

## Attachment-1 Detailed Report Edits

- Report page numbers within the Council Package

### PG 49. Paragraph 3

Based on the organizations that completed the inventory of services, just over 19.9 46.5 million dollars is available for mental health services in Guelph. Across the five types of mental health services summarized in table 5, majority of these funds, 74%, are directed to hospital or residential treatment programs receive the largest proportion of these funds. Of these hospital and residential treatment beds, only 5 of 246 specialized elective beds are ward beds and the remaining 241 beds are private/semi private. As a result, individuals must have accommodation insurance coverage, or they must pay the accommodation portion out of pocket to access these programs. (Table 5).

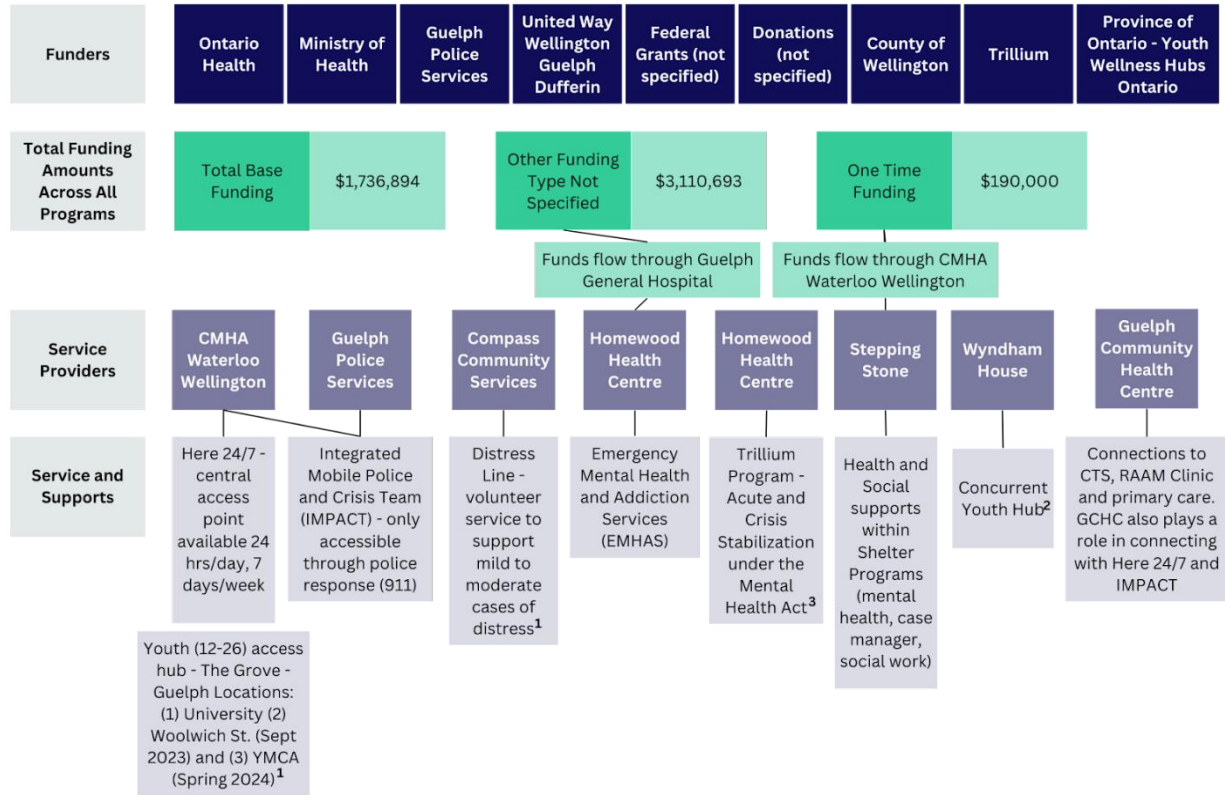
PG 50. Replace Table 5 with this table:

