

# The Action Plan for Mental Health in New Brunswick 2011-18



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## MESSAGE FROM THE MINISTER

For many New Brunswickers, the words “health care” conjure images of hospitals, broken bones, and visits to the local doctor’s office for a new prescription.

But health care is about much more than hospitals and surgeries. Now, more than ever, governments and individuals recognize that mental health is as important to one’s overall well-being as their physical health.

Each and every day, our province’s dedicated health professionals in all regions of New Brunswick do a tremendous job of promoting positive mental health, well-being and assisting those with mental illness.

As a result of their efforts, New Brunswick has made progress over the years. But it’s clear more needs to be done.

Our society needs to recognize the importance of promoting good mental health and the breaking down of harmful stigmas.

We need to do a better job of detecting problems earlier so individuals receive help before things spiral out of control.

And everyone – communities, medical professionals, governments, and all New Brunswickers – must work together so that New Brunswickers suffering from mental illness are given the care and support they require to live a dignified, functional life.

Too often we hear heart-breaking stories of individuals who have had difficulty navigating the system trying to find help: New Brunswickers shouldn’t have to work to find their way in the system. The system should work to meet the needs of New Brunswickers.

The *Action Plan for Mental Health in New Brunswick 2011-18* will serve as our roadmap as we build a system that is centred on the needs of New Brunswickers.

Our action plan is designed to improve the social determinants of health, provide individualized care to those in need, improve mental well-being in family, community and workplace settings, and address stigma in the community at large.

The specific initiatives outlined in this plan will help government create a system that is responsive to individual and community needs and recognize the importance of continued input of persons experiencing mental illness and their loved ones.

These initiatives will be built on the key principles of diversity, dignity, equality, excellence, holism, hope and partnership. They will involve greater collaboration amongst varying departments and jurisdictions of government, educators, employers and non-governmental organizations.

I want to recognize Judge Michael McKee for chairing the provincial mental-health-care task force and the many New Brunswickers who shared their ideas on how to improve the way we view and address mental health and mental illness.

The taskforce’s report, *Together into the future: a transformed mental health system for New Brunswick*, serves as the foundation of this action plan.

I am confident that this action plan for New Brunswick will create a social and economic environment in which all of New Brunswick’s citizens can thrive.

A handwritten signature in black ink that reads "Madeleine Dubé". The signature is fluid and cursive, with a long horizontal stroke at the end.

Health Minister  
Madeleine Dubé

## INTRODUCTION

Mental health is critical to our well-being. It provides us with a positive world view, enables us to overcome life's challenges, and supports a connection to our friends, families and communities. Mental health permits us to reach our potential.

We should not think of mental health solely as being the opposite of mental illness. Persons who are diagnosed with a mental illness may nonetheless live in a very positive state of mental health. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can work productively and fruitfully, and is able to make a contribution to his or her community". Mental health governs our quality of life, our relationships and our aspirations. Good mental health is fundamental to the resilience of individuals, families, communities and businesses. It decides, in short, whether a society is flourishing or floundering.

None of us should take our mental health for granted. Poor mental health is common, and it takes a huge toll on our lives, our physical health and our productivity. Without good mental health, we are more vulnerable to addiction, mental illness and chronic physical disease. We all have a stake in making sure that mental health promotion remains a focal point.

Similarly, prevention, early detection and treatment of mental illness are central to the *Action Plan for Mental Health in New Brunswick*. For many, access to efficient and effective mental-health-care remains difficult to find. If this situation is to change, then the mental-health-care system must also continue to change.

This plan establishes a vision of New Brunswick's desired mental-health-care system, followed by strategic goals and a specific action plan to achieve these goals. They include an emphasis on mental-health promotion, change in service delivery of all sectors, early identification of mental illness and effective intervention, and a shift in the attitudes and values of residents. With education, collaboration and resolve, the journey will end with all New Brunswickers having the opportunity to achieve the best possible mental health and well-being.

### Challenges

On the national stage, the landmark publication of the Senate committee report, *Out of the Shadows at Last*, identifies many gaps and pitfalls in mental-health-service delivery across the country. Despite its many successes in transforming mental-health-service delivery in the past few decades, New Brunswick is not immune to the challenges facing other provinces:

- lack of consistent and widespread collaboration among distinct components of the health-care system and related social services;
- insufficient supports for persons living with mental illness and their families; and
- inadequate funding relative to the social and economic impact experienced by those living with mental illness and society.

As the concepts, standards and treatments for mental illness evolve, national and international approaches to promoting mental health and preventing and treating mental illness are also shifting. In 2008, a provincial mental-health-care task force, chaired by Judge Michael McKee, was created to engage the public in a series of consultations. In February 2009, the task force released its findings and recommendations in a report entitled, *Together into the future: a transformed mental health system for New Brunswick*. The Department of Health has continued to work with stakeholders to produce this document, which builds on existing strengths, consultation, and emerging theories, treatments and technologies. It identifies concrete initiatives that are ambitious, attainable and aligns with:

- achieving a better balance between the need to promote good health and provide health care for those who are ill;
- enhancing access to health services when, where and how they are needed;
- improving the overall efficiency of the health-care system;
- harnessing innovation to improve safety, effectiveness, quality and efficiency;
- making quality count in the planning, implementation and delivery of all health-care services; and
- engaging partners in all aspects of health-care delivery.

The *Action Plan for Mental Health in New Brunswick* links with a number of other strategic initiatives of the provincial government, outlined in Appendix A. Moreover, this plan closely aligns with the broader goals of improving social determinants of health; cultivating a culture of wellness; and promoting collaboration to ensure a sustainable health system.

## HISTORICAL CONTEXT

Those living with a mental illness are being encouraged to live with self-determination and to pursue their full potential with the least amount of restriction consistent with their disability. However, the approach to mental health and treatment of mental illness are drastically different than they were a century ago. Mental illness had been poorly understood, and those suffering its effects were not always treated with compassion. The path toward effective prevention, treatment and care represents a long and remarkable journey.

In 1835, New Brunswick was the first jurisdiction in Canada to designate an asylum for the mentally ill. In the ensuing decades, the institutional model of care did not change. Additional treatments for mental illness were introduced, however, and the advent of anti-psychotic drugs permitted many individuals who had previously been institutionalized to return to community life. In 1968, there was a move to reform psychiatric care and provide service in the community rather than in institutions. This was reflected by the introduction of the *New Brunswick Mental Health Act*.

The Canadian Mental Health Association in New Brunswick began to advocate for changes to the mental-health-care system in the early 1980s. By this time, the self-help model as a support and complement to treatment was becoming accepted and established. Those living with a mental illness were more active and engaged than ever before in mental-health-care services.

Within this context, those with lived experience of mental illness and their advocates, health-care providers, and the Canadian Mental Health Association in New Brunswick lobbied for a more balanced system, with greater support for community-based interventions and services. This approach was strongly supported by available research and successful program experience. A renewed system would see greater consultation and input from community resources and persons with lived experience. Further, a partnership among key players in the mental-health-care system was advocated: persons living with mental illness, their families, and formal and informal mental-health-care services were encouraged to work in concert.

In 1987, the provincial government announced a new policy framework for mental-health-care services that directed:

- a balanced network of institutional and community-based services;
- use of community-based options before institutionalization is considered;
- allocation of resources to the mental-health-care system and a 10-year plan to reallocate resources to community supports from institutions;
- use of informal support groups to assist those with mental health issues;
- emphasis on prevention of mental illness; and
- amendments to the *Mental Health Act* to reflect the *Canadian Charter of Rights and Freedoms*.

