

# Inter-Departmental Addiction and Mental Health Action Plan

Priority areas for 2021–2025 Addiction and Mental Health Branch



# Inter-Departmental Addiction and Mental Health Action Plan Priority areas for 2021–2025

Published by:

New Brunswick Department of Health Addiction and Mental Health Branch Government of New Brunswick P. O. Box 6000 Fredericton, New Brunswick E3B 5H1 Canada

Printed in New Brunswick

ISBN 978-1-4605-2734-4 (print edition) ISBN 978-1-4605-2834-1 (PDF: English) ISBN 978-1-4605-2835-8 (PDF: française)

13099

# **Table of contents**

ackground	. 1
urrent State	. 1
cope and Guiding Principles	. 2
roven Frameworks and Models	. 2
oals and Priority areas	. 4
leasures	. 5
ndigenous Focus	. 6
novation and e-Health Solutions	. 6
loving Forward	. 6
eferences	. 6
ppendix A: Work since last action plan	. 7
ppendix B: New referral statistics	. 7



# **Background**

The Action Plan for Mental Health in New Brunswick 2011-2018 led to the development of several foundational documents, created in a collaborative effort to affect transformative change in service delivery. These documents include the *Change Vision: Helping People in Their Recovery Journey - Addiction and Mental Health Program Guidelines (2013)* and the *Provincial Operational Guidelines for Recovery-Oriented Services in the Community (2015)*. The Action Plan also provided direction and priorities for the work of the Department of Health's Addictions and Mental Health Branch. This led to numerous projects and initiatives (appendix A), such as implementation of a Live-In Concurrent Disorders Treatment Program in Campbellton; an Intensive Day Treatment Program in Moncton; the Integrated Service Delivery Model for Children and Youth; Flexible Assertive Community Treatment Teams for those with severe and persistent illness; and Supervised Community Care.

External critical reports over the same period such as Failure to Protect: Office of the Ombud NB Special Report Regarding the Restigouche Hospital Centre and the 2018 Report of the Auditor General of New Brunswick: Addiction and Mental Health Services in Provincial Adult Correctional Institutions also influenced departmental priorities.

### **Current State**

Over the past five years, there has been a 16% increase in demand for addiction and mental health services (nine per cent for adults and 33% for youth) (appendix B). Wait times for new high priority addiction and mental health referrals have been on the rise, with less than 50% of high priority cases receiving treatment within national benchmarks. This coupled with an estimated 51% of New Brunswickers identified as being at risk of developing negative mental health impacts as a result of the unprecedented COVID-19 pandemic suggests that the need for support/service will continue to rise. The impact of addictions and mental health issues can also be seen in the realm of Justice and Public Safety. The Crime Severity Index for New Brunswick rose by nine per cent from 2018-2019, driven by increases in mischief, breaking and entering, and trafficking, production, importation and exportation of drugs (i.e. primarily drug-related crimes). New Brunswick currently has the highest Crime Severity Index in the Atlantic Provinces.

The Enhancing Addiction and Mental Health Services (2017-2019) project was one of several initiatives undertaken to help ensure continuity following the Action Plan for Mental Health in New Brunswick 2011-2018. For this project, and several others (appendix A), comprehensive consultations were integral components. More than 300 individuals were consulted, including clinicians, clients and their families and a wide range of key stakeholders. The initiatives undertaken and consultations conducted over the last three years have led to over 200 recommendations. A common emerging theme: New Brunswick lacks a continuum of care. Our current services have significant gaps, especially in early stage and lower intensity prevention and intervention.

Mental health is also becoming an increasingly prominent area of concern for community partners and the public with a recognition that mental health is as important to one's overall well-being as physical health. It is an area that has grown in size and scope. Given the broadly defined, cross-cutting nature of the social determinants of health (including income, housing, education, employment and the experience of discrimination or racism) and their significant impact on overall health and well-being, it is recognized that addiction and mental health issues are affected by and impact the work of multiple government departments. This plan was developed to serve as a framework to guide and align current visions, plans and priorities, as well as to foster increased collaboration amongst stakeholders and partners in mental health.

The plan is also in line with the three main goals of the Department of Health's Strategic Plan: (1) Improve the health and well being of New Brunswickers; (2) Increase alignment and accountability of the health system and its partners; and (3) Improve efficiency and effectiveness of delivery of health services.

# **Scope and Guiding Principles**

It is helpful to view mental health as a continuum, with individuals ranging from being mentally healthy to mentally ill. This model can help highlight the importance of effectively addressing mental health and addiction concerns early to prevent more debilitating problems from developing.



