

Towards the Future

A response to the report from

the New Brunswick Mental Health Task Force

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A message from the Minister

In order to become a self-sufficient province, we need the participation of all New Brunswickers. No one can be left behind by our government. We are determined to give mental health services increased focus and attention.

Our government appointed Judge Michael McKee to lead a task force to review the mental health services offered in New Brunswick and to make recommendations on how to enhance and maintain them. It's important to note that this was one of the very first initiatives in our Provincial Health Plan to be put into action. The review clearly demonstrates the renewal of mental health services in our province as a high priority for our government.

The New Brunswick Mental Health Task Force presented a series of recommendations to government in February 2009. Over 2,000 New Brunswickers participated in consultations on what is needed to best deliver mental health services to maximize the health and well-being of all New Brunswickers.

Towards the Future: A response to the report from the New Brunswick Mental Health Task Force is the government's formal response to the task force's report. It represents the next phase in our continued commitment to revamping New Brunswick's mental health system.

This response aligns with other government initiatives to improve mental health services in our province, including *Reducing the risk, addressing the need: Being responsive to at-risk and highly complex children and youth*.

As we revamp the services we offer, our government will ensure that those dealing with mental illness are at the center of the discussion and planning. We will transform the system and shift it from an illness focus to a wellness focus. We will renew our system so that it will enable all citizens to contribute to and benefit from a self-sufficient New Brunswick.

This response is only the beginning. Specific details on our plans and priorities will be finalized within a new mental health strategy for New Brunswick, which will be brought forward in Spring 2010.

We should all be proud of New Brunswick's history of innovation in providing mental health services. Our province has been recognized for its efforts in reforming mental health services and for re-engineering our system to have a greater balance between community and inpatient care.

Past efforts to improve mental health services in New Brunswick include establishing the community mental health centres in the 1960s, the 10 year plan to move clients from institutions to community in the 1990's, the creation of the Mental Health Commission in the early 1990s, and the transfer of all mental health service delivery to the Regional Health Authorities in 2005.

Our history is one of providing mental health services in the least restrictive fashion, and within the community whenever possible. By developing a new provincial mental health strategy, we'll build and improve upon this history. We will put clients and their families first.

To fully address mental illness and increase mental wellness, determinants of health such as housing, income, education and employment must be considered. We will continue to foster better cooperation and integration to ensure we are more effective in serving our clients.

A fundamental shift in philosophy is occurring with the recognition that mental illness is, and should be, everyone's responsibility. Making wide-spread improvements to a complex system like this one will take time, and the work of government, mental health practitioners, family members, consumer groups, associations and all key stakeholders.



A handwritten signature in black ink that reads "Mary Schryer". The signature is fluid and cursive.

Hon. Mary Schryer
Minister of Health

Introduction

Few Canadians have been untouched, directly or indirectly, by mental illness. At least 20 per cent will experience a mental illness, and the consequences are felt by their families, friends and colleagues. Mental illness is different from physical illness in many respects, but their effects can be equally debilitating. At the same time, however, mental and physical illnesses can often both be treated effectively and efficiently, and many people recover. New Brunswick's provincial health plan for 2008-12, *Transforming New Brunswick's Health-care System*, reflects this reality. The plan, released on April 1, 2008, recommends, in part, the creation of a provincial mental-health-care-strategy:

“With the support of ‘expert thinkers,’ the Department of Health will examine the strengths and gaps in mental-health services in New Brunswick. Mental-health and addiction services will be recognized as core services that must be delivered in a timely and collaborative manner to maximize the health and well-being of all New Brunswickers.”

One month later, the provincial government created the New Brunswick Mental-Health Task Force, headed by Judge Michael McKee of Moncton. The task force held public consultations around the province, receiving responses from more than 2,000 persons. In February 2009, the task force released its findings in a report entitled, *Together into the future: a transformed mental-health-system for New Brunswick*. The task force spelled out a number of recommendations to build on existing strengths within the mental-health-care-system so that persons with mental illness may have the means to participate in their recovery, lead purposeful lives and contribute to their communities. This vision will become the foundation of New Brunswick's forthcoming mental-health-care-strategy.

1. Addressing service and support needs for the population

New Brunswick is recognized as a jurisdiction that has re-engineered its system to achieve a greater balance between community and inpatient care. This process has been one of continual improvement. The process began with the creation of community mental-health-care-clinics in the 1960s and 1970s. Advances continued with the creation of the New Brunswick Mental Health Commission and the delivery of services and programs at the local level by the Mental Health Division beginning in the 1990s. Since 2005, the responsibility to deliver mental-health-care-services has been transferred to what are today New Brunswick's two regional health authorities (RHAs). Further, improvements have been made to integrate mental-health-care-services with addiction services. At the moment, the RHAs manage service delivery through eight psychiatric units, one child and adolescent psychiatric unit, two tertiary-care psychiatric hospitals, and 14 community mental-health-care-centres. This system offers a number of services: case management, cognitive therapy, family therapy, group or individual therapy, medication management, recreational therapy, rehabilitation and skills teaching, and psychiatric consultations. Central to the future of the mental-health-care-system will be a more integrated service delivery as well as a fundamental shift in the care and treatment of mental illness to a recovery-oriented model that focuses on wellness rather than illness.

Goal 1.1

People have access to a full range of services

Recommendation - a clear plan

- as a first step, the Department of Health must consistently apply guidelines to provide the best access to a comprehensive range of evidence-based services equitably across the province.

Response:

The needs of persons with mental illness vary widely. This is why the mental-health-care-system must provide a range of services, programs and treatments. Accordingly, the Department of Health will improve existing guidelines and ensure consistent application to reflect a harmonized service delivery system. The department, the RHAs, primary-care givers and community mental-health-care-organizations will be involved in this endeavour by 2010.

Recommendation - Every door is the right door: integrated service delivery

- building on the community health-centre team approach currently in place in a few New Brunswick communities; create a provincewide network of holistically integrated service delivery models with a single point of entry.

Response:

New Brunswick has been improving the integration of New Brunswick's health-care-system for some time. The alignment of mental- and public-health-services under the RHAs has been an important step in this direction.

Currently, an initial intake process is used when a person presents at any treatment facility. Those requiring service immediately are treated in hospital emergency rooms, in community health centres, or through mobile crisis services, where available. Those cases deemed less urgent are referred to the appropriate service and assigned a professional who follows the case to the time of discharge.

With respect to single-entry-point service delivery: it is essential that each person with mental illness be assessed promptly and served either at the point of contact or by referral to the appropriate provider.

New Brunswick must go further, moving from referrals to a model where a person with mental illness is actively supported in his or her efforts to receive appropriate intervention. The Department of Health will implement strategies, programs and supports leading to a more integrated system of service delivery by 2012.

Recommendation - Tertiary care

- eliminate the current backlog in tertiary care facilities by ensuring availability of a range of housing options, with related treatment, services and supports for community living.

Response:

Social Development is developing a policy framework and housing strategy. One objective is to improve access to affordable housing options for persons with a range of disabilities. This includes housing models to support persons to live independently in their communities as long as they are able and choose to do so. In addition, the recently announced extension of the Canada-New Brunswick Affordable Housing Agreement and Stimulus Initiatives will enable Social Development to continue increasing the number of affordable rental housing units to those in need. This will be done through an investment of \$3.5 million over the next three years.

