Working Together for Change

Mental Health and Addictions Action Plan Recommendations

Dr. Fern Stockdale Winder
Commissioner, Mental Health and Addictions Action Plan

December 1, 2014

The Mental Health and Addictions Action Plan
putting the **Patient First**

Mental Health and Addictions Action Plan Recommendations

System Goal: Enhance Access and Capacity and Support Recovery in the Community

1. **Make services easy to find: create and consistently update a comprehensive, reliable directory of services, including self-management tools for home use.**

   1.1. **Promote greater use of HealthLine and healthlineonline.ca for mental health and addictions issues.**
   Many people with mental health and addictions issues told us they don't know where or how to get help. The Ministry of Health's HealthLine 811 and healthlineonline.ca can guide individuals to the help they need. However, these resources could be better utilized.

   1.2. **Consolidate efforts to develop a mental health and addictions platform that offers access to information and self-management tools, and that links people to services.**
   Knowing where or how to find mental health and addictions services is difficult for people needing services, family members and even human service providers. Mental health and addictions information, self-management tools, links to services and resources for human service professionals could be provided through a centralized online hub that is easily accessible for many people.

2. **Decrease wait times for mental health and addictions treatments, services, and supports to meet or exceed public expectations, with early focus on counselling and psychiatry supports for children and youth.**

   2.1. **Adopt innovations and changes in practice to reduce wait lists, and increase resources where needed.**
   Consultations indicated that timely access to services was the top priority. Evidence indicates that changes in referral practices and resource management, followed by targeted investments where gaps remain are effective in reducing wait times.

   2.2. **Provide online clinical treatments for depression and anxiety to increase accessibility to treatment.**
   Depression and anxiety are the two most common mental health issues. Online treatments such as cognitive behavioural therapy have been successful at treating these conditions, and can be quick and easy to access for many people.

   2.3. **Facilitate improved access in northern, rural and remote communities through the use of technology, mobile services or other innovations.**
   Access to services – especially specialized mental health and addictions services – is limited in northern, rural and remote communities. A combination of approaches such as video conferencing (Telehealth), online treatments, and mobile specialists can provide timely access to services when needed.

3. **Help primary health care providers fulfill their vital role as first contact and ongoing support for individuals with mental health and addictions issues.**

   3.1. **Support the work of primary health care providers through team approaches that include ready access to mental health and addictions counsellors, and consultant psychiatry.**
   72% of people with mental health issues and 37% of people with addictions issues who responded to our Powerful Voice Questionnaire first sought help from their family doctor, a walk-in clinic, or emergency department. Team-based primary health care that includes mental health and addictions counsellors and consultant psychiatry can improve access to specialized care and improve outcomes.

   3.2. **Make screening and brief intervention tools accessible combined with effective clinical pathways and referral networks.**
   The most common first access point for people seeking help for mental health or addictions issues is primary health care providers. However, a sizeable minority felt that primary care doctors don't always have the knowledge or capacity to help them. Ensuring the

appropriate tools are available for screening, and brief interventions, and that clear clinical pathways are established with easily accessible referral networks will provide people with the most suitable care for their specific needs.

4. **Reduce wait times, improve response in emergency departments for mental health and addictions issues, and improve transitions back to the community.**

   4.1. **Enhance after-hours supports for crises.**
   People told us that there needs to be alternatives for mental health crises available 24/7 other than emergency departments (ED) or police. A variety of options could be explored ranging from training EMS workers to integrated response teams, enhanced crisis phone lines, and non-traditional hours of service for mental health and addictions services in the community.

   4.2. **Reduce wait times and improve response in emergency departments for mental health and addictions issues.**
   Long waits and the emergency department environment can create additional challenges for people with mental health and addictions issues. People told us that they felt their concerns were not taken seriously or they faced discrimination, and as a result often ended up leaving the ED without receiving care. Improving providers' ability to recognize, treat and plan care will prevent people with mental health and addictions issues from leaving without care or being discharged without links to community services.

5. **Increase community capacity to support people living with persistent and complex mental health and addictions issues, including housing and intensive team-based supports.**

   5.1. **Enhance supportive housing options available in the community and ensure appropriate intensive team-based supports accompany their development.**
   There is strong evidence that stable housing combined with various levels of community supports lead to better outcomes for people living with complex mental health and addictions issues. These interventions help to reduce the use of more costly hospital beds or the criminal justice system.

