



# Accountability Report 2022–23

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Addictions & Mental Health



Office of Addictions and Mental Health  
2022-23 Priority Results in Support of Government’s Accountability Report

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## Introduction

The Office of Addictions and Mental Health works with Nova Scotia Health, the IWK Health Centre and community partners to provide mental health and addictions education, prevention, treatment and recovery programs for Nova Scotia.

On April 22, 2022, the Government introduced a comprehensive multi-year plan, Action for Health, focused on transforming the health system for Nova Scotians, including creating a Universal Mental Health and Addictions system of care. Building a universal system requires service delivery models that are tailored to the varied needs of the population, address gaps along the continuum of mental health and addictions need, make it easier to move between services as an individual's needs change, reflect evidence, and are shaped by community voice. Nova Scotia is leading the way forward in this work.

This report outlines the achievements of the Office of Addictions and Mental Health over the past fiscal year and the work being done to ensure every Nova Scotia receives the mental healthcare they need and deserve.

## Accountability Statement

The Accountability Report of the Office of Addictions and Mental Health for the year ended March 31, 2023, is prepared pursuant to the *Finance Act* and government policies and guidelines. The reporting of the Office of Addictions and Mental Health outcomes necessarily include estimates, judgments, and opinions by Office of Addictions and Mental Health management.

We acknowledge that this Accountability Report is the responsibility of the Office of Addictions and Mental Health management. The report is, to the extent possible, a complete and accurate representation of outcomes relative to the goals and priorities set out in the Office of Addictions and Mental Health 2022-23 Business Plan.

*Original signed by*  
Honourable Brian Comer  
Minister

*Original signed by*  
Jeannine Lagassé  
Deputy Minister

# Measuring Performance

## Improving and Reporting Wait Times

The Office of Addictions and Mental Health (OAMH) has established quarterly wait-times reporting from Nova Scotia Health Authority (NSHA) and the Izaak Walton Killam Health Centre (IWK), who now provide quantitative data to OAMH, allowing for trend analysis identifying areas for improvement. OAMH has also been actively working with the Department of Health and Wellness (DHW) to improve how mental health and addictions (MHA) wait times are presented to the public through the Nova Scotia Wait Time Information website.

## Prioritizing Recruitment and Retention

Work is underway to ensure Nova Scotians have access to the MHA services they need. A Health Human Resources (HHR) strategy is in development to strengthen Nova Scotia's MHA supports and services through recruitment and retention of providers who reflect the diversity of Nova Scotia, and redesigning approaches and systems. OAMH is developing this strategy in close collaboration with DHW and the Office of Healthcare Professionals Recruitment (OHPR), as well as NSHA, IWK, and other key partners.

Between November 2022 and February 2023, five collaboration sessions were held with leaders, frontline workers, and decision-makers across 25 different community-based organizations, professional colleges, government, and service providers to identify and explore HHR issues and solutions. Many innovative ideas and solutions were brought forward to address critical MHA workforce needs. OAMH has been working with its partners to prioritize and develop these solutions to form an actionable HHR plan.

## Using Data to Drive Program Improvements

OAMH is developing an evaluation framework for universal mental health and addictions care, which will include logic models, outcomes, and key performance indicators. This work utilizes a results-based management framework and aligns with the outcomes in DHW's Long-Term Accountability Framework for the Health System.

## Reviewing and Enhancing Standards and Models of Care

OAMH works with NSHA and IWK to expand access to care through enhancing existing, and establishing new, models of care.

Access Wellness, a free single-session supportive counselling service for individuals, couples or families, was launched January 12, 2023. Trained counsellors are available to help people manage general mental health and addictions concerns, including anxiety, job loss, grief, relationship issues

and substance use. From January 12, 2023, to February 27, 2023 (the most recent available data), 80 calls were received.

The Peer Support Phone Service was also launched in 2022-23. It is a toll-free, non-crisis, province-wide service, available to all Nova Scotians 18 years of age or older. The service is staffed by trained peer supporters, who have personal or family-based lived experience with mental health and/or substance use challenges. Between October 12, 2022 (launch date) and February 28, 2023 (the most recent available data), the service responded to 356 calls.

In alignment with the OAMH mandate, OAMH has invested approximately \$12 million in annual funding to the Provincial Pre-School Autism Service to implement a new model of care and expand pre-school autism services over the next one to two years. Services will include access to appropriate interventions, a single point of access to supports, central waitlist for diagnosis, and province wide access to the QuickStart program.

