

Blueprint for Mental Health and Addictions:

Building on Success for Improved Access, Integration, and Continuum of Care

2019 to 2021

October 2019

 NOVA SCOTIA

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MESSAGE FROM THE MINISTER

Meeting the health-care needs of Nova Scotians is government's top priority. Doing it right takes a concerted effort by many partners offering a continuum of services, from population health and prevention measures, to treating illnesses and responding in times of crisis.

The services and supports available to people for mental health and addictions must match that of physical health. In fact, the two go hand in hand.

We know how important it is to help youth build resilience, ensure early identification of difficulties, provide supports for at risk youth, and treat illnesses. This contributes to healthy childhood development, and sets children, youth, and families up for long-term success.

Mental health and addictions services in the province are delivered by the Nova Scotia Health Authority and the IWK Health Centre in the community and in hospitals. Supports are also provided by schools, community organizations, family practices, and private clinicians. Many individuals and organizations throughout the province provide care and support to people living with mental illness or addictions, including family members and caregivers.

Government's role is to set the strategic direction for mental health and addictions in the province, fund the delivery of health care for Nova Scotians, and make additional priority investments where and when it is needed. The Department of Health and Wellness' budget for mental health and addictions is about \$300 million annually. Aside from direct physician payments, the majority of this funding is transferred to Nova Scotia Health Authority and IWK to deliver health-care services directly to Nova Scotians.

The province's blueprint for mental health and addictions in Nova Scotia is focused on three key areas: access, integration, and continuum of care. This document provides more details about our ongoing and planned actions in each of these areas.

With the right mix of integrated, evidence-based services and supports, we can support positive mental health, treat mental illness, and improve the overall health of all Nova Scotians.

Randy Delorey
Minister, Health & Wellness

INTRODUCTION

In May 2012, the Province of Nova Scotia launched *Together We Can: The plan to improve mental health and addictions care for Nova Scotians*. This five-year strategy set out to improve the way our province cares for Nova Scotians facing mental health and addictions issues. The plan included 33 actions to be implemented over five years in the key priority areas of:

- intervening and treating early for better results
- shorter waits, better care
- aboriginal and diverse communities
- working together differently
- reducing stigma

Together We Can is Nova Scotia's first Mental Health and Addictions strategy, and it has stood the test of time. While knowledge, treatment options, and our own health system have evolved in five years, the strategy remains a solid foundation from which we continue to build on our vision and direction for the next decade. *Together We Can* is available online at novascotia.ca/dhw/mental-health/reports/Mental-Health-and-Addictions-Strategy-Together-We-Can.pdf.

Since the strategy's release, there have been significant changes in the health system. In April 2015, government changed the way health-care delivery in the province was managed. This included mental health and addictions care. It began by consolidating the nine District Health Authorities into a single health authority—Nova Scotia Health Authority—with stronger ties to the IWK Health Centre. Consolidation saw the delivery of mental health and addictions supports and services shift to NSHA and IWK. A year later, government changed how the Department of Health and Wellness does business, by focusing on advancing health policy using best evidence.

This reorganization came from a recognition that we can do better for Nova Scotians when the province is treated as one, clarifying roles and responsibilities, sharing resources, coordinating services, and planning for the benefit of all Nova Scotians. And that is happening.

In 2017, NSHA and IWK Health Centre jointly released **Milestones on Our Journey** (*Transforming Mental Health and Addictions in Nova Scotia: A Provincial Model for Promoting Positive Mental Health, Care and Support*). This document was informed by the needs of individuals, families, and communities as well as research and leading practices. It also included significant involvement from physicians and employees, and the departments of Health and Wellness and Community Services.

To continue moving forward, new approaches are needed to help Nova Scotians receive the support they need, when and where they need it most. To support this planning, the Minister's Panel on Innovation in Mental Health and Addictions was established. The eight-member expert panel provided an initial set of recommendations to government in 2017, followed by a second set in 2018. The 2017 recommendations are detailed in the **Minister's Advisory Panel On Innovation in Mental Health and Addictions: Recommendations and Responses**. The 2018 recommendations are included in this document.

The Premier's 2017 **mandate letter** to the Minister of Health and Wellness, the **2018 Speech from the Throne**, and the **2018-19 budget** included a number of mental health and addictions priorities. In 2017, government received recommendations on youth mental health from Dr. Stan Kutcher, Sun Life Financial Chair in Adolescent Mental Health at Dalhousie University. Government and NSHA also accepted a number of recommendations in November 2017 from the Office of the Auditor General related to mental health and addictions services.

Throughout this period, the province has continued to implement and track recommendations from *Together We Can*, to fund new mental health and addictions initiatives in priority areas such as youth mental health, and to seek input on where the system needs to go next.

Even as the work to establish a vision for the future of mental health and addictions prevention and care in the province continues, there are efforts to improve the current system. This blueprint includes a number of actions that have begun, and some to be implemented over the next two years, based on the expert advice.

PURPOSE OF THE BLUEPRINT

This document identifies our current and planned actions to improve mental and addictions outcomes in Nova Scotia, building on the progress that's been made since 2012 under *Together We Can*. It continues the commitments made then and outlines key areas of focus for government as well as for many partners and stakeholders involved in the planning and delivery of mental health and addictions services and supports in the province.

BACKGROUND

In 2016, we reviewed *Together We Can* to assess what we have achieved so far, what problems we faced and what lessons we learned.

We also looked at how the individual actions listed in the strategy helped to move progress on improvements forward. This review gave us valuable information that we are using as we plan. Highlights of this evaluation are captured below.