   5.2. **Enhance access to regional behavioural consultant teams for individuals living with highly complex mental health or addictions issues and coordinate these efforts across service sectors.**
   Certain behaviours resulting from mental health and addictions issues can be highly distressing for the individual, family members or other caregivers. Behavioural support services in the form of mobile support teams have been implemented in other jurisdictions (Behavioural Supports Ontario) to support caregivers, help people remain in their homes and prevent unnecessary hospitalizations.

6. **Address the mental health and addictions needs of the growing population of seniors, beginning with long-term care and home care services.**

   6.1. **Promote care cultures that improve mental health in long-term care facilities.**
   Research shows that home-like settings where a person can make their own choices about activities, meal times, bed times, etc. best support well-being. Saskatoon's Sherbrooke Community Centre is a best practice employing this model, known as the Eden Care Approach. Some long-term facilities have adopted the Gentle Persuasive Approach to respond respectfully to challenging behaviors associated with dementia.

   6.2. **Provide formal training for staff in long-term care and home care in mental health and addictions issues most experienced by seniors and enhance resourcing to better respond to identified needs.**
   Long-term care facility and home care staff often don't have training in mental health and addictions issues. Further training in screening and responding to common mental health and addictions issues, such as elder abuse, suicide risk, dementia, and mood issues, would help to better address these needs. Improving availability to services once need is identified is also essential.

7. **Improve the response to the growing number of people with mental health and addictions issues coming into contact with police, courts and corrections.**

7.1. **Increase ability to appropriately screen offenders for mental health and addictions issues and provide appropriate services within correctional facilities, and follow-up on release.**
Around 20% of male inmates and 35% of female inmates have confirmed mental health issues, with actual rates likely higher. Upwards of 75% of inmates have substance abuse issues and many are at elevated risk levels of self-harm. Enhanced ability to assess and treat these individuals inside correctional facilities would provide continued support while in custody, and upon release, community case management should be coordinated.

7.2. **Ensure appropriate community services are available to support therapeutic diversion courts.**
For individuals with mental health and addictions issues who have broken the law, diversion court programs in Regina, Moose Jaw and Saskatoon enable access to community treatment programs, instead of serving a custody sentence where appropriate. A more collaborative response is required between government and other agencies working with the courts to secure appropriate community services. An example would be stronger linkages between therapeutic courts such as mental health or drug courts and community services.

7.3. **Support police efforts to improve responses to situations involving individuals with mental health and addictions issues, including police partnering with mental health workers in crisis teams.**
The criminal justice system is seeking training and collaboration with mental health and addictions specialists as alternatives to arrest and incarceration of individuals with mental health and addictions issues. One innovative example is the Saskatoon Police Service's PACT team in which a police officer partners with a mental health/addictions worker in responding to these calls.

System Goal: Focus on Prevention and Early Intervention

8. **Build on existing programs that recognize the importance of healthy families and communities and positive environments for emotional development.**

8.1. **Promote and enable community health initiatives with focus on higher need populations.**
Activities that promote health, such as physical activity, social connections, or skills-building, improve emotional health and reduce risk of substance misuse. The Centre in Swift Current, a youth drop-in centre, is an example of a venue for positive activities after school and on weekends.

8.2. **Strengthen access to maternal mental health supports.**
Maternal mental health is a key determinant of future child and family mental and physical health. Up to 20% of Saskatchewan mothers may face serious depression and/or anxiety related to pregnancy and childbirth, with potential impact to 2,800 families each year.

8.3. **Improve the accessibility and coordination of supports for parents and families, including parenting skills building and respite.**
Broad-based education on good beginnings for children, parenting education, and enhanced intensive supports for parents and children with higher needs will enhance early childhood development. Existing provincial parenting resources should be better coordinated to provide a more accessible continuum of support.

8.4. **Increase access to pre-school programs for at-risk children.**
The early years are critical for healthy mental and social development and an enriched early environment such as daycare or pre-school can have significant benefits for school readiness and mental well-being.

8.5. Coordinate a province-wide effort to reduce the harms associated with alcohol misuse.
Harms from alcohol are a significant issue in Saskatchewan. They include injuries and deaths related to impaired driving, violence, harm to self and others. Saskatchewan's rate of impaired driving is two times the national average. It is estimated that approximately 150 babies are born in Saskatchewan annually with Fetal Alcohol Spectrum Disorder.

8.6. Enhance the efforts for assessing suicide risk with emphasis on populations most at risk, such as seniors and youth.
Suicide is the second leading cause of death in youth. Males over 65 years of age have the highest rate of suicide in Canada. Assessing suicide risk is an important first step in prevention but needs to be followed with the appropriate intervention.

