



**Strategic Directions
for
Nova Scotia's
Mental Health System**

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Overview

The mental health of the population is dependent upon many determinants. One of these determinants is the formal mental health system, a complex combination of services and agencies which are interlinked and dependent upon one another. Increasingly, this formal system is reaching out to involve and partner with others in areas which were traditionally outside its scope of influence. It is becoming more community-based and integrated across the lifespan and across service locations. More emphasis is being placed on promotion, prevention and advocacy. These initiatives represent planned change which mental health stakeholders support.

Other areas within the formal mental health system requiring change have been outlined in recent reports (*Mental Health: A Time for Action*, 2000, *A New Step Forward*, 1998). Continuing to build on previous work (*A Vision for the Future*, 1992), stakeholders have been involved in creating this document which outlines the direction for mental health system development over the next five to ten years. Objectives, action plans and targeted time lines are outlined. The roles of the Mental Health, Children's Services & Addiction Treatment Branch of the Department of Health and the District Health Authorities and the IWK in achieving the objectives are identified.

The Department of Health is committed to tracking activity against these objectives and reporting on progress and action plans on a regular basis.

Health Mission Statement

Through leadership and collaboration, to ensure an appropriate, effective and sustainable health system that promotes, maintains and improves the health of Nova Scotians.

Health System Vision

Individuals and communities working together achieving a healthier population.

Mental Health Vision

Our vision of the mental health of Nova Scotians is one in which consumers and communities can attain their optimal level of mental health. Programs and services will run the gamut from mental health promotion to acute care. They will be unified, coordinated, flexible, offered on a district basis and geared to the needs and desires of the consumer.

Mental Health Core Values

We believe in:

Client and Community Centredness

· We value a consumer-focused, community-based approach to planning and decision-making. Services and the processes that create and sustain them will be inclusive and accepting of all people. Consumers and communities are the central focus at the core of our system.

Equitable Access

· Our community-based mental health system will be distinguished by the province-wide equitable access which it offers. Partnering with communities will be key to this.

Evidence-Based Best Practices

· Those responsible for our system are accountable to ensure that an evidence-based approach is used to introduce and sustain the best practices. Our outcomes-oriented system will be driven by demonstrated improvement in the mental health of the population.

An Integrated, Systems Approach

· We value a comprehensive continuum of well-coordinated services and supports. Mental health is integral to an overall vision for population health. Toward that end, it will be integrated with other health system components that address the determinants of health.

Consumer and Community Involvement

· Consumers and communities will be involved in the planning, implementation and monitoring of the mental health system. There will be a true partnership between administrators, care providers, consumers and communities to ensure that the programs are needs based and subject to accountability.

Policy Objectives for the Mental Health System in Nova Scotia

Policy Objectives	Responsibility		Activity to Date	Activity to Date	Activity to Date	Activity to Date
	Mental Health Services Section (Department of Health)	District Health Authorities & IWK	2002-2003	2003-2004	2004-2005	2005-2006
<p>1. <u>System Alignment</u></p> <ul style="list-style-type: none"> an explicit vision, shared among various stakeholders, including consumers and families is periodically reviewed and forms the basis of the mental health policy strategic directions are formulated annually and implementation plans developed in alignment with the business planning cycles of government 	<ul style="list-style-type: none"> lead a process to engage stakeholders in review of the vision for mental health services ensure alignment with the vision for the health system develop a planning schedule which is compatible with business planning time lines lead development/review of strategic directions engage in cross-sector planning 	<ul style="list-style-type: none"> participate in review of the vision for mental health services develop implementation plans which incorporate strategic directions while reflecting community characteristics/needs participate in development/review of strategic directions 	<ul style="list-style-type: none"> review of the mental health vision was undertaken as the first step in mental health strategy development all planning time lines are aligned with the business planning process for 2003/04 	<p>—</p> <ul style="list-style-type: none"> all planning time lines are aligned with the business planning process for 2004/05 	<ul style="list-style-type: none"> to be reviewed by larger stakeholder group in June, 2005 planning time lines are aligned with the business planning process for 2005/06 	<ul style="list-style-type: none"> reviewed June, 2005, no recommended changes planning time lines are aligned with the business planning process for 2006/07

