QUALITY GUIDELINE

for virtual walk-in child and youth mental health services in Ontario

Ontario Centre of Excellence
for Child & Youth Mental Health

Centre d'excellence de l'Ontario en santé
mentale des enfants et des adolescents

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Overview: The need for guideline

The COVID-19 pandemic has required community-based mental health agencies to shift to offering virtual services as an option for clients seeking support for mental health challenges.

Since early on in the pandemic, most of Ontario's child and youth mental health agencies have been able to pivot quickly and integrate virtual care — for example, virtual group therapy — into their regular suite of services.

Some agencies are offering virtual walk-in mental health services. These are structured in the same way as in-person walk-in services (no appointment needed; delivered in a single session) but use videoconference or phone, or both.

Mental health agencies across the sector are responding swiftly to the changing needs of clients. However, the quick transition means that some organizations may be "playing catch-up" when it comes to using evidence-based practices, policies and procedures for virtual care. This is especially true for virtual walk-in services.

Recognizing this, the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) has developed a timely guideline to support the delivery of virtual walk-in services. [1]

Note: In this document, "virtual services" refers to services that are delivered in real time using video technology (for example Zoom for Health Care, Owl Practice) or telephone. This guideline does not apply to text support or the use of online chat boxes.

About the guideline

The guideline draws on information from several sources and incorporate evidence from a broad range of research and systematic reviews.[2] The guideline was co-developed in collaboration with an advisory committee that included:

- experts in e-mental health service delivery
- representatives from lead agencies
- young people and their families
- researchers

As part of our process, we conducted surveys and consulted with young people and families to understand their needs related to virtual walk-in services. Their voices are embedded throughout this document, and their suggestions and perspectives — combined with the experiences, recommendations and feedback of service providers — helped shape the guideline and are integral to successful planning. (See Appendix A: Engaging young people and families as partners.)

Implementation science

The guideline is rooted in an implementation science framework. Implementation science is a field that promotes an evidence-based, planned approach when introducing new services into an organization and evaluating their effectiveness.[3] The framework is supported by the National Implementation Research Network (NIRN).

NIRN has identified features — called implementation drivers — that work to close the gap between research and practice. These drivers, when used appropriately, can guide the implementation of new programs and services in a successful, sustainable way. [4, 5]

How to use the guideline

This guideline is designed to provide useful, timely information and practical advice to organizations that are currently delivering, or planning to deliver, virtual walk-in mental health services.

We have deliberately developed the guideline at a high level — partly for ease of reading, but also to make them meaningful your organization, regardless of where you are in your process of adapting to, and delivering, virtual services.

To align with the principles of implementation science, we adapted the drivers and language of the NIRN framework to best reflect the features and needs of virtual walk-in services. In the guideline, we look at three major drivers:

- Leadership
- Organization
- Competency

For each driver, we provide:

- a high-level overview, for context
- a brief explanation of the driver
- a useful checklist of key steps and considerations
- some recommended reading with links to references

In the appendices, we share strategies that organizations can use to enhance the delivery of virtual walk-in services, tips for engaging clients, and best practices for evaluation activities. We have also included a glossary of terms and a rich list of references and resources.

Going forward

Currently, there is limited research on the use of virtual platforms. Until more research emerges, we hope the evidence-based approaches in the guideline will support you in your efforts to successfully implement and evaluate walk-in services. Our broader, shared goal is to help ensure the continued delivery of consistent, high-quality mental health care and services for children, young people and families across Ontario. At the Centre, we welcome your questions, feedback and comments at cymhstandards@cheo.on.ca.