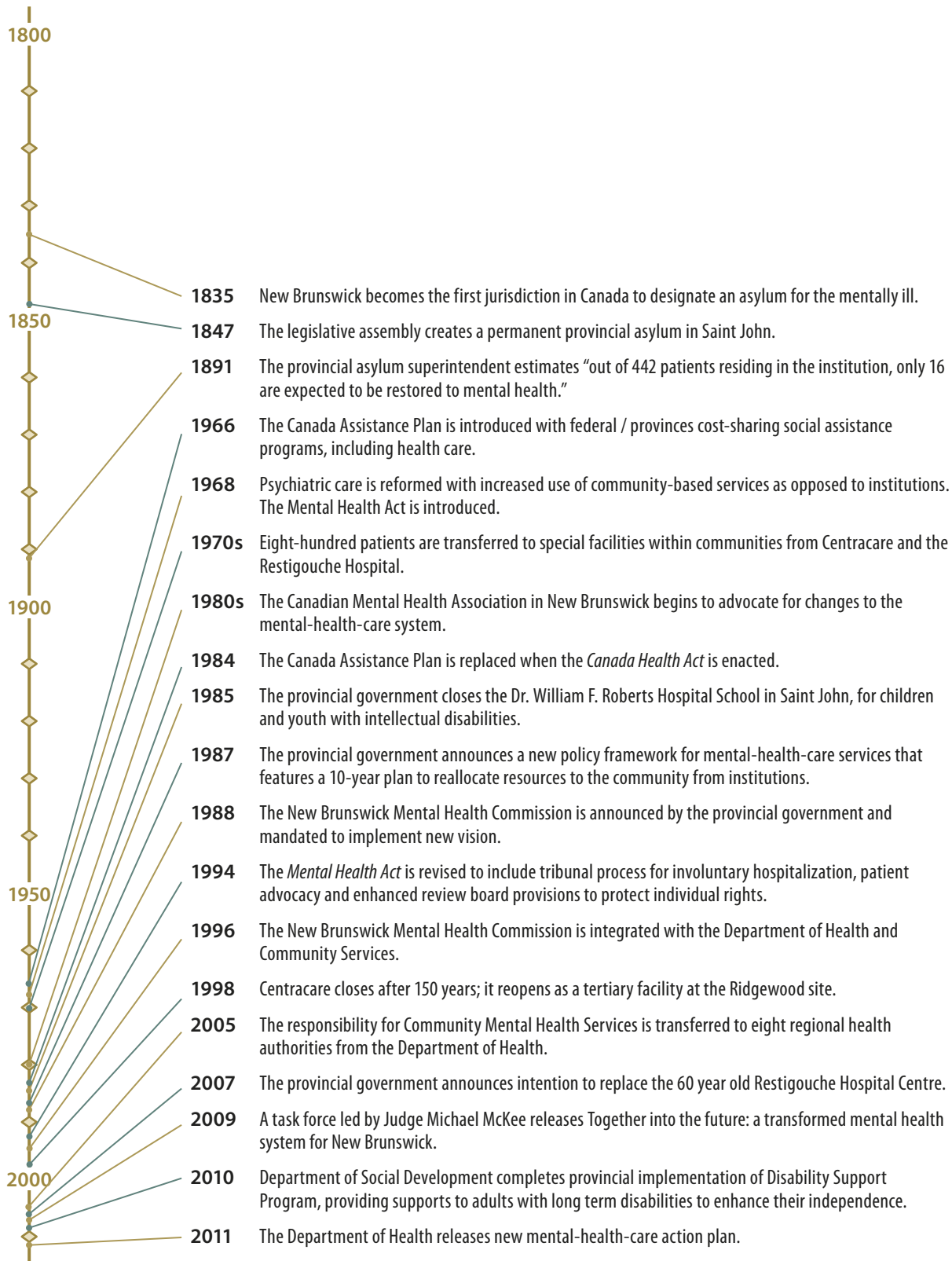
In 1989, a New Brunswick mental health commission was established to implement this vision. In December 1991, the commission produced a 10-year plan to reallocate resources to the community sector from institutions. These resources were directed to rural mental-health-care clinics; self-help support groups and activity centres; community-based services and programs as alternatives to institutionalization; research and workshops; and a provincial suicide prevention plan.

Currently, two regional health authorities manage eight psychiatric units, one child and adolescent psychiatric unit, two tertiary care psychiatric hospitals and more than a dozen community mental-health-care centres. A variety of services are available, including case management, cognitive therapy, family therapy, group or individual therapy, medication management, recreational therapy, rehabilitation and skills teaching and psychiatric consultations. More than 21,400 New Brunswickers received services from community mental-health-care centres in 2008-09, representing service to roughly three per cent of the population. This figure rose to more than 22,000 in 2009-10. A total of 1,776 individuals participated in 26 activity centres within their communities in 2009-10.

Mental-health issues often occur alongside addiction problems. Consequently, improvements have been made in the treatment of co-occurring disorders by integrating addictions and mental-health-care services. New Brunswick operates seven regional addiction centres, offering services that include detoxification, out-patient services and community prevention services. Two short-term residential services and one long-term residential service are available.

Despite the progress made in delivering mental-health-care services during the last 150 years, much remains to be done to treat mental illness and to promote the mental health of all New Brunswickers, including those living with a mental illness.

The diagram below outlines key milestones in the history of mental-health-care in New Brunswick





## THE ORPHAN OF HEALTH CARE

Estimates suggest that mental illness and addiction directly affect 20 per cent of Canadians in any given year, and 80 per cent of Canadians have a relationship with a person living with mental illness. In New Brunswick, the 2007-08 Community Health Survey revealed that only 70 per cent of respondents described their mental health as excellent or very good. Of more than 5,000 New Brunswickers who responded to that survey, 7.7 per cent indicated that they had a diagnosed mood disorder and 6.9 per cent had a diagnosed anxiety disorder.

Four of the 10 leading causes of disability in developed countries are mental disorders - major depression, bipolar disorder, schizophrenia and obsessive-compulsive disorder. A study published in 2008 in the journal *Chronic Diseases In Canada* estimates the overall cost of mental illness to the Canadian economy at \$51 billion per year, an amount that is equivalent to 3.34 per cent of our nation's 2009 gross domestic product.

Funding for mental-health-care programs is not commensurate with the economic impact of mental illness. Many mental-health-care services are not insured under the *Canada Health Act*. This impairs the ability of many individuals living with mental illness to receive the care they need.

Mental Health has become what is described as "the orphan of health care." The report, *The Cost of Mental Health and Substance Abuse Services in Canada*, notes the percentages of total health expenditures that nine select nations (Sweden, New Zealand, United Kingdom, United States, France, Canada, Ireland, Australia, Singapore) spend on mental-health-care. Sweden and New Zealand lead the list, each spending 11 per cent of their health budget on mental-health-care; Canada ranks sixth, at 7.2 per cent, over one percentage point less than the average of 8.3 per cent.

General health-care spending continues to grow. Should present trends continue, New Brunswick will spend half of all its revenues on health care by 2014.

Within this financial picture, chronic disease is one of the most significant costs. Chronic disease may be understood as either mental or physical illness that is persistent or recurring. Physical chronic diseases frequently co-occur with mental-health challenges. For example, Canadians who report symptoms of depression also report experiencing three times as many chronic physical conditions as the general population. The persistent nature of a chronic disease can impair an individual's mental health, which in turn affects his or her potential to participate in activities that support recovery.

To slow the growth in health expenditures, New Brunswick must move away from a "sickness" model in which people seek treatment for illnesses, particularly mental illness, and invest in cost avoidance strategies that will yield returns in the long term. New Brunswick cannot afford to continue under-investing in mental health. By adopting a proactive and upstream approach, the provincial government will be able to reduce the reliance on high-cost services such as hospitals and specialty-care centres.

## VISION

All New Brunswickers have the opportunity to achieve the best possible mental health and well-being within communities that promote empowerment, belonging and shared responsibility.

Mental health involves us all. Promoting good mental health must become a government priority, both as a contributor to health in general and as a means of stemming mental illness and fostering recovery. Mental health must be understood and addressed equitably with physical health.

This vision serves as the cornerstone of *The Action Plan for Mental Health in New Brunswick*.

## KEY PRINCIPLES

New Brunswick's vision must be realized through changes to partnerships, policies, programs and treatments that demonstrate a firm commitment to the following principles:

### Dignity

People are recognized, valued and respected; they are treated in a manner consistent with their inherent human rights.

