

Progress Report

The Action Plan for Mental Health in New Brunswick 2011-2018



Progress Report: *The Action Plan for Mental Health in New Brunswick 2011-2018*

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The government of New Brunswick released *The Action Plan for Mental Health 2011-2018* during national Mental Health week in May 2011. The Action Plan was a result of the extensive public consultation that had been undertaken by Judge Michael McKee as well as contributions from a large stakeholder committee and other government departments.

The following is a progress report of activities as of January 1, 2013 that have been undertaken by the Department of Health and the regional health authorities as well as those activities that have been lead by various other government departments. This progress report will outline specific details of the progress within the first two years on the Action Items as they are listed in the plan.

NOTE: Since the release of the *Action Plan for Mental Health 2011-2018*, there have been departmental name changes which include: Education changed to Education and Early Childhood Development; Wellness, Culture and Sport changed to Healthy and Inclusive Communities.

GOAL 1 TRANSFORMING SERVICE DELIVERY THROUGH COLLABORATION

Action Item

- 1.1.1 Establish a deputy ministerial committee representing all relevant government departments to provide oversight in the implementation of this strategy.

STATUS

This Action Item was included in the Action Plan for Mental Health to provide oversight and accountability. Meetings occur twice per year for the duration of the action plan. Departmental commitment charts have been developed and specific commitments and actions are identified. Departments continue to be involved as the action plan becomes a reality over the seven years of implementation. A directors group from the participating departments of Education and Early Childhood Development; Post-Secondary Education, Training and Labour; Public Safety; Social Development; Healthy and Inclusive Communities; and Justice and Attorney General is in place and responsible for continued progress on the identified Action Items in the plan. The Action Plan for Mental Health is an “all of Government” approach to advancing the mental well-being of all New Brunswickers.

Action Item

- 1.1.6 Department of Health will implement early psychosis intervention services provincially.

STATUS

As part of the government’s efforts to transform the system to be responsive to individual and community needs in as timely a manner as possible, \$480,000 was committed by the Department of Health in 2011-12 for the implementation of early psychosis services in Moncton, Saint John, Edmundston and Miramichi.

These services focus on the timely treatment of clients who are coping with their first episode of psychotic illness and their families. The goal of treatment is early intervention, rehabilitation, prevention of relapse, and integration so clients may experience the best possible quality of life.

Early psychosis services guidelines have been produced in French and English in partnership with the regional health authorities (RHAs). Department of Health indicators have been chosen to monitor service performance. Methods used to capture these indicators are being developed at present. These indicators will monitor timely access to services as well as active engagement of clients and their families or significant others throughout their treatment.

By 2014, 100 young adults will receive early psychosis intervention services in New Brunswick.

Action Item

- 1.2.1 The Department of Health will participate in the work of the Economic and Social Inclusion Corporation to ensure challenges faced by persons living with mental illness with respect to housing and income are considered in policy development.

STATUS

Overcoming Poverty Together: New Brunswick's Economic and Social Inclusion Plan recognizes that reducing poverty in New Brunswick is the shared responsibility of people living in poverty and the non-profit, business and government sectors. In October 2012, responsibility for the Economic and Social Inclusion Corporation transferred from Department of Social Development to the Department of Healthy and Inclusive Communities.

Those experiencing serious mental illness are often impacted negatively by issues of housing, employment and poverty. The Department of Health is actively engaged in the work of the Economic and Social Inclusion Corporation and its associated regional networks to ensure a voice for those who live with mental illness.

Action Item

- 1.2.2 The regional health authorities will participate in community economic and social inclusion networks, established at the local level, and composed of representatives of people living in poverty, non-profit, business and government sectors.

STATUS

The contacts of regionally based social and economic inclusion networks have been shared with the directors of Addiction and Mental Health in both RHAs. Presentations and meetings between the network and regional leadership are on-going.

Action Item

- 1.2.3 The Department of Health will participate in the Housing and Homelessness Strategy and advise of challenges specific to persons facing mental illness.

STATUS

Forty percent of homeless individuals struggle with addictions and/or mental health issues.

The Department of Health is an active participant on the Department of Social Development's Housing and Homelessness committee and has contributed to the work plan and the development of the strategy.

A report card has been developed for New Brunswick with respect to the Homelessness Partnering Strategy. This report card focuses on the designated communities of Fredericton, Saint John, Moncton and Bathurst. Shelter data is being collected in order to assist with how to best intervene with the population.

