



Together We Can:

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

Our First Year

Introduction

A year ago, the province launched Nova Scotia's first-ever mental health and addictions strategy, *Together We Can*. The strategy put the province's commitment to improving mental health and addictions care for Nova Scotians into action.

Nova Scotia has exceptionally skilled professionals working in the mental health and addictions system, yet we recognized that more needed to be done to help the one-in-five people who are touched by mental health and addictions in the province. To help them, the strategy focuses on health promotion, early intervention, closing gaps in the system, improving cultural and other competencies, peer and community supports and reducing stigma. The strategy also allows for a more integrated and coordinated approach with other areas of public service including justice, housing, social services, education, training and employment.

With this report, we are sharing an update on the first year of that work, and outlining the work for the years ahead.

Nova Scotians deserve to be healthier and to live in communities that support and respect people living with mental illness and addictions. That continues to be our goal, as we work to make mental health and addictions services more accessible across the province.

5 Key Priority Areas

The strategy is guided by 5 key priority areas:

- Intervening and treating early for better results
- Shorter waits, better care
- Aboriginal and diverse communities
- Working together differently
- Reducing stigma

Acknowledgments

Developing a comprehensive plan to strengthen mental health and addictions care in Nova Scotia cannot happen without the participation of professionals in the formal mental health and addictions systems, other government departments, community and professional organizations, people with lived experience and their families, and the friends, co-workers and communities who support them.

Already in the first year of *Together We Can*, we have accomplished a great deal of what we set out to do, while receiving tremendous support across Nova Scotia. Just as it takes a village to raise a child, it takes a province to implement a strategy, and Nova Scotians have stepped up admirably.

Our thanks goes out to all those involved in the planning and implementing of the action items for this year and, because of their enthusiasm, some action items for years two and three as well.



Year-1 Action

Province-Wide Toll-Free Crisis Line

All Nova Scotians should have 24/7 access to mental health support and care when facing a crisis. In February 2013, the province announced the expansion of the Mental Health Crisis Line to the entire province. The crisis line is staffed by licensed clinicians, with a background in social work, nursing or occupational therapy. Language translation is available as required. The clinicians will triage and assess each call for imminent risk and safety, and will help the caller cope with their issue. If emergency care is required, the clinician will connect with EHS, and if follow up care is recommended, information is offered on how to access additional services. Information is provided daily to the districts to keep them updated on the after-hours activity of their clients. People in need of immediate mental health support are encouraged to call 1-888-429-8167.

Hired Mental Health Clinicians in Schools

Schools Plus is an integrated service delivery model giving children access to professionals in the areas of social work, health, justice and addictions services in a convenient, familiar setting – a school in their community. A family of schools in every school board – a total of 79 schools – now offers these services across the province. 12.5 mental health clinician positions have been funded, and to-date, 10.5 have been hired in each of the District Health Authorities (DHAs) and the IWK, and placed in Schools Plus families of schools. Two half-time positions are for French-speaking clinicians, and they are currently being recruited. An evaluation process is in development and will be introduced in September to capture the effectiveness of this new initiative.

Launched Province-Wide Telephone Coaching for Families – Strongest Families

This evidence-based, 12-week telephone coaching program gives families access to trained coaches who provide the tools, skills and support they need to manage their children's behaviour and anxiety health issues. The family and coach set weekly appointments at a convenient time for the family, and also offer on-the-spot support in the midst of a particularly challenging situation. Group options are also available.

In year one, we invested \$350,000 to expand the Strongest Families program throughout the entire province. In 2012 alone, more than 700 families benefited from this program, and many of those families were taken directly off a wait list and provided with better care sooner.

Reduced Mental Health Wait Times to Meet Standards Through New Approaches

Improving access to mental health services was a prominent issue in *Together We Can*, especially for children and youth. To address these concerns we have introduced a new way of managing and providing these services called the Choice and Partnership Approach (CAPA). We will expand the CAPA program across the province in the coming year. Families are provided with a more timely face-to-face appointment with a mental health clinician where the person and their family member addresses their current situation. If treatment is required, the mental health clinician offers options and the family can choose how they would like to proceed. Goals are established and in partnership with the clinician, the family begins working toward those goals. This provides targeted help for the child and family.

Today, children and youth living in the Capital district, Annapolis Valley, Cumberland and Guysborough are getting faster treatment. The program will also be adopted in the remaining districts over the coming year, and will soon be available to adults.