### Diversity

Culturally competent and culturally safe services are available to all.

## Equality

All New Brunswickers have equal opportunities to access effective prevention and treatment of mental illness.

## Excellence

Effective, high-quality mental-health-care services are based on promising and proven practices. Results-oriented outcomes are clearly defined, measured and evaluated.

## Holism

Mental health is defined using a holistic view of individual life experience and well-being: intellectual, emotional, physical, spiritual, familial and communal.

## Hope

Individuals are full participants in the recovery process with a view to realizing their strengths and maximizing their potential to pursue a fulfilling life.

## Partnership

Mental health is everyone's business. Partnership and collaboration among the individual, family, community, business and government are critical in promoting mental health and well-being.

# AGENDA FOR ACTION

In his report, Judge McKee observes: "People want us to do more than tinker with the status quo; they want a transformed system" (*Together into the Future*). This kind of change toward patient-centred health care means that the system will be restructured to be responsive to individual and community needs rather than expecting people to adapt to what the system has to offer.

For those experiencing mental illness, to sustain hope and effectively achieve recovery, individuals must receive seamless service within a co-ordinated system of policies and programs that span all of government. Services must intersect effectively with family, community and workplace to support those living with mental illness. Education must be offered to improve knowledge of mental-health-care issues, giving persons with mental illness the opportunity to experience the understanding and acceptance each person needs to lead a productive and meaningful life.

New Brunswick needs to better balance the need to promote good health with provision of health care for those who are ill. Without question, a transformed system must address the fundamental issue of population wellness. In short, "There is no health without mental health" (*World Health Organization*). By

promoting a culture of wellness, New Brunswick can provide the foundation for the mental health and well-being of all its residents.

*The Action Plan for Mental Health in New Brunswick* identifies a concrete agenda for action, setting out strategic goals designed to make this vision a reality. These are summarized in the following section.

## 1. Transforming service delivery through collaboration

- 1.1 Government will better align and integrate its efforts to provide seamless service by placing the person living with mental illness at the centre of treatment and care.
- 1.2 Address social determinants of health by participating in New Brunswick's *Economic and Social Inclusion Plan* in partnership with the lead Department of Social Development and its government and non-governmental organization partners.
- 1.3 Ensure appropriate response to individuals with a mental illness who are in conflict with the law.
- 1.4 Improve access to medication for those living with mental illness through provincial drug programs.

## 2. Realizing potential through an individualized approach

- 2.1 Shift to a recovery-based model of practice, with a focus on early identification; change organizational culture within the health-care system to facilitate supported choice.
- 2.2 Fully use multi-disciplinary teams and collaborative case management.
- 2.3 Persons with lived experience of mental illness will contribute to health-care service delivery.

## 3. Responding to diversity

- 3.1 Federal, provincial and Aboriginal representatives will collaborate in service delivery to address disparities between the mental health of Aboriginals and the general population by raising awareness; and by adapting and integrating mental-health-care services.
- 3.2 Develop age-appropriate, culturally competent and culturally safe treatment for all sectors of society.

#### 4. Collaborating and belonging: family, workplace and community

- 4.1 Family members and supporters are accepted as full-fledged, contributing members of the treatment team in a way that respects consent and privacy.
- 4.2 Provide education, training, employment and transition-to-work programs for those living with a mental illness.
- 4.3 Enhance and expand initiatives to support those living with mental illness.

#### 5. Enhancing knowledge

- 5.1 Inform those living with mental illness, their families and other significant individuals about mental illness, the recovery model and mental health promotion.
- 5.2 Enhance the knowledge of health-care providers by introducing curriculum on mental health promotion; anti-stigma; the recovery method; collaborative models of care; culturally competent and culturally safe services in academic institutions; and the provision of compulsory ongoing training under clinical supervision.
- 5.3 Enhance the knowledge of health-care providers by supporting mental-health-care research.
- 5.4 Enhance the knowledge of government and other service providers through education and on-the-job training with respect to mental-health issues.
- 5.5 Implement an effective recruitment and retention strategy for mental-health-care professionals.

#### 6. Reducing stigma by enhancing awareness

- 6.1 Promote respect and acceptance by initiating anti-stigma initiatives to target the public and the health-care sector.
- 6.2 Reduce stigma and promote inclusion in educational, workplace and community settings.

#### 7. Improving the mental health of the population

- 7.1 Identify successful mental health promotion and prevention initiatives, and introduce or expand upon these programs throughout the province.
- 7.2 Increase mental fitness in the population by implementing elements of New Brunswick's *Wellness Strategy* in partnership with the lead Department of Wellness, Culture and Sport, and government and non-governmental organization partners.

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## GOAL 1

### Transforming service delivery through collaboration

[R]ecover from mental illness is possible, and ... persons living with mental illness can be and are mentally healthy. Like anyone, persons with mental illness require a safe, affordable home, a job, education, and opportunity for advancement... A structural change is necessary if we are to realize the potential of a mentally healthy society, including the full participation of persons experiencing mental illness. (Canadian Mental Health Association)

The vision for a transformed system is one that is responsive to the individual's needs rather than one that requires the individual to navigate a path to treatment. This will be the most important area in which to succeed and the most challenging to deliver.

The means of promoting mental health and well-being, as well as addressing mental illness, are extremely complex. Mental illness is believed to be caused by a web of factors, including genetics, determinants of health and environmental stressors. Improving determinants of health is a key factor in supporting mental health and alleviating the stressors that can make an individual more vulnerable to mental-health problems. An array of government services is aimed at the determinants of health, such as those providing social assistance and housing; promoting education; and administering the justice system. These efforts have not been fully co-ordinated because government departments maintained information, developed policy and delivered programs largely independently of one another.

The provincial government has taken a stride forward in addressing the determinants of health by introducing the *Economic and Social Inclusion Plan*, which has established a collaborative governance model to support opportunities for employment, personal development and community engagement for New Brunswickers.

In the context of mental health, a key direction is the engagement of partners in all aspects of health-care delivery. This will support greater collaboration among partners in the provincial government to reduce fragmentation and enhance social inclusion. These efforts will address pervasive gaps with respect to education, employment, income, housing and the criminalization of mental illness.

**Commitment 1.1 Government will better align and integrate its efforts to provide seamless service by placing the person living with mental illness at the centre of treatment and care.**

- 1.1.1 Establish a deputy ministerial committee representing all relevant government departments to provide oversight in the implementation of this action plan.
- 1.1.2 Implement a common consent form for disclosure of personal information of those living with mental illness for the purpose of interdepartmental case management.
- 1.1.3 Create an inter-departmental case management process to ensure continuity of service to all persons living with mental illness.
- 1.1.4 Introduce models of treatment in each zone, in the form of assertive community treatment teams and flexible assertive community treatment teams, that will provide community interventions consistent with the recovery model to those suffering from serious mental illness. Such teams, which will include peer support, will respond to individual needs by identifying barriers and ensuring that housing, employment and treatment are provided.
- 1.1.5 The Department of Health will provide funds for mobile crisis services throughout the province to ensure responsiveness of services closer to individuals' home communities and avoid hospitalization.
- 1.1.6 The Department of Health will implement early psychosis intervention services provincially.

**Commitment 1.2 Address social determinants of health by participating in New Brunswick's *Economic and Social Inclusion Plan* in partnership with the lead Department of Social Development and its government and non-governmental organization partners.**

- 1.2.1 The Department of Health will participate in 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.
- 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.

1.2.3 The Department of Health will participate in the *Hope is a Home - New Brunswick's Housing Strategy* and advise of challenges specific to persons facing mental illness.

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.

1.2.5 The provincial government will strengthen the ability of low-income earners to enter the skilled workforce through the provision of training, education, volunteer opportunities and on-the-job training as part of the transition to work.

1.2.6 The Department of Health will work with the Department of Social Development to design an awareness campaign targeted at landlords and the housing private sector to reduce the stigma around homelessness and mental illness.

**Commitment 1.3 Ensure appropriate response to individuals with a mental illness who are in conflict with the law.**

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.

