

Table of Contents

I.	Introduction	2
	Balanced Network	2
	Service Delivery Model.....	3
	Vision.....	4
	Mission.....	4
	Organizational Structure.....	4
	Guiding Principles.....	5
II.	Community Mental Health Centres.....	6
	A. Access to Services	6
	B. Description of Core Programs.....	6
	Intake Process	6
	Child and Adolescent Program.....	7
	Short-term Adult Program	7
	Long-term Adult Program.....	7
	C. Services Provided.....	8
	Assessment Service	8
	Intervention/Treatment Service	9
	Consultation Service	10
	Crisis Intervention Service	10
	Case Management Service	11
	Community Support Service.....	11
	Rehabilitation Service	11
	Treatment Service for Severe Conduct-Disordered Youth.....	12
	Debriefing Service	12
	Suicide Prevention Service.....	12
	Services for the Elderly.....	13
III.	General Information.....	15

Mental Health Services

I. Introduction

The last 30 years have seen significant changes in the mental health sector in Canada, not only in terms of the treatment of psychiatric disorders, but also in the structure and delivery of mental health services. This trend was also observed in New Brunswick, where a new mental health policy was implemented in 1988.

The thrust of the policy was to deinstitutionalize psychiatric care and promote the development of alternative, community-based services. The New Brunswick model has been recognized as one of the most successful examples of broad-based mental health system reform in Canada (*Review of Best Practices in Mental Health Reform*, report by the Clarke Institute of Psychiatry, 1997). The policy has since taken on an additional dimension, with increasing emphasis on early intervention with young people and their families.

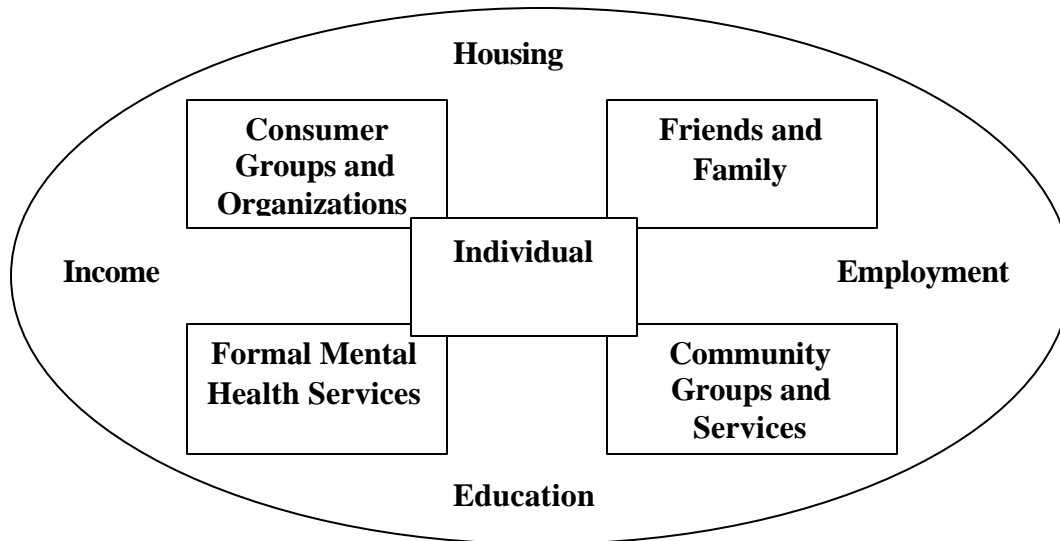
Balanced Network

Today, New Brunswick boasts a balanced network of mental health services characterized by:

- The use of evidence-based best practices;
- The involvement of clients and their families as key partners in the planning, assessment, and delivery of mental health services;
- A balance between hospital and community-based intervention;
- The development of mental health support services, such as housing, vocational training, consumer-run services, and social and community support networks;
- The participation of citizens and local stakeholders in the community; and
- The extension of services to all regions in New Brunswick, with a view to meeting the needs of citizens in rural areas.

