REVIEW OF MENTAL HEALTH AND ADDICTIONS SERVICES AND SUPPORTS IN PRINCE EDWARD ISLAND

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EXECUTIVE SUMMARY

Introduction

Mental health and addictions issues have enormous personal, social and economic impacts. They are not limited to one age group or one sector of society. Years of lost life, lost workforce productivity, and increased demands on healthcare, police and other social services are just a few of the ways mental health and addictions impact society. Additionally, some segments of Canadian society such as children and youth are particularly at risk for experiencing the negative effects of mental health and addictions issues.

Despite the prevalence and costs of mental health and addictions issues, the literature shows that the financial resources directed towards promoting mental health and preventing and treating mental health and addictions and supporting recovery are much less than what is spent on other disease conditions. This has been the trend for some time and has resulted in significant inequities in being able to get effective and timely services and supports in comparison to other health issues or disabling situations. PEI is not exempt from these national and international trends, which also include increasing pressures on governments to reduce spending and increase effectiveness.

There is reason for hope. Canada has a *National Anti-Drug Strategy*, a national mental health strategy entitled *Changing Directions, Changing Lives* and a majority of provinces and territories have developed plans and strategies for addressing mental health and addictions issues.

Prince Edward Island has committed to improving mental health and addictions services and supports. This commitment was affirmed in the Speech from the Throne in April and November 2012. The 2012 Auditor General Report included a number of recommendations regarding community mental health which government is responding to. The Mental Health and Addictions Services division of Health PEI is engaged in developing and implementing a process of continuous improvement. This review, commissioned by Prince Edward Island Department of Health and Wellness, was undertaken to help further improve efforts and to increase awareness of the broad scope of interventions across the life course that are needed to achieve better health and fewer mental health and addictions issues in the long term. While progress is being made, much more needs to be done. The risks and hardships for individuals, families and society are too great for the status quo to be an option.

Approach and Methodology

This review was commissioned by the Prince Edward Island Department of Health and Wellness. A multi-departmental working group with representatives from a cross-sector of government departments and Canadian Mental Health Association-PEI Division provided direction to the process. Representatives of 22 organizations were interviewed and a public on-line survey gathered feedback from over a thousand individuals which included Islanders with lived experience and their families/caregivers. An extensive literature review was also undertaken. The contents of this report are based on the compilation of information from all sources. The PEI themes were very consistent with the experience of other jurisdictions as reflected in the literature.

Overarching Themes

Information from all sources was analyzed to identify themes in regards to mental health and addictions services and supports in PEI. The following were identified as areas in which gaps and challenges are being experienced and where actions and efforts need to be directed.

- Promotion and prevention are keys to lessening prevalence and the personal and societal costs of mental health and addictions issues in the future.
- Lengthy wait times for assessments, services and supports have a ripple effect on other services and supports and can result in individuals not getting help or intersecting with the justice system instead of a treatment or care setting.
- Service availability is variable across the province. More emphasis is needed on consistency (e.g. every school uses the same addiction programming) and providing services and supports in the community including those for recovery and rehabilitation (e.g. supported housing).
- Individuals and families want an integrated suite of services and supports so they only have to tell their story once. Service providers being able to share the right information is a key element to providing seamless service.
- When individuals with complex needs and in critical situations do not get access to timely and appropriate services it can create high-risk situations for the individuals and many others.
- Mental health and addictions issues create challenges for children and youth that follow them to adulthood. Seniors are a growing percentage of our population and mental health or neurological issues are a reality for many. Both of these groups require services and supports that are relevant to their situation.
- Mental health and addictions are extremely complex and they require many sectors within and external to government to be involved in developing and implementing solutions.

Recommendations

Recommendations were developed based on the gaps and challenges identified from all sources. The following overarching goal and guiding principles are proposed to help guide change.

Overarching Goal

People and their families have the opportunity to experience optimal mental well-being and receive optimal mental health and addictions care in Prince Edward Island through improved access to quality services and support.

Guiding Principles

- A person-centred approach where people with mental illnesses and/or addictions issues and their diverse strengths and needs are respected;
- Engagement and empowerment of people living with mental health and addictions problems and illnesses as an active partner in their own recovery; and
- Evidence-informed seamless quality care through an integrated and coordinated model involving clinical and non-clinical service providers across government and within the community.

Six Priority Areas

To achieve the overarching goal, the following priority areas and objectives are proposed. The recommendations for each priority area are presented in Section 4.0.

(A) ACHIEVING MENTAL HEALTH EQUALITY

Objective: *Mental and physical health are recognized as equally important to individual and societal well-being.*

(B) **ASSURING GOVERNANCE AND ACCOUNTABILITY**
Objective: *Working together, through an effective governance and accountability structure, to ensure people and their families have access to optimal addictions and mental health care and opportunities for mental well-being.*

(C) **INVESTING IN PROMOTION, PREVENTION, AND EARLY INTERVENTION**
Objective: *Investments in promotion and in broad, population based determinants of health as well as prevention and early intervention targeted at vulnerable populations to improve the mental well-being of Islanders.*

(D) **TRANSFORMING THROUGH COLLABORATION AND COORDINATION**
Objective: *Government services and community supports are aligned and integrated for delivery of seamless service where people and their families know what services are available and how to access them even as their needs evolve.*

(E) **STRENGTHENING THE MENTAL HEALTH AND ADDICTIONS WORKFORCE**
OBJECTIVE: *A workforce with the knowledge, skills and commitment to an integrated and coordinated model that enables the delivery of optimal mental health and addiction treatment, support and services.*

(F) **REDUCING STIGMA AND DISCRIMINATION**
OBJECTIVE: *Widespread understanding that addiction and mental illness are no different than other illnesses and disorders such as cancer or diabetes; thereby reducing barriers to accessing services.*

Immediate Action Items

A number of concerns and issues were raised throughout the course of this engagement that require immediate attention. These needs are as follows:

1. increased awareness of the abuse and misuse of illicit and prescription drugs;
2. timely access to clinical and risk assessments for medications, placement, legal proceedings and other;
3. timely access to psycho-educational assessments for children and youth;
4. access to addictions and mental health assessment and treatment services for provincial offenders;
5. access to assessment and clinical support for children and youth with complex needs including those in the legal care of the Province;
6. evaluation of Health PEI's Centralized Children's Intake service; and
7. reduction in stigma and discrimination.

The immediate actions are not meant to be implemented in isolation but rather, are steps in working towards the overall priority areas. Establishing the Cross-Ministry Committee and Advisory Council to initiate and oversee the proposed actions is a necessary first step.

Moving Forward

This review report provides recommendations and immediate actions for improving mental health and addictions in Prince Edward Island. While it will be important to prioritize the recommendations, the first step in moving forward is to develop the Cross-Ministry Committee and Advisory Council and carry out the capacity mapping exercise. The capacity mapping exercise and the recommendations in this

report can then be used to inform development of a province-wide mental health and addictions strategy. The other recommendations can be prioritized as part of developing the province-wide strategy

Additionally, to aid in moving forward with the recommendations in this report, the following is suggested:

- For all stakeholders to embrace, promote, and work towards mental health and addictions equality with clear identifiable results in PEI within the next five to ten years.
- To reallocate resources and make investments of new dollars in mental well-being promotion and mental illness and addictions supports and services in PEI.
- To put the governance and accountability structure into place within 2013.
- For the Cross-Ministry Committee and the Advisory Council to initiate and oversee the capacity mapping exercise as soon as possible. It is important that the capacity mapping includes government and non-government services and supports as well as the promotion of mental well-being, prevention, early intervention, recovery and rehabilitation.
- To develop and implement a longer term strategy for mental health and addictions in PEI based on the capacity mapping exercise and the themes from this review. The longer term strategy must include an implementation plan and allocated resources.

This review is intended as a catalyst to further improve the outcomes for Islanders experiencing mental health and addictions issues.

1.0 INTRODUCTION

1.1 Prevalence and Urgency of Mental Health and Addictions Issues

Mental health and addictions issues have enormous personal, social and economic impacts. They are not limited to one age group or one sector of society. They affect us all directly or indirectly and deserve our attention and concern.

In Canada, in any given year one in five people experiences a mental health problem or illness and by the time Canadians reach 40 years of age, one in two will have had or have a mental illness.[1] By the end of 2020 mental illness will be the leading cause of disability in the western world.[2] Children and adolescents between 9 and 19 years of age account for 15% of Canadians facing a mental problem or illness.[3] Seventy percent (70%) of mental health problems and illnesses have their onset during childhood or adolescence."[4] The proportion of people in correctional facilities with existing mental health problems and/or mental illness is high and has increased in recent years.[5] In addition, an increase in geriatric mental health conditions across the country is anticipated as a result of an aging population. The number of years of life lost due to a mental illness is 1.5 times that of cancer and more than seven times that of infectious disease.[6]

One in 10 Canadians age 15 years or over report symptoms consistent with alcohol or illicit drug dependence.[7] (Public surveys are typically not completed by street youth, the homeless and injection drug users, so usage rates may be underreported). Many people drink or engage in occasional drug use without a negative effect so usage rates do not directly correlate with abuse or addiction rates. Among Canadians who consumed alcohol in the past 12 months, 19% exceeded the guideline for chronic effects (like liver disease and certain cancers) and 13% exceeded the guideline for acute effects (such as injuries and overdoses). Cannabis is the most prevalently used illicit drug followed by cocaine/crack, ecstasy, hallucinogens and speed.[8]

The incidence of alcohol and drug use among youth is particularly concerning. Youth are more likely than adults to engage in risky alcohol and drug use and are more likely to experience greater harm as a result of their consumption.[9] *"Early experience with alcohol and drug use and hazardous patterns of drug-using behavior during adolescence are serious risk factors for developing long-standing problems that continue into adulthood, including dependence and chronic disease."*[10] From 2000 to 2007, 47% of all drivers 19 years of age or younger who died in traffic fatalities tested positive for either alcohol and/or drugs.[11]

One-fifth of Canadians with a mental disorder have a co-occurring substance use problem.[12] Studies are also showing that as many as half of the people seeking help for an addiction have a co-occurring mental illness.[13]

1.2 The Cost of Mental Health and Addictions Issues

There is mounting evidence that the growing cost to society of mental illness is not sustainable.[14] The total cost from mental health problems and illnesses to the Canadian economy is conservatively estimated to be at least $50 billion per year.[15] This cost will continue to accelerate; a cumulative cost of more than $2.3 trillion (in current dollars) is anticipated over the next 30 years.[16] It is widely recognized that individuals living with a mental illness use more general practitioner visits, specialist visits, and hospital days, on average, compared to those without a mental illness.[17] The average medical cost per capita in 2008 was three times greater for individuals with a diagnosed mental illness compared to someone with good mental health.[18]

The cost of harmful use of alcohol, illicit drugs and tobacco in Canada in 2002 was estimated to be close to $40 billion.[19] This translates to an economic burden to Canadians of $1,267 per capita.[20] Costs

were primarily as a result of losses in workplace productivity and increased demands on health care and law enforcement services. In the same year, specialized treatment services for substance use problems were provided at an estimated cost of $1.2 billion with costs to the broader health care system estimated at nearly $3.5 billion.[21] Many Canadians affected by substance use problems do not use specialized addiction services but they do access other sectors of the health care system making it difficult to accurately assess the true economic impact.

Mental illness and addictions have a more significant economic burden than the cost of care. Many individuals with serious mental health and addictions problems are unable to get a good education or work and are denied opportunities to make a contribution to the economy. Individuals and society are impacted by unemployment, costs of social supports, and other costs related to chronic disability. More than one-fifth of the working population in Canada experience mental health problems and illness impacting their work productivity.[22] Absenteeism, presenteeism (present but less than fully productive at work), and turnover accounted for an estimated $6.3 billion in lost productivity nationally in 2011.[23] Mental health problems and illness are among the top three drivers of short- and long-term disability claims according to employers. In addition, it is estimated that many of the more than 150,000 homeless people in Canada live with a mental illness.[24]

1.3 PEI Context

PEI is faced with the difficult situation of balancing mounting fiscal pressures with the needs of Islanders. Health spending in PEI grew from $425 million to $555 million from 2007 to 2012. Total health expenditure as a percentage of provincial gross domestic product (GDP) was estimated to be 17.4% for 2012[25] compared to the 11.6% proportion of GDP Canada spent on health care[26]. However, increasing expenditures in various areas of government as well as other fiscal pressures have resulted in a time of fiscal restraint by the provincial government. The PEI Department of Health and Wellness received a 2 to 3% lower than expected increase in the 2012-2013 provincial budget while many other government departments received a 3 to 5% decrease. The proportion of federal funding for health care has also declined considerably which accounted for only 21.8% of the provincial health budget in 2011-2012 compared to 25.6% in 2007-2008.[27]

1.4 Momentum for Change

Despite the billions being spent in Canada on helping individuals with mental health and addictions issues many people and their families are not getting the help they need and are suffering. Historically, Canada has put a low priority on mental health and addictions issues and has not dedicated resources equal to the prevalence of the issues and their impacts.