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<ul style="list-style-type: none"> annual objectives are developed, monitored and evaluated in accordance with accountability cycles of government mental health legislation supports the mental health vision 	<ul style="list-style-type: none"> lead development of annual system objectives develop a monitoring schedule which is compatible with accountability reporting time lines report annually on progress towards meeting health system objectives advise government on mental health legislation 	<ul style="list-style-type: none"> participate in development of annual objectives incorporate objectives into annual business plans provide progress reports as per monitoring schedule align services to comply with legislation 	<ul style="list-style-type: none"> objectives for 2003/04 will be developed for inclusion in the gov. business plan and reporting in the annual accountability report a Mental Health Legislation Development Committee has been established 	<ul style="list-style-type: none"> self-assessment determined priorities: <ul style="list-style-type: none"> a) enhanced core services for children & youth b) enhanced crises services across the life span c) community supports across the life span first quarter 04/05 self-assessment will determine priorities for the fiscal year 2004-05 discussion paper circulated to stakeholders March 19/04 responses due in April 30/04 this will provide direction for drafting legislation in 2004/05 	<ul style="list-style-type: none"> self-assessment determined the same priorities <ul style="list-style-type: none"> first quarter 05/06 self-assessment will determine priorities for the fiscal year 2005-06 legislation drafted and tabled at legislature, passed first reading; ongoing consultation 	<ul style="list-style-type: none"> self-assessment determined the same priorities <ul style="list-style-type: none"> first quarter 06/07 self-assessment will determine priorities for the fiscal year 2006-07 legislation passed third reading, law amendments. RFP tendered for provision of Patient Advisor Rights Service training tool to be developed

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<p>2. <u>Service Delivery</u></p> <ul style="list-style-type: none"> . core programs are accessible to all Nova Scotians provided within health districts, through partnerships among/between districts or through designated sites which serve the whole province . routes into mental health services are local, accessible and coordinated, and accommodate both rural and urban populations . standards for mental health services are implemented across Nova Scotia . standards are regularly reviewed and revised to reflect best practice 	<ul style="list-style-type: none"> . work with DHAs/IWK to identify appropriate distribution of services based on critical mass and other quality considerations . foster the creation and implementation of consistent protocols for intake into the mental health system . lead a process to establish and disseminate health system standards which provide guidance for quality service delivery . support phased implementation of standards by establishing priorities, approaches and funding . establish a 	<ul style="list-style-type: none"> . work with DoH to identify appropriate distribution of services develop service partnerships with other districts, where indicated . participate in the development of common tools for eligibility screening and triage . participate in the development of health system standards participate in the establishment of implementation priorities incorporate priorities into annual business plans . participate in the regular review and revision of standards 	<ul style="list-style-type: none"> . standards for core program services outline siting considerations . the benefit of developing provincial tools has been identified . draft standards have been approved by the DoH . priorities have been identified by the MH Steering Committee 	<p>_____</p> <ul style="list-style-type: none"> . draft uniform triage and assessment tools being developed for outpatient services . speciality standards: Sexually Aggressive Youth Youth Court Assessment Seniors Mental Health Concurrent Disorders Neurodevelopmental C&Y Approved: HSQC March 22/04 CMHA Report Card 	<ul style="list-style-type: none"> . funding approved for 2005-2006 for Autism Services . ongoing; RAI was explored . specialty standards Neurodevelopmental Adults approved . Forensic Standards being developed . no request for changes; a process to do a 5 year best practice review to be developed 	<ul style="list-style-type: none"> . EIBI program for Autism implemented, training completed and service provider teams in place. . no decisions on RAI . no new standards approved . ongoing . comprehensive best practice review of Community Supports and Promotion/Prevention recommended.

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<p>3. <u>Monitoring and Evaluation</u></p> <p>. a provincial quality improvement approach forms the basis for planning and evaluation of the mental health system.</p> <p>. this includes:</p> <p>a) annual monitoring of compliance with established standards for mental health system performance</p> <p>b) annual joint and transparent review of the utilization of the mental health services with particular emphasis on the analysis of trends and patterns of service use across the province</p> <p>c) establishment of a minimum data set with adherence to a common data dictionary</p>	<p>. establish mechanisms to review and improve health system quality</p> <p>. work with districts to identify monitoring and audit priorities develop an annual monitoring schedule</p> <p>. facilitate annual review processes provide annual info./data on estimated prevalence, distribution and service utilization of persons with mental illness</p> <p>. lead development of a minimum data set for the province</p>	<p>. establish mechanisms at the district level which will link to system-level quality improvement</p> <p>. participate in the development of priorities</p> <p>. participate in annual review</p> <p>. participate in the development of a minimum data set</p>	<p>. for discussion at the MH Steering Committee prior to March 2003</p> <p>. in progress through the Monitoring Working Group</p>	<p>. Department of Health Annual Accountability Report for 2002-2003</p> <p>. Accountability Report monitoring access to O.P. services by persons with severe and persistent mental illness across the life span (admissions to and frequency of contacts)</p> <p>Also, proportion of inpatient hospital days accounted for by persons with severe and persistent mental illness.</p> <p>. development of: a) Mental Health Integrated Database b) Expanded Mental Health Indicators Framework c) District/IWK Mental Health Profiles</p>	<p>. Department of Health Annual Accountability Report for 2003-2004</p> <p>. delayed: due to concerns related to data quality in the administrative systems used to capture the information.</p> <p>. delayed: due to concerns related to data quality in the administrative systems used to capture the information.</p> <p>. ongoing</p> <p>. ongoing</p> <p>. DHA/IWK mental health profiles to go to print.</p>	<p>. Department of Health Annual Accountability Report for 2004-2005</p> <p>. delayed due to limitations of MHOIS</p> <p>. initial draft report generated</p> <p>. Ongoing</p> <p>. ongoing</p> <p>. template developed. CDHA ready to print</p>

