Working Together for Change

A 10 Year Mental Health and Addictions Action Plan for Saskatchewan

Dr. Fern Stockdale Winder
Commissioner, Mental Health and Addictions Action Plan

December 1, 2014

The Mental Health and Addictions Action Plan
putting the Patient First

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Letter of Transmittal

November 2014

To the Honourable Dustin Duncan
Minister of Health

I am pleased to present the Mental Health and Addictions Action Plan findings and recommendations in my report, *Working Together for Change: A 10 Year Mental Health and Addictions Action Plan for Saskatchewan*. This report is the culmination of extensive public consultations across the province with a particular emphasis on the voices of people with lived experience of mental health and addictions issues and their family members, service providers across the human service sectors, and concerned citizens. These collective voices were powerful in the call for change and this report reflects our process of careful listening and responding to this call for change.

Consultations included an online and paper-based questionnaire, focus groups, stakeholder meetings, position papers from key groups, and a number of stakeholder engagement sessions. In addition to the public consultation component of this review, there were a number of other inputs. These inputs included inter-ministerial research task groups, client experience mapping, and a literature review.

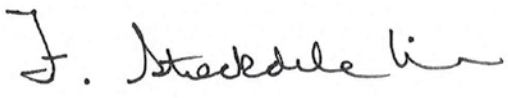
As I undertook the consultations, I focused on answering two key questions: 1) What was working well?; and 2) What requires improvement? I was delighted and inspired to learn about the innovative work going on in many communities and I consider these people and programs the "Heroes of Saskatchewan." There are many examples cited throughout my report of communities who identified and responded to a need. I also heard many stories about the gaps in the system and the need to provide a more coordinated and timely response to individuals requiring mental health and addictions services. These are often some of the most vulnerable individuals who may not be able to easily navigate their way through a complex system of services, or for fear of stigma and discrimination may not reach out for the help that they need. When they do reach out, the system needs to be more responsive.

Building on the Patient First Review, it was essential to emphasize the importance of hearing from persons with lived experience, their families and caregivers. However, one of the unique differences in this review was that it also took a cross-sectoral approach, recognizing that many other human services impact the outcomes for individuals who are in need of housing or community supports, are trying to complete an education or find employment, or build parenting skills while also dealing with a mental health and/or addictions issue.

One of the highlights of our stakeholder engagement sessions was hearing from the diversity of voices and perspectives across the various human service sectors. The information exchange was extremely valuable in terms of understanding each other's businesses, strengths, and challenges. It was also inspiring to see the alignment emerging across service sectors and the strong desire to work more collaboratively to improve our service response. I encourage our providers to maintain this focus as we move forward.

I was encouraged by the agreement from persons with lived experience, families, providers, and others on what needs to change and the strong desire to do things differently. As some people reminded me throughout the process, we have an opportunity to influence meaningful change that will positively affect many of our citizens for years to come. We need to work together to ensure this change happens at every level. After hearing the stories of lived experience during one of our client experience mapping sessions, one provider spoke up and said, "I can go back and make that change tomorrow. I had no idea the impact that was having on clients." Moments like those give me hope and validate why including the voice of lived experience is so important.

I recognize that there is much work that needs to be done, but I am also aware of the significant changes that can occur when everyone is pulling in the same direction to enhance person-centred care. I ask the Government of Saskatchewan, the administrative leadership, service providers, community-based organizations, advocacy groups, and all of our stakeholder partners to work together in making the necessary changes as outlined in this report. These are issues that affect all of us and that need all of us to move change forward.