Service Delivery Model

The service delivery model used by the Mental Health Services Division in New Brunswick is based on the following support framework:



Source: CMHA Community Resource Base.

This model is based on an approach whereby the delivery of support programs and services is not the sole responsibility of government but rather is shared by formal service providers, friends and family, community, and consumers. The model also acknowledges the health determinants to which all citizens should have access in order to remain healthy, i.e. housing, education, income, and employment.

The objective of the support model (Trainer and Church, 1984) is to ensure that persons with psychiatric disorders are able to lead full and satisfying lives in the community. The aim of the mental health system is to lend support to the components of the informal support system in every way possible in order to minimize the need for professional intervention. To this end, clients must be given the tools to take charge of their lives, and the community must be mobilized to support and assist them.

Vision

In New Brunswick, people, communities, and government work together to promote optimum mental health for every citizen and to ensure that persons experiencing mental health problems receive appropriate services and support.

Mission

To promote positive mental health for all New Brunswickers.

To provide access to a range of mental health services, including prevention, assessment, treatment, rehabilitation, and support for residents of New Brunswick who have mental health problems.

Organizational Structure

The Mental Health Services Division is headed by an Assistant Deputy Minister who reports to the Deputy Minister of Health and Wellness and oversees the implementation of government mental health policies. A Mental Health Services Advisory Committee, established through legislation, also advises the Minister of Health and Wellness on a broad spectrum of issues relating to mental health services.

The Assistant Deputy Minister, Mental Health Services Division, is supported by a management team responsible for the following functions:

- Programs;
- Long-term services;
- Child and adolescent services;
- Acute services; and
- Quality management and executive support.

Services are provided through four distinct operational sectors:

1. Community mental health centres;
2. Psychiatric units;
3. Psychiatric hospitals;
4. Non-profit organizations that serve persons with mental health problems and consumer-run programs.

Community mental health centres report directly to the Mental Health Services Division, whereas psychiatric units and psychiatric hospitals come under the jurisdiction of the Regional Hospital Corporations in their respective regions, but are funded by the Mental Health Services Division through service contracts.

Guiding Principles

Services are provided in accordance with the following principles:

- **Respect and dignity:** Individuals are entitled to respect and dignity in terms of access to and delivery of all our services.
- **Client involvement:** Individuals are central to our organization and to the delivery of our services. They are thus active participants, are consulted, and are entitled to have their input about all aspects of their treatment and the services they receive.
- **Holistic approach:** Individuals are treated holistically, taking into account the various facets of their lives, i.e. physical, psychological, social, intellectual, and/or spiritual dimensions. Services meet the specific needs of each individual.
- **Natural support network:** Mental health services are provided so as to strengthen natural support networks, i.e. the family, community, and self-help groups. Services are planned and delivered with a view to obtaining family and community support.
- **Self-management:** Individuals are entitled and able to make their own decisions and to deal with the consequences of their decisions (self-management).
- **Effective services:** Services are provided only as long as necessary in order to enable people to take charge of their lives again, thus avoiding dependency on the formal system.
- **Services geared to clients' needs:** Services take into account the persons' ages and needs and are provided in settings that are as non-restrictive as possible for them.
- **Use of best practices:** Individuals must feel confident that we are using proven and effective methods based on the best acknowledged practices. We check the quality of our services by asking regularly what they think of them, and we strive to constantly improve the services we deliver.
- **Professional development:** Mental health professionals adhere to high professional standards. They are responsible for the quality of the services they provide. Professional development is a part of all employee performance reviews.
- **Confidentiality:** Information gathered while services are provided is held in the strictest confidence.
- **Consultative and co-operative approach:** Given that individuals often have complex and varied needs with sectoral interdependence, services are planned and delivered in a spirit of consultation and co-operation with agencies, stakeholders, and/or providers of the required services.