THERE IS REASON FOR HOPE. The 2006 report, *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada* served as a wakeup call. It reminded us that the following statement, issued almost fifty years ago, is still applicable. *"Mental illness, even today, is all too often considered a crime to be punished, a sin to be expiated, a possessing demon to be exorcised, a disgrace to be hushed up, a personality weakness to be deplored or a welfare problem to be handled as cheaply as possible".*[28]

THE TIME FOR CHANGE IS NOW. Since 2006, most provinces and territories have developed or are in the process of developing their own strategies, plans and actions to improve mental health and addictions services and supports. The *National Anti-Drug Strategy* was launched in 2007. The Mental Health Commission of Canada was given a ten year mandate in 2007 to serve as a catalyst for improvements to mental health services and supports and for changes in attitudes and behaviours around mental health issues. In this role the Commission has undertaken extensive consultation with individuals and organizations and has produced key work and research independently and in collaboration with other entities. Commission reports such as; *Toward Recovery and Well-Being: A*

Framework for a Mental Health Strategy; The Cost of Mental Health and Substance Abuse Services in Canada: A Report to the Mental Health Commission of Canada; Changing Directions, Changing Lives: The first mental health strategy for Canada; Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illness; and *Making the Case for Investing in Mental Health in Canada* along with plans and strategies from other provinces present strong evidence for new and reallocated resources to both mental health and addictions. They also confirm the importance of recovery as a guiding principle and placing individuals and families with mental health and/or addictions issues at the centre of promotion, prevention and care, of increasing access and support, and of increasing integration between services and support within and external to the publicly funded services system (e.g., housing, education, income support and justice) so individuals have seamless service. Recovery and person-centred care welcomes individuals and their families into the development and execution of the care plan and makes it possible for them to access a single program/support or a suite of programs/supports in as streamlined a manner as possible. **Seamless person-centred service is essential for persons seeking help to only have to tell their story once** on their road to recovery.

The plans and strategies that have been developed consistently focus on the following:

- A focus on recovery.
- Better utilization of coordination, collaboration, innovation and creativity to meet the needs of persons living with mental health and addictions issues.
- Prevention of mental illness and addictions and health promotion. Mental well-being is associated with improved health outcomes and results in a decreased financial burden on the health care system and the economy as a whole. Globally there is an overwhelming message of the need for similar or equal investments in research, training, treatment, and prevention for both mental and physical health.
- Reducing stigma and discrimination. The Mental Health Commission of Canada states: *"We can and must ensure that everyone who confronts a mental health problem or illness is able to count on the same support, treatment and services as anyone who is facing a physical health challenge."* [29]
- Multiple government departments dedicating resources to address mental health and addictions issues.

The national mental health strategy estimates that if we could achieve a 10% reduction in the number of Canadians with mental health issues in a given year, after 10 years we could save the economy at least $4 billion annually.[30] The national strategy also calls for an increase in the proportion of health spending that is devoted to mental health from 7 to 9% over 10 years and for an increase of two percentage points from current levels in the proportion of social spending (social spending includes spending envelopes such as education, housing, the criminal justice system) devoted to mental health.

The call for increased spending is loudly echoed in the recent report from the Commission on the Reform of Ontario's Public Services, which calls for the Ontario Government to make extensive across the board spending reductions but also strongly advises, "*Do not apply the same degree of fiscal restraint to all parts of health care. Some areas — including community care and mental health — will need to grow more rapidly than the average. Ontario's Mental Health and Addictions Strategy commits the province to the goal of providing "more children, youth, adults and their families the services they need, more quickly, and more effectively…Addressing this historic gap in funding and service is highly laudable, particularly when mental health-related disability costs are mounting."* Mental health and addictions spending cannot wait until the economy improves.

The Ontario report also notes that we must begin to think of health in much broader terms. "*The Senate Subcommittee on Population Health estimated that only 25 per cent of the population's health*

outcomes can be attributed to the health care system on which we lavish such attention. Half can be explained by socio-economic factors such as education and income; another 15 percent relates to biology and genetics, while the physical environment accounts for the remaining 10 percent. To bring about meaningful reform, we must bring all these environmental factors into the equation. For example, strategic education interventions may be more effective in reducing future health care costs than investments in hospitals today." [31]

1.5 Strengthening Mental Health and Addictions Services and Supports in PEI

Strengthening mental health and addictions services is a priority of the Government of Prince Edward Island. A number of initiatives and projects related to mental health and addictions services and supports have already been completed. For example, a Health PEI Mental Health Services Strategy was developed in 2009 to provide a framework for improvements in service delivery, accountability and outcomes for individuals and their families. In 2008, funding was secured through Health Canada's Drug Treatment Funding Program to embark on a five-year project to Strengthen Prince Edward Island's Addictions Services and Supports. Project activities have focused on increasing the evidence-based skills and practices of service providers, enhancing the quality, accessibility and range of options to treat harmful substance abuse, carrying out research, evaluation and knowledge transfer, and modernizing policies and procedures. Health PEI's Mental Health and Addictions Services were unified under one divisional structure in 2011 to help facilitate improved screening and assessment. Over 100 staff practicing in Primary Care Networks have been trained to recognize anxiety and depression and initiate early interventions. Health PEI is in the process of implementing standardized intake processes, and more service integration and accountability within Mental Health Services.

The 2012 Report of the Auditor General of Prince Edward Island made a number of recommendations related to long-term planning and access within community mental health services which Health PEI is in the process of addressing. The April 2012 Speech from the Throne committed to initiating a Mental Health and Addictions Review (the results of which are presented in this document). The November 2012 Speech from the Throne identified the goal of having faster, better, safer services and care for all Islanders. It noted improving access to emergency services, to general practitioners, and to mental health and addictions services, as well as reducing wait times for long-term care are of particular importance to Islanders.

Mental health and addictions issues are extremely complex. Government service providers and non-profit community organizations in PEI are working together to develop and deliver solutions. The 2012 PEI Child and Youth Services Commissioner's Report provides a comprehensive suite of recommendations on how to improve the wellness of our children and youth. Healthier and more resilient children and youth develop into adults with fewer mental health and addictions issues. The provincial and federal governments partnered with Canadian Mental Health Association-PEI Division to construct a new six-unit supportive housing facility in Alberton for individuals who are at risk of becoming homeless and are living with a mental illness or a disability. The Seniors Mental Health Planning Team was formed to bring various stakeholders together to build and expand access to programming. Health PEI Mental Health and Addictions Services and Community and Correctional Services jointly assessed the interface between the two services and developed recommendations to build further collaborative efforts.

Efforts to improve access to mental health and addictions services and supports provided by government and community partners are underway but it requires a long-term commitment and a collaborative approach between many partners at the strategic, operational and community levels. Some of the more significant concerns in PEI, as identified by stakeholders and consistent with the experience of other jurisdictions, include:

- There is not enough investment in promotion of well-being and prevention of mental health and addictions issues. A lesser focus on prevention and promotion is historical and typical of many jurisdictions as limited resources are first directed to immediate needs. Doing a better job at promotion and prevention is key however, to lessening prevalence and the personal and societal costs of mental illness and addictions in the future. Organizations such as the Canadian Mental Health Association have been involved in promotion and prevention for many years but additional resources are needed to develop effective promotion and prevention programs that are coordinated across many sectors.
- Services and supports for mental health and addictions need to be improved in a number of areas, including: ensuring a focus on recovery and person-centred services, having more timely access to assessments and treatments, receiving the appropriate service or support (where appropriate is defined as the right service or support for the need) and ensuring individuals only have to tell their story once. In addition, there are individuals with complex needs and in critical situations and, when these individuals do not get access to timely and appropriate services, it creates high-risk situations for the individuals and others and it adds significant costs.
- More emphasis is needed on providing services and supports in the community including services and supports for recovery and rehabilitation. A continuum of services and supports in the community help to lessen demands on acute care and institutional services. Community services and supports encompass government and non-government organizations as well as self-help, peer support, family caregivers, employee assistance programs (EAP) and private practice. The groundbreaking report, *Out of the Shadows at Last*, states that services and supports should be predominately community based[32], but recognizes that there will still be a need for hospital/institutional settings. When a hospital/institutional setting is necessary, stays should be as brief as possible and promptly arranged. Discharge receptor services need to have very short wait times. Resources (new and/or reallocated) are required to enable community services to play a larger role in an integrated network of mental health and addictions services and supports.
- Safe, affordable and appropriate housing is critical at all points during the life course, as reported by the *Turning the Key* report, the World Health Organization and others. It helps to prevent the development of poor health at the population level, can be a more appropriate setting for certain treatments and interventions and is critical to assisting individuals maintain recovery and independence. Supported and appropriate housing settings are a must for services and supports based predominately in the community.

The risks and hardships caused by mental health and addictions issues are too great for the status quo to be an option for individuals, families, businesses, communities and Island society.

2.0 APPROACH AND METHODOLOGY

The Government of Prince Edward Island, through the leadership of the Department of Health and Wellness, engaged MRSB Consulting Services Inc. to help conduct a Mental Health and Addictions System Review. The MRSB project team included Health HR Group and Dr. John Service.

2.1 Methodology

The Government of PEI formed a multi-departmental working group made up of a cross-sector of departments and organizations (Appendix A). The working group provided direction and guidance on the project methodology and stakeholder engagement process. The stakeholders who provided input to the process included:

- Twenty-two stakeholder organizations involving thirty representatives of community-based non-profit and government service providers (Appendix A).
- Members of the working group who represent a cross-sector of departments and organizations.
- Over a thousand individuals with lived experiences and their families/caregivers who responded to a public survey developed and implemented by the provincial government with input from the working group and the consulting team. It was important to the Government of Prince Edward Island that individuals with lived experience and their families/caregivers had the opportunity to provide input regarding mental health and addictions services and supports on PEI. Through an online or mail-in questionnaire, respondents were asked to share their experiences with government and community-based (non-profit) mental health and addictions services and supports in terms of accessibility and the level of helpfulness. Survey respondents also identified what help is most important to people and families on PEI who are experiencing mental health and/or addictions problems and what is most important to help promote mental well-being and prevent people from developing addictions problems.

The themes presented throughout this report are based on information from the above noted stakeholders, a review of numerous provincial, national, and international reports, studies, and strategies related to mental health and addictions and analysis and observations by the consulting team.

2.2 Review Considerations

The following are important considerations related to the review process and the information presented within this document:

- This review took place over a period of a few months compared to multi-year efforts in other provinces. The review looked at published national and provincial research into mental health and addictions service and supports (e.g., what is working, what isn't, gaps) and potential solutions. The national and provincial information was supplemented with primary research conducted for this review (as noted above); however, the scope of the project did not include in-depth research into all programs and services or service providers. The review sought out information on both mental health and addictions and while attempts were made to be inclusive of both issues as well as co-occurring problems, the review was dependent on the literature suggested and the feedback provided by stakeholders included in the process (working group members and interviewees).
- Health services in PEI have been working to improve health services delivery and outcomes for all Islanders while simultaneously experiencing significant internal reorganization and restructuring. The positive impacts and related improvements expected may not yet be fully realized or evident.
- Mental health and addictions issues are complex and there is no one solution or one solution provider. Change takes time and will involve leadership and resource allocation as well as

targeted actions at the services and supports level – to address specific issues such as wait times and high-risk situations – and at the broader population level – to help address promotion, prevention and the social and economic determinants of health. Change will be further enhanced by Islanders becoming more involved in and more knowledgeable of their own health and well-being.

The purpose of a review is to assess and examine with a critical eye and to identify strengths, gaps and challenges as the first step in effecting constructive change. It should not detract from **the caring and dedicated leadership and staff who provide mental health and addictions services and supports and demonstrate on a daily basis their commitment to achieving the best outcomes for Islanders.** Furthermore, the collaboration and commitment demonstrated by government through the undertaking of this review is a positive step forward. When followed up by resources, efforts such as these, especially those involving community partners, can only increase the probability of all Islanders being able to live hopeful, healthy lives and have the opportunity to contribute to society in a way that is meaningful to them.

2.3 Report Structure

As noted, this review involved compiling and analyzing information from primary and secondary sources. The primary research included comments and opinions from a diverse group of stakeholders on many different issues. The broad range of what was heard is reflected throughout this document. Section 3.0 summarizes the overarching themes from all sources. Section 4.0 presents priority areas for consideration, which were developed from the primary and secondary research themes, and which – if addressed – will foster comprehensive and transformative change in the delivery of mental health and addictions services and improved health outcomes in the overall population. Section 5.0 identifies actions that should be implemented immediately to address a number of concerns and issues raised during this project. The proposed actions in Section 5.0 are not meant to be implemented in isolation but rather as steps in working towards the overall priority areas and recommendations identified in Section 4.0 of this report.

An important note on the phrase '*mental health and addictions services and supports*' – This phrase is used repeatedly throughout this document. It is used to refer to a very broad network of services and supports which encompasses: (1) government services and supports delivered by a variety of departments such as health, education, social services and justice in institutional and community settings, and (2) services and supports delivered by community-based non-profit organizations that may or may not receive some level of operational or project/program specific funding from government.

3.0 OVERARCHING THEMES

The overarching themes were identified by distilling the information gleaned from the public survey, interviews with key stakeholders, feedback from working group members and the literature review and are presented below. This information produced some important themes that provide context for the recommendations and immediate actions that follow in Sections 4.0 and 5.0. More detailed information is available in Appendix B.

(A) The Importance of Promotion, Prevention and Early Intervention

The personal and social impact of mental disorders and addictions issues will never be adequately reduced by treatment alone. As stated above, promotion and prevention programs reduce suffering, costs and the need for treatment services. It is important to put more focus on preventing mental illness and addictions and promoting mental well-being within the overall population in collaboration with other health and well-being initiatives and to develop particular initiatives for children and youth.

Stigma, including self-stigma and discrimination, is a very serious problem that can be partially dealt with through promotion and prevention programs. It needs to be addressed through increased education and awareness initiatives. Such initiatives need to target the general public, as well as specific groups such as service providers and employers.

Various organizations in PEI are involved in efforts to raise awareness about specific issues related to mental health and addictions. For example, the Canadian Mental Health Association-PEI Division plays a significant role in mental health promotion and mental illness prevention. The Association leverages national and provincial resources to deliver a wide variety of education, training and advocacy programs and events.

