



Ontario Health

Mental Health and Addictions
Centre of Excellence

Terms of Reference

Schizophrenia and Psychosis Provincial Advisory Table

In effect from September 2024 to September 2026

Background

[Ontario Health](#) is a health agency created in 2019 through the integration of existing provincial health agencies and programs. Ontario Health oversees health care delivery, improves clinical guidance, and provides support for providers to ensure better quality care for patients. Ontario Health will:

- Build on the same standards of excellence and global recognition developed by many existing agencies across the health care system;
- Improve clinical guidance and offer more effective support for providers;
- Ensure health care dollars are used more efficiently by removing overlap in infrastructure and administration (for example, accounting, planning and human resources);
- Advance digital-first approaches to health care, such as virtual care, and improve integration and efficiency of digital assets across the health system; and
- Support, through its Mental Health and Addictions Centre of Excellence (MHA CoE), the mental health and addictions strategy provided for under the *Mental Health and Addictions Centre of Excellence Act, 2019*.

The Mental Health and Addictions Centre of Excellence

The [Mental Health and Addictions Centre of Excellence](#) was established within Ontario Health and is the foundation on which a mental health and addictions strategy is developed and maintained. This strategy recognizes that mental health and addictions care is a core component of an integrated health care system. The Centre's role is to ensure that mental health and addictions care is:

- Delivered consistently across the province;
- Integrated with the broader health system;
- More easily accessible; and
- Responsive to diverse needs of people living in Ontario and their families.

The Centre will also help implement the [Roadmap to Wellness](#). The Centre will enable and drive the effective implementation of the roadmap's four pillars:

1. Improving quality;

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2. Expanding existing services;
 3. Implementing innovative solutions; and
 4. Improving access.

This document sets out the terms of reference for the **Schizophrenia and Psychosis Provincial Advisory Table**.

Mandate

The Schizophrenia and Psychosis Provincial Advisory Table will provide advice to the Mental Health and Addictions Centre of Excellence to ensure standardized, high-quality services for schizophrenia and psychosis are available across the lifespan to address the needs of Ontarians.

Objectives

The Schizophrenia and Psychosis Advisory Table will:

- Provide strategic direction and vision to create to create an accessible, high quality, and integrated schizophrenia and psychosis system in Ontario;
- Offer expert clinical and system perspectives for improved schizophrenia and psychosis care across the lifespan;
- Oversee the work and deliverables of supporting program task groups/committees (e.g. Early Psychosis Intervention Implementation Advisory Committee),
- Ensure program structures, services, and deliverables are in alignment with goals and objectives of the Mental Health and Addictions Centre of Excellence;
- Champion quality improvement initiatives of the Mental Health and Addictions Centre of Excellence.

Term

The Terms of Reference will be in effect from **September 2024 to September 2026**. At the end of this term, the Terms of Reference, and membership, will be reviewed and updated, as appropriate.

Membership

- **Chair:** Provincial Clinical Lead, Schizophrenia and Psychosis, Mental Health and Addictions Centre of Excellence, Ontario Health
- **Ex-Officio:**
 - Director, Clinical Programs, Mental Health and Addictions Centre of Excellence, Ontario Health
 - Clinical VP, Mental Health and Addictions Centre of Excellence, Ontario Health
 - Manager, Clinical Programs, Mental Health and Addictions Centre of Excellence, Ontario Health

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- Secretariat support
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 - **Members:**
 - Clinical leaders with expertise in schizophrenia and psychosis, across the lifespan and representing the community and acute care sectors (7-10)
 - Representation from supporting program task groups/committees (1 per)
 - Persons with lived experience with schizophrenia and/or psychosis (2-3)

The above membership will be selected to ensure representation as follows:

- Broad geographic representation from across Ontario, including rural and urban settings
- Representation from all relevant care settings, including primary care, acute care, and community-based care
- Representation of health care equity perspectives
- Representation of people with lived or living experience and caregivers and family members

Meetings

- The Schizophrenia and Psychosis Advisory Table is expected to meet monthly. As work proceeds, meeting frequency will be reviewed;
- Relevant meeting materials (e.g., agenda, minutes) for each meeting will be circulated 3 business days in advance;
- Quorum is necessary for each meeting to occur and is defined as 50% or more of the membership;
- Members are expected to attend at least 75% of the meetings;
- Members unable to attend meetings should review meeting minutes and supplemental materials and connect with other Schizophrenia and Psychosis Provincial Advisory Table members. Due to the ongoing nature of program discussions, it is not appropriate for alternate or delegate members to attend meetings if members are unable to attend;
- Members may also have the opportunity to participate on smaller working groups, and Communities of Practice as needed;
- Meetings will be one hour in length and will be held primarily via teleconference; face-to-face, half or full day meeting may be scheduled during the term as the Advisory Table determines necessary.

Decision-Making Process

Decisions will be made by consensus of the members. If there are any issues on which consensus cannot be achieved, the decision-making approach will be decided upon by the Chair in consultation with Ontario Health leadership. Decisions are to be recorded in the meeting minutes and labelled as such. These will be considered recommendations to the MHA CoE. Individuals not supporting the decision may be named in the minutes if they so desire.

Accountability

The Schizophrenia and Psychosis Provincial Advisory Table is accountable to Ontario Health senior leadership through the Ontario MHA Provincial Clinical Council.

Conflict of Interest

The Schizophrenia and Psychosis Provincial Advisory Table members must ensure that any actual or potential conflict of interest in regard to any matter under discussion by the Schizophrenia and Psychosis Provincial Advisory Table are drawn to the attention of the Chair. The Chair will decide what action, if any, is required arising from the conflict of interest and will take appropriate action, including but not limited to requesting the member absent him or herself from participation in discussion of the matter. Members will be required to complete a Conflict of Interest Declaration upon joining the Schizophrenia and Psychosis Provincial Advisory Table.

Confidentiality

Unless it is generally available to the public, all data and information acquired or prepared by or for the Schizophrenia and Psychosis Provincial Advisory Table should be treated as confidential. Members should keep these data and information confidential and not directly or indirectly disclose them during or subsequent to their term as a member of the Schizophrenia and Psychosis Provincial Advisory Table. Members will be required to complete a Confidentiality Agreement upon joining the Schizophrenia and Psychosis Provincial Advisory Table.

Expenses

Travel expenses incurred by meeting participants will be reimbursed in accordance with the policies of Ontario Health, including the need for prior approval.

Honorarium

Honorariums and expenses will be in alignment with the Ontario Health Honorarium Policy.