

Dear Provider:

Health Sciences North (HSN) was chosen by Ontario Health as one of six new health care organizations to serve as a Network Lead as part of the expansion to Ontario's Structured Psychotherapy Program.

This will help to expand access to structured psychotherapy as well as close critical gaps in service allowing patients to receive the right care at the right time that was previously not available to them.

As a Network Lead Organization (NLO), HSN will operate as a 'Hub' and will act as the centralized access point for referrals and delivery of psychotherapy services. The delivery of these services is being offered through seven (7) Service Delivery Sites (SDS) across the Northeast region.

OSP has recently gone 'live' and is now accepting referrals.

In the package that follows, you will find additional information on OSP, what services are available to clients (phased approach), program criteria, as well as the process for referring clients.

We look forward to working with you to bring care to those who previously did not have access to these types of services.

Please reach out if you have questions or would like more information.

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Background Information on the Ontario Structured Psychotherapy Program (OSP)



What is the Ontario Structured Psychotherapy Program (OSP)?

- The Ontario Structured Psychotherapy (OSP) Program provides individuals (18 years of age and over) with publicly funded and evidence-based cognitive-behavioural therapy (CBT) and related approaches to help manage depression, anxiety, and anxiety-related conditions.
- CBT is a form of talk therapy that helps people develop different ways of thinking and behaving helping to reduce their psychological distress.
- OSP services range from self-administered strategies (with support from a coach or therapist) to weekly, one-on-one or group CBT therapy. Most individuals who are enrolled in OSP will start out with less clinician involvement (e.g., receiving up to 6 sessions of telephone coaching while working through a workbook related to the client's presenting concern).
- CBT helps clients develop the lifelong skills they need to build resilience and manage their mental health. CBT is problem-focused, goal-oriented, and based on a positive therapeutic relationship between the therapist and client. It helps people to change patterns of behaviour and thinking that affect the way they feel.

OSP services:

July / August 2022	<ul style="list-style-type: none"> • Mood • Excessive Worry
September 2022	<ul style="list-style-type: none"> • Social Anxiety • Unexpected Panic Attacks • Health Anxiety • Specific Fears (heights, vomiting, etc.)
Winter 2023	<ul style="list-style-type: none"> • Post-Traumatic Stress • Obsessive Compulsive Concerns

Please note: A diagnosis is not required

How can patients access OSP?

- As mentioned, service capacity is currently limited and the program is not open to general referrals.
- This pilot is intended to help manage volumes in the initial stages as we work to ramp up services in the months to come.
- Once referred, clients will be contacted to complete the standardized assessment to confirm that the program is a good fit for their needs, and to determine if they will begin in Bounceback or be referred for psychotherapy directly. Most clients begin in Bounceback and can be stepped up to psychotherapy if needed.

- After completing the standardized assessment, clients will be contacted by their Bounceback coach or therapist to book their first appointment

What does this mean for me as a care provider?

- Care providers will receive a communication:
 - When a patient is being considered for OSP services
 - After a patient has completed the standardized assessment process, including which service is most appropriate for them
 - If a patient is transitioning from one service to another within OSP
- This program is continuing to expand and evolve and future services may include group CBT, iCBT and psychodynamic education, among others.

Information on Referrals (Criteria, Assessment and Screening)

OSP operates on a stepped care model, providing the level of care that best meet an individual's needs. When someone is referred to OSP, a trained professional will complete an assessment and recommend support at the level of service to best address their needs and support their recovery.

Most people will begin with BounceBack®, a guided self-help program provided by telephone. Others may begin with individual or group based CBT provided in person or virtually. Through ongoing monitoring, clients may be transitioned between services within OSP, as needed. For example, if a person starts treatment through BounceBack® and they require more intensive support and may be 'stepped-up' to CBT at a partner site.

Referring Providers

If OSP is selected as the service requested, a referral form (see Appendix C) will be screened to confirm appropriateness of the Program for the client based on information provided, including reason for referral and age.

As a reminder, the OSP program provides psychotherapy services, namely **CBT and related approaches**, for **adults in Ontario** (low intensity services and structured one-to-one psychotherapy for ages 18+) experiencing the following depression, anxiety, and anxiety-related problems.

Criteria for Referral

The circumstances below indicate that the OSP Program would NOT be suitable for a client's needs (individuals who meet any of the following criteria should first be directed to appropriate supports to address these concerns prior to engaging with the OSP Program):

- The client is actively suicidal and with impaired coping skills and/or has attempted suicide in the past 6 months.
- The client poses a high risk to themselves, risk to others or is at significant risk of severe self-neglect.
- The client is self-harming, which is the immediate, primary concern.

- The client is experiencing significant symptoms of mania or hypomania currently or has experienced these symptoms within the past year. This does not include symptoms induced by medication or substance use.
- The client is experiencing significant symptoms of a psychotic disorder currently or has experienced these symptoms within the past year. This does not include symptoms induced by medication or substance use.
- The client has a severe/complex personality disorder that would impact their ability to actively participate in CBT for anxiety or depression.
- NB: This program is not appropriate for clients for which personality disorder is the problem currently causing the most distress and impairment.
- The client has exclusively requested medication management.
- The client has moderate to severe impairment of cognitive function (e.g., dementia); or moderate to severe impairment due to a developmental disability or learning disability.
- The client currently has problematic substance use or has had problematic substance use in the past three months that would seriously impact their ability to actively participate in CBT (e.g., the client is unable to attend scheduled session, or unable to attempt assigned work required between sessions).
- Client requires specialized concurrent disorders treatment.
- Client has a severe eating disorder that would impact their ability to actively participate in CBT for anxiety or depression.

If, following an initial screening based on the referral form, it is determined that the OSP Program may be appropriate for the individual, the client will be contacted to book an appointment for a clinical intake and triage assessment (approximately 60-90 minutes in length). This assessment does not guarantee that the client will be provided treatment within the OSP Program, as the purpose of the assessment is to 1. Confirm the main problem, 2. Confirm appropriateness of the OSP Program, and 3. Identify the appropriate treatment type within the OSP Program.

In cases where the OSP Program is not deemed appropriate for a referred client, an attempt will be made to connect the client to a more suitable service. The OSP Program offers short-term treatment but does not offer long-term treatment and follow-up. All clients will be referred back to their referrer for additional long-term follow-up, as needed.

Please note that the OSP Program is not a crisis or emergency service.
If your client/patient is in need of immediate help, please direct them to the nearest emergency department or call 911