Many smaller organizations are also involved in community outreach activities specific to their mental health or addictions mandates. These efforts are important and could be strengthened by providing programs on a more frequent basis across the province. National initiatives such as the Purple Ribbon Campaign (which raises awareness about violence against women) and Movember (which now supports awareness of men's mental health as well as prostate cancer) have growing interest locally. Profiting from what works in other provinces (e.g., the Positive Parenting Program [PPP] or Ontario's Project s.t.e.p) will help PEI; there is no need to reinvent the wheel. What is needed in terms of promotion and prevention efforts is a more coordinated approach with a consistent message and vision that multiple partners can contribute to.

(B) The Availability of Timely Services and Supports

Significant concerns were expressed regarding access. Some services and supports are not available while others have lengthy wait times. Of particular concern is access to psychiatric, psycho-social and psycho-educational assessments and follow-up treatment. Lengthy wait times for one service and support create a ripple effect throughout other services and supports. For example, some individuals become involved with the justice system and others remain in acute care facilities because next-stage services are not readily available such as day programs, psychotherapy, supportive housing or ongoing clinical support for peer support programs and family caregivers.

Excessive wait times lead to other challenges. Limited access to timely services can result in individuals not getting help at all. People who are not addressing their mental health and addictions issues often do not meet criteria for admission to other programs related to reducing violent or other high-risk behaviors. While children and youth wait for a psycho-social assessment, they struggle in school and at home and their educational performance and social development are compromised. This leads to family members, peer support programs and some service providers providing support they feel is beyond their current capacity or mandate.

(C) The Availability of Services and Supports

Service availability is variable across the province and there is a lack of consistency in what services/supports are available and how they can be accessed. There are concerns with access to mental health and addictions services and supports that meet population needs (e.g., children, youth adults, older adults, First Nations and others) and provide evidence-based interventions. These are compounded by lengthy wait times and challenges with the referral process. Greater clarity amongst service providers on their roles and responsibilities and greater awareness of what services and supports are available amongst all service providers are needed.

More emphasis is needed on providing services in the community and on rehabilitation and recovery, including the utilization of support, self-help, peer groups and family caregivers. This means ensuring sufficient resources are available at the community level to support individuals and families and to communicate the availability and benefits of these services to health care professionals and the general public.

Collaborative mental health care models were cited by interviewees and in the literature as improving access to mental health care and increasing the capacity of primary care to manage mental health and addiction problems. In PEI, inpatient and community mental health teams as well as some Primary Health Care teams are inter-professional and collaborative. However, concerns were expressed that PEI does not have enough or the right mix of professionals such as psychologists, psychiatrists, social workers, nurses and nurse practitioners to staff such teams. In addition, many PEI physicians are not members of a collaborative practice.

(D) The Availability of Seamless Service and Supports

Providing an integrated continuum of services and supports is needed so that individuals only have to tell their story once and so they can move seamlessly from one service or support to another, depending on their needs. Improved linkages for clients with co-occurring disorders are needed. Individuals and their families want to have a greater role in their care and recovery and to be supported in doing so.

This means a greater need for more communication and sharing of client information between all service providers intersecting with an individual. Information sharing is essential to prevent people from having to tell their story multiple times when they are seeking help. It is also essential so care providers can make more informed decisions on how they can best support an individual's journey to recovery.

(E) The Availability of Services and Supports for Critical and High-Risk Situations

It was clear to some that children, youth and adults with complex mental health and addictions needs, particularly those in the care of the province or involved with the justice system, are seriously underserved. This puts considerable pressure on individuals and staff, considering most of the latter do not have mental health and addictions training. In addition, this situation can place the individual, their caregivers and the general public at considerable risk.

The number of individuals with mental health and addictions issues involved with PEI's justice system is causing significant pressures. According to the Provincial Justice 2010 Adult Custody Client Profile, approximately 40% of offenders have mental health issues and approximately 72% report issues with alcohol. The reported gaps and challenges encompass difficulty in complying with court mandated orders for assessments and treatments, lack of secure access to diagnostic and clinical services when in custody, lack of sufficient services/supports upon release into the community and not having all relevant service providers involved in case planning or management of high-risk offenders (individuals deemed to be a high risk to commit a serious personal injury offence).

In addition and more generally, it was pointed out that certain groups of individuals are at higher risk of developing mental health and addictions issues because of various personal and socio-economic

factors. These vulnerable populations may require special approaches, measures and interventions to adequately meet their needs and help them to achieve better outcomes. Some respondents thought that a greater focus is needed on addressing the social determinants of health (e.g., ability to obtain quality education, food, and housing).

(F) The Unmet Needs of Children, Youth and Seniors

Mental health and addictions issues amongst children and youth create challenges for their well-being, development and educational achievement and the outcomes of these challenges follow them into adulthood. As stated above, the majority of adult mental health and addictions problems have their genesis before the age of 24. Services and supports that help to build more resilient and healthy children and youth are needed from the pre-natal stage to adulthood. New collaborations between health, education, community partners and others are required to help build the necessary continuum of services and supports. The scope of services/supports needed for children and youth fall across the continuum from promotion, prevention, early identification to ambulatory and residential treatment.

Canada's population is aging. PEI has the third highest population proportion of seniors (65 years and older) in the country. This growing population group presents multiple illnesses including complex mental health issues and chronic conditions such as dementia. There are a number of current and planned initiatives within PEI's health system that will have positive impacts for older adults living with mental illness such as the development of a Provincial Dementia Strategy, and the implementation of Long-Term Care Renewal and Home Care Renewal. We also heard that despite these recent initiatives, there is a general lack of adequate services for older adults suffering from mental health challenges such as depression, anxiety and abuse, particularly in rural PEI. There is a need for consistent access to local community mental health outreach personnel/behavioral support teams across PEI.

It was reported that mental health issues and neurological disorders are a reality for a majority of people residing in PEI's long-term care facilities. Long-term care and community care facilities require additional support for residents with these conditions. There is a need for greater information sharing, including mental health assessments, collaborative care planning, and other support between acute care and long-term care. Mental health and addictions support is especially limited for stay-at-home individuals and in long-term care and community care settings outside the Charlottetown area. Residents and their families need more supports within their community.

(G) The Effects of Structural and Systemic Issues

A recurring theme found through this review is that mental health and addictions issues are extremely complex and they require many sectors within government (e.g. health, education, social services, justice) and external to government (e.g. non-profit, non-governmental organizations, the private sector) to be involved in crafting, developing and delivering appropriate and effective solutions. Equally important, Islanders with mental health and addictions, as well as their families/caregivers, need to be at the centre of care, whereby they are engaged in their path to recovery. Fundamental to a 'person-centred' approach and a key indicator of how well a network of services and supports is working is whether individuals receive 'seamless service' through integration, coordination and the sharing of information between different providers.

Stakeholders suggested a structured framework is needed to foster consistent and meaningful collaboration and coordination, a structure that balances a person's right to privacy with the need for service providers to share information in order to provide better outcomes. The framework must also be able to address timely and accurate reporting and data management issues (incompatible and multiple electronic records systems) and include evaluation processes and measurements necessary to be certain the changes are producing desired outcomes. Appropriate leadership and governance structures to embed accountability in practice must also be part of the framework.

4.0 RECOMMENDATIONS

The following recommendations are intended to help address the most significant concerns related to mental health and addictions in PEI that were key and consistent themes from stakeholder interviewees, working group members, public survey results, and the literature review.

4.1 Overarching Goal

Prince Edward Island should work towards the following:

> *Develop, implement, and maintain an integrated and coordinated model of promoting mental well-being, preventing mental illness and addictions, and supporting and treating mental health and addictions problems. This will require collaboration between all levels of government and relevant government services and ministries and must include community service providers and supports, people with lived experience, family members and supports, the workplace, employee assistance programs, private practice and other partners.*

These efforts will build an essential foundation towards the following overarching goal:

> **People and their families have the opportunity to experience optimal mental well-being and receive optimal mental health and addictions care in Prince Edward Island through improved access to quality services and support**.

4.2 Guiding Principles

The overarching goal will be realized through improvements to collaboration, policies, programs and care that demonstrate a firm commitment to the following principles:

- A person-centred approach where people with mental illnesses and/or addictions issues and their diverse strengths and needs are respected;
- Engagement and empowerment of people living with mental health and addictions problems and illnesses as an active partner in their own recovery; and
- Evidence-informed seamless quality care through an integrated and coordinated model involving clinical and non-clinical service providers across government and within the community.

4.3 Six Priority Areas

The following six priority areas are critical for working towards the overarching goal:

A. **Achieving Mental Health Equality**
B. **Assuring Governance and Accountability**
C. **Investing in Promotion, Prevention, and Early Intervention**
D. **Transforming through Collaboration and Coordination**
E. **Strengthening the Mental Health and Addictions Workforce**
F. **Reducing Stigma and Discrimination**

This review identified challenges with the delivery of services and supports in terms of wait times and seamlessness of access and care. Some challenges can be addressed with a more coordinated, overarching approach that reallocates resources and encompasses multiple government and non-government organizations. Additional resources are required to enable coordination and collaboration by government ministries and services and with community-based service providers; to improve promotion, prevention, early intervention while addressing identified gaps in services and supports.

(A) Achieving Mental Health Equality

OBJECTIVE:

Mental and physical health are recognized as equally important to individual and societal well-being.

"Mental illness has a profound global impact and should be treated with equal importance as physical health. ***There is no health without mental health."***

Canadian Psychiatric Association
October 10, 2012 as part of their call for parity on World Mental Health Day

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Governments are being called on to ensure mental health is given the prominence it deserves and to increase health and social services (e.g., education, housing, the criminal justice system) budgets in order to provide comparable levels of services for mental health with that provided for those in need of physical health care. These efforts are intended to reflect the prevalence of mental health problems and addictions issues.[33] According to the report *The Cost of Mental Health and Substance Abuse Services in Canada*,[34] Canada spends less than most developed countries, several points lower than the UK and Sweden. As discussed previously, the national mental health strategy calls for an increase in proportionate health care spending in Canada from 7 to 9% over the next ten years and an increase in social services spending of 2%.

A recent report from the Mental Health Commission of Canada, *Making the Case for Investing in Mental Health in Canada,* provides strong data on the prevalence and cost of mental illnesses in Canada and presents the potential results if Canada was able to reduce all causes of incidence, reduce the risks associated with prior mental illness in childhood or adolescence, increase remission rates, reduce workplace disability and the combined impact of all four. The report is another key document that contributes to the growing body of evidence that mental health problems or illnesses affect all Canadians in some way and the time is now to "*invest smartly in mental health.*"

Mr. Don Drummond's recent Commission on the Reform of Ontario's Public Services strongly recommends a moderate increase in funding for mental health and addictions services in Ontario to create parity with physical health. The report identifies the priority associated with addressing the historic gap in funding and service, especially given that mental health related disability costs are mounting.[35] This report encourages the Ontario Government to modestly increase spending on mental health and addictions even in these difficult times of restraint because of historic underfunding and of the benefit to society.

"There is no health without mental health."[36] People with enduring mental health problems are more likely to develop physical health problems than the general population. Conversely, poor physical health can have a negative effect on mental health. Additionally, persons with a physical or intellectual disability can struggle with mental health and addictions issues the same as persons without a disability. These challenges have a huge impact on the length and quality of people's lives and lead to enormous costs for society.

The lesser resources society has directed towards mental health and addiction issues are echoed in policies and legislation. These policies and legislation can in turn impede rather than facilitate recovery. For example, people with persistent and severe mental illnesses and addictions often do not qualify for services and supports available to individuals who have been recognized as having a physical or intellectual disability despite the fact that persistent and severe mental illness can be a disabling condition. The Canadian Mental Health Association–British Columbia Division noted in a

2005 report that there is also a distressing trend towards the 'criminalization of mental illness' whereby a criminal, legal response overtakes a medical response to behavior related to mental illness.[37] Furthermore, some social policies may incent people to remain on social assistance rather than move to more self-supporting strategies; for example, remaining on social assistance because it is the only way they can receive necessary but expensive medications.

PROPOSED RECOMMENDATIONS:

A.1 Identify the proportion of both health and social care (e.g., education, housing, criminal justice) spending currently devoted to addictions and mental health in PEI. Develop a ten year plan to align the proportion of provincial government health and social services spending on mental health and addictions to the need and burden of the disease.

A.2 Raise awareness of linkages between mental and physical health in strategies, programs, and initiatives, including mental well-being as a key pillar of the forthcoming PEI Department of Health and Wellness' Wellness Strategy (which is currently under development).

A.3 Conduct a review and update legislation (e.g., Child Protection, Adult Protection, Mental Health Act, FOIPP Act) in all relevant areas to ensure equality and eliminate discriminative processes for people experiencing mental health and addictions issues and their families.

A.4 Adopt a policy of ensuring all government legislation is reviewed from a mental health and addictions perspective before being passed to ensure it does not negatively impact the social determinants of health and/or equitable access to mental health and addictions services and supports delivered by government or non-government providers of services.

(B) Assuring Governance and Accountability

OBJECTIVE:

Working together, through an effective governance and accountability structure, to ensure people and their families have access to optimal addictions and mental health care and opportunities for mental well-being.

> ***"Increasingly, communities, employers and industries are expecting and demanding strong coordinated government action to tackle the determinants of health and well-being and avoid duplication and fragmentation of actions." . . . "This requires a partnership with civil society and the private sector."***
>
> *World Health Organization and Government of South Australia*
> *Report from the International Meeting on Health in All Policies, Adelaide 2010*

Significant change in mental health and addictions in PEI is only possible with strong commitment, leadership and accountability from stakeholders internal and external to government. The governance structure requires authority to provide leadership and influence decision making in terms of mandates and policy direction; cross-sector problem solving; budgetary commitment; and development of sustainable mechanisms and incentives to support government to work collaboratively on integrated solutions. The governance structure requires a solid understanding of mental health and mental illness and addictions; a strong appreciation of the enormous burden mental health and addictions problems has on society at large; and a good understanding of the recovery process and the importance of mental well-being to peoples' overall health.