Implementation science framework

Implementation science framework for virtual walk-in services

Leadership drivers

Technical leadership
Leaders identify opportunities, ensure continuity and address challenges by using evidence-based problem-solving approaches related to virtual walk-in services

Adaptive leadership
Leaders identify and adapt to internal and external factors affecting the implementation of virtual walk-in services

Organization drivers

Decision support data systems
Organizations use current, high-quality data to plan and adapt virtual walk-in services and create a culture of ongoing improvement

Accessibility and equity
Organizations ensure equitable access and adopt a systematic approach to identifying and addressing current and potential barriers to virtual walk-in services

Facilitative administration
Administrators develop and revise policies and procedures to support staff in implementing virtual walk-in services

Organizational security
Organizations account for security risks and maintain good information technology and cybersecurity practices in the delivery of virtual walk-in services

Privacy and confidentiality
Organizations are committed to keeping client information private and confidential by applying safeguards and following relevant professional practice guidelines, policies and legislative requirements when implementing virtual walk-in services

Competency drivers

Staff selection
Staff are selected based on their knowledge and experiences in providing services in general, along with their willingness to learn and adapt their practices to deliver virtual walk-in services]

Staff capacity building
Organizations provide staff with training and ongoing opportunities to build knowledge and skills to deliver virtual walk-in services

Ethical practice
Staff use sound professional judgment and behave ethically in delivering client-centred, virtual walk-in services

Framework was developed from insights from the advisory committee, stakeholder consultations and themes within the existing literature.

Leadership drivers

Support from an organization's leadership team is critical to successfully managing change. Senior leaders who buy into or drive change efforts understand the value of evidence-based service delivery, acknowledge the importance of thoughtful implementation and provide necessary resources for staff.

The implementation science framework outlines two types of leadership.

Technical leadership: Addressing known problems and solutions

- Leaders identify opportunities, ensure continuity and address challenges by using evidence-based problem-solving approaches related to virtual walk-in services

Technical leadership means that senior leaders support technological advances and encourage their adaptation. It should not be confused with technical expertise: your organization's leaders may not have the necessary skills or experience themselves, but they can and do organize and oversee how technical expertise is managed.

Adaptive leadership: Dealing with unexpected situations

- Leaders identify and adapt to internal and external factors affecting the implementation of virtual walk-in services

Adaptive leadership has the leadership team balancing competing interests while tackling problems with unknown solutions. The adaptive leadership approach works best when people are working together throughout the organization to collaborate on finding and implementing solutions. [6]

Leadership in action: Notes for the leadership team

When implementing any new service or technology, your organization will experience challenges. As leaders, you need to be comfortable with uncertainty and instill confidence in your team. It is important to align your organization's goals with the change process [5, 7] and ensure that your actions reflect this approach.

Working in tandem, both types of leadership — technical and adaptive — will contribute to your organization's success.

The following checklist presents a list of considerations for leadership practices when it comes to implementing virtual walk-in services.

Checklist of implementation strategies: Leadership driver

☐ Ensure your organization meets the necessary pre-conditions for implementing virtual walk-in services, or have these conditions completed and in place. (See Appendix B: Pre-conditions for implementing virtual walk-in services.)

☐ Develop implementation plans to guide the start-up of virtual walk-in services. [8]

☐ Convene a core implementation team [8]

☐ Encourage staff buy-in and have at least one "project champion" in a leadership position. [8, 9]

☐ Develop a comprehensive budget.[8]

☐ Determine who will provide technical leadership and technical expertise (in-house, outsourced, or both).[5]

☐ Design an evaluation plan.[8] (See Appendix C: Evaluating virtual walk-in services.)

☐ Use a collaborative approach when addressing challenges or difficulties encountered throughout the implementation process.[6]

☐ Create a safe space and open environment [6, 10] to share new ideas and address problems, conflicts or challenges.

☐ Involve young people and families in designing, implementing and making changes to virtual walk-in services. Consider how you can best engage clients and understand their experiences.[8, 11, 12]

Recommended reading

- Implementing Evidence-informed Practice: A practical toolkit [8]
- The Practice of Adaptive Leadership [10]

Organization drivers

Organization drivers contribute to a strong internal infrastructure and help organizations adopt and embrace innovation through evidence-based decision-making.[5]

The implementation science framework divides the organization drivers into five sections:

- Decision support data systems
- Accessibility and equity
- Facilitative administration
- Organizational security
- Privacy and confidentiality

Decision support data systems

- Organizations use current, high-quality data to plan and adapt virtual walk-in services and to create a culture of ongoing improvement

"Data systems" refer to an electronic system or database that provides information about a program, such the number of clients or the effectiveness of virtual walk-in services.[4, 5] The information stored in data systems should be relevant and timely and reviewed regularly by your leadership team.[5]

Accessibility and equity

- Organizations ensure equitable access and adopt a systematic approach to identifying and addressing current and potential barriers to virtual walk-in services

In Ontario's mental health sector, barriers to access may be experienced by racialized populations, newcomer populations, 2SLBGTQI+ communities, and people living in rural and remote areas.[13] There are often high rates of trauma in these communities. Based on what we discovered from our stakeholder survey, clients believe that trauma-informed practice is a necessary part of virtual service delivery. (See Appendix E: Glossary.)