Social Development also offers the Long-Term Care Program and the Disability Support Program. Under this program, individual case planning is delivered in the homes of persons with mental illness. Social Development is also exploring how to make its funding more flexible to provide services and programs that meet the varying needs of high-risk persons.

To address this recommendation fully, the provincial government must improve, integrate or develop certain key elements of community care. These measures include improved training in nursing homes, and special-care facilities; increased hours of staffing; step-down residential facilities; and innovative housing arrangements with support staff. The departments of Health and Social Development will explore all available options.

Recommendation – Co-occurring mental and addiction disorders.

- move to integrated access and treatment in accordance with existing protocols.

Response:

There are many concurrent mental-health-care and addiction issues. For example, a 2003 study of New Brunswick suicides revealed that two-thirds of persons with mental illness had long-standing addiction problems. An integrated treatment model is fundamental to treating these persons successfully.

The Department of Health will move forward on honouring its commitment outlined in the Provincial Health Plan:

“Enhance the delivery of integrated, recovery-oriented community and hospital-based services that respond to the needs of individuals across the mental-health, addictions and primary care setting, in the context of community, family and social support systems. This strategy will incorporate linkages between Addictions and Mental Health Services.”

To this end, the department will reinforce existing protocols. Cross-training of mental-health-care and addictions staff has begun in some zones and will continue through 2010. In addition, training courses in motivational interviewing have been made available in all zones.

This expertise will support the work of primary-health-care staff. RHA B has begun to move to a single-access service, involving clinician assessment followed by the appropriate referrals. The Department of Health, in consultation with both RHAs, will consider adopting this model of practice across the province.

Goal 1.2

There is a comprehensive, skilled human resource pool

Recommendation - Training

- create clear standards and policies for mental health professional education to ensure adequate and dedicated human resources at all levels across the lifespan.

Response:

The departments of Health and Post-Secondary Education, Training and Labour will work with professional associations, employers and program directors or curriculum officers at colleges and universities to further advance professional education standards. The desired outcome: ensure that graduates possess entry-to-practice competencies so they can meet clients' needs and the health system's diverse demands. The various education programs already in New Brunswick are a strong foundation from which to build.

Recommendation - Training

- institute regular in-depth staff training to enhance competencies for best practice interventions, based on a scan and gap analysis to identify human resource requirements in each region.

Response:

The Department of Health will work with the RHAs to reinforce best practices and ensure regular training. While many clinicians in the mental-health-care field deal with a range of intervention requirements, they have different clinical backgrounds and areas of proficiency. The department will suggest that the RHAs create a resource inventory to share clinical expertise.

Recommendation - Recruitment

- revisit current policies, particularly for psychiatrists and psychologists, in order to maximize potential for recruitment.

Response:

The Department of Health sponsors interns each year as part of the psychology residency program. Students from other psychology programs work under the guidance of licensed psychologists within the RHAs as part of their licensing requirements. These placements often result in the successful recruitment of potential candidates.

The provincial government has secured training positions at the university level with return-of-service arrangements. This means that the sponsored resident must return to New Brunswick to work for one year or, alternatively, repay the financial assistance provided him or her.

The Department of Health is working with medical faculties and the Association of Medical Faculties to ensure that the training of specialists meets the needs of the mental-health-care-system. This is an ongoing process through a provincial-territorial committee on post-graduate training.

In addition to recruitment, it is essential to foster a work environment that encourages these employees to remain in the mental-health-care-field in New Brunswick over the long term. To this end, New Brunswick provides a positive environment where practitioners are encouraged to become involved in the full scope of practice, working in a collaborative, multi-disciplinary team environment.

The Department of Health will continue to foster recruitment and retention of mental-health-care-professionals.

Recommendation - Particular disciplines

- research strategies and create guidelines for appropriate deployment of particular disciplines such as psychologists and appropriate use of their specific expertise.

Response:

The RHAs will assign professionals as part of multi-disciplinary teams, and they will continue with this service delivery design to ensure that appropriate expertise is available to persons with mental illness. Formal guidelines will be developed by 2012.

Goal 1.3**Assessment and discharge are consistent and recovery-oriented****Recommendations**

- a standardized recovery approach to needs assessment for all ages.
- develop a task group with stakeholder representation to review existing models and develop standardized criteria for recovery-oriented assessment and referral tools and a common template for needs assessments based on the review. Use multidisciplinary case management teams to apply the template across the province.

Response:

The Department of Health will create a task group with representation from stakeholders such as the RHAs, non-governmental agencies, families, and persons with mental illness. This task group will make recommendations to the department by 2010.

The biomedical model of treatment forms an essential component of the response of the mental-health-care-system. However, as stated in the preamble to the *Mental Health Services Act (New Brunswick)*: "it is one of the purposes of mental-health-services to promote self-reliance and lessen dependence on formal systems of care." Therefore, the Department of Health will emphasize a recovery-based approach to assessment and treatment. The essential features will include communicating hope to persons with mental illness, developing skills and knowledge so they may take personal responsibility for their health, and supporting their efforts to regain control over their lives. The Department of Health endorses the view of the Standing Senate Committee on Social Affairs, Science and Technology in *Out of the Shadows at Last*:

"The goal of mental-health-policy should be to enable people to live the most satisfying, hopeful, and productive life consistent with the limitations caused by their illness. For some, recovery will equate to the reduction or complete remission of symptoms related to mental illness."

This represents a significant change to current practice, but it is one welcomed by persons with mental illness and mental-health-care-providers. Clinician training will be required to foster the attitudes and skills that form the foundation of recovery-based approaches. The Department of Health will work with the RHAs, primary-health-care professionals, and mental-health-care-providers to make this transition by 2014.

Recommendations

- a standardized recovery approach to discharge planning for all ages.
- develop a recovery-oriented approach to discharge planning based on existing models that include linkages to the community. Test, and then apply this approach across the province.

Response:

Persons with mental illness are clear that they no longer want to learn to live with a severe mental illness; they want to recover. Recovery services are shaped to communicate hope; to help these persons develop skills and knowledge; to encourage them to take personal responsibility for their health; and to support their efforts to move beyond their illness. Training clinicians in this model is essential because recovery-focused care requires new attitudes and skills. Instead of protecting these persons from stress, clinicians should encourage and support healthy risk-taking; they should also

coach these persons to overcome stress. The move toward a recovery-focused model is based on strength-based practice.

Successful self-management will require discharge planning, which likewise involves collaborative interdisciplinary care, community involvement, planned care and follow-up, and education of mental health-care-providers and persons with mental illness.

The Department of Health is exploring pilot sites and projects that reinforce the adoption of a recovery model in community mental-health-centres and within the mandate of the new facility replacing the Restigouche Hospital Centre in Campbellton. The department will continue to implement such initiatives through to 2013.

2. Addressing service and support needs of children and youth

A key goal of the Department of Health is to promote the health of all children and youth. To this end, all appropriate professionals must be given the tools to intervene effectively, including early identification and treatment of mental illness, when a child is faces developmental difficulties.