WHAT WE HAVE ACHIEVED

The strategy itself was an achievement, being the first of its kind in Nova Scotia. It continues to serve as a guide for government and the health authorities as we plan and provide mental health and addictions care across Nova Scotia. It influenced the development of *Milestones on our Journey*, NSHA and IWK's joint model for service delivery. Other achievements resulting from *Together We Can* include:

- better access to services and supports for clients through new or expanded programs including:
 - Strongest Families, an innovative, cost-effective, distance education program that uses trained coaches to work with children experiencing mild to moderate behavior and anxiety problems and their families. As part of the Strategy, the Nova Scotia government committed to expanding this service offering to all areas of the province (previously only offered at the IWK and in Cape Breton), so that families could benefit from the service no matter where they lived.
 - An innovative Peer Support Program, which formalized a grassroots concept of persons with a mental illness helping their peers. Trained and certified peer support specialists have helped their peers with in-patient to community transitions across the province.
 - Mental Health Crisis Line, which was expanded provincially, allowing any Nova Scotian with a mental health and addiction question, concern, or illness immediate access to a trained clinician 24 hours a day
- Increased the availability of health-care providers with mental health and addictions competencies
- a greater focus on the needs of diverse communities through the addition of clinicians in communities
- shorter wait times for child and adolescent mental health services at the IWK and NSHA through the Choice and Partnership Approach (CAPA)
- increased access to in-school supports for children and youth facing mental health or addictions issues through SchoolsPlus
- strengthened partnerships and improved communication between departments and organizations involved in mental health and addictions services

CHALLENGES FACED AND LESSONS LEARNED

With any plan, there are often challenges along the way. The most significant challenge during the duration of this strategy was providing timely access to services. There are many barriers to accessing mental health and addictions services including: stigma; poverty; insufficient integration between mental health and addictions and primary health care; recruitment and retention of mental health professionals; regional disparities; transportation; and cross-cultural diversity. In addition, wait-times for out-patient care, lack of after-hour services, and challenges trying to navigate a complex system of supports are all cited in the documents reviewed as ongoing problems.

Finally, more work is needed to ensure clients have access to appropriate, safe, affordable housing or community placements as their needs change. Inpatient services are not always the best option in these situations.

While we've worked to lessen the impact of these challenges, there is much more to be done. We recognize equity as a guiding principle and our work considers approaches to close the gaps in health status that exist for more vulnerable populations.

GUIDING PRINCIPLES

As we work with the Nova Scotia Health Authority, IWK Health Centre, and other mental health and addictions stakeholders to continue to improve access and outcomes, we follow these guiding principles:

- Evidence-informed decision-making (basing decisions on the best available evidence)
- Tiered framework addressing care in a continuum from health promotion and illness prevention to treatment for more complex care needs
- Collaboration and integration (shared responsibility across departments and organizations)
- Workforce planning (the right number, mix, and skillsets of care providers)
- Equity and stigma elimination (opportunity for health for all, regardless of age, gender, ethnicity, religion, sexual orientation, or socioeconomic status)

See Appendix A for further explanation of the guiding principles.

ROLES AND RESPONSIBILITIES

The role of the Department of Health and Wellness is to provide oversight, set policy and strategic direction, and provide funding to NSHA, IWK, and other community-based partners and agencies that deliver the continuum of mental health and addictions care, services, and programs.

The role of the health authorities (NSHA and IWK) is to organize and deliver mental health and addictions services to Nova Scotians. They also provide operational oversight for some contracted services with community-based organizations; for example, IWK has such a relationship with Kids Help Phone to provide live chat counseling services for children and youth.

Other government departments, such as Education and Early Childhood Development, Community Services, and Justice collaborate with DHW, NSHA, and IWK on mental health and addictions strategy, planning, and services. These departments also provide community programs, funding, and other supports.

Other community-based partners have a role in prevention and early intervention, as well as assessment and treatment services. For example, community partners help deliver services related to mental wellness and substance use, including through youth-specific investments to partners such as Laing House and Kids Help Phone.

KEY AREAS OF FOCUS AND THEIR ACTIONS

Government has identified three key areas for improvement in mental health and addictions planning over the next three years:

- Access to services
- Integration
- Continuum of care

Access. We know that better access to mental health and addictions services leads to better outcomes – both at an individual and a population level. Any Nova Scotian living with a mental illness or addictions should have access to a full range of services and supports to meet their needs. Some of those services will be community-based; others will be in hospital settings. The important thing is that so that individuals are appropriately matched to the right service and those services are available and accessible to everyone, regardless of age, ethnicity, income, or complexity.

- “I know how to get help when I need it.”
- “I’m able to see the right person at the right time.”

ACTIONS RELATED TO ACCESS

1. Increase access to mental health and addictions clinics

We are increasing access to mental health and addictions clinics to support those coping with mental illness and addictions through individual treatment and group programs across the province. This includes expanding access to services for children and adolescents, because research indicates that many mental health disorders first appear in the teenage years, and early interventions can be effective in treating mild to moderate mental health disorders.

Increasing out-patient services will:

- provide more options for care in communities where the needs are greatest
- allow patients to access services where they can be better supported by family and friends
- better support patients to transition from the hospital to home
- support the elimination of stigma by creating a visible presence for mental health and addictions services in more communities

Actions to date:

In 2017, Government committed to adding 35 new mental health clinician positions over four years to increase access to mental health and addictions services such as individual and group treatment, as well as support programs delivered through the Nova Scotia Health Authority. In 2019-20, the budget to support the additional positions) was increased to \$2.75 million from \$1.65 million. To date, five were added in 2017-18, 10 in 2018-19 and 10 in 2019-20. So far, 22 of the initial 25 positions have been hired.

2. Add mental health and addictions support workers to collaborative primary healthcare teams

Nova Scotians can access mental health and addictions services through a number of different avenues, depending on the severity of their illness. For many, primary care provider is their first point of contact. For some, this may be enough to manage their illness. Making mental health services part of primary health care ensures that people get the care they need in a familiar environment, with improved access and eliminated stigma. A standardized care model is being developed and implemented that will integrate community-based supports into the collaborative primary health-care model.

We are making it easier for primary health care teams to connect to mental health and addictions resources and we continue to add support workers (such as social workers) to collaborative care teams where possible, to help primary health-care providers identify and address mental health and addictions issues early. Facilitating how mental health and addictions can be delivered in the community as part of primary care ensures that people have greater access to mental health and addictions care they need.

