Mental Health and Addictions Overview

Continuing Care Fall Forum
2018

nova scotia health authority

IWK Health Centre

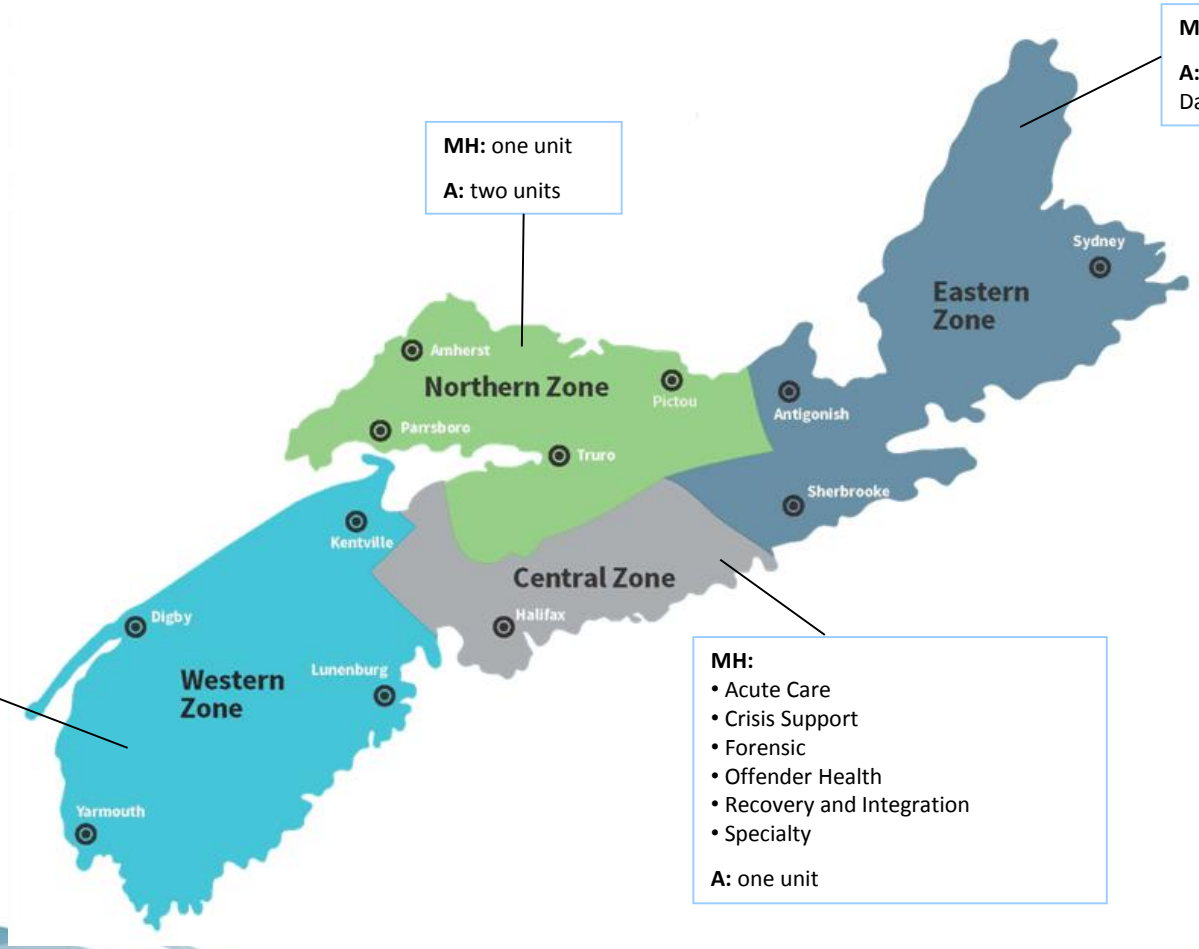
Overview of Today's Session

- Mental Health and Addictions (MHA) continuum within NSHA
- Review of Priorities and Services

MHA Continuum

Mental Health and Addictions NSHA provides care and support across the continuum (from health promotion to specialized tertiary programs for adults) and lifespan (from health promotion/outreach to secondary level treatment for children, adolescents and their families).