II. Community Mental Health Centres

The community mental health centres (CMHCs) are a key component in the mental health service delivery system in New Brunswick. The CMHCs are now located throughout the province and provide a variety of prevention, intervention, and postvention services for New Brunswickers.

A. Access to Services

Community mental health services are accessed through 13 CMHCs and 22 other service points located throughout the province. The CMHCs are open Monday to Friday from 8:30 a.m. to 5 p.m. In addition, crisis intervention services are available in the evening and on weekends throughout New Brunswick.

Community mental health services are available to all New Brunswickers, either through referrals by a doctor or another professional or through self-initiated visits to the CMHCs. Anyone who is referred or goes to a CMHC is entitled to an intake assessment within a reasonable amount of time. Assessments are done to identify clients' needs in terms of services, either at the CMHC or, if clients do not meet screening criteria, through other agencies. The CMHC phone numbers are listed in the blue pages of the phone directory and on the Internet at:

<http://www.gnb.ca/0055/en/contacts.htm#cmhc>

B. Description of Core Programs

CMHC programs target three key client groups: children and adolescents, adults with short-term needs, and adults with long-term needs. Requests for services must first go through the intake process before clients can access CMHC programs.

Intake Process

The intake process is designed to receive, assess, and refer clients who go to the CMHCs. More specifically, it covers risk assessments (screening), needs identification, and referrals of persons with mental health issues (intake).

During this process, clients needs for services are determined on a priority basis.

Intake professionals must ensure that clients are seen and assessed quickly. In light of the assessment, staff decide whether one-time intervention on intake is sufficient to address the situation, whether the client needs to be referred to a CMHC program, or whether a community-based resource would be more appropriate.

Child and Adolescent Program

The objective of this program is to help children and adolescents who have mental disorders or related problems, and to work with their parents or guardians with a view to creating an environment conducive to their growth.

Clients access the program when a child's or an adolescent's degree of dysfunction is such that professional intervention is required. The following are some examples of when intervention may be necessary: conduct disorders, mood disorders, adjustment disorders, and sexual abuse and related issues.

This program is important because it involves intervention with one of the most vulnerable groups in society. The program also provides screening and early intervention for children and adolescents at risk of developing more serious problems in adulthood. Short, medium, and long-term services are provided, depending on clients' needs. The program promotes the sharing of expertise through consultations with community resources and co-ordinates mental health services that are provided to children and adolescents in the region.

Short-term Adult Program

The objective of the Short-term Adult Program is to assist clients with mental disorders or clients in distress who need help in dealing with their situation. The program is designed for adult clients whose condition requires short-term intervention.

Requests for services are varied in nature: some people ask for help because they are having problems at a certain stage in their lives, and some because they have experienced a particularly stressful event (bereavement, separation, job loss, etc.). Other clients exhibit more acute problems, often already present for some time (mood disorders, anxiety disorders, adjustment disorders, suicide risk, impulse-control disorders, personality disorders, relational disorders, post-traumatic response to sexual abuse, etc.).

This program is important for a number of reasons: first, because it meets the needs of people in the community with psychological or psychiatric problems, and, second, because it aims above all at preventing deterioration in the clients' mental state through early and rapid intervention targeting the problems at hand. Finally, the program promotes the sharing of expertise through consultations with community resources in the region.

Long-term Adult Program

The objective of the Long-term Adult Program is to provide services for adult clients with or at risk of serious mental health problems and long-standing functional disorders.

These clients are often socially isolated and cut off from their natural environments. Clients who have been hospitalized often or for long periods also end up depending on formal services to such an extent that their personal

resources deteriorate. The program gives clients the means to rebuild their social networks and develop the skills they need to live in the community.

The Long-term Adult Program is based on respect for persons with psychiatric disorders and on the belief that, through a range of services, they can reduce or eliminate the functional, interpersonal, and environmental barriers created by their disabilities and relearn to lead independent and productive lives in society.