Actions to date:

Efforts have focused on adding mental health and addictions support workers to collaborative primary health care teams as well as linking primary care clinicians to IWK-based mental health and addictions specialist teams to improve integration of mental health and addictions and primary health care. In March 2018, government announced the addition of social workers to primary health care teams in North Sydney, Glace Bay, and Sydney. As of the end of June 2019, there were 16.8 social work full-time positions in collaborative teams across the province.

More to come:

We will work with NSHA and the IWK to consider where more mental health support workers could be added to primary health care teams, based on community need and which teams would benefit the most.

3. Provide realistic and useful wait-times information to Nova Scotians

In 2014, Nova Scotia became the first province in Canada to publicly report wait-times for both mental health and addictions (MHA). However, processes throughout the province were not standardized, making it impossible to accurately compare across the province. As a result, wait-times data was removed from provincial and NSHA websites in 2017. Data on IWK wait-times have been reported to DHW for several years, and no changes have been made to their reporting processes.

Actions to date:

On April 1, 2018, the NSHA standardized their clinical triage criteria, wait-times calculation process and wait-time definitions across all health zones. Public reporting for IWK and NSHA wait times for MHA community clinics was re-instituted in November 2018. Since this time, quarterly wait-times data for both the child and youth, and adult populations served by the IWK and NSHA, by triage level (urgent or non-urgent) have been reported publicly by zone. Median wait-time to a first appointment is reported to the public each quarter. In addition, DHW also reports on the percentage of time that the MHA system meets the service target it has established for each triage level -- seven days for urgent cases and 28 days for non-urgent cases.

4. Hire clinicians in First Nations communities, and continue our work to understand and improve access to culturally safe and appropriate services

The demographics within First Nations populations are very different than in the rest of Nova Scotia. Mi'kmaw populations overall are younger and access mental health and addictions services at a lower rate than the general population.

Together We Can included investments in mental health and addictions clinicians for First Nations communities. The "Give Us Wings" and "Taking Flight" projects were an important start to ensuring culturally safe and appropriate services through training and development for mental health and addiction caregivers working with First Nations communities in Nova Scotia.

Clinical services located in First Nations communities that are culturally safe and accessible improves mental wellness within these communities.

Actions to date:

Government recognizes the need for better access to services and support for youth in First Nations communities. To this end, a \$896,000 investment has been made to support the hiring of eight positions for new child and youth mental health and addictions clinicians for First Nations communities. To date, 6.5 positions have been filled to:

- improve access to supports and services for 13 communities
- support communities to receive evidence-based care that respects and reflects the culture and needs of the communities
- support knowledge transfer and reduce stigma in the communities by educating patients and community support staff

5. Expand capacity and access for evidence-based mental health and addictions care for children and youth across the province using technology and other tools

The IWK and NSHA is increasing youth mental health and addictions capacity across the province, including virtual office hours, podcasts, consultations, case studies, and research. This approach is linking multiple primary health-care clinicians with mental health and addictions interdisciplinary specialist teams at the IWK.

Actions to date:

There are numerous e-mental health services available to clients of Mental Health and Addictions Program of Care, including Kids Help Phone Live Chat and text service and the Strongest Families program.

In 2018-19 investments were made to increase primary health care clinicians' access to IWK interdisciplinary specialist teams through e-health technology. The focus is to improve child and youth access to MHA services and to build communities of practice that will help strengthen local provider networks. The annual budget was increased to \$1.5 million from \$800,000.

More to come:

We are exploring opportunities to build greater access of e-mental health services using a stepped care framework

6. Carry out the Opioid Use and Overdose Framework

With the help of addictions experts, law enforcement, and harm-reduction organizations, a plan was developed and released in 2017 to better treat and prevent problematic opioid use. Targeted investments in 2017-18 allowed NSHA and Direction 180 to reduce and, in some cases, eliminate waitlists for treatment. Clinicians were hired to support this work. Our actions include:

- expanding access to NSHA-funded, specialized opioid-use disorder treatment and recovery plans
- building capacity in primary care to provide office-based opioid use disorder treatment by:
 - creating a telephone consultation services to support health care providers
 - creating an Addiction in Primary Health Care Practice Support Program
- expanding fee codes for fee-for-service physicians to include drug treatments (buprenorphine/naloxone) for opioid use disorder treatment
- increasing capacity in emergency programs of care through training and education

Actions to date:

Significant progress has been made in implementing actions in each of the framework's five key areas. Progress includes enhanced monitoring of opioid overdose deaths, public awareness initiatives, funding for harm reduction (\$1.7 million annually) and take-home naloxone in community settings and pharmacies (\$379,000 annually), funding to support significant reductions or elimination of treatment waitlists for opioid use disorder treatment, and funding to optimize prescribing.

7. Implement the One Person One Record (OPOR) project

Three aging hospital information systems will be replaced with one modern, high-functioning and data-driven information system – One Person One Record. The mental health and addictions services portion of the work will be implemented early in the project. This will ensure that those who provide these services have the information they need across the continuum of care.

Actions to date:

Government is in the procurement phase of the OPOR project.

Integration. Access alone doesn't mean better care. Integration means the elements of the system are working well together – government is funding the right services, health authorities and community organizations are delivering those services, and everyone knows what the other is doing. From the perspective of the individual accessing those services, integration means the process is seamless – they can transition from one service to another and back again as their needs change. Good integration lets us clearly see the gaps, too, so we can work together to close them.

"If we can't help you, we know who can."

"No door is the wrong door."

"The system works well as a whole."

ACTIONS RELATED TO INTEGRATION

8. Expand Kids Help Phone counselling services

Kids Help Phone offers telephone and online chat counselling to youth who are waiting for services or who need less intensive support services. Government investment has allowed the expansion of Kids Help Phone online chat services by adding professional counselling staff, new technology, counselor support and training, updated community resource materials, and youth outreach services.

Actions to date:

Government continues to invest \$300,000 annually into the Kids Help Phone to ensure that they can support youth accessing phone and/or online chat services. They have expanded online chat to meet growing and unmet demand, helping ensure youth receive the support they need in a timely way and in a format that works for them. Young people are also now able to access counselling through text chats, a capability that was rolled out across the country this year.

