NOVA SCOTIA
Health and Wellness

Standard:	Mental Health Community Supports		
Originating Branch:	Mental Health, Children's Services, and Addictions Branch		
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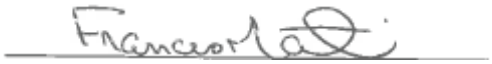
Approved By: 

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Standards for Mental Health Services in Nova Scotia

In Canada mental illness is the second leading cause of human disability and premature death. $51 billion is the estimated annual cost of mental illness to the Canadian economy, in terms of health care and lost productivity. On any given week, at least 500,000 employed Canadians are unable to work due to mental illness, including approximately 355,000 disability cases due to mental and/or behavioral disorders plus approximately 175,000 full-time workers absent from work due to mental health issues. Mental Health is the number one cause of disability in Canada, accounting for nearly 30% of disability claims and 70% of the total costs.

System-level standards for mental health services in Nova Scotia (NS) have been drafted by the Core Programs Standards Working Group of the Mental Health Steering Committee. Numerous system stakeholders were involved in reaching consensus on standards based on the best available information regarding effectiveness and/or best practice, balanced by the perspective of consumers, expert practitioners and educators. Input will continue to be sought and revisions will take place every five years to keep pace with best practice evidence.

Core program standards form the foundation for long-term improvement in mental health services and define the key service components to be achieved within each of the core programs. An overarching set of generic standards represent the preferred conditions relevant to all mental health service delivery. Core programs are accessible to all Nova Scotians as part of a comprehensive mental health system. Nova Scotia's core programs, as referenced in the work of the Federal/Provincial/Territorial Advisory Network on Mental Health (2001), are:

- Outpatient and outreach services
- **Community supports**
- Inpatient services
- Specialty services

In addition, there will be:

- Foundation standards which apply across all DHAs and IWK
- Network & EIBI standards for speciality services

The standards are intended to provide guidance for quality service delivery and reduce variations across the province, while maintaining flexibility to adapt approaches to unique district, community and organization conditions.

Guiding Principles

Standards for community supports services must address the following:

- ✓ clear evidence of a patient centred /family centred philosophy
- ✓ the promotion of a wellness lifestyle and a rehabilitative approach
- ✓ the provision of a full range of medical care
- ✓ the collection and analysis of outcome measures
- ✓ the special needs of differing cultures and vulnerable populations
- ✓ clear accountability for the efficacy of services
- ✓ least restrictive , respectful environment
- ✓ the provision of a continuum of care for patients both with partner services in the community at large

Development Process & Methodology

To inform the standards development process, a situational analysis of current Community Supports provided by mental health and addiction services in NS was conducted, as well as a cross-jurisdictional review of relevant policies, guidelines, and standards was completed. Using this information as a foundation, as well as key references from the literature regarding promising and emerging practices, a set of standards was developed by representatives of mental health and addictions staff from across the province.

Effective intervention for mental illness requires close collaboration between Department of Health and Wellness (DHW) mental health branch and the District Health Authorities (DHAs) and the Izaak Walton Killam (IWK). In addition the *Accreditation Canada Mental Health Service Standards* aim to improve the quality of mental health services delivery in the DHAs and the IWK, and comply with the DHW quality framework which sets expectations of activity and performance in the health system through the development and monitoring of standards.

The standards include a specific set of indicators contained within a monitoring report. The indicators will enable the DHAs and the IWK to monitor the extent to which progress is being

made towards meeting the System Standards for Community Support services. However, it must be noted that the indicators are generic in nature until such time as we have a provincial mental health and addictions data collection system to capture very specific data and allow for very specific indicators. At present, we will be using a template to monitor compliance for the DHAs and the IWK to report on and will visit the stakeholders to ensure their audited responses are accurate and to make recommendations on areas they are having difficulty with.

Community Supports for Children, Youth and Adults - Overview

In 2000, the Department of Health published the document *Community Mental Health Supports for Adults* which provided direction for developing a comprehensive system of community mental health supports for individuals living with major mental illness and significant impairments. Although focused on adults, the document was used as a beginning foundation for developing standards for the Community Mental Health Supports Core Program across the age continuum. In 2006, additional stakeholders involved in the mental health care of children and youth were engaged to add increased and unique perspectives on the younger population. These individuals worked as a sub-committee was struck to develop revised standards related to children/youth and their families. In 2012, it was recognized that community supports are required across the age continuum and that the differences were not unique to one sector of the population and the standards were combined.

