



# Together We Can

The plan to improve mental health and  
addictions care for Nova Scotians



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# Minister's Message



It's my great pleasure to release Nova Scotia's first mental health and addictions strategy, which outlines our government's plan to improve the mental health and well-being of our province's citizens over the coming years.

This strategy is the culmination of efforts of many dedicated, informed, and passionate people, from a variety of vantage points; from the lived experiences of mental illnesses and addictions, to working on the front lines to address the needs of children, adolescents, families, adults, seniors, and diverse populations who struggle to live with and recover from mental illness and/or addictions. Although they are too many to acknowledge by name, I sincerely want to thank them all for their commitment, courage, and the significant contribution they've made to improving mental health and addictions services throughout Nova Scotia.

This strategy is focused on health promotion, early intervention, closing gaps in the system, improved cultural and other competencies, peer and community supports, and reducing stigma through greater public awareness. It is based on our current understanding of what works, and what will have a significant impact and can be accomplished within the context of declining resources and competing needs.

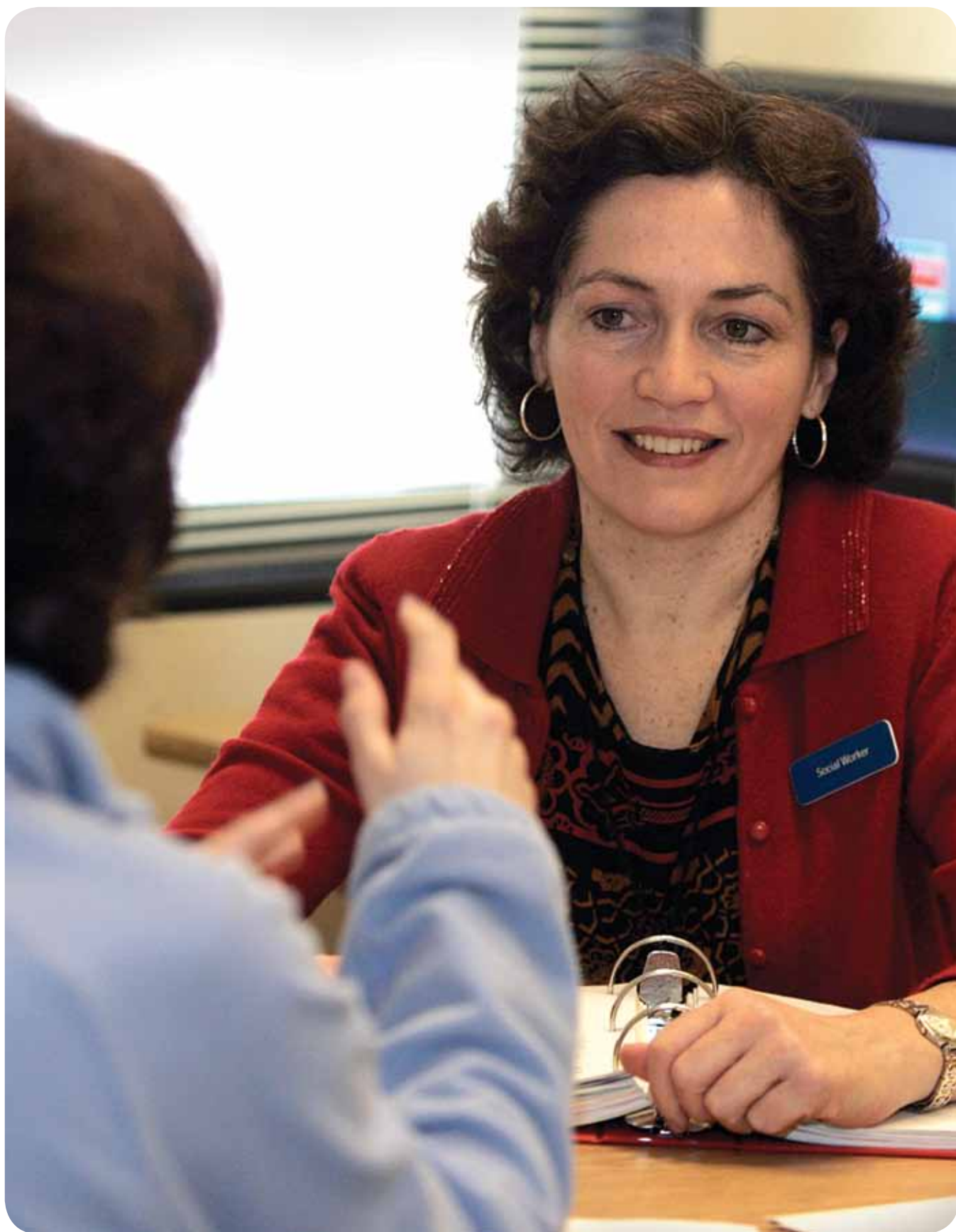
As someone who has been in and around the mental health field for many years, at no other time have I felt so optimistic that change is possible, and indeed is happening.

To borrow from the Mental Health Commission of Canada, mental illness has emerged from the shadows, and having done so we can now move forward to a world that's more understanding and accepting of mental illness. This strategy assures Nova Scotians that better care sooner will be available for those experiencing mental health and addictions issues and that not only will the health-care system be more responsive, it will be more integrated and coordinated with other important areas of public service, including justice, housing, social security, education, training, and employment.

As Minister of Health and Wellness, I look forward with enthusiasm to the positive results this strategy will have on mental health and addictions care in our province.

A handwritten signature in dark ink that reads "Maureen MacDonald".

Health and Wellness Minister, Maureen MacDonald





# Introduction

We are committed to improving mental health and addictions care for Nova Scotians. Most people have been touched by mental health and addictions issues—whether they have had an illness or addiction themselves, or been impacted by the illness or addiction of someone else—a family member, friend, co-worker, or others in their lives.

Research tells us that one in five Nova Scotians will be impacted by a mental illness. One in seven will experience a problem with alcohol or drug use. We know that many more will be affected by mental illnesses and addictions of others. Most, if not all, Nova Scotians will be affected by these issues in their lifetime.

