



**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 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 timelines are outlined. The roles of the Mental Health Section 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 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. Service 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
	Mental Health Services Section (Department of Health)	District Health Authorities & IWK	2002-2003
<p>1. <u>System Alignment</u></p> <p>! an explicit vision, shared among various stakeholders, including consumers and families is periodically reviewed and forms the basis of the mental health policy</p> <p>! strategic directions are formulated and implementation plans developed in alignment with the business planning cycles of government</p>	<p>lead a process to engage stakeholders in review of the vision for mental health services</p> <p>ensure alignment with the vision for the health system</p> <p>develop a planning schedule which is compatible with business planning timelines</p> <p>lead development/review of strategic directions</p> <p>engage in cross-sector planning</p>	<p>participate in review of the vision for mental health services</p> <p>develop implementation plans which incorporate strategic directions while reflecting community characteristics/needs</p> <p>participate in development/review of strategic directions</p>	<p>review of the mental health vision was undertaken as the first step in mental health strategy development</p> <p>all planning timelines are aligned with the business planning process for 2003/04</p>

Policy Objectives	Responsibility		Activity to Date
	Mental Health Services Section (Department of Health)	District Health Authorities & IWK	2002-2003
! annual objectives are developed, monitored and evaluated in accordance with accountability cycles of government	<p>lead development of annual system objectives</p> <p>develop a monitoring schedule which is compatible with accountability reporting timelines</p> <p>report annually on progress towards meeting health system objectives</p>	<p>participate in development of annual objectives</p> <p>incorporate objectives into annual business plans</p> <p>provide progress reports as per monitoring schedule</p>	<p>objectives for 2003/04 will be developed for inclusion in the gov. business plan and reporting in the annual accountability report</p>
! mental health legislation supports the mental health vision	<p>advise government on mental health legislation</p>	<p>align services to comply with legislation</p>	<p>a Mental Health Legislation Development Committee has been established</p>

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	Mental Health Services Section (Department of Health)	District Health Authorities & IWK	2002-2003
<p>2. <u>Service Delivery</u></p> <p>! 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</p> <p>! routes into mental health services are local, accessible and coordinated, and accommodate both rural and urban populations</p> <p>! standards for mental health services are implemented across Nova Scotia</p> <p>! standards are regularly reviewed and revised to reflect best practice</p>	<p>work with DHAs/IWK to identify appropriate distribution of services based on critical mass and other quality considerations</p> <p>foster the creation and implementation of consistent protocols for intake into the mental health system</p> <p>lead a process to establish and disseminate health system standards which provide guidance for quality service delivery</p> <p>support phased implementation of standards by establishing priorities, approaches and funding</p> <p>establish a process for regular review and revision of standards</p>	<p>work with DoH to identify appropriate distribution of services</p> <p>develop service partnerships with other districts, where indicated</p> <p>participate in the development of common tools for eligibility screening and triage</p> <p>participate in the development of health system standards</p> <p>participate in the establishment of implementation priorities</p> <p>incorporate priorities into annual business plans</p> <p>participate in the regular review and revision of standards</p>	<p>standards for core program services outline siting considerations</p> <p>the benefit of developing provincial tools has been identified</p> <p>draft standards have been approved by the DoH</p> <p>priorities have been identified by the MH Steering Committee</p> <p>planning to start by Jan. 2003</p>

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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> <ul style="list-style-type: none"> ▶ annual monitoring of compliance with established standards for mental health system performance ▶ 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 ▶ establishment of a minimum data set with adherence to a common data dictionary 	<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>

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<p>▶ review of critical incidents spanning provincial, national and international jurisdictions to inform risk management</p> <p>! The results of 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</p> <p>! 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</p>	<p>establish environmental scanning and reporting processes inform districts/IWK of emerging issues</p> <p>develop a population health-based framework for monitoring mental health in N.S.</p> <p>issue annual utilization and expenditure analysis report</p>	<p>contribute to information gathering develop risk management strategies</p> <p>incorporate mental health indicators in information provided to the public about district health and health care</p> <p>provide information and reports to create profile of district services, characteristics and needs</p>	<p>important tools to review resource allocation are now available to the DoH (MIS reports, standards impact assessment, utilization stats)</p>

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<p>4. <u>Health Human Resources</u></p> <ul style="list-style-type: none"> ▶ current and future human resource requirements within the mental health system are incorporated into a provincial health human resource strategy ▶ the allocation of training resources should reflect emerging technology and be in keeping with health system priorities 	<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</p> <p>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</p> <p>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>5.. <u>Governance and Funding</u></p> <ul style="list-style-type: none"> ! 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 ! 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>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>

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6. <u>Participation</u>			
! mental health consumers and family members, their caregivers and communities are involved in planning, development and evaluation activities within the formal mental health system	lead development of strategies to link family members, their caregivers and communities with opportunities for meaningful participation	establish and promote opportunities for meaningful involvement within the district establish and maintain liaison with local advocacy groups develop mechanisms to monitor involvement	planning in progress through the Consumer Involvement Working Group
! mechanisms to support meaningful involvement of consumers and family are accessible to consumers, consumer support groups and provider organizations	lead development of provincial tools and mechanisms in support of meaningful participation	provide mechanisms to support meaningful participation within the district	planning in progress through the Consumer Involvement Working Group

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7. <u>Education/Information</u>			
! 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	identify relevant information sources and communication mechanisms coordinate information development at the provincial health system-level	identify effective local mechanisms for information dissemination participate in identifying opportunities for provincial information dissemination	development of a communication strategy (including education/information) is under way
! consumers and their families have the opportunity to be involved in the education of the community and service providers about mental health issues	involve consumers and their families in the planning and provision of provincial education	involve consumers and their families in the planning and provision of district education	will be included in the communication strategy
! efforts to reduce stigma and discrimination experienced by people with mental health problems are targeted to areas where there is evidence of effectiveness	lead development of a provincial anti-stigma strategy	participate in the development of a provincial anti-stigma strategy	planning in progress through the Anti-stigma Working Group