Underlying the whole Community Mental Health Supports Core Program is a philosophy which requires that people with serious mental health issues are treated with the same dignity, rights and opportunities afforded to all citizens of Nova Scotia. This implies that the determinants of health are relevant for children/youth/adults with severe and persistent emotional, behavioural and mental health issues, that individuals are encouraged to do what they can to improve their health, and the outcomes of the program are those of the greatest importance to these individuals It is important to note that youth are not always treated with their families as this may not be appropriate.

The target population for Community Mental Health Supports Core Program is persons living with serious mental illness.

"There are three dimensions used to identify individuals with serious mental illness/serious mental health problems: disability, anticipated duration and/or current duration, and diagnosis. The critical dimensions are the extent of disability and serious risk of harm to themselves or others, related to the diagnosable disorder. Disability refers to difficulties that interface with or severely limit an individual's capacity to function in on or more major life activities. Anticipated duration/current duration refer to acute and ongoing nature of the problems identified either through empirical evidence and objective experience suggesting persistence over time or through the subjective experience that the problems have persisted over time".[1]

1 www.workingin**mentalhealth**.ca/forms/glossary.aspx

Community Supports Standards

Purpose

The Community Mental Health Supports Program is designed to support individuals in accessing services needed to attain optimal health, to manage the demands of daily life, and to enjoy full citizenship in their communities.

Background

Historically Mental Health systems in Nova Scotia have been underfunded and struggled to provide an acceptable level of service. The medical model has failed to ensure services is client centred and involved significant others in the treatment process. The system has prescribed what they see as the best for the client and not what the client considers to be an integral part of their recovery. Keeping the client and his or her concerned significant others at the center of system planning is vital.

The 2000: Bland-Dufton report. *Mental Health: A Time for Action* was a consolidation of all previous reports as well as broad stakeholder input. All 72 recommendations of the report were accepted by the government in 2001. A Mental Health Steering Committee was struck and mandated for the development of minimal system standards and this involved over 200 professionals including front-line staff.
Nova Scotia was the first province to develop mental health standards in Canada. In 2003 the first set of standards approved by the government were; Inpatient, Outpatient, Community Support, Prevention & Promotion, Eating Disorders, and Early Psychosis with a price tag of $30m.

System-level standards for mental health services in Nova Scotia have been drafted by the Core Programs Standards Working Group of the Mental Health Steering Committee. Numerous system stakeholders were involved in reaching consensus on standards based on the best available information regarding effectiveness and/or best practice, balanced by the perspective of consumers, expert practitioners and educators. A guideline was established by the Steering Committee that all standards would be reviewed and revised every 5 years for best practice and emerging evidence.

The June 2010 Auditor General (AG) Report “A Summary of the Current State of Mental Health and Addictions Services in Nova Scotia” recommended the revision of standards for the treatment of people with mental illness in Nova Scotia. The revision of the System Level Standards for Community Supports responds directly to the AG Recommendation # 4.6, “The Department of Health should review the mental health standards to ensure each standard is measurable, specific and can be evaluated.” The previous standards from July, 2009 were a minor revision from the 2003 version.

A further review of the mental health standards began in 2012 with a removal of those standards that are currently well embedded in practice, those that were more guidelines and to make them more succinct. Indicators in most cases are those that can be audited as there is

currently no data collection system to assist in this area. The plan is to have more benchmarks and percentage type indicators when a data collection system is in place.

Legal Authority

The NS DHW is responsible for setting the strategic direction in establishing and monitoring Provincial System Level Standards, for the delivery of mental health services in Nova Scotia. The duties and powers for the development and implementation of health policies and standards are legislated under the *Health Authorities Act, 2000*.

Policy and Standards Framework

An overarching policy called: "The Mental Health and Addictions Service Delivery Standards Policy" was developed in 2012 for the NS health care system, to improve service delivery of addiction and mental health services and to revise and update existing Provincial Standards for the delivery of mental health services.

Standards and Indicators

Title: Community Mental Health Supports for Children/ Youth /Adult (C)
Goal Statement: The Community Mental Health Supports Program is designed to support individuals in accessing services needed to attain optimal health, to manage the demands of daily life, and to enjoy full citizenship in their communities. **Description:** A Community Mental Health Supports Core Program is to help individuals and their support networks to manage the demands of daily life, and to promote full engagement/ citizenship in their community. Community Mental Health Supports differs from, but complements, less intensive mental health services (i.e. office-based), through the focus of interventions and by delivery of services in the community environment of the individual. Staff collaborates with the individual and their support network to address functional goals, and to provide ongoing outreach/ support across service settings and as needs change. The range of intensity/frequency of service is based on need, and will vary by the situation of the individual and their support network. Community Mental Health Supports may include: • Case management Intensive community-based treatment teams/family initiatives; Accommodation/housing/employment • and education supports; Proactive outreach/case finding, Multi-modal approach; Community-based approach; Early intervention approach; Multiple systems approach; Maximization of protective factors; Psychosocial Rehabilitation; Recovery Orientation; • Assertive Community Treatment and Clubhouses.

