Psycho, Social Therapy. Isn't there a need to reference evidence-based here? Is anything psychotherapy? I'd suggest a better definition.

Intervention Plan components include:

- A) Diagnostic Impression
- B) Client's stated need / goal
- C) Measurable goals related to
 - i. Current Life Event
 - ii. Personality, Cognitive, Emotional, Behavioral challenges
 - iii. Significant Social, Cultural, Family, Ethnic, Sexual factors.
- D) Intervention Plans are informed by, a knowledge and expertise in theories of psychological development and pathology and current best practice intervention strategies and are time limited.

Mental Health Crises:

Crises manifest themselves in many ways, ranging from an acute occurrence of mental illnesses to the emotional consequences of the loss of housing and support networks. A crisis occurs when an individual's usual coping strategies are suddenly overwhelmed and the individual requires an immediate response. Adapted from: <http://www.jibc.ca/police/main/PIIMIC/Glossary/c.htm>

Mental health specialist: *"An individual with mental health expertise, be it related to health promotion, prevention, diagnosis, treatment or rehabilitation."* (*CCMHI, Collaboration between mental health and primary care services: A planning and implementation toolkit for health care providers and planners, 2007, p.92)

Secondary care: *"The term secondary care is a service provided by medical specialists who generally do not have first contact with patients."* *From Wikipedia, 2007

Therapeutic Supportive Interventions include:

Consumer Lead Initiatives - Consumers / Clients utilize their expertise to lead or co-lead supportive interventions.

Psycho-Social Education - Therapeutic Support provided by Individual or Group Educational sessions.

Supportive Counseling - ~~Counseling~~ Counseling is deemed to be current Life Skills and Coping Strategy focuses.

Intensive Therapy Intervention - Individual, family, group psychotherapy.

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