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.

1.3.3 The 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.

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.

1.3.5 The Department of Health will work with the regional health authorities and First Nations to enhance their capacity to address issues from a restorative justice perspective.

- 1.3.6 The Department of Health will support the development of mental-health courts where the population and presenting issues justify their implementation.

**Commitment 1.4 Improve access to medication for those living with mental illness through provincial drug programs.**

- 1.4.1 The Department of Health will introduce a prescription drug program for uninsured residents as set out in the *Economic and Social Inclusion Plan*.
- 1.4.2 The Department of Health and the regional health authorities will develop a provincial hospital drug formulary and align the New Brunswick Prescription Drug Program formulary with it.
- 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.
- 1.4.4 The Department of Health will promote the inclusion of input from individuals, caregivers and patient groups into the drug review processes that provide recommendations on which drugs should be covered as benefits under the New Brunswick Prescription Drug Program.

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## **GOAL 2**

### **Realizing potential through an individualized approach**

In the context of the *Action Plan for Mental Health in New Brunswick*, an individual's ability to recover means the ability to live a meaningful life as he or she sees it; to participate fully in treatment; to receive services and supports that work best for that person; and to achieve greater quality of life. This perspective on treatment offers hope to every person living with a mental illness, even if his or her condition is serious, chronic or deteriorating.

Adopting a recovery-based approach will represent a fundamental shift in the relationships that individuals have had with the health-care system. The recovery model is not a treatment imposed on an individual. Rather, the role of the health-care system will be to create an environment where recovery can occur. There is meaningful engagement and partnership; the individual is supported in making informed choices; and goals are set by the individual for improved quality of life. The Department of Health has committed itself to implementing a broader range of tools and approaches to address mental illness, using this recovery-based model.

In other words, "What is needed is a genuine system that puts people living with mental illness at its centre, with a clear focus on their ability to recover" (*Out of the Shadows at Last: Transforming mental health, mental illness and addiction services in Canada*). In the past, the health-care system has been criticized as retaining its traditional focus on physical health rather than mental health, and being better equipped to provide acute care than to provide support once an individual has left the hospital setting. Rather than adopting a person-centred approach, the health-care system often requires that a person living within mental illness seek out multiple providers from different administrative silos to receive assistance. The person must adapt to the system rather than the system responding in a dynamic way to the needs of the individual.

A transformed system will be integrated, providing a full array of services at various times in an individual's recovery. To this end, Department of Health is promoting a collaborative model of care focused on recovery. This model is premised on the notions that mental health is everyone's responsibility; and that collaborative effort on the part of individuals, families, communities and government is needed to promote mental health and treat mental illness. This model is based on five levels of co-ordinated community and health-system responses. Each level describes an approach to partnerships; collaboration of sectors; strategies for community mobilization; and service specialization. Further, each level contributes to prevention and health promotion; identification; early intervention and referral; treatment and self-management; and long-term rehabilitation and support. The model addresses mental disorders and substance use disorders as chronic diseases.

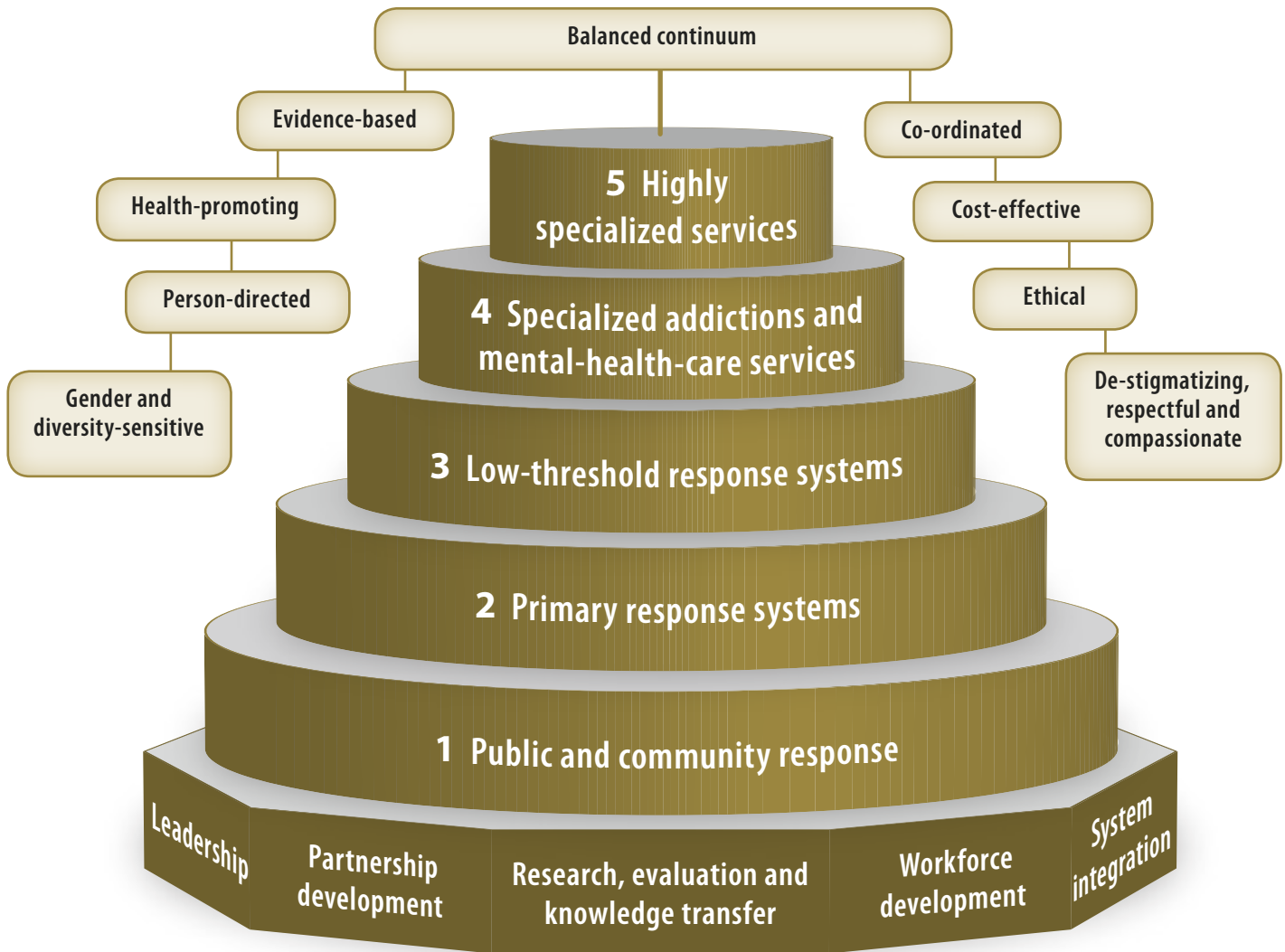
**Level 1: Public and community response.** The broadest level of response, it includes resources that affect the prevention or management of mental illness on an individual and a community.

**Levels 2 and 3: Primary and low-threshold response systems.** Includes all sectors, systems, organizations and individuals that have first contact with people who experience mental illness.

**Level 4: Specialized addictions and mental-health-care services.** Includes the components of the formal health-care system and includes individual counselling, residential treatment and case management.

**Level 5: Highly specialized services.** Designed to meet the complex needs of persons who are not well served by mainstream services. This response targets population groups for whom services and supports are inadequate, inaccessible or mismatched to client needs.

## COLLABORATIVE MODEL OF RESPONSE



### Commitment 2.1 Shift to a recovery-based model of practice, with a focus on early identification; change organizational culture within the health-care system to facilitate supported choice.

- 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.
- 2.1.2 The Department of Health will work with the regional health authorities to implement change management relative to the recovery model, in order to foster the attitudes, practices and skills that form the foundation of recovery-based approaches.

2.1.3 The provincial government will introduce legislation on advance-care directives to allow persons living with mental illness greater autonomy in directing their treatment during periods of incapacity.

