

Guidelines for Using Select OPOC-MHA Questions

The Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA) was designed for widespread use and adoption across the entire Ministry of Health funded mental health and addiction sector. It provides a comprehensive, standardized method for gathering service user feedback. While implementation approaches vary by agency and program, organizations are encouraged to administer the OPOC-MHA at least once annually. In addition, organizations are required to provide the tool in its entirety to the service user.

There are occasions when agencies may wish to use some of the OPOC-MHA questions for alternate purposes. For example, an agency may initiate a quality improvement project and want to use only a few OPOC-MHA questions to gather feedback during rapid improvement cycles. Alternatively, a detailed program evaluation may be undertaken, in which it might be helpful to use certain OPOC-MHA questions for the specific program.

Administering a select number of items from the OPOC-MHA for specific quality improvement or program evaluation purposes is permitted with the following conditions:

- Administration of these items is **complementary** to standard OPOC-MHA implementation and does not replace regular administration of the standardized tool
- The exact wording for selected items must remain the same
- A process to identify and select appropriate OPOC-MHA items for the specific purpose was discussed at the agency
- A footnote must be added to abridged versions: *Select items from the “Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA)” used with permission from the Centre for Addiction and Mental Health (CAMH). Copyright © 2015 by CAMH.*
- Data analysis for these items are the responsibility of the agency
- Additional questions may be added as appropriate

Key Considerations

- Administering only select OPOC-MHA questions can provide a rapid, feasible, and sustainable survey data management system that can engage clinicians and clients in the quality improvement process.
- Each item included in the OPOC-MHA tool reflects a specific standard of care that clients should receive in mental health and addiction programs. Individual items should not be interpreted beyond the item itself; in other words, individual question responses are not representative or predictive of responses across a particular domain or the tool as a whole.
- Administering only select questions is not a method that has been tested, and key aspects of the client experience, captured in the omitted OPOC-MHA questions, will not be recorded.
- If treatment and sociodemographic questions are not asked, the client’s experience cannot be viewed through a health equity lens. Reports are not automatically generated that would help identify service inequities or disparate experiences receiving care.
- Manual data analysis is required, and results do not become part of the aggregate agency or provincial database.
- Organizations are encouraged to inform the appropriate PSSP implementation specialist/coach about their use of the selected items and to seek support as required.