Appropriate leadership and governance structures are critical to embedding accountability in practice. Evaluation processes and measurements must be put in place before introducing major changes in order to be certain the changes are producing desired outcomes, such as improved mental health and quality of life, fewer instances of substance abuse, ready access to appropriate expertise, and shorter wait times. Timely and accurate reporting and data management are necessary for evaluation.

PROPOSED RECOMMENDATIONS:

B.1 Establish a Cross-Ministry Committee of Deputy Ministers to provide vision, leadership and oversight of the future of mental health and addictions in PEI. It is recommended the Committee Chair rotate between Ministries and the Cross-Ministry Committee report to the Executive Council. The Cross-Ministry Committee will provide leadership and influence decision making in terms of mandate and policy direction; cross sector problem solving; budgetary commitment; and development of sustainable mechanisms and incentives to support government to work collaboratively on integrated solutions across the continuum of care.

B.2 Establish an Advisory Council to provide direction and recommendations to the Cross-Ministry Committee with representation from service providers (government and non-government), the business community, and those with lived mental illness and addictions experience. The Council will be responsible for consulting with their broader constituencies and bringing this information to the table for consideration.

B.3 Ensure allocation of proper resources, timely information, and training for the Cross-Ministry Committee and the Advisory Council to successfully carry out their mandates.

B.4 Complete a capacity mapping exercise to identify current resources (human, financial and capital), capacity, and strengths, within all government and community-based service providers and across the continuum of mental health and addictions services and supports, from promotion to treatment to recovery support. The exercise will be overseen by the Cross-Ministry Committee. **This capacity mapping exercise is the foundational step in being able to address wait times and access issues in the longer term.** *This current review process included a preliminary inventory of services and supports across government sectors and some community-based organizations. This is a valuable starting point.*

B.4.1 Identify and prioritize gaps, based on population needs, and propose reallocation of resources and allocation of new resources to address these gaps. These efforts must include government and non-government service providers and people with lived experience.

B.5 Conduct an infrastructure review after the capacity mapping exercise to align future capital investment decisions with improved mental health and addictions services, supports and recovery options.

B.6 Develop a long-term strategy for mental health and addictions in PEI that identifies priorities based on the themes presented in this report (including recommendations within all six priority areas) and the results of the capacity mapping exercise and includes accountability, evaluation and reporting for strategy implementation. The Cross-Ministry Committee oversees the strategy implementation and change management as well as the coordination of work across all partner organizations and across government.

B.7 Engage stakeholders (e.g., people with lived experience, families and workplaces) in the planning, delivery and evaluation of mental health and addictions services and supports through the Advisory Council or other mechanism.

B.8 Enhance addictions and mental health data (should be consistent and comparable) that provides the foundation for accountability and reporting in PEI. Identify gaps in relevant information across ministries and improvements to data collection. Develop and communicate desired outcomes and progress indicators.

B.9 Review and revise (as necessary) legislation, regulations, policies and guidelines across ministries (e.g., health, housing, employment resources, education, criminal justice, workers compensation, social welfare) to ensure collaborative approaches across sectors are not hindered and that they consider the needs of individuals with mental health and addictions issues.

B.10 Oversee the establishment and implementation of cross-sector mechanisms for addressing complex cases in a timely, effective and efficient manner. Cross-sector mechanisms will be developed and implemented by the relevant service providers.

GOVERNANCE AND ACCOUNTABILITY STRUCTURES

Governance and accountability from an all of government perspective that will help to transform mental health and addictions is a relatively new direction for Canadian provinces. A review of these processes combined with international and national literature review themes identified the following:

- **One lead.** Ultimate responsibility assigned to one lead, such as a Deputy Minister, working with a cross-sector/ministry committee.
- **Front of mind.** The strategy must become a standing agenda item of cross-ministry committee.
- **All contributing.** Recognition of the contributions of all service providers, other government ministries, non-government organizations, and other service providers as partners in the delivery system.
- **Advisory capacity.** Establishment of an advisory council of leaders from health, adult and children/youth community-based mental health, community-based non-government service providers, education, justice, and other stakeholders including individuals with lived experiences.
- **Accountability team.** Accountability team tasked with developing work plans and measuring performance working closely with various ministries, partner organizations and stakeholders, including individuals with lived experience. Team reports to a cross-ministry committee and/or an advisory council.
- **Coordinated service agreements.** Providers coordinate at clinical/program level through shared protocols, and at administrative and organizational levels through partnerships/interagency agreements.
- **Lived experience.** Ongoing engagement of individuals living with mental health and addictions issues.
- **Legislation and policy.** Review and updates made to legislation and policies and alignment with mental health and addictions priorities. A task force may be formed to carry out this work.
- **Performance evaluation.** Implementation of performance measures for monitoring and public reporting, such as wait times, client experience, health outcomes, service continuum and integration.
- **Public reporting.** Publishing and posting of pre-determined progress reports on the strategy, working with the advisory council, and if applicable, made available to the general public. Individual organizational reporting and progress updates should be considered as well.

(C) Investing in Promotion, Prevention, and Early Intervention

OBJECTIVE:

Investments in promotion and in broad, population-based determinants of health as well as prevention and early intervention targeted at vulnerable populations to improve the mental well-being of Islanders.

"Positive mental health and mental fitness are a foundation for optimal overall health and well-being, throughout the lifespan."

Canada's Ministers of Health and Health Promotion/Healthy Living, Creating a Healthier Canada: Making Prevention a Priority (2010)

National and provincial efforts emphasize the importance of promotion and prevention and recognize that the impact of mental health and addictions problems will never be adequately reduced through treatment alone. Promoting healthy development can significantly reduce the development of mental health, substance use and other addictions in the future. Early identification and intervention are essential for achieving the best outcomes and for preventing mental health and addictions problems from getting worse.

An important component of these efforts is addressing the social determinants of health. It has been reported by the World Health Organization that the conditions in which people are born, grow, live, work and age directly affect the quality of their health.[38] These conditions include the health and social services a person does or does not receive and their ability to obtain quality education, food, and housing, among other factors.[39] Research has shown that one of the most significant ways to address these social determinants of health is for government at all levels to enact public policies that provide the living conditions necessary for good health.[40]

Access to supported housing in particular is an essential service for helping to foster improved health outcomes in people living with a mental illness or addiction. As noted in the publication, *Turning the Key,* individuals are in hospital because a supported community housing option is not available.[41] Supported housing (low cost housing coupled with various levels of support and assistance depending on an individual's needs) encompasses group settings to independent apartments and is generally less expensive than a hospital or other institutional setting. There are examples of supported housing projects across Canada as detailed in *Turning the Key* but *"what people are saying in all parts of Canada is that we have not made the full commitment, and that we are paying the price for this."*

Investments in promotion, prevention and early intervention have the greatest impact on the lives of children, youth, and their families. As identified by the Canadian Institute for Health Information's report *Return on Investment: Mental Health Promotion and Mental Illness Prevention*, *"investment in children and youth is the best investment Canada can make."* This is because approximately 50% of mental health problems and disorders have their genesis in childhood (before the age of 14) and 70% before the age of 24 according to the Mental Health Commission of Canada.

In addition, the Mental Health Commission's national strategy identifies that the best results for mental health promotion, mental illness and suicide prevention are those that target specific groups (defined by age or other criteria) and in settings such as schools, workplaces, and in the home. The national *A Drug Prevention Strategy for Canada's Youth*, published by the Canadian Centre on Substance Abuse (CCSA), also identifies a focus on prevention and youth development in the schools, families, and community. Research conducted for the development of the strategy identified that the most effective anti-drug media strategies are those that are used in tandem with prevention

programming. Building a coordinated promotion and prevention strategy that includes the common factors in both mental health and addictions as well as independent activities is worth considering.

CCSA identified 60% of illicit drug users in Canada are 15 to 24 years old. Almost 20% of youth in Grades 9, 10 and 12 in PEI have high-risk behaviors related to alcohol use and 8% have high-risk behaviors related to drug use according to the data from the *2007 Student Drug Use Survey*. Like the rest of Canada, PEI has experienced a significant increase of prescription drug abuse and intravenous drug use in recent years which puts new demands on resources that were traditionally more directed to alcohol addiction. Addiction to opiates accounted for more than half of the admissions in PEI in 2011 for inpatient withdrawal management. Most cases of Hepatitis C diagnosed in the province are related to intravenous drug use and sharing of hypodermic needles.

PROPOSED RECOMMENDATIONS:

C.1 Educate the general public about actions they can take to protect and improve their mental health and well-being at different stages of life.

C.1.1 Implement key strategies for mental well-being identified in the PEI Department of Health and Wellness' Wellness Strategy (under development).

C.1.2 Involve people with lived experience in mental well-being/wellness promotion programs.

C.2 Intervene in the early years by investing in children, adolescents, and their families through such efforts as:

- expanding health promotion and mental well-being curriculum and early intervention programming (e.g., reducing conduct disorders and depression, suicide awareness and prevention programs, substance use and abuse reduction programs) in schools across the province;
- offering primary health care screening for depression, anxiety and alcohol misuse; and
- helping youth develop coping and life skills through expanded school-based and community-based programs; and support family/caregiver-related programming.

C.3 Develop and implement a youth substance abuse strategy that aligns with the recommendation in the Child and Youth Commissioner's Report (released in 2012) and clearly understands the issues, including misuse of prescription drugs and alcohol, and focuses on prevention and youth development in schools, families, and communities.

C.3.1 Encourage and support community-based approaches for addictions and youth/ adolescents.

C.4 Support initiatives that foster healthier workplaces for all individuals and help employees with mental health and addictions issues to maintain employment. Employment is a key element in recovery. Initiatives should be developed in collaboration with industry and employer groups. The CMHA, for example, has developed a number of successful training programs regarding workplace mental health. Government should lead by example and be a first adopter. Initiatives should include:

- Health promotion
- Education on mental health and addictions issues and early identification
- Supports for employees to seek and continue treatment
- Supports for employees to return to work as soon as possible after a medical absence (e.g., graduated return to full-time hours or full work load)
- Supports for retraining if an employee cannot return to previous position

C.5 Expand upon and introduce targeted education, awareness, and early intervention initiatives that are aligned with national efforts. Include, among these efforts, support for caregivers of those with dementia and other chronic mental health and addictions issues.

C.6 Address social determinants of health by continuing to advance priorities and evaluate outcomes of the PEI Government's *Social Action Plan to Reduce Poverty* released in May 2012.

C.7 Identify gaps and prioritize the development of safe, affordable and supported housing options, including transitional housing for youth and adults to enhance recovery, respite housing to assist family and other caregivers, and long-term housing suitable for the unique needs of specific populations. Sustainable supportive housing requires financial resources to support capital investment and on-going operations.

Appropriately supported housing can play a large role in the prevention of illness from a population perspective. It also helps to prevent the reoccurrence of illness and reduce demand on acute services. **The gap in supported and affordable housing options in PEI limits discharges from institutions and impedes continuity of care and recovery.**

EXAMPLES:

PEI's school-based **Multi-Agency Support Teams (MAST) teams** include representatives from Community Mental Health, Child and Family Services, Addiction Services, Public Health, Police Services, Department of Justice and the participating school. The team works with students, parents/guardians, and teachers to provide support to students when they are faced with physical, emotional, or social challenges within their school or community environments. The team provides a range of services to help improve well-being, school attendance, learning, behavior and health care.

Nova Scotia calls for "mental health clinicians, such as a psychologist, nurse or social worker, to be placed in the SchoolsPlus family of schools in each school board district to provide regular support identifying mental health problems early, working with teachers and staff to help treat mild and moderate problems, while referring significant difficulties to the local mental health program." The basis behind SchoolsPlus is that services delivered in the schools make it easier for professionals to collaborate with each other on behalf of children, youth and families and provide families with a welcoming, accessible place, in their own community.

The Positive Parenting Program (Triple P) was developed at the University of Queensland in Australia after years of rigorous research. It is a system of easy to implement, proven parenting solutions that help solve current parenting problems and prevent future problems. This program is currently offered in Manitoba, Ontario and British Columbia.

(D) Transforming through Coordination and Collaboration

OBJECTIVE:

Government services and community supports are aligned and integrated for delivery of seamless service where people and their families know what services are available and how to access them even as their needs evolve.

> ***"In a fully integrated model, any person presented with an emerging or existing addiction or mental health concern will be considered to be entering at the right door, regardless of the location/ministry/system."***
>
> *Government of Alberta, September 2011, Creating Connections: Alberta's Addiction and Mental Health Strategy*

People living with a mental illness and/or addictions need timely access to services and supports that meet their needs. These services are offered by a range of government ministries and non-government organizations and individuals that need to be integrated so people have easy access to the right mix of supports. This means better coordination across all services and supports – such as health, housing, income support, employment, social welfare, education, the workplace and the justice system. Better coordination also means a number of measures must be in place.

First and foremost, leadership and authority across government departments and systems must be committed to the principle and implementation of coordinated services and supports. Secondly there needs to be a fostering of relationships which begins with a clear understanding of what is currently available in terms of supports and services within a cross sector of government. There is potential for increasing capacity, building synergy, and reducing redundancy through these efforts.

Thirdly, many practical processes and procedures must be put in place or enhanced, evaluated and improved as required. These practical components include documented referral processes, care policies and guidelines, mechanisms for service and between service meetings, strategies for including individuals and caregivers in decision making, care coordination to ensure clients and services are linked, and training to increase workforce capacity in attitudes, skills and confidence for working in partnership models.

As evidenced by national and international research, community-based services help to replace some of the need for government provided services and play an important role in early intervention, recovery and promotion of well-being. They are also often seen as being able to do more with fewer resources because of lean operating structures and volunteer capacity. Community-based services provide essential support for individuals experiencing mental health and addictions issues in PEI and their families. There is more that can be done providing roles are clarified and proper resources and evaluation measures are put in place that include community-based service providers as partners. This will require a reallocation and realignment of resources to support community-based services as they are currently impacted by funding cuts and the need to do more with less. Increasing the availability and consistency of services offered across a geographic region and enhancing rehabilitation and recovery outcomes are other possible benefits from transitioning services to properly resourced and qualified community partners.