Expanded Opioid Replacement Treatment

Opioid dependency in Nova Scotia is an ongoing concern. During the past year considerable effort has been made to enhance the services and supports already in place to address this issue. As we enter year two of the strategy, the province will fund 70 additional treatment spots within the Capital Health Addictions and Mental Health Program. As outlined in the strategy, we are focusing these resources where they are needed most.

We also sponsored training sessions for family physicians that allows them to receive their exemption to prescribe methadone for dependency purposes. As the number of physicians with the exemption to prescribe methadone grows, there will be increased flow through the treatment programs in the province and increased accessibility. Our goal continues to be to treat as many people as possible who live with an opioid addiction.

The Atlantic Mentoring Network for Pain and Addiction provides support to health care providers working with those living with addictions and/or pain. We have provided supplies used in the assessment of opioid misuse and we have supported the recruitment of 50 additional physicians required to meet the need.

Initiated an 18-Month Developmental Screening for all Children

Early screening plays an important role in diagnosing developmental issues in children, and in understanding any challenges parents or guardians face. If infants and young children do not receive the care and support they need early on, and if families are experiencing significant stress, young children can be negatively impacted over the long term. The 18-month mark is a good age to detect developmental difficulties that may be harder to detect at an earlier age. The province is adopting the Rourke Baby Record, an 18-month developmental screening tool recommended by the Canadian Pediatric Association. The province currently has two demonstration sites in place in New Glasgow and we are working with a First Nations community on setting up another site. With the lessons learned from the demonstration sites, we will develop the most effective way of ensuring all children in Nova Scotia are receiving an 18-month developmental screen.

New School Guidelines Related to Mental Health, Substance Use, and Gambling

We are currently working with the DHAs to develop and implement guidelines and procedures for schools on how to promote school health in the areas of mental health, substance use and gambling. The guidelines will address prevention and health promotion, early identification and intervention, referrals to treatment services, incident management, discipline and restorative practices and re-entry or transition back to school. We expect the guidelines to be completed and implemented as a trial within a number of schools across the province within three school years.

Supporting Collaborative Care among Primary Health, Mental Health and Addictions Providers

80% of Nova Scotians receive their care, including mental health and addictions care, from family doctors, nurse practitioners and other primary care providers. Family physicians have told us that they do not always feel adequately equipped to address mild to moderate mental health and addiction-related problems in their practices. Nova Scotia is working with the Mental Health Commission of Canada to evaluate the potential effectiveness of a new Practice Support Program, for Nova Scotians. The Practice Support Program is an adult mental health module developed in British Columbia as a way of enhancing the skills of family physicians, office assistants and potentially other primary care providers, while addressing the stigma people sometimes face when seeking help. We expect the results of the evaluation and a report within the next 18 months to two years.

The province has also been promoting the College of Family Physicians of Canada's Screening Brief Intervention and Referral website among health care providers. The website helps primary care providers assess and address at-risk alcohol consumption among their patients.

Enhanced Education for EHS Paramedics

In the report into the death of Howard Hyde, Judge Anne Derrick identified the need for greater understanding of mental illness across the health and justice systems. As part of the government's response to that inquiry in *Building Bridges*, training modules in mental illness have been developed and are being offered to EHS paramedics. This is a train-the-trainer model, so once a core group is trained and maintained, the program will be sustainable throughout the province. More than 300 health, justice and EHS staff were trained on understanding and responding to mental illness. Given the expanding role of these health professionals in the health system, through working in Collaborative Emergency Centres and some long-term care facilities, it becomes increasingly essential for them to be able to recognize and assist people displaying serious mental health and addictions problems.

Expanded Peer Support for Mentally Ill

Peer support plays a tremendous role in the recovery of people living with mental illness. Nova Scotia has embraced the peer support method and has become the only province in Canada introducing a province-wide Certified Peer Support Specialist Program.

This program will offer peer support to people transitioning from hospital back into their communities or to people requiring additional support as they pursue their recovery through mental health services in the community. The province developed a training curriculum to ensure all peer support specialists are certified, and training will begin in June 2013. The province is funding 14 peer support positions through the Healthy Minds Cooperative. The peer support specialists will be hired by the fall with an effort to identify peer support specialists for youth, First Nations and Acadian/Francophone Nova Scotians.