Action Item

- 1.2.4 The Department of Health will collaborate with the Department of Social Development in developing a renewed social assistance system as it relates to clients with special needs or disability.

STATUS

The Department of Social Development is working with the Economic and Social Inclusion Corporation (ESIC) Advisory Committee on Social Assistance Reform for the development of a renewed income and service delivery system to support low income New Brunswickers, including persons with disabilities.

Action Item

1.3.0 Ensuring appropriate response to individuals with a mental illness who are in conflict with the law.

STATUS

In May 2012, a Healing to Wellness Court was established in Elsipogtog First Nation. This initiative was led by Elsipogtog First Nation and the Department of Justice and Attorney General in partnership with other departments and agencies such as the Department of Health, the Department of Public Safety, the Aboriginal Affairs Secretariat, Public Prosecution Service of Canada, the RCMP and the NB Legal Aid Services Commission. The pilot project incorporates First Nations practices and culture, and deals not only with crime, but its underlying causes. The Healing to Wellness Court is a judicially supervised therapeutic program aimed at providing treatment and support for individuals living with an addiction to alcohol or drugs, mental health problems, and/or an intellectual disability including but not limited to Fetal Alcohol Spectrum Disorder (FASD).

Action Item

1.3.1 Ensure that the departments of Health and Public Safety develop policies and protocols for delivery of mental health-care services in the provincial correctional system.

STATUS

The government recognizes that all members of the province, regardless of circumstances, are citizens of the province and entitled to equitable standards of health care, including mental health. Offenders are one segment of the larger general community and cannot be overlooked. Efforts are underway between the departments of Public Safety and Health to identify opportunities to integrate community mental health practices with best practices identified in the Corrections system. The Mental Health Strategy for Canada (evidence based practices for the treatment of incarcerated offenders with mental health and substance abuse problems) will assist with laying down the foundation for partnerships around the province.

Action Item

1.3.2 The Department of Public Safety, in partnership with other justice partners, will lead in the development of pre-charge diversion protocols and interventions for young persons and adults with mental illness so as to avoid criminal charges while ensuring a balance between accountability and receiving the appropriate mental health-care interventions.

STATUS

More than 40 percent of incarcerated adult offenders suffer from some form of mental illness. As part of a larger government commitment to enhancing the provincial Alternative Measures/Extrajudicial sanctions programs for adults and youth respectively, a working group has been meeting regularly to develop a model (one for youth and another for adults) that ensures offenders with mental illness are being screened and, if needed, assessed as early as possible in the justice system, and appropriately diverted to meaningful interventions. The results of diversion measures being the least intrusive corrective remedy that continues to ensure public safety. The goal is to have these models in place by fiscal year 2013-14.

Action Item

1.3.3. Department of Health will provide community-based resources to promote alternative measures for sentencing for youth experiencing mental illness, as well as residential options for youth with a non-criminal designation from the courts.

STATUS

Over the past several years, New Brunswick has experienced an increase number of youth who have been assessed and designated with a not criminally responsible (NCR) disposition. The designation of not criminally

responsible is a decision by court that the person who committed the crime did not understand the nature of his or her actions and/or that they were wrong at the time of the crime. This is also called the “mental disorder defense”.

A lack of appropriate residential and treatment options have contributed to the inappropriate placement of these youth. The Province of New Brunswick is currently working toward building more children and youth focused residential options in our province. This task has been highlighted and identified as a need by the Child and Youth Advocate through numerous reports. Government departments involved in developing appropriate resources include: Social Development, Public Safety, Justice and Attorney General, Education and Early Childhood Development and Health.

In 2011-12, \$400,000 was committed to develop community-based beds for youth that have an NCR designation in New Brunswick. The support and clinical staff at Pierre Caissie Centre in Moncton have been trained to expand their ability to work with this youth population. Construction has occurred to create the space necessary to allow for enhanced services for this population and admission criteria have been developed. Files for all youth under the age of 19 with an NCR designation have been reviewed for planned admissions to the Pierre Caissie Centre. The first NCR youth was admitted in February 2012 and since that time, four youth have been admitted to the NCR program, thus creating a closer to community based response.

Efforts are underway to further develop community capacity for this clientele, as close to home as possible. Better use of tools like mandatory case conferencing will be reintroduced to ensure that all community stakeholders are working collaboratively in the best interest of our youth.