Clarifying roles and responsibilities across government and within the community is essential to establishing more integrated and coordinated mental health and addictions supports and services and improving access to appropriate care by individuals and their families. The identification of untapped

capacity (untraditional roles and new responsibilities) can also help to improve access. Increased awareness and alignment of skills and resources in various sectors and services will lead to greater efficiencies and leveraging of assets which in turn will lead to more support for people with mental illnesses and/or addictions and their families/caregivers. These efforts will also assist with referrals and processes of directing individuals and their families to other services areas that may meet their needs.

Canada's national strategy outlines the strategic direction to *"provide access to the right combination of services, treatments and supports, when and where people need them."* This strategy identifies that a transformed mental health system should primarily be based in the community because obtaining services, treatments and support in communities improves quality of life and leads to spending less time in hospital. Services made available in the community support individuals with their treatment and rehabilitation.

All Islanders have a role to play in their recovery and well-being. Recovery-oriented systems, which are embedded in most provincial, national, and international strategies, are based on the belief that a person is entitled to choice and a network of partners (the individual, service providers, family and friends) are required to meet the full range of the person's needs. These partnerships can only be built when participants feel their opinions are considered and respected.

The value of the involvement of families/caregivers is recognized by several countries through support to caregivers including information about available services, assistance in gaining access to the services, individual counselling, the organization of support groups, training, and access to respite care. Informed and involved individuals and families/caregivers can help reduce demands on the formal health care system because they are able to make better decisions and have more commitment to the care plan.

PROPOSED RECOMMENDATIONS:

Communicating Roles and Responsibilities

D.1 Communicate roles and responsibilities of various government and community-based service providers so they are able to refer clients to appropriate services.

D.2 Build mental health and addictions knowledge across all services and supports to ensure appropriate referrals are made to individuals and their families and that diverse needs – including children, youth, adults, older adults, and First Nations – are recognized.

Enhancing Services, Capacity and Supports within the Community

D.3 Strengthen community-based mental health and addiction services and supports through reallocated and increased resources to address gaps identified through the capacity mapping exercise and to meet the needs of the various populations.

D.3.1 Make sure mental health and addictions service providers and people in need of support are aware of the community-based services and supports available in PEI.

D.3.2 Initiate an ongoing process to identify community mental health and addictions services and supports assets (e.g. human resources, infrastructure, and referral systems) to help manage change over time within the context of evolving population needs. The Cross-Ministry Committee will evaluate to ensure this process is updated on a bi-annual basis.

D.4 Establish benchmarks for vulnerable populations (groups at a higher risk of developing mental health and addictions issues because of various personal and social circumstances) to access programming and services in the community and through various service settings.

Providing More Seamless Care

D.5 Strengthen communications and the sharing of information to limit the number of times individuals and families have to repeat their story, situation, and needs; through the adoption of a broad circle of care within and outside of government provided services, which is fundamental to effective, efficient and cost-effective care.

D.5.1 Identify current gaps in information required by various service providers to contribute to optimal care and how information technology is currently used and could be more effectively used for information sharing across service providers.

D.5.2 Consult with a range of stakeholders, including service providers, individuals with lived experience and families, to review opportunities for sharing information across a broader circle of care, while maintaining individual rights and legislative requirement to privacy.

D.5.3 Develop and implement shared guidelines for communicating to coordinate effective and seamless services within an individual's broader circle of care.

D.5.4 Ensure the proposed legislative review includes removing barriers to the sharing of appropriate information.

The multiple information technology systems currently used within the health system as well as across all government sectors was identified as a barrier to information sharing and case management. While improvements to information technology can assist with a person-centred approach and increased collaboration among all service providers (government and community-based), such improvements would need to be undertaken from a broader health and province-wide perspective. Reallocation of existing financial resources as well as new resources for mental health and addictions should be focused on priorities specific to improving outcomes for individuals with mental health and addictions issues. The province should consider a comprehensive review of information technology from a province-wide health perspective that would support, but is outside the scope of, the recommendations presented in this review.

D.6 Establish standards for case management and follow-up practices, including coordination of care, planning, and discharge, between government and community-based service providers where appropriate. Share success stories of effective case management and follow-up to encourage more wide-spread adoption of promising practices.

D.7 Improve transition of individuals with a mental health and/or addiction problem and their families from one service or setting to another, such as between youth and adult services; between the criminal justice and the health system; and between education and the health system.

D.7.1 Develop communication protocols, referral networks and service accountability agreements between service providers.

D.7.2 Align policies and protocols across the services, systems and sectors.

Positioning Individuals and Families at the Centre of Optimal Care

D.8 Build and support effective person-centred and family-inclusive approaches to mental health and addictions through continued implementation, improvement, and new development.

EXAMPLES:

The walk-in counselling clinic offered by the **PEI Catholic Family Services Bureau** is a responsive, one of its kind service in PEI. This service is intended to reduce the number of individuals with a mental illness or problem from cancelling or not showing up for an appointment and to increase the number of Islanders who receive support.

The Executive Director of **Mental Health Services for Calgary, Alberta** was tasked with leading a team that mapped a successful, integrated, mental health system by establishing a coalition of partners. Critical to the success of the venture was the establishment of parameters so that partner funding, profile and ability to provide service were secure. With this assurance, partners were better able to look at the system as a whole, to see where the greatest needs were and to become more flexible and creative in finding solutions.

The Health PEI's **Seniors Mental Health Resource Team** includes a psychiatrist, social worker and community mental health nurse and provides assessment, consultation, and treatment for seniors in long-term care facilities and in the community. This model was often cited as being effective by stakeholders but is not consistently available across the province. A similar mobile multi-disciplinary team operating in southwestern Alberta was cited in Canada's National Mental Health Strategy as a best practice.

(E) Strengthening the Mental Health and Addictions Workforce

OBJECTIVE:

A workforce with the knowledge, skills and commitment to an integrated and coordinated model that enables the delivery of optimal mental health and addiction treatment, support and services.

"Improving the mental health and well-being of Canadians is important to our Government and a priority for Canadians."

Honorable Leona Aglukkaq, Minister of Health
May 8, 20012 in response to the release of the Mental Health Commission of Canada's Mental Health Strategy for Canada

PEI must take steps to strengthen the capacity of the workforce to effectively address addiction and mental health problems and mental illness. This means government and community-based service providers being prepared to deal effectively with both addiction and mental health problems. This also means a shared commitment to integrated and collaborative efforts working productively in multi-disciplinary teams. In addition the skills and resources must be in place to meet the needs of the population, individuals with lived experiences and their families today and in the future.

Prince Edward Islanders need timely and appropriate access and reducing the barriers to access means also reducing the stigma and discrimination among front line workers. As part of its ten-year anti-stigma strategy, the Mental Health Commission of Canada identified front line workers as one of the two specific groups to be targeted in the first year (along with youth). The rationale is that "medical front lines are where people seeking help say they experience some of the most deeply felt stigma and discrimination." Greater understanding and awareness of addictions and mental health by all service providers will help to improve access and support provided to individuals and their families.

PROPOSED RECOMMENDATIONS:

E.1 Implement a comprehensive review and develop an effective mental health and addictions workforce strategy in PEI that is inclusive of all government and community-based services and supports and that includes:

- Examine scopes of practice and how they can be expanded, as needed.
- Deploy and allocate mental health and addictions expertise across sectors.
- Establish clear protocols to ensure compliance with the Criminal Code requirements for court ordered assessments.
- Identify recruitment needs based on current capacity and future needs across all sectors including difficult to recruit positions such as psychiatrists, psychologists, mental health advanced practice nurses, counselors/therapists, nurse practitioners with mental health expertise and clinical social workers.
- Identify careers and pathways working in addictions and mental health on PEI.

E.2 Support the workforce (government and community-based) working in mental health and addictions in terms of:

- maintaining and enhancing knowledge and skills through ongoing staff development and continuing competency including inter-disciplinary and person-centred care;
- understanding the needs of special populations (children and youth, seniors, First Nations, high-risk offenders and vulnerable populations); and
- providing cross training in areas such as early intervention and co-occurring disorders.

(F) Reducing Stigma and Discrimination

OBJECTIVE:

Widespread understanding that addiction and mental illness are no different than other illnesses and disorders such as cancer or diabetes; thereby reducing barriers to accessing services.

"Reducing stigma and eliminating discrimination is essential in building a person-centred, recovery-oriented, and culturally-safe mental health system."

Mental Health Commission of Canada, Opening Minds Program, August 2011 Overview

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Research and personal testimonials from people with mental illness show clear evidence that stigma and discrimination towards people with mental illness are real and have a powerful negative impact.[42] This behavior is influenced by cultural and social routines and policies. Stigma and discrimination are not only present in the general public but also evident among health care professionals, educators, law enforcers, employers, and many others. This can result in individuals not seeking and/or receiving the proper treatment and support. When issues are not addressed in a timely manner they can escalate and require more costly and complex interventions in the future.

Increased public awareness and understanding of addiction, mental health problems and mental illness is essential to reducing stigma and barriers to accessing services. There needs to be a greater understanding that addiction and mental health problems are no different than other illnesses and disorders. Over time, as stigma reduces so too will related barriers to accessing services. Language and stories describing mental health and addictions issues, such as in the media, will become more positive and accepting. Communities will become more engaged and supportive and society will recognize the value of investing in promotion, prevention, early intervention, treatment and aftercare supports.

PROPOSED RECOMMENDATIONS:

Elevating governance, leadership, and accountability for mental health to be as important as physical health as discussed previously is essential to reducing stigma and eliminating discrimination. Creating and promoting person/family-centred care and a collaborative mental health, physical health and addictions team approach as well as targeted training initiatives will help reduce stigma among healthcare providers. For example, helping care providers understand the key role mental health and addictions play in acquiring and recovering from physical illness and injury (e.g., cancer, heart disease, infectious diseases, recovery from surgery, gastrointestinal disease).

F.1 Develop long-term coordinated initiatives to enhance awareness and education of mental health and addictions among government services and community supports, including a shared understanding among service providers about the sources of stigma and recommended actions to end stigma and discrimination, and to create inter-disciplinary teams and approaches to person-centred care.

F.2 Dedicate resources to proven anti-stigma, anti-discrimination, and anti-bullying programs targeted at defined groups through partnerships with community and businesses that are aligned with national efforts. Focus on individuals living with mental health and addictions problems and their families by providing knowledge and concrete help to increase self-esteem. Include those suffering from physical health illnesses, injuries and disabilities as they often

experience mental health and addictions problems. A good example is Post Traumatic Stress Disorder from abuse, loss, accident, military deployment, physical illness or injury.

EXAMPLES:

Key findings from **Ending Stigma and Achieving Parity in Mental Health, A Physician Perspective,** identified by the Canadian Medical Association, the Canadian Psychiatric Association, the Canadian Paediatric Society, and the College of Family Physicians of Canada (September, 2010):

- Focus on patient and families by providing knowledge and concrete help to increase self-esteem;
- Provide accessible and comprehensive care;
- Invest in long-term programming and not one-time campaigns;
- Focus programs on sharply defined groups of people;
- Focus on specific diseases rather than developing broad-based campaigns;
- Develop coordinated long-term initiatives that also become part of routine work and that address changing behaviours rather than just attitudes;
- Address structural inequities that create and maintain stigma;
- Increase best practice knowledge through research and evaluation; and
- Involve families and patients as active members in these processes.

Opening Minds Programs, Mental Health Commission of Canada (MHCC)

MHCC's *Opening Minds* is a 10-year anti-stigma/anti-discrimination initiative designed to change the attitudes and behaviours of Canadians towards those living with mental health problems. As very few anti-stigma programs in Canada have been scientifically evaluated for their effectiveness, MHCC is focused on identifying successful programs from across the country and replicating them nationally. PEI is currently in the process of developing an anti-stigma program through the collaborative efforts of the Canadian Mental Health Association- PEI Division, the educational sector, and other stakeholders which will be evaluated through MHCC's program.

5.0 IMMEDIATE ACTIONS

A number of concerns and issues were raised throughout the course of this engagement that require immediate attention. The needs are as follows:

- increased awareness of the abuse and misuse of illicit and prescription drugs;
- timely access to clinical and risk assessment, for medication, placement, legal procedures, and other;
- timely access to psycho-educational assessments for children and youth;
- access to addictions and mental health assessment and treatment services for offenders;
- access to assessment and clinical support for children and youth with complex needs, including those in the legal care of the Province;
- evaluation of the Centralized Children's Intake service; and
- reducing stigma and discrimination.

The actions presented below are not meant to be implemented in isolation but rather are a step in working towards the overall priority areas identified in Section 4.0 of this report. Establishing the Cross-Ministry Committee and Advisory Council to initiate and oversee the proposed actions is a necessary first step. A second is the development of a multi-year funding plan. However, true momentum for change requires a concentrated effort on the six priority areas and recommendations that were identified from the dominant themes of the review. Together these actions and recommendations are part of an overall solution that will contribute significantly towards optimal well-being and mental health and addictions care in PEI including improved access to services and support.