## Background

In March 2010, we announced the development of a Mental Health and Addictions Strategy, Nova Scotia's first ever, to improve these services for Nova Scotians who need them now and in the future.

In the fall of 2010, we appointed an Advisory Committee made up of people with personal and professional experience in mental health and addictions.

The Advisory Committee was given the task of developing recommendations for improving mental health and addictions services. To do this, they embarked on a one-and-a-half-year process to learn from Nova Scotians and gather facts to create a complete picture of the mental health and addictions systems in Nova Scotia. They heard from more than 1,200 Nova Scotians during consultations between January and June 2011, and reviewed best practices and research.

Based on what they learned, they made recommendations for improving mental health and addictions services in their report *Come Together*, which was released on April 23, 2012. Their recommendations set out a road map for this plan. Their priorities—investing in health promotion, earlier intervention, and faster access to services; fixing gaps within the systems of care; creating supportive communities; and strengthening collaboration—are reflected in this plan. Their thoughtful, well-researched advice will set our course for the next five years.

*Come Together* offers excellent context for this plan, as well as stories of people who have first-hand experience with mental illness and addictions. For additional context, readers can read this report and the accompanying summary, which are available on the Department of Health and Wellness' website ([www.gov.ns.ca/health/mhs/mental-health-addiction-strategy.asp](http://www.gov.ns.ca/health/mhs/mental-health-addiction-strategy.asp)).



# Our Vision

This plan is for and about Nova Scotians.

Better care sooner for Nova Scotians is the only outcome we will accept. Nova Scotians living with mental illness and addictions and their families deserve it and, as a province, we have waited too long.

Nova Scotians deserve to be healthier and to live in communities that support and respect people living with mental health and addictions issues.

Because of our commitment to the actions laid out in this plan, Nova Scotia's mental health and addictions systems will look and feel different for the people who need them and for their families.

Through this five-year plan, we are working to ensure that:

- Nova Scotians have their mental health and addictions concerns identified early. **Children and youth are a priority.** Because 70 per cent of mental illnesses begin before the age of 25, it is essential that they be addressed early when the impact is greatest and before they become bigger problems.
- Nova Scotians are able to get the care, treatment, and supports they need more easily and in a timely manner, regardless of where in the province they live. The impact of mental illness and addictions will be reduced.
- The unique needs, traditions, and ways of First Nations citizens, diverse communities, and specific groups within our province will be respected and met to ensure that there is dignity and respect for all, and barriers to care are removed.
- The care, treatment, and supports needed by Nova Scotians living with mental health and addictions issues will be centred on their needs and those of their families, through greater collaboration within the mental health and addictions care systems, across government, and in communities.
- We will help close the gaps to ease the transition from one program or service to another for individuals and families.
- Care, treatment, and services will be improved to help people living with mental illness and addictions issues stay well, to help others cope with these issues, to provide the most intensive level of services to those who are critically ill, and to support people on the road to recovery.

- The stigma and discrimination faced by Nova Scotians living with these illnesses will be reduced, and there will be greater respect, compassion, and understanding of these issues throughout our province.

## Guiding Principles

- *Be accessible*—responsive to the needs of Nova Scotians experiencing mental health, substance use and gambling problems
- *Offer health equity*—opportunity for health for all, regardless of age, gender, ethnicity, religion, sexual orientation, or socioeconomic status
- *Respect individuals and collaborate*—“nothing for you, without you”
- *Ensure dignity*—relationship-based, recovery-focused
- *Be sustainable*—fiscally responsible, with supports in the community and enough health-care professionals



# Our Actions to Date

We have made many improvements over the last few years that help people with mental health and addictions issues. These improvements include:

- Nova Scotians living with autism and their families have access to better programs and services so they can get the best possible treatment, support, and care. This includes expanding the Early Intensive Behavioural Intervention (EIBI) program so all children who need it can get in the program, rather than relying on a random draw.
- Youth on remand by the court for a mental health assessment, and those determined to be unfit to stand trial or not criminally responsible are now being cared for at a new six-bed secure care unit at the Nova Scotia Youth Facility in Waterville, resulting in these young people receiving better mental health care, programming, and support.
- The province's Domestic Violence Action Plan is building stronger, safer communities by preventing and reducing domestic violence while offering better services for victims and offenders.
- A Psychiatric Intensive Care Unit is now open at the East Coast Forensic Hospital to provide treatment and stabilization for people with severe mental illness who are highly aggressive and have been involuntarily admitted to mental health units across Nova Scotia. Through this, these individuals have a safe and comfortable place to get treatment that is better suited to their needs.
- Care in custody is being improved for people who are living with mental illness through *Building Bridges*, the province's response to Judge Anne Derrick's report into the death of Howard Hyde. Improvements include better training, stronger partnerships, and information-sharing between the criminal justice and health-care systems.
- The Mental Health Court, the first of its kind in Nova Scotia, now hears cases involving adults who have been charged with a criminal offence and have a mental illness but are competent to participate in the criminal justice system. The goal is to treat these individuals fairly and compassionately, and help them improve their mental health to reduce the risk to public safety.
- The Prescription Drug Overdoses in Nova Scotia Working Group was established to suggest ways the system could respond more effectively to the negative impacts of prescription drug abuse, including overdose and death. The group released its recommendations in summer 2011, and considerable progress has been made since then.

