



Towards Recovery: A Vision for a
Renewed Mental Health &
Addictions System in NL

Background

- **2005:** Government released a mental health and addictions policy framework: Working together for Mental Health
- **Between 2005 and 2011,** over \$60M was invested in mental health and addictions including two youth treatment centers, an adult addictions center, increased core funding for several community organizations, 23 youth outreach workers, 3 assertive community treatment teams (ACTT), 5 counselor positions for coastal Labrador, about 20 case management positions across the province, an annual Community Grants Fund, E mental health options and many more investments.
- **November, 2014:** Gov't approval to consult on a new plan
- **January, 2015:** Private Member's motion was passed unanimously in House of Assembly to create an all-party committee to review the mental health and addictions system

Consultation Process

- 70 public presentations and 292 participants in round-table sessions in Clarenville, Corner Brook, GFW, HVGB, Lab City, Marystown, Nain, Sheshatshiu and St. John's
- Toured health care facilities, treatment centres, HMP and NLCCW
- 120 online submissions
- www.BeHeardNL.ca

What Works Well?

People praised the work of community groups, such as the U-Turn Centre, Stella's Circle, CHANNAL, Turnings and Narcotics Anonymous; as well as regional health authority services, such as Blomidon Place in Corner Brook, the day treatment program at St. Clare's and the Hope Valley youth treatment centre in Grand Falls-Windsor. The Committee heard that the assertive community treatment (ACT) teams provide an important service. Many people expressed their appreciation for the compassionate and skilled staff they had met. People spoke favourably about the increased public awareness of the importance of mental health, aided by various public campaigns in recent years.

Themes from the Consultations (NLCHI)

- Need for improved mental health promotion and mental illness and addiction prevention
- Better access to more services;
- Better quality of care;
- Need for improved policy and programming; and,
- Need for strengthened community supports.

Promotion/Prevention (11 recs)

- Provide all young families with access to programs
- New school health and wellness framework
- Regional interdisciplinary teams for schools
- Review the roles of guidance counselors, Instructional resource teachers and ed psychologists
- Post secondary promotion/prevention/early intervention programs
- Community coalitions to promote wellness/ prevent suicide
- Eliminate stigma/discrimination
- Work together better
- Housing First
- Amend Residential Tenancies Act
- E Mental health for prevention/early intervention

Access to Services (12 recs)

- Replace Waterford with beds and services closer to home
- Reduce wait lists
- Implement stepped care and a range of services throughout the province
- Access to services via technology
- Health services in prisons to be responsibility of HCS
- Increase counseling services for inmates
- Replace HMP
- Review criteria for services for developmental disabilities, including ASD
- Primary health care access to specialized services
- Provide online information about services
- Conduct review of neuroleptic meds and meds for ADHD
- Advocate for better health insurance programs

Quality of Care (9 recs)

- Transition to recovery focused, person centered system
- Support Choosing Wisely guidelines
- Education for health & correctional staff
- Regulatory bodies to mandate MH/A training
- PHIA Review include needs of family members
- Standards and guidelines on including families/caregivers
- Information for families with primary care providers
- Increase # of NPs and physicians in addictions medicine

Policy & Programming (16 recs)

- Adopt harm reduction as a foundational approach
- Support sustained land based programs
- 4-6 bed mental health unit in Labrador
- Recruit 2 psychiatrists for Labrador
- Regular psychiatrist visits to coastal communities in Labrador
- Education/training in mental health needs of seniors & LGBTQ2S
- Standards, policies & programs for gender based needs
- Continue to support the opioid action plan
- Increase spending to 9% in 5 years
- Develop comprehensive inclusion policy
- Service standards for youth age 16-25
- Action plans for alcohol abuse & suicide prevention
- Government adopt a health in all policies approach

- RHAs and Community Agencies work more closely together
 - Strengthen existing partnerships
 - Expect consultation and sharing of non confidential information to meet needs of population
- Develop adequate multi year funding models for community agencies

Accountability and Performance Management

- Release implementation plan for report recommendations by June 30, 2017
- Establish an accountability and performance monitoring framework to track results
- Minister HCS report in Sept 2017, March 2018 and Sept 2018 on implementation of recommendations
- Revise the mandate of the Mental Health & Addictions Advisory Council to include oversight for the implementation of the report's recommendations.