When accessing virtual walk-in services, clients and staff may be unfamiliar or uncomfortable with using the technology. Your organization needs to consider how it can best give your service providers the knowledge, tools and skills they need to support young people and families in equitably accessing mental health care.

Facilitative administration

- Administrators develop and revise policies and procedures to support staff in implementing virtual walk-in services

Successful outcomes depend on appropriate policies and procedures being in place. When implementing any new service, your organization can either create new policies or adapt existing ones. A key example that emerged from our stakeholder survey is the need for organizations to modify existing workflows to allow more time for providing virtual walk-in services.

Organizational security

- Organizations account for security risks and maintain good information technology and cybersecurity practices in the delivery of virtual walk-in services

Organizations need to be aware of any security risks in using their virtual platforms and monitor any threats to networks and document storage[14, 15] when delivering virtual walk-in services. Organizations can best serve their clients by modelling good cybersecurity practices. Your staff should be trained to support young people and families in developing the skills to use virtual technology safely.[16.]

Privacy and confidentiality

- Organizations are committed to keeping client information private and confidential by applying safeguards and following relevant professional practice guidelines, policies and legislative requirements when implementing virtual walk-in services

When delivering virtual walk-in services, your organization's providers can use their critical judgment to determine if the clients' environment supports privacy and confidentiality.[1] If it doesn't, your staff can work on co-creating solutions with children, young people and families.

The informed consent to treatment processes and forms your organization is currently using may not fully cover the use of virtual platforms. You will need to follow professional college processes and relevant legislation.

Our stakeholders also recommend revising policies and procedures (for example adding processes for tracking IP addresses) and creating a clear accountability structure.

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1   Privacy, confidentiality and security considerations in the child and youth mental health sector are governed by legislation, including the Personal Health Information Protection Act, 2004 and the Child, Youth & Family Services Act, 2017.

Checklist of implementation strategies: Organization driver

☐ Assess your organization's data capacity, as needed. [21]

☐ Update data systems to monitor the quality [5] of virtual walk-in services. Use consistent measures and indicators to monitor quality. [5, 22] (See Appendix C: Evaluating virtual walk-in services and Appendix D: Questions to guide the collection of high-quality data.)

☐ Use quality improvement methods [23] to improve virtual walk-in services.

☐ Engage with children, young people and families to assess their unique accessibility needs. [11, 12]

☐ Identify areas for improving accessibility and equity and work toward these improvements as part of your regular practice. [16]

☐ Provide ongoing trauma-informed training and support to staff. [24]

☐ Review policies and procedures related to walk-in services and revise accordingly to reflect the unique challenges of providing virtual care. This includes policies related to informed consent. [5, 7]

☐ Ensure that your service providers are well trained in security protocols. Focus also on support areas such as data analysis and IT support.

☐ Monitor the virtual walk-in service, including systems, process and outcome measures. Bring timely information to your leadership team for decision-making.

☐ Develop a comprehensive cybersecurity policy that covers individual practice, IT practice, and organizational practice. [14, 17, 18, 25, 26]

☐ Select a virtual platform that meets Canadian and Ontario-specific legislation and professional requirements. Ensure that your data management policy for the virtual platform is aligned with the requirements. Conduct risk assessments regularly. [14, 25]

☐ Train staff and clients in cybersecurity practices, such as network attacks and security breaches. [25, 26]

☐ Have clear policy guidelines detailing how client information is kept secure when delivering virtual walk-in services.

☐ When delivering virtual walk-in services, co-create a safe and confidential space with young people and their families.

☐ Be transparent about data collection and other information required (for example consent, confidentiality) so that clients know what to expect.