This program works to meet needs as perceived by clients while establishing linkages with the community to ensure maximum client autonomy with a minimum of professional intervention. Depending on clients' needs, the services provided may vary, ranging from case management and assertive community treatment to the development of self-care skills. According to clients' goals, services provided may lead to employment readiness.

C. Services Provided

When clients come to a CMHC, they are referred to the program most likely to meet their needs. The following services, based on three intervention types, are offered in various forms at each CMHC:

Primary intervention consists of a series of services designed to prevent and reduce the incidence of illness or mental health problems through a variety of prevention services.

Secondary intervention refers to services implemented to assist clients and help them establish well-being as quickly and completely as possible.

Tertiary intervention refers to all the services provided in response to chronic problems or illness and are designed specifically to help clients learn or relearn coping and daily living skills.

Assessment Service

When individuals are referred to CMHCs, a series of preliminary assessments are done at intake to identify the person's strengths and weaknesses. Clients admitted into a program may subsequently undergo other, more specialized assessments, depending on their needs. The assessments carried out at all CMHCs are:

i. Screening Assessment:

Initial assessments are carried out at CMHCs when clients come and ask for help. The purpose of the assessment is to determine whether clients are at risk of harming themselves or others, verify suicide risk, and prioritize cases.

ii. Intake Assessment:

More thorough assessment done to determine an individual's problem with greater detail and identify their needs for intervention services.

iii. Suicide Risk Assessment:

Assessment done if necessary in conjunction with the screening assessment and subsequently if required. The purpose of the assessment is to ascertain the degree of clients' suicide risk with a view to determining the most appropriate intervention.

iv. Mental Status Assessment:

Assessment designed to clarify mental status and produce a diagnosis in support of psychological and/or psychiatric treatment.

v. Long-term Care Assessment:

Assessment done jointly with the Department of Family and Community Services in order to determine whether a client needs long-term care services. The assessment helps determine whether clients may access services, such as home care, nursing homes, and/or special care homes.

vi. Final Assessment:

Assessments done before clients' files are closed in order to verify and compare clients' symptoms and problems on entering and exiting the system.

A number of other assessments may also be done at CMHCs. Usually, they take place in the context of intervention only. The following are a few examples:

- Developmental assessments;
- Functional assessments of behaviour;
- Differential diagnosis assessments;
- Neuropsychological assessments; and
- Personality assessments.

The assessments carried out by CMHCs must be recorded in report or note form. Such reports and notes must be put in clients' files and conform to established standards. Their format may vary, depending on the type of assessment and/or professional doing the assessment.

Intervention/Treatment Service

Clients who receive intervention services exhibit a broad spectrum of problems of varying intensity. Eclectic use is made of behavioural and cognitive therapy, reality therapy, play-based therapy, individual and family therapy, etc. The nature of the problem determines which intervention type will be used; the

clinician's theoretical training, needs dictated by the situation at hand, and/or the client's response to treatment.

All intervention and treatment services must be integrated into an individual service plan, consisting of the following steps:

i. Analysis of Needs and Description of Problems:

Identification of the client's problems and clinician's diagnostic impressions.

ii. Intervention Objectives:

Clarification of objectives the client and clinician have agreed to attain during intervention.

iii. Methods Used:

Intervention strategies or methods the clinician plans to use in order to attain objectives.

iv. Findings and Comments:

Notation of changes in the client's condition in the light of objectives and means identified.

Individual service plans, consisting of the above steps, are part of client records.

Consultation Service

Direct and indirect consultations are provided by CMHC workers.

Direct consultations are requested of clinicians by other workers to be carried out, when there is a specific client with clients involved directly or indirectly. For example, consultations may take the form of a case conference or an assessment-related activity in which a worker is asked to comment on a prognosis or even suggest actions to be taken with a particular client.

Indirect consultations do not involve specific clients. They are a process whereby a worker's expertise is applied to a broader problem encountered by another worker or agency. This kind of consultation is often requested by community agencies that have clients in common with CMHCs.