In collaboration with NSHA, OAMH developed a new Sexual Violence Trauma Therapy model of care. A successful proponent was identified through a procurement process, and NSHA is working with them to implement the provincial model of care.

In 2022-23, four Recovery Support Centres opened: Queen Square (Dartmouth), Aberdeen Hospital (New Glasgow), Soldiers Memorial Hospital (Middleton), and Fishermen's Memorial Hospital (Lunenburg) to provide services and supports to individuals struggling with substance use. Over the next two years, OAMH will continue to support NSHA in opening an additional six recovery centres across the province.

### Focusing on Community and Individual Engagement

OAMH is developing a Community Wellness Framework (CWF) in the context of MHA in Nova Scotia, and will guide how OAMH will support the important role of Community Based Organizations (CBOs) in the system of care through:

- A revised CBO funding approach that includes funding streams, streamlined funding processes, and longer-term funding agreements for CBOs, and
- Support for capacity building and collaboration among CBOs (e.g., professional development events).

An independent process and outcome evaluation of OAMH's current funding approach for CBOs was completed in September 2022. The evaluation included a review of best practices on funding grant design, delivery, and management, as well consultations with stakeholders. The evaluation report highlighted strengths and weaknesses with suggestions on improving the funding approach, which will be considered in the finalization of the CWF in the next fiscal year.

OAMH will continue to support community partnerships and administer funding to CBOs for the provision of MHA services and supports across the province. In 2022-23 OAMH provided more than \$17.1 million in funding to CBOs across the province to provide MHA services at the community level.

## Collaborating With Other Government Departments

OAMH is committed to improving outcomes for Nova Scotians experiencing a MHA crisis by ensuring access to the right services, at the right time, by the right people. Developed alongside partners, including DHW, the Department of Justice (DOJ), policing partners (Municipal and RCMP), and Emergency Health Services (EHS), OAMH used evidence and feedback from communities to design local and scalable crisis response initiatives. Partners are currently prioritizing two separate initiatives to test and evaluate.

OAMH participates in the Highest Risk Table for Domestic Violence, working with partners such as the Department of Community Services (DCS), DOJ, NSHA, IWK, and CBOs to support individuals who have experienced intimate-partner violence and sexualized violence.

Additionally, OAMH worked collaboratively with the DCS, Supportive Housing and Homelessness Team to develop a supportive housing model that integrates mental health and substance use services into housing models and in the development of new housing initiatives.

## Building Capacity through Education

OAMH is working with DHW Public Health and the Department of Education and Early Childhood Development (EECD) to develop an evidence-based curriculum for grades six to nine. The curriculum will provide knowledge on substances, gambling, and mental health, and will foster skill building to enable decision making. The first phase of work (background research and consultation) is complete, and the second phase (design and development of materials) will be completed next fiscal year.

## Building Universal Addictions and Mental Health Coverage

OAMH is working with the NSHA Research and Innovation Hub to develop a comprehensive Needs Based Planning (NBP) strategy that will:

- Provide insight into public sector coverage across the province and the degree to which that coverage is equitable from multiple perspectives; and
- Enable assessment of need, demand, and capacity within an equitable, universal mental health and addictions system

NBP is a foundational population health approach which ensures services are designed and provided based on the needs of the population and not solely based on those seeking assistance at a given point in time.

OAMH meets consistently with partners from NSHA and IWK to identify gaps in data which are required to develop a fulsome NBP model. Together with partners from DHW, OAMH has begun mapping MHA clinician assets across the province to understand the supply of both public and privately employed clinicians.

OAMH completed a comprehensive analysis of existing MHA service codes used by physicians to understand limitations in describing the scope of services required in a universal model. Informed by this analysis and the workshops that followed, OAMH has developed service codes which will be used to accurately track the services provided through OAMH pilot projects.

Background research and analysis was undertaken to learn how the universal mental health and addictions care system may impact existing legislation and policies, and to identify the new or amended policies and legislation needed to support the successful implementation.

### Expanding Use of Private Practitioners

OAMH developed two pilot projects which will test MHA service codes and compensation models under consideration for universal coverage. The compensation models include fee-for-service and grant-based models.