Connecting the Dots, a report by New Brunswick's Child and Youth Advocate on the situation of children with complex needs, noted the vulnerability of children facing such challenges:

"This report is all too full of accounts of children left behind. They are forgotten because of their age. They are forgotten because of their level of ability. They are marginalized because of their behavioural and mental-health-problems. They are often abandoned because they are so very hard to love."

The importance of providing timely and effective service to these children cannot be overstated.

Goal 2.1

School staff are equipped to identify problems and take appropriate action

Recommendations

- build training programs for school support staff and teachers to provide basic skills, support, and competencies for timely, appropriate consultation.
- establish school-based mental health teams.

Response:

As a follow-up to *Connecting the Dots*, the departments of Education, Health, Social Development and Public Safety are developing an integrated service delivery model that will draw upon professionals such as psychologists, social workers, and educators. In addition, professionals with relevant expertise will be drawn from various departments to provide integrated assessment and intervention services for children and youth. Assessment and intervention will address five core components of a child's development: mental health, emotional-behavioural functioning, physical health, educational development and family relationships.

The Department of Wellness, Culture and Sport has noted that The Link Program, a wellness strategy initiative, supports this goal. The Link Program puts youths in grades 6-12, who are experiencing difficulties, in contact with community resources that may help them. The provincial government hopes to expand this program to all New Brunswick schools.

Goal 2.2

Provide interventions for mental-health-care-problems as early as possible

Recommendations

- expand early psychosis intervention services beyond the Fredericton program.
- establish youth concurrent disorder teams in accordance with the Provincial Health Plan.
- establish child and youth mental-health-courts.

Response:

As set out in the Provincial Health Plan, the Department of Health is committed to implementing early psychosis intervention services in certain areas, and youth concurrent disorder teams throughout the province by 2011, within the constraints imposed by provincial budgetary considerations.

Because funding is finite, the Department of Health is placing particular emphasis on prevention. The departments of Justice and Consumer Affairs and Health want to reach these children before they become involved in the justice system. Accordingly, the provincial government will focus on early detection and treatment of mental illness in youth.

Goal 2.3

Children and youth have access to in-province assessment and treatment

Recommendations

- develop mechanisms to ensure equitable access to holistic assessment and treatment across the province that includes psychiatric plans for children and youth, close to where they live.
- as recommended in *Connecting the Dots*, ensure a range of treatment options including residential treatment capacity for children and youth with most the complex needs.

Response:

The provincial government, acting on *Connecting the Dots*, will establish the recommended integrated service delivery teams as they are more fully described under Goal 2.1.

Sensitivity to the unique needs of children, youth and their families will be reflected in individualized assessment and case management approaches that tailor treatment and supports to the specific clinical and psycho-social needs of the child. The goal of treatment will be to provide services to children, youth and their families closer to where they live, work and play. Treatment will draw on the strengths and capacities of children, youth, their families and their communities. Children and youth with complex mental-health-care-issues receive services primarily from the departments of Health, Social Development, Public Safety and Education. Front-line staff in these departments who work with these children and youths must be trained to ensure they have a strong understanding of these issues.

3. Addressing service and support needs of seniors

There are an increasing number of older adults with complex needs. Often, the debilitating effects of mental illness coexist with physical problems associated with aging. To achieve the best quality of life for them, mental health-care services must be coupled with other sectors of the health-care system and social services. This collaboration will support seniors in community and institutional settings.

Goal 3.1

There are appropriate effective home and community supports for seniors

Recommendations

- strengthen collaboration between mental health programs and Healthy Aging programs.
- develop a plan for recruitment, training and incentives to increase supply of trained human resources by building collaborations with home-care and primary-care sectors, identifying training models, and providing specialized training for home support workers.

Response:

Social Development is considering expanding day-activity centres and seniors' resource centres. The department will focus on increasing staffing to serve older New Brunswickers.

Further, Social Development is collaborating with New Brunswick Home Support Association to develop a strategy to recruit, train, and retain home support workers. The departments of Health and Social Development will work through to 2012 to review the Department of Health's training module for home support workers.

Goal 3.2

There are appropriate and effective seniors' services in hospitals and long-term care settings

Recommendations

- develop more defined mandates for tertiary and secondary care facilities that care for seniors.
- develop distinct regulations and programming requirements to deal with complex mental health needs of people living in residential homes.

Response:

New Brunswick's Community Mental Health Centres (CMHC) deliver services to seniors with mental-health-care-issues who live in nursing homes. The Extramural Program is responsible to meet their rehabilitation needs. Often, these persons have complex needs, and their treatment requires a specialized subset of skills best addressed through multidisciplinary teams.

Nursing homes are privately operated, and, accordingly, the provincial government does not administer them. However, the departments of Social Development and Health have struck a committee to develop further ongoing communication among their respective agencies and the stakeholders with a view to providing comprehensive mental-health-care-services to seniors in residential home settings.

4. Fostering collaboration and co-ordination

The solutions to systemic gaps within mental-health-care-service delivery are as diverse as its clientele and their needs. The various departments involved must collaborate and co-ordinate their efforts to address the varied needs of persons with mental illness. In other words, departments must speak to one another to help persons with mental illness in such areas as employment, housing, education and income. This also means that employees within the health-care and social support systems must work together if they wish to achieve the best results for persons with mental illness.

Goal 4.1

Government departments work collaboratively within a co-ordinated system

Recommendation

- establish an interdepartmental committee of Ministers as the point of accountability for the mental-health-strategy, led by the Minister of Health and including ministers of the other key departments named below.

Response:

The provincial government already has in place three ministerial committees aimed at child and youth issues: the Ministerial committee on Inclusive Education; the Integrated Youth Services Committee; and the Cabinet Committee on Early Childhood Development. They provide an excellent forum to address mental health-care issues pertinent to children and youth. In addition, they will promote collaboration within the provincial government on mental-health-care-issues for adults. A fourth committee, an Interdepartmental Deputy Ministers' Committee on Wellness, will be established in the fall of 2009. It will provide a forum for topics related to mental-fitness as they relate to wellness.

In addition, a deputy ministers' committee representing all relevant departments will be established to provide oversight and study systemic issues to assist with the implementation of the mental-health-care-strategy.

Recommendation

- establish an ongoing interdepartmental co-ordinating committee (recommended in *Connecting the Dots*) in order to support linked policies and integrated service delivery.

Response:

The provincial government is committed to participation in interdepartmental co-ordinating committees as recommended in *Connecting the Dots*. Integration of policies and service delivery under these committees are more fully described under Goal 2.1

The ministerial committee and the Integrated Service Delivery Oversight Committee will be comprised of representatives from the departments of Health, Social Development, Education, and Public Safety.

The ministerial committee will meet three times each year to review operational and quality assurance reports about the integrated service delivery system. Meanwhile, the deputy ministers comprising the oversight committee will oversee the system and allocate sufficient funding and staffing. This committee will also be responsible for harmonizing relevant child and family legislation, regulation, and standards through the department's provincial integrated service delivery board. This board include representation by senior directors from each of the departments mentioned, the RHAs and Centres of Excellence for Child and Youth Development from the university sectors. It will monitor treatment processes and make service delivery system decisions related to specialized residential and treatment supports for high-risk, complex cases. It will also create ways to involve youth meaningfully at all policy and practice levels of the integrated service delivery system.