Recommended reading

- Advancing racial equity together: A review of the literature on effective organizational practices [27]
- Security considerations for e-mental health interventions [25]
- Towards understanding cybersecurity capability in Australian healthcare organisations: A systematic review of recent trends, threats and mitigation [14]
- Defining cybersecurity [15]
- Health care and cybersecurity: Bibliometric analysis of the literature [17]
- Adopting and integrating virtual visits into care: Draft clinical guidance for health care providers in Ontario [18]
- Healing families, helping systems: A trauma-informed practice guide for working with children, youth and families [19]
- Quality assurance program: Informed consent workbook [20]

Competency drivers

Competency drivers focus on the people in your organization. These drivers ensure that staff have the skills and knowledge they need and that they feel confident, capable and supported in delivering care and services, including virtual walk-in services. [5]

Competency drivers include:

- staff selection
- capacity-building (training, coaching/supervision, and support)
- ethical practice

Staff selection

- Staff are selected based on their knowledge and experiences in providing services in general, along with their willingness to learn and adapt their practices to deliver virtual walk-in services

As the mental health sector builds momentum in delivering virtual care, more staff will come equipped with the required skillset. Staff may bring related knowledge, experience, and a willingness to learn about, and adapt to, new systems and service delivery methods, including virtual walk-in services. Your existing staff may have these skills already or could acquire them through on-the-job training (see staff capacity building, below.)

Staff capacity building: Training, coaching/supervision and support

- Organizations provide staff with training and ongoing opportunities to build knowledge and skills to deliver virtual walk-in services

Our stakeholder consultations identified resource and technology support, along with flexible workflows, as key elements for ensuring successful, client-centred virtual walk-in service delivery. Receiving appropriate training, coaching, supervision and support will also contribute positively to staff's well-being. To ensure your team members are comfortable and appropriately trained to deliver virtual walk-in services, your organization should develop plans for orientation, initial training, competency assessment and ongoing training. [28]

Ethical practice

- Staff use sound professional judgment and behave ethically in delivering client-centred, virtual walk-in services

Navigating the ethics of technology use can be challenging. Good professional judgement is required when determining whether accessing mental health services virtually is the best option for some populations. [29] For example, virtual walk-in services may not be appropriate if they do

not provide continued support or address complex mental health challenges. Many factors need to be considered for clients, including medical conditions, language barriers, levels of digital literacy and privacy. Your organization should be transparent in communicating that virtual walk-in services may not always be the best fit for every client's needs.

It is important to ensure that the digital technology used is an enhancement, and not a distraction, to mental health care and services.[30, 31] Compassionate care needs to be at the core of virtual walk-in services.

Checklist of implementation strategies: Competency driver

☐ Design an evidence-based staff selection process or modify the existing staff selection process [32] to include the skills needed for delivering virtual walk-in services. Determine which characteristics are most important for your needs.

☐ Have a thorough understanding of your organization's capacity to train and coach staff.[2]

☐ If capacity is limited, consider hiring external coaches and explore partnerships to help build this capacity within your service area.

☐ Increase staff's comfort level with digital technology by providing opportunities to practice with supervisors or colleagues, and to receive feedback.

☐ Encourage staff to provide feedback on their experiences and to identify what they need to feel supported in delivering virtual walk-in services.

☐ Update workflows, policies and guidelines to support a new way of working with digital technology.

☐ Develop clear messaging about the appropriateness of virtual walk-in services and discuss how to support staff in making these assessments.

☐ Ensure that the needs and preferences of children, young people and families are the priority when determining whether virtual walk-in services are right for them.

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2   Evidence shows that coaches are the most effective when they validated the effort, knowledge, and expertise of others, modelled the skills they were coaching, and worked to develop the skills of those they were coaching. [33]

Recommended reading

- Defining compassion in the digital health age: Protocol for a scoping review [30]
- Caring in a digital age: Exploring the interface of humans and machines in the provision of compassionate health care [31]
- Selection and recruitment in the healthcare professions: Research, theory and practice [32]

Appendix A: Engaging young people and families as partners

The success of any new mental health programs or service is linked directly to how the services fit with clients' needs. [34]

When developing virtual walk-in services, your organization is encouraged to consider the following when engaging with young people and their families (adapted from [11, 12]).