In collaboration with Dalhousie University's Clinical Psychology Training Program, faculty, private community-based clinical psychologists, and other allied professionals, planning work was initiated to introduce a community-based clinic model dedicated to providing psychological services. This pilot will enhance competence of clinical psychology students while testing service codes.

A working group was established to design the Subcontract Clinical Psychology Services (SCPS) pilot project, which aims to contract private community-based clinical psychologists to conduct autism spectrum disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) assessments for children and youth currently on public wait lists for these assessments. The pilots will test use of the service codes and compensation models, while increasing access to assessment and treatment, and will be launched next fiscal year.

### Expanding Addictions and Mental Health Services - Telehealth/Virtual Care

NSHA and IWK Central Intake hours have been expanded to include holidays and an additional evening during the week. 22 FTEs were created to support virtual care appointments for community-based MHA services. These service volumes are now tracked as part of NSHA Community Mental Health Wait-times and outpatient appointments. A Provincial Virtual Crisis and Urgent Care Team offering virtual services to emergency departments after local Urgent Care operating hours was implemented. OAMH continues to work with NSHA and IWK to integrate MHA services into a modern, full-service virtual care program for Nova Scotians.

In 2022-23, Tranquility, an internet-based Cognitive Behavioural Therapy program, was launched to help youth and adults (16 years and older) experiencing depression and anxiety better understand their emotions, thoughts, and behaviours, and build skills and coping strategies. People using the program are supported by a coach who monitors progress and offers ongoing help. Following the launch this fiscal year, 71 individuals were participating in Tranquility.

## Introducing a three-digit Addictions and Mental Health Crisis Line

The Federal Government has announced November 30, 2023, as the national launch date for 988, the three-digit mental health crisis line.

OAMH, alongside our government, NSHA, and IWK partners, has been fully engaged in the development of the service delivery model and call handling technology solution that is required for 988 implementation. This planning involves the integration and bolstering of the Provincial Crisis Line currently used in Nova Scotia to respond to mental health and addiction crises.

## Improving Health Equity

OAMH continues to work with DHW and health partners in the development and evaluation of the Health Equity Framework.

The previously described Community Wellness Framework is being developed by OAMH through an equity lens, including engagement with partners and alignment with DHW's Equity and Engagement branch.

OAMH conducted a Journey Mapping project to better understand the barriers experienced by those accessing MHA care. Thirty conversations were held with First Voice individuals, including voices from traditionally underserved communities such as Indigenous, African Nova Scotia, 2SLGBTQIA+, and persons with disabilities.

OAMH will continue working with health partners at the IWK to fund and develop an African Nova Scotian (ANS) MHA community-based clinic, providing increased access for rural and urban ANS children, youth, and families.

OAMH provides an annual investment of \$1.32 million in funding for clinicians to serve children and adults in the 13 Mi'kmaq First Nation communities. This includes the funding for Eskasoni Mental Health Services (EMHS) to hire up to 2.5 clinicians (\$350,000) and Millbrook to hire up to 1.0 FTE clinician (\$106,542). The remaining funding is provided to NSHA MHA.

OAMH supported the Creating Communities of Care project, funded by the Nova Scotia Advisory Council on the Status of Women and the Department of Women and Gender Equality Canada, that aims to improve services and resources provided to urban Indigenous and African Nova Scotian women who have experienced gender-based violence.

In 2022-23, OAMH also provided funding to:

- The Mi'kmaq Native Friendship Centre (\$395,600) to support the continuation of services from an Indigenous Mental Health and Cultural Facilitator, a Clinical Social Worker, and a Mental Health Nurse.
- The Mi'kmaq Native Friendship Centre (\$100,000) to provide mental health peer-support training for 50+ youth and young adults to support others.



- Eskasoni First Nation Health Services (\$350,000) for funding the operation of the Eskasoni Crisis and Referral Centre to provide crisis line, drop-in, and referral services in Eskasoni, supporting the health and well-being of community members.
- Tajikeimik (\$150,000) to develop a plan to guide the creation of a future crisis response model for Mi'kmaw First Nations.
- Tajikeimik (\$2,000,000) to support the development of a comprehensive, high-quality, and culturally appropriate Mi'kmaw MHA Strategy.
- Breton Ability Centre (\$65,000) for continuity of private psychiatric services that serve the residents of the Centre, including persons with varying disabilities.
- LOVE Nova Scotia (\$100,000) to support and build upon core programming available to youth, including those from diverse ethnic and racial backgrounds, with varying sexual identities and orientations and with varying levels of ability.