Recommendation

- establish accountability mechanisms for interdepartmental collaboration, such as performance appraisals based on partnerships and outcomes for joint clients.

Response:

The provincial government will assess the performance of the integrated service delivery model adopted in response to *Connecting the Dots*, more particularly described under Goal 2.1.

Goal 4.2

Service providers collaborate across disciplines

Recommendations

- implement interdisciplinary case management teams with authority to meet people's needs.
- develop collaborative guidelines for practice across disciplines and with community groups.
- create incentives and strategies, such as integrated data systems and appropriate "front-end" consent processes to expedite the sharing of information across disciplines and settings.
- continue to develop primary care networks that incorporate shared care strategies in processes involving intake; telephone back-up; consultation; discharge planning and follow up; transmission of reports; education; or video-based services.
- explore strategies for better integration of psychiatrists within CMHC teams.

Response:

As the planning and delivery of mental-health-care-services evolve, the Department of Health will remain mindful of its commitment to keep persons with mental illness at the centre of its decision-making.

The Department of Health will continue its collaboration with the RHAs and other departments to use case management for persons with mental illness. A uniform process will be adopted to obtain a person's consent and govern the sharing of information about individuals. This endeavour will permit greater service integration while respecting privacy law.

Cross-disciplinary teams are present within CMHC services, and have representation from all relevant professional disciplines, including psychiatrists. The Department of Health will continue to support the proper functioning of these teams.

Subject to available resources, the department will develop guidelines, strategies and information-sharing tools to promote implementation of these recommendations by 2014.

5. Dealing with mental illness in the justice system

All too often, persons with mental illness are at odds with the justice system. While these individuals must remain accountable for their actions, in many cases society would be better served by providing them with treatment rather than by incarcerating them. Alternative measures may permit more fitting consequences for their criminal acts. Through education about mental illness, staff within the criminal justice system may achieve a greater understanding of the challenges experienced by those in their custody.

Goal 5.1

A full range of effective services is available in community and correctional facilities

Recommendation

- ensure that protocols for delivery of mental-health-services in the provincial jail system are in place.

Response:

The departments of Health and Public Safety will collaborate to develop such policies and protocols by 2011.

To this end, these departments commissioned research in 2008 about mental illness among persons in correctional facilities. Data about demographics, behavioural functioning, and treatment or service participation were studied to develop a clinical profile of these clients. This information will help in reviewing specific policies and practices related to program service delivery for these clients.

The delivery of mental-health-care-services in correctional facilities has already begun. The departments of Public Safety and Health have signed a memorandum of agreement to provide mental-health-care-treatment at the Miramichi Youth Correctional Centre. Under this agreement, young persons in custody there receive specialized clinical mental health-care services through an integrated service delivery system.

Recommendation

- make mental-health-training and education mandatory for police and frontline staff in correctional services.

Response:

Mental-health-training has been a key focus of the Department of Public Safety in its correctional officer and probation officer training for the last two years, and this continues to be a priority. The Correctional Services of Canada Mental Health Training Initiative has been delivered in 21 two-day sessions across the province. About half of all corrections and probation officers have been given this training, and additional sessions are ongoing.

The departments of Public Safety and Health will explore an arrangement with the Canadian Mental Health Association and the New Brunswick Community College for delivering this training by 2010 as part of the core curriculum for police officers and those working in corrections.

The New Brunswick Community College offers a number of programs pertaining to persons with mental illness: correctional techniques, police foundations, criminal justice, human services, personal support worker, practical nurse, and youth care worker. All of these programs have curriculum advisory committees with representation from the various divisions of the provincial government. These committees will be an effective means to ensure that training related to mental illness forms a component of the core curriculum by 2010.

Goal 5.2

Diversion and alternative measures are widely available

Recommendation

- define, develop and pilot approaches for diversion and other alternatives.

Response:

The departments of Health and Public Safety will collaborate with the Department of Justice and Consumer Affairs in its efforts to research approaches for diversion and alternative measures.

One measure that has been identified is the New Brunswick Youth Justice Conferencing Model under the *Youth Criminal Justice Act (Canada)*. Integrated service delivery planning is a key component, aimed at developing co-ordinated and meaningful community-based plans for youths at odds with the justice system. In addition to involving the youth in question, the rehabilitation and reintegration plan includes parents, extended family, the community and social or other agencies. The Department of Health supports the wider use of this approach.

The Office of the Attorney General will be considering alternative measures for adults with mental illness.

Goal 5.3

All people across the province have access to mental-health-courts

Recommendation

- develop a plan to ensure access to the mental-health-court process for every youth and adult in each region of the province.

Response:

The Department of Health wants to prevent persons with mental illness from becoming involved in the justice system. An improved model of forensic-based service delivery will provide improved assessment and intervention for those who come into conflict with the law. While the departments of Health, Justice and Consumer Affairs and Public Safety recognize the unique focus and the rehabilitative potential of mental-health courts, a provincewide initiative is not feasible until additional resources become available.

6. Combating stigma and discrimination

While the effects of mental illness can be debilitating, many persons with mental illness say that the stigma and discrimination associated with their illness is worse than the illness itself. Therefore, the promotion of public education and awareness of mental-health-care-issues is critical to changing the attitudes and behaviours of the public.

CMHC services include community outreach, but this goes beyond making community members aware of the services provided. It also includes using public education to combat stigmas about mental-health-care-issues and services. CMHC services staff have formed alliances with activity centres, community boards and educational programs. Some host radio shows or other means of disseminating information on relevant topics. These types of relationships can be improved to raise the profile of mental health and reduce the stigma associated with it.

Goal 6.1

There is public awareness and understanding of mental illness

Recommendation

- build on, and partner with the Mental Health Commission of Canada's anti-stigma initiative to create a campaign targeting children, youth, schools, and mental health professionals.

Response:

The Department of Health will link to the Mental Health Commission of Canada's anti-stigma campaign, and it will support initiatives to supplement this work.

The Department of Wellness, Culture and Sport will explore ways to connect this campaign with plans for the Wellness Strategy's 2010-11 social marketing initiatives.

There is also a role, given sufficient resources, for the New Brunswick Human Rights Commission, under its education mandate, to participate in anti-stigma campaigns as they relate to persons who are disabled as a result of mental illness.

In partnership with the Department of Health, the Department of Post-Secondary Education, Training and Labour has identified the New Brunswick Public Library Service as an avenue for public education and the dissemination of information. This service can be provided through the promotion and improvement of existing public library collections relating to mental health, general health and well-being. Further, public libraries serve as community resources for hosting of information sessions and guest speakers on these topics.

Goal 6.2

There is public awareness about mental health and wellness

Recommendation

- partner with community groups and organizations to develop awareness initiatives to educate population about skills for mental wellness such as resiliency and managing stress.

Response:

The Department of Health will take advantage of opportunities to join with community groups and organizations to develop awareness initiatives over the next five to seven years.

As an example, the Department of Health, in partnership with Health Canada's Drug Strategy Community Initiatives Fund, has already implemented a Youth Engagement Initiative. Under this initiative, youths and other members of a community establish action teams to find effective

solutions to local issues. Forum sessions encourage discussion on suicide, self-esteem, body image, bullying and other mental-health-issues.