PROPOSED IMMEDIATE ACTIONS

1. Increase awareness of abuse and misuse of illicit and prescription drugs.

The abuse and misuse of illicit and prescription drugs and alcohol is not limited to one stage of life or socio-economic status. Everyone, from unborn children to seniors, can be affected and health promotion and abuse prevention efforts are required across the life span. However, the increase in prescription drug abuse and intravenous drug use as well as alcohol binging is a serious concern for youth and adolescents in PEI, as with other Canadian provinces. The following actions are proposed to help better understand the issues and create awareness of abuse of illicit drugs and misuse of prescription drugs as immediate steps to developing an overall strategy for PEI (recommendation C.3):

- Initiate a task force mandated to better understand the concerns and issues related to the distribution and abuse of illicit and prescription drugs in collaboration with the relevant professionals and with health and education. An example is to work with the College of Physicians and Surgeons to review data available from the Drug Information System on current prescribing patterns of opiates, and engage in physician education as is deemed appropriate by that entity. This information will support the development of the anti-drug strategy that clearly reflects the issues and focuses on prevention and youth development in schools, families and communities (recommendation C.3).
- Commit to participate in the Student Drug Use Strategy in the Atlantic Provinces. Note that PEI participated in 2007 and was the only Atlantic Province that did not participate in 2012.

2. Address the immediate need for timely access for clinical and risk assessments for medications, placement, legal proceedings and other.

A significant concern in Prince Edward Island reported during this review is the immediate need for timely access to psychiatric assessments. The immediate actions are as follows:

- In the very short term, ensure adequate numbers of psychiatrists or other regulated health professional are available to meet the dictates of current legislation and regulation.
- In the middle term, review the scopes of practice of regulated health professionals and the experiences in other provinces to better align these with assessment needs and make the necessary legislative and regulatory changes.

3. Ensure timely access to psycho-educational assessments for children and youth.

The greatest return on investment is with children, youth and their families. One concern identified in PEI is the lengthy waiting period for psycho-educational assessments for students. Promoting an understanding of individuals' intellectual, social, emotional and academic development will help students reach their full potential. The following immediate actions are related to recommendation (C.2) to intervene in the early years by investing in children, adolescents and families.

- Establish a working group with representatives from the departments of education, health, community services and justice to analyze what is working and where there are gaps or overlaps in regards to providing child and youth assessments. This will build into the capacity mapping exercise (recommendation B.4).
- Identify standards applied to wait times in other provinces and make recommendations to the Cross-Ministry Committee on standards for PEI.
- Engage families and caregivers as part of these efforts.

4. Improve access to addictions and mental health assessment and treatment services for provincial offenders.

Access to timely addictions and mental health assessments and treatment is limited for all offenders (including high-risk offenders) involved with the justice system. Corrections staff need more training and supports to assist offenders with their mental health and addiction problems. Inmates with mental health and addictions issues need immediate attention provided in a safe, secure environment to eliminate potential risk to the general public, corrections staff, and the offender.

Another concern is the management of high-risk offenders, or individuals deemed to be a high risk to commit a serious personal injury offence. A working group has been established in response to the Attorney General's policy for management of high-risk offenders but more wide-spread representation and commitment is needed to ensure effective risk management.

A priority in addressing these issues over the longer term is to put into place key recommendations such as governance, accountability, collaboration and coordination of all service providers as identified under Section 4.0 of this report. Longer term solutions to addressing issues in the criminal justice system will profit from a focus on prevention, rehabilitation and recovery in the community. The following actions are intended to help address an immediate concern:

- Establish a task force that will report to the Cross-Ministry Committee tasked with identifying recommendations for a mechanism to ensure timely action in response to clinical and risk assessments (e.g., regularly scheduled clinics to see inmates within the facility).
- Develop a comprehensive plan for the management of addictions and mental health issues within the offender population that outlines whether services will be provided through internal

resources or partnership agreements with health services or other service providers. The plan could profit from the work of the Correctional Service of Canada.
- Mandate cross-sector representation on the high-risk offender working group to ensure the most effective risk management. Ministers must be responsible for ensuring appropriate representation on the high-risk offender working group.

5. Access assessment and clinical support for children and youth with complex needs including those in the legal care of the Province.

It was identified that children and youth with complex needs often do not receive the clinical and residential support needed to provide appropriate assessments and treatment. This is an issue that affects all complex needs children including those receiving services from a number of departments, for example children in the legal care of the Province. More training and support is needed for group home staff living with children and youth with complex needs. While this gap must be addressed as part of a larger effort including the recommendation to prepare a mapping of current capacity and gaps (recommendation B.4), an immediate action is as follows:

- Establish a task force to address the issues of children and youth with complex mental health and addictions needs and identify means of increasing clinical and residential support to them, and to staff of group homes and report back to the Cross-Ministry Committee.

6. Conduct an immediate evaluation of Health PEI's Centralized Children's Intake service and implement an ongoing evaluation process.

Health PEI's Centralized Children's Intake service is in place to accept referrals. Given feedback provided by stakeholders during this review process, there is a need for further development and/or evaluation of this service. The immediate actions are as follows:

- Complete full implementation of the service.
- Increase awareness and full utilization of the service by other service providers.
- Implement an on-going evaluation process after one year of service implementation.

7. Implement anti-stigma and discrimination efforts aligned with national priorities.

Stigma is a barrier that prevents people from seeking help. As identified by the Mental Health Commission of Canada (MHCC), *"Many people living with a mental illness say that the stigma they face is often worse than the illness itself."* MHCC launched *Opening Minds* in 2009 to work with partners across Canada to identify and evaluate existing anti-stigma programs to determine their effectiveness and potential to be rolled out nationally. As an immediate action:

- Establish a working group to explore project evaluations and tools on anti-stigma programs through MHCC's Opening Minds and best practices for effectively decreasing stigma. Present recommendations to the Cross-Ministry Committee.

For decades, Canadian employers have been required by law to protect employees' physical safety and health in the workplace. Within the last few years there has been an increasing emphasis on providing a psychologically safe work environment. Most recently MHCC championed a new voluntary national standard for Canada on *Health and Safety in the Workplace*. The standard is intended to make it easier for employers to take steps to prevent mental injury, reduce psychological risk and promote a mentally healthier workplace. An immediate action is as follows:

- Promote adoption of the voluntary national standard of Canada on Psychological Health and Safety in the Workplace championed by Mental Health Commission of Canada.

6.0 MOVING FORWARD

This review report provides recommendations and immediate actions for improving mental health and addictions in Prince Edward Island. These recommendations and immediate actions were identified based on the key themes of the stakeholder interviews, working group feedback, public survey results, and the national and international literature review. While it will be important to prioritize the recommendations, the first step in moving forward is to develop the Cross-Ministry Committee and Advisory Council and carry out the capacity mapping exercise. The capacity mapping exercise and the recommendations in this report can then be used to inform development of a province wide mental health and addictions strategy. The other recommendations can be prioritized as part of developing the province wide strategy.

While this report identifies recommendations, it is up to the people of Prince Edward Island – government at all levels, community-based programs and services, individuals with lived experience, families and caregivers, businesses and industry and others – to move these recommendations forward and to make real change in PEI. This means that collaboration must take place at all levels – strategically, operationally, and within the community.

Additionally, to aid in moving forward with the recommendations and immediate actions in Sections 4.0 and 5.0, this review suggests the following:

- Most important is the need for all stakeholders to embrace, promote, and work towards mental health and addictions equality with clear, identifiable results in PEI within the next five to ten years.
- Critical to achieving mental health and addictions equality and overall improvements is the need to not only reallocate resources but also make investments of new dollars in mental well-being promotion and mental illness and addictions supports and services in PEI.
- To achieve change, the governance and accountability structure must be put into place within 2013. This review proposes a governance structure which includes the Cross-Ministry Committee and the Advisory Council, which is based on a scan of provincial plans from across the country. This will require gaining agreements from the interested stakeholders to work collaboratively in and with both bodies and developing the operating and reporting procedures for both the Committee and the Council. Organizational information from other jurisdictions will be helpful in defining roles, functions and accountability.
- One of the first jobs of the Cross-Ministry Committee and the Advisory Council should include the capacity mapping exercise. It is an essential next step to be commissioned by the Cross-Ministry Committee in order to obtain the necessary information upon which to make informed investment decisions. The mapping exercise will identify available services, service gaps, service overlaps and redundancies, and so forth as an aid to prioritizing needed changes to the network of services on the Island. Future investment decisions need to be based on a clear picture of the existing services and supports across all government sectors and within the community. This process must include an examination of current capacity (e.g., human, financial, and other resources), as well as a critical analysis of strengths and gaps based on population needs and the significant role of promotion, prevention and early intervention. While these efforts were initiated as part of this review process, a much more extensive mapping process, perhaps modeled on the process used by the Alberta Mental Health Board and the Calgary Health Region from 2002 to 2005 to develop greater integration of their services and supports is required.

- The mapping exercise needs to take particular care to include community-based services and supports as part of a balanced care approach. They play a key role in an efficient, responsive and cost-effective network of stepped services. They can be easily overlooked or marginalized. Community based mental health services and supports (by both government and non-government programs and services) should be provided in normal community settings close to the population served.[43]

- Including non-government funded community-based services and supports will support an examination of the strengths and clarify the roles of government as well as non-government community services. The ability to carry out the newly defined roles will require effective dialogue and collaboration in addition to a reallocation of dollars and new investments of resources (as referenced by the Mental Health Commission of Canada). Based on these efforts, the Cross-Ministry Committee can ensure appropriate reallocation of budgets and new investment of financial resources as well as the implementation of accountability and evaluation structures. From a physical health perspective, government is increasingly effective in keeping people out of the hospital and in the community. Mental health is no different and an increased emphasis on this is critical to success. An investment in adequate community supports is required.

- Promotion of mental well-being, prevention and early intervention is another important area that is often overlooked. The capacity mapping exercise must encompass what is currently taking place in terms of promotion, prevention and early intervention targeted toward all Islanders to identify strengths and where additional resources must be invested in order to have a desired impact on assisting people and their families to have the opportunity to experience optimal mental well-being.

- The results of the capacity mapping exercise will provide the necessary clarity to develop and implement a longer term strategy for mental health and addictions in PEI that takes into account the main themes from this review. The Cross-Ministry Committee is responsible for overseeing the development and implementation of this strategy.

- Either before or with the establishment of the Cross-Ministry Committee, and while the mapping exercise is unfolding, attention should be given during 2013/2014 to the important issues identified in Section 5.0 of this report. They should not wait for the completion of the mapping exercise. Although they need immediate action, they are not meant to be implemented in isolation but rather as steps in working towards the overall priority areas identified in Section 4.0 of this report.

- A focus on recovery and rehabilitation support within the community is also a critical part of this essential next step and an ongoing central pillar in all aspects of mental health and addictions programming and services in PEI. As stated above, the concept of 'recovery' is defined by the Mental Health Commission of Canada as "*living a satisfying, hopeful and meaningful life, even when there are ongoing limitations caused by mental health problems and illnesses*."[44]

Efforts moving forward must be from a comprehensive perspective in terms of the continuum of care from promotion to rehabilitation, and involve individuals and their families/caregivers. These efforts must also be inclusive of government ministries and sectors, community-based organizations (government and not-for-profit), and the business community. As stated earlier - **the risks and hardships for individuals, families, businesses, communities and Island society are too great for the status quo to be an option. This review is intended as a catalyst to further improve outcomes for Islanders across the life span.**

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APPENDIX A – MULTI-DEPARTMENTAL WORKING GROUP MEMBERS AND STAKEHOLDER INTERVIEWEES

Multi-Departmental Working Group

The Multi-Department Working Group is made up of the following representatives:

Executive Council - Chair
- Ms. Wendy MacDonald, Clerk Assistant of Executive Council and Secretary to Policy Board

Department of Community Services and Seniors
- Ms. Rona Smith, Director of Child and Family Services
- Mr. Bob Creed, Director- Social Programs

Department of Environment, Labour and Justice
- Ms. Brooke Mitchell, Casework Supervisor - Community and Correctional Services
- Ms. Cyndria L. Wedge, Director of Prosecutions

Department of Finance, Energy and Municipal Affairs
- Mr. Jeff Clow, Child and Youth Commissioner

Department of Health and Wellness
- Ms. Heather Rix, Nursing Policy Analyst
- Ms. Kathleen Brennan, Policy Analyst

Department of Education and Early Childhood Development
- Mr. Adrian Smith, Director of Student Services of the English Language School Board

Department of Innovation and Advanced Learning
- Ms. Ella Kelly, Program Coordinator, Skills PEI

Health PEI
- Ms. Margaret Kennedy, Director - Mental Health and Addictions
- Ms. Bobbi Jo Flynn, Clinical Leader - Mental Health Services
- Ms. Deborah Bradley, Executive Director-Primary Care and Community Hospitals

PEI Division of the Canadian Mental Health Association
- Mr. Reid Burke, Executive Director - CMHA-PEI

Stakeholder Interviewees

Representatives from the following organizations were interviewed as part of this process:

- Canadian Mental Health Association, PEI and Fitzroy Centre
- PEI Rape and Sexual Assault Centre
- Queens County Residential Services
- Premiers' Action Committee on Family Violence Prevention
- PEI Family Violence Prevention Services
- Catholic Family Services Bureau
- Advisory Council on the Status of Women
- PEI Home and School Federation
- Mi'kmaq Confederacy of Prince Edward Island
- Provincial Court
- Legal Aid Services
- PEI Chiefs of Police Association
- PEI Seniors' Secretariat
- Skills PEI
- Child and Youth Commissioner
- Educational Psychologist
- Seniors Long-Term Care, Private Sector
- Medical Director and Psychiatrist
- Medical Director for Primary Health Care (East Prince) and General Practitioner
- Chief Nursing Officer Home Based and Long-Term Care
- Health PEI Mental Health and Addictions
- Hillsborough Hospital
- Community Mental Health and Addictions Services

APPENDIX B - WHAT WE HEARD

The following summarizes what was heard in consultations with stakeholders and working group members, results from the public survey and key themes in the literature. While the stakeholders consulted are extremely knowledgeable it must be recognized they shared their personal opinions and perceptions. Comments were validated with the literature review and the working group to the degree possible but may be subject to bias.