Action Item

- 1.3.4 The Department of Public Safety, as part of a national correctional mental health-care strategy, will enhance case management, case planning and improve information sharing for offenders with mental illness by adopting best practices in the areas of screening and assessment of mental illness, intervention and discharge planning.

STATUS

The government is strongly committed to continuously improving our services to the public and the clients we are mandated to serve, including correctional clients under community supervision and incarcerated in provincial correctional facilities. As part of this commitment, the government is actively engaged in the development and implementation of a five-year Mental Health Strategy for Corrections in Canada which reflects best practices and standards in the treatment of correctional clients with serious mental health and substance abuse problems. The first year has focused on in-depth reviews of best practices in several different areas such as screening and assessment of offenders for mental health problems, suicide and self injury prevention and intervention, prevalence data and data collection, discharge planning, transitional supports, staff training and staff support. Consultation with key stakeholders continues as a result of these reviews.

Action Item

- 1.4.3 The Prescription Drug Program will offer greater support to providers in completing the necessary information for New Brunswick Prescription Drug Program formulary drugs requiring special authorization.

STATUS

The New Brunswick Prescription Drug Program (NBPDP) has developed and posted on its website a standard special authorization (SA) request form to assist prescribers in providing the necessary information. NBPDP has also changed its policy to allow pharmacists to submit SA requests as a support option for physicians. The program continues to seek ways to facilitate the special authorization process on an ongoing basis.

GOAL 2 REALIZING POTENTIAL THROUGH AN INDIVIDUALIZED APPROACH

Action Item

- 2.1.1 The Department of Health will support the implementation of service approaches that reinforce the adoption of a recovery model in community mental health-care centres and within psychiatric facilities.

STATUS

To lay the foundation to moving toward a recovery model of care, the Department of Health in partnership with the regional health authorities has released program guidelines called *Change Vision: Helping People in Their Recovery Journey*.

The Department of Health is in the process of planning for the recovery model to be implemented in community mental health-care centres and within psychiatric facilities and addiction services.

A recovery coordinator has been hired by the Department of Health and is working with a University consultant to develop a work plan that enables this process to move forward. A planning session involving the Department of Health and the regional health authorities' key leaders was held on November 15-16, 2012.

Content of this planning session included training of front line staff to begin in 2013 and subsequent training to persons with lived experience and community partners. It is proposed that basic training activities will occur across the province, with an initial focus in two demonstration sites (one in each health authority) where small scale, achievable projects will be used to advance the recovery concept.

Work is being undertaken with McGill University and l'Université de Moncton for a potential collaborative research project to evaluate the impact of a recovery approach on clinical outcomes in New Brunswick and Québec.

Action Item

- 2.3.2 The Department of Health will assist the regional health authorities in establishing mental health community advisory committees in all health zones.

STATUS

Community advisory committees exist to provide feedback to the RHAs regarding Addictions and Mental Health services at the local level within the RHAs 7 health zones. Community advisory committees have been discussed at joint leadership meetings between the RHAs and the Department of Health. The RHAs support the concept of community advisory committees and have drafted a common terms of reference for use by new and existing committees around the province.

Action Item

- 2.3.3 The Department of Health will work with the regional health authorities to implement client satisfaction surveys to evaluate mental health-care services.

STATUS

Preliminary preparation work has been done with the RHA's on the client satisfaction survey which is targeted for March 2013, following delivery of a stakeholder satisfaction survey in November 2012.

GOAL 3 RESPONDING TO DIVERSITY

Action Item

3.1.4 The Department of Health and the regional health authorities will include Aboriginal communities in designing, defining and implementing mental health-care programs for Aboriginal people.

STATUS

A committee of representatives from the Department of Health, the RHA's and First Nations has been established and met November 5, 2012. Terms of reference were reviewed and revised; meetings have been scheduled and are ongoing in 2013 to develop concrete actions and deliverables for First Nation population in New Brunswick.

Action Item

3.2.1 The departments of Education, Health, Social Development and Public Safety are developing an integrated service delivery model that will address five core service delivery needs of children and youth: educational; physical; emotional/behavioral; addiction/mental health; and familial. This will create another tier of service to provide more timely response to children's mental health-care needs.