Mental Health Inpatient Units and Withdrawal Management (WDM) Care



MH: four units

A: two units + Day/Wellness

MH: one unit

A: two units

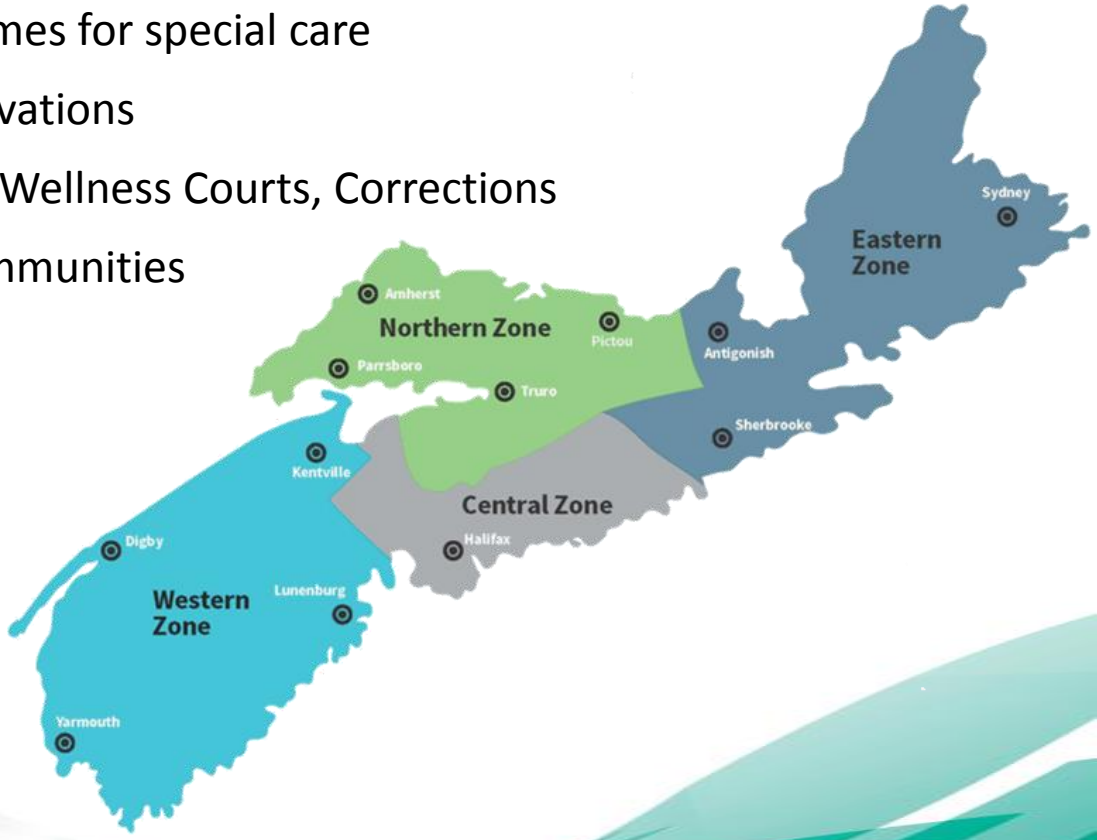
MH: three units

A: Day Wellness

MH:
- Acute Care
- Crisis Support
- Forensic
- Offender Health
- Recovery and Integration
- Specialty

A: one unit

- Over 60 MHA community clinics across NS
- 5 Opioid Treatment and Recovery Programs (public)
- Day Withdrawal Management and Wellness Programs
- School, Community, and Home Settings
- Crisis Teams, Provincial Crisis Line and Mobile Crisis
- Supported housing, employment and education programs
- Consultation to nursing homes, homes for special care
- Peer Support – Mental Health Innovations
- FN Communities, Youth Probation, Wellness Courts, Corrections
- Health Promotion Specialists in communities
- Virtual Care



Utilization 2017/2018

Inpatient Discharges: 4351

- 1532 Withdrawal Management
- 2613 Mental Health Unit
- 206 Forensic

Mental Health and Addictions Community Clinics (Outpatient)

- 303,406 Outpatient visits
- 44,300 Unique patient visits

Crisis Services

- 19,541 MH Mobile Crisis and Provincial Crisis Line
- 826 Urgent Care CZ
- 14,623 Crisis visits NSHA

Once we became NSHA, we had opportunities to:

- Work with IWK to develop and implement a multi-year plan for Mental Health and Addictions in Nova Scotia
- Improve care and support across the province and age spectrum
- Learn how things worked in each of the former district health authorities

We were/are very different!