Standard Statements	Measure/Indicator Benchmark: 100% compliance
C.1.1 There is a defined functional assessment tool and process that includes all functional domains. ***(*see glossary descriptor of functional domains)***	Evidence of functional assessment tool.
C.1.2. Timely available services are available to clients with need for support with psychosocial determinants of health.	Eligibility criteria are established and evidence based. These are embedded in the referral and triage tools used. An assessment of functional domains is initiated within ten working days of the referral, which is completed and documented within thirty working days. A service/intervention/recovery plan is developed that considers all **functional** domains in the individual's life.
C.1.3. The service/intervention/recovery plan outlines mutually established goals, time frames for goal attainment, linkages with all relevant professional and community resources and discharge planning.	There is documented evidence of goals and measurable outcomes, which are reviewed as determined as a part of the initial care plan.

Glossary

Assertive Community Treatment (ACT)

"Assertive Community Treatment (ACT) is a recovery focused, high intensity, community based service for individuals discharged from multiple or extended stays in hospitals, or who are difficult to engage in treatment. The service utilizes an interdisciplinary team to provide intensive, integrated and rehabilitative community support, crisis, and treatment

interventions/ services that are available 24 hours/7 days per week."

Source: Medicaid Rehab Option: Assertive Community Treatment (ACT), Draft Definition of ACT Program, September 2006, State of Connecticut Department of Mental Health and Addiction Services, page 1.

Clubhouses

The International Standards for Clubhouse Programs, consensually agreed upon by the worldwide clubhouse community, define the Clubhouse Model of rehabilitation. The principles expressed in these Standards are at the heart of the clubhouse community's success in helping people with mental illness to stay out of hospitals while achieving social, financial and vocational goals. The Standards also serve as a "bill of rights" for members and a code of ethics for staff, board and administrators. The Standards insist that a clubhouse is a place that offers respect and opportunity to its members. Source: www.iccd.org/**ClubhouseStandards**.asp

Community-Based Approach - The term "community-based services" is used to describe both where the services are located (I.e., community settings, such as an individual's home or school) and a philosophy of care (i.e., one that is based on consumer empowerment and recovery principles). In the current application, these often combine the work of a multidisciplinary mental health treatment team with a tailoring of community support resources and services to assist the client/family in realizing the mutually agreed upon treatment goals. SOURCE: Morrow, M., Frischmuth, S. and Johnson, A.: Community-Based Mental Health Services in B.C, Canadian Centre for Policy Alternatives, 2006

Early Intervention Approach - Applies to children of school age or younger who are discovered to have or be at risk of developing a handicapping condition or other special need that may affect their development. Early intervention consists in the provision of services such children and their families require for the purpose of lessening the effects of the condition. Early intervention can be remedial or preventive in nature, either seeking to remediate existing problems or preventing their occurrence. Early intervention may focus on the child alone or on the child and the family together. Such programs may be office-based, home-based, hospital-based, or a combination thereof. Services may range from identification to diagnostic and direct intervention programs. SOURCES: U.S. Department Of Education, Washington D.C. (see also www.kidsource.com) 2000;

Early Intervention Nova Scotia (www.earlyintervention.net) 2006.

Functional domains include;

- Receptive & expressed Communication Skills
- Cognitive / Academic Skills
- Self-Care Skills
- Domestic Skills
- Community Awareness Skills
- Leisure / Recreation Skills
- Motor Acuity Skills
- Emotional Regulation Skills

- Social Skills

Intensive Case Management (ICM)

"Intensive case management is more than a brokerage function. It is an intensive service that involves building a trusting relationship with the consumer and providing on-going support to help the consumer function in the least restrictive, most natural environment and achieve an improved quality of life. The case manager maintains involvement, as consumer needs change and cross service settings." Source: *Intensive Case Management Service Standards for Mental Health Services and Supports*, May, 2005. Ministry of Health and Long Term Care, Province of Ontario, p. 6.

Model Programs – Are well-implemented, well-evaluated intervention programs according to rigorous standards of research.

