

Issues and Options

For Engagement Discussions

Leading to a Mental Health Strategy

July 2008

Department of Health

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Introduction

The Provincial Health Plan, 2008-2012, called for a review of the current mental health service system in order to examine its strength and gaps. This review will be conducted by Judge Michael McKee and will take place with the assistance of external expert reviewers and by consulting with New Brunswickers in a variety of ways to hear what they believe works well, what they believe needs to be improved and what they see as being necessary for the future. It is hoped that people can provide their point of view not only on “what” they feel is necessary but can provide suggestions about “how” this might be achieved. It is also hoped that there can be suggestions about what sorts of partnerships between the formal and informal systems work best and what will be required from all partners if there is to be earlier intervention with mental illness and better promotion for mental health.

New Brunswick has been recognized for its efforts in reforming Mental Health Services and is identified as one jurisdiction that has re-engineered its system to have a greater balance between community and in-patient care. These efforts have spanned the time line from the '60s, '70s and '80s, with the most recent changes being the establishment of community mental health centers, and, in 2005, the transfer of mental health service delivery to the Regional Health Authorities. Whether it was the Mental Health Commission in the early '90s or other forms of delivery in those intervening years, the effort was always to improve services for people; services that were available as close to their community as possible and supported by their families and community to the greatest extent possible.

The preamble to the Mental Health Services Act for the Province of New Brunswick speaks to a series of principles that should be the underpinning of any current service delivery as well as any development

that would happen in the future. Without quoting the preamble exactly, the following principles are clearly outlined:

- Promotion of self reliance and lessened dependency on formal care systems
- Support and services located as close as possible to the person's home
- Community services tried before recommending admission to hospital or facility
- Balanced network of institutional and community services
- Families, people living with mental illness and community agencies are valued and important components of mental health care
- Most appropriate and least restrictive treatment followed in the provision of services.

It is worthwhile noting that these principles, while placed in legislation in 1996, are still supported by current evidence and research as better practice in the delivery of mental health services.

While seeking to develop a strategy for the future, it will be important to spend some time gathering information and reflecting the underpinnings or base required for individuals to enjoy good mental health. For each and every person in New Brunswick good mental health is essential. Some individuals will be diagnosed with a serious mental illness and for those people access to appropriate and timely service and support is required to support them in recovery; recovery which supports their involvement in the life of their community. It is important to remember, however, that mental health is not just the absence of a mental health diagnosis. According to the World Health Organization (WHO), it is rather a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

With that definition, it is clear that good mental health is not just the responsibility of a balanced formal service system. Government clearly has a responsibility to ensure that services are available but government cannot and should not do this alone. It is, in fact, a collective responsibility. Development of this strategy will need to examine not only ways in which the formal system can be improved or developed, but should also examine how the community in a collective way can improve the mental health for all its residents. In other words, are there options for strengthening resiliency and ability to cope with the stresses of everyday living that would prevent people from needing to access the formal system?

While it is true that there are many things that are working well in the service system across the age spectrum, there are obviously some things that require improvement and in some cases significant improvement. It is equally true that for some of the issues there may be more than one way to accomplish these improvements. With that in mind, this paper will attempt to categorize some of the issues and present potential options that have been identified from a number of sources previously published either within this province or at a national level. There is no attempt to suggest that the options presented are “written in stone.” They are however an attempt to stimulate discussion and provide a starting point for people and communities to engage in the process of building a plan that government can use as it moves forward. There will be opportunities for various stakeholder groups to meet with Judge McKee during the summer and early fall; a web based consultation framework will be available and accessed through the Department of Health website. As well during November, Judge McKee will visit eight regions of the province and the public will be invited to attend and bring their concerns and suggestions.

The issues and options are presented in a somewhat random order; some have more focus on a particular life stage and some have more focus on larger systemic implications. All issues are grounded in individuals, their families and communities and the need to make certain that people and systems can work together effectively for a positive result.

Issue:

The need to demystify mental health and reduce stigma

One in five people will experience mental illness over their lifetime. That is significant. It is also estimated that up to two-thirds of those people will not seek treatment. Why would that be? The answer is not difficult. Is it because the myth persists that somehow it is OK to have a broken leg but not OK if the mind or spirit is broken? We know the broken leg will heal and that we can recover from a heart attack if treatment is sought early. As a society we are not as clear that the same holds true with mental illness.