The Department of Wellness, Culture and Sport, through the provincial Wellness Strategy, is raising awareness of the fundamental role of mental fitness and resilience. In particular, the establishment of wellness networks provides a way to educate the population about skills for mental wellness. Wellness networks are formal or informal community or regional initiatives that will increase community awareness, transfer knowledge between stakeholders and leaders, and improve participation in wellness-related initiatives.

The departments of Health and Wellness, Culture and Sport worked together to co-ordinate a provincial conference focusing on community capacity-building. Approaches that successfully foster mental fitness and resiliency within youth were presented, leading communities toward a healthier future.

Goal 6.3

Communities are engaged to fight stigma and discrimination

Recommendation

- partner with community groups and organizations to support their advocacy efforts in regard to stigma and discrimination and foster strategies that raise awareness about mental illness among educators, employers, and community at large to promote inclusion.

Response:

During the next two years, the Department of Health will continue to work with community groups and non-governmental organizations to complement and promote anti-stigma campaigns. The department will stay abreast of developments in the Mental Health Commission of Canada's Anti-Stigma Campaign and work with this organization as appropriate.

7. Linking to community resources

While mental illness may require a person to be institutionalized, the goal of a recovery-based model is to return this person to his or her community. To this end, a comprehensive and integrated model of mental-health-care-services will include the necessary supports to engage or reintegrate that individual in the community to the fullest extent possible. This process involves a number of interwoven factors that are financial, social and emotional in nature: as stated in *Out of the Shadows at Last, Transforming Mental Health, Mental Illness and Addiction Services in Canada*.

“... exclusion from the workforce often results in dependency on income security programs for survival. Unemployment leads to impoverishment and reduced social engagement, which in turn may worsen mental and physical illnesses. It also contributes to feelings of worthlessness and depression, and can lead to substance abuse.”

Preventing and addressing such a cycle will engage a multipronged approach to improve existing programs and supports to better meet the needs of persons with mental illness.

Goal 7.1

People with mental illness are connected to the natural community

Recommendations

- increase number of rent supplements available for people with mental illness.
- develop a range of affordable, housing options based on effective models that promote independence and control for people with mental illness.

Response:

Social Development is increasing the supply of affordable housing to those in need, as noted in the response under Goal 1.1.

Further, Social Development, in partnership with the departments of Education, Health, and Public Safety, will close gaps in affordable housing services for youths aged 16 to 18 by developing a new multidisciplinary service delivery model for youth-at-risk by 2014. This model will be consistent with the integrated child and youth strategy outlined under Goal 2.1.

Recommendation

- create or strengthen partnerships with community resources in business, education and other sectors to foster inclusion of people with mental illness.

Response:

The departments of Health and Social Development will enter into partnerships and foster existing alliances with community resources to promote the inclusion of persons with mental illness where they live, work, and play.

The Department of Health will promote the inclusion in the business context through the Mental Health Services Advisory Committee, and it will encourage the RHAs to do so as well through the Community Advisory Committees.

There are opportunities to form such alliances through various sectors of the government. For example, as part of the New Brunswick Public Library Service Strategic and Operational Plan (2009-14), public libraries will be increasing efforts to make services and programs more inclusive to persons with disabilities, including those with mental illness. Library staff will be receiving disability awareness training over the next five years, increasing outreach activities in communities, and increasing community-based partnerships with hospitals, community groups and government agencies.

Unfortunately, many people with mental illness live in poverty. The provincial government has recently launched a poverty-reduction initiative. Currently in its public engagement phase, this plan will ultimately assist marginalized persons, including those living with mental illness, through the marshalling of government, business and non-profit sector resources.

Recommendation

- build on WorksafeNB model for physical disabilities to implement a system that offers training, retraining and job placement for those recovering from a mental illness.

Response:

Through the Transition to Work initiative, the departments of Social Development, and Post-Secondary Education, Training and Labour are reviewing policies and programs and developing new interventions and benefits supporting training and employment for low-income earners. This process, to be completed by 2012, will benefit persons with disabilities, including those with mental illness.

Social Development is developing a communication brochure explaining what services and benefits are available for persons with disabilities who are interested in pursuing training and employment. This brochure is being developed in partnership with stakeholders representing persons with disabilities.

Recommendation

- explore other models that support employment for people with mental illness in NB such as BUILT Network and Let's Work (CMHA Fredericton), and the potential for expansion of these models.

Response:

The Department of Health, through the RHAs, has joined with the departments of Post-Secondary Education, Training and Labour and Social Development to support the BUILT Network. This service provides an eight-week program directed toward careers in customer service.

Let's Work is a flexible program to support the return to work. It takes into account the individual needs, strengths and abilities of persons with mental illness.

The departments of Social Development and Post-Secondary Education, Training and Labour have implemented Partners Building Futures, an initiative aimed at introducing women receiving social assistance to skilled trades. If this program is successful, there are opportunities to build on it.

The Department of Post-Secondary Education, Training and Labour offers the Work Ability and Training and Education Support Services programs to support persons with disabilities, including mental illness. Improving and expanding these programs will foster cross-departmental collaboration and build on existing strengths.

In addition to job placement, the implementation of this recommendation relies on the right to return to work, which is a key element of the WorkSafeNB model. The New Brunswick Human Rights Commission offers educational materials to promote greater understanding of the employer's duty to accommodate the employee's mental disability.

8. Working with people with mental illness

Persons with mental illness must have an opportunity to contribute to their recovery. Being an active partner in this process gives these individuals a measure of self-determination and increased self-esteem; this approach also leads to improved outcomes. Participation by persons with mental illness in system planning, peer mentoring, and evaluation will lead to improvements in the delivery of mental-health-care.

Goal 8.1

The system welcomes input from people with mental illness

Recommendation

- institute formal mechanisms, such as revitalizing community advisory committees, at all levels to foster the active participation of people with mental illness in system planning at all levels.

Response:

The Department of Health recognizes the importance of involving persons with mental illness in system planning and delivery. The Mental Health Services Advisory Committee, which advises the Minister of Health on mental-health-care-issues, collects input of a cross-section of community members, including persons with mental illness. The committee also advocates, monitors and provides input on service delivery within the RHAs.

The department will also encourage the RHAs to support revitalized community advisory committees in all areas of the province by 2012. These committees have representation from persons with mental illness, families, interest groups and the community.

Recommendation

- create formal mechanisms to promote active participation of people with mental illness in service provision, evaluation, and training of service providers.

Response:

There is no question that persons with mental illness have much to contribute, including peer support. As peer support specialists, they are in a unique position to use their experience to assist in the treatment of others through practical advice, non-judgmental support, and social networking. The Department of Health will explore opportunities to involve peer support specialists within the mental health-care system.

Further, the Department of Post Secondary Education, Training and Labour will work with New Brunswick teaching institutions to promote representation of mental-health-care-associations on their curriculum development advisory committees.

Part of making mental health-care effective is giving those who stand to benefit the most the opportunity to evaluate these services. The Department of Health has successfully used a client satisfaction survey to evaluate CMHC services. The department will explore further and expand uses of such evaluation models.

