

The Way Forward

Report Card: The First Six Months
Towards Recovery: The Mental Health and
Addictions Action Plan for Newfoundland and Labrador

Measuring Progress

On June 27, 2017, the Government of Newfoundland and Labrador released Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador. The goal of the plan is to guide the implementation of the 54 recommendations outlined in Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador, a report by the All-Party Committee on Mental Health and Addictions. The recommendations, and work carried out under the provincial mental health and addictions program fall under one of four pillars. These pillars set the policy direction for the transformation of the mental health and addictions system over the next five years: Promotion, Prevention and Early Intervention; Focusing on the Person; Improving Service Access, Collaboration and Continuity of Care; and Including All People Everywhere.

The next progress reports on the 54 recommendations will be in June 2018 and June 2019.

Outcomes Achieved To Date

Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador outlined 54 recommendations:

- 18 short-term recommendations to be substantially completed by March 2018
- 23 medium-term recommendations to be substantially completed by March 2021
- 13 long-term recommendations to be substantially completed by March 2022

A summary of progress to date on the 54 recommendations is provided below.

	Complete	In Progress	To be Commenced	Total
Short-term	5	13	0	18
Medium-term	0	22	1	23
Long-term	0	11	2	13
Total	5	46	3	54

Highlight of Achievements

To support the achievement of the 54 recommendations included in the Towards Recovery Action Plan, seven project teams, with their own team leads and working groups, have been established and are actively advancing recommendations assigned to their respective teams. The eighth project team, Indigenous Health, will begin meeting in winter 2018.

Project teams include people and families with lived experience, policy makers, community, regional health authorities, Newfoundland Centre for Health Information, and government department representatives. There are over 200 individuals serving on teams and working groups under the Towards Recovery Action Plan. Teams are also supported by a Towards Recovery Project Management Team established in the Department of Health and Community Services.

Since the release of the Towards Recovery Action Plan, five recommendations have been completed:

1. On June 27, 2017, the Provincial Government released Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador. The Plan sets out short, medium, and long-term goals to ensure implementation of all 54 recommendations contained in the All-Party Committee Report. (Recommendation 51)
2. The Provincial Mental Health and Addictions Advisory Council's Mandate has been revised to include oversight for the implementation of the recommendations in the Towards Recovery Action Plan. On October 31, 2017, project teams met with the Advisory Council and presented their approach to implementing the recommendations assigned to their respective teams. (Recommendation 54)
3. As part of the provincial Personal Health Information Act Statutory Review, the Department of Health and Community Services recommended amendments to the Act to ensure family members and caregivers providing support to, and often living with, an individual with a mental illness or addiction, have access to the appropriate personal health information necessary to provide that support. (Recommendation 28)
4. Health-in-All-Policies is an approach to public policy that integrates health impact considerations into all Government policies, from infrastructure planning to labour market supports, to improve NL's health outcomes. A Health-in-All-Policies Unit has been established within Executive Council that will promote the consideration of health in policy development and build capacity within all government departments to identify the potential health impacts of their policies and programs. (Recommendation 48)

5. The Premier's Task Force on Improving Educational Outcomes made several recommendations to the Departments of Health and Community Services and Education and Early Childhood Development in its report *Now is the Time* which will address reviewing the roles of guidance counsellors, educational psychologists, social workers and instructional resource teachers (IRTs) to determine the best way to meet the mental health and addictions needs of students. The Departments of Education and Early Childhood Development and Health and Community Services are collaborating on addressing all recommendations in both reports that focus on the mental wellbeing of young people. (Recommendation 4)

In addition to the above completed recommendations, significant efforts have also been made on a number of fronts:




- A public tender to renovate space at the Health Sciences Complex to facilitate the creation of a dedicated four-bed provincial intensive care inpatient unit for people with eating disorders and their families was issued in August 2017, and recruitment has begun for an interdisciplinary team to support the unit. A focus for the team will be to ensure a seamless continuum of services is in place for individuals and families as they transition through outpatient, inpatient and follow-up care.
- Several mental health and addictions single-session walk-in clinics have been introduced at a number of sites in the province. Health-care professionals, including psychologists, nurses, addictions counselors and social workers offer single-session therapy services on a first-come, first-serve basis to those who feel they need to speak to someone right away. These clinics have been opened in Bonavista, Clarendville, Ferryland, Harbour Grace, Holyrood, Marystown, St. John's, Witless Bay, Whitbourne, and Labrador City.
- Twenty-five RNC police officers have been trained as trainers in mental health crisis intervention so that police throughout the province may be trained to team with mental health staff and offer community based crisis response. These teams will include a mental health nurse or social worker and a plain clothes police officer working and traveling together in an unmarked car to respond to people in crisis, with the goal of providing effective crisis intervention services in a person's home in a compassionate, safe and non-stigmatizing manner. Mental health staff have been hired for these mobile crisis response teams in St. John's and Lab West. Teams in other regions will follow.
- A number of clinical staff in all four regional health authorities have been trained to provide online cognitive behavioral therapy through Therapist Assisted Online (TAO), which will increase access to this gold standard treatment for depression and anxiety.