- The opioid replacement program in the Annapolis Valley was expanded, increasing the number of Nova Scotians getting this treatment for prescription drug addiction.
- We are working with partners in law enforcement and the district health authorities to address abuse of prescription drugs.
- We are working with shelters to find short- and long-term solutions to homelessness.
  - A supportive housing pilot project was created in 2011 to help people in shelters move to long-term, affordable housing. During the first year (2011), more than 200 individuals were moved into safe housing.
  - Investments have been made to help find solutions for homelessness through funding for emergency shelters, transition housing, supportive and supported housing, rent supplement subsidies, recovery housing, and more.
- SchoolsPlus, part of Nova Scotia's Child and Youth Strategy, is now available in all school boards in the province. This program sees professionals and programs provide social work, health, justice, and addictions services for students and families in a convenient, familiar setting—a school in their community.
- Suicide and attempted suicide is a complex problem and is the tragic outcome of multiple factors and causes. Our work to prevent suicides includes:
  - providing funding to the Canadian Mental Health Association for the Communities Addressing Suicide Together (CAST) initiative, which supports suicide-prevention community coalitions in the province
  - providing funding for the Youth Project, which enables them to provide supports to lesbian, gay, bi-sexual, transgendered and intersex youth—a population at significant risk of suicide
  - working with the Chief Medical Examiner to improve data collection processes for suicide deaths, which will better inform future policy and interventions
  - providing funding to the Sun Life Financial Chair in Adolescent Mental Health (IWK and Dalhousie University) in partnership with the Canadian Mental Health Association's Nova Scotia Division to develop an evidence-based guide to addressing suicide for clinicians, institutions, and community-based organizations

## What's Working Well

While we often hear about the problems and challenges encountered in Nova Scotia's mental health and addictions systems, there are many things that are working well.

There are many dedicated, highly skilled people who work with those living with mental illness and addictions in Nova Scotia. They work tirelessly and are very committed to the people for whom they provide care and services. They include health-care professionals (family doctors, psychiatrists, psychologists, social workers, nurses, occupational therapists, recreational therapists, dietitians, and others); principals, teachers, guidance counselors, and others in the education system; and people working in the justice and child-care systems and other workplaces. Their efforts are supported by community and non-governmental organizations committed to helping Nova Scotians who are dealing with these issues.

There are some good programs and services in place now that are providing high-quality care and meeting the needs of Nova Scotians with mental health and addictions issues, as well as working to reduce stigma and other barriers to people seeking out the care they need.

## What Needs to Change

The Advisory Committee confirmed that many people are waiting too long for care—or for the treatment best suited to their needs. Long wait-times for children and youth with symptoms of mental illness are of particular concern, as research tells us that intervening early with young people can have the greatest impact on their lives. Sadly, some Nova Scotians do not seek treatment at all, either because of the stigma attached to these illnesses or because they do not know where to turn for help.

During their consultations across the province, the committee heard that families often find it difficult to navigate the maze of trying to get assessment, treatment, and care, making it frustrating and overwhelming for them. People—especially those in rural areas of the province—are sometimes not sure where to turn on weekends or at night. Services are not always easily obtainable or equally available in all areas of the province.

The committee also heard that government departments, mental health and addictions care systems, and related programs and services need to work together better than they do now. We have heard that there are too many uncoordinated services, too many silos facing people who need mental health and addictions care and supports. This can make it difficult for Nova Scotians to navigate the system and to get the care and supports they need.

Nova Scotians want and need to be able to get services in a simple way that allows them to enter through a variety of places—so every door is the right door. This will allow for a smooth and efficient transition from one service to another. There are some gaps at key points where individuals and families make these transitions. Sometimes all or some of their information is not transferred from one program to another, which can have a negative impact on their care. We need to support people with mental illness and addictions, not just treat them.

We all need to work together to reduce the stigma and discrimination often faced by people living with mental health and addictions issues. Stigma happens in many places—in workplaces, schools, hospitals, clinics, and the media. Mental illnesses and addictions are disorders of the brain and can be treated. Stigma is a real and significant barrier to people seeking care, treatment, and support.



# Five Priority Areas

## 1) Intervening and Treating Early for Better Results—With a Focus on Children and Youth

To have the greatest impact on the lives of children, youth, and their families, we need to identify potential mental health and addictions problems and intervene early to achieve better outcomes and to prevent these problems from getting worse.

Promoting the healthy development of children can significantly reduce the development of mental health, substance use and gambling problems later in life.

### Birth and the Early Years

Problems can start very early in a child's life if the mother experiences post-partum depression or attachment issues. An insecure attachment at this early stage in life can be the beginning of lifelong challenges for the child if not addressed in a timely manner.

We have heard from families that there is a need for a check-in with a variety of health-care professionals and services before children start school. When problems or concerns are identified early, services and treatment can be accessed sooner, often with better results. There are several services available such as Early Intervention, Nova Scotia Hearing and Speech Centres, Early Intensive Behavioural Intervention Program (EIBI) for young children with autism, child care subsidies, family resource centres, and support for child care centres to enhance inclusive practices.

#### **ACTION:**

*Every child in Nova Scotia will be screened at 18 months of age to pick up any delays or developmental concerns, in order to identify these early and ultimately improve outcomes.*

## Intervening Early

When families experience behavioral issues with children, it is important to get these addressed early or they could lead to more difficulties down the road, such as bullying or being bullied, use of drugs and alcohol, involvement with gangs, trouble at school, difficulty making and keeping friends, and difficulty finding and keeping jobs.

There are some good programs in place now, such as the Enhanced Home Visiting Program; the Parenting Journey; the Incredible Years program; the SchoolsPlus program; and the Strongest Families program, which is now available in some parts of the province.

### **Strongest Families**

*Strongest Families is a 12-week, phone-based program that uses trained coaches to work with children with mild to moderate behavior and anxiety problems, and their families. Families receive handbooks and skill-demonstration videos, and work through the step-by-step modules at home, supported by weekly telephone sessions and telephone consultations. Coaches work with families over the phone, at convenient times for the family. They provide encouragement and advice to help the families work through any problems and apply the new skills they are learning in their daily lives. Children seen through this program often do not require any further assistance from the mental health program. This frees up spots for other children and families needing a more intensive level of care.*

#### **ACTION:**

*The successful Strongest Families program, currently available through mental health programs at the IWK and in Cape Breton, will be expanded throughout the province in all district health authorities so families who could benefit from this have access to it no matter where they live.*

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### **Schools Plus**

*SchoolsPlus, part of Nova Scotia's Child and Youth Strategy, is based on the vision that schools are suitable places for government and other services to be delivered to families. This approach makes it easier for professionals to collaborate with each other on behalf of children, youth, and families. Families are served in a welcoming, accessible place in a convenient location that they are already familiar with—a school in their own community. As part of SchoolsPlus, a family of schools in every school board in Nova Scotia offers these services. Seventy-nine schools in the province will have these services by 2012/13.*

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Many children and youth are not able to get help in schools from mental health professionals who work in mental health programs. This would make it easier for children and families to be identified early and get help and care before they become worse.