9. Invest to expand mental health crisis services

No matter where you live in Nova Scotia, you should have access to a basic level of mental health and addictions crisis services. This may be provided in a variety of ways such as through regional hospitals, e-health options, or through care in the community.

Expanding mental health crisis services:

- allows clinicians in regional emergency departments to consult with crisis response mental health and addictions teams
- increases the capacity of the provincial Crisis Line to respond to calls from all over Nova Scotia
- decreases wait times to see mental health and addictions clinicians for those patients who need to be seen by crisis response clinicians
- reduces patient reliance on emergency departments when they are given more rapid follow-up after their initial crisis visit

Actions to date:

Government has invested \$1.6 million to support the expansion of mental health crisis services. Thirteen more FTEs were funded for the for crisis response and urgent care teams to increase the availability of consulting services for emergency departments in regional facilities. To date, 10.5 positions are hired and 2.5 positions are actively being recruited. In addition, patients discharged from the emergency department experience reduced wait times for follow up by MHA clinicians. We have also invested in the provincial Mental Health Crisis Line (available 24/7) to ensure calls are returned within 30 minutes. This investment included the hiring of additional staff (two positions).

10. Develop an integrated school-based model for youth health

Schools and community settings are ideal locations for promoting positive mental health and delivering mental health or addictions care before problems become too severe. Youth health centres (YHC) in Nova Scotia help young people with a variety of issues, like healthy relationships, sexual health, mental health, substance use and addiction, and food security. There are currently 70 school-based youth health centres throughout Nova Scotia managed and staffed by NSHA. Provincial funding is supporting the development of a standardized model reflective of current evidence and need.

Actions to date:

We are piloting and evaluating the model at four high schools, in partnership with community stakeholders and content experts:

- Amherst Regional High School
- Citadel High School (Halifax)
- Digby Regional High School (new youth health centre)
- Glace Bay High School

Through a process of youth and stakeholder engagement during the summer and fall of 2018, the youth health model was developed with a focus on integrated services and supports at the school site, ensuring that youth are in a health promoting environment and that they have access to primary health care and mental health and addictions services when needed.

The model also addresses system integration needs beyond the school site, including removing policy barriers such as privacy and information sharing for youth accessing health services. A lack of integration at the systems level between the health and education systems was a key theme during the stakeholder consultations.

The model was approved by DHW in December 2018.

Beginning in January 2019, the model was applied to the four sites. Investments include:

- funding, space and personnel enhancements for the model implementation sites. Funding was also provided to existing YHCs for physical space improvements in 2018-19:
 - \$1,500 physical space upgrades to existing YHCs, including Amherst, Glace Bay and Citadel schools (designated sites for testing the model)
 - \$10,000 in grant funds for each of the sites (Amherst, Glace Bay, Citadel, and Digby) to make programming and other enhancements that support youth health
- expansion/enhancement of youth health centres
 - adding one new YHC (physical space referred to as the “Student Hub”) and a Youth Health Promoter position (one position) at Digby Regional High School
 - enhancing the three other previously existing sites
- funding provided to add new or sustain four Health Promoting Schools Coordinator positions at the Regional Centres of Education (RCE) level to support each of the four school sites.
- although not a pilot site, funding was provided to hire a coordinator at the new high school in Eastern Passage

11. Invest to expand CaperBase model to two more zones

CaperBase is an adolescent outreach service that includes a team of health professionals that work with youth, families, schools and other community partners. These teams create solutions, opportunities and supports that provide youth with the building blocks to live healthy, fulfilling and productive lives. CaperBase can reduce risks for youth by using effective health promotion approaches, skill building, screening, brief intervention, referral and navigation. They also provide targeted programs designed to intervene with at-risk youth.

Actions to date:

Government invested \$981,000 to support the expansion of the CaperBase model (now referred to as Adolescent Outreach Model). The model has successfully expanded to the Northern Zone (15 schools) and the Western Zone (26 schools). This expansion facilitates increased supports for youth outside of school hours, building resilience and growing community resources.

12. Put mental health and addictions clinicians in more schools

SchoolsPlus brings a range of mental health services and other services together with mentoring, social work, after-school programming, homework support, recreational, and justice services into schools where students and families can easily access them. Mental health clinicians with NSHA and IWK provide clinical services such as counselling to students who are referred for services. These clinicians work within the school providing services where they are easiest for students to access.

Actions to date:

Government is on track to expand the SchoolsPlus program to all schools by 2020. This includes funding 54 mental health clinician positions for SchoolsPlus (six new for 2019-20). They are employed by either the NSHA or the IWK and co-located in schools with SchoolsPlus.

13. Provide enhanced suicide risk assessment and management training for mental health and addictions clinicians

People with mental health and substance use disorders are more prone to suicidal thinking and self-harm. NSHA has provided enhanced risk assessment training, which:

- provides mental health and addictions clinicians with the skills and knowledge to carry out a suicide assessment and develop safety and treatment plans to manage this risk
- provides assessments that are key to determining the likelihood a person will attempt suicide in the immediate future, and continue regular assessment as part of the treatment of suicidal clients

In 2010 Accreditation Canada released a new Required Organizational Practice (ROP) that requires all mental health services to “assess and monitor clients for risk of suicide.”

The IWK has an assessment and management training tool in place. It has implemented the Assessment of Suicide Risk Inventory tool within its Suicide Risk Assessment, Management and Monitoring policy. It is also included as part of the staff orientation package. Staff within mental health and addictions teams and programs, including the emergency mental health and addictions service with IWK Emergency, are trained in suicide risk assessment and management.

Actions to date:

The Nova Scotia Health Authority developed a standardized evidence-based policy on suicide risk assessment and intervention and created an assessment tool and training manual to support the policy.

The policy includes Suicide Risk Assessment and Intervention (SRAI) training using a “train the trainer” approach. This SRAI program prepares health care clinicians to perform suicide risk assessments and interventions in their clinical setting with individuals who are at risk. Training is underway for MHA staff across NSHA.