Dr. Fern Stockdale Winder

Acknowledgements

As Commissioner, I wish to thank the people of Saskatchewan for their overwhelming support and response to this project. We received 3,081 responses to our questionnaire, and many people volunteered their time to participate in interviews, meetings, focus groups, and other engagement sessions. In all, we heard from nearly 4,000 people. I would like to specifically acknowledge and thank the following individuals and organizations for supporting me throughout this process and allowing this project to come to fruition:

- The many First Nations and Métis communities and organizations that welcomed our team – your hospitality and wisdom was greatly appreciated;
- Community-Based Organizations and facilities – you opened many doors for us;
- Service providers, many of whom went above and beyond to help clients and families participate in our work;
- Our partners in the Ministries of Social Services, Education, Justice, and Corrections and Policing;
- The collaborative efforts from the Ministry of Health, the Regional Executive Directors of Mental Health and Addictions Services, and the Community Care Branch. Your assistance with information gathering and in recruitment of participants was tremendously helpful;
- Minister Duncan for this opportunity, and his Ministerial colleagues for their strong support;
- The members of our Executive Steering Committee who helped in so many ways across the life of the project;
- And finally, the Project Leader, Terry Gudmundson, and the Project Team (Glenda Francis, Lori Kowula, Dan MacKenzie, Judy Orthner, Stephen Trott and Allison Katerynych). This report would not have been possible without their efforts.

Principles of the Mental Health and Addictions Action Plan

Person Centred: The system provides clients with holistic care and the right care at the right time, delivering the right services to best meet their needs.

Quality: Clients can expect high quality service, based on standards that are regularly monitored to ensure they are responsive and appropriate.

Accessible: All citizens have access to services, no matter through which service door they have entered the system.

Equitable: Individuals requiring mental health and addictions services will receive the same level and quality of care, regardless of their health, social or economic status.

Culturally Responsive: Services that respect where people are from, including their culture, values and beliefs.

Choice: Clients have the ability to make informed choices about the services they receive.

Coordinated: Services are responsive and seamlessly coordinated across multiple providers and caregivers.

Capacity: Resources are sustainable and available in the right places so that anyone accessing the system will be supported appropriately.

Accountable: The system promotes shared decision making, where individuals, family, supports and/or caregivers have input into their treatment plan.

Prevention and Intervention: The system incorporates prevention and intervention components so that its scope of supports captures at risk individuals before more intensive services are required.

Evidence Based Innovation and Evaluation: Services are based on evidence from science, promising practice and traditional knowledge, and receive ongoing evaluation to ensure they continue to be relevant and appropriate.

The Commissioner's Introduction: A Collective Voice and Vision

As I travelled the province, my team and I heard compelling stories of the need to improve our collective response to mental health and addictions issues. These stories came from people with lived experience, their family members and friends, service providers from health, education, social services, justice, corrections and policing, and community organizations. Their collective voices were clear in stating that we needed a new way to respond to the needs of people living with mental health and addictions issues.

The vision that emerged from early stakeholder consultations and that was supported by the feedback we had as we continued across the province clearly reflects the desire for a more accessible and responsive system that is coordinated and recovery-oriented:

Mental health and addictions support will be available across the lifespan, responsive to client, family and caregiver needs, and services will be easily accessible through any point of entry into the system.

All residents of Saskatchewan will have access to appropriate and coordinated mental health and addictions services that promote recovery to the greatest extent possible, improve mental well-being, and ultimately enhance the overall health and vibrancy of our communities and our province.

Underlying this vision are the following principles: person-centred, accessible, equitable, culturally-responsive, client-informed choices, coordinated, accountable, and of high quality with sufficient capacity to meet the needs of our province. Services need to include prevention and intervention and to be based on evidence-based innovation and evaluation.

We will know that we are achieving this vision when we hear more stories like this:

Ben's Story

Our son Ben was anxious even as a very young boy. School was torture for him. His grade three teacher suggested that we seek counselling. She was able to refer us to our local clinic and a mental health therapist was able to see him right away. He had some individual counselling, and also went to a few group sessions. We also had family counselling via the internet, which was helpful for us in understanding anxiety and what we could do to support him. His entire class at school had training in some of the same techniques as part of their regular curriculum, which was helpful in making it seem "normal" to learn how to deep breathe and think positively. Ben is in grade 10 now and doing great. He still gets anxious once in a while, but he's much more relaxed around people and in his classes, and knows how to handle his anxiety when it gets worse.