#### **ACTIONS:**

*Mental health clinicians, such as a psychologist, a nurse, or a social worker, will be placed in the SchoolsPlus family of schools (79 schools) in each school board district to provide regular support identifying mental health problems early, working with teachers and staff to help treat mild and moderate problems, while referring significant difficulties to the local mental health program.*

*The Departments of Health and Wellness and Education, district health authorities and the IWK will work together to support evidence-based health promotion programs in schools. The Department of Health and Wellness will support the development of school policies related to mental health, substance use and gambling.*

## First Point of Contact

Nova Scotians receive 80 per cent of their care from family doctors, nurse practitioners, and other health-care professionals who often work in what are called “primary health care” teams. This tends to be their first point of contact when they have health concerns, including mental health and addictions.

To improve mental health and addictions care for Nova Scotians, it is important that family doctors, nurse practitioners, paramedics, nurses, and others who work in primary health care collaborate with those who work in mental health and addictions health care.

### **ACTIONS:**

*Collaborative care provided to people with mental health and/or addictions problems by primary health-care providers and professionals working in mental health and addictions will be strengthened.*

*Enhance education for Emergency Health Services (EHS) paramedics to recognize and assist people displaying serious mental health and addictions problems which should result in more appropriate and timely access to health care.*



## 2) Shorter Waits, Better Care

Some Nova Scotians face difficulties and long waits when trying to get care. Wait-times for out-patient care, barriers to getting care in hospitals, lack of after-hour services, and challenges trying to navigate the system were all cited by Nova Scotians as problems during the Advisory Committee's consultations. We need to make sure people are able to get the care and treatment they need in a timely manner.

### Mental Health

More activities and supports for individuals living with mental illness and addictions are needed in communities so that those Nova Scotians who need care and treatment in the mental health and addictions systems are able to get it, quickly. A focus on early intervention, through new and innovative approaches and providing mental health professionals in schools, will help make this happen.

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#### **CAPA**

*The IWK Health Centre introduced the Choice and Partnership Approach (CAPA) to its mental health and addictions services. This approach is designed to ensure that children and families are seen shortly after they have been referred, in order to get the children into the treatment they need faster and match them up with a clinician with the expertise to best meet their needs.*

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**ACTION:**

*Reduce wait-times for mental health services to meet standards by introducing new ways to provide care, such as CAPA which includes a first visit for individuals and families shortly after they have been referred, in order to get into the treatment sooner and get matched up with the clinician with the expertise to best meet their needs.*

## Peer Support

The committee heard that support from peers would be beneficial for people who are going back to their community after receiving care in a hospital. Peer support can help people reconnect with their lives and relationships, and relieve the anxiety and depression that often goes along with this transition.

### **ACTION:**

*An expanded Peer Support program will be phased in across the province to provide ongoing assistance for people in transition from a hospital who require peer support to live successfully in the community.*

## Support for Families

Families often play a key role in the care and recovery of people with mental health and addictions issues. Evidence shows that outcomes are better when there are supports for the families who are providing care.

### **Community Reinforcement and Family Training (CRAFT)**

*CRAFT works with concerned significant others and is based on principles of reinforcement for engaging unmotivated individuals with problems associated with substance use and/or gambling. Family members and significant others are taught skills for modifying a loved one's substance use and/or gambling behavior and for enhancing treatment engagement. CRAFT is a non-confrontational approach to supporting concerned significant others to help their loved ones get what they require for recovery.*

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## **MERIDEN**

*The Meriden Family Work Program ensures that families remain at the heart of the care provided to individuals with mental health issues, by including families in that care. It is currently used in the United Kingdom, and evidence shows it is an effective model of treatment.*

*Meriden is an internationally recognized leader in collaborative mental health care training and delivery that is sensitive to patients and families. By training mental health teams to shift their focus and ensure that families and others in the person's social network receive care and support, more positive long-term outcomes for Nova Scotians living with severe mental illness will be achieved.*

*This program is a practical, skills-based intervention that usually takes 10 to 14 sessions to deliver. It provides information to the individual and the family about the individual's mental health issues and treatment. The family also completes work on recognizing early signs of relapse and develops a clear plan to deal with relapse. Positive communication, problem-solving skills, and stress management within the family lead to reduced stress. The needs of all family members are addressed, and individual family members are encouraged to identify and work towards clear goals.*

*Research has demonstrated that this program is effective in significantly reducing relapse rates, thus helping to promote recovery in those people suffering with severe and long-term mental health problems.*

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### **ACTION:**

*Offer skills-based intervention to families across the province who need help, through the internationally recognized Meriden Family Work Program and CRAFT program.*

## Addictions

Nova Scotians who need treatment for addictions in some 21-day programs, withdrawal management services and opioid substitution programs can face long waits. We also hear reports that indicate abuse of prescription drugs among young Nova Scotians is growing, sometimes with tragic results.

**ACTION:**

*Provide more clinic spots for individuals struggling with opioid dependency so they can receive replacement treatment and a team-based approach, in areas of the province with the greatest need.*

## Mental Health and Addictions Crises

We need to have services in place to respond to emergency and crisis situations involving individuals with severe mental illness and addictions issues. Crisis and emergency response for mental health and addictions is available from all district health authorities and the IWK. However, some systems are more complete than others. We need to make sure that services are available in all parts of the province 24 hours a day, 7 days a week.

As a result of a partnership between Capital Health, the IWK, the Halifax Regional Police, and EHS, there is now a mobile mental health crisis team in the area served by Capital Health. There is enough demand for that type of service in this area but not in all parts of the province.