14. Set up a central intake process

Our mental health and addictions system can be confusing and overwhelming, especially for people who may be dealing with stigma and concurrent issues (such as depression and an addiction). We are making it easier for people to access the services they need, when and where they need them, providing the same access to mental health and addictions services through a single, toll-free telephone number no matter where you are in the province.

The single telephone number has been implemented to:

- make it easier for patients to access services by simplifying the first step in the intake process – asking for help
- ensure all patients are screened and prioritized the same way so that they are referred to the appropriate level of care in a timely manner
- through its development, create a comprehensive directory of mental health and addictions programs and services throughout the province, including those offered outside the formal health system by community-based organizations
- allow government to better track important information to plan and deliver services to Nova Scotians

Actions to date:

The initial investment for the MHA Program of Care intake services was \$1.3 million, including the addition of six positions. A single point of access supports a consistent referral, assessment, and treatment regardless of where you live. It will also ensure that those in need get referred to the right practitioner for their level of need.

Continuum of care. We recognize that Nova Scotians need mental health and addictions services and support at every age, and at every stage. A strong continuum of care means that from a whole of government approach Nova Scotians are being supported to be and stay well through health promoting environments, while proactively identifying and mitigating risk factors for mental illness and addictions, while also treating individual cases, from straightforward to complex.

“I know that my mental health needs can be met, no matter what they are.”

“I live in a community that supports my health and wellbeing.”

ACTIONS RELATED TO CONTINUUM OF CARE

15. Work with Education and Early Childhood Development to update mental health and addictions curriculum

In response to the recommendations of the Mental Health and Addictions Innovation Panel, government is updating the health curriculum on mental health and addictions. This is part of the Action Plan for Education.

This will:

- provide teachers with an updated, integrated healthy living curriculum outcomes for grades 4 to 9 to focus on mental health and addictions in an age-appropriate manner
- provide appropriate training, professional development, programs and resources to support the curriculum outcomes that will be developed using the best available evidence to support mental health and addictions issues

Actions to date:

DHW staff along with NSHA staff supported Education and Early Childhood Development in sessions to update the curriculum. Staff will continue to consult as needed, and the new curriculum outcomes are being pilot tested during the 2019-20 school year for the school year. EECD will make decisions, based on the findings of the pilot testing, on the timing of when the new curriculum outcomes will be implemented in all schools.

16. Develop a renewed suicide prevention framework

The *Nova Scotia Strategic Framework to Address Suicide* was released more than a decade ago. The framework is being updated to:

- ensure provincial suicide prevention policy and funding of suicide prevention activities are based on the best available evidence and are culturally responsive
- reflect the current situation and needs in the province, working with people and organizations who have an interest and expertise in suicide prevention, including First Nations

Actions to date:

A renewed framework is in the final stages of development. The framework is intended to guide the implementation of evidence-informed interventions at the health system, community, and societal levels as well as support data collection and evaluation to demonstrate effectiveness of interventions.

17. Increase knowledge about mental health and addictions supports and services available in Nova Scotia

The department works with NSHA and IWK, and other government departments, to help people understand the services and supports available related to mental health and addictions from childhood to adulthood, and throughout the continuum of care.

Clear and publicly available information on supports throughout the continuum will:

- help patients and families understand the broad range of services available across government, through the health authorities and through community-based organizations in Nova Scotia
- inform patients and families of options for prevention and early intervention, so they can seek help earlier, when it is easier to manage.
- Actions to date:
 - A number of awareness activities are informing and staying in touch with Nova Scotians:
 - In June 2019, NSHA Mental Health and Addictions program of care Public Advisory Groups (PAGs) were launched. There is one for each zone with about 10 members in each PAG. The groups engage with targeted community groups and people and families with lived experience with mental health and addictions.
 - NSHA, IWK and DHW participated in several public education and outreach efforts. These include social media activities to mark special days or weeks, such as National Mental Health Week, International Day Against Drug Abuse and Illicit Trafficking, Overdose Awareness Day and Suicide Prevention. The efforts include infographics, information on how to access services, and profiles of staff or community members.
 - IWK facilitates regular mental health and addictions information fairs in collaboration with key community partners

- IWK held Public Information Fairs at the IWK Health Centre and in the community of schools
- In 2018, NSHA Mental Health and Addictions launched the Take Home Naloxone social awareness campaign #MineisFor in social media with generous funding from the Health Services Foundation of the South Shore's Women's Giving Circle: video link: <http://www.nsnaloxone.com/>.
- IWK held stakeholder consultations with specialized populations such as autism spectrum disorder, immigrants, and Indigenous and African Nova Scotians.
- DHW is working with our partners at the NSHA, IWK, and other government departments to develop a resource to outline what mental health and addictions are available and how to access them, following a model previously used for **autism spectrum disorder**.

POLICY ACTIONS

The department also continues to explore several key areas of health system policy related to mental health and addictions. We will:

18. Consider evidence-based virtual care solutions, such as video-conferencing, telephone or online programming

We can use the internet to enhance access to mental health and addictions services by connecting primary health care providers—family doctors and nurse practitioners, for example—in underserved areas with specialists, and by connecting patients to the care they need, including treatment such as therapist-assisted cognitive behavioural therapy.

Using virtual solutions in Nova Scotia could enhance access to services by augmenting or replacing traditional therapies and giving primary health care providers the knowledge and support they need to manage patients with mental health and addictions issues and complex conditions.

IWK and NSHA currently use e-mental health services (e.g., Strongest Families Institute's coach-assisted cognitive behavioural therapy for children and families) with positive outcomes, and we are looking at new options such as the use of online therapist-assisted therapy for all ages.

Actions to date:

DHW is currently working on identifying options for enhancing Nova Scotians' access to evidence-based virtual care solutions. Additional access was provided to Nova Scotians through the investment in Kids Help Phone and the ICAN program. Other initiatives are reported above under "Expand capacity and access for evidence-based mental health and addictions care (technology and tools)." NSHA has begun implementing a demonstration project titled Stepped Care 2.0 whereby e-mental health tools are employed as part of stepped care to support individuals with mild to moderate anxiety and depression. Note: Stepped care means that care can be either stepped up or down depending on the level of client need.

