

What is Stepped Care 2.0?

Stepped Care 2.0 © (SC2.0) is a transformative **model** for the delivery of mental health and addictions services. The person-centered, strengths-based approach provides rapid, same day, flexible access to evidence-informed wellness and mental health services that are aligned with recovery principles.

Background

SC2.0 was developed in Canada by Dr. Peter Cornish and is based on the U.K. stepped care model. It was first implemented as a campus mental health framework at Memorial University. The model was then scaled up provincially in Newfoundland and Labrador through a Mental Health Commission of Canada (MHCC) demonstration project in Newfoundland and Labrador which showed **the model contributed to a 68 percent reduction in wait times and was well received by both clients and providers**¹.

The SC2.0 model is now being implemented in other provinces and territories through an MHCC partnership with Stepped Care Solutions which provides support on SC2.0 implementation, training/consultation, project management, evaluation, and knowledge exchange.

What is the value of SC2.0?

Because the failure to meet mental health needs comes at a high cost,² SC2.0 offers people access to help at **the point of need** and **the point of readiness**. That is, SC2.0 is designed to meet peoples' needs with the least intensive and most effective options, with shared benefits to the people accessing care and to the providers.

¹Mental Health Commission of Canada. (2019). *Newfoundland and Labrador Stepped Care 2.0 e-mental health demonstration project*.

<https://www.mentalhealthcommission.ca/English/media/4279>

²Mental Health Commission of Canada. (2013). *Strengthening the Case for Investing* [Backgrounder].

<https://www.mentalhealthcommission.ca/English/case-for-investing-backgrounder>

How does it benefit clients?

During their first engagement with the SC2.0 system, people receive an intervention to address their primary concern and are supported by a community of care. In the MHCC demonstration project about 80 per cent of clients reported that lower intensity options (such as e-mental health tools) met at least some of their needs.



Before SC2.0, it was like waiting to get access to a backhoe when all you need is a shovel.

– Person with lived experience

How does it benefit providers?

SC2.0 not only gives providers more flexibility in their schedules, in the demonstration project, they saw SC2.0 as an effective, evidence-based way to help their practices evolve. Providers also reported much greater knowledge of the stages of change and self-efficacy to enact change.



The biggest difference with the walk-ins, single session, and e-mental health is that I have more time and flexibility. Clients come in or book a time with me when they want service [which] opens up my schedule.

– Care provider



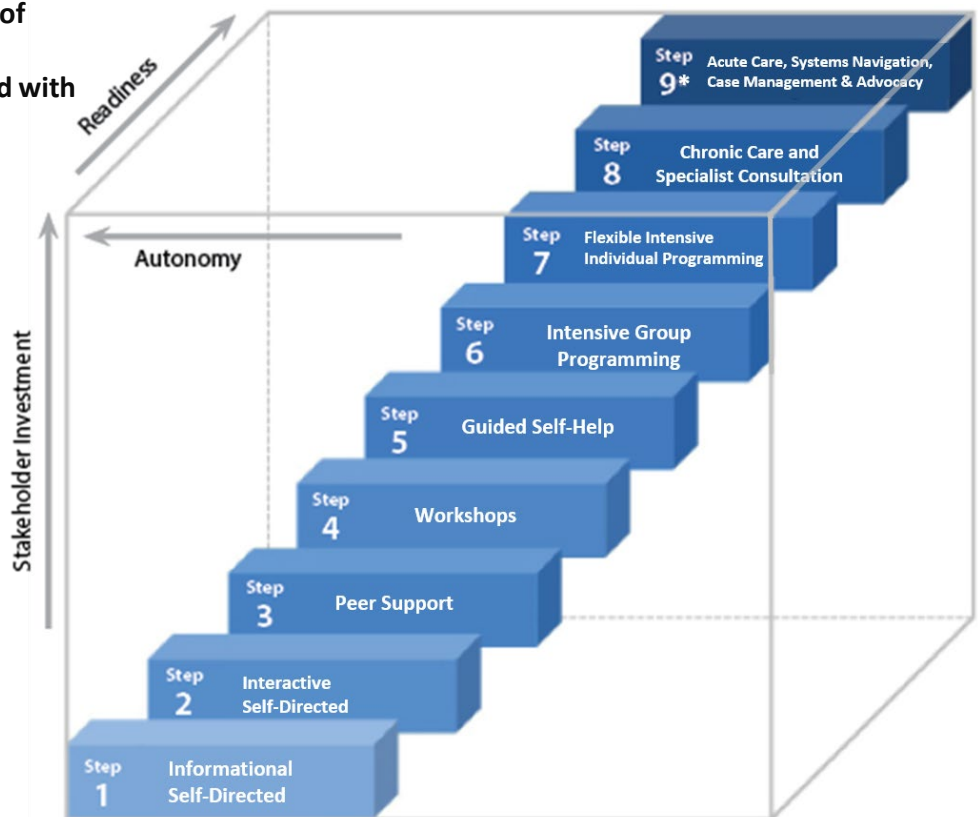


The SC2.0 model for systems of care is organized around nine steps, which can be populated with diverse care options.

As steps increase in intensity, stakeholder investment (i.e., time, effort, and cost) and client readiness to engage also increase.

Client autonomy is greatest in the lower steps and decreases in the higher steps. In the highest levels of care, clients are autonomous to the best of their ability at a given time.

**In acute care, readiness may be low for involuntary hospital admissions.*



Guiding Principles

The foundational values and philosophies upon which the SC2.0 model is built:

- 1 Social justice drives effective care systems transformation and is an intervention in itself.
- 2 Multiple and diverse care options are required as one approach will not work for everyone.
- 3 All individuals and communities have strength and capacity.
- 4 People engage with what they are ready to do; gold-standard intervention is that which best fits the service user at any given time.
- 5 Professionals do not carry all the wisdom; people often know what is best for them.
- 6 Mental health literacy is required for people to make informed decisions.
- 7 An effective care system ensures people have access to care when and where it is needed.
- 8 The whole is greater than the sum of its parts; the strength of the system relies on multilevel collaboration.
- 9 Minimal interventions can produce powerful results.
- 10 There is no ideal solution; trial-and-error leads to growth and change.

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