The prevalence of co-occurring addiction and mental health issues is high. This five-year plan takes this fact into consideration and will ensure an ongoing focus on the integration of addiction and mental health services across the province. The plan will also support broader integration, collaboration and knowledge exchange between mental health, acute care, primary care, public health and other government departments that are stakeholders in mental health.

To ensure a comprehensive approach to mental health and addictions from a population-health perspective, a focus on substance use prevention is an essential complement to the continuum of care. From a population-health perspective, the use of alcohol, tobacco, vaping products and cannabis continues to be problematic across New Brunswick. This has significant implications for mental health and well-being, non-communicable disease and premature mortality, intentional and unintentional injury and community safety. Evidence-informed substance use prevention efforts are required to improve population health and to decrease the burden on health-care, social and judicial resources. Effective upstream prevention efforts will reduce the demand for more intensive services thus supporting greater efficiency and capacity within the addiction and mental health-care system. Most importantly however, this will contribute to a healthier, more resilient New Brunswick over the long term.

This plan also includes a commitment to closing the gap on inequities. There are regional disparities in services available, there are socioeconomic inequities and there is variable access to technology. Because of this, individuals are not all starting from the same baseline. Some individuals and some communities will need greater support/action than others to achieve the same benefits.

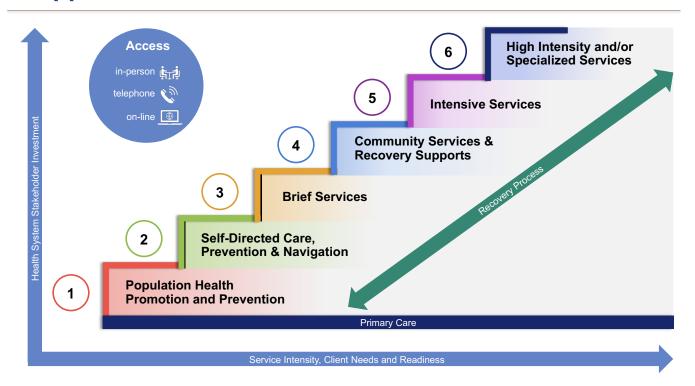
Also, for the initiatives contained in this plan to be successful, there is a need to continue to engage stakeholders effectively throughout the implementation process. This includes both community stakeholders and those with lived experience.

### **Proven Frameworks and Models**

To help provide a clear path forward, proven frameworks were chosen to guide this plan. Based on foundational reports, practice-based evidence, consultations and resulting recommendations, the adoption of the Stepped Care Model is the first step in ensuring broad-reaching improvements across the continuum of care and in addressing existing gaps in the system. The New Brunswick Stepped Care Model is depicted in the following illustration.

Developed at Memorial University in Newfoundland and Labrador, and adapted from the original U.K. model, Stepped Care 2.0 has been identified as the model to help organize services within a flexible larger scale continuum of care in New Brunswick. Client-centric as opposed to process driven, the model is efficient and effective, and cuts across silos within the overall system. Matching individuals with the least intensive treatment required with the greatest likelihood of improvement leads to a better functioning system with increased access. This occurs through a more efficient and self-corrective system of care that provides ongoing flexibility to step treatment intensity up or down according to a client's level of distress and need. A key feature of this model will be the implementation of rapid, same-day access to addiction and mental health services through walk-in services and web-based information and resources. Early intervention is expected to lead to the prevention of more serious mental health and addiction conditions. Another unique component of the New Brunswick Stepped Care Model is the addition of a foundational step for population health promotion and prevention. Population health promotion and prevention extends beyond the health-care system and differs from individualized approaches to support and service delivery. This work advances population-wide results by designing policy solutions that ameliorate structural conditions across the determinants of health and substance use, reducing risk factors and promoting protective factors from a whole-of-society approach.

### **Stepped Care Model**



Recognizing the multifactorial nature of addictions and drug-related harms, a globally recognized framework for approaching drug use was chosen to guide efforts to address these issues. The Four-Pillar Approach to drug use was first implemented in a number of European countries in the 1990s, and has since been incorporated into international, national, provincial and municipal responses and strategies related to drug and alcohol use. This approach, composed of the prevention, treatment, harm reduction and community safety pillars, supports a comprehensive and multi-system approach to addressing this issue. It also recognizes the importance of compassion for those with substance use issues, with the use of supportive approaches, rather than simply tackling the problem by criminalizing those afflicted with illness. The Four-Pillar Approach being adopted by New Brunswick is depicted below:

### PREVENTION HARM REDUCTION **COMMUNITY SAFETY TREATMENT** A broad range of community-Harm reduction involves an Represents the range of Abstinence-based and earlyachievable, pragmatic approach to alcohol and drug issues, and based medical and counselling stage prevention approaches the crime and social disorder interventions, outreach support (education, asset development) and other biopsychosocial seeks to reduce the individual and related to drug and alcohol use. programs to support positive societal harms associated with This pillar represents all behaviour change. substance use. Stopping or delaying the onset criminal justice system, including of substance use among youth In addition, feeling connected to Involves safe, monitoring of drug police, the courts, parole/ and addressing the underlying community and belonging to a use, and an acceptance that causes of drug use, not just the community-driven initiatives intended to enhance community group is critical for both the abstinence is not realistic for all. drug use itself. prevention and treatment of addiction. safety and mitigate social

# **Goals and Priority areas**

The overall goals of this comprehensive five-year plan are as follows:

- Improve Population Health: reduced risk factors and improved access to what is needed to be healthy;
- Improve Access: faster first contact and reduced wait times for services;
- Intervene Earlier: greater access to prevention and early intervention supports and services;
- Match Individuals to Care: easily navigated and more complete continuum of services and supports; and
- Reduce Drug-Related Impacts: communities that are less burdened by the impact of drugs, such as crime, illness, injury and death.

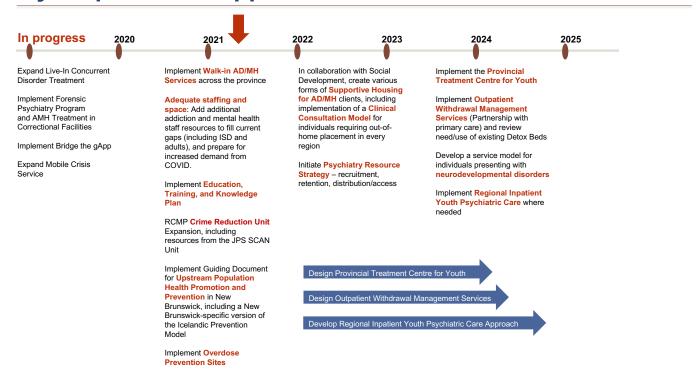
Through extensive consultation, research and exploring current best practice, numerous priority areas were identified. While the five-year plan cannot address all priorities identified, it focuses on 12 key areas that will have a broad impact for individuals, families, communities and the population as a whole. This plan will also integrate a public health approach (prevention and health promotion), encourage interdepartmental action and contribute to building an easily navigated continuum of care for the province.

At present, work is underway to expand live-in concurrent disorder treatment, implement a forensic psychiatry program and addiction and mental health treatment in correctional facilities, implement the Bridge the gApp online platform and expand mobile crisis services. Through a phased-in approach, the plan will focus on the following 12 key priority initiatives from 2021–2025:

- Implementation of walk-in addiction and mental health services across the province;
- Addition of addiction and mental health resources to fill current gaps in staffing and prepare for increased demand from COVID-19;
- Implementation of an education, training and knowledge transfer plan;
- Creation of various forms of **supportive housing** for addiction and mental health clients, including the implementation of a **clinical consultation model** for individuals requiring out-of-home placement;
- Implementation of a guiding document for **upstream population health promotion and prevention** in New Brunswick, including a New Brunswick-specific version of the **Icelandic Prevention Model**;
- Implementation of the provincial treatment centre for youth;
- Implementation of **outpatient withdrawal management services** in partnership with primary care and a review of existing detox beds to determine needs and optimal use;
- Development of a service model for individuals presenting with neurodevelopmental disorders;
- Initiation of a psychiatry resource strategy with a focus on recruitment, retention, distribution and access;
- Implementation of regional inpatient youth psychiatric care where needed;
- Expansion of the RCMP **Crime Reduction Unit**, including resources from the Justice and Public Safety Safer Communities and Neighbourhoods (SCAN) Unit; and
- Implementation of Overdose Prevention Sites.

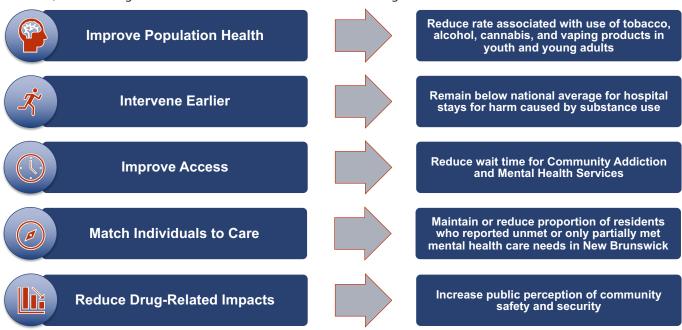
The following illustration details the timeline for the identified priorities over the duration of the five-year plan.