We have challenges, but there are lots of bright spots!

Environmental Scan:
Variation Across MHA and between NSHA and IWK

- Model of service delivery (e.g. degree of MHA integration)
- Referral processes/Intake/Target population
- Admitting practices, inpatient capacity and outflow problem
- People are waiting far too long for treatment
- “Our” patients (catchment mentality)
- Service providers’ roles, responsibilities, qualifications, assessment of competencies, team functioning
- Degree of and approach to engagement (patient, family, partner services, communities)

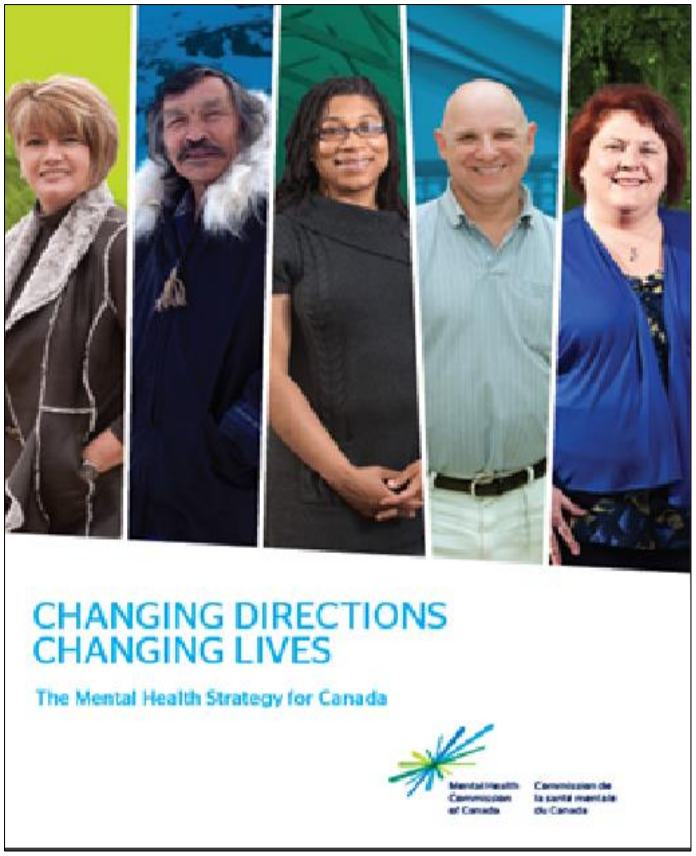
Environmental Scan: Major challenges

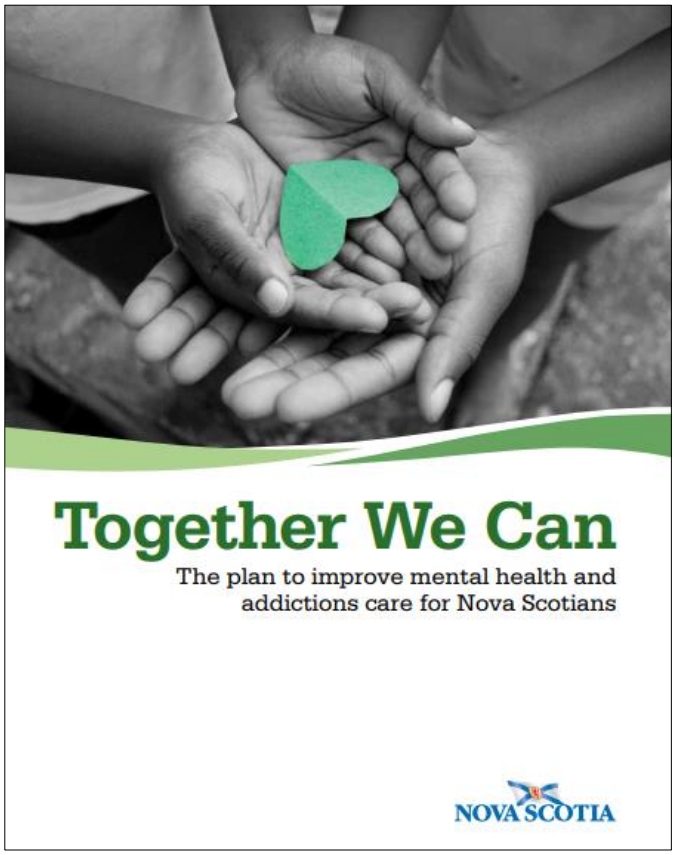
- Not all practices are evidence-informed.
- Access to speciality services are not equitable.
- Limitations of capacity related to client flow-through.
- There is no system to help us monitor who we see, why we see them and what happens to them.
- There is limited access to an electronic integrated chart.
- Stigma, discrimination and other challenges exist related to service accessibility, especially for youth and marginalized groups.