Negative attitudes towards mental illness remain widespread throughout society. It is likely that negative perception has a “ripple effect” that touches on many aspects of life. People may delay seeking assistance as there remains the perception that it is somehow more shameful to be diagnosed with a mental illness than it is to be diagnosed with a physical illness. The persistence of this myth may influence individuals to delay treatment until it has reached a point of crisis. The same as with physical illness, earlier intervention may lead to better outcomes.

Stigma may persist in the workplace and people fear that their career path will be influenced if they admit to having a diagnosis of mental illness. Families may not have the information necessary to allow them to check with professionals to determine if there is a treatable mental illness that may be causing their loved one difficulty.

The stigma attached to mental illness can, for some, lead to discrimination and difficulty in many areas of life. People can be left without employment, which may in turn lead to inadequate housing and limited or no access to medication as result of not having adequate income.

Some writers would suggest that the stigma attached to mental illness speaks to attitude and discrimination speaks to behaviour. Both behaviour and attitude do need to change. While both require changing, behaviours can often be managed more easily in the short term with attitudinal change happening over a slightly longer time line.

Is it possible that information campaign targeted to those areas where the most discrimination occurs could provide individuals with information that explains clearly recovery and contributions made by those with a diagnosis of mental illness? The assumption that this will change behaviours would need to be measured and tested.

The management of stress, the development of good life skills, and the development of generally healthy behaviours is necessary for all for both good physical and mental health. It is likely that good physical and good mental health go hand in hand. Is it possible to partner with other agencies both government and community, to sponsor information campaigns aimed at both components? Is it possible that combined initiatives would assist in moving the public perception and altering the stigma attached to mental illness that may not be attached to physical illness in the same way?

In all of our lives the media plays an important role. We listen to the news on television or the radio. We read newspapers either in paper or on line. We watch television shows and attend movies. Is it possible to develop partnerships with media aimed at altering the way that mental illness is portrayed? Is it possible to work with schools of journalism or the visual arts to ensure that new graduates have up to date information that would allow them to speak about mental health and portray mental illness in a realistic fashion?

Issue:

The need for a balanced service system that ensures that individuals can access appropriate services in their community while still having access to more intensive interventions if required

Quoting from a WHO paper produced in 2003:

“In a balanced care model, the focus is on providing services in normal community settings close to the population served, while hospital stays are as brief as possible, promptly arranged and used only when necessary. This balanced interpretation of community based services goes beyond the rhetoric about whether hospital care or community care is better, and instead encourages consideration of what blend of approaches is best suited to a particular area at a particular time.”

In the Province of New Brunswick there has been, over the last number of years, a substantive move to ensure that as many services as possible are available to individuals in the community. As well there has been some focus on ensuring access to inpatient service through the Regional Health Authorities.

While New Brunswick has made progress in this area of a balanced system, there is still room for continued improvement. Waiting lists for therapeutic services across all age groups are common in most areas of the province; individuals with mental illness showing up in emergency rooms across the province may still wait for long periods of time before seeing anyone; there are deficits in housing and income that make it difficult for people to live and contribute fully in their community; there are youth and adults who are ending up in the criminal courts for a variety of reasons.

Many different service delivery models can achieve the outcomes for people inherent in a balanced system. Given that New Brunswick has a large rural population it is still an unanswered question around the mix of services available from urban to rural. Does New Brunswick have the “right” range of service options available? Is there active rehabilitation in

the community? Research and experience suggest that both community based services and inpatient services must be accessible, appropriate, timely, the least restrictive possible and achieve good outcomes.

Services provided to individuals as close as possible to their own communities take full advantage of existing family and community supports. They allow individuals to work towards and maintain their recovery close to those who care about them. Some would suggest that by having people with mental illness living, working and contributing in their local communities, some progress is made towards demystifying mental illness.