Ben's story speaks of the need for early intervention to successfully treat anxiety to the point that it becomes a non-issue in his life, rather than feeling the need to self-medicate with drugs or alcohol which could potentially lead to catastrophic results. His story reflects a more coordinated system with early interventions. His teacher was able to work with his family to identify the issue, and knew how to help them find the right services. Then, the system was able to respond to these needs quickly and effectively. The outcome was that Ben was able to learn how to manage his condition, remain in school and successfully complete his education.

Why a review?

In any given year, one in five people in Canada experiences a mental illness or substance abuse problem. In Saskatchewan, this means that approximately 220,000 individuals are struggling to some degree. Over the course of a lifetime, 43% of people in Canada experience a mental health problem or illness. If the impact on families and caregivers is included, almost everyone is impacted.[1] The costs of human distress, the loss of human potential, social ripple effects/impacts, lost productivity, and premature loss of life are untold. Depending on the severity, not everyone affected will require treatment. But for those that do, timely access to quality services can prevent some conditions from worsening, or continuing throughout one's lifetime.

The World Health Organization estimates that by the year 2030, the economic burden of depression alone will exceed the costs of all other physical diseases. As our economy becomes more knowledge-based, protecting brain health is becoming increasingly important to ensure that our children can get the education they need to be successful, that we stay well in our prime working years, and that as we age we can remain healthy and independent for as long as possible. As we understand more about the science behind the brain, we are recognizing the benefits of keeping our brains healthy as a society. The landscape is starting to change as agencies and governments across the globe shed light on these issues that were, and still are, too often hidden.

As the demographics of the province shift, there are a number of areas of emerging importance. The growth in the number of older adults and seniors means we will face more issues related to aging such as dementia. The growth in the number of children province-wide, and of youth in the north, means greater demands on our schools. An increasing immigrant population in some of our rapidly growing communities, as well as the unique needs within our Aboriginal population, also require attention.

Given the prevalence of mental health and addictions issues, global trends, and the changing demographics in Saskatchewan, now is the time to refocus efforts. Building on the Mental Health Commission of Canada's strategy Changing Directions, Changing Lives (2012), and the province's Patient First Review, For Patient's Sake (2009), that highlights the impact that mental health and addictions have on overall health, the timing could not be better to take action.

Why a cross-sectoral mental health and addictions review?

Mental health and addictions issues are often intertwined. While not all individuals with a mental health issue will have a substance abuse issue, or vice versa, there is a significant overlap, and it is recognized that the most effective treatment response recognizes this interplay. Over 50% of individuals seeking help for an addiction also have a mental illness.[2] 15-20% of those seeking help for a mental health issue are also living with an addiction.[3] Genetic predisposition, early childhood trauma, a lack of coping skills and social supports can contribute to both. Parenting skills, education, employment, safe and stable housing are all factors in the complex interaction of social, economic, and psychological factors.

Government Ministries including Health, Social Services, Education, Justice, Corrections and Policing are already working on many of these complex issues. Alignment of policies across these sectors to focus on recovery and improved outcomes will deliver better results for our population. This alignment needs to focus on meeting people's needs for well-being and social inclusion, and removing barriers that impact the ability for achieving the best possible outcomes. Beyond government, there is an important role for the community, volunteer, and private sectors. Overall, there is great need to improve the coordination of policies, programs, services and supports.

The Cost of Doing Nothing

Current trends and future predictions suggest that doing nothing will have significant human and economic costs.[4] The burden of mental disorders continues to grow with significant impacts on individuals, families, health systems and social programs, but our ability to provide timely access to services has not kept pace. Many of the compelling stories that I heard illustrated a tragic trajectory for individuals and family members who struggled to have their issues properly identified, and if and when they did, continued to struggle to obtain the services they required. Sometimes the path led to success, but

too often it led to serious and tragic outcomes that could have been avoided.

The impact on a young mother and her family as she struggles with postpartum depression, the child with attention deficit disorder who is trying to learn reading skills, the anxious student or executive self-medicating with alcohol, or the older adult exhibiting early signs of dementia all have direct and indirect costs to our families, communities, and province. These issues are often reflected in other ways such as impaired driving, injuries and premature deaths, increased family stress and violence, fetal alcohol spectrum disorder (FASD), lower graduation rates, child neglect, elder abuse or even suicide.