The review was undertaken with the understanding that addressing mental health and addictions issues is much broader than providing clinical services and supports. However, clinical services and supports (in the case of adults) and the education system (in the case of children and youth) are often where individuals and their families first look for help. Thus it is not surprising that references to these areas were more frequent.

(A) The Importance of Promotion, Prevention and Early Intervention

A majority of public survey respondents identified preventing mental illness and promoting mental health as being extremely important.

Respondents noted education, stigma reduction and awareness most often as ways to increase promotion and prevention.

Stakeholders identified health promotion, prevention and early intervention as integral to building a healthier and more resilient population and reducing mental health and addictions issues. This view is also expressed in the national mental health strategy and other provincial mental health and addictions strategies, and supported by analyses that conclude there is a strong case for investing in mental health promotion and mental illness prevention. For example, it has been found that preventing conduct disorders in one child through early intervention has resulted in lifetime savings of $280,000. Given that 85,000 children in Canada are currently experiencing conduct disorders, this represents significant potential savings.[45] There is also strong evidence to suggest that the best opportunity to support overall health and well-being in the population is during the prenatal and early childhood stages of development. The effects of early exposure to stress at these critical development points are long lasting.

Various organizations in PEI are involved in efforts to raise awareness about specific issues related to mental health and addictions. For example, the Canadian Mental Health Association – PEI Division plays a significant role in mental health promotion and mental illness prevention for the broad population. The Association dedicates time and resources and fundraised dollars to develop, deliver and partner in public messaging events such as Mental Health Awareness Week, Women and Wellness, and the Suicide Prevention Golf Tournament, as well as conducting seminars and training in workplaces, communities and schools. The Association has a strong track record in leveraging dollars and partnerships (e.g., National CMHA Air Miles for Social Change Partnership) to help individuals improve their mental wellness. The Association could expand its role in this area with additional resources.

Smaller organization such as PEI Home and School Associations, the Prince Edward Island Advisory Council on the Status of Women, PEI Family Violence Prevention Services, Catholic Family Services Bureau, the Mi'kmaq Confederacy of Prince Edward Island, the PEI Seniors Secretariat, law enforcement agencies and others are also involved in community outreach activities relevant to mental health and addictions. These efforts are important and could be strengthened by providing

programs on a more frequent basis across the province. National initiatives such as the Purple Ribbon Campaign (which raises awareness about violence against women) and Movember (which now supports awareness of men's mental health as well prostate cancer) have growing interest locally. Profting from what works in other provinces (e.g., the Positive Parenting Program [PPP] and the Project s.t.e.p. in Ontario) can help PEI not reinvent the wheel. What is needed in terms of promotion and prevention efforts is a more coordinated approach with a consistent message and vision that multiple partners can contribute to.

Combating stigma and discrimination, is a very serious problem that can be partially dealt with through promotion and prevention programs. The issue of stigma is not unique to PEI and is reported nationally[46] and internationally[47] as the most significant factor contributing to lack of progress in the field of mental health and addictions. Often the lack of knowledge about mental illness and addictions is at the root of many forms of stigma and thus reducing stigma and discrimination requires education and awareness at a population level. The goal is to make talking about mental illness and seeking help a normal, logical and acceptable thing to do. Individuals have a right to be supported in their efforts to achieve good mental health.

Stigma (including self-stigma) and discrimination are present in the general public, health care professionals, educators, law enforcers, employers. They are an impediment to individuals seeking necessary services and supports, and to recovery. They can result in delays or avoidance in seeking assistance and when issues are not addressed in a timely manner they can escalate and require more costly and complex interventions in the future, especially in the case of children and youth. Stigma and discrimination may also result in individuals not receiving the proper treatment and support because of a lack of understanding on the part of the service provider. Stakeholders stated that individuals who are known to have a mental health and/or addiction problem can find it difficult to access other services and supports. It was also noted that when an individual has multiple issues (intellectual disability, autism or others as well as a mental health or addictions issue) health care providers sometimes focus more on the other conditions and mental health and addiction issues remain unresolved.

Public survey respondents most often identified improving access and decreasing wait times as the best ways to improve mental health and addictions services in PEI.

(B) The Availability of Timely Services and Supports

Significant concerns were expressed regarding long wait times for assessments and follow-up treatment within the community mental health and educational systems. Wait times range between 24 and 43 days for a community mental health assessment according to interviewees. The Auditor General's 2012 report conducted a sample review of case files and identified an average wait time of 57 days for all community mental health assessments. This is greater than the 2010-2011 target of 28.8 days identified in the Health PEI Mental Health Services Strategy (2009). An interviewee identified a two-year wait time for many students to receive a psycho/educational assessment through the school system. While waiting, the children and youth struggle in school and at home and their educational performance and social development are compromised.

Individuals are experiencing long wait times for receiving certain services/supports. As an example, PEI has experienced an increase in demand for addictions treatment in recent years causing wait times for the Methadone Maintenance Treatment Program, in-patient treatment, outpatient treatment and rehabilitation counselling. The number of clients on the province's methadone program increased

from 80 in 2008 to 140, with an additional 50 people on a waiting list, in 2010.[48] In March 2012, the 160 spots in the provincial program were full with an additional 140 people on a waiting list.[49] It should be noted that a review of the Methadone Maintenance Treatment Program is currently underway to better meet needs.

PEI currently has more psychiatrists than a few years ago but access is more limited now. PEI's complement of psychiatrists is fifteen (two of these positions are currently vacant). One-third of the complement resources work primarily on a fee-for-service basis and are not part of the larger mental health team that is held accountable for service delivery goals and objectives. The limited access to psychiatric services is more costly to government, which in some cases has to pay additional fees to access expertise (e.g., court mandated parenting capacity assessments, out of province forensic assessments). It was suggested that the Prince County Hospital does not have a certified psychiatric unit (which would help to alleviate some service gaps) because of the inability to allocate psychiatric resources where they are needed most.

The time of day that mental health and addictions services are available is not always consistent with the need. The need for more access to emergency mental health and addictions services (e.g., clinical assessments, crisis intervention) outside of daytime hours was identified as a priority. Hospital settings are currently the only resource for mental health and addictions emergency and crisis situations.

Long wait times lead to other challenges. Limited access to timely services can result in individuals not getting help at all. People who are not addressing their mental health and addictions issues often do not meet criteria for admission to other programs related to reducing violent or other high-risk behaviors. Individuals with mental health and addictions issues become involved with the justice system and others remain in acute care facilities because next stage services are not readily available such as day programs, psychotherapy, supportive housing or ongoing clinical support for peer support programs and family caregivers. This leads to family members, peer support programs and some service providers providing support that they feel is beyond their current capacity or mandate. For example, police and/or correctional services staff find on occasion they must closely monitor individuals and devote time to obtaining mental health services for them.

After access and wait times the most concerning issue from the perspective of survey respondents is the quality and effectiveness of services and treatments.

(C) The Availability of Services and Supports

There is a lack of consistency across the province in what services/supports are available and how they can be accessed. Service availability is variable across the province with services concentrated in Charlottetown and to a lesser degree in Summerside. Services are available in the western and eastern regions of the province but limited service options and inconsistencies between services were often cited. Individuals who move from an urban region to a rural one to access a service/support such as community care facility can then lose the more specific mental health supports available in the urban region. In addition, current referral processes differ by region, organization, and health care provider. For example, in an effort to secure services for individuals primary care providers have hospitalized individuals so they can access psychiatric support and made referrals to multiple service providers at once in the hopes of getting access to at least one service quickly. Current efforts by Health PEI's Mental Health and Addictions Services to establish more consistent referral and service protocols are encouraging.

More emphasis is needed on providing services in the community and on rehabilitation and recovery. This means ensuring sufficient resources are available at the community level to support individuals and families and communicate the availability and benefits of these services to health care professionals and the general public. Stakeholders identified the lack of recovery-oriented community support, through support groups, self-help and peer support options. This type of support has shown to be effective for individuals and their caregivers and can be delivered in communities across the province but often gets limited funding.

The Canadian Mental Health Association-PEI Division Clubhouse model provides education, housing, pre-vocational, transitional and supported employment as well as social-recreational opportunities in the community for people with a mental illness. The three Clubhouse locations in PEI assist over 1,000 individuals with various levels of support. The clubhouse model focuses on individual strengths and abilities and provides a sense of belonging. The importance of community supports such as those provided by the clubhouse model cannot be understated. Without them, demands on clinical and acute care services and supports would increase and individuals who use these services would experience a decreased quality of life.

Of all services, public survey respondents most frequently accessed a family doctor or walk-in clinic for mental health and/or addictions problems. A majority of respondents also viewed the family doctor or walk-in clinic service as helpful.

Comments were also made that clients of Addiction Services may be returning to a previous lifestyle environment because withdrawal management services were not long enough for their needs or there was a lack of follow-up support upon discharge into the community. Funding cuts are making it more difficult for government community services/supports and community non-profit organizations that provide essential services/supports to meet their mandate.

Collaborative mental health care models were noted by interviewees and in the literature as improving access to mental health care and increasing the capacity of primary care to manage mental health and addiction problems. In PEI, inpatient and community mental health teams as well as some Primary Health Care teams are inter-professional and collaborative. However, concerns were expressed with PEI not having enough or the right mix of professionals such as psychologists, psychiatrists, social workers nurses and nurse practitioners to staff such teams. In addition many PEI physicians are not members of a collaborative practice.

Benefits of collaborative, inter-professional approaches, when properly resourced and supported (e.g., training, continuing education, allocation of resources, role clarity, funding and remuneration models), are that people with issues affecting their mental health have access to essential services in a timely manner and they and their families are better supported in self-management.

A number of survey respondents noted the value of self-empowerment and supports provided by family, self-help and peer groups in helping them address mental health and addictions issues.

Family physicians may not possess core competencies in mental health and addictions. Family physicians however, are often a primary source of referral to mental health and addictions services/supports. If they do not feel well informed on mental health and addictions issues this can affect the care process. Health PEI has begun training within the province's primary care networks on recognizing anxiety and depression and such

efforts need to continue and be expanded to other professionals and government service providers. It was also noted that prescribing practices for opiates and other highly addictive prescription medications are a concern and sometimes conflict with community mental health and addictions services protocols.

Medications for mental health and addictions and other health conditions are costly and an increasing number of prescriptions are not covered under the provincial formulary. Individuals can become reliant on social assistance and income support to maintain their drug coverage because social policies do not incent individuals to develop more self-supporting strategies.

First Nations individuals in PEI access the mental health and addictions services available to all Islanders**.** However, services and supports may not be delivered in a culturally competent manner and service providers may have misconceptions on what services First Nations are entitled to access thus limiting treatment success. Stakeholders also noted that stigma within and outside of First Nation communities' impacts people seeking and finding the most appropriate care.

Appropriate supported housing for those with mental health and addictions issues is a significant gap. Supported housing is defined as low-cost housing combined with access to mental health and addictions clinical services and life skills training to be able to maintain housing security. Individuals living with a mental health issue, serious mental illness, and/or addiction problems who have safe, affordable and supported housing in the community typically place fewer demands on other services such as emergency departments, acute care settings and the justice system.

Housing placements are also a serious problem. This was frequently cited as a significant contributor to relapse, delayed recovery and rehabilitation and long wait times. Many individuals are inappropriately housed at Hillsborough Hospital or other acute care settings or in Long-term Care and Community Care facilities because an appropriate option is not available. This limits access to acute care settings which has a negative ripple effect throughout other services and supports. Other concerns with inappropriate housing placements are that staff improvise and attempt to provide the care needed despite not having the appropriate training and knowledge and staff and other residents can be put at risk when a facility is not properly resourced to meet the needs of particular individuals.

Access to employment is challenging for people with a history of mental health issues or substance abuse. This is compounded in a province with the third highest unemployment level in Canada after Nunavut and Newfoundland and Labrador.[50] PEI also has a high unemployment rate amongst those 18 and 25. Research has proven that unemployment can be a contributing factor to developing mental health and addictions issues. People with mental illness may need different types of employability support and training, as compared to other disability groups, and this needs to be recognized by program funders and support services. Social stigma and workplace discrimination can be barriers in accessing and retaining employment.

(D) The Availability of Seamless Service and Supports

There is a need for more communication and sharing of client information between all service providers intersecting with an individual. Information sharing is essential to prevent people from having to tell their story multiple times when they are seeking help. It is also essential so care providers can make informed decisions on how they can best support an individual's journey to recovery. Instances of primary care providers not

Non-profit community-based-services and supports received a high helpfulness rating from survey respondents.

receiving feedback from specialists they refer to, schools not knowing that students have been hospitalized or released or individuals leaving one service without a discharge/aftercare plan indicate a lack of a consistent and integrated approach to case management and keeping people at the centre.

There is a lack of continuity of care and monitoring of psychiatric consultations per year in the community and hospitals. It was suggested that some clients receive multiple assessments and by different psychiatrists which impacts the level of care and creates inefficiencies. Recruitment and retention of psychiatrists are also a challenge. When a psychiatrist leaves PEI, individuals are triaged; more urgent cases are seen by another psychiatrist and less urgent are placed on a waiting list.

Improved linkages for clients with co-occurring disorders are needed. Efforts to improve linkages between mental health and addictions services are ongoing and clinical capability of staff and physicians to deal with co-occurring disorders is a priority. As noted earlier approximately 20% of Canadians with a mental disorder have a co-occurring substance use problem and approximately half of the people seeking help for an addiction have a co-occurring psychiatric illness.[51]

(E) The Availability of Services and Supports for Critical and High-Risk Situations

The needs of individuals with mental health and addictions issues who intersect with PEI's criminal justice system are immediate and pressing, and in many cases are not being met. The gaps and challenges encompass difficulty in complying with court mandated orders for assessments and treatments, lack of secure access to diagnostic and clinical c services when in custody, lack of sufficient services/supports upon release into the community and not having all relevant service providers involved in case planning or management of high-risk offenders (individuals deemed to be a high risk to commit a serious personal injury offence).