The recently formed New Brunswick Health Council also has an essential role. It is charged with responsibility to monitor report and make recommendations on the performance of the health-care system. Public input is critical for the council to fulfil this mandate. The Department of Health will explore ways to draw upon the expertise of the council to involve persons with mental illness in evaluating the mental health-care system.

Goal 8.2

Empowerment and capacity building are valued and supported

Recommendations

- expand activity centres to encompass a variety of initiatives by, and for people with mental illness. Adjust their mandate and funding accordingly.
- develop a plan for continuing support to local and provincial networks of people with mental illness and development of new networks.

Response:

The Department of Health believes making persons with mental illness more self-sufficient is essential to a recovery-based approach. An opportunity exists to build on the success of activity centres to include education, research, business, and support.

Likewise, the department sees the value in supporting local and provincial networks, such as the Mental Health Consumer Network. This network of local committees, features advocacy by and for persons with mental illness and it undertakes public awareness activities.

9. Working with families

The families of persons with mental illness are critically important, often providing necessary financial, social, and emotional support. Yet, very often they have no recognition for the services they provide. They must be given the opportunity to participate in the treatment of their loved ones, where appropriate. They should be permitted to contribute to mental-health-care-system planning. They should receive the support of initiatives directed at family members coping with the challenges of having a loved one with mental illness.

Goal 9.1

Families are linked to system planning and government

Recommendation

- ensure that families are appropriately involved in treatment and recovery plans for individuals, while still respecting privacy and consent issues.

Response:

The provincial government is introducing legislation setting out the parameters of sharing personal health information. This legislation will apply to the Department of Health as well as service providers, who will be required to protect the privacy of their patients, subject to recognized limits.

This being said, the Department of Health understands that rigid application of privacy laws may not serve the best interests of every person with mental illness. The department is seeking to improve communication and share necessary information with families so they may make meaningful contributions to recovery.

The Department of Health will form a task group by 2010, composed of persons with mental illness, their families and service providers, to make recommendations to the government as to involvement of family members in treatment and recovery.

Recommendation

- create formal mechanisms whereby families can have input into service system planning at all levels.

Response:

The Department of Health sees many opportunities for families of persons with mental illness to have formal participation in planning services. The Mental Health Services Advisory Committee is one avenue of participation. In addition, families participate by way of the Canadian Mental Health Association, Schizophrenia Society, First Episode Families, and other non-governmental organizations. The department will continue to support participation in community advisory committees, which will be revitalized by the RHAs.

Goal 9.2

There is recognition and support for family groups

Recommendations

- create a plan for sustaining and nurturing existing groups and supporting the development of new groups (such as for First Episode Families) where needed.
- base the plan on a scan of family groups and organizations throughout the province, and their organizational requirements to carry out their role effectively.

Response:

Over the next two years, the Department of Health will explore ways to create partnerships in the not-for-profit sector. The department will also work with organizations in this sector to identify existing gaps in services.

Recommendation

- partner with the Mental Health Commission of Canada in designing and piloting the Mental Health Family Link project.

Response:

The Department of Health will explore partnerships with the Mental Health Commission of Canada and examine the resources needed to pilot the Mental Health Family Link Project by 2010.

10. Removing policy barriers to recovery

As part of an integrated system of delivery, the Department of Health will review the policies and legal constructs identified as working counter to the recovery of persons with mental illness. The tools to build a successful future must be available to all persons, regardless of age, and these should include financial assistance, appropriate medications, and legal procedures permitting as much individual autonomy as possible.

Goal 10.1

People with mental illness have uninterrupted access to the most effective and appropriate medications

Recommendation

- include a provision in discharge plans for uninterrupted access to the most appropriate, effective medication as determined by the case management team.

Response:

The Department of Health will address inconsistencies and flaws within the discharge planning process for persons with mental illness. Better discharge planning aligns itself with the strategic pillar, *Achieving a better balance*, found in the provincial health plan.

Further, the department will work with the RHAs to take a more active role in overseeing and co-ordinating hospital pharmaceutical policies, services and programs. The objective: to ensure equitable access to drugs across the province. This will include developing a provincial hospital drug formulary and, where appropriate, ensuring consistency with the New Brunswick Prescription Drug Program formulary.

Recommendation

- review process for health card exceptions through Prescription Drug Program.

Response:

The Department of Health is committed to ensuring equitable access to health services. The Provincial Health Plan states: "A review of the New Brunswick Prescription Drug Program will be conducted with a view to help families facing financial hardship because of the high cost of prescription drugs." As a part of the review, the Department of Health will explore the issue of access to prescription medications, focusing on improving the program based on a client's ability to pay.

Recommendation

- institute quick turnaround for temporary coverage for medical card if a person leaves employment due to mental illness.

Response:

Through the Transition to Work Initiative and the Poverty Reduction Public Engagement Initiative, the Department of Social Development will review within the next two years policies governing the provision of health cards to clients in special circumstances.

Goal 10.2

People with mental illness have uncomplicated access to adequate income support and housing

Recommendations

- review current process, and identify and address barriers arising from red tape, policies and applications with respect to income for people with serious mental illness.
- conduct a review of rates and policies in order to ensure that people have access to a basic adequate income that will support their recovery in the community, including revisions to the Economic Unit Policy, and exemptions to the Household Income Policy.

Response:

Through the Transition to Work Initiative and the Poverty Reduction Public Engagement Initiative, the Department of Social Development will explore options for a new social assistance rate structure that will eliminate red tape, address issues related to adequacy, and ensure eligibility provisions through the household income policy to support a variety of clients with special needs. The Department of Health will collaborate with Social Development in this process.

Goal 10.3

Young people aged 16 to 19 have access to social services

Recommendation

- address the service gap through an interdepartmental collaboration that starts by developing amendments to regulations in the *Family Service Act*, as recommended in *Connecting the Dots*.

Response:

Social Development has created the Youth-at-Risk (YAR) project, a collaboration among departments serving youth, as well as non-government stakeholders, to deliver services and programs for youth-at-risk. A multidisciplinary service delivery model is directed at closing gaps in services and programs for those aged 16 to 19. Consistent with the integrated child and youth service delivery model, the multidisciplinary approach is based on best practices following research and evaluations of similar Canadian programs, tailored to New Brunswick. It will address the development of protective intervention services, youth homelessness, and barriers to eligibility for social services payments. The provincial government will pursue the legislative amendments needed to implement these measures by 2010.

Goal 10.4

Legislation to protect security and autonomy is up to date and accessible

Recommendations

- review and update *Infirm Persons Act*.
- educate public regarding power of attorney, and introduce advance directives in competency / power of attorney legislation.
- create a process for determining competency to consent to nursing home placement (as is done in Ontario).

Response:

The Office of the Attorney General has introduced several amendments to the *Infirm Persons Act (New Brunswick)* in recent years to ensure this act meets current needs. One such amendment was the creation of an attorney for personal care. This permits a person to name a lawyer to make personal

care decisions on his or her behalf during periods of incapacity. The Office of the Attorney General is reviewing a number of other issues under the act, and it expects to propose amendments.

Public education materials about power-of-attorney, including a brochure and website, have been developed. The Department of Justice and Consumer Affairs will investigate whether there is any role for the Office of the Public Trustee.