**ACTION:**

*Expand the toll-free crisis line for the province to make sure all Nova Scotians with mental health and addictions questions, concerns, and illnesses are able to talk to someone immediately—24 hours a day.*



## Quality Care

Care provided to people in hospitals and structured treatment programs is the most intensive level of care provided. Beds tend to be reserved for people who are critically ill and need immediate treatment and stabilization.

To ensure that we are providing the best quality care we can to Nova Scotians with severe mental illness and addictions problems who need this intensive level of care, we must plan the location and placement of beds. This will ensure that all Nova Scotians have equitable access to this care.

### **ACTION:**

*Deliver better, more efficient care by acting on studies of the placement and location of beds for mental health and addictions treatment in the province, as recommended by the Advisory Committee in their report.*

## Specialty Care

Due to the distribution of our population, there is not always enough demand to have health-care professionals with expertise in specialty areas, such as seniors' mental health and addictions, eating disorders, and reproductive mental health, in all parts of the province.

A network model was established to make sure all Nova Scotians are able to get care from specialists in key areas, regardless of where they live. Teams are based in Halifax, and health-care professionals in each district connect with their specialty team, via telehealth or other means, on a regular basis. These networks, which are unique to Nova Scotia, allow for professional development and sharing of best practices, ensure consistency in assessment and treatment protocols, and provide a group of colleagues to consult with.

Evidence shows this approach improves the quality of care for Nova Scotians who need specialized care. The networks now in place include seniors, eating disorders, early psychosis, and the autism Early Intensive Behavioural Intervention (EIBI) program.

**ACTION:**

*Set up specialty networks to include concurrent disorders, diverse populations, and reproductive mental health, in order to enhance the quality of care in rural and remote parts of Nova Scotia.*

## Concurrent Disorders

When a person has both a mental illness and an addiction (referred to as a concurrent disorder), their mental health and addiction issues tend to be related. Outcomes have been shown to improve when people are treated for both issues at the same time, in a coordinated way.

**ACTION:**

*Train care providers so they better serve people living with concurrent disorders, having both a mental illness and an addiction.*

## Gambling Problems

Gambling losses often come at a great cost to those who gamble and their families. It is estimated that every gambler directly affects five to ten other people. However, only a small number of people with this problem seek professional help, and treatment is often a last resort.

**ACTION:**

*Improve awareness of the services provided by the Problem Gambling Helpline, district health authorities and the IWK to encourage people who need help, or their families, to seek it.*

## Information-sharing

To make the best decisions about how to use our financial resources and what treatments are most effective, we need to know more about the types of mental illnesses and addictions being seen in mental health and addictions clinics and the needs of the people we serve. A comprehensive information system is vital to improving mental health and addictions care and treatment for Nova Scotians.

In addition, changes are required to allow sharing of relevant patient information among teams of health-care professionals and others involved in their lives. This will help ensure that people get the best care possible.

**ACTIONS:**

*Obtain better information and understanding of the types of mental illnesses and addictions that are being seen in our clinics, and the treatment needs of the people we are serving.*

*Develop new guidelines for information-sharing among health care professionals and others who the individual comes in contact with, while ensuring that the individual's right to privacy and confidentiality is protected.*

### 3) Aboriginal and Diverse Communities

Mental illness and addictions cross all boundaries in our society, including gender, income, ethnicity, race, geographical location, sexual orientation, and language. These characteristics must be taken into consideration when looking at the factors that influence mental health and addictions, and when developing programs and delivering care that meet the needs of all Nova Scotians.

#### Diverse Communities

Many Nova Scotians who are members of specific communities have not been served sufficiently by the mental health and addictions care systems for generations. Based on what the Advisory Committee learned, diverse populations in Nova Scotia that require specific attention when it comes to mental health and addictions care include First Nations and Aboriginal citizens, African Nova Scotians, Acadian and Francophone Nova Scotians, new immigrants to Nova Scotia, and the Lesbian, Gay, Bi-sexual, Transgender and Intersex (LGBTI) community.

***ACTION:***

*Set up diversity implementation group(s) with representatives from the new immigrant, Acadian and Francophone, African Nova Scotian, and LGBTI communities to build cultural aspects into how mental health and addictions services and programs are provided.*

## Aboriginal and First Nations Communities

The National Truth and Reconciliation process, which included events in Nova Scotia, taught us a lot about what our First Nations citizens have experienced over the past few generations and the impact that still has on the current, and potentially on future, generations. Having a true understanding and an appreciation of this history has been identified by First Nations communities as an essential component in providing health-care services and supports to them. This is referred to as cultural safety. It must be in place if First Nations citizens are to seek mental health and addictions care and services. Learning from First Nations' traditional ways and practices can teach the mainstream system about how to provide care that better meets the needs of this community. We have also learned that First Nations citizens are more likely to seek out care if services and programs are offered in their communities.

There has been a lot of positive work done between district health authorities, IWK, and First Nations communities. By expanding services available in these communities, we hope to continue to build on the many positive relationships developed through working together.

### **ACTION:**

*Increase mental health and addictions treatment services in First Nations communities, and offer cultural safety training to clinicians working with First Nations. A collaborative group will be set up to determine how.*

## Lesbian, Gay, Bi-sexual, Transgender, and Intersex Community

Suicides are disproportionately high in the LGBTI population. People in this community continue to face significant stigma and discrimination.

These challenges are most common for youth. In Nova Scotia, there is a community organization called the Youth Project that reaches out to this vulnerable group. While this is an excellent resource, those living in rural areas of Nova Scotia do not always receive the supports they need. Gay/Straight Alliances in schools are becoming more common and accepted. However, there is more work to be done.

### **ACTION:**

*The Department of Education and school boards collectively will be responding positively to all reasonable student requests to establish or expand groups that would support the safety and inclusion of marginalized students including Gay/Straight Alliances.*

## Gender Differences

Gender issues and differences influence and have an impact on mental health issues and addiction problems throughout people's lives. Girls and women tend to have unique needs and challenges when it comes to these issues, more so than boys and men. Women and men have different barriers to seeking care as well. All of this needs to be taken into consideration when developing services, treatment, and supports to reduce or remove these barriers.