Developers ensure that such programs meet best practice standards for the provision of quality materials, delivery modalities, training, and technical assistance for their implementation.

SOURCE: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention 2005 (www.modelprograms.samhsa.gov)

Multi-modal Approach – A combination of psychological and educational treatments that have received empirical support for their effectiveness in addressing the needs of the behaviourally and emotionally challenged youth.

Multiple Systems Approach – Takes place across multiple systems including the family, school, peer group, etc. and promotes consistent use of treatment techniques across multiple settings.

Person with Multiple or Complex Needs

A person with multiple or complex needs: "a person who meets the criteria for serious mental illness, has had past episodes of aggressive or violent behavior and has one or more of the following characteristics:

- *three or more psychiatric hospital admissions within the last two years;*
- *has been detained in an inpatient facility for 60 or more days within this period: subject to two or more police complaints/*
- *interventions within the last 12 months or has been incarcerated in a correctional facility for 30 or more days within this period;*
- *recently evicted from housing, or is homeless, or living in shelters;*
- *current problems with drugs and/or alcohol; and/ or problems following up with recommended treatment plans."**

*Source: *Making it Happen: Implementation Plan for Mental Health Reform*, Ontario Ministry of Health & Long Term Care: 1999, p.61.

Pro-social Behaviour - Behaviour that is intended to benefit others, or society as a whole. In the family and in school, this could involve young people being included when decisions are made that affect them. In the community, this includes opportunities to be involved in activities such as sports or community organizations. Pro-social activities have been identified as being positively related to achievement, school attachment and performance, ability to overcome adversity, willingness to help others, self-esteem, leadership qualities and more positive mental health outcomes.

Psychosocial Rehabilitation (PSR)

Diane Weinstein and Ruth Hughes) Chapter 2, Best Practices in Psychosocial Rehabilitation.

"The goal of all psychosocial rehabilitation is to restore each person's ability for independent living, socialization and effective life management (Hughes, Woods, Brown, and Spaniol, 1994). *It is a holistic approach that places the person- not the illness- at the center of all interventions. The wishes of the person being served direct the rehabilitation process through working partnerships that are forged between the practitioner and the individual with mental illness. Effective (psychosocial) rehabilitationbuilds on a person's strengths and helps the individual to compensate for the negative effects of the psychiatric disability."* Source: Stout, Chris E. and Randy A Hayes, *The Evidence-Based Practice: Methods, Models, and Tools for Mental Health Professionals*, Copyright 2005.

Recovery

"As used in recent years in the field of psychiatric rehabilitation, this term refers to a model of service delivery that (1) looks beyond symptom management to the client's broader existential concerns; (2) recognizes that recovering from the consequences of the disorder, such as stigma, is often more difficult than recovering from the disorder itself; (3) recognizes that there are many pathways to recovery; and (4) emphasizes the recovery process as one that should be collaborative or client-driven rather than practitioner-driven. The recovery concept emphasizes the importance of conveying hope to clients, of restoring self-esteem, and of attaining meaningful roles in society." Source: Davis, Simon, *Community Mental Health in Canada, Policy, Theory and Practice*, © UBC Press 2006, p.321.

Serious Mental Illness (SMI)

The three dimensions used to identify individuals with a serious mental illness/severe mental health problem are: disability, anticipated duration and/or current duration, and diagnosis. The critical dimension is the extent of disability and serious risk of harm to themselves or others, related to a diagnosable disorder.

- ***Disability** refers to difficulties that interface with or severely limit an individual's capacity to function in one or more major life activities.*

- ***Anticipated duration/ current duration*** *refers to acute and ongoing nature of the problems identified either through empirical evidence and objective experience suggesting persistence over time or through the subjective experience that the problems have persisted over time.*

- ***Diagnoses*** *of predominant concern are schizophrenia, mood disorders, and paranoid and other psychoses.**

*Adapted from: Ontario Ministry of Health and Long Term Care, *Making it Happen: Implementation Plan for Mental Health Reform*, 1999, Ontario Ministry of Health & Long Term Care, p. 14.

Severe and Persistent Emotional and Behavioural Mental Health Issues - DSM-IV mental health disorder which has persisted for longer than six months and causes significant impairment in activities of daily living in multiple settings, i.e. home, school, community.

Support Networks – Informal (family, friends, recreational programs, religious groups). Formal (school/education, community agencies, justice, community services).

Youth – In Mental Health Services, the term 'Youth' is used to cover adolescent years age 13 to the 19th birthday.

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