Mental Health Service	Base Funding	One-Time Funding	Other Funding
Crisis Response	\$1,736,894.00	\$190,000.00	\$3,110,693.00
Psychiatry	\$5,297,242.00	\$0	\$0
Psychotherapy or Counselling Services	\$1,089,806.00	\$0	\$25,000.00 (Private Donors)
Hospital or Residential Treatment Programs	\$8,200,000.00	\$0	\$0
Other Mental Health Services	\$337,248.00	\$0	\$0

\*As reported by the 17 organizations that completed the Inventory of Services

**PG 51:** Replace figure 14 “crisis response services in Guelph” with new figure:

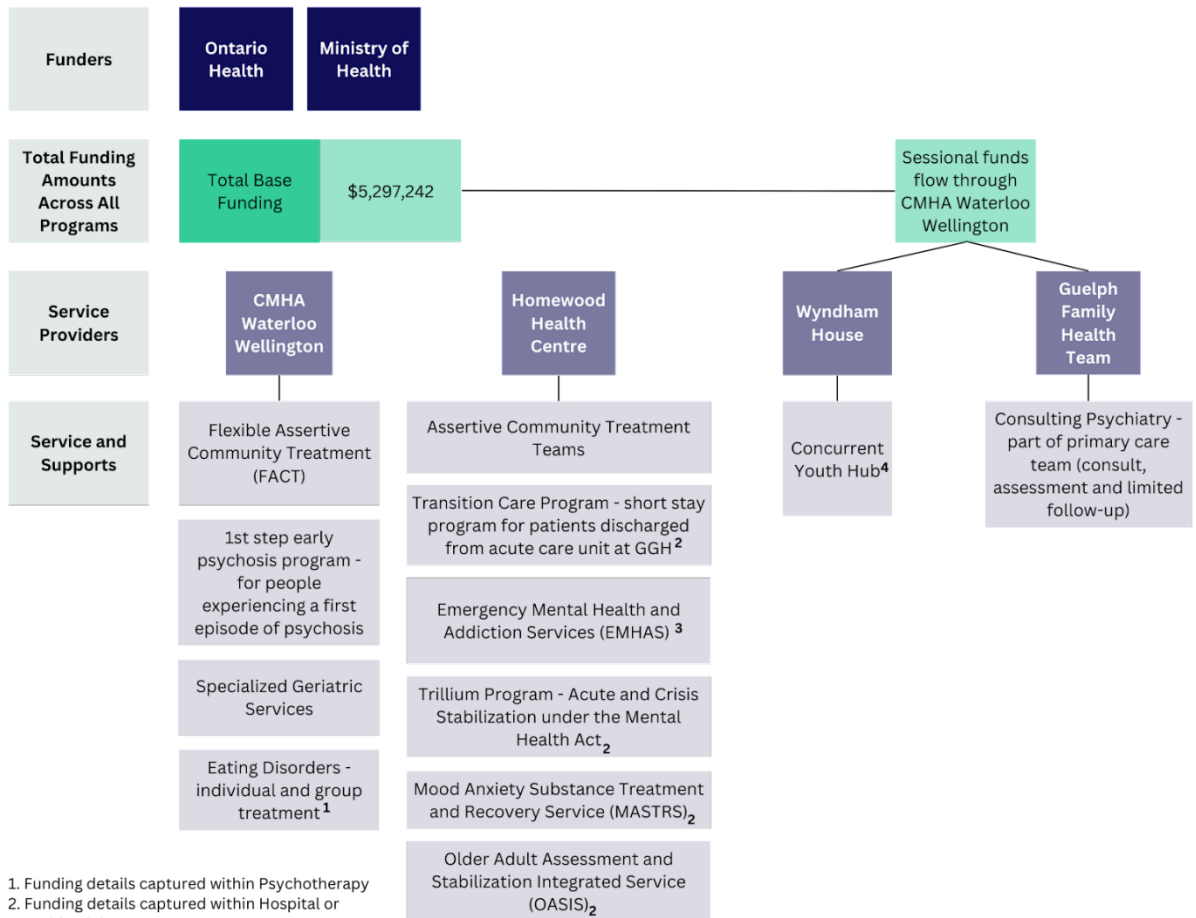
Figure X. Crisis response services in Guelph