9. Deliver programs and services that promote better emotional health for children and youth in schools and other places where they spend time.

9.1. Increase awareness of mental health and addictions issues in children and youth through schools, including development of skills for lifelong emotional and social health.
Increasing awareness and building resilience, such as mechanisms for coping with stress, can prevent issues from developing or becoming more severe, and improve educational attainment. According to a national School-Based Mental Health report, school-based programming promotes positive mental health among all students.

9.2. Increase the availability of mental health and addictions clinicians for school-aged children for screening, assessment and early interventions, especially in communities with greatest risk.
Parents and teachers have told us that having mental health and addictions services readily accessible will help improve emotional health and educational outcomes for many children, including improved Grade 12 graduation rates.

System Goal: Create Person and Family-Centred and Coordinated Services

10. Change the service culture to one which is person- and family-centred and that promotes the fullest recovery possible.

10.1. Promote the use of a recovery-oriented holistic model of service provision in which the person with lived experience is central.
Incorporating a recovery-oriented holistic model into everyday practice builds hope for recovery and reminds service providers to consider the full context of a person's life, resulting in better service. Similar to Patient First, the recovery model puts the person with lived experience at the centre, and encourages partnerships between service providers and service users.

10.2. Recognize and support family members and caregivers as part of the service team.
Many people with mental health and addictions issues rely on family members to assist them in seeking treatment or sustaining recovery. Yet, families say they are not always included in discussions about the client's care or treatment plan. The Mental Health Commission of Canada's family and caregiver guidelines support family caregivers' needs and provide evidence-based best practices and advice to policy makers and service providers. They would be a useful foundation for Saskatchewan service providers to enhance family involvement.

10.3. Incorporate peer supports into service design.
Evidence shows peer supports can be effective in decreasing emergency department use and can mitigate worsening of symptoms related to many conditions. Advocates recommend development of formal training and certification of peer support workers.

10.4. **Include people with lived experience and family representatives and stakeholders from our diverse communities as partners in planning, implementation and evaluation of programs and policies.**
Ensuring people with lived experience and family members are involved in designing and reviewing services is an essential component of person-centred service. Representation at various levels and processes, for example, boards, patient/family advisory committees, are key to ensuring voices of lived experience are heard. Diversity at these tables ensures input from individuals with a full range of experiences and backgrounds.

11. **Improve coordination of services within and across service sectors so that any door is the right door for people with mental health and addictions issues.**

11.1. **Provide front-line providers across sectors with targeted and relevant education about mental health and addictions issues, including how other service providers work and how to connect clients to services through referral networks.**
Front line service providers from teachers to police officers to social service workers want to know more about mental health and addictions issues so that they can assist people in finding the services they need, and respond more appropriately to mental health and addictions needs.

11.2. **Improve transitions within and across services.**
Service users and providers expressed concerns with transitions and continuity of services, such as when a person moves from corrections to the community, from detox to treatment, from youth services to adult, or from hospital to community. Efforts to improve coordination of care and discharge planning, including better collaboration between government and community service providers, would significantly improve outcomes.

11.3. **Use a cross-sector approach to better identify and address the needs of individuals and families who have significant mental health and/or addictions issues that may require more than a single type of service to provide early intervention, improve stability, and decrease the risk of adverse events.**
Many of the at-risk individuals and families in our communities are well known to teachers, police, social services, or the emergency department. A coordinated response across service sectors can improve outcomes and potentially reduce the intensity and cost of resources. An example of this cross-sector approach would be government's innovative Hub/COR and hotspotting approach.

11.4. **Enable information sharing within and between all of the service sectors dealing with mental health and addictions and align relevant policies.**
Aligning policies and practices across sectors, especially for those with more complex needs, will provide better service and assist people in recovering to the fullest extent possible.

System Goal: Respond to Diversities

12. **Enhance the responsiveness of services to diverse groups.**

12.1. **Improve the cultural responsiveness of services for newcomers.**
Newcomers in need of help for mental health and addictions issues are more likely to access services which respect and respond to their language needs, cultural preferences and ways of life.

12.2. **Improve service responsiveness to diversities including gender, sexual orientation and disabilities.**
There is increasing awareness of the negative impact that stigma and discrimination related to gender, sexual orientation and disabilities can have on mental health and substance misuse. For example, LGBTQ youth may be more likely to experience bullying. Service providers need to have an understanding of these issues in order to identify and respond appropriately.