Crisis Intervention Service

This service is designed for individuals in crisis with mental health problems. The objective is to get the situation quickly under control through professional assessment and intervention. Clients' needs are assessed, and workers propose a customized crisis intervention plan outlining options available to clients in their surroundings that can help them overcome their problems.

The purpose of this service is to assess and treat psychiatric crises so that the individuals concerned can remain in settings that are as non-restrictive as possible. Besides assessment and intervention, this service includes temporary housing options for clients who have to be removed from their surroundings. Support services during crises are also provided to ensure that clients receive the help they need. The CHIMO and Kids Help Phone hotlines continue to be key elements in crisis intervention.

The hotlines are a free, bilingual telephone service in operation 24 hours a day, 7 days a week by calling:

CHIMO: 1-800-667-5005

Kids Help Phone: 1-800-668-6868

For those individuals who may require specialized services, the help line staff ensures that linkages are made with the appropriate intervenor.

Case Management Service

Case management consists of a series of services designed to enable clients with severe mental health problems to obtain the support they need to participate and live as independently as possible in the surroundings of their choice. Case management is concerned with client treatment and rehabilitation needs and is designed to assist clients with their activities of daily living (ADL) and instrumental activities of daily living (IADL), along with their educational and employment needs.

The case managers' role is to ensure that clients are involved in all the stages of service planning and delivery; promote service access and co-ordination; establish lasting, supportive relationships between clients and their families; liaise with other service providers; help build natural support networks; prevent and manage crises; and assist in accessing housing and/or other services.

Community Support Service

The purpose of this service is to intervene directly with clients in their natural surroundings. Assistance is provided by community workers, who offer skills training to clients and do follow-up in the case of pre-established intervention plans. The workers also provide ongoing support, which is often crucial for clients having problems.

This service helps clients learn social skills through structured activities (e.g. buddy system, individual and group outings, recreational activities, and work). Individual support is also provided when needed.

Rehabilitation Service

This service covers all the skills and knowledge clients need in order to function independently in their natural surroundings. Clients learn tangible skills and take part in personal growth, planning, and self-development activities.

This service is provided primarily for clients having problems functioning in a specific area, e.g. clients with personal, family, social, employment, or recreational deficits.

Treatment Service for Severe Conduct-Disordered Youth

The CMHCs work together with the Department of Education and the Department of Family and Community Services under the Youth Treatment Program (YTP) designed for severely conduct-disordered youth. The service consists of one provincial team and thirteen regional teams, i.e. one team for each CMHC.

This service is intended for frontline workers involved with severely conduct-disordered youth. The aim of this consultation-based service is to integrate services for a client group whose needs are complex and difficult to meet. When all available resources have been exhausted, the regional team may request a client assessment at the Pierre Caissie Youth Treatment Centre, which conducts thorough assessments and draws up community intervention plans.

Debriefing Service

This service is designed for workers (police officers, firefighters, hospital emergency personnel, etc.) who are often faced with emergency situations in the community. It consists of two intervention components.

The first component (primary prevention) is designed to bring together high-risk groups and teach them about various coping strategies for trauma situations.

The second component (secondary prevention) involves intervention with the same target group, but after trauma situations. Intervention consists of a one- to three-hour group session with a maximum of 15 participants, the purpose of which is to review the incident that has occurred. Follow-up may be done after each session.

Suicide Prevention Service

Community Mental Health Centres, together with other community organizations, provide services designed to prevent suicide and reduce the suicide rate through a variety of interventions and priority services for clients at risk. More specifically, it consists of training for frontline workers, with a view to providing these workers with the tools they need to assess the level of risk and intervene effectively with suicidal clients. Workshops are also offered to the public at large, in a bid to change attitudes about suicide and develop and maintain a sound balance in terms of mental health.

Support and treatment for suicidal persons and/or persons who have lost someone to suicide consists of a series of previously identified services, and is designed to assess, treat, and support suicidal persons and persons who have lost someone to suicide by reducing their functional deficit. See the provincial Suicide Prevention Program for more information.