### **ACTION:**

*Apply a sex, gender, and diversity lens to mental health and addiction services to provide more specific care.*



## Recruitment

The Advisory Committee heard that it is important to Acadians and Francophones to be able to get care in their own language. First Nations citizens and people from other diverse communities would like to have diversity better represented among members of mental health and addictions care teams. This is an ongoing challenge.

### **ACTIONS:**

*Expose young people from diverse populations to the mental health and addictions needs in their communities, and encourage them to explore the career opportunities in these fields.*

*Continue to recruit more French-speaking clinicians to provide treatment and services to Francophone Nova Scotians.*

## Seniors

Because we have an aging population, the mental health and addictions needs of Nova Scotia's seniors are becoming clearer and more pressing. We know there are many seniors who face challenges, stigma, and discrimination related to depression, anxiety, substance abuse, and gambling problems. These issues need to be identified as soon as possible so they can be treated to improve the person's quality of life.

### **ACTION:**

*Increase education for health-care professionals who work with seniors in long-term care facilities and in communities, so the needs of seniors are identified and better met.*

## 4) Working Together Differently

We must find new and different ways for government departments and agencies and the health-care system to work together more effectively and deliver better care and services. This will lead to better outcomes.

### Housing

One of the most significant challenges for Nova Scotians living with mental illness, substance abuse, and gambling issues is housing. In the past, people with serious mental illnesses lived in institutions. Today, we know there are better outcomes when people live and get the support and services they need right in their community, close to their families and support systems. Having a safe place to live is critical to recovery. For this to happen, there needs to be a range of safe and affordable housing options available.

The Departments of Community Services and Health and Wellness have crucial roles in helping people with these issues live in the community. Stronger collaboration between the two systems and departments will help make sure that people get housing that is most appropriate for their illness and needs. For those with severe illness, care and supervision may be required 24 hours a day, 7 days a week.

***ACTION:***

*Support ongoing work on initiatives to ensure that there are safe and affordable housing options for Nova Scotians with mental health and addictions issues.*

## Supports in the Community

Better collaboration and coordination between the mental health and addictions systems, government departments, and community organizations that provide supports to people with these issues who are making the transition back to the community are vital. Community organizations and non-governmental organizations are in a unique position to provide support that may not otherwise be available to people living with mental illness and addictions issues. More supports in communities will also help identify mental illness, substance use, and gambling problems in the early stages and reduce the impact of these on Nova Scotians.

### **ACTIONS:**

*Invest in grants for non-government/community agencies that support projects to promote mental health, build resiliency, and capitalize on the skills of those living with mental illness and/or addictions.*

*Work with municipalities to help communities take a more active role in addressing the consequences of alcohol harms.*

## Better Information on Addictions

To make sure Nova Scotians have access to treatment for addictions issues, we need to have a better understanding of addictions—and the prevalence and nature of these addictions. This will help us plan and make better decisions about where services are most needed.

**ACTION:**

*Set up a surveillance and monitoring system to gather data on alcohol and drug use and gambling and their related impact on public health and safety. This is a collaboration between health, law enforcement, and education partners.*

## Mental Health, Addictions, and the Criminal Justice System

The Advisory Committee heard that there can be special challenges in supporting people with mental illness and addictions when they make the transition from correctional facilities back to their community. They also heard that the services in these facilities to help people with mental illness and addictions are not always adequate.

The committee cited the lessons learned from the tragedy of Howard Hyde's death and the subsequent report by Judge Anne Derrick, and heard that staff who work in the health-care and justice systems need to have a better understanding of mental illness and addictions so these issues can be addressed. This will lead to better care and more respectful treatment of these individuals, and ensure that they have the supports they need.

**ACTION:**

*Incarcerated adults will receive the mental health and addictions services they need, through collaborative work between Capital District Health Authority, district health authorities, and the Department of Justice.*

## 5) Reducing Stigma

People with mental health and addictions issues often face stigma and discrimination. As the Advisory Committee pointed out in their report, stigma is real behavior, not just an attitude. It shows itself through negative comments, ignoring and isolating those with mental illness and addictions. During the consultations, the committee heard that, to reduce and address stigma, more public education is needed.

### Promoting Anti-stigma

The Mental Health Commission of Canada is evaluating anti-stigma initiatives across Canada and will identify those that show evidence of creating behavior change. We will learn from them which initiatives are shown by the evidence to be most effective, and we will implement one or more of these throughout Nova Scotia.

A key part of successful anti-stigma initiatives is having people who have first-hand experience with mental illness and addictions share their personal experiences. We will seek out those who are willing to share their experiences.

#### **ACTION:**

*Anti-stigma initiatives with a proven track record will be delivered in Nova Scotia. People living with mental illness and addictions who want to share their story will be supported and heard. The government of Nova Scotia will be a leader in this area and encourage other employers.*

### Stigma and the Media

The media play a significant role in how mental illness and addictions are portrayed to Nova Scotians. There are guidelines for media, developed by the Canadian Psychiatric Association, for reporting on suicides and other mental health issues. Finding ways to work with and inform media on mental health and addictions issues could be helpful in reducing stigma.

**ACTION:**

*Distribute the reporting guidelines developed by the Canadian Psychiatric Association to the media and engage them in discussions to use respectful language.*

## Safe Workplaces

Nova Scotians have the right to work in a safe and supportive environment. Organizations, in particular those whose work involves interacting with people with mental health and addiction issues, need to have a good understanding of these problems, and their signs, symptoms, and behaviours. Employers need to be aware of what is happening with their employees and be able to offer support.

The Mental Health Commission of Canada, along with the Bureau de normalisation de Quebec (BNQ) and the Canadian Standards Association, is working on a standard for “psychologically safe” workplaces, which is due to be released in the fall of 2012.

**ACTIONS:**

*Raise public awareness about the importance of psychological health and safety in the workplace.*

*Improve employers’ knowledge of programs for addressing mental health and addictions issues in the workplace.*

.....