1. Funding details not provided  
 2. Funding details captured within Substance Use - Harm Reduction  
 3. Funding details captured within Hospital or Residential Treatment

**PG 52:** Replace figure 15 “Psychiatry services in Guelph” with new figure:

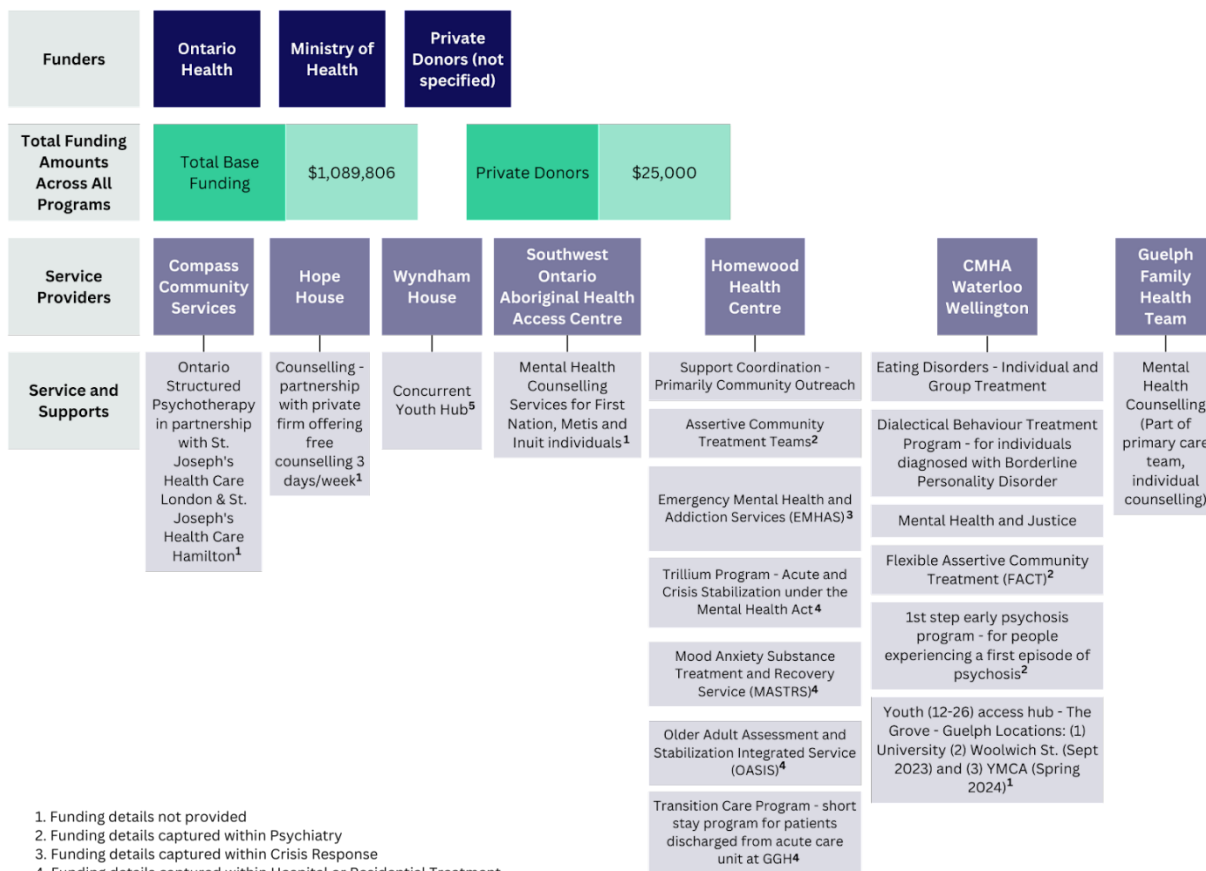
Figure X. Psychiatry services in Guelph



1. Funding details captured within Psychotherapy  
 2. Funding details captured within Hospital or Residential Treatment  
 3. Funding details captured within Crisis Response  
 4. Funding details captured within Substance Use Services