2.1.4 The Department of Health, in conjunction with the regional health authorities, will assess the prevalence of seclusion and restraint in mental-health-service-delivery settings and will take appropriate action.

## **Commitment 2.2 Fully use multi-disciplinary teams and collaborative case management.**

- 2.2.1 The Department of Health and the regional health authorities will create guidelines and training for appropriate use of mental-health-care professionals as part of multidisciplinary teams.
- 2.2.2 The Department of Health will offer training and support to enhance mental-health-care capacity in primary-care settings. This will integrate mental-health-care into primary health care delivery and permit upstream management of mental health stressors and illnesses.
- 2.2.3 In support of the *Homelessness Framework*, the Department of Health will collaborate with the Department of Social Development and community partners in the development of integrated case planning for individuals with mental health and addiction issues so that supports are in place to ensure that the housing needs of these people are met.

## **Commitment 2.3 Persons with lived experience of mental illness will contribute to health-care service delivery.**

- 2.3.1 The Department of Health will work with the regional health authorities to introduce integrated peer support workers within the formal health-care system as part of assertive community treatment teams and flexible assertive community treatment teams.
- 2.3.2 The Department of Health will support the regional health authorities in establishing mental-health community advisory committees in all zones.
- 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.
- 2.3.4 The New Brunswick Health Council will involve persons with lived experience of mental illness in evaluating the mental-health-care system.

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## **GOAL 3**

### **Responding to diversity**

To be responsive to the needs of a person living with mental illness, all stakeholders must recognize his or her individuality. New Brunswick is home to a diverse population. In this context, “diversity” is understood in terms of significant differences among those receiving health-care services, in terms of geography, age, language and culture. New Brunswick is faced with the challenge of providing respectful, equitable and high-quality service within this context:

- *Location* - New Brunswick is faced with the logistical difficulty of providing consistent service to its rural and homeless population.
- *Age* – Older, younger, and 16- to 18-year-old clients face issues unique to their demographic that require specialized services, such as seniors’ mental-health-care teams and integrated service delivery models for youth with complex needs.
- *Language* - As the only officially bilingual province, New Brunswick has worked effectively with dual linguistic capacity in delivering service to the public in its official languages. However, some individuals have limited capacity to communicate in either English or French.
- *Culture* - Canada’s history of colonization of First Nations peoples, with resulting marginalization, has resulted in persistent health disparities between Aboriginal peoples and the general population. For Aboriginals, mental health must be viewed as connected to broader issues such as spirituality, culture and social conditions. Any delineation of mental-health problems and disorders must encompass a recognition of the historical and socio-political context of Aboriginal mental health, including the impact of colonization; trauma, loss and grief; separation of families and children; loss of traditional lands; loss of culture and identity; and the effect of social inequity, stigma, racism and ongoing losses. This historical and cultural context demands that services be delivered with cultural competence and cultural safety.
- Immigrant populations face mental-health challenges that call for cultural competence and cultural safety. Furthermore, immigrant groups face barriers to service, such as language, awareness, systemic discrimination, socio-economic barriers and stigma.

- *Gender* – Women typically report poorer overall mental health than men. Lifetime prevalence of major depression for women is double that of men, and women are more prone to experience stress caused by life events. The causes of women’s depression often lie elsewhere: unequal access to wealth and resources; low social status in the household and society. Research has shown that diagnostic processes and criteria for some mental-health conditions may be gender biased, allowing women (and their clinicians) to more readily identify mental-health concerns.

To create and maintain a person-centred approach, the New Brunswick system must be responsive to diversity within the population. Services in rural communities must be made more accessible and directed toward the reduction of regional disparities. The challenges experienced by youth must be addressed early and with appropriate interventions. Effective hospital, long-term care, home and community supports must be more accessible. Training and services must be delivered in a manner that is culturally competent and culturally safe. A single service-delivery or treatment approach does not address all needs; a variety of tools must be used to allow providers to respond in a dynamic and effective manner to the many sectors in society.

**Commitment 3.1 Federal, provincial and Aboriginal representatives will collaborate in service delivery to address disparities between the mental health of Aboriginals and the general population by raising awareness; and by adapting and integrating mental-health-care services.**

- 3.1.1 The Department of Health will participate in a provincial Aboriginal health advisory committee to ensure regular consultation takes place between it and Aboriginal communities.
- 3.1.2 The Department of Health will invite Aboriginal communities, Health Canada and the regional health authorities to participate in a wisdom committee to improve communication and service delivery on- and off-reserve.
- 3.1.3 The Department of Health will continue to work with First Nations, Aboriginal organizations and the federal government on initiatives that will raise awareness and adapt and integrate mental-health-care programming while respecting the knowledge and traditions of Aboriginal people.
- 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.

3.1.5 The Department of Health will work with the regional health authorities and partners toward adapting acute and tertiary facilities programs to better meet the mental-health-care needs of Aboriginals.

3.1.6 Frontline staff from the departments of Public Safety, Health, Education and Social Development will participate in a one-day Aboriginal awareness training session including, among many other culturally relevant topics, a discussion on cultural competency and cultural safety.

3.1.7 The Department of Wellness, Culture and Sport will be adapting the Link Program to better meet the needs of Aboriginal youth by recognizing services and programs available in the First Nations communities.

3.1.8 A self-reported survey of Aboriginal students in grades 6 through 12 will be undertaken to produce a wellness profile relative to healthy eating, physical activity, smoke-free living, mental fitness and resilience.

**Commitment 3.2 Develop age-appropriate, culturally competent and culturally safe treatment for all sectors of society.**

**Youth**

- 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/behavioural; addiction/mental health; and familial. This will create another tier of service to provide more timely response to children’s mental-health-care needs.
- 3.2.2 The Department of Social Development, in partnership with the departments of Education, 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.







3.2.3 The departments of Health and Social Development will collaborate to ensure the protocol for service delivery to children in care of the minister is revised and will establish an accountability framework that ensures continuity of care for joint clients.

#### Seniors

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

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.

3.2.6 The departments of Social Development and Health will strike a committee with their respective agencies and stakeholders to ensure comprehensive mental-health-care-services are provided to seniors in residential home settings.



#### Location

3.2.7 The Department of Health will establish clinical protocols and consultation for the use of tele-mental health videoconferencing units to support delivery of specialized service to rural areas.

3.2.8 The Economic and Social Inclusion Corporation will provide funding for community transportation alternatives, such as Dial-a-Ride, to support seniors, low-income earners and others to obtain transportation for appointments, work, training and related activities.

#### Newcomers

3.2.9 The Department of Health will introduce web-based educational materials for newcomers to the province and country to help them navigate the health-care system.

3.2.10 The Department of Health will work with the regional health authorities to engage mentors with the appropriate linguistic capacity to help health-service providers deliver care to persons with mental illness who do not speak the language of that health-care provider.

#### Gender

3.2.11 The Women's Issues Branch will continue to fund outreach programs in delivering individual support to women who have experienced violence and/or sexual assault.

3.2.12 The Women's Issues Branch and Liberty Lane Inc. will co-ordinate and fund training for new facilitators to deliver Concurrent Group Program for children exposed to domestic violence and their mothers. This program helps mothers understand, cope with and effectively manage their children's behaviours.

3.2.13 The Women's Issues Branch and the Department of Health will support the University of New Brunswick research project IHEAL (Intervention for Health Enhancements After Leaving). IHEAL is research on interventions that help in coping and recovery; it will provide evidence to support better practices to promote mental health in women who have experienced partner violence.



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## GOAL 4

### Collaborating and belonging: family, workplace and community

With the adoption of a person-centred approach, it is not enough to look solely at an individual's treatment within the health-care system. Rather, it is essential to consider the person within his or her social context. Isolation is both a cause and a consequence of mental illness, and it has a profound effect on health outcomes. Discrimination, lack of education, unemployment and poor living conditions can limit a person's social network. As a consequence, too many persons living with mental illness are disconnected from their communities. They want, but do not always have, "a home, a job, and a friend" (*Together into the Future*).