STATUS

The departments of Education and Early Childhood Development, Health, Social Development and Public Safety concluded an intergovernmental agreement on the integrated service delivery (ISD) conceptual framework. Two demonstration sites were launched in 2011. The Anglophone site is located in Charlotte County and the Francophone site is located on the Acadian Peninsula. In order to ensure the efficient operation of the integrated service delivery framework, staff members along with other major partners have received training and continuing professional development.

The departments of Health, Education and Early Childhood Development, Social Development and Public Safety are also working to better integrate their services to youth. ISD is designed to promote the positive development of children and youth; to enhance system integration and system efficiencies; to enhance client access to needed services in a timely manner; and to address effectively the emotional/behavioural needs of children/youth and their families. This change in service delivery model for children and youth will allow for earlier, more timely and efficient service delivery that should prevent the intrusive measures of the justice system.

As of October 2012, 850 children and youth had received services through the two ISD child and youth teams. The wait list for Addiction and Mental Health services at the two sites have been virtually eliminated with substantial reduction for educational assessments, thus ensuring timely access for the child and youth population.

Action Item

3.2.2 The Department of Social Development, in partnership with the departments of Education and Early Childhood Development, Health and Public Safety, will close service gaps, including housing services for youths 16 to 18, by developing a new multidisciplinary service delivery model for youth-at-risk.

STATUS

In September 2010, the *Family Services Act* and associated Regulations were amended in order to extend Child Protection and Family Enhancement services and programs to any individual under the age of 19. In May 2012, an Integrated Youth Services working group was established with the mandate to propose detailed options for providing services to youth aged 16-18 within an integrated service delivery model. The desired result is to propose any required changes to policies, procedures and programs within Children's Services, Income Support, Housing and at Screening and Needs Assessment to ensure that youth are served with a holistic and integrated

approach. This work will complement the ISD model. The Department of Social Development continues to work closely with partner departments who share responsibility for the well-being of New Brunswick youth.

Action Item

3.2.4 The Department of Social Development will increase the number of seniors' day activity centres and resource centres.

STATUS

Through the Senior and Healthy Aging Secretariat, the Department of Social Development has been providing funding and support for the maintenance and support of new Community Resources Centres for Seniors in Moncton, Dieppe, Saint John, Campbellton, Caraquet, Edmundston and Fredericton. Day activity services for Seniors have also been expanded to the Bathurst region and the Campbellton region. In October 2012, responsibility for the Senior and Healthy Aging Secretariat transferred from Department of Social Development to Department of Healthy and Inclusive Communities.

Action Item

3.2.5 The Department of Social Development will collaborate with New Brunswick Home Support Association to develop a strategy to recruit, train and retain home support workers.

STATUS

The New Brunswick Home Support Association, in collaboration with the Department of Social Development and the Department of Post-Secondary Education, Training and Labour has finalized work on a training curriculum for home support employees. These recommendations have been reviewed by the Department of Social Development and an implementation plan has been developed. In addition, the provincial special care home associations and the Home Support Association are currently working with the Department of Post-Secondary Education, Training and Labour on Workplace Essential Skills (WES) training for their workers.

GOAL 4 COLLABORATING AND BELONGING: FAMILY, WORKPLACE AND COMMUNITY

Action Item

4.1.2 Guidelines for access to community mental health centre services will be revised to reflect the recovery model and include the role of families in treatment plans.

STATUS

In preparation for the development of the Mental Health Action Plan, the operations of all New Brunswick's community-based mental health centres were reviewed. This review resulted in recommendations in the areas of: service delivery; human resources; information technology; planning and policy, and knowledge exchange.

Over the past two years committees have been established to extensively examine these matters. As a result, it is proposed that program delivery in community mental health be more focused on a recovery model of care using multidisciplinary teams. This program redesign is now being vetted through the various levels of the Addiction and Mental Health system within the RHAs.

The RHAs are also working on quality improvement of the intake and admissions process for community mental health to allow for the changes necessary to move to a more recovery focused care model. The release of the program guidelines have prompted the regional health authorities to begin the process of information sharing with staff and key stakeholders to ensure inclusion. These guidelines have also formed the foundation for

the training that is scheduled with all Addiction and Mental Health staff to ensure a smooth transition into a recovery model of care.

Action Item

- 4.2.2 Through social assistance reform, the Department of Social Development in collaboration with the Department of Post-Secondary Education, Training and Labour will review policies and interventions to address education, training and employment.