- In November 2017, 15 people with either lived experience of mental illness or addiction or experience as a family member were appointed to the new Recovery Council, which will guide the involvement of people with lived experience and family members in the implementation of the Towards Recovery recommendations. All project teams will provide updates on their progress to the Advisory Council and the Recovery Council, which report to the Minister of Health and Community Services. They will advise the Minister from their perspective on the progress made.
- Guidelines for inclusion have been developed that will be applied to all mental health and addictions services during system transformation. These guidelines will be used to facilitate the development of a government-wide inclusion policy to ensure the diverse needs of all populations are recognized and addressed.





Left to right: Louise Bradley, President and CEO of the Mental Health Commission of Canada, Colleen Simms, Director of Mental Health and Addictions, Health and Community Services, Joanne Thompson, Executive Director of the Gathering Place, and John Abbott, Deputy Minister of Health and Community Services.

Progress on each of the 54 recommendations, numbered and aligned by pillar, is provided below.



	Complete
	In Progress
	To be Commenced

Promotion, Prevention and Early Intervention




Short-term

5	Encourage post-secondary institutions to provide evidence-based mental health promotion, prevention and early intervention programs for students during orientation and at various points throughout their programs.	
6	Encourage community leaders to form coalitions to promote mental wellness, encourage people to seek help and prevent suicide.	

Medium-term


10	Amend the Residential Tenancies Act to provide authority to effectively deal with inadequate rental properties, including boarding and rooming houses.	
47	Develop specific provincial Implementation Plans for: <ul style="list-style-type: none"> • Alcohol abuse, which would include a focus on promotion and prevention, as well as screening, brief intervention and referral; and, • Suicide prevention, with the aim of reducing stigma and empowering communities to build resilience and inclusiveness. 	

Long-term






1	Provide all young families with access to programs that focus on: <ul style="list-style-type: none"> • Parental coping skills to increase resiliency; • Parenting skills and child development; and, • Social and emotional competence of children. 	
2	Develop and implement a comprehensive school health and wellness framework that includes evidence-based mental health promotion, prevention and integrated, early intervention programs in schools, which: <ul style="list-style-type: none"> • Focus on social and emotional learning; • Are embedded in curriculum at every grade; • Help students identify, understand and deal effectively with stress and anxiety; • Include content on diversity, social inclusion, social determinants of health and stigma reduction. 	
9	Prioritize supporting programs that use a housing-first approach to provide the required services to help people to stay well in their homes.	

Focusing on the Person



Short-term

28	Recommend, as part of the provincial Personal Health Information Act Statutory Review, that consideration be given to amending the legislation to ensure family members and caregivers providing support to, and often living with, an individual with a mental illness or addiction, have access to the appropriate personal health information necessary to provide that support.	
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Medium-term

8	Some families with complex needs receive services from multiple government departments. Service managers at the regional level must be encouraged to develop mechanisms to work together to better meet the needs of these families.	
25	Support the implementation of the Choosing Wisely Guidelines for prescribing psychiatric medication in the province.	
26	Encourage and provide opportunities for health care, correctional staff and police to avail of existing education and training modules in mental health and addictions, and implement new ones where needed, that include opportunities for networking, mentoring and skill building.	
29	Develop standards and guidelines, which recognize the critical role of families and caregivers, and provide guidance to staff on how to support families and caregivers, and include them, wherever possible, in treatment decisions.	
30	Provide web-based information on education, self-care and self-management for families and caregivers.	

Long-term

24	<p>Prioritize the transition to recovery-focused, person-centered care for all mental health and addictions services and staff by:</p> <ul style="list-style-type: none"> • Continuing to support the already established Recovery Network, a group of almost 200 staff, physicians and individuals with lived experience throughout the province, and ensuring the network helps guide the direction of recovery for the mental health and addictions and correctional systems; • Incorporating the ongoing workshops in recovery, that are taking place across the province, into required training for new and existing staff in both the health and correctional systems; • Addressing compassion fatigue, stress and burnout in staff; and, • Involving staff and individuals with lived experience of mental illness and addictions, and incarceration, in the development, implementation, monitoring and evaluation of guidelines for a recovery-focused approach for all mental health and addictions and correctional services staff. 	
33	Adopt harm reduction as a foundational approach to the provision of mental health and addictions services.	