System Goal: Partner with First Nations and Métis Peoples

13. Partner with First Nations and Métis peoples in planning and delivering mental health and addictions services that meet community needs.

> **13.1. Design services in partnership with First Nations and Métis organizations, communities and Elders.**
> First Nations and Métis peoples want mental health and addictions services to be equitable. Engaging Aboriginal communities and organizations in the planning and implementation of services will help close service gaps and improve access and quality for First Nations and Métis peoples.

> **13.2. Ensure ongoing dialogue and coordination between regional health authorities (RHAs) and First Nations and Métis organizations and communities.**
> Regular dialogue at leadership and operational levels between RHAs and Aboriginal communities and organizations would support mutual understanding and collaboration for more responsive services.

> **13.3. Improve the cultural responsiveness of services respecting the history of First Nation and Métis peoples.**
> When serving First Nations and Métis peoples, mental health and addictions services need to reflect and respond to each individual's unique culture, historical context and way of life, including traditional and holistic care models and understanding inter-generational trauma from residential schools.

System Goal: Reduce Stigma and Increase Awareness

14. Reduce stigma and increase awareness of mental health and addictions issues.

> **14.1. Expand the delivery of best practice programs shown to reduce stigma.**
> Research indicates that the best way to reduce stigma is through direct contact with individuals who have mental health issues. The Schizophrenia Society's Partnership Program is recognized as a best practice by the Mental Health Commission of Canada.

> **14.2. Develop a public education and awareness program that helps people readily identify mental health and addictions issues and that makes it socially acceptable to seek help.**
> Education and awareness help individuals identify and understand their own issues, which may lead them to seek help. They also bring such issues into the open, and by reducing the stigma around them, they are better dealt with on a broader societal level. Mental Health First Aid, developed by the Mental Health Commission of Canada, gives people the skills to provide early help to others developing a mental health problem or dealing with a mental health crisis. Bell Canada's "Let's Talk" campaign brought anxiety and depression into a visible public forum.

> **14.3. Create workplace awareness and promotion of psychological health and safety.**
> 30% of disability claims are from mental illness, representing 70% of disability costs. Mental illness and substance abuse issues are key drivers for lost productivity. The National Psychological Safety Standards have been adopted by a number of Canadian workplaces.

System Goal: Transform the System and Sustain the Change

15. Strategically align and invest across government to reduce the impact and economic costs that result from mental health and addictions issues.

15.1. **Create a strong guiding coalition from across sectors and the community to provide leadership in aligning priorities, outcomes and accountabilities, and removing barriers to action.**
To effectively respond to mental health and addictions issues which impact all of the human service sectors, all organizations involved need shared goals, strong leadership and commitment.

15.2. **Collaborate on system-wide data collection and sharing to make better informed decisions and to determine where strategic investments are needed to improve the collective response to mental health and addictions needs.**
A concerted effort to collect, share and analyze data across the human service ministries will allow government to respond more effectively, help break down silos and narrow information gaps.

15.3. **Measure and publicly report on quality, progress and outcomes as part of being accountable for ongoing change.**
People with lived experience and their families want to see improvements to the system. They need to see results, to ensure the system is working for them.

16. Encourage greater collaboration and engagement from the private sector and municipal governments.

16.1. **Build community-specific partnerships that create opportunities for better mental health and reduced harms from substance abuse.**
Community-based solutions that respond to local needs have proven to be effective in addressing many complex social problems. Partnerships between private and public sector interests have been successful when applied to issues related to mental health and addictions challenges. The Saskatoon United Way is the lead agency in that city's Plan to End Homelessness, with others on the leadership committee including the Saskatoon Tribal Council, Alliance Energy, Eagle Feather News, Saskatchewan's Treaty Commissioner, the City of Saskatoon, and other private and public sector members.

16.2. **Work with the private sector to promote greater employment opportunities for people living with mental health and addictions issues.**
One of the keys to successful recovery is the ability to do productive, meaningful work. Private sector efforts to extend employment opportunities to individuals with mental health and addictions issues create a win-win for everyone involved.

16.3. **Explore partnerships with the private sector and municipal governments to create safe and stable housing options for people living with mental health and addictions issues.**
People with mental health and addictions issues often face significant challenges in securing and retaining suitable housing. There are some promising and innovative solutions involving multiple partners that have been shown to be mutually beneficial in other jurisdictions. For example, supporting private landlords in accommodating potential renters, or working with municipalities in supporting affordable housing.