Clinical-level engagement

- Build trust and credibility in virtual walk-in services. This involves describing the benefits and limitations of this service, discussing concerns, and being open to feedback.
- Building trust also includes training your staff to consult with young people and family members about their experiences, culture and unique needs that may affect accessibility and equity.
- Prepare to support clients in using new technology or new services. This includes providing alternate communication methods — phone, for example — or making extra time during video sessions to orient clients to the platform.

Organizational-level engagement

- Co-develop feedback forms to understand experiences of young people and families in using virtual walk-in services. Develop a feedback loop to demonstrate how clients' suggestions are being used to make changes and improvements.
- Include young people and families in planning. Conduct a needs assessment, for example, or invite clients to participate on an advisory committee or implementation team.

Before you begin

Young people and families should know what to expect, both in their role as partners and when receiving virtual walk-in services.

An agreement of expectations can be developed, to ensure that leadership, staff, young people, and families are all aware of their roles and expectations when designing and planning services.

Appendix B: Pre-conditions for implementing virtual walk-in services

The Centre's consultations with agency leaders highlighted the need for organizations to have pre-conditions in place before offering virtual care broadly.[16] To guide the planning process for your organization, we have summarized here the advice received from our guidelines advisory committee.

- Consult with young people and families to design virtual walk-in services. Determine the supports you need to promote the adoption of, and access to, those services. [35]
- Once you have selected the software you are going to use to deliver virtual care, conduct usability testing and make improvements as appropriate.
- Set up clear policies and procedures to guide the implementation and use of virtual services. Revise staff workloads or requirements as needed.
- Train staff so that they are comfortable with delivering virtual care.
- Design and implement continuous improvement plans.

Communication and promotion

A key part of the planning process is to communicate and build awareness of the virtual walk-in services being offered by your organization. Our stakeholders and advisory committee recommend that your organization consider the following elements in all communications related to virtual walk-in services.

Goal(s)

The goal of your communication is to build awareness of your new service, particularly among communities with underserved children, young people and families.

Audience(s)

Determine who should know about your virtual walk-in services. Here are some examples of the groups and people you may want to communicate with.

- Community members
- Schools, community programs (for example after-school programs) and community centres
- Child and youth health and social service agencies
- Government agencies, not-for-profits, boards of directors or committees
- Local media outlines, mental health-related websites, newsletters, blogs

Promotional strategies

- Many child and youth mental health organizations have strong connections with schools and school boards. Organizations can work with schools to send flyers home with students about the virtual walk-in services. You can request that schools send an email out to parents, families and caregivers about your new service.
- Consider developing a comprehensive social media strategy that promotes virtual walk-in services on Facebook, Snapchat, Instagram, Twitter or other sites.
- Kids Help Phone and Ontario 211 keep records of the services offered by each agency in the community. You can request that their records for your organization be updated to include virtual walk-in services.
- Participating in boards and committees within your community is a good way to share information about your organization's new programs and services. This level of involvement also helps to build community connections.
- Putting flyers in primary care sites (for example doctors' offices) and forging relationships with primary care providers helps to spread the word about new services.
- It may be helpful to leverage existing connections, and ask these connections to forward your emails, flyers or other materials to relevant stakeholders.
- Consider using posters, information sheets or infographics, webinars, and lunch and learn sessions.

Overall, it's important to decide which communication strategies work best for your organization and for your intended audiences.

The Centre has developed a knowledge mobilization toolkit http://www.kmbtoolkit.ca/ to provide your organization with continued support in sharing information within the child and youth mental health sector.

Appendix C: Evaluating virtual walk-in services

To ensure that desired outcomes are being achieved, it is important to evaluate how services are being implemented. Evaluation is useful in monitoring services, improving processes and demonstrating enhanced mental health outcomes. [36]

In developing an evaluation framework for walk-in services, outputs, outcomes, indicators and measures need to be identified.

Outputs refer to the direct products of the virtual walk-in services such as the number of sessions provided. [22, 36]

Outcomes refer to the impact of the virtual walk-in services such as improvements in mental health. [22, 36]

Indicators help us understand whether we're achieving the outcomes we had planned to achieve. Indicators measure observable information. This information can be expressed as rates (for example, the percent of young people or families who feel their mental health concerns were addressed by the virtual walk-in services) or assessed through a measure (average scores across all clients on a symptom checklist).