Support Municipalities to Reduce Alcohol Harms

We continue to learn about the harms of alcohol and its consequences to Nova Scotia communities. This year, with the support of *Together We Can*, five communities across the province started or continued to explore how alcohol was impacting their community. Some of this work has been presented in published reports including the town of Truro's report: *Shine a Light: What Alcohol Use Looks Like in Truro* and Capital Health's *Municipal Alcohol Policies: Options for Nova Scotia Municipalities*. This information supports the increased partnerships between municipalities, local police, businesses, healthcare providers and community organizations.

Skills Training and Support for Families

For too long we have heard that families often do not feel involved in their loved ones' care. Supporting someone with an addiction or a mental illness can be challenging, and yet families can be the greatest support for those living with these illnesses. While this is a second year action item, the province has been able to begin the preliminary work of orienting all DHAs and the IWK to Meriden Family Work. Capital Health has taken the lead on this work and is in the process of an implementation plan. They will support other districts as this program is expanded across the province.

For addictions, the Community Reinforcement and Family Training (CRAFT) program will be formally introduced to the addictions system province-wide beginning in 2013-14. This program is a non-confrontational approach to supporting concerned family members to help their loved ones get what they require for recovery.

Concurrent Disorder Training for Care Providers

Working with people who are experiencing symptoms of both a mental illness and an addiction has traditionally been a challenge within the mental health and addictions systems. The province has worked to increase collaboration and integration of these two areas, and has developed concurrent disorders treatment competencies and training modules for healthcare professionals. The training will be rolled out to mental health and addictions professionals in all districts during year two of the strategy.

Creating Greater Awareness of Problem Gambling Helpline, DHA, IWK Gambling Services

The consequences of problem gambling can be catastrophic, yet many people with gambling problems are not accessing the services available to them. We have reviewed best practice guidelines, and are currently working to rebrand the existing Problem Gambling Helpline. The re-branded line will help address stigma that individuals with gambling problems currently face and provide additional support and interactive tools through a new website.

Better Information System for Mental Health and Addictions

To help us make informed, clinically and fiscally responsible decisions, the province is working on getting an integrated information system for mental health and addictions services. While this is a third year action item, securing an integrated system is time consuming so we have started the development of recommendations for a system to be created from scratch or adapted from an already existing system. This process was completed and the next phase is being determined.

Diversity Groups for Mental Health and Addictions

This year we have met with members of diverse communities including First Nations and Aboriginals, African Nova Scotians, Acadians/Francophones, the disabled persons community, and the Lesbian, Gay, Bi-sexual, Transgendered and Intersex (LGBTI) community. We are in the process of developing an African Nova Scotian training module and a network to address their specific treatment and support needs. We expect to have the training module completed by winter 2014.

Our work with the LGBTI community is underway. We anticipate the initial focus will be with transgendered people as that is the group of greatest concern to this community.

More Collaborative Treatment Services for First Nations, Cultural Safety Training for Care Providers

The province entered a funding agreement with the First Nations and Inuit Health Branch of Health Canada, Nova Scotia's 13 First Nations communities, and the DHAs and IWK, to examine the mental health and addictions services they offer. The province will develop recommendations on how to better provide mental health and addiction services in First Nation communities.

As part of this project, the province agreed to fund and develop the cultural safety piece, which is expected to be complete by December 2013. This should allow for training to take place early in 2014.

Gay/Straight Alliances for Students

The Department of Education and Early Childhood Development and school boards have been very supportive of establishing or expanding gay/straight alliances in any school that has expressed an interest.

There are currently 76 alliances in place throughout schools in Nova Scotia, which is an increase over last year. This work is supported by the Youth Project which lends development expertise to these groups as they are getting off the ground.

Education on Seniors' Mental Health, Addictions Needs for Care

While this is a third year action item, the province seized the opportunity to present the strategy to the 2012 Continuing Care Fall Forums and hear what training and supports the sector requires. They also provided insight into the challenges they face in accessing mental health and addictions services and supports for their home care clients or long-term care residents. This will inform how we move forward with our plans to build the capacity of those providing care to these residents and clients. As our population ages this increasingly becomes an issue, and more work needs to be done.

