Continuing Care Fall Forum: Adult and Seniors Mental Health and Addictions

Continuing Care Fall Forum

October 29, 2018

Days Inn, Bridgewater

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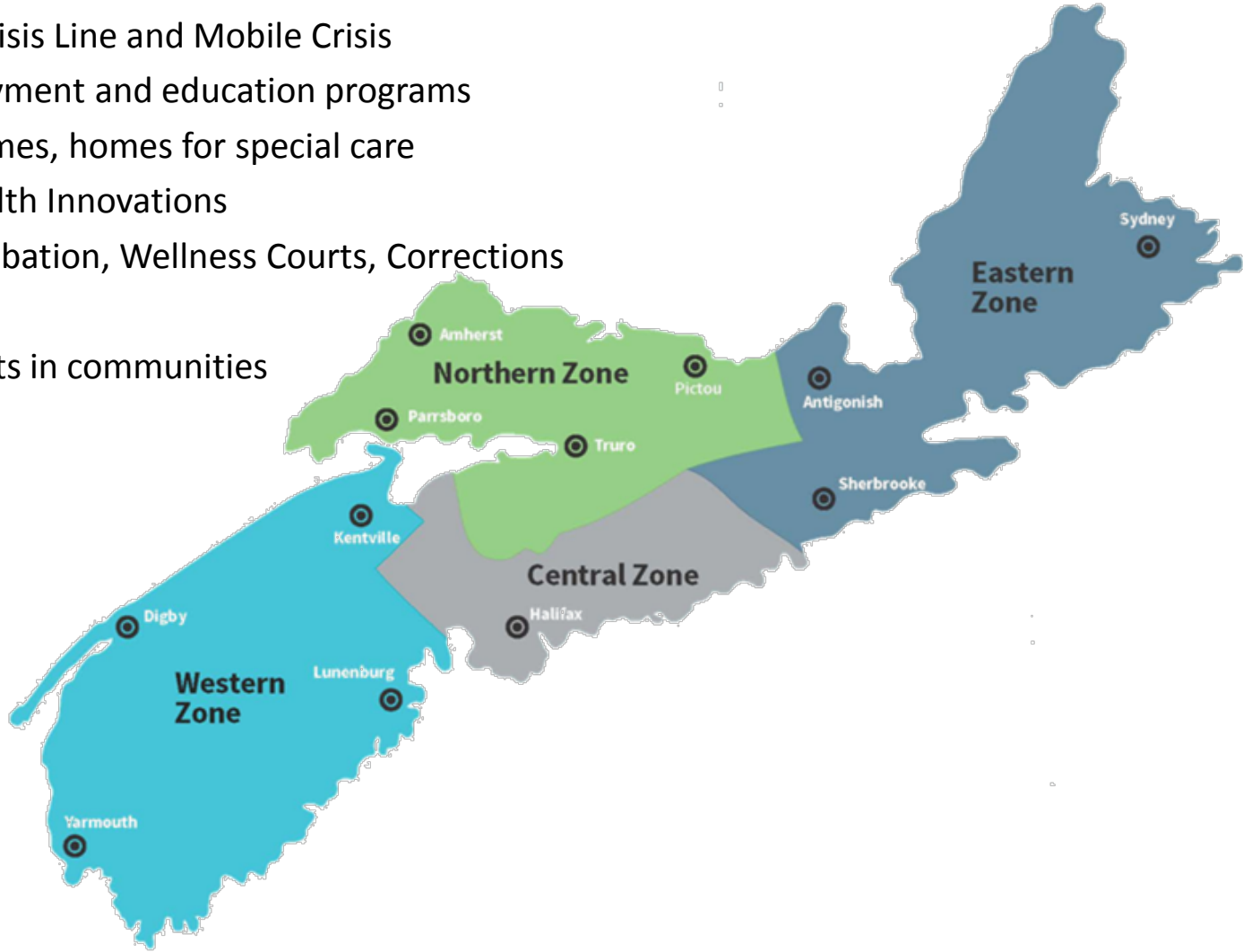
Overview of Today's Session

- Overview of Mental Health and Addictions (MHA) continuum within NSHA
- Local services and priorities
- WZ leadership structure and contacts

Provincial Mental Health and Addictions Services:

- Over 60 MHA Community Clinics Across NS
- 5 Opioid Treatment and Recovery Programs (Public)
- Day Withdrawal Management and Wellness Program(s)
- + School, Community, and Home Settings
- Crisis Team(s), 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
- Virtual Care
- Health Promotion Specialists in communities



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

Core elements of Stepped Care and Shared Care

Stepped Care:

- Stratification of the population into different **'needs groups'**
- Defining distinct interventions for each need group – this is 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

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.

Current Priorities: Improving Access, Treatment and Coordination

1. Access and Navigation (centralized intake)
2. Expansion of crisis service through rapid access to urgent care
3. Increased investment in treatment in the community
4. Establishing virtual care strategy / e-MH solutions that is integrated with services across the continuum
5. 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

AV Seniors Program: Who We Serve

- We work in Kings and Annapolis Counties
- New referrals for individuals 65 and older for depression, anxiety, grief, memory loss, dementia or other mental health problems
- Under 65 years of age with health concerns complicated by the aging process, i.e.: MCI, dementia, competency
- Caregivers of any age caring for an older adult
- We see clients and families in their homes, in Clinics, Acute Care & LTC settings

Utilization-Accepted Referrals

2018	Referrals	Cumulative
January	46	46
February	58	104
March	30	134
April	41	175
May		175
June		175
July		175
August		175
September		175
October		175
November		175
December		175
Total	175	
Month Average	44	

2017	Referrals	Cumulative
January	39	39
February	42	81
March	39	120
April	36	156
May	64	220
June	50	270
July	56	326
August	14	340
September	41	381
October	51	432
November	31	463
December	28	491
Total	491	
Month Average	41	

Our Team

- 2 part-time psychiatrists
  - Dr Ashley Crane
  - Dr David Mulhall
- 2 FTE Nurses
  - Debbie Hannam
  - Vacant
- 1 FTE Coordinator/Clinical SW
  - Pam McKinley

Our Services include

- Psychiatric, Nursing, Social Work, and OT functional Assessments.
- Education, Training and Mentoring for clients, families hospital & nursing home staff.
- Caregiver Support Groups
- Collaborative Community Initiatives (Kings & Annapolis Counties) i.e.: ‘Shaping the Journey-living with dementia’, Fountain of Health
- We work with family physicians, Alzheimer’s Society, Continuing Care/Adult Protection, RCMP, Addictions, Seniors LINCS, Provincial Seniors MH Network

Referral Process

Psychiatry Consult:

- Family physician or nurse practitioner completes all referrals. Referral form

For all other Services:

- Referrals are made by physicians, healthcare workers and self referrals are accepted

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Leadership Structure and Contacts

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THE ASK; THE CHALLENGES; THE OPPORTUNITIES

- Questions, comments, and insights