Three types of indicators can help provide your organization with an overall picture of virtual walk-in services:

• Structure indicators: assess our resources and policies
• Process indicators: how well are we implementing our services
• Outcome indicators: the impact of the services on clients

In an implementation science framework, these indicators provide information on implementation or service-specific outcomes.[22] Organizations can create internal benchmarks, monitor trends, and improve virtual walk-in services.[22, 37] Performance targets, future actions and goals for the organization can also be identified. [22]

Benchmarks can be identified when there is sufficient data about the quality of services over time.

Comparing indicators across organizations can also build an understanding of best practices. [37]

The Centre has a comprehensive [program evaluation toolkit](#) that provides evidence-based guidance on program evaluations.

Table 1: Sample indicators for quality domains

Quality domain	Implementation and service outcomes	Sample indicator
Acceptability of virtual walk-in services [22]	Children, young people and/or families are satisfied with the virtual walk-in services	Percentage of children, young people and/or families who report ease of use and accessibility of the virtual walk-in services [38]
Access to, and timeliness of, virtual walk-in services [39, 40]	Virtual walk-in services are available for same-day care	Percentage of children, young people and/or families served on a same-day basis
Effectiveness of virtual walk-in services	Children, young people and/or families experience improved symptoms as a result of virtual walk-in services	Percent of children, young people and/or families who indicate they feel their mental health concerns were addressed by the walk-in services
Equity of virtual walk-in services	Virtual walk-in services are accessible/available to children, young people and/or families from marginalized communities	Percentage of children, young people and/or families using virtual walk-in services who are from marginalized communities (for example the number of young people who self-identify as from Indigenous community, non-European heritage, or 2SLGBTQI+)
Safety of virtual walk-in services	Clinical incidents (such as safety concerns) are minimized and/or addressed	Percentage of young people and/or families who received risk assessments (for example evaluations for suicidality)
Service utilization of virtual walk-in services [22]	Young people and/or families are served via virtual walk-in services	Percentage of children, young people and/or families using virtual walk-in services
Sustainability of virtual walk-in services [22]	Virtual walk-in services are sustainable for young people and families	Percentage of children, youth and/or families served using virtual walk-in service over time, including repeat users and new users

In addition to implementation outcomes, it's important to assess client outcomes, such as engagement or perception of care.

[The Virtual Client Experience Survey for Mental Health and Addictions (VCES)](#) is an example of a survey that can be used to understand clients' perception of care. [41]

See the Centre's [Evaluating and improving e-mental health services](#) for more details on evaluating virtual services. This resource provides guidance on measuring system-level, provider-level and client-level outcomes across various virtual services. Your organization's evaluation may also focus on assessing costs, benefits and other economic measures.

Appendix D: Questions to guide the collection of high-quality data

Consider these questions when your organization is developing a data collection plan for virtual walk-in services. [16, 42]

- Is this data relevant to the organization, and to young people and families?
- Is this data regularly collected to measure or assess your virtual walk-in service?
- Is the amount of data we have collected a burden on young people, families or providers? Too much or too little?
  - Is this data needed?
  - Is the data complete?
- Do we have a clear plan for how data will be collected, and at which points in time?
- Do we plan to link or connect data to other data sources (for example data from other organizations)?
- Do we have the in-house data literacy skills to perform statistical analyses and interpret the data, or do we need to process this data externally?
- Do we have mechanisms to report on and influence the organization and the wider system?
- Are we using data-driven rapid testing cycles, or longer-term evaluations?
  - Did/do we consider how rapid testing cycles enable organizations to quickly adapt and mitigate any concerns or issues?
  - Do we have a plan for longer-term evaluations?