### 5-year phased-in approach 2020-2025



### Measures

It will be important to provide accountability for the provincial resources dedicated to addictions and mental health. Therefore, the following measures will be used to monitor the benefits gained from this Action Plan:



# **Indigenous Focus**

To support healing from the intergenerational impacts of colonization, First Nations need access to culturally safe addictions and mental health services, treatments and supports. As we move forward we will focus on co-creating and collaborating on the development and delivery of services. In an effort on the part of the Department of Health to move towards better fulfilling the above needs, the Action Plan will take the following specific steps:

- Prioritize cultural safety training in the implementation of the Education, Training, and Knowledge Transfer Framework;
- Involve indigenous leaders in co-creating new spaces and services so that they are culturally relevant and welcoming;
- Promote adoption of Icelandic Prevention Model in First Nations Communities;
- Enhance Mobile Crisis Services capacity to respond in First Nations communities; and
- Bridge the gApp will contain First Nations-specific Addiction and Mental Health programs and services.

### Innovation and e-Health Solutions

Improvement and modernization of services needs to involve a focus on innovation and e-Health solutions. Self-serve apps for prevention and for individuals with lower levels of need; building networked models for scarce resources like psychiatrists; leveraging tele-health for improved access in under-resourced areas and to subspecialized services like child psychiatry; and implementing innovative models for new approaches to longstanding problems like youth substance use and supporting youth in care will be instrumental going forward. E-Health solutions will provide opportunities to unlock clinical value and address an important gap between traditional services and the use/maximization of technology to further enhance service offerings and increase accessibility to care to a wider net of individuals, including those facing barriers to access.

# **Moving Forward**

The Government of New Brunswick recognizes the importance of, and urgency in, addressing addiction and mental health in the province. This Action Plan will allow New Brunswick to take steps to address the growing needs of the population. It will work to build an easily navigated continuum of strategies, programs and services, that range from population health-level interventions to specialized intensive inpatient services. It aims to improve the health of the population in general and provide effective services for those experiencing addiction and mental health issues, while also providing early intervention for those with emerging substance use and mental health needs. The plan will also improve access and better match individuals with the least intensive treatment required with the greatest likelihood of improvement, leading to a better functioning system with increased access.

## References

Change Vision: Helping People in Their Recovery Journey - Addiction and Mental Health Program Guidelines (2013), https://www.gnb.ca/0055/pdf/2013/Change Vision.pdf

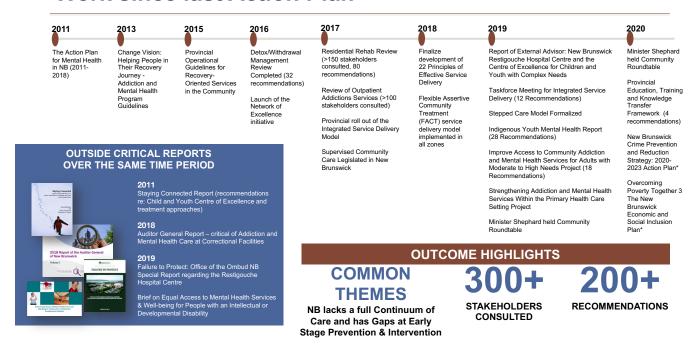
Failure to Protect: Office of the Ombud NB Special Report Regarding the Restigouche Hospital Centre (2019), https://www.gnb.ca/legis/business/currentsession/59/59-2/LegDoc/Eng/February/FailuretoProtect-Ombud-Feb2019-e.pdf

Report of the Auditor General of New Brunswick: Addiction and Mental Health Services in Provincial Adult Correctional Institutions (2018), https://www2.gnb.ca/content/dam/agnb-vgnb/pdf/Reports-Rapports/2018V1/Agrepe.pdf

# Appendix A: Work since last action plan

Work since last Action Plan

### **Work since last Action Plan**



\*Existing approved plans that contain action items related to addictions and mental health

# **Appendix B: New referral statistics**

### New referral statistics: demand grows

	Child & Youth New		Adult New		Total New	
	# of Referrals	% Increase from Previous Year	# of Referrals	% Increase from Previous Year	# of Referrals	% Increase from Previous Year
2015/2016	7,424		21,325		28,749	
2016/2017	8,499	14%	22,239	4%	30,738	7%
2017/2018	10,165	20%	22,866	3%	33,031	7%
2018/2019	10,396	2%	23,525	3%	33,921	3%
2019/2020*	10,097	-3%	23,313	-1%	33,410	-2%
Total % Increase over 5 Years		33%		9%		16%

<sup>\*</sup>COVID impact in 2019-2020 numbers