In his report, Judge McKee observes that, "A comprehensive system recognizes the importance of social cohesion and inclusion for the mental health of all people, particularly those with mental illness who are at risk for poverty and marginalization" (*Together into the Future*). A person living with mental illness belongs to a family, a community and a province. To support that person in his or her journey toward recovery, it is recognized that family members, peers, educators, employers, health-care providers and government agencies all have a role to play. Successful partnership among them will contribute to positive outcomes. Each person must be given the opportunity to contribute his or her strengths, regardless of life's challenges.

#### **Commitment 4.1 Family members and supporters are accepted as full-fledged, contributing members of the treatment team in a way that respects consent and privacy.**

4.1.1 The Department of Health will form a task group composed of persons with lived experience, their families and service providers, to develop implementation guidelines as to involvement of family members in treatment and recovery.

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

#### **Commitment 4.2 Provide education, training, employment and transition-to-work programs for those living with a mental illness.**

4.2.1 Through the Transition to Work initiative, the departments of Social Development and Post-Secondary Education Training and Labour are reviewing policies and programs and developing new interventions and benefits supporting training and employment for low-income earners.

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.

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.



#### **Commitment 4.3 Enhance and expand initiatives to support those living with mental illness**

4.3.1 The Department of Health will work with the New Brunswick Mental Health Consumer Network and the New Brunswick Mental Health Activity Centre Association to increase opportunities for vulnerable citizens to access mutual support, stay well and avoid hospitalization.

4.3.2 The Department of Health will provide financial resources to the Schizophrenia Society to enable it to work with activity centres to offer *Your Recovery Journey*, a program designed to assist individuals in living with mental illness.

4.3.3 The Department of Health will promote awareness of the 26 activity centres through its website.

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## **GOAL 5**

### **Enhancing knowledge**

With the placement of the person at the centre of care, success will depend on all stakeholders having an adequate knowledge of current issues in mental health and mental illness. Knowledge enhancement must be accomplished on two fronts. Firstly, persons living with mental illness, as well as their families and other supports, must be informed to make educated choices in their treatment plans. Secondly, all health-care and other service providers must be attuned to mental-health issues.

Mechanisms to enhance the knowledge of all partners are needed. Persons living with mental illness must have current information on their condition and how it is treated as well as government programs and system supports. These persons and their families also benefit from networks used to share experiences with their peers.

It is equally important to ensure that health-care providers are apprised of new developments and programs. This will ensure that the health-care system is attuned to the needs of service users. The Department of Health fosters the recruitment and retention of highly qualified mental-health-care professionals, and those working in the regional health authorities often form a part of emerging multidisciplinary teams. In this manner, the appropriate expertise is continually fostered. Mental-health-care professionals also enhance skills from learning of the latest professional practices and research.

Finally, those persons having an influence on persons living with mental illness, such as teachers' assistants, methods and resource teachers, guidance counsellors, police and correctional officers, should be well-versed in dealing with issues involving mental health and mental illness.

#### **Commitment 5.1 Inform those living with mental illness and their families and other significant individuals about mental illness, the recovery model and mental-health promotion.**

- 5.1.1 The Department of Health will promote the use of the knowledge exchange infrastructure established by the Mental Health Commission of Canada.
- 5.1.2 The Department of Health will collaborate with the Mental Health Commission of Canada to pilot the Mental Health Family Link Project, which involves developing a national family caregiver virtual peer support network.

#### **Commitment 5.2 Enhance the knowledge of health-care providers by introducing curriculum on mental health promotion; anti-stigma; the recovery method; collaborative models of care; culturally competent and culturally safe services in academic institutions; and the provision of compulsory ongoing training under clinical supervision.**

- 5.2.1 The departments of Health and Post-Secondary Education, Training and Labour will work with professional associations, employers and program directors or curriculum officers at colleges and universities to have them include the above-noted concepts within training.
- 5.2.2 The Department of Post-Secondary Education Training and Labour will work with New Brunswick teaching institutions to promote representation of mental-health-care associations on their curriculum development advisory committees.
- 5.2.3 The Department of Health and the regional health authorities will create a resource inventory to share clinical expertise.
- 5.2.4 The Department of Health will develop an online cultural toolkit with input from First Nations in New Brunswick, health-service providers and literature of promising practices in cultural competence and cultural safety.

#### **Commitment 5.3 Enhance the knowledge of health-care providers by supporting mental-health-care research.**

- 5.3.1 The Department of Health will work with universities with regard to applied mental-health-care research.
- 5.3.2 The Department of Health is collaborating with the Mental Health Commission of Canada with respect to community-based research in Moncton, including homelessness as related to mental illness, and how better to support the homeless population who suffer from mental health and addiction issues. The Department of Health will seek opportunities for replication of the research, based on the results of this project.
- 5.3.3 The Department of Health will work with the regional health authorities to promote opportunities for mental-health-care professionals to conduct research.

**Commitment 5.4 Enhance the knowledge of government and other service providers through education and on-the-job training with respect to mental-health issues.**

- 5.4.1 The Department of Health will fund awareness training, the *Changing Minds* program, for frontline workers in the health, social and educational fields.
- 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.
- 5.4.3 The Department of Health will offer training to duty counsel and legal aid lawyers about mental-health issues for those in conflict with the legal system.
- 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.



**Commitment 5.5 Implement an effective recruitment and retention strategy for mental-health-care professionals.**

- 5.5.1 The Department of Health will work with the regional health authorities in identifying the most acute areas of need for psychology services and expand its psychology residency program to address those areas.

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**GOAL 6**  
**Reducing stigma by enhancing awareness**

Persons living with mental illness need more than change within government service delivery; they need sweeping change to societal attitudes toward mental illness. In his report, Judge McKee identifies a recurring theme in the consultation process: the myths, misconceptions and stereotypes surrounding mental illness, and the manner in which these attitudes and prejudices hamper the individual's efforts to seek treatment, recover and function well in social and work settings. Although public awareness has improved in recent decades, and New Brunswick's *Human Rights Act* prohibits discrimination based on mental disability, the issue of stigma continues to be a persistent and pervasive problem.

Stigma must be eliminated so that persons living with a mental illness no longer experience shame or discrimination. They will have the equality, respect and dignity afforded to other members of society. The beliefs, attitudes and behaviours that inform interaction with those experiencing a mental illness should be equivalent to those linked to physical illness. This can only be accomplished through a comprehensive, multi-layered approach.

**Commitment 6.1 Promote respect and acceptance by initiating anti-stigma initiatives to target the public and the health-care sector.**

- 6.1.1 The Department of Health will initiate an anti-stigma program to change public attitudes and behaviours, and it will link to the Mental Health Commission of Canada's anti-stigma program as it is developed.
- 6.1.2 The Department of Health will link its campaign with social marketing initiatives under the *Live Well, Be Well. New Brunswick's Wellness Strategy*, which are integrative and cover all components of the wellness strategy using a social inclusion model.

## **Commitment 6.2 Reduce stigma and promote inclusion in educational, workplace and community settings.**

- 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.
- 6.2.2 The Department of Health will promote inclusion in communities by using social networking websites to share lived experience; and by sponsoring cultural activities and events that depict a “picture of inclusion.”
- 6.2.3 The Department of Health will engage other Atlantic provinces to create a workplace toolkit to sensitize employers to issues regarding mental illness.
- 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.

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## **GOAL 7**

### **Improving the mental health of the population**

The importance of mental health and wellness for all New Brunswickers cannot be overstated. Mental health means much more than the absence of mental illness. Rather, mental health may be understood holistically, as it is in First Nations communities, as:

psychological wellness, which is part of the full circle of mind, body, emotion and spirit, with respect to tradition, culture and language. This gives rise to creativity, imagination and growth, and enhances the capacity of the community, family group or individual to interact harmoniously and respond to illness and other adversity in healing ways that resolve conflicts constructively, promote improved function and the healthy development of children. (1990-1991 *Health Canada/First Nation Round Table*)

It is important to recognize that individuals experience varying states of mental health, regardless of whether they are living with a mental illness. Even in the presence of a mental illness, a person can realize his or her potential, work productively and make a meaningful contribution to society. Conversely, individuals who do not have a mental illness may be unable to cope with day-to-day challenges, feel isolated or live without hope for the future.