19. Examine options to expand the role of the community sector

We are looking at options to expand the integration and reach of the community sector to augment the mental health and addictions care continuum, developing a community of practice across the sector. Many organizations provide prevention and early intervention services in support of positive mental health. Some organizations also provide unique, targeted services for particularly vulnerable populations, such as street-engaged youth.

Actions to date:

Work is underway to support the role of community-based organizations in delivering mental health and addictions programs and services that:

- are aligned with the department's mandate
- augment the formal health care system
- respond to the mental health and addictions care needs of Nova Scotians

A streamlined granting process has been implemented to improve efficiency and accountability for funding of community-based organizations.

In addition, a project is underway to enhance the capacity of the community-based sector in supporting the mental health of Nova Scotian youth. A social innovation lab approach has been used to enable the sector to identify their needs. Next steps include options selection, prototyping, and evaluating potential solutions that may scale more broadly across the province. This work is intended to complement existing work within the formal health and education systems around youth mental health and is intended to help foster cohesion and communication within and across the sector.

20. Ensure service delivery options are based on best practice

We are committed to matching patients' clinical needs with the most appropriate level of care in the most fitting setting -- one that is best for patients. For example, research shows most individuals should be offered community-based, outpatient withdrawal management for substance use disorders, as opposed to rapid inpatient withdrawal management. Outpatient withdrawal management programs permit a slower, more flexible and individualized approach, in a more realistic environment for the development of coping strategies and support systems.

Research and data will play a critical role in determining future directions for service delivery. For example, the CaperBase expansion follows recommendations from Health Canada and the Mental Health Commission of Canada that screening be combined with effective interventions as a key component of service delivery for youth at risk for substance use and mental health problems.

Actions to date:

The IWK and NSHA are expanding capacity and access for evidenced-based mental health and addictions care across Nova Scotia to provide better care to more people in their community. Population Health Planning and Needs-Based Planning were the two evidence-based models selected to guide the overall planning process and system design for the NSHA and IWK MHA Program of Care in Nova Scotia.

The specific goal is to establish a full continuum of evidence-based mental health and addictions initiatives, services and supports to meet the needs of Nova Scotians across their lifespans. These models dramatically increase access to specialty best practice treatment in rural and underserved areas.

The best way to help guide planning around the care, supports and strategies needed is to use a tiered framework. This involves overlaying levels of severity and complexity of mental health problems and harmful substance use/gambling experienced by Nova Scotians on top of levels of care. The tiered framework (also referred to as stepped care) was used to guide system design for mental health and addictions.

21. Develop a Health Human Resources (HHR) Plan for mental health and addictions.

The accessibility of health care services in general, and mental health & addictions (MHA) services specifically, is dependent on the availability of the health workforce required to deliver those services. Both the Nova Scotia Health Authority (NSHA) and the IWK Health Centre have dedicated, multi-professional MHA workforces. Both employers have vacant MHA positions, several of which have proven difficult to fill.

To better understand and address the workforce challenges affecting MHA services in the province, the Department of Health and Wellness is leading the development of a provincial health workforce plan for MHA to identify and implement short- and long-term strategies to ensure the province has the appropriate number and mix of health care providers to deliver the MHA services Nova Scotians need. Examples of existing strategies under this plan are listed below as outlined below. Actions to date:

- Enabling provision of naloxone by nurses:
 - In 2018, DHW worked with the provincial nursing Colleges to amend their respective Acts to enable LPNs and RNs to independently administer or provide naloxone take-home kits under their own authority to clients in need, thereby increasing access to this life-saving service.
- Investments in the Psychology Residency Program:
 - In 2018, DHW increased the annual stipend paid to psychology residents at the NSHA (6 residents) and IWK (3) by \$7,500 per resident per year to ensure Nova Scotia maintains a competitive advantage with other jurisdictions. The residency programs offered by the NSHA and the IWK are an important recruitment and retention mechanism for psychologists employed by those organizations.
 - Increasing the number of psychology residents at the IWK from 3 to 4 (and the total in the province from 9 to 10), beginning in 2020, at a cost of an additional \$35,000 per year (total investment: \$350,000 per year)
 - Investing in the NSHA's psychology residency program by providing \$112,000 in 2019-20 for a Director of Training position to set up new program sites in the Northern and Eastern Zones, where recruitment of psychologists has historically been particularly challenging.

- Specialty training in mental health at the Registered Nurse Professional Development Centre
 - DHW provides \$2 million per year to fund the Registered Nurse Professional Development Centre (RNPDC) to deliver specialized training in key competencies for priority clinical areas, such as mental health, to increase the accessibility of services in these areas. Over the last three fiscal years, over 300 nurses and other health professionals received training in MHA competencies such as suicide screening & risk intervention and substance use & withdrawal management through RNPDC.
- Targeted recruitment supports to the NSHA
 - DHW provides funding to the NSHA to support targeted recruitment of allied health professionals – including mental health and addictions professionals – to hard-to-fill positions. In 2018-19 this totaled \$55,000 and resulted in the recruitment of one clinical therapist, two psychologists, and a social worker into previously long-standing vacant positions on the NSHA's mental health and addictions teams. We will continue to support strategic investments by the NSHA to recruit to hard-to-fill mental health and addictions positions in 2019-20.
- New Nursing Act
 - A new Nursing Act was introduced in the most recent sitting of the Legislature and proclaimed in June. Among other changes, the new Act will reduce barriers to nurses seeking to begin practicing in Nova Scotia. This in turn will increase the accessibility of all the services nurses provide, including mental health and addictions services.
- Continuing to invest in the Provincial Nursing Strategy
 - The Department of Health and Wellness provides \$4.7 million per year in funding to employers to help ensure an adequate number, mix, and distribution of nurses in key clinical areas like mental health and addictions.
- Psychiatry Clinical Assistant program at NSHA
 - NSHA is adding clinical assistants to increase the accessibility of psychiatric services in the province. Clinical Assistants are physicians who hold a Clinical Assistant License issued by the College of Physicians and Surgeons of Nova Scotia. The first three clinical assistants accepted offers for positions in industrial Cape Breton and began their on-boarding and orientation in March 2019. These physicians work full-time, primarily in inpatient and emergency department settings in collaboration with the existing Crisis Response teams.
- Expanding use of specialist mental health and addictions nurses
 - The NSHA and IWK have identified the need to re-introduce advanced clinical nurse specialists on their mental health and addictions teams; a role that has been difficult to recruit due to a low provincial supply.