Appendix E: Glossary

Anti-oppression

The Rainbow Health Network's "Integrated anti-oppression framework" describes anti-oppressive practice on page 6 as an approach that "requires that people examine their own experiences and actions, and critically analyze social structures of power and privilege". In this approach, a central tenet is that for change to happen, the dominant group must recognize its power, and acknowledge "how that power results in societal privilege and benefit[s]" over those who are marginalized.[43]

Anti-racism

Ontario Health defines ant-racism on page 2 of their "Equity, inclusion, diversity and anti-racism framework" as:

> …a systematic method of analysis and a proactive course of action… [that] recognizes the existence of racism, including systemic racism, and actively seeks to identify, reduce and remove the… power imbalances between [different racial] groups and the structures that sustain these inequities.[44]

Cultural safety

Curtis and colleagues (2019) recommend the following definition of cultural safety as seen on page 14 of their publication:

> Cultural safety requires healthcare professionals and their associated healthcare organisations to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and healthcare organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires healthcare professionals and their associated healthcare organisations to influence healthcare to reduce bias and achieve equity within the workforce and working environment.[45]

Cybersecurity practice

Cybersecurity practice is an umbrella term used to describe organizational actions that protect their information communications system. These practices safeguard the organizational system against security threats (such as hacking) and also provides guidance on what to do if a threat was to occur.[15]

Evidence-based practice

Evidence-based practice in child and youth mental health integrates research, clinical expertise and client perspectives to obtain measurable outcomes for children, youth and their families.[46,47,48,49]

There are many sources of evidence to draw on when considering programs or interventions to address the mental health needs of infants, children and youth. These include evidence from research, clinical expertise, data from evaluations in real-world settings and ongoing feedback from children, youth and families.[48,50,51,52]

Providing an evidence-based service for clients is more than finding and implementing an off-the-shelf manualized intervention[53] ; hearing about clinicians' experiences and consensus from experts can help provide guidance, particularly where there is limited research evidence. Clients' age, developmental needs, culture, values and preferences are all considered to ensure effective and appropriate interventions.[48,54,55]

Informed consent

Informed consent is embedded in Ontario legislation, including the Health Care Consent Act, 1996[3], the Personal Health Information Protection Act, 2004 and the Substitute Decisions Act, 1992 (20). The "Quality assurance program: Informed consent workbook" by the College of Registered Psychotherapists defines informed consent on page 9 as a process that "involves two-way communication between the member and client, where the member is responsible for providing sufficient information so that a client (and/or their substitute decision-maker) is able to agree to or refuse treatment."[20]

Quality improvement (QI)

According to Quest's "Quality improvement plan guidance", quality improvement in healthcare is defined on page 1 as:

> …a systematic approach to making changes that lead to better client outcomes and stronger health system performance. This approach involves the application of QI science, which provides a robust structure, tools and processes to assess

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3   See Health Care Consent Act, 1996, c. 2, Sched. A, s. 11 (2) and s. 11 (3).

and accelerate efforts for the testing, implementation and spread of QI practices. QI means to achieve and sustain better health outcomes and client experiences in the context of delivering a healthcare service.[57]

Quality standards

The Centre defines quality standards on page 6 of the "Quality standard for youth engagement" as:

> Quality standards are essential to a system that is accountable and constantly improving. They are also central to ensuring that Ontario children, youth and families access and receive consistent high-quality mental health services wherever they are within the province.

> Quality standards consist of several quality statements (or principles) that describe what high quality looks like, based on evidence.[58] None of the statements stand alone; rather, the statements work together to make up a cohesive quality standard. Evidence comes from many sources including the research literature, the experiences of youth and families, and the perspectives of service providers.

> Quality standards include best practices that describe how high-quality services can happen.[58] They also include indicators to show progress or the impact of these practices. Tools and resources are provided to guide implementation, evaluation and ongoing improvements in applying the quality standards.

Trauma-informed practice

British Columbia's Ministry of Children and Family Development defines trauma-informed practice on page 10 of the "Healing families, healing systems: Trauma-informed practice guide for working with children, youth and families" as:

> … integrating… [a focus on] trauma into all levels of care, system engagement, workforce development, agency policy and interagency work. Trauma-informed services take into account… the prevalence and effects of trauma in all aspects of service delivery, and place priority on the individual's sense of safety, choice, empowerment and connection.[59] In interactions with children and families, trauma-informed practice is about the way of being in the relationship, more than a specific treatment strategy or method.[19]

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