Children and Youth

In New Brunswick, pre-school screening is available and there are some early intervention services for at-risk children and families. While this is true it is not as clear that all the supports necessary to help families develop strong and healthy relationships are in place. In other words, is it possible to do a better job once children and families have been identified if we start early and continue to work with and support them throughout the childhood years? Is it likely that providing families with the supports needed earlier in the process will lead to better outcomes with healthier and more supportive family relationships; outcomes that might allow for children to remain with their families throughout their child and adolescent years? Would this early and consistent support for families even for “less complex circumstances” decrease the need for out of home placements in adolescent years?

Some children will not be identified as requiring supports and/or intervention until they reach school age. Is there a need to reinforce the roles of school based teams in identifying and supporting children and youth within the school system? This should include early access to appropriate intervention once identified. In the province there is a process in place whereby many of the most severe behaviours are identified either by the school system or by parents/ community. The identification and the therapeutic intervention is certainly an important part of the process but with children unless there is significant

investment in the family dynamic, the outcome may not be as positive as it could be. Present experience can find parents unable to cope by the time the child reaches adolescence. Is it possible that by improving access to services for the entire family there would be increased capacity for children and adolescents to remain in their home with fewer long term problems?

Is it possible that a component of “demystifying mental illness” could be included in health curricula within the school system? Information given at an early age as part of the regular health curriculum could give a younger audience information that would allow them to view mental illness in much the same way as physical illness is now viewed.in other words is this a way to level the playing field?

Currently in New Brunswick there is some experience whereby government departments come together with the express purpose of finding ways to meet the need of those young people with the most complex needs. In this instance the focus is more on the individual and a bit less on the mandate of the various departments. Is it possible that this way of focusing on the individual for “complex cases” that is currently used by partners in the formal system could be expanded to include all “clients” irrespective of which door in the system that the client enters? The child (individual) is the focus of the intervention and departmental loyalties and budget concerns are put aside in the short term. The resources required are available from the necessary parts of the formal service system to support the intervention goals. Expanding this way of working would call for a re-thinking of how available resources are allocated and managed including the valid departmental concerns about responsibility for expenditure of public dollars.

The recent *Connecting the Dots* report from the Child and Youth Advocate speaks to gaps in the service system for some children and provides suggestions for improvements. . . . suggestions that reinforce the role of the family. Government has, since the release of that report, begun work in a number of areas but it is likely that there are many improvements yet to be made.

For many there is a relatively smooth transition from the service system that works with them when they are children and youth to a service system that meets their needs as adults. For others often with more complex needs and especially where family relationships have not been able to be preserved, there can be situations where individuals are left without adequate income or housing. The lack in these areas has a significant role to play in the breakdown of any therapeutic services. Is it possible that additional resources in this “gap” would ensure a smoother transition for all? Would continuity of service when required result in better outcomes? As this transition point has been identified by many as a “gap”, it is likely that there would be a requirement for some additional resources especially in the short to medium term.

Adults

For each of us the potential to develop difficulties in one area of our life is very real, whether in the area of relationships, work, or the ability to manage stress.

Is it possible to develop and deliver information sessions for front line medical practitioners that give them the tools and information that will allow them to support and intervene appropriately with individuals presenting to them at their practice or in emergency room settings? For most people in the province there is already a relationship in place with their family doctor. It would seem that building on this relationship and supporting practitioners to work with a person already known would allow for easier and earlier access for many. It is likely that this might call for some changes in funding arrangements for physicians as the current arrangement may not allow for the time required to work with mental health issues. It is also possible that there will need to be better and timelier access to specialized resources.

In conjunction with equipping front line professionals differently, it may be helpful to put in place programs that are visible and accessible and that support people in understanding and managing wherever possible their own recovery. Each of us at any point in time may by virtue of circumstances in our life be in a position where we are unable to

cope. For many of us, if there is an understanding about “where” to go and “how” to move forward we can take advantage and move to recovery. Many communities and community groups are already involved in these types of initiatives but it is likely that this type of partnering between the formal and informal systems could continue to be beneficial.

Equally important are those instances where the challenges are more complex and require very specific and sometimes intensive interventions. In these circumstances it is vital to ensure that there is access to the services required in the community as well as access to in-patient resources in a timely way. Waiting times for services continue to be a difficulty faced by individuals attempting to access service through community centers. While there may be creative solutions in various parts of the formal system that begin to address some of these issues and for certain these should be shared; it is likely that some additional resources at the front door may be required.