STATUS

A joint committee of officials from the Department of Social Development and the Department of Post Secondary Education, Training and Labour has reviewed existing processes within employment counseling and career development services and programs and has developed a number of joint initiatives in this area.

Action Item

- 4.2.3 The departments of Public Safety and Post Secondary Education, Training and Labour will be reviewing programs and developing strategies and interventions to assist in the further development of educational and vocational needs of incarcerated offenders and those under community supervision.

STATUS

It is widely understood that the measure of a community's— and by extension, a province's— health and prosperity is determined by the health and prosperity of its citizens. In communities where members are not economically and socially engaged, communities suffer. Unhealthy, non prosperous and unengaged communities involve a number of issues and concerns, not the least of which is public safety. Research is clear that criminal behavior involves a complex interplay of many factors, including such problems as lack of viable employment, low education and under achievement, unstable finances, a dependence on social assistance benefits. To that end, the government has introduced both educational upgrading and essential skills training at all of the adult correctional facilities. Successes over this past year have been marked by several people obtaining Grade 12 equivalencies, literacy awards presented to offenders, mentorship and apprenticeship opportunities in the trades for some upon release from incarceration. Apprenticeship opportunities are also being advanced through regular information sessions at all correctional facilities. The government is committed to further enhancing educational, vocational and employment opportunities for under represented populations, including offenders.

Action Item

- 4.3.3 The Department of Health will promote awareness of the 26 activity centres through its web site.

STATUS

Activity centres are located throughout the province, operated by, and for, persons living with mental illness. Activity centres have a focus on prevention and promotion offering a variety of self-help programs based on local needs and interests. These centres promote community integration by providing social, vocational, recreational and advocacy activities, helping people gain independence by means of peer support, education, and mutual aid.

Activity centre sites and contact information have been listed on the Department of Health web site in order to raise their profile and promote their value. The web mock-up was a joint partnership with the New Brunswick Mental Health Activity Centre Association.

GOAL 5 ENHANCING KNOWLEDGE

Action Item

5.4.2 The Department of Education will offer mental health programming to educators. This will focus on knowledge, communication and understanding about mental illness.

STATUS

The Department of Education and Early Childhood Education has offered various resources to the school districts so they can make their staff more aware of mental illness. These resources include *Ça tourne dans ma tête*, a film directed by Louiselle Noël; *Enseigner aux élèves atteints de troubles de santé mentale*, an educational resource from Chenelière Éducation; *Quand ça ne va pas*, a guide prepared by the Canadian Psychiatric Research Foundation; and *Le milieu scolaire comme terrain propice à la promotion de la santé mentale positive : meilleures pratiques et perspectives*, a publication of the Joint Consortium for School Health (Francophone sector). Educators were provided the opportunity to take part in a summer institute on mental health awareness. Facilitators from the Canadian Mental Health Association presented the *Changing Minds* curriculum. School system stakeholders participated in mental health training workshops offered by l'université de Moncton and Mount Allison University.

The department provides annual training for school and district staff on suicide prevention and intervention. Moreover, staff received professional development on Violence-Threat Risk Assessment. This protocol may involve interventions for students with mental health concerns.

During 2012, the *Strengthening Inclusion, Strengthening Schools* report on inclusive education was submitted to the Department of Education and Early Childhood Development. Input was gathered from fifty-five schools (Anglophone and Francophone) in addition to numerous partners and stakeholders. In the report, Dr Gordon Porter and Dr Angèle Aucoin recommended that there be an increase in support services to education with a view to better meet the needs of K-12 students with psychosocial and behavioral disorders.

In addition, Drs Porter and Aucoin recommend that “the Department of Education and Early Childhood Development and partners in education should establish a provincial strategic initiative on mental health. The departments of Health and Social Development would be essential partners in this effort. This initiative should define a common vision of mental health for students and address the need for coaching and mentoring for school personnel: they should be informed and trained on mental health issues that are related to effective classroom practices and the maintenance of a positive learning environment.”

Action Item

5.4.4 The Department of Public Safety will pursue discussions with PETL and various community colleges to deliver the Correctional Services of Canada Mental Health Training program as part of the core curriculum for police officers, correctional officers, youth care workers and those planning on pursuing other criminal justice careers such as sheriff deputies.

STATUS

Recognizing that youth care workers, police officers and others working in the criminal justice system require certain competencies and skills essential when interacting with offenders, the government is committed to fully participating with PETL and NB Community College in identifying and overseeing the development of specific curriculum to meet their evolving needs. Mental health training was one very important example, and there is agreement that the training offered through NBCC meets our needs.