Services for the Elderly

In response to the increasing number of older adults with complex needs, the Mental Health Services Division recognizes that mental health services to these individuals requires specialized services. Some mental illnesses are unique to older adults thus may require special consideration in diagnosis as well as in the treatment continuum. For instance, Alzheimer's disease, a type of dementia, is often associated with psychiatric or severe behaviour management problems, and affects many elderly individuals.

Mental Health Services for the Elderly is a specialized mental health service, primarily for elderly individuals who have serious mental disorders where treatment may be complicated by co-existing significant medical problems. This specialization also provides services to younger individuals who have a dementia associated with psychiatric or severe behavior management problems. The population served is perceived to be vulnerable due to a combination of psychiatric, medical and social factors and to require the services of a multidisciplinary team.

Many of the individuals who are experiencing psychological distress or a decline or change in cognitive, behavioral, social and/or functional ability live in their own residences, in supportive and/or subsidized housing or in adult residential facilities, including Special Care Homes and Nursing Homes. They may require admission and discharge from acute care psychiatric units, acute care medical units, geriatric medical units, Centracare, Restigouche Health Centre and other tertiary care units as part of their treatment continuum. Biopsychosocial factors are considered in formulating a psychiatric diagnosis and treatment plan. Continuity of care is emphasized.

Mental Health Services for the Elderly include:

1. A variety of services to individuals such as, case management, assessments (including the Long Term Care assessment), consultations, supportive therapy, medication monitoring, discharge planning and prevention.
2. A variety of specialized services such as, grief counselling and interventions in the areas of sexual abuse, physical and/or substance abuse.
3. Consultation / Education services to service providers within agencies / community groups / Adult Residential Facilities / Nursing Homes / families and the public at large.

4. Liaison function with the Regional Psychiatric Unit and any specialized geriatric assessment unit to ensure access and continuity of optimum resources such as, assessment/treatment, timely/efficient delivery of care, planned discharges, planned support in the community, crisis intervention and follow-up.
5. Liaison function with primary partners such as Family and Community Services and Extra-Mural Services.

III. General Information:

To find out more about the Community Mental Health Centres and the mental health services that are available, contact the Community Mental Health Centre nearest you. The addresses are as follows:

CMHC - Moncton	P.O. Box 5001, 77 Vaughan Harvey Blvd., Moncton Tel.: (506) 856-2444
CMHC - Richibucto	P.O. Box 5001, Place Cartier, Richibucto Tel.: (506) 523-7620
CMHC - Saint John	55 Union St., Mercantile Center, Saint John Tel.: (506) 658-3737
CMHC - Sussex	30 Moffett Ave., Community Health Center, Sussex Tel.: (506) 432-2090
CMHC - St. Stephen	41 King St., St. Stephen Tel.: (506) 466-7380
CMHC - Fredericton	P.O. Box 5001, Victoria Health Center, Fredericton Tel.: (506) 453-2132
CMHC - Woodstock	P.O. Box 5001, 200 King St., Woodstock Tel.: (506) 325-4419
CMHC - Edmundston	P.O. Box 5001, Carrefour Assomption, Edmundston Tel.: (506) 735-2070
CMHC - Grand Falls	P.O. Box 5001, 131 Pleasant St., Grand Falls Tel.: (506) 475-2440
CMHC - Campbellton	6 Arran St., Campbellton Tel.: (506) 789-2440
CMHC - Bathurst	165 St. Andrews St., Bathurst Tel.: (506) 547-2038
CMHC - Caraquet	P.O. Box 5590, 295 St-Pierre Blvd. West, Caraquet Tel.: (506) 726-2030
CMHC - Miramichi	1780 Water St., Suite 300, Miramichi Tel.: (506) 778-6111
Central Office	Carleton Place, 7 th Floor, P.O. Box 5100, Fredericton Tel.: (506) 444-4442

For more information, you may also visit our Internet site:

<http://www.gnb.ca/0055/en/index.htm>