Families play an important role in all of our lives. This may be even truer for many people who have been diagnosed with a mental illness. It is important to encourage the involvement of family and natural supports to enhance individual recovery. In the case of children, the active involvement of parents in the intervention and treatment of their child is crucial and is not questioned based upon age. Beginning in the teen years however, it may become a bit less clear “how” families are to be involved. There is the presumption that as an adult the individual can assume responsibility for their own treatment. Families in many instances continue to have active involvement in supporting the adult child/brother/sister/ father/ mother in recovery. How families are supported and involved throughout the life cycle is an important question and needs to be answered.

While families are often vital components to maintaining recovery connection to community, connection with friends and peers is vital for each of us whether we have a diagnosis of mental illness or not. It is important to continue and possibly enhance the capacity of communities to develop peer support groups. Such groups while providing an important opportunity for recreation and socialization for the individual are also an important support to families.

Communities and individuals within communities, while well intended, may not have either time or skill in developing the connections required for community support. Enhanced funding for community workers could assist in education as well as connecting individuals with resources in their local communities. Communities who have been successful in developing education programs, building support systems and linking individuals to informal supports and services have usually had the benefit of an individual to ensure that all the links are made. The links ensure that the “right people” with the “right interest/skills” are found and connected either to the individual or the group. There has been some experience with this and while it is intuitive that is useful, it would be important to identify the success factors and outcomes for individuals.

While focusing on developing and supporting a range of options within the community whether formal or informal, it is crucial to ensure that in-patient service is available and accessible when needed. Ensuring that hospitals are well linked to community resources and that the appropriate links are made with families and community resources could assist in helping people to have the “right service” at the ‘right time”, and that no more time than is absolutely necessary is spent at an in-patient setting. The return of the individual to their family and natural supports is and should continue to be the goal of in-patient psychiatric units.

On the same note, it is vital to ensure that there are adequate tertiary care services available to support the psychiatric units in regional hospitals. With strong community based systems and good in patient psychiatric units in regional hospitals, the majority of individuals will receive the care and support they require. For some however, there will continue to be a requirement for specialized tertiary services. There would undoubtedly be questions about where and how the overall pool of resources would be allocated and these would need to be addressed.

Seniors

The average life expectancy of Canadians is close to 80 years. This increase in lifespan when combined with a declining birth rate, means that those

individuals aged 65 and over make up an increasing percentage of our total population. This age group has the same 20 per cent of individuals living with mental illness as other age categories. As individuals living with mental illness are becoming older they will likely develop the same general health issues as their peers. Mental illness for older adults is not just about Alzheimer’s and dementia; it is far more complex.

As senior adults make up an increasing percentage of the population it is important that some thought be given to their unique needs. How will we ensure that there is a mix of services and supports that meet these unique needs? Will there need to be some re-thinking and recognition that within the seniors’ demographic there is a range of needs? While it is true that the average lifespan is 80 years there are many who live well into their 90s. The difference in “need” between a 65-year-old and a 95-year-old adult could be as significant as the difference between a 35-year-old and a 65-year-old adult. It is likely that a system of service delivery and support will need to give some consideration to those differences.

As with other health issues where options that support people living in the community are being developed and funded, it will be important to find ways to support seniors living with mental illness in the community. It will also be important to remember that some of these individuals may have been somewhat more vulnerable through their earlier life due to their illness, so it will be necessary not to leave significant gaps in their support and services simply because they have reached a certain age.

Seniors as with other age groups cannot be categorized as having the same needs simply because they have reached the age of 65 years. As more people are living longer with more complex needs whether due to physical or mental illness, the same mix of service and support options as the general population will need to be in place. As more and more people are living longer, is it likely that that more attention will need to be devoted to exploring how to best meet the needs of this growing segment of the population? Will there be a need for more knowledge about what mix of service and support has the best outcomes in this age range?

Issue:

Funding for services required by individuals is often managed by different government departments.

There has been much written about the need for government departments to work more closely together to ensure that government services required by people with mental illness are better coordinated and actually assist people in their recovery. While the recent report entitled *Connecting the Dots* makes recommendations with respect to younger people, the same issues are often present with individuals regardless of their age. Individuals in all systems have recognized this as problematic and in some instances have taken steps where the most severe problems are subject to protocols whereby solutions are found and funded from interdepartmental resources.