### Addressing Access and Flow

There are several initiatives underway to improve access and flow through Emergency Departments (EDs) including:

- Newly renovated EDs that will include a new quiet space for patients with MHA concerns. NSH, OAMH, and IWK are currently exploring options and spaces for this.
- Commitment to improved communication between first responders and health partners.
- Enhanced education and training for ED staff and Physicians to improve support for MHA patients.
- Timely MHA assessments within EDs, including access to virtual assessments.

### Accountability and Performance

OAMH is developing an accountability framework for universal mental health and addictions, scheduled to be completed in the next fiscal year.

Action for Health is Nova Scotia's four-year strategic plan describing the actions and solutions to transform healthcare in the province. Transparent measurement of success is an important component to ensuring accountability.

Key Performance Indicators to track shorter term outcomes of changes to the health system, as well as daily reporting on health system metrics, can be found at: [Action for Health \(novascotia.ca\)](https://www.actionforhealth.ca).

## Financial Summary and Variance Explanation

### Departmental Expenses Summary (\$ thousands)

<b>Programs and Services</b>	<b>2022-2023 Estimate</b>	<b>2022-2023 Actuals</b>	<b>2022-2023 Variance</b>
General Administration	191	132	(59)
Strategic Direction and Accountability	2,436	1,990	(446)
Early Intervention Services	27,149	20,686	(6,463)
Addiction Services	51,210	52,495	1,285
Mental Health Services	187,645	204,611	16,966
<b>Total - Departmental Expenses</b>	<b>268,631</b>	<b>279,914</b>	<b>11,283</b>
<b>Additional Information:</b>			
Ordinary Revenues	17,205	16,574	(631)
Fees and Other Charges	529	439	(90)
Ordinary Recoveries	5,108	5,770	662
<b>Total: Revenue, Fees and Recoveries</b>	<b>22,842</b>	<b>22,783</b>	<b>(59)</b>
TCA Purchase Requirements	---	---	---
<b>Funded Staff (# of FTEs)</b>			
<b>Department Funded Staff</b>	<b>21.0</b>	<b>19.4</b>	<b>(1.6)</b>

#### Departmental Expenses Variance Explanation:

OAMH had an increase in actuals over budget of \$11.3 million primarily due to \$14.3 million for healthcare retention incentives and \$5.5 million for grants to community-based providers, partially offset by an \$8.0 million decrease due to implementation delays for other programs.

#### Revenue, Fees and Recoveries Variance Explanation:

Ordinary Revenue was \$631 thousand under budget due to a \$1.2 million federal carryover which was offset by population adjustment increases.

Fees and Other Charges were \$90 thousand under budget due to a reduced number of course participants.

Ordinary Recoveries were \$662 thousand over budget primarily due to Nova Scotia Gaming Commission recoveries and prior year federal prisoner funding.

#### TCA Purchase Requirements Variance Explanation:

N/A

**Provincial Funded Staff (FTEs) Variance Explanation:**

OAMH is reporting a variance of 1.6 FTEs under budget due to temporary vacancies.

## Public Interest Disclosure of Wrongdoing Act

The *Public Interest Disclosure of Wrongdoing Act* was proclaimed into law on December 20, 2011.

The Act provides for government employees to be able to come forward if they reasonably believe that a wrongdoing has been committed or is about to be committed and they are acting in good faith.

The Act also protects employees who do disclose from reprisals, by enabling them to lay a complaint of reprisal with the Labor Board.

A wrongdoing for the purposes of the Act is:

- a) a contravention of provincial or federal laws or regulations;
- b) a misuse or gross mismanagement of public funds or assets;
- c) an act or omission that creates an imminent risk of a substantial and specific danger to the life, health or safety of persons or the environment; or,
- d) directing or counselling someone to commit a wrongdoing.

The following is a summary of disclosures received by (*Department/Public Service Offices/ Governmental Unit including Crown Corporations and Agencies*):

Information Required under Section 18 of the Act	Fiscal Year 2022-2023
The number of disclosures received	None
The number of findings of wrongdoing	None
Details of each wrongdoing (Insert separate row for each wrongdoing)	
Recommendations and actions taken on each wrongdoing. (Insert separate row for each wrongdoing)	