Safe, Affordable Housing Options

People living with severe and persistent mental illness with significant behaviour challenges require adequately trained caregivers to ensure safe and quality care. In the province's Housing Strategy, people living with mental health issues and addictions are identified as one of the groups requiring consideration when revitalizing affordable housing in Nova Scotia. We will work with our departmental colleagues, community organizations and our service delivery system through the DHAs and IWK to build on some excellent work already happening in Capital Health, Cape Breton Health, Colchester East Hants Health and South West Health.

Funding Process for Community Agencies, Projects

During the first year of the strategy, we gave out 23 grants to community-based organizations located throughout the province. Recipients included youth serving organizations, First Nations, seniors, and Immigrant Settlement and Integration Services. Grants ranged from \$10,000 to \$100,000. These grants will be provided annually through a Request for Proposals.

Anti-Stigma Initiatives

Last year, the Mental Health Commission of Canada issued a national mental health strategy, *Changing Directions, Changing Lives*. The Commission's Opening Minds initiative is focused on evaluating promising practices in reducing stigma. As noted earlier, the province is partnering with the Mental Health Commission for the Practice Support Program. We are also working to develop a program targeted to youth.

"I'm delighted that the province has dedicated funding to help community mental health organizations. I am very pleased with the way the implementation of the strategy is proceeding."

John Roswell, Founder, Digby
Clare Mental Health Volunteers

Awareness of Healthy, Safe Workplaces

With the support of the Mental Health Commission of Canada, the Canadian Standards Council and the bureau de normalisation du Québec published the first standard for *Psychological Health and Safety in the Workplace* in January. Nova Scotia is the first province to adopt this voluntary standard for the Public Service.

Employer Awareness of Workplace Programs

With the release of the standard for *Psychological Health and Safety in the Workplace*, those outside of government can learn about it and how to implement it. As this work moves forward, there will be opportunities to provide additional information on other workplace programs which address mental health and addictions issues.



Work Ahead

REVIEW MENTAL HEALTH AND ADDICTIONS BEDS

In order to provide the highest quality of care in the most intensive services—acute psychiatric inpatient units, withdrawal management (detox) and structured treatment units—the latest evidence and best practices must be examined to ensure the location and placement of these beds are meeting the needs of those Nova Scotians who require them.

MORE SPECIALTY CARE NETWORKS

Because of Nova Scotia's many rural communities, the province has long supported mental health specialty care networks as a way to enhance capacity across the province and ensure those people requiring this level of specialized care can receive it close to home. Through the provincial development of assessment and treatment protocols and professional development opportunities, we would like to increase the number of specialty networks in the province. These could include but are not limited to: concurrent disorders, diverse populations and reproductive mental health care.

INFORMATION-SHARING GUIDELINES

Information sharing among health care providers is a complex situation. There are legislated professional practice standards and guidelines which determine how the different health professionals share information. The Schools Plus program has developed a set of information sharing guidelines to be used by mental health and addictions clinicians/clinical therapists and others involved in the program. Capital Health has also developed a set of information sharing guidelines. These documents and others will need to be examined by a small working group, yet to be configured, which will develop recommendations.

SEX, GENDER AND DIVERSITY REVIEW OF SERVICES

We know that treatment may look different depending on the gender of the person seeking it. There are different presentations for depression between men and women. There are also different barriers to seeking care that we need to be aware of when planning programs and services.

UNDERTAKE WORK TO INCREASE DIVERSITY IN ADDICTIONS, MENTAL HEALTH WORKFORCE

Many diverse communities have told us they do not see themselves reflected in the workforce providing services in mental health and addictions care teams. Young people need to be encouraged to consider the fields of mental health and addictions as viable career options.

RECRUIT FRENCH SPEAKING PROFESSIONALS

There have been ongoing efforts in place to recruit French speaking clinicians and clinical therapists but there is more work to do. While French speaking Nova Scotians may be able to function in English, when they are ill and suffering with mental health or addictions symptoms, their understanding of the care being offered to them may be limited by language. The province will work to encourage our young Francophone Nova Scotians to pursue a rewarding a career in mental health or addictions.

COLLECT AND MONITOR ALCOHOL, DRUG, GAMBLING DATA

Much like the case with Information Sharing Guidelines, we do not yet have adequate information on the prevalence, occurrence rate of alcohol, other drugs and gambling issues. This will help with knowing the size of the problem, which is necessary in determining the type and amount of resources required. Being able to monitor the addiction indicators will help in making more informed and fiscally responsible decisions. The first step is identifying key indicators which will serve as a base-line for monitoring and tracking substance use. A comprehensive monitoring and surveillance system requires collaboration between health, education, social services, and law enforcement sectors and will play a key role in identifying new and emerging trends.