Mental health problems and illnesses are one of the top three drivers of short-term and long-term disability claims by 80% of Canadian employers.[5] In addition to lost human potential, mental health and addictions issues are cost drivers to all areas of the health care system and other human service sectors. On average, individuals with mental illness (diagnosed or undiagnosed) utilize more physician visits, specialist visits, hospital days, and cost the health system approximately four times more than those without a mental illness. It is important to keep our available workforce healthy and productive.[6]

Individuals with mental illness or substance abuse issues are over-represented in the corrections system. Preliminary data from the Saskatchewan Ministry of Justice, Corrections and Policing indicates that 20% of the male incarcerated population, and 35% of the female incarcerated population have a diagnosed mental health issue, and it is estimated that approximately 75% of the incarcerated population have substance abuse issues. Implementation of a plan that includes prevention, early intervention, and a broad range of services that are coordinated and delivered in a timely way can improve both individual and families' health and well-being and avoid escalating societal and government costs.

The Benefits of Doing Something

Success can be measured across human services through improved health and social functioning, improvements in educational attainment, decreased criminal activity, increased economic participation and reduced demand on public funds for certain human services such as policing and social welfare that can be avoided through a holistic approach to better health. For every $1 spent in mental health and addictions treatment, $7 is saved in further health costs and $30 in lost productivity.[7]

By far, the area I heard identified as needing the most improvement throughout the consultation was enhancing the access and capacity for services, followed by prevention and early intervention, and improved coordination of person- and family-centred care. These public priorities, combined with Saskatchewan's changing population trends, research evidence, and potential return on investment provide the impetus for the recommendations contained in this report.

Access to the right services at the right time is one area where immediate improvements are needed. As my recommendations indicate, there is a need to decrease wait times for services, and find innovative ways to service individuals and families in rural and remote communities. Many of our providers, whether they are working in primary health care, a long-term care home or a correctional facility, require additional knowledge and supports. First Nations and Métis persons told me that often times cultural barriers prevent them from seeking access to services in the first place. These areas are all important and deserve attention. However, the greatest opportunity for reducing adult mental health and addictions problems is to focus on prevention and early intervention in children and youth.

Up to 70% of young adults report that mental health problems and illnesses began in childhood or adolescence.[8] Young people aged 15-24 are more likely to experience mental illness and/or substance use disorders than any other age, and suicide is the second most common cause of death among young people worldwide.[9] At the same time that availability of treatment is critical, identification of early signs and intervention by those who are in daily contact with children and youth, such as parents and educators, is also important. School-based programming, parenting supports, ready access to treatments and community engagement programs must be undertaken together to help children become emotionally healthy adults. Strengthening these services now will help make a difference in future generations.

Another key area of concern is the need for safe and supportive environments for individuals to live. Environment has a

significant impact on an individual's emotional well-being. People need to feel safe, secure, and supported in their environments whether it is an individual recovering from substance abuse, or someone with complex mental health challenges, the ability to integrate and live in the community successfully allows individuals to recover and/or reach their potential for a meaningful life. A range of supportive housing options is needed to match an individual's needs. For example, an individual with acquired brain injury may require intensive ongoing supports, whereas someone else may only require assistance transitioning from an inpatient treatment facility or correctional institute back into the community.

There is good evidence to support the cost benefits of helping someone with serious mental illness to live in the community. Current research estimates the cost of supporting someone with serious mental illness in the community to be $34,418 annually compared to being in hospital at $170,820 annually.[10] A range of options should be available for those transitioning from institutionalization to the community. Depending on severity, some may only require the visit of a social worker once a week, or a less intensive therapeutic housing environment to help them break the cycle of addiction, violence, or crime. Others may require intensive team-based care provided within the community.

Coordination of services is an area where opportunities exist for improving the response across the human service sectors. Many citizens were frustrated with the lack of coordinated services. As one individual stated, "Don't you people ever talk to each other?" I heard many times a deep desire from service providers inside and outside of mental health and addictions to better understand these issues, and to work more effectively with other service providers to address them. Community organizations, municipalities, and government have a strong will to increase collaboration and coordination. Given this desire and growing momentum, it is important to foster this work.