Environmental Scan: Strengths

- MHA teams are focused on patients and their families
- Clinicians and physicians with expertise, experience and leadership
- A desire to improve the way we provide care and support
- Creativity and innovation – to overcome obstacles and barriers
- Community members, people and families who wanted to “give back” so that others could recover and stay well
- Commitment to healthier communities and strong partnerships
- Community organizations to offer support/services for individuals, their families and loved ones

Foundational Reports





Needs Based Planning Process and Scope

- What is the model?
- What's in it? How does it work?

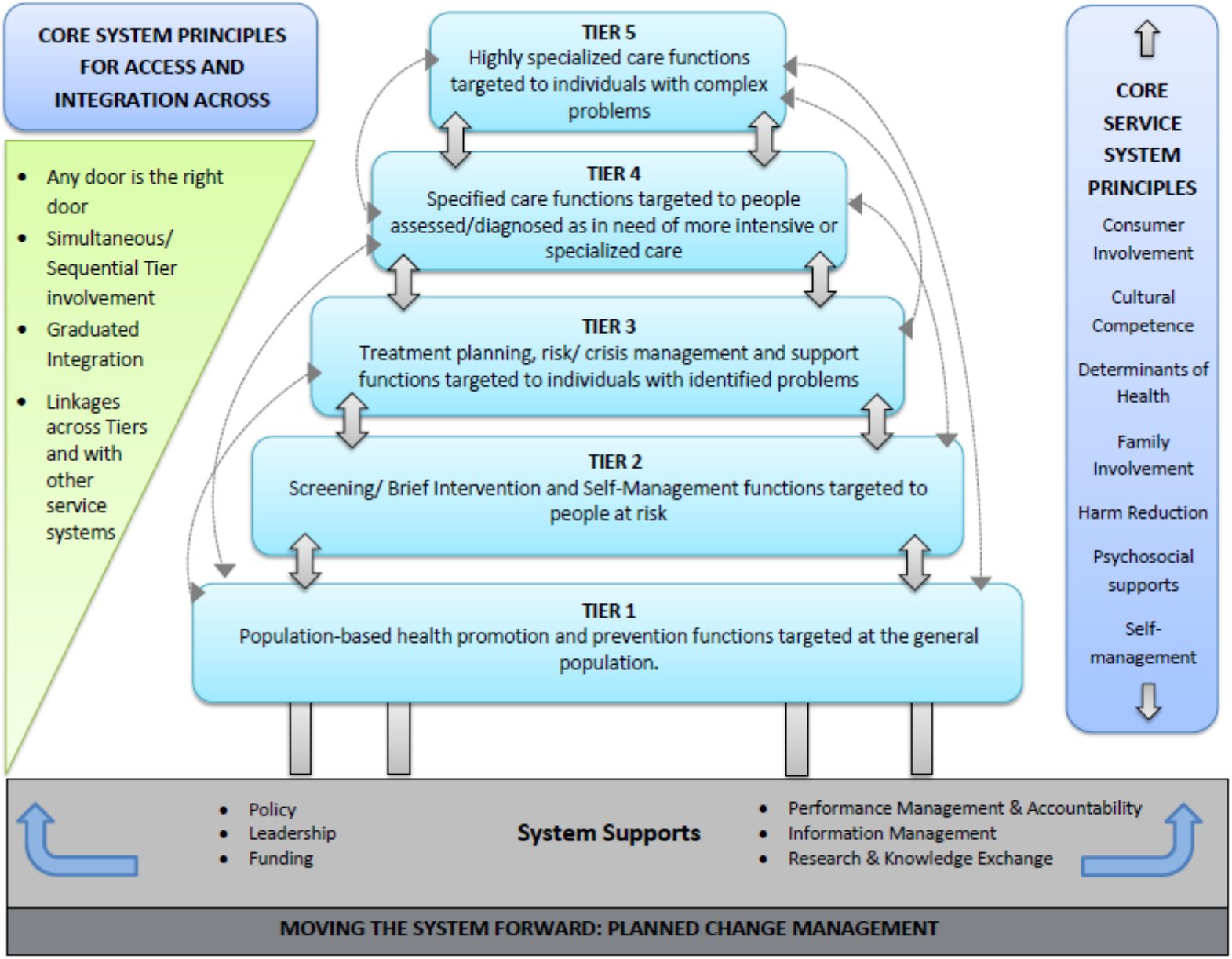
  ….Services/Organization
- How much of what is needed and where?