The 2012 *Nova Scotia Student Drug Use Survey: Technical Report* was released in May 2013. The report provides information on the prevalence of substance use among students in junior and senior high schools in Nova Scotia, along with the risks associated with substance use, gambling, sexual health, help-seeking behaviour, mental health and school policy. The information in the report is essential to help Nova Scotia

set research and policy priorities, to determine strategies for problematic substance use and gambling prevention and early intervention, and to mitigate other high-risk behaviours.

MENTAL HEALTH, ADDICTIONS CARE FOR INCARCERATED ADULTS

Addiction and mental health assessments, diagnosis and treatment services and supports available to incarcerated adults is inadequate outside of the Capital Health district. This will require a review of what has been happening and what services can be supplied within the current envelope of funding.

SHARE REPORTING GUIDELINES WITH MEDIA

There are at least two reporting guidelines for how the media should manage the reporting of suicide. Psychiatry guidelines have previously been shared with media, however the province welcomes the opportunity to talk to media about them again.

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Understanding that there is more work to be done, people in the province living with mental illness are now being better served, and better supported because of the progress made through Together We Can.

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Geoff Alcock, Truro member of the Consumer, Family, Community Working Group for the mental health and addictions strategy

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I am extremely impressed... This yearly report reflects that the province has listened to Nova Scotians and is committed to improving services for people living with mental illness.

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Joyce McDonald, member of the mental health and addictions strategy Advisory Committee

Other Actions

In addition to the actions outlined in *Together We Can*, the province will work on providing better access to mental health and addictions services for people with disabilities. In addition, we recognize the importance of recreation, physical activity and leisure in many of these action items as a key ingredient to recovery and integration into the community.

Evaluation

Evaluation is key to determining the success of *Together We Can*, so we have developed an evaluation framework and have engaged internal and external partners to begin the process of designing the implementation. Ensuring this process is in place prior to the roll-out of the actions is critical to determining the degree of positive outcomes for the overall strategy and for the individual action items. As we provide updates through news releases, outcome information will be shared. If we learn that what we believed to be evidence based is not having the anticipated positive impact, we will reexamine our actions moving forward.


Key to Priorities Table

Work completed and underway









Work ahead













* Checkmarks  indicate when work will get underway. While this is a 5-year plan, the work will get underway within the first three years.

5 Key Priority Areas








Intervening and treating early for better results

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			






Shorter waits, better care

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 and addictions beds			
More specialty care networks			
Concurrent disorder training for care providers			
Awareness of Problem Gambling Helpline, DHA/IWK gambling services			
Better information system for mental health and addictions			
Information-sharing guidelines			





Aboriginal and diverse communities


































Diversity group(s) for mental health and 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 addictions, mental health workforce			
Recruit French speaking professionals			
Education on seniors' mental health, addictions needs for care providers			

Working together differently

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			

Reducing stigma

Anti-stigma initiatives			
Share reporting guidelines with media			
Awareness of healthy, safe workplaces			
Employer awareness of workplace programs			

	2012/13	2013/14	2014/15
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			

Conclusion

Through the commitment and hard work of all those with an interest in improving mental health and addictions care for Nova Scotians, we have surpassed our commitment by undertaking work on 24 of the 33 actions outlined in *Together We Can*. As we enter the second year of the strategy, we are initiating work on the remaining nine actions. We anticipate having all actions initiated within the first two years of the strategy.

We are on a journey to improve mental health and addiction services in Nova Scotia. While there is still more work to do, we are committed to making the system look and feel different for those accessing it and we are already seeing some of the results of our work. There is also flexibility in our plan to help address new issues as they arise.

As noted within *Together We Can*, mental health and addictions are coming out of the shadows and we are now well on our way to creating a world that is more understanding and accepting of people living with mental illness and addictions.

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*The first year of **Together We Can** shows the province's serious commitment to implementing the recommendations of the strategy's Advisory Committee. The work is addressing multiple areas of concern, integrating initiatives, and is responding to the needs of Nova Scotians. The next year promises equally exciting advances. The fact that these initiatives are being identified as priorities speaks well to the potential impact the strategy will have,*

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Michael Ungar,
Network Director,
CYCC Network