Improving Service Access, Collaboration and Continuity of Care

Short-term

12	<p>The Waterford Hospital must be replaced as an urgent priority. While it is recognized that some type of infrastructure and in-patient services are needed, having them all located in one psychiatric hospital is not the answer. The Provincial Government must investigate options for replacing the existing hospital with in-patient services as well as more services provided in community and closer to home. These in-patient and community services should be identified in a plan within the first year of this report's release. Services delivered at the Waterford Hospital must continue until new service options are in place.</p>	✓
13	<p>The Provincial Government must immediately ensure the reduction of wait lists and wait times in mental health for everyone by:</p> <ul style="list-style-type: none"> • Immediately directing the Chief Executive Officer of each regional health authority to reduce the wait list and wait times for mental health and addictions services, including for psychiatrists (wait times not currently available for psychiatrists) within one year of the release of this report; • Developing a wait time reduction Implementation Plan, which will include a plan to address no-show rates to better accommodate the challenges faced by some individuals in attending appointments; • Adopting a standardized methodology for collecting and reporting wait times in all regional health authorities; and, • Providing provincial oversight and regular public reporting on wait times and wait time reduction progress. 	✓
21	<p>Provide online information about the mental health and addictions services and how to navigate them.</p>	✓
22	<p>Conduct a review of the benefit status, special authorization criteria and process under the NLPDP for both attention deficit hyperactivity disorder and neuroleptic medications to determine if changes are required to ensure appropriate and timely access.</p>	✓
23	<p>Advocate for better health insurance programs from personal and employer-funded health insurance providers to align the plan's provisions with the individual's needs.</p>	✓
31	<p>Ensure primary health care providers have improved access to information about programs and services to share with families.</p>	✓
35	<p>Ensure psychiatrists provide regular visits to Labrador coastal communities, as needed.</p>	✓
37	<p>Prioritize the recruitment of two permanent full-time psychiatrists (while establishing a sustained commitment for regular locum coverage) to ensure psychiatric coverage for:</p> <ul style="list-style-type: none"> • New mental health beds in Labrador; • Emergency departments in the Labrador Health Centre and Labrador West Health Centre; and, • Out-patient clinics for Labrador West and Happy Valley-Goose Bay. 	✓

48	The Provincial Government must adopt a health-in-all-policies approach to ensure health impact considerations are built into all policy decisions.	✓
Medium-term		
11	Utilize e-mental health and technology-based interventions with a special focus on promoting wellness and early intervention for mild to moderate mental health problems.	✓
19	Review the eligibility criteria for community support services and increase access to interventions with proven effectiveness for the treatment of autism spectrum disorder and other developmental disabilities.	✓
20	Ensure primary health care providers have access to mental health and addictions consultation and specialized services for their patients.	✓
36	Establish four to six dedicated mental health beds in Labrador, which will include services that are inclusive and culturally appropriate for all Labradorians.	✓
49	Regional health authorities and community agencies must work more closely together to ensure smooth service delivery for individuals by: <ul style="list-style-type: none"> • Strengthening existing partnerships (and creating ones where they do not formally exist) through regular communication, meetings and sharing education, strategic planning and other opportunities for engagement; and, • Using change management principles to set the expectation that community agencies and regional health authorities share non-confidential information and consult each other on the evolving needs of individuals and how best to meet them. 	✓
50	Develop adequate multi-year funding models for community agencies.	✓






Left to right: Alicia White, Psychiatric Nurse, Labrador Grenfell Health, Tracy Parsons, Epidemiologist, Newfoundland and Labrador Centre for Health Information and Sandy Penney, Regional Director, Mental Health and Addictions, Labrador Grenfell Health at a Service Redesign Team meeting.