**PG 53:** Replace figure 16 “Psychotherapy or counselling service in Guelph” with new figure:

Figure X. Psychotherapy or counselling services in Guelph



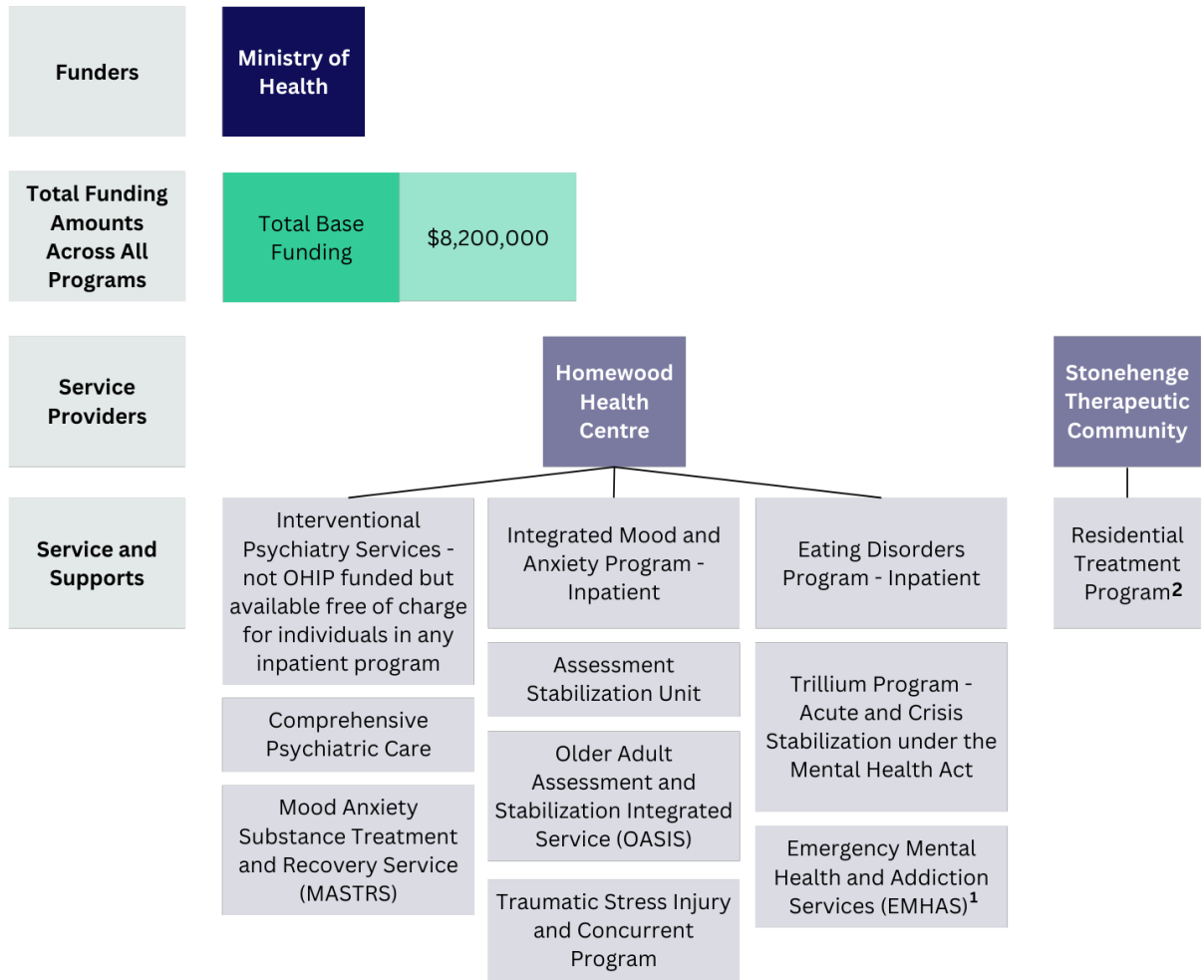
1. Funding details not provided  
 2. Funding details captured within Psychiatry  
 3. Funding details captured within Crisis Response  
 4. Funding details captured within Hospital or Residential Treatment  
 5. Funding details captured within Substance Use