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<ul style="list-style-type: none"> . review of critical incidents spanning provincial, national and international jurisdictions to inform risk management . the results of regular monitoring of the mental health of Nova Scotians and the determinants of health are published in alignment with the accountability reporting cycles of government . annual review of resource allocation is conducted, particularly in light of utilization patterns, compliance with standards and the unique needs, determinants and health characteristics of each of the districts 	<ul style="list-style-type: none"> . establish environmental scanning and reporting processes inform DHAs/IWK of emerging issues . develop a population health-based framework for monitoring mental health in N.S. . issue annual utilization and expenditure analysis report 	<ul style="list-style-type: none"> . contribute to information gathering develop risk management strategies . incorporate mental health indicators in information provided to the public about district health and health care . provide information and reports to create profile of district services, characteristics and needs 	<ul style="list-style-type: none"> . important tools to review resource allocation are now available to the DoH (MIS reports, standards impact assessment, utilization stats) 	<ul style="list-style-type: none"> . CIHI Framework adopted . Consumer Satisfaction Pilot . HoNOS Pilot . Bed Strategy & Utilization Committee established . COGNOS access to MHOIS by DHAs/IWK . data bases integrated . CDHAs/IWK MH Profiles 	<ul style="list-style-type: none"> . initial discussions held with Mental Health Director . routine use of a Satisfaction Measure across a Provincial Pilot Study from Nova Scotia, Oct/04 . Technical Report: These Pilot Sites in Nova Scotia . document: Inpatient Mental Health Indicators, Fiscal 2004/2005, Information Analysis and Reporting 	<ul style="list-style-type: none"> . to become part of Mental Health Director's agenda . Pilot project recommended an annual one month snap shot be done around October of each year by all DHAs/IWK. . Demonstration Project to be conducted in DHA 1 . document: Inpatient Mental Health Indicators, Fiscal 2005/2006, Information Analysis and Reporting . COGNOS training initiated in all DHAs/IWK

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<p>4. <u>Health Human Resources</u></p> <p>. current and future human resource requirements within the mental health system are incorporated into a provincial health human resource strategy</p> <p>. the allocation of training resources should reflect emerging technology and be in keeping with health system priorities</p>	<p>. contribute to provincial planning by providing information and expertise relevant to mental health services</p> <p>. facilitate access to research evidence and best practice information foster identification of health system training priorities and consistent training opportunities</p>	<p>. participate in and provide information required for provincial health human resource planning</p> <p>. incorporate research evidence and best practice into mental health practices participate in planning for system-wide collaboration in priority training</p>	<p>. standards impact assessment provides some useful HHR information</p> <p>. recommendation made to initiate working group on training needs</p>	<p>. updated annually based on self-assessment results</p> <p>Provincial training established for: a) DSM IV b) PSR training in progress c) Sexually aggressive youth . core competencies for approved speciality standards have been identified . MH Branch is collaborating with Provincial Registered Nurses Development Centre to provide an education program to meet the speciality knowledge and skill requirements of registered nurses entering the field of mental health</p>	<p>. HHR info updated from self-assessment results</p> <p>. DSM IV- training in progress . PSR - Survey result released & Advisory committee established . SAY: Educational sessions offered . RN - Mental Health Program - curriculum in development - to be piloted and available 2005-05 . Suicide Risk Assm. Intervention - Advisory Committee established</p>	<p>. HHR needs updated from self-assessment results</p> <p>. DSM IV training completed . RNPDC developed education curriculum for PSR - completed 06/07</p> <p>. Educational sessions provided for Eating Disorders, Early Psychosis Networks</p> <p>. RNPDC curriculum completed, first learners accepted</p> <p>. RNPDC developed education tool and evaluated it with first class of learners.</p>