Long-term









14	<p>Through a stepped-care approach, develop and offer a range of mental health and addictions services integrated, wherever possible, within existing community and primary health care services throughout the province, including:</p> <ul style="list-style-type: none"> • Self-management programs for mental wellness, anxiety and depression; • Counselling services; • Strongest Families Program for children, youth and their families; • Therapist-assisted, online, cognitive behavioural therapy for depression, anxiety and addictions; • Peer support; • Provincial Warm Line; • 24/7 access to medical withdrawal management; • Day treatment programs; • Access to in-patient services for eating disorders; • Single session walk-in clinics; • Assertive community treatment (ACT) teams; • Mobile crisis intervention teams; • Dedicated mental health services for first responders, including ambulance personnel, firefighters, police officers and correctional staff; and, • Support for families and caregivers of people living with mental illness and addiction. 	✓
15	Provide access to evidence-based services via technology (telehealth, telephone, online, text, virtual reality and social media).	✓
27	Require professional regulatory bodies to mandate ongoing mental health and addictions continuing education requirements for their members.	■
32	<p>Increase the number of physicians and nurse practitioners involved in addictions medicine by:</p> <ul style="list-style-type: none"> • Encouraging Memorial University's Faculty of Medicine to create a Clinical Program Director of Addictions Medicine within the Discipline of Family Practice; • Encouraging the development of a network of physicians and nurse practitioners to provide opportunities for continuing medical education, consultation and mentorship in addictions medicine. 	■
43	Continue to support the implementation and evolution of the provincial Opioid Implementation Plan.	✓
44	Increase provincial mental health and addictions spending from approximately 5.7 per cent of the total annual health care budget to nine per cent in five years (by April 2022), to better align with the recommended national average.	✓

Including All People Everywhere

Short-term

4	Recommend the Premier's Task Force on Improving Educational Outcomes review the roles of guidance counsellors, educational psychologists, social workers and instructional resource teachers (IRTs) to determine the best way to meet the mental health and addictions needs of students in the school setting and the resources required to do so.	
38	Provide general education to community leaders and policy makers, with a specific focus on seniors' mental health to increase understanding of aging and mental health, stigma and ageism.	
41	Provide general education to community leaders and policy makers, with a specific focus on LGBTQ2S youth, to increase understanding of sexual orientation, gender identity and mental health concerns.	

Medium-term

3	Create regional interdisciplinary teams, reporting to the regional health authorities, to provide timely mental health and addictions assessment and treatment for students in schools.	
16	Increase access to counselling services for inmates in correctional facilities.	
17	Assign responsibility for the provision of health services in prisons and the associated funding to the health and community services system, to improve mental health and addictions services and supports for inmates.	
34	Support Indigenous people to achieve their mental wellness goals by providing resources to assist with sustained land-based programming.	
39	Provide specialized training for people who work one on one with seniors. This must include family physicians; nurses; ambulance personnel; counsellors; and, individuals who work in the areas of primary health care, mental health and addictions and long term care and supportive services.	
40	Develop standards, policies and programs specifically to address mental health and addictions gender-based needs.	
42	Provide specialized training for people who work one on one with LGBTQ2S individuals. This must include physicians, nurses, community and school-based psychologists, teachers, counsellors and social workers.	
45	Develop a comprehensive, government-wide inclusion policy to be applied to all mental health and addictions services to ensure the diverse needs of all populations are recognized and addressed.	

46	Establish standards for youth transitioning into adulthood (16-25 years old) that include a requirement for collaboration and evidence-based practices so that programs and services are geared to young people's needs wherever they live.	■
Long-term		
7	<p>Eliminate the stigma and discrimination associated with mental illness and addiction in health care settings, schools, workplaces and communities. This can be achieved through:</p> <ul style="list-style-type: none"> • Providing contact-based education programs that involve people with personal experience telling stories of recovery and are supported with rigorous evaluation and sustained funding; and, • Encouraging increased uptake of Mental Health First Aid and expanding availability of this program throughout the province. 	✓
18	The physical state of Her Majesty's Penitentiary is negatively impacting the mental health of inmates and staff. The building design and physical space are not conducive to providing quality mental health and addictions programs and services. Therefore, government must prioritize the completion of a new facility to replace Her Majesty's Penitentiary.	✓



Julie Huntington, member of a Service Redesign Team Working Group.

Accountability and Performance Monitoring

Short-term

51	Develop and publicly release an implementation plan for the recommendations in this report by June 30, 2017.	✓
52	Establish an accountability and performance monitoring framework to track results of the implementation plan.	✓
54	Revise the mandate of the Provincial Mental Health and Addictions Advisory Council to include oversight for the implementation of the recommendations in this report.	✓

Medium-term

53	The Minister of Health and Community Services must report publicly on the implementation of the report's recommendations. The first report must be released 6 months after the release of the report, with subsequent reports released at 12 and 24 months.	✓
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The Government of Newfoundland and Labrador will continue to implement priority actions under the Towards Recovery Action Plan. A second report card on progress will be released in June 2018, and a third in June 2019.

Towards Recovery Governance Structure