GOAL 6 REDUCING STIGMA BY ENHANCING AWARENESS

Action Item

- 6.2.1 The Department of Education will work with the Provincial Curriculum Advisory Committee to reduce stigma and promote positive mental health outcomes in curricula.

STATUS

The Provincial Curriculum Advisory Committee has approved *Wellness through Physical Education 110* offered to high school students (Anglophone schools). This curriculum promotes positive mental health outcomes. The Comité consultatif provincial des programmes d'études has also approved the optional course *Mieux-être* for students in Grade 11 or 12 (Francophone schools). The course was developed entirely in line with the *New Brunswick's Wellness Strategy*. It therefore includes a whole section on mental health that emphasizes skills, belonging and resiliency, as well as the capacity for adjustment.

Action Item

- 6.2.4 The Department of Health will promote inclusion in the business context by seeking business representation on the Mental Health Services Advisory Committee, and it will encourage the regional health authorities to do so as well through the community advisory committees.

STATUS

Under the *Mental Health Services Act*, the Mental Health Services Advisory Committee exists to advise the Minister of Health on mental health and related services. It has representation from the public at large as well as interest groups and professional associations. Work is currently underway to seek representation from the business community on the committee.

In addition, Community Health Advisory Committees exist to provide feedback to the RHAs at the local level within the seven zones. The department has encouraged RHAs to seek business representation as part of committee membership and RHAs have included such representation within a draft terms of reference for these committees.

GOAL 7 IMPROVING THE MENTAL HEALTH OF THE POPULATION

Action Item

- 7.1.2 The Department of Health will further develop its suicide prevention initiatives, including improvements to community partnerships with suicide prevention committees.

STATUS

As a mechanism to ensure that local suicide prevention committees are truly inclusive, there are targeted efforts being made to ensure that New Brunswickers impacted by suicide have a representative voice. New Brunswick's regional suicide prevention committees are encouraging the participation of those directly impacted by suicide to ensure that all voices are assisting with possible improved outcomes.

Continued efforts are being made by regional suicide prevention coordinators from 14 regions to engage the full participation of First Nations' representatives to leverage and integrate suicide prevention messaging and activities. The New Brunswick First Nations' Suicide Prevention Task Force prevention initiatives include traditional healing, supported social activities such as Cultural Camps for children and RESPECT training for youth as well as efforts to build Maliseet Mental Wellness Teams in five communities around the province.

Since 2010, a focused effort has been made to ensuring that regional committees throughout the province promote empowerment and belonging by organizing regional community gatherings and leveraging on existing community activities. Various meetings have been held with target groups to gather feedback about how to best reach people who might be struggling with hopelessness and suicide ideation.

Regional suicide prevention committees provide tailored workshops to targeted groups (i.e. Male dominated environments; financial institutions; and schools) to bring awareness to suicide prevention, mental illness and addictions; organize Survivors' Healing sessions and men's forums; collaborate with other provincial partners to coordinate, disseminate and promote The Link program in most schools across the province which enables individuals with any kind of problem to access local services giving a person the opportunity to resolve his or her problems before they escalate and lead to a more serious situation.

As the government recognizes that good mental health is a priority, the province in collaboration with its regional suicide prevention committees, has created Healthy Mental Health banners and handouts which teach and encourage individuals to take steps towards their well-being. Collaboration continues with other government departments to allow for more stringent and consistent monitoring, not only of provincial trends of death by suicide, but also to continue to address systemic gaps.

Action Item

- 7.1.3 The Department of Education will revise the Health and Personal Development and Career Planning curriculum at Grades 3, 4 and 5 to include a mental fitness strand.

STATUS

The Grade 3-5 curriculum will be updated and will include a unit on mental fitness (Anglophone sector). All K-12 curriculum *Formation personnelle et sociale* have been revised (since 2001). In grade 10, the themes of the *Formation personnelle et sociale* curriculum change to include the theme of mental health. The *Formation personnelle et sociale* curriculum is mandatory from kindergarten to grade 10 (Francophone sector).

Action Item

- 7.1.5 The Department of Health will work with regional health authorities to promote mental fitness among pregnant women and mothers who have recently given birth; increase awareness of post partum depression; create parental awareness of conditions that foster long term mental fitness in infants and young children.