Trends in health care, including the mental-health-care sector, seek to emphasize and promote the importance of population wellness. Wellness prevents disorders from developing and addresses them early in the cycle. A general culture of wellness will promote the mental health of all.

Mental health not only shapes the perception of the world and its challenges; it is inter-dependent with physical health, earnings, education and standard of living. Mental-health issues are thereby integrally related to social determinants of health. Factors such as poverty and discrimination can make an individual more vulnerable to mental-health issues. Conversely, these issues can impair the ability to experience positive social interaction, education, employment and prosperity. Supporting population wellness will involve addressing gaps in the social determinants of health as set out in New Brunswick's *Economic and Social Inclusion Plan*. Consistent with this plan will be active efforts in health promotion and prevention of mental illness.

Developing mental fitness and resilience will support mental health and are key to overall health and sense of well-being. New Brunswick's *Wellness Strategy* has observed that while mental fitness and resilience are precursors to positive behavioural change, they are neither well understood nor widely integrated in government programming. Although the Department of Health promotes wellness through education, information and advocacy, many opportunities are available to develop an environment of greater community resilience and achieve better mental health for all New Brunswickers.

## **Commitment 7.1 Identify successful mental health promotion and prevention initiatives, and introduce or expand upon these programs throughout the province.**

- 7.1.1 The Department of Wellness, Culture and Sport will prepare an inventory of community wellness engagement and mobilization initiatives.
- 7.1.2 The Department of Health will further develop its suicide prevention initiatives, including improvements to community partnerships with suicide prevention committees.
- 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.
- 7.1.4 The Department of Health will expand the Youth Engagement Initiative throughout the province to mobilize communities and build community capacity to support youth in mental health.

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

7.1.6 The Department of Health will implement an assessment of 18-month-old children to promote healthy children and families and to identify concerns at a younger age.

7.1.7 The Department of Social Development, in collaboration with early intervention agencies, will promote sensitive and responsive parenting of infants by encouraging more mothers to participate in the infant parent attachment program offered through Early Intervention Services.

**Commitment 7.2 Increase mental fitness in the population by implementing elements of New Brunswick's *Wellness Strategy* in partnership with the lead Department of Wellness, Culture and Sport, and government and non-governmental organization partners.**

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.

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.

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.

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

7.2.5 The departments of Health and Wellness, Culture and Sport will support policies and develop legislation supporting wellness, such as promotion of mental fitness and resiliency, banning smoking products, and smoke-free public places.

## PROGRESS MONITORING FRAMEWORK

To track the progress of the *Action Plan for Mental Health in New Brunswick 2011-18*, a number of key objectives and targets have been established, as outlined in the table below:

Goals and Action Items	Objective	Target
<b>Goal 1 Transforming service delivery through collaboration:</b>		
1.1.3 Create an inter-departmental case management process to ensure continuity of service to all persons living with mental illness.	Increase the number of youth who benefit from the timely, effective, integrative approach provided by an integrated service delivery model.	400 youth served by 2013
1.1.4 Introduce models of treatment in each zone, in the form of assertive community treatment teams and flexible assertive community treatment teams, that will provide community interventions consistent with the recovery model to those suffering from serious mental illness. Such teams, which will include peer support, will respond to individual needs by identifying barriers and ensuring that housing, employment and treatment are provided.	To support individuals living with mental illness in their recovery by providing least-intrusive, comprehensive services.	By 2018, there will be a 15 per cent reduction in psychiatric unit hospital days

Goals and Action Items	Objective	Target
1.1.6 The Department of Health will implement early psychosis intervention services provincially.	To provide young people experiencing their first psychotic break with intervention and treatment as quickly as possible following their initial onset of symptoms	By 2014, about 100 will receive early psychosis intervention services
<b>Goal 2 Realizing potential through an individualized approach</b>		
2.1.2 The Department of Health will work with the regional health authorities to implement change management relative to the recovery model, in order to foster the attitudes, practices and skills that form the foundation of recovery-based approaches.	To enhance staff attitudes, practices and skills with respect to recovery- based approaches  To improve Community Mental Health Centre clients' level of engagement in their treatment plans.	By 2015, a staff survey will reveal positive changes in the attitudes, practices and skills of staff.  By 2015, the Community Mental Health Centre Client Satisfaction Survey will indicate an increase of 10 per cent of CMHC clients reporting the highest level of engagement in their treatment plan
2.2.2 The Department of Health will offer training and support to enhance mental-health-care capacity in primary-care settings. This will integrate mental-health-care into primary health care delivery and permit upstream management of mental health stressors and illnesses.	To provide broadened and more upstream access to timely service delivery for persons living with mental illness.	By 2017, there will be a 10 per cent reduction in the waitlist in Community Mental Health services
<b>Goal 3 Responding to diversity</b>		
3.1.6 Frontline staff from the departments of Public Safety, Health, Education and Social Development will participate in a one-day Aboriginal awareness training session including, among many other culturally relevant topics, a discussion on cultural competency and cultural safety.	To improve the cultural competency of front line staff	By 2014, 100 front line staff will receive cultural competency training
3.2.7 The Department of Health will establish clinical protocols and consultation for the use of tele-mental health videoconferencing units to support delivery of specialized service to rural areas.	To increase access to specialized services in areas of the province where resourcing is an issue.	By 2014, at least 140 new clients will be provided services through Telemental Health
<b>Goal 4 Collaborating and belonging : family, workplace and community</b>		
4.3.2 The Department of Health will provide financial resources to the Schizophrenia Society to enable it to work with activity centres to offer <i>Your Recovery Journey</i> , a program designed to assist individuals in living with mental illness.	To enhance the ability of individuals living with mental illness to self-manage their condition.	By 2015, <i>Your Recovery Journey</i> program is delivered to 100 participants by SSNB in conjunction with Activity Centres

Goals and Action Items	Objective	Target
<b>Goal 5 Enhancing Knowledge</b>		
5.4.1 The Department of Health will fund awareness training, the <i>Changing Minds</i> program, for frontline workers in the health, social and educational fields.	To improve knowledge base and skills of frontline workers who serve individuals living with mental health issues.	By 2016, 375 frontline workers in government will receive the <i>Changing Minds</i> program
<b>Goal 6 Reducing stigma by enhancing awareness</b>		
6.1.1 The Department of Health will initiate an anti-stigma program to change public attitudes and behaviours, and it will link to the Mental Health Commission of Canada's anti-stigma program as it is developed.	To improve public knowledge, attitudes and behaviours regarding mental health issues	By 2017, increase by 15 per cent the number of persons with a mental health issue who report a high sense of belonging in their communities.
<b>Goal 7 Improving the mental health of the population</b>		
7.1.4 The Department of Health will expand the Youth Engagement Initiative throughout the province to mobilize communities and build community capacity to support youth in mental health.	To increase the number of youth with the knowledge and skills to be leaders within their respective communities, thus building individual and community resilience.	By 2014, 300 youth will have participated in the Youth Engagement Initiative

## MOVING FORWARD

The goals identified in this plan are ambitious and far-reaching. We want to achieve good mental health for all New Brunswickers. For those experiencing a mental illness, we want to offer the individualized supports and services that will permit taking control of their treatment path and achieving personal objectives, free of stigma and discrimination. To achieve these objectives, New Brunswickers must see themselves in this plan and contribute to it.

At its core, the transformation of the mental-health-care system is about changing the relationships between those working in this system and the people they serve. A redefined relationship means that those experiencing a mental illness will have more control over their lives, including their health care. Their needs may extend beyond those related to a clinical diagnosis, such as housing and social inclusion. These needs will be recognized and supported to permit recovery and mental health. Improved access to service, combined

with greater collaboration across departments, will permit all stakeholders to be more responsive to these individual needs.