Expanding this interdepartmental process or finding another mechanism to include any individual who is identified as having needs that fall within the mandate of another government department may provide some relief in this area. Inherent in this way of doing business is the placement of the individual and their needs at the center of the circle with departmental mandate becoming a secondary consideration. There is a likelihood this might be somewhat more labour intensive in the early stages; it is more than likely that it would result in better outcomes for individuals. Investing time and resources earlier in the process of supporting people and their recovery may make sense from both a quality of life and economic perspective. There would need to be consideration given to the “how” of tracking and managing funding for various departments who are currently responsible for their own budget allocation. Is it possible to create a joint fund that could be accessed and tracked based upon the numbers of times interdepartmental protocols were activated? What sorts of mechanisms would need to be in place to track outcomes for individuals?

Issue:

Criminalization of mental illness

Even with a balanced system in place, with adequate support it is still likely that some individuals will enter the “formal door” through the justice system. For these individuals there is an exceptionally strong requirement irrespective of age that identification and treatment occur. It is no longer acceptable that people end up in jail without treatment only to be released back into a recurring cycle.

While there are good initiatives under way there are still people who break the law primarily due to a mental illness, who are arrested, tried, found guilty, sentenced to time in a correctional facility and return to the community only to repeat the cycle.

Issues around sharing of information, early access to diagnosis and treatment, treatment follow up and support will all need to be addressed. In the longer term better access and earlier intervention should in fact decrease numbers in this target group but shorter term solutions are essential. All parts of the formal and informal system will have a role to play. New and creative partnerships can and should be developed. Increased collaboration and problem solving between all parts of the justice system as well as the formal mental health system will be a starting point. It is also extremely likely that this area will require the addition of resources to meet the challenge.

Conclusion



Mental health is more than the absence of illness. It is the state of well-being, of feeling well, of having relationships that are positive and supportive, of having income that will provide for the necessities of life, of having a place to live and of feeling part of a community. When thinking about the requirements for a mental health strategy, it is important that consideration be given to all the components that support good mental health.

For individuals who have been diagnosed with a mental illness, as with a physical illness, there is a need for adequate housing, a need to have a job and adequate income and for many a need for appropriate ongoing medication. It still happens that people are discharged from a treatment setting without the means to pay for the medication necessary to their ongoing recovery. A systemic approach by all partners where information is shared, where it is incumbent upon the discharge system to ensure that connections are made for individuals would go a long distance in helping individuals continue their recovery. A system whereby it is incumbent to determine that the individual has a place to go ; a system that encourages and supports individuals with community connections and assistance finding a job will help people remain in the community in a healthy state.

The determinants of health such as education, housing, adequate income, social supports are important for both physical and mental health. As New Brunswickers become engaged in charting the future of mental health services, it will be important to remember that there is a spectrum that requires discussion and consideration. That spectrum for discussion should include how to support good mental health for the population at large starting with young children and their families. It should consider how early identification can happen and how early intervention can occur regardless of the age and stage of life. It should consider how to have a balanced treatment system that ensures that individuals in need can access in a timely way

the intervention and support they need. It should find ways to make certain that people regardless of their age do not “fall through the cracks” between different parts of the formal system; that formal systems and government departments find solutions to the difficulty of overlapping mandates that has such a negative impact on real people. The discussion should focus on the economic impact of untreated mental illness. While challenging financially, it may make sense from both a human and an economic perspective to allocate more resources to prevention and early intervention in order to create a sustainable and balanced system.

Citizens from all parts of the province and all walks of life will have experiences and suggestions that can help make for a better mental health system in the future- one that aims at promotion of good mental health and prevention of mental illness if possible; one that supports early intervention; one that has treatment resources available in a timely way across the life cycle; one that supports people in the community and ensures that they have a place to live; that they have adequate income; that they have work and social opportunities. Government does have responsibility for much of what is required for a good system, however government cannot do this alone.

Good mental health is everyone’s responsibility. Everyone has the chance to engage in the process of building a vision for the future as well as being part of making it happen!