22. Develop policies that support positive mental health.

There are a broad range of policies that can support positive mental health. In 2018-19, DHW led amendments to the Smoke-free Places Act to increase the number of spaces that are smoke- and vape-free in the province. Additional work is underway to examine policy options to reduce youth vaping.

WORKING TOGETHER DIFFERENTLY

We need to further understand the impact of social determinants of health so we can improve Nova Scotians' mental health and wellness across the province. Working across several departments and in the community will help us to do this. In addition, we need to encourage and support the use of evidence-informed health promotion and illness prevention techniques and treatments to offer the best care for people with mental health and addictions issues.

Access to mental health and addictions services is among our highest priorities. Needs are great and services in some cases are still fragmented. NSHA and IWK are working to improve the consistency and accessibility of services across the province including for children and youth, coordinating efforts with IWK to improve services for children and youth.

DHW, NSHA, and IWK also continue to work with other government departments, including Education and Early Childhood Development, Community Services, and Justice, to improve access to services. Everyone has a role to play in supporting people living with mental health and addictions.

We are seeking new and different ways for government departments and agencies, the health-care system, private providers, and community organizations to work together in this space to deliver better care and services that lead to better outcomes. Some of this work is being led by the Social Deputies Committee, which supports cross-departmental collaboration.

MOVING FORWARD

To properly address issues of mental health and addictions, we will work toward providing services that promote positive mental health, prevent issues from occurring, and treat and manage mental illnesses and addictions. We will also encourage government departments and community partners to work together to focus on the needs of the individual, family, and community, including being sensitive to demographic and cultural needs.

The Minister's Advisory Panel on Innovation in Mental Health and Addictions provided additional recommendations in 2018. These recommendations are also being considered as we move forward in finding new ways to improve care to Nova Scotians.

We will continue to work with our partners to:

- promote a common vision for the mental health and addictions system
- encourage all government departments to own their role in improving the mental health and wellbeing of Nova Scotians
- encourage government departments and organizations outside of government to work together to find innovative solutions to shared challenges
- improve data collection and share that information among all partners (within the framework of privacy legislation)
- ensure all organizations working in the field of mental health and addictions have policies that are consistent with one another

The Summary of Actions table can be found in Appendix A.

Appendix A: SUMMARY OF ACTIONS

Key Priority Areas	2018-19	2019-20	2020-21
Access			
Increase access to MHA community clinics	✓	✓	✓
Add mental health and addictions support workers to collaborative primary healthcare teams	✓	✓	
Provide realistic and useful wait times information to Nova Scotians	✓	✓	✓
Hire clinicians in First Nations communities, and continue our work to understand and improve access to culturally safe and appropriate services	✓	✓	✓
Expand capacity and access for evidence-based mental health and addictions care (technology and tools)	✓	✓	✓
Carry out the Opioid Use and Overdose Action Plan	✓	✓	✓
Implement OPOR project		✓	✓
Integration			
Support expansion of Kids Help Phone counselling services	✓	✓	
Expand mental health crisis services and urgent care	✓	✓	
Develop an integrated service model for school-based youth health (youth health centres)	✓	✓	✓
Expand CaperBase model to two more zones, evaluate	✓	✓	

Put mental health and addictions clinicians in more schools	✓	✓	
Provide enhanced suicide risk assessment and management training for mental health and addictions clinicians	✓	✓	
Set up central intake services	✓	✓	
Continuum of Care			
Work with Education and Early Childhood Development to update mental health and addictions curriculum	✓	✓	✓
Develop a renewed suicide prevention framework	✓	✓	
Increase knowledge about mental health and addictions supports and services	✓	✓	✓
Policy			
Consider evidence-based virtual solutions	✓	✓	✓
Examine options to expand the role of the community sector	✓	✓	
Ensure service delivery options are based on best practice	✓	✓	✓
Develop a mental health and addictions HHR action plan	✓	✓	
Health promotion and prevention policy areas of focus	✓	✓	✓

Note: The above actions are cross-connected so each initiative addresses many priorities.

Appendix B: GUIDING PRINCIPLES

EVIDENCE-INFORMED DECISION-MAKING

We will base our decisions on the best available research and evidence, in addition to information gained from community members who use services and supports, and healthcare providers and others who work in mental health and addictions services.

We will use sound population-based data at local, provincial, and national levels.

Communities may be recognized as priority areas based on need.

We will monitor how resources are used in different areas and try to predict future needs. We will use this information to plan for the future.

We will strive to imbed evaluation into all our efforts so we can continuously improve and understand our impacts.