My report elaborates on a series of recommendations for improving how we respond to individuals with mental health and addictions across the human service sectors. The three areas mentioned above are what I believe to be the immediate needs for building a strong foundation for achieving the aims of this review. At the same time, in setting a course for improvement, it is necessary to not only predict how growing segments of the province's population will be served in the future, but be flexible in responding to changing demographic needs and situations. Understanding the needs of youth, older adults and First Nations and Métis peoples today will strengthen future responses to these demographic groups.

My report provides a direction for the next 10 years to better respond to the mental health and addictions needs of the citizens of Saskatchewan. In the words of our vision, to promote recovery to the greatest extent possible, improve mental well-being, and ultimately enhance the overall health and vibrancy of our communities and our province. My report represents a call to action from the many people and groups who voiced their concerns. They all speak of one thing: the desire to create better services and systems for those with mental health and addictions issues. I am honoured to offer my recommendations on their behalf, with the confidence that their voices will be heard.

Executive Summary

System Goal: Enhance Access and Capacity and Support Recovery in the Community

1. **Make services easy to find: create and consistently update a comprehensive, reliable directory of services, including self-management tools for home use.**

   1.1. **Promote greater use of HealthLine and healthlineonline.ca for mental health and addictions issues.**
   Many people with mental health and addictions issues told us they don't know where or how to get help. The Ministry of Health's HealthLine 811 and healthlineonline.ca can guide individuals to the help they need. However, these resources could be better utilized.

   1.2. **Consolidate efforts to develop a mental health and addictions platform that offers access to information and self-management tools, and that links people to services.**
   Knowing where or how to find mental health and addictions services is difficult for people needing services, family members and even human service providers. Mental health and addictions information, self-management tools, links to services and resources for human service professionals could be provided through a centralized online hub that is easily accessible for many people.

2. **Decrease wait times for mental health and addictions treatments, services, and supports to meet or exceed public expectations, with early focus on counselling and psychiatry supports for children and youth.**

   2.1. **Adopt innovations and changes in practice to reduce wait lists, and increase resources where needed.**
   Consultations indicated that timely access to services was the top priority. Evidence indicates that changes in referral practices and resource management, followed by targeted investments where gaps remain are effective in reducing wait times.

   2.2. **Provide online clinical treatments for depression and anxiety to increase accessibility to treatment.**
   Depression and anxiety are the two most common mental health issues. Online treatments such as cognitive behavioural therapy have been successful at treating these conditions, and can be quick and easy to access for many people.

   2.3. **Facilitate improved access in northern, rural and remote communities through the use of technology, mobile services or other innovations.**
   Access to services – especially specialized mental health and addictions services – is limited in northern, rural and remote communities. A combination of approaches such as video conferencing (Telehealth), online treatments, and mobile specialists can provide timely access to services when needed.

3. **Help primary health care providers fulfill their vital role as first contact and ongoing support for individuals with mental health and addictions issues.**

   3.1. **Support the work of primary health care providers through team approaches that include ready access to mental health and addictions counsellors, and consultant psychiatry.**
   72% of people with mental health issues and 37% of people with addictions issues who responded to our Powerful Voice Questionnaire first sought help from their family doctor, a walk-in clinic, or emergency department. Team-based primary health care that includes mental health and addictions counsellors and consultant psychiatry can improve access to specialized care and improve outcomes.

   3.2. **Make screening and brief intervention tools accessible combined with effective clinical pathways and referral networks.**
   The most common first access point for people seeking help for mental health or addictions issues is primary health care providers. However, a sizeable minority felt that primary care doctors don't always have the knowledge or capacity to help them. Ensuring the

appropriate tools are available for screening, and brief interventions, and that clear clinical pathways are established with easily accessible referral networks will provide people with the most suitable care for their specific needs.