If a person has not appointed a lawyer for personal care, a legal representative is determined by court application. The Department of Health is in a consultation process about advanced care directives, which would provide an expedient process to assign substitute decision-makers for medical and personal care decisions. The consultation includes a discussion paper setting out the essential features of proposed legislation. The proposal seeks to ensure that decisions about a person's care would be respected during periods of incapacity. This power would also be extended to persons with mental illness provided that the protections in the *Mental Health Act* are observed.

11. Facilitating knowledge exchange

Information gathering, sharing and study form the foundation of any kind of effective planning. In transforming the mental-health-care-system in particular, there must be a means to share information efficiently. Accordingly, the Department of Health will look to the New Brunswick Health Council to evaluate the performance of the mental-health-care-system. Partnerships will be established to support mental-health-care.

Goal 11.1

A mechanism exists for knowledge exchange

Recommendation

- develop knowledge exchange infrastructure in concert with the Mental Health Commission's work in this area.

Response:

The Department of Health will work with the Mental Health Commission of Canada to develop its knowledge exchange infrastructure.

An example of effective knowledge exchange is the Department of Health's Youth Engagement Initiative, as described under Goal 6.2. As part of this initiative, communities champion their successes and present research connected to their endeavours. A youth action team presented its work at the annual Mental Health and Addictions Conference, held in Miramichi in September 2008. A youth action team provided a keynote address at the Annual Community Partnership Conference held in Moncton in May of this year. These initiatives will be expanded to more communities over the next three years, and they will provide a means to exchange knowledge that may be replicated in other areas.

Goal 11.2

Up-to-date, reliable data is available to inform planning

Recommendation

- continue to update success indicators on an annual basis, linking process to existing New Brunswick Health Council report card.

Response:

The Department of Health reviews monitoring information related to mental-health-care annually. The department will provide success indicators and periodic reporting of these indicators to the New Brunswick Health Council for consideration.

Goal 11.3

Research capacity in universities is enhanced

Recommendations

- work with universities to strengthen mental health research capacity, building on existing programs such as post partum depression and early intervention work at UNB.
- create partnerships with universities and Mental Health Commission of Canada to develop and support applied community-based research.

Response:

The Department of Health will continue to develop its relationships with the Université de Moncton and the University of New Brunswick with regard to mental-health-care-research. Significant work has been accomplished in association with University of New Brunswick's Child Health Intervention and Longitudinal Development (CHILD) Studies Program with respect to post-partum depression and early intervention. A prime example of this work is the MOMS (Mothers Offering Mentorship and Support), a study exploring the effect of peer support in improving maternal-infant interactions for mothers with post-partum depression.

The Department of Health will collaborate with the Mental Health Commission of Canada with respect to community-based research, including homelessness as related to mental illness.

The Department of Post-Secondary Education, Training and Labour is working to increase provincial and federal research contributions. For example, two distributed medical programs have been implemented in the province. By applying additional resources, the province may help New Brunswick universities be competitive in obtaining federal tri-council funding to support mental-health-care-research.

The Department of Wellness, Culture and Sport works with the Health and Education Research Group to conduct regular student wellness surveys. These surveys collect data about student mental fitness and resilience as a means to guide program policy and practice.

12. Responding to Aboriginal people

First Nations must have a voice in the treatment and recovery of their members with mental illness. First Nations, alone, have a genuine understanding of the cultural, social, economic and educational backdrop of mental illness and addiction within their communities. The Department of Health will help First Nations provide mental-health-care that reflects Aboriginal culture within their communities. As identified in the Provincial Health Plan, an ongoing priority will be, “the development of structures, processes and opportunities to work with First Nations’ communities and organizations on issues such as health inequalities, barriers to access and the provision of culturally sensitive mental health and addictions services.”

Goal 12.1

Aboriginal people have access to a comprehensive range of culturally safe services

Recommendations

- create an agreement for delivery of mental health services similar to the existing tripartite model delivering child and family services on reserves.
- work with Aboriginal people toward identifying ways for culturally safe services to be delivered on reserves, and for those services available only off reserve to be delivered with cultural competency and appropriate sensitivity.
- improve access to video conferencing, teleforums and other electronic measures to ensure timely assistance when needed.
- ensure Aboriginal input into system planning.

Response:

The provincial government has committed itself to promote a relationship of respect, good faith, and partnership to address the priorities identified by First Nations, including but not limited to mental health and addictions. The Department of Health will continue to work with First Nations to address their concerns.

To this end, it is important that First Nations have input in the management of health care. Each RHA has representation from First Nations on its board of directors. Furthermore, a provincial First Nation health advisory committee has been established to ensure regular consultation takes place between the Department of Health and Aboriginal communities.

Goal 12.2

Aboriginal people have support to address their mental-health needs

Recommendations

- provide technical support and resources to Aboriginal communities to plan and deliver needed services and supports.
- build linkages for communication between services on and off reserves for a seamless system of care.
- continue to target university seats to train Aboriginal mental-health workers.

Response:

The Department of Health will continue to work with First Nations, Aboriginal organizations and the federal government on initiatives that will raise awareness, adapt and integrate mental-health-care-services while respecting the knowledge and traditions of Aboriginal people. For example, the Department of Health is supporting a number of projects under the Aboriginal Health Transition Fund directed at adapting and integrating health-care-services to Aboriginal communities.

The Department of Health will invite Aboriginal communities, Health Canada and the RHAs to participate in a committee to improve communication and service delivery on- and off-reserve.

13. Supporting rural communities

As the Provincial Health Plan notes, New Brunswick must break down the barriers to a system that is sometimes remote from the patients it serves. For many reasons, it is not feasible for persons with mental illness to travel to urban centres to obtain specialized services. Improving or developing community-based resources will improve support to these persons. Offering outreach activities and technological solutions will provide ready access to needed mental-health-care-services.

Goal 13.1

A comprehensive range of services is available in rural communities

Recommendation

- design and implement strategies to strengthen outreach to smaller communities, including consultation models and collaborative approaches.

Response:

Community health centres conduct needs assessments to develop outreach satellite programs. This process will be expanded to address more fully mental-health-care-issues in new community health centres.

The Department of Health is implementing a pilot program for integrated service delivery by 2010. This pilot is a training program for all current health-care providers, particularly those in rural areas without access to specialists. The goal: to enable these professionals to identify mental-health-disorders effectively and to implement appropriate interventions. If this training model is effective, expanding its use may be another way to improve services to persons with mental illness.

The Department of Health is introducing programs that help persons with chronic conditions, including mental illness, in their communities. For example, *My Choices, My Health* is a six-week series of interactive workshops to help participants develop the self-assurance needed to deal effectively with the health-care system, manage day-to-day living, and handle the stress and difficult emotions often associated with having a chronic condition.

The Department of Health's Youth Engagement Initiative, described under Goal 6.2, draws upon collaborative community approaches and a consultative model to involve youth about issues that concern them. Most of the 12 communities targeted by this initiative to date have been in rural areas. Further development will target 10 more communities.

The Department of Wellness, Culture and Sport is supporting the establishment of wellness networks, which will provide opportunities to raise awareness and educate New Brunswickers about the importance of mental fitness and resilience. Wellness networks are formal or informal community or regional initiatives that will increase community awareness, transfer knowledge between stakeholders and leaders, and improve participation in wellness-related initiatives. Nine communities, including several in rural areas, have been identified to advance healthy-living initiatives.