TIERED FRAMEWORK

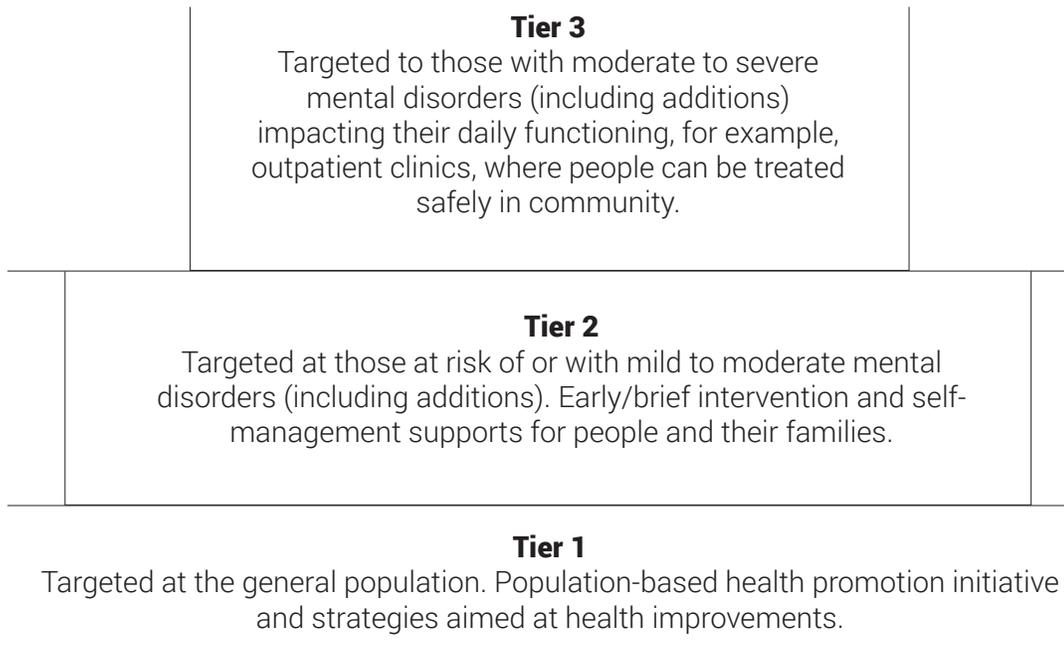
We will use a tiered framework when planning and delivering services. A tiered approach helps to categorize what might be available and appropriate in planning, describing, and delivering mental health and addictions services. The approach outlines how we address care in a continuum from health promotion and illness prevention to managing and treating very complex needs.

It is in the shape of a pyramid because the first tier reaches the most people and each subsequent tier as you move up the pyramid includes services that are designed for people with more and more complex needs.

Fig. 1 Tiered approach

Note: The following graphic is best understood if it is read from the bottom up.

Tier 5 Targeted to those with high risk, complex needs, including severe concurrent mental and substance use disorders requiring specialist intervention and high level of car coordination; for example, specialty inpatient care.
Tier 4 Targeted to those assessed/diagnosed in need of more intensive or specialized care, for example, acute inpatient mental health and addictions.



This framework has been adapted from the *2008 National Treatment Strategy: A Systems Approach to Substance Use in Canada*.

As figure 1 shows, Tier 1 of the tiered framework is specific to initiatives that address the general population through broad population-based health promotion and prevention actions. Tier 2 also takes place largely outside of the formal mental health and addictions system and focuses on early intervention and self-management functions targeted to people at risk or vulnerable of experiencing mental illness or problematic substance use or gambling. The top three tiers cover treatment that requires more specialization or intensity as you move up to the top tier. Services to those who fit in the top three tiers are provided by the mental health and addictions clinicians in both NSHA and IWK, in addition to other community-based providers such as private practitioners.

All five tiers together support everyone in Nova Scotia regardless of their mental health status, severity of problems, or need for services.

COLLABORATION AND INTEGRATION

Mental health and addictions issues are a shared responsibility across a range of departments and organizations, not just the health-care system. Many stakeholders and service providers have a role in improving mental health and addictions outcomes across the province.

We will identify key partners and work with them as we strengthen our plan for the future. We will also work with other departments and organizations to coordinate or combine services that have common mental health and addictions goals. This includes sharing resources.

Where needed, we will consult professionals in other areas, such as those at the departments at Education and Early Childhood Development and Community Services, to find solutions that make the best use of the skills and services available, building on the integrated planning being led by the Social Deputies Committee, consisting of the deputy ministers of Health and Wellness, Community Services, Education and Early Childhood Development, and Communities, Culture and Heritage.

WORKFORCE PLANNING

Within the mental health and addictions system, services are provided by NSHA and IWK throughout the province by dedicated employees and clinicians in a range of roles, from social workers and psychologists, to physicians and psychiatrists.

Programs and supports are also provided outside of the health authorities through non-governmental organizations, family physicians, private clinicians, and more. Some of these organizations work in partnership or receive funding from government and the health authorities (i.e.: Kids Help Phone, Strongest Families, Bloom Program), while others operate independently of government.

Through health human resource planning, we are continuing to work with NSHA, IWK, and community partners to ensure we have the right skills and mix of providers to deliver healthcare to Nova Scotians now and in the future. We are also working with the Department of Labour and Advanced Education and the academic sector to ensure skilled workers will be ready to meet our forecasted needs.

EQUITY AND STIGMA ELIMINATION

We believe in the principle of equity and respect the diversity of the individuals and communities who access mental health and addiction services in our province, and those who feel unable to access services due to stigma or other factors.

Evidence shows that people belonging to certain population groups tend to experience poorer health, access to services, and quality of care received. Factors such as gender, race, sexual orientation, immigration status, income, and education can influence a person's access to timely, appropriate and high-quality care.

Government focuses on the social determinants of health across the province, through the Poverty Reduction Strategy and other initiatives, so that all Nova Scotians have an opportunity to gain and maintain improved health and wellbeing.

For example, government is funding programs and resources in schools and communities throughout the province (Early Years, Schools Plus, Youth Health Centres, Healthy Eating programs) to help young people get the best possible start in life, and to provide safe places where they can take the first steps to get the mental health and addictions supports they need.

Stigma prevents approximately two-thirds of people living with a mental illness from seeking the help they need. And according to the *American Journal of Medicine*, only about one in 10 people who need help with an addiction will access the supports they need. eliminating stigma is at the heart of everything we do.

- We are working with the Department of Education and Early Childhood Development to help update their mental health and addictions school curriculum to increase knowledge and understanding, and encourage conversations among young people.
- We have increased funding to the Kids Help Phone to expand online chat services, bringing supports to youth through a means that is second nature to many young people. This makes stigma less of a barrier to children and youth and improves access to supports.
- We are working with partners to reduce stigma related to opioid-use disorder (as committed to in the province's Opioid Use and Overdose Framework).

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ISBN 978-1-989654-00-2