Prov/Fed Government Commitments



- To transform the way mental health and addictions services are delivered and respond immediately to the recommendations of the All Party Committee
- To present a multi-year plan to support implementation of the APC recommendations
- Budget 2017: \$5M to implement APC recommendations
- Prov. Infrastructure Plan: \$7.5M to plan Waterford replacement
- Federal Health Accord: 10 year (approx. \$70M) commitment for mental health with \$1.4M in first year

APC Recommendations with timelines

- implementation plan with timelines by June 30, 2017;
- reduce wait times within a year;
- plan to replace Waterford with in-patient and community services closer to home within a year; and,
- publicly report on progress in 6, 12 and 24 months

Recommendations that change how we do business

- provide all young families with access to parenting programs that build protective factors;
- replace Waterford with combination of beds and community services;
- using a stepped-care approach, offer a range of services throughout the province;
- transition to recovery focused, person centered care;
- provide access to evidence based services via technology; and,
- assign responsibility for provision of health services in prisons to HCS system to improve mental health and addictions services for inmates

Accountability and Reporting Requirements

- multi year implementation plan with timelines by June 30, 2017;
- establish an accountability and performance monitoring framework to track results of the implementation plan; revise Minister's advisory council to oversee implementation; and,
- public progress reports September, 2017; March 2018; and March 2019

Implementation Plan

- November 2014: gov't approval to consult on a new mental health & addictions plan to replace 2005 strategy
- January 2015-March 2017: All-Party Committee
- June 30 2017: Implementation Plan for APC recommendations
- Implementation plan needs to provide:
 - timeline for recommendations
 - governance structure
 - policy direction for the next 5 years
 - performance monitoring and evaluation framework

Government's Response

- A governance structure and an evaluation and performance monitoring framework;
- An implementation plan for the 54 recommendations with timelines that also provides policy direction into the future; and
- A comprehensive provincial program for mental health & addictions, developed with leadership from the Department and input from multiple partners and then implemented by existing community groups, govt depts and RHAs.

Proposed Governance Structure

- Report to the Minister of HCS
- An executive committee of RHA CEOs, chaired by the Deputy Minister, HCS and will include DMs of other depts when reviewing progress as part of performance monitoring and evaluation
- An implementation committee with RHA VPs and regional directors, psychiatrist lead and project manager, chaired by provincial director
- Eight teams, each with its own team lead and specific mandate

Eight Teams

- Teams report to Implementation Committee
- Comprised of PWLE, families, policy makers, community, RHA, NLCHI, multi govt depts
- Guided by the APC report values with the addition of “Inclusive”.
- Each team responsible for a number of recs
- Each team consult on indicators: How do we measure progress
- Teams may have working groups or other supports to fulfill their mandates

Proposed Eight Teams

- Mental Health Promotion Team
- Wait Times Reduction Team
- Inclusion Team
- Health in Correctional Settings Team
- Health in Schools Team
- Service Redesign Team
- Provincial Services Team
- Indigenous Health (TBD by Indigenous people)

Performance Monitoring & Evaluation Framework

- Minister's MH/A Advisory Council will be revising its mandate to provide oversight to the implementation of APC recommendations
- Each team will develop indicators and will report on progress to the implementation team and then on to the Advisory Council.
- The Advisory Council will provide advice on the progress to the Executive Cttee/Minister HCS.

Implementation Plan: Proposed Conceptual Framework (Mulvale & Bartram, 2015)



Implementation Plan

- Four pillars which include the work of the 8 teams and all recommendations:
 - Promotion, Prevention, Early Intervention
 - Transform the Treatment System
 - Improve Service Access, Collaboration and Continuity of Care
 - Include All People Everywhere
- Spreadsheet with the 54 recommendations in a timeline

Thank you!
Questions?