*Mental Health First Aid provides information about the signs of common mental illnesses, and skills in dealing with an impending or actual crisis. This program, managed by the Mental Health Commission of Canada, has been available in Nova Scotia for several years. There are trained instructors across the province. The basic adult program is available in both English and French.*

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# Evaluation of the Plan

This plan and all of its elements will be monitored and evaluated through a rigorous ongoing effort and in a measurable way, to ensure that the plan's goals are being met. Based on what we learn through this monitoring and evaluation, adjustments will be made to matters such as education and training of professionals, to ensure that they are as effective as possible and reflect the best evidence and practices.

After the first year, a review of the progress on the plan will be undertaken. At that time, a report will be released to update Nova Scotians on what has been accomplished to date, and lay out the work to be undertaken in the upcoming year.

## How We Will Measure Success

When evaluating the effectiveness of this plan, we will look at a number of key factors, including:

1. *Broadened understanding*—Nova Scotians will have a better, broader understanding of mental illness and addictions issues, and will work together to create safer, healthier communities that support and respect people with mental illness, problematic substance use, and gambling. This will be measured through the evaluation of anti-stigma and discrimination initiatives, which are introduced and expanded as part of this plan.
2. *Greater community involvement*—Collaboration among the health system, government departments, community organizations, and others with interest in mental health and addictions is key to success. This will be measured by the number of new community-based supports and services that are available.
3. *Doing things differently*—We need to work together in new, better, and more effective ways to improve these services for Nova Scotians. To make a real difference, we need to be willing to do things differently, identify problems and intervene early when signs start to emerge, involve people in the community, and deliver care through new methods. Getting this right is likely to be the most important factor in determining success.

4. *Working together with a shared vision*—We need to break down the barriers that exist if we are to improve the care provided to Nova Scotians with mental health and addictions issues. This will help ensure the system is focused on the needs of individuals and their families, and make it easier for them to get the support and treatment they need, where and when they need it. All parts of the system will work together through new programs and services, with better communication, new relationships, and the same vision and goals.
5. *Better information to guide decisions*—We know we need a comprehensive information system to shape mental health and addictions services and programs in Nova Scotia. While this will take time, it is an important part of the plan in the long term. We will not be successful without it.

## Getting Started

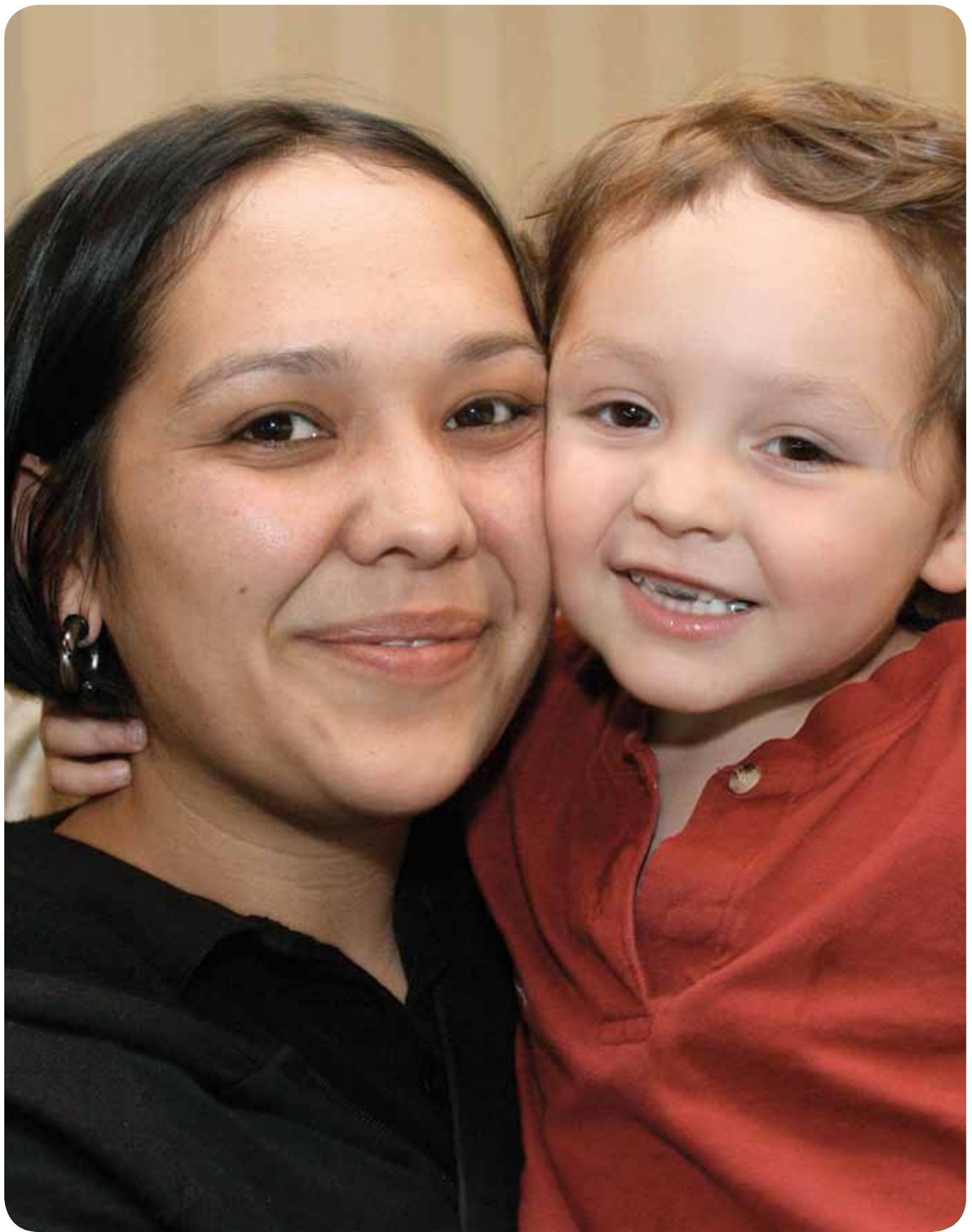
Some of the actions laid out in this plan will get underway immediately, while others will happen over the longer term.

