

DEFINITION OF NON-BEDDED SERVICES

Since “non-bedded” services were referred to in the definition of Tier 3, then one of the tasks of the Provincial Working Group was to define what constitutes a non-bedded service. The group has reached consensus on the following definition.

CORE DEFINITION OF ‘NON-BEDDED’ SERVICES:

Mental health services delivered to individuals that can be provided in the client’s environment (e.g., home, workplace) and that do not require an overnight stay for medical care.

This definition does not include clinical interventions that are required for inpatient services. In developing this definition, the Working Group members made the following assumptions, which should be read collectively.

ASSUMPTIONS:

- The question of governance of the service was not a factor in developing this definition.
- Whatever organization sponsors a service, all services, whether tertiary, acute or community-based, require linkages and protocols to facilitate integration and seamless services.
- The present system, which includes community-based services and hospital-based services (both acute and tertiary), work differently by providing an array of services that form an integrated system serving the client, patient, consumer and family.
- All services should be patient and family-focused.
- Services should be tailored to the patient's need for the best outcome.
- The community-based mental health system should be responsive, integrated and flexible to decrease the need for hospital care (e.g., emergency departments, inpatient beds). Access should be provided on a timely basis and flexible to respond to clients’ changing needs.
- Services should be ongoing to support individuals in their recovery process.
- Services should be based on best practice models with an evaluation component focused on client outcomes.
- Services should be mobile, supplementing, not supplanting the providers with whom the individual is familiar. (Community providers follow the client into hospital to provide integrated care and where appropriate, specialized services follow the person to the community).
- Hospitalization should be a last resort because it is a disruption in people's lives and may interrupt the continuity of their care.

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EXAMPLES OF NON-BEDDED SERVICES¹:

- Vocational employment
- Family therapy
- ACT Teams
- Social/recreation programs
- Transitional discharge programs
- Supportive housing
- Step-down beds
- Crisis beds
- Counselling/therapy
- Court diversion
- Family education and support
- Case management
- Co-ordinating Community Treatment Orders
- Early Intervention in Psychosis programs
- Community support
- Crisis services
- Mental health clinics
- Peer support
- Day programming, such as counselling in a supervised environment
- Health promotion: lifestyle counselling to address co-morbid conditions
- Public education
- Concurrent disorders programs
- Psycho-Social Rehabilitation
- Psychogeriatric outreach & consultation to Long-Term Care Homes
- Wellness clinics
- Eating disorder day programs
- Self-help groups
- Forensic outreach to jails
- Suicide prevention
- Skills development: life skills, pre-employment
- Client education
- Addictions programs
- Dual diagnosis programs
- Homeless outreach
- Information, assessments and referrals

¹ This list is not comprehensive or exhaustive. It represents examples of non-bedded mental health services that are currently provided by many community mental health agencies. No recommendations have been made regarding governance of these programs nor their transfer as part of Tier 3 divestment.