STATUS

Through the Office of the Chief Medical Officer of Health, mental fitness among pregnant women and post-partum mothers, awareness of post-partum depression, parental awareness of conditions that foster long term mental fitness in infants and young children are addressed in the following ways:

Early Childhood Initiatives

- **Post-partum depression.** Introduced a common, standardized tool to assess risk for post-partum depression in the prenatal period (addressing potential risk before infant is born). Worked with RHA's, Mental Health and Telecare to establish peer support initiative for depressed mothers.
- **Mental fitness and parental awareness.** 1.) Introduced a common, standardized tool to assess mental health of at-risk prenatal and post-natal mothers (ALPHA); 2.) Adapted and currently distribute a new resource for all new parents; following the birth of their child parents receive at hospital a series of three *Loving Care* books. Mental health is addressed in these books.

Action Item

- 7.2.1 The Department of Wellness, Culture and Sport will conduct a school surveillance initiative to measure child and youth mental fitness indicators, including pro-social behaviours, oppositional behaviours and connection to school and susceptibility to tobacco.

STATUS

The Department of Healthy and Inclusive Communities (formerly known as Wellness, Culture and Sport) in partnership with the Department of Education and Early Childhood Development conducts the Student Wellness Survey every three years with students in grades 4-12. This survey measures child and youth mental fitness indicators, including pro-social behaviours, oppositional behaviours and connection to school and susceptibility to tobacco. Provincial Fact sheets providing results (elementary and Grade 6-12) can be viewed at: http://www.gnb.ca/0131/pdf/w/ESWS_MentalFitness_FactSheet.pdf (Elementary) and http://www.gnb.ca/0131/pdf/w/Mental_Fitness2010.pdf (Grade 6-12). Schools and districts also receive a summary of their results. The data is used to support School Wellness Grant applications, as well as to set priorities and evaluate actions in schools and communities.

Action Item

- 7.2.2 The Department of Wellness, Culture and Sport will create regional wellness networks, a proven model for sustainable community engagement, to build capacity for community development and mobilization.

STATUS

The Department of Healthy and Inclusive Communities (formerly known as Wellness, Culture and Sport), in collaboration with the Healthy Eating and Physical Activity Coalition of New Brunswick, is providing resources and supports (training, consultation, access to programs and funding, etc) to communities, organizations and citizens across the province to help them take action on wellness.

The Provincial Wellness Strategy envisions that New Brunswickers will be able to reach and maintain their personal health potential and contribution to their communities. To achieve this vision we need to invest in and promote healthy lifestyles and healthy environments in homes and communities, schools and workplaces. Wellness Networks facilitate collaborative action and progress toward this vision. Currently 73 municipalities (and surrounding communities) are involved in 21 Wellness Networks.

Action Item

- 7.2.3 The Department of Wellness, Culture and Sport will develop a kindergarten to Grade 5 mental fitness and resilience toolkit with the intent to adapt it for use by teachers in Grades 6 to 12.

STATUS

The Department of Healthy and Inclusive Communities (formerly known as Wellness, Culture and Sport) partnered with School District 3 to promote a whole school approach to mental fitness and resilience by offering workshops, a tool kit and support to school employees (e.g. teachers, principals, bus drivers, custodians etc), parents and students in elementary and high schools. The initiative has been evaluated and ways to expand the approach are being explored.

Action Item

- 7.2.4 The Department of Wellness, Culture and Sport will launch a provincial wellness social marketing campaign.

STATUS

In September 2011, the Department of Healthy and Inclusive Communities (formerly known as Wellness, Culture and Sport) introduced *Join the Wellness Movement*, a social marketing initiative that encourages New Brunswick communities, groups, schools, and workplaces to make commitments to a healthy lifestyle. The objective of this campaign is to highlight the great work that is going on in communities, groups, schools and workplaces across the province and encourage more New Brunswickers to join the wellness movement. Over 950 community, group, school and workplace wellness commitments were made in Year 1, representing over 92,000 New Brunswickers.

Join the Wellness Movement uses mental fitness as foundational approach:

- It encourages communities, groups, schools and workplaces to develop a wellness activity around the skills and interests that already exist within their group (competence).
- It engages New Brunswickers and gives them a “voice” through the registration of group wellness commitments (autonomy).
- It builds a sense of belonging by connecting individuals with the environment in which they live, work and play and encourages them to work together toward their wellness goal (relatedness).