This plan is designed to ensure that there is consistency and equity in mental health and addictions services across Nova Scotia. This plan will be implemented throughout the province through leadership and oversight by the government of Nova Scotia. District health authorities and the IWK Health Centre will align their programs and services with the programs laid out in this plan.

The implementation of the plan throughout the province will be guided by its values and principles of accessibility and responsiveness, equality and equity, respect for individuals, and collaboration, ensuring dignity and sustainability.

Work on this plan will happen in conjunction and collaboration with work on other government priorities and strategies, including:

- Work related to the response to the Hyde Inquiry
- Work on the Autism Action Plan
- Work on the Domestic Violence Action Plan
- Work on the Child and Youth Strategy
- Work on the Nova Scotia Responsible Gaming Strategy 2011
- Work on the action plan of the Prescription Drug Overdoses in Nova Scotia Working Group
- Work on the Report of the Nova Scotia Task Force on Bullying and Cyberbullying – Respectful and Responsible Relationships: There is no App for That
- Work on the Alcohol Strategy – Changing the Culture of Alcohol Use in Nova Scotia
- Work related to the Crime Prevention Framework



# Conclusion

This plan outlines the far-reaching scope of effort required to meet the complex and broad range of needs and issues of those living with mental illness and problematic substance use and gambling, and their families and support systems. New, innovative, and expanded programs are proposed where there is promising research-based evidence to show that they work. This plan does not promote change in isolation, but is adopting a broad, collaborative approach to help make and promote system and societal changes. This is for and about all Nova Scotians, and we all have a part to play in making change and improving the lives of people affected by mental health and addictions in our province.







# Appendix 1:

## The Development of the Strategy

This plan has been informed by several reports, most prominently the report and recommendations of the Mental Health and Addictions Strategy Advisory Committee entitled *Come Together*. That report captures much of the relevant context and information as to why a strategy is needed, and recommends broad changes.

The Advisory Committee listened to more than 1,200 Nova Scotians who participated in more than 100 meetings and other consultations. Their insight and experiences shaped the vision for a renewed mental health and addictions system, and will guide the Mental Health and Addictions Strategy's implementation over the next five years.

The results will be monitored and evaluated to determine whether the systems are changing to meet the needs so clearly articulated by so many Nova Scotians.

This plan has also been shaped by the following reports and strategies:

- Better Care Sooner
- Chapter 4 of the Auditor General's 2010 report
- Building Bridges: Improving Care in Custody for People Living with Mental illness
- The Autism Spectrum Disorder Action Plan
- The report of the Prescription Drug Overdoses in Nova Scotia Working Group
- The Nova Scotia Responsible Gaming Strategy 2011
- The Poverty Reduction Strategy
- Changing the Culture of Alcohol Use in Nova Scotia
- The Child and Youth Strategy: Our Kids Are Worth It
- Respectful and Responsible Relationships: There's No App for That. The Report of the Nova Scotia Task Force on Bullying and Cyberbullying
- Kids and Learning First
- Changing Directions, Changing Lives: The Mental Health Strategy for Canada – Mental Health Commission of Canada

## The plan to improve mental health and addictions care for Nova Scotians.

| 5 Key Priority Areas   | 2012/13 | 2013/14 | 2014/15 |
|--|---------|---------|---------|
| <b>Intervening and treating early for better results</b>   |         |         |         |
| 18-month developmental screening for all children  | ✓       |         |         |
| Province-wide telephone coaching for families  | ✓       |         |         |
| Mental health clinicians in schools  | ✓       |         |         |
| School policies related to mental health, substance use, and gambling                                | ✓       |         |         |
| Collaborative care among primary health, mental health, and addictions providers                     | ✓       |         |         |
| Enhanced education for EHS paramedics  | ✓       |         |         |
| <b>Shorter waits, better care</b>  |         |         |         |
| Reduced mental health wait times to meet standards through new approaches                            | ✓       |         |         |
| Expanded peer support for mentally ill   | ✓       |         |         |
| Skills training and support for families   |         | ✓       |         |
| Expanded opioid replacement treatment  | ✓       |         |         |
| Province-wide toll-free crisis line  | ✓       |         |         |
| Review location of mental health, addictions beds  |         | ✓       |         |
| More specialty care networks   |         | ✓       |         |
| Concurrent disorder training for care providers  |         | ✓       |         |
| Greater awareness of Problem Gambling Helpline, DHA, IWK gambling services                           | ✓       |         |         |
| Better information system for mental health, addictions  |         |         | ✓       |
| Information-sharing guidelines   |         | ✓       |         |
| <b>Aboriginal and diverse communities</b>  |         |         |         |
| Diversity group(s) for mental health, addictions   | ✓       |         |         |
| More collaborative treatment services for First Nations, cultural safety training for care providers | ✓       |         |         |
| Gay Straight Alliances for students  | ✓       |         |         |
| Sex, gender, and diversity review of services  |         | ✓       |         |
| Undertake work to increase diversity in the addictions, mental health workforce                      |         | ✓       |         |
| Recruit French speaking professionals  |         | ✓       |         |
| Education on seniors' mental health, addictions needs for care providers                             |         |         | ✓       |
| <b>Working together differently</b>  |         |         |         |
| Safe, affordable housing options   | ✓       |         |         |
| Funding process for community agencies, projects   | ✓       |         |         |
| Support municipalities to reduce alcohol harms   | ✓       |         |         |
| Collect and monitor alcohol, drug, gambling data   |         | ✓       |         |
| Mental health, addictions care for incarcerated adults   |         | ✓       |         |
| <b>Reducing stigma</b>   |         |         |         |
| Anti-stigma initiatives  | ✓       |         |         |
| Share reporting guidelines with media  |         | ✓       |         |
| Awareness of healthy and safe workplaces   |         |         | ✓       |
| Employer awareness of workplace programs   |         |         | ✓       |

\* Checkmarks (✓) indicate when work on each action will start. While this is a five-year plan, the work will get underway within the first three years.