**PG 54.**

Of the 17 organizations that completed the inventory of services, two organizations indicated that they provide hospital or residential treatment services for mental health in Guelph. The majority of these services are provided by Homewood. The beds at Homewood include 246 specialized elective beds that are accessed by all Ontarians. Limited funding only allows 5 of these beds to be available as public ward beds. The remaining 241 specialized elective beds require individuals to have accommodation insurance or pay the accommodation portion out of pocket to access these programs. Homewood also has 58 CritiCall beds which are public ward beds and accessible to local patients, which has a public-private model that in most cases requires individuals to have insurance or pay the accommodation portion out of pocket to access these programs. All of the public funding for hospital or residential treatment services is provided by the Ministry of Health (Figure 17).

**PG. 54** Replace Figure 17 - “Hospital or residential treatment services in Guelph” with new figure:

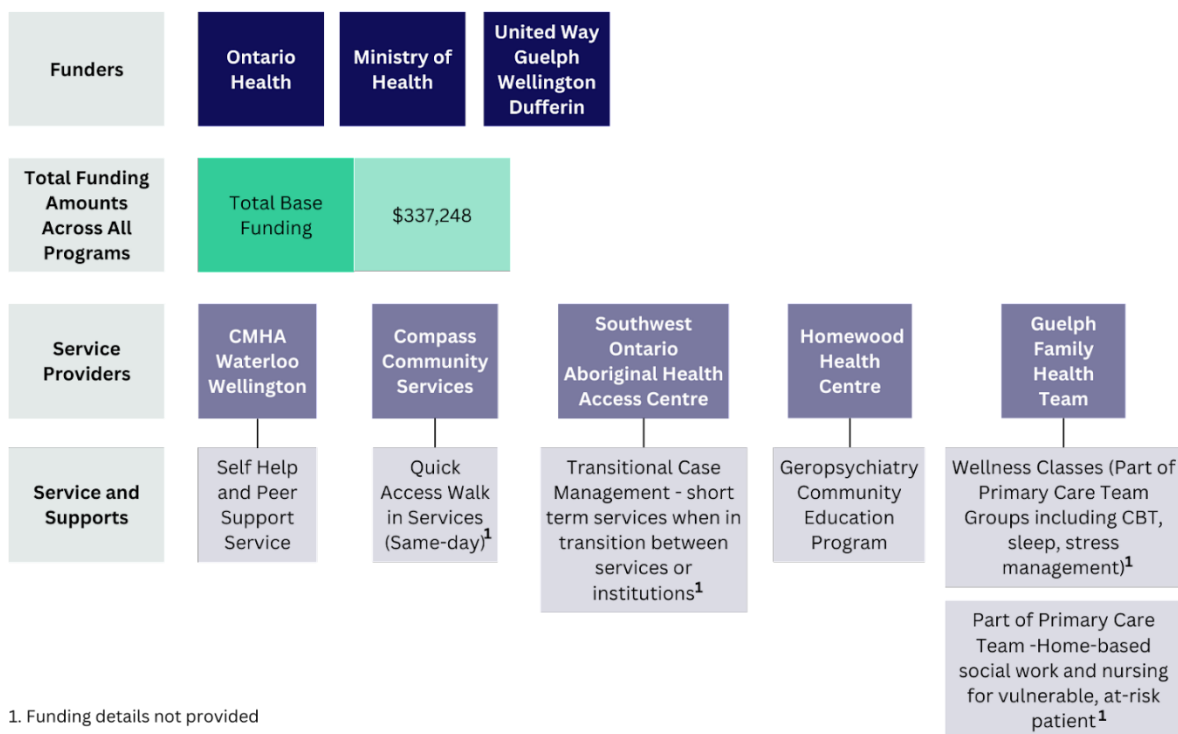
Figure X. Hospital or residential treatment services in Guelph