  ….Based on evidence

Evidence of Need (Adults)

- MHA is under resourced to meet the needs – people are waiting far too long for treatment.
- We have higher provincial rates of depression and anxiety disorders and lower self-ratings of overall mental health compared to rest of Canada.
- We have higher rates of substance use disorders and related conditions (e.g. heavy drinking/associated harms) compared to the rest of Canada.
- Mental health disorders and addictions are associated with higher rates of serious medical conditions.
- High risk groups include seniors, women, First Nations people.

Tiered Framework
for Mental Health and Addictions System Planning



What's Our Coverage?

The Treatment Gap

There are

122,199

people, over the age of 15, who are in need of services from the formal Mental Health and Addictions program.

41,201

people are currently accessing care and support.

This means that

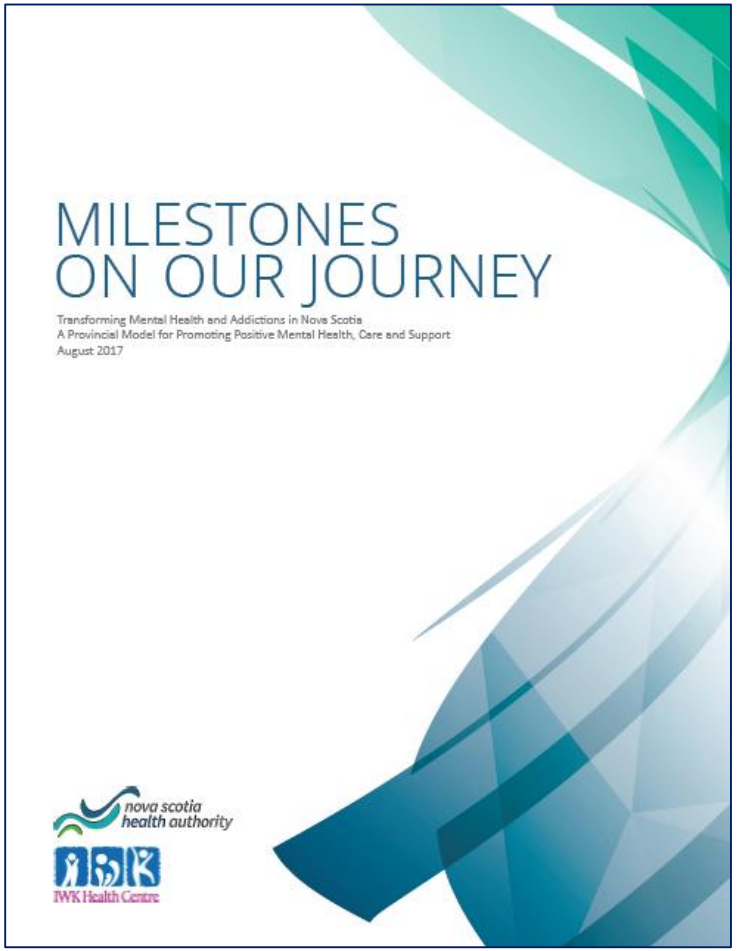
66%

of these people are not engaged or accessing the care and support they need.