Increasing the public profile of mental health and mental illness and increasing knowledge among all stakeholders will increase understanding that mental health is essential and that none of us is immune to the distress of mental illness. Each of us must safeguard our health, including our mental health, and foster resilience that will allow us to achieve our potential. Those experiencing mental-health problems will experience greater acceptance in their communities, workplaces and schools. They will be supported in their goal to realize the same opportunities that we all cherish – a decent home, secure employment and a rewarding personal life.

We will work with all of our partners to chart our course and move forward, refining our goals and expanding our commitments as we implement the many initiatives in this seven-year action plan.



## GLOSSARY

The *Action Plan for Mental Health in New Brunswick* uses a number of terms that are defined for the purposes of this document:

**Activity centres** are largely operated by, and for, persons with mental illness to provide social, vocational, recreational and advocacy activities. They help people become more independent of formal services by means of peer support, education and mutual self-help.

**Assertive community treatment team** is a special multidisciplinary team giving support to clients experiencing serious and persistent mental illness, using highly individualized long-term services provided primarily in the person's home, neighbourhood or place of employment.

**Cultural competence** refers to the skills, knowledge and attitudes of health practitioners that respect and account for the social, religious, linguistic, political and historical contexts of different groups.

**Cultural safety** is predicated on understanding the power differentials inherent in health-service delivery and redressing these inequalities through educational processes. Patients define what "safe service" means to them.

**Determinants of health** are interactions between social and economic factors, the physical environment and individual behaviours. These include: income and social status, social environment, education and literacy, employment, personal health, health services, gender, culture, genetic and biological factors.

**Economic and social inclusion** means the ability of a person to participate fully in the economic and social activities of society.

**Knowledge Exchange Program** is an initiative of the Mental Health Commission of Canada. It is an Internet-based, pan-Canadian exchange of information among stakeholders on evidence-based developments in mental health.

**Mental fitness** refers to the state of psychosocial well-being that means having a positive sense of how one feels, thinks and acts and which improves our ability to enjoy life.

**Mental health** is a state of well-being in which the individual can realize his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to her or his own community.

**Mental illness** means clinically significant patterns of behaviour or emotions associated with some level of distress, suffering or impairment in one or more areas such as school, work, social and family interactions, or the ability to live independently.

**Persons with lived experience** refers to individuals who have had experience living with mental illness.

**Recovery** may or may not include clinical recovery or "cure." Rather, it is "seen as a journey by which a person comes to live a meaningful life, despite having experienced the 'crisis' of a mental illness" (*Canadian Journal of Community Mental Health*). This model of assessment and treatment is one that communicates hope, develops new skills and knowledge, and encourages an individual's responsibility for his or her health. Its approach focuses on the strengths possessed by the individual rather than the limitations that his or her mental illness may impose (*Community Mental Health Journal*).

**Resilience** refers to the individual's ability to adapt and persevere in the face of life's challenges.

**Self-determination** means that the individual has the ability to reflect on, formulate and act on personal decisions that contribute to emotional and physical growth.

**Stigma** refers to beliefs and attitudes about mental-health problems and illnesses that lead to the negative stereotyping of people living with mental-health problems and illnesses and to prejudice against them and their families.

**Your Recovery Journey** is a program based on a peer-support model for those experiencing mental illness that is designed to increase participants' ability to meet their personal recovery goals by enhancing their self-determination and quality of life.

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## APPENDIX A

### NEW BRUNSWICK STUDIES AND STRATEGIC INITIATIVES

The development of the *Action Plan for Mental Health in New Brunswick* coincides with a number of other studies and strategic initiatives by the provincial government. This plan is closely aligned with the broader goals of improving social determinants of health, cultivating a culture of wellness and promoting collaboration. It is derived from the results of the New Brunswick Mental Health Task Force Report, *Together Into the Future: A Transformed Mental Health System for New Brunswick*.

- *Hand-in-Hand: A Review of First Nations Child Welfare in New Brunswick*, a report by New Brunswick Child and Youth Advocate on the situation of First Nations children, is a call to action for greater collaboration within the public sector by introducing a new model of First Nations child and family services delivery; and in improving the lives of First Nations children.
- Spearheaded by Department of Social Development, *Overcoming Poverty Together: The New Brunswick Economic and Social Inclusion Plan* has established a collaborative governance model and action plan aimed at providing opportunities for employment, personal development and community engagement for all New Brunswickers. Initiatives such as social assistance reform, raising the minimum wage, community transportation alternatives and community participation opportunities will help persons living with mental illness.
- *Hope is a Home - New Brunswick's Housing Strategy* is a five- year strategy from the New Brunswick Housing Corporation and the Department of Social Development, which recognizes that the provision of housing is more than good social policy; it is also good education , health care, economic and community development policy .
- *Live Well, Be Well. New Brunswick's Wellness Strategy 2009-2013*, from the Department of Wellness, Culture and Sport, envisions healthy New Brunswickers who live, learn, work and play in a culture of well-being.
- *Be Our Future: New Brunswick's Population Growth Strategy* outlines the plan of the Population Growth Secretariat to increase the New Brunswick population by attracting newcomers to the province.
- The New Brunswick Advisory Committee on Violence Against Aboriginal Women released *Strategic Framework to End Violence against Wabanaki Women in New Brunswick*, which outlines several potential actions in the areas of capacity building, prevention and education, and service delivery. The framework is intended to guide provincial and federal governments, First Nation leaders, and Aboriginal and non-Aboriginal service providers and agencies so that they can develop and implement actions in their respective and collaborative spheres to address violence against Wabanaki women in New Brunswick.
- *Ashley Smith: A Report of the New Brunswick Ombudsman and Child and Youth Advocate on the services provided to a youth involved in the youth criminal justice system (the Ashley Smith Report)* includes a review of the services provided by the departments of Public Safety, Social Development, Health, Education and Justice and Consumer Affairs. The report outlines 25 recommendations, and it reiterates the importance of tailoring the educational system to the needs of youths suffering from mental illness or severe behavioural disorders, and the availability of mental-health-care-services to children and youths who are sentenced to serve custodial time.
- *Connecting the Dots* is a report by New Brunswick Child and Youth Advocate on the situation of children with complex needs.
- The provincial government issued *Reducing the risk, addressing the need: Being responsive to at-risk and highly complex children and youth* in response to the *Ashley Smith Report* and *Connecting the Dots*, setting out collaborative relationships that have been established among government departments with a view to integrated service models for children.
- *2009 Attitudinal Survey on Violence Against Women*, prepared for the Executive Council Office, Women's Issues Branch, examined concerns about violence, public perceptions of violence against women, general attitudes toward women, causes of violence against women, awareness of services, and prevention and intervention.
- *Be Independent. Longer: New Brunswick's Long Term Care Strategy* builds on a foundation of health and wellness promotion, support for families, and assistance to help seniors live independently as long as possible.

- *When Kids Come First* represents the provincial government's vision for building the best education system in the country. It identifies three goals, eight commitments and more than 140 specific actions that will move New Brunswick toward becoming a leader in education.
- *Connecting Care and Challenge: Tapping Our Human Potential; Inclusive Education: A Review of Programming and Services in New Brunswick*, by A. Wayne MacKay. This study makes recommendations on inclusive education in New Brunswick, with a view to educating all students in a way that allows them to reach their full potential as valuable human beings while allowing them to contribute to their communities.
- *A Better World for Women: Moving Forward (2005-2010)* represents a continuation of initiatives from the first action plan, *A Better World for Women: Government's Response to the Minister's Working Group on Violence Against Women (2002-2005)*. It is based on advice received through consultations and training, findings from examination of service delivery gaps and better practices in other jurisdictions and the ongoing input of the Minister's Working Group on Violence Against Women.
- *Research Project on Death by Suicide in New Brunswick*, which examined 102 cases of suicide that occurred in New Brunswick between April 1, 2002, and May 31, 2003. Ninety-seven per cent of the suicide victims had one mental health problem, and 75 per cent had two or more mental health challenges. Alcohol and drug abuse was identified in 61 per cent of the cases.