The number of individuals with mental health and addictions issues involved with PEI's justice system is causing significant pressures. A model that is currently being studied by the province as a measure to help alleviate some of these pressures is the Therapeutic Court model. Therapeutic Courts, such as Domestic Violence Courts, Mental Health Courts, or Drug Courts use a team approach (health, social services, justice and others) to ensure services and care are being provided, to increase offender accountability by regular monitoring, and to intervene early in response to warning signs. However, sufficient and appropriate service and support capacity is necessary for this type of court to be implemented successfully.

Survey respondents who interacted with multiple service providers felt that services were not always well integrated (i.e., they had to tell their story multiple times and weren't sure who was coordinating their care)

The ability to conduct forensic psychiatric assessments in province when ordered pursuant to the Criminal Code of Canada is limited as there is no dedicated resource with this responsibility.

Inmates at the Correctional Centre with mental health and addictions issues must be transported to Emergency Services at the hospital or to another community location to access psychiatric assessments and treatments. This poses a significant risk to the general public, corrections staff and the offender. Offenders are often at the highest risk to re-offend during the period when they are first released and trying to transition back to the community. Individuals on probation are often subject to conditions to access assessment, counselling and treatment for their issues. When appropriate and timely services are not available so these conditions can be met, it has significant implications for probation services, police services and other components of the justice system.

In addition and more generally, it was pointed out that certain groups of individuals are at a higher risk of developing mental health and addictions issues because of various personal and social circumstances such as poverty, unemployment, historical and systemic discrimination, chronic health conditions, a physical or intellectual disability, isolation, family violence/abuse or sexual violence/abuse. These vulnerable populations may require special approaches, measures and interventions to adequately meet their needs and help them to achieve better outcomes. Some respondents thought that a greater focus is needed on the social determinants of health (e.g., ability to obtain quality, education, food and housing).

Spousal abuse and violence mainly impacts women and children although there are cases involving abused men. While some emergency and temporary shelter and programming options exist they may not be resourced for more complex cases. In addition, many individuals may require longer term housing and supports to successfully move themselves and their children from a dangerous situation. A challenge for mothers is the fear of losing their children if they report an unstable/unsafe home environment. Financial challenges are also a reality for many women resulting in them returning to an abusive environment because they feel they have no other options for supporting themselves and their children. The Turning Point program which works to reduce the risk of spousal abusers reoffending is limited to individuals who have adequately addressed their mental health or addictions issues.

Victims and perpetrators of family violence and sexual abuse often have complex needs and need prioritized assessment and treatment for mental health and addiction issues. Mental health problems and substance abuse add another significant dimension to the challenges faced by families dealing with violence and sexual abuse. Significant government, police and community resources can be required to ensure safety of adult and children victims. Crises present small windows of opportunity where clients (both victims and offenders) exhibit increased readiness to change. These windows can close quickly without timely intervention and opportunities for treatment are missed.

(F) The Unmet Needs of Children, Youth and Seniors

Children and Youth

Nationwide, children and youth face particular challenges in getting the right combination of services, treatments and supports to affect timely and positive outcomes. It is estimated less than half of youth and only one in six children with mental disorders receive needed mental health services. Access to psychotherapies and clinical counselling in particular are limited. Youth are more likely to seek primary care to meet their mental health needs but most primary health care providers are not properly trained to manage youth-related mental illness, and in-patient facilities are not set up to meet the needs of youth. Youth also seem to prefer talk therapy to medication, which suggests that trained counselors could play a larger role in developing more timely and accessible treatment options for youth.

Mental health and addiction issues are on the rise among children and youth including issues with coping skills, anxiety, depression, abuse, and self-harm as recounted by several interviewees. Mental health issues and more complex issues are also presenting at an earlier age. A majority of today's youth cases seen in court are related to addictions problems.

In general, services for children and youth and their families/caregivers in PEI are under-serviced, under-resourced, or lacking. A recent Auditor General's report found that youth have an average wait time of 79 days for an assessment compared to 60 days for adults. The scope of services/supports needed for children and youth fall across the continuum from promotion, prevention, and early identification to ambulatory and residential treatment. It was also identified that mental health

services are not available to non-voluntary children and youth, and group homes are not resourced to adequately address the behavioral, mental health and addictions issues of resident's and ensure the safety of staff and other residents. Ensuring children and youth have a family physician and trusted counselling support (i.e., limited counselling staff turnover) were also identified.

The length of wait times for assessments and access to services/supports is a serious issue for Island children and youth with severe mental health or addictions issues. There is no dedicated service for this age group and there has been an erosion in existing community-based programs for families and youth due to funding cuts. The change in the mandate of Child and Family Services from a child welfare role to a child protection role has also narrowed the scope of services and supports that Child and Family Services provides.

The perceived helpfulness of school guidance counselors in terms of addressing mental health and addictions issues was moderate. A number of respondents identified a need for new and enhanced services in schools.

A centralized intake process is being introduced for children, youth and families seeking community mental health services to evaluate needs and issues through preliminary assessments and make referrals to appropriate services and supports. It is not possible to comment on its effectiveness until it is fully implemented. Preliminary indications are that efforts may be needed to make referral service and support providers better aware of the process and how it works.

Some school administrators are being overwhelmed as demand for mental health and addictions support in the educational system continues to increase. Schools are a familiar environment for families and evidence suggests they can be utilized in a number of ways to enhance promotion and prevention efforts and access to, mental health and addictions services and supports to children, youth and their families. Many jurisdictions include special topic modules in the school curriculum and/or engage community partners to deliver programs in the classroom such as I'm Thumbody Program and Signals of Suicide delivered in PEI schools by the Canadian Mental Health Association-PEI Division. These types of programs are an important tool in promoting mental health and building resiliency in the student population and could be expanded based on proven programs in other jurisdictions. Another school based approach is to have addictions and/or mental health workers on site. Some PEI schools have Addictions and Youth workers but there is a lack of standardization on what they offer in each school. New Brunswick has found that placing community mental health workers in schools has helped to reduce wait times. Other jurisdictions have utilized the school environment to conduct regular screening initiatives or establish on-site health centres.

Public survey respondents identified children and youth as having less access to services and supports.

The educational system must be fully involved in planning, developing and implementing programming related to mental health and addictions. It will require investment for schools to be properly resourced and trained for, mental health and addictions issues. It will also require in-service training of education, health, social services and other partners on how to work collaboratively and be open to innovation and integration.

Mental health and addictions programming and supports in the educational system needs to be consistent across the province. The adoption of programs such as Coping and Support Training (CAST) for students who evidence multiple risk factors and few protective factors for suicide and depression or Multiple Agency Support Teams (MAST) are at the discretion of the individual school

administrators. Youth workers and Addictions workers in schools are not available in all schools and the programming they provide is variable. Understanding of mental health and addiction issues and co-occurring disorders needs to be enhanced amongst stakeholders throughout the school system.

Additional resources are needed to support essential programs and services for children and youth. Examples provided are essential programs for children at all Community Mental Health Sites, Child Protection Services' Family Ties, and Child and Family Services which have all been hit by funding cuts. Rather than reducing programs and services to this key segment of our population, stakeholders and the literature support expansion of proven programming to this age group and a greater focus on prevention and early intervention.

Services and supports for children and youth must consider their families. Families want to be more involved in, and informed of, their children's treatment and recovery plans and need to better understand clients' rights under the Mental Health Act including authority for enforcing treatment. Families want to be heard and need more support for coping with a member with mental health and/or addiction problems. Families often need help in developing skills and techniques that assist them in building resilient children or to better care for a child/youth with mental health and addictions issues.

Seniors

Canada's population is aging. The growing population group of seniors presents multiple illnesses including complex mental health issues and chronic conditions such as dementia. PEI has the third highest population proportion of seniors (65 years and older) in the country. The number of seniors has increased in every PEI county over the past five years and the number of near seniors (50-64) is even higher. Low literacy and income levels are prevalent among older adults living with a mental illness. For these reasons communication requirements for older adults differ from other population groups and service providers must take this into account.

There are a number of current and planned initiatives within PEI's health system that will have positive impacts for older adults living with mental illness such as the development of a Provincial Dementia Strategy, and the implementation of Long-Term Care Renewal and Home Care Renewal. Canada's Mental Health Commission's Guidelines for Comprehensive Mental Health Services for Older Adults are being used to identify health system improvements and conduct a gap analysis. Additionally, it was noted that a national Seniors Mental Health Strategy is under development. Once completed, it should also be considered in developing PEI solutions.

There is a general lack of adequate services for older adults suffering from mental health challenges such as depression, anxiety, abuse, and other mental disorders, and in particular in rural PEI. The limited availability in rural areas is especially challenging as transportation is often an issue for older adults. This supports the argument for community-based services, bringing the care to the home. There is a need for consistent access to local community mental health outreach personnel/behavioral support teams across PEI. As with children and youth, stakeholders expressed concern that some programs and services that are needed and beneficial are not available across the province and are experiencing challenges of their own as a result of staffing changes.

Mental health issues or neurological disorders are a reality for a majority of people residing in PEI's long-term care facilities (80 to 90%).[52] A recent study conducted by the Canadian Institute for Health Information (CIHI) also found 45% of long-term care home residents demonstrate aggressive behavior. In addition, long-term care facilities primarily designed for seniors are in some cases providing 24/7 support and care for younger adults with brain disorders or neurological injuries who

can no longer be supported in community settings. Private facilities seldom have a dementia unit and this can have impacts on quality of life for all individuals at the facility.

The availability of supported housing options and care facilities for older adults in PEI is impacted by long wait lists and aging infrastructure. The increasing number of younger people with various disabilities and requiring long-term care is contributing to the longer wait lists. This is not unique to PEI; there is a shortage of appropriate housing options across the country. It will take concerted efforts from multiple partners to develop solutions but appropriate housing is consistently identified as a critical piece in assisting individuals with mental health and addictions issues to achieve better outcomes.

Long-term care and community care facilities require additional support for residents with mental illnesses. Stakeholders commented long-term care and community care personnel may not be properly trained to support and manage the behavioral responses of residents living with significant mental illness and there is a gap in behavioral support and access to social work and psychology services. There is a need for greater information sharing, including mental health assessments, collaborative care planning, and other support between acute care and long-term care. Mental health and addictions support is especially limited for stay-at-home individuals and for those in long-term care and community care settings outside the Charlottetown area. Residents and their family need more supports within their community.

There are challenges identifying mental health and addiction issues among older adults because seniors may not recognize or acknowledge signs and symptoms or know where to go for assistance. This can lead to lead to self-neglect that goes unnoticed without a concerned neighbor or family member to intervene and seek help. The PEI Seniors Secretariat maintains a Toll-Free Line (8 am to 5 pm) as well as a Seniors Guide to provide the general public with information on services. The challenge for the Seniors Line and Guide is keeping abreast of changes with the listed services as well as knowing the quality or availability of the listed/referral service. Joint visits to the home by Adult Protection and Home Care workers to assess the situation are positive but limited in what they can do if the senior is making poor choices but not incompetent.

(G) The Effects of Structural and Systemic Issues

A recurring theme found through this review is that mental health and addictions issues are extremely complex and they require many sectors within government (e.g., health, education, social services, justice) and without (e.g., non-profit, non-governmental organizations, the private sector) to be involved in crafting, developing and delivering appropriate and effective solutions. Equally important, Islanders with mental health and addictions, as well as their families, need to be at the centre of care, whereby they are engaged in their path to recovery. Fundamental to a 'person-centred' approach and a key indicator of how well a network of services and supports is working is whether individuals receive 'seamless service' through integration, coordination and the sharing of information between different providers.

Survey respondents acknowledged receiving helpful assistance from non-health government service providers in addressing their mental health and addictions issues. Social assistance, provincial housing, and training/job placement supports were noted most often.

In PEI, much interdepartmental collaboration has developed over time, often as a result of personal relationships. However, collaborations that do develop are not necessarily coordinated across the province and often arise out of a need or demand rather than by proactive planning. They may also be limited to a small subset of services or Islanders. Stakeholders suggested a structured framework is needed to foster consistent and meaningful collaboration and coordination, a structure that helps to address the following constraints and challenges.

The need to balance a person's right to privacy and the confidentiality of their information may at times conflict with the need for service providers to share information to provide better outcomes. Multiple, non-compatible electronic records systems further compound this constraint. Problems often arise when individuals move between services and supports. Such movements include transitioning from one service/support to another (e.g., youth to adult services, acute care to long-term care or services in the community), referrals to another service by a family doctor or other service provider and being involved with multiple service providers (e.g., health and education) at one time. If it is unclear who has case management responsibility for an individual at these critical times, case files can be closed prematurely and services/supports interrupted or lost. There are also many service providers (as evidenced by PEI's Helping Tree publication), internal and external to government, involved with individuals experiencing mental health and addictions issues on PEI. However, it can be hard for individuals and their families to know where to start and how to choose the most effective path. A simplified navigation system and point(s) of access is needed. Clarity of roles and responsibilities amongst service providers is required as well as effective, streamlined and coordinated case management practices and protocols that include follow-up.

A number of people interviewed commented on the lack of evaluation of programs and services. A lack of timely and accurate reporting and data management issues (incompatible and multiple electronic records systems) are contributing factors to limited program and service evaluation. Evaluation processes and measurements must be put in place before introducing major changes in order to be certain the changes are producing desired outcomes, such as improved mental health and quality of life, fewer instances of substance abuse, ready access to appropriate expertise, and shorter wait times.

Evaluation measures and accountability for results must be inclusive of all government and community service and support providers. These efforts require additional resources to make evidence-based decisions in the areas of prevalence data, wait time evidence, access policy, wait list management and service delivery models. Appropriate leadership and governance structures are also necessary to embedding accountability in practice.

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