4. **Reduce wait times, improve response in emergency departments for mental health and addictions issues, and improve transitions back to the community.**

   4.1. **Enhance after-hours supports for crises.**
   People told us that there needs to be alternatives for mental health crises available 24/7 other than emergency departments (ED) or police. A variety of options could be explored ranging from training EMS workers to integrated response teams, enhanced crisis phone lines, and non-traditional hours of service for mental health and addictions services in the community.

   4.2. **Reduce wait times and improve response in emergency departments for mental health and addictions issues.**
   Long waits and the emergency department environment can create additional challenges for people with mental health and addictions issues. People told us that they felt their concerns were not taken seriously or they faced discrimination, and as a result often ended up leaving the ED without receiving care. Improving providers' ability to recognize, treat and plan care will prevent people with mental health and addictions issues from leaving without care or being discharged without links to community services.

5. **Increase community capacity to support people living with persistent and complex mental health and addictions issues, including housing and intensive team-based supports.**

   5.1. **Enhance supportive housing options available in the community and ensure appropriate intensive team-based supports accompany their development.**
   There is strong evidence that stable housing combined with various levels of community supports lead to better outcomes for people living with complex mental health and addictions issues. These interventions help to reduce the use of more costly hospital beds or the criminal justice system.

   5.2. **Enhance access to regional behavioural consultant teams for individuals living with highly complex mental health or addictions issues and coordinate these efforts across service sectors.**
   Certain behaviours resulting from mental health and addictions issues can be highly distressing for the individual, family members or other caregivers. Behavioural support services in the form of mobile support teams have been implemented in other jurisdictions (Behavioural Supports Ontario) to support caregivers, help people remain in their homes and prevent unnecessary hospitalizations.

6. **Address the mental health and addictions needs of the growing population of seniors, beginning with long-term care and home care services.**

   6.1. **Promote care cultures that improve mental health in long-term care facilities.**
   Research shows that home-like settings where a person can make their own choices about activities, meal times, bed times, etc. best support well-being. Saskatoon's Sherbrooke Community Centre is a best practice employing this model, known as the Eden Care Approach. Some long-term facilities have adopted the Gentle Persuasive Approach to respond respectfully to challenging behaviors associated with dementia.

   6.2. **Provide formal training for staff in long-term care and home care in mental health and addictions issues most experienced by seniors and enhance resourcing to better respond to identified needs.**
   Long-term care facility and home care staff often don't have training in mental health and addictions issues. Further training in screening and responding to common mental health and addictions issues, such as elder abuse, suicide risk, dementia, and mood issues, would help to better address these needs. Improving availability to services once need is identified is also essential.

7. **Improve the response to the growing number of people with mental health and addictions issues coming into contact with police, courts and corrections.**

7.1. **Increase ability to appropriately screen offenders for mental health and addictions issues and provide appropriate services within correctional facilities, and follow-up on release.**
Around 20% of male inmates and 35% of female inmates have confirmed mental health issues, with actual rates likely higher. Upwards of 75% of inmates have substance abuse issues and many are at elevated risk levels of self-harm. Enhanced ability to assess and treat these individuals inside correctional facilities would provide continued support while in custody, and upon release, community case management should be coordinated.

7.2. **Ensure appropriate community services are available to support therapeutic diversion courts.**
For individuals with mental health and addictions issues who have broken the law, diversion court programs in Regina, Moose Jaw and Saskatoon enable access to community treatment programs, instead of serving a custody sentence where appropriate. A more collaborative response is required between government and other agencies working with the courts to secure appropriate community services. An example would be stronger linkages between therapeutic courts such as mental health or drug courts and community services.

7.3. **Support police efforts to improve responses to situations involving individuals with mental health and addictions issues, including police partnering with mental health workers in crisis teams.**
The criminal justice system is seeking training and collaboration with mental health and addictions specialists as alternatives to arrest and incarceration of individuals with mental health and addictions issues. One innovative example is the Saskatoon Police Service's PACT team in which a police officer partners with a mental health/addictions worker in responding to these calls.

System Goal: Focus on Prevention and Early Intervention

8. **Build on existing programs that recognize the importance of healthy families and communities and positive environments for emotional development.**

8.1. **Promote and enable community health initiatives with focus on higher need populations.**
Activities that promote health