2014-2015 utilization data
2015 census data
2012 population data

Milestones Report

Report approved by the HSP Committee, reviewed with staff and physicians in town halls across NS and distributed.



Core elements of Stepped Care/Shared Care

Stepped Care:

- Stratification of the population into different “needs groups”
- Defining distinct interventions for each need group – necessary because not all needs require the same intervention
- A comprehensive “menu” of evidence-based services to respond to the spectrum of need
- Matching people to services, based on their needs
- Providers delivering services at the level the person requires and adjusting as needs change

Core elements of Stepped Care/Shared Care

Shared Care:

- Mental wellness is everyone's business!
- What we mean by this is that everyone involved in a client's care works together to match and meet the needs of the client.
- This circles back to stepped care in matching the client to the most appropriate service at the most appropriate time.

Four Strategic Pillars

Pillar 1:
Leadership and Collaboration

- Operating as a provincial, integrated program using a stepped care model
- Multiple collaborative projects to more fully support people, families and communities
- Improving public awareness, attitudes and health literacy, particularly in relation to expectations about treatment

Pillar 2:
Promoting Positive Mental Health

- A new provincial structure for Health Promotion was created to support the implementation of the Action Plan and to allow us to continue to engage communities and be responsive to their needs.
- The Health Promotion team includes specially trained practitioners that work at the local, zonal, and provincial level, located in communities across Nova Scotia.
- Health Promotion actions include broad efforts that aim to improve health and address the social determinants of health and that focus on individuals, communities, organizations, and public policies.

Pillar 3:
Improving Access, Treatment and Coordination

- Access and Navigation (centralized intake)
- Expansion of crisis service through rapid access to urgent care
- Increased investment in treatment in the community
- Establishing a virtual care strategy (e-mental health solutions) that is integrated with services across the continuum

Pillar 3 *(continued):* Improving Access, Treatment and Coordination

- Increased access to harm reduction and treatment related to opioid use disorder
  - Increases in treatment capacity in MHA program
  - Access to free naloxone kits through pharmacies, MHA programs, emergency departments and community-based harm reduction organizations

Pillar 4:
Advancing Provincial System Supports

- Performance Measurement/Outcome monitoring/Quality and Safety
  - Accreditation (new standards)
  - Policy development
  - Patient/Family Engagement and Experience
- Workforce Development
  - We need to ensure that training leads to practice change.
- Research and Innovation to help our system improve

Some things specific to Northern Zone MHA

New Referrals to MHA

January 1, 2017 to June 30, 2018

Zone	Adult	Child	Total
Northern	5,953	1,611	**7,564**

Seniors Mental Health Program
Colchester and East Hants

Referral Criteria:

- Over the age of 65 with a new onset of psychiatric symptoms including anxiety, depression, psychosis, etc.
- Those who have dementia with prominent psychiatric features (at any age)

Services provided include:

- Enhanced Cognitive Behaviour Therapy Group for Seniors
- 1:1 Consultation
- Long-Term Care Consultations

340 booked appointments in 2017/18

Seniors Mental Health Program *(continued)*
Colchester and East Hants

Referral Process:

- Referrals come from agencies in Colchester and East Hants, e.g. Continuing Care, long-term care facilities, physicians, self-referrals, Seniors Clinic, VON.

- All referrals are processed through MHA NZ Central Intake

  Fax: 902-893-5551

  Phone: 1-844-855-6688

Seniors Mental Health Program *(continued)*
Colchester and East Hants

Limitations:

- No formal Seniors MH programs in Cumberland or Pictou Counties
  - Requests for services would be processed through same Central Intake as in Colchester County and East Hants
  - Services would be provided through the Adult Team or Psychiatry
- Psychiatry services are currently limited in NZ

Final Thoughts

- We know there is work to be done in addressing the specific mental health needs of our growing seniors population.

    - Access to speciality services are not equitable.

    - This is part of our planning process.

Questions?

Comments?