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<p><u>5. Governance and Funding</u></p> <p>. there is a Director of Mental Health in each district/IWK responsible for mental health service planning and resource allocation, and accountable for mental health system performance</p> <p>. non-portable funds are allocated specifically for the delivery and development of mental health services and tracked through the standard use of MIS codes</p>	<p>. foster integrated planning and accountability across the age and core program continuum</p> <p>. monitor the appropriate expenditure of mental health allocations</p>	<p>. ensure comprehensive and competent leadership for mental health services</p> <p>. provide MIS reports as per required format and schedule</p>	<p>. objective has been incorporated into draft standards</p> <p>. MIS project is nearing completion - reports have been generated for review</p>	<p>. DHA 6 & 7 in final stages of recruiting senior director</p> <p>. inpatient services reporting now operational</p> <p>. movement to MIS reporting corresponding to MH Core Programs incomplete to date</p>	<p>. Senior Director appointed</p> <p>. MIS Project in refinement phase</p>	<p>_____</p> <p>. concerns related to validity of data used for MIS reporting</p>

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<p>6. <u>Participation</u></p> <p>. mental health consumers and family members, their care givers and communities are involved in planning, development and evaluation activities within the formal mental health system</p> <p>. mechanisms to support meaningful involvement of consumers and family are accessible to consumers, consumer support groups and provider organizations</p>	<p>. lead development of strategies to link family members, their care givers and communities with opportunities for meaningful participation</p> <p>. lead development of provincial tools and mechanisms in support of meaningful participation</p>	<p>. establish and promote opportunities for meaningful involvement within the district</p> <p>. establish and maintain liaison with local advocacy groups</p> <p>. develop mechanisms to monitor involvement</p> <p>. provide mechanisms to support meaningful participation within the district</p>	<p>. planning in progress through the Consumer Involvement Working Group</p> <p>. planning in progress through the Consumer Involvement Working Group</p>	<p>. annual consumer led initiative grants (\$150,000)</p> <p>. Honoria for consumers involved in committee /working groups for MH Renewal</p> <p>. Meaningful Consumer Involvement Document</p> <p>. process for annual assessment being developed</p> <p>. CMHA grant \$30,000 for consumer involvement in MH</p> <p>. Youth Navigator position established at IWK</p>	<p>. Consumer led initiative grant</p> <p>. Honoria Paid: \$ 50 ½ day \$100 full day</p> <p>. survey of DHAs/IWK Meaningful Consumer Involvement</p> <p>. MICA Awards - Critical process established</p> <p>. Position Proper: Advocacy March, 2005</p> <p>. Consumer Survey Meaningful Involvement March/April, 2005</p>	<p>. ongoing; grant to Antigonish SSNS Branch cancelled</p> <p>. ongoing</p> <p>. MICA Awards presented</p> <p>. survey completed with DHAs/IWK and Consumers; unable to compare as instruments were different. Tools to be revised and match for comparison purposes</p> <p>. to develop a paper on Peer Advocacy in a style that would lead to standard development.</p>

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<p><u>7. Promotion, Prevention and Advocacy</u></p> <ul style="list-style-type: none"> . education about mental illness, mental health care and mental health services will be provided through a variety of mechanisms for consumers and their families, care providers and the public . consumers and their families have the opportunity to be involved in the education of the community and service providers about mental health issues . efforts to reduce stigma and discrimination experienced by people with mental health problems are targeted to areas where there is evidence of effectiveness 	<ul style="list-style-type: none"> . identify relevant information sources and communication mechanisms coordinate information development at the provincial health system-level . involve consumers and their families in the planning and provision of provincial education . lead development of a provincial anti-stigma strategy 	<ul style="list-style-type: none"> . identify effective local mechanisms for information dissemination participate in identifying opportunities for provincial information dissemination . involve consumers and their families in the planning and provision of district education . participate in the development of a provincial anti-stigma strategy 	<ul style="list-style-type: none"> . development of a communication strategy (including education/information) is under way . will be included in the communication strategy . planning in progress through the Anti-stigma Working Group 	<ul style="list-style-type: none"> . SSNS \$15,000 grant to foster consumer involvement in planning & service delivery . CMHA: Patient Rights Booklet Web site established www.@gov.ns.ca/health/mhs . assessment strategy for compliance and gaps . Media Watch Project March/04 . PPA Network Working Group established to develop a provincial framework for Promotion, Prevention & Advocacy for Mental Health 	<ul style="list-style-type: none"> . Technical Report of a Province-wide survey in the portrayal of suicide and mental illness. Dec'04 . Our Peace of Mind, MH Promotion, Prevention and Advocacy Strategy and Framework. . . focus 2005/2006, Depression for Nova Scotia Adolescent/Youth and Seniors. Sept '04 . Promotion Intern developed Adolescent pamphlet on depression. 	<ul style="list-style-type: none"> . \$10,000 grant to CMHA CB Division for student art project to portray depression. . Media Watch for local reporting of suicide/mental illness. . Oct/05 Senior Depression Strategy launched . Dec/05 Teen depression Strategy launched . tools translated into French . Order form made available on web . 2 toolkits provided to each DHA/IWK . Pilot project with Cape Breton to disseminate information and monitor uptake in 138 sites. . Phase 2 will be depression in the workplace.