Recommendation

- develop and implement strategies for broadening use of existing telehealth technology, especially for specialty consultants such as child and geriatric psychiatrists.

Response:

The Department of Health will encourage mental-health-care-providers to use technologies such as the Telemental Health to help persons in rural areas who have complex mental illness.

It is difficult to recruit psychiatrists to practice in rural communities. This is why it has been important to develop innovative ways to provide psychiatric expertise to persons in rural areas who have

complex mental illness. One way has been Telemental Health, which uses videoconferencing to deliver specialized health-care services to all parts of the province. As set out in the Provincial Health Plan, the Department of Health is promoting the use of technology to provide a seamless delivery of care across settings such as patients' homes, doctors' offices, hospitals, community mental-health-clinics and public-health offices.

Many locations already have the technology that supports video conferencing to deliver Telemental health care; 23 of these are funded by the Department of Health. The department will encourage mental-health-care-professionals to use this technology as a way to improve their range of services offered. The goal is to improve access to this technology by 2011.

Goal 13.2

Rural communities are empowered to meet their own needs

Recommendations

- provide technical support and seed funding for community-controlled initiatives aimed at promoting mental-health in rural areas.
- explore models and provide training for volunteers (e.g. CMHA Helping Skills program) and paraprofessionals to work in remote communities.

Response:

The Department of Health will continue to work with the Canadian Mental Health Association to support the provision of trained regional community workers. The department will work with the non-governmental sectors to examine peer support specialists and other resources within rural communities access to improve mental-health-care.

14. Enhancing wellness for everyone

The provincial government has undertaken to, “dedicate the resources required to drive a cultural shift toward wellness and healthy living and to empower patients to better manage their own care.” This key initiative in the Self-Sufficiency Action Plan underscores the importance of prevention of illness through a culture of wellness. By nurturing children and families, supporting communities, and engaging resources to prevent illness rather than treat it, the provincial government will ensure that New Brunswickers have the opportunity to lead healthy, productive lives.

The Department of Wellness, Culture and Sport has released an updated four-year wellness strategy with a vision for healthy New Brunswickers who live, learn, work and play in a culture of well-being. The strategy, *Live well, be well. New Brunswick's Wellness Strategy 2009-2013*, focuses on research-based initiatives; values partnerships; supports community development; and promotes healthy lifestyles and policies. The strategy emphasizes improved mental fitness and resilience as a precursor to positive changes in behaviour.

Further, the Department of Wellness, Culture and Sport is the lead department in establishing the Premier's Committee on Healthy Families. This committee will provide the opportunity to bring together individuals, organizations, communities and government departments that work with children, youth, parents and families in order to achieve the goal of becoming a well province with strong, healthy families. Promotion of mental fitness and resilience will be a core component of this effort.

Goal 14.1

A culture of wellness exists across the province

Recommendation

- map existing programs that support mental-health-promotion and mental illness prevention, and build on these strengths to guide future action.

Response:

The RHAs and the Canadian Mental Health Association have already done some work to create an inventory of initiatives and services that support mental health. If resources permit, the Department of Health will work with these partners to undertake a more complete inventory.

Further, the Department of Wellness, Culture and Sport has committed to preparing an inventory of community wellness engagement and mobilization initiatives within 2009-10 in support of further action in this area.

The Department of Health's Youth Engagement Initiative, described under Goal 6.2, also supports the identification of community strengths by the community involved, with the help of a readiness assessment. The communities are focused on how these strengths can be improved to meet youth-led goals and objectives.

Goal 14.2

Communities are empowered to take action on their own behalf

Recommendations

- establish a pilot provincial self-help resource centre, building on models shown to be effective to provide technical support and assistance to self-help groups for the general population and enhance access to groups.
- provide start-up resourcing through seed funding for innovative multi-sectoral community mental-health-initiatives such as youth engagement.

Response:

The Department of Health's youth engagement initiative will continue to mobilize communities through youth-led, adult-supported action addressing issues identified by the community itself. A more complete description of this initiative appears under Goal 6.2

The Department of Wellness, Culture and Sport is supporting the establishment of wellness networks, which enable communities to take action on wellness on their own.

The Department of Health will work with provincial networks to address this recommendation further by supporting self-help resourcing and community mental-health-care-initiatives.

Goal 14.3**The mental health of families and children is valued and nurtured****Recommendation**

- expand capacity to provide a national "Handle with Care" program to train daycare providers in mental-health-promotion for early childhood.

Response:

Social Development's Early Learning and Child Care curriculum addresses issues such as inclusive child care, dealing with difficult behaviours, and the individual child's personality and needs. Handle with Care training would complement the new curriculum as well as the child-care sector's professional development plan. The Department of Health will support this work, led by Social Development. Initiatives to train daycare providers in mental-health-care-issues will be undertaken by 2012.

Recommendation

- increase recognition and early diagnosis for post partum depression by providing information, education and links to existing services.

Response:

The Department of Health will expand its existing partnership with the University of New Brunswick to research and address post-partum depression. The department will offer information, education and links to existing services by 2010.

Goal 14.4**Resources and strategies are in place for prevention****Recommendation**

- continue work already underway for taking a co-ordinated approach to suicide prevention for people at risk, including development of support groups. Invest additional resources in current suicide prevention committees.

Response:

The Department of Wellness, Culture and Sport, through the provincial wellness strategy, supports suicide prevention by raising awareness about mental fitness and resilience as a precursor to achieving positive changes in behaviour. The Department of Health is also committed to maintaining and further developing its suicide prevention initiatives by 2010.

Conclusion

The Standing Senate Committee on Social Affairs, Science and Technology made the following observation in May 2006 when it handed down its report, *Out of the Shadows at Last, Transforming Mental Health, Mental Illness and Addiction Services in Canada*:

“Three key elements that must be part of a transformed mental-health-system: the system must be recovery-oriented and person-centred; it must be predominantly community-based; and it must be integrated across the full continuum of care and across all age groups.”

Transforming the mental-health-care-system requires collaboration among government departments; integration among public and private agencies; co-operation among families and professional service providers; and positive interaction between the individual and the community. Persons experiencing mental illness must be at the centre of this network of systems.

A transformed mental-health-care-system supports these persons as active participants in directing and managing their care as much as possible. Ultimately, treatment is undertaken to achieve recovery. This may only be attained within a culture of wellness, where the focus is on individual strengths and abilities rather than on the illness.

Mental illness, in its prevalence and severity, runs counter to the culture of wellness that the provincial government is trying to establish. Discrimination, abuse, poverty, homelessness, and isolation are contributing factors to the impacts of mental illness. Conversely, access to employment, income, housing and a social network support recovery and resiliency. Indeed, they are critical to successful outcomes for persons with mental illness.

It is essential that the mental fitness and resilience of all New Brunswickers be improved. Once again, individual strengths and abilities must be focused on in order to develop mental fitness and resiliency.

New Brunswick’s mental-health-care-strategy will be built on this holistic view, recognizing the interrelation of government systems, communities, families and, at its core, the person with mental illness. The Department of Health has heard the impassioned response of these stakeholders. This response will be the foundation of a mental-health-care-strategy for New Brunswick.