1. Funding details captured within Crisis Response  
 2. Funding details captured within Substance Use Services

**PG. 55** Replace Figure 18 - “Other mental health services in Guelph” with new figure

Figure X. Other mental health services in Guelph



**PG 58 (last paragraph)**

Community partner survey and interview participants expanded on gaps related to outpatient adult psychiatry detailing lack of local options and long waitlists for what is offered locally, especially for complex cases. Some participants also noted that these issues have substantial impacts when people require a diagnosis for access, but you need a psychiatrist to provide a diagnosis. Interestingly, it was mentioned by a community partner that the local count for psychiatrists reported to the Ministry of Health may be skewed because it includes Homewood’s private care psychiatrists.

**PG 59. Paragraph 2**

When discussing gaps with hospital or residential treatment programs, participants focused on the lack of local, accessible options since there are **limited** minimal public beds available locally (see [the Hospital or Residential Treatment Programs](#) in the Inventory of Services section above).

**PG 61. Paragraph 2**

The most prominent suggestions focused on one shared collaborative vision with accountability measures and clarity on mandates and roles across mental health service agencies. This would include more transparency across all agencies, which has historically been challenging due to a prominent public sector-private sector tension (e.g., Homewood).

### PG 62. Paragraph 3

A systems level gap that emerged was a lack of investment in continuity of care, including transitions from hospital/residential treatment programs to community-based services. This approach requires a system reorientation from a medical model to invest in community-based services for mental health. ~~Locally, this reorientation has not happened, as can be observed in terms of how funding is allocated at CMHA Waterloo Wellington (community care) versus Homewood (clinical/medical model of care).~~

### PG 65. Mental Health Key Takeaway Number 1. Replace with new text:

1. **Lack of equitable access to services:** The most vulnerable in our community without the means to pay out of pocket for services experience challenges and barriers in accessing mental health services. Examples include:
  1. **Hospital or Residential Treatment Programs:** There are access challenges to local treatment programs for mental health due to long waitlists, under funding and a limited number of public ward beds. 74% of the local funding for mental health services flows to Homewood for residential treatment programs. Only five of these beds are ward beds. The remaining 241 beds are private/semi private. As a result, individuals must have accommodation insurance coverage, or they must pay the accommodation portion out of pocket to access these programs.
  2. ~~**Psychiatry:** The Ministry of Health counts for psychiatrists in Guelph may be skewed because they include psychiatrists offering private services at Homewood. This is a significant barrier to accessing funds for additional accessible psychiatric services and supports locally.~~  
**Psychotherapy/Counselling:** There are very limited affordable or free counseling options available. For example, one organization without a mandate to provide mental health counselling secured funding from a private donor to offer free counselling services to increase accessibility to these services.

### PG 79. Substance Use Key Takeaways Number 1:

1. **Lack of accessible services:** The most vulnerable in our community experience barriers in accessing substance use services. Examples include:
  1. Local Treatment Programs: There are access challenges to local treatment programs for substance use due to long waitlists, under funding and the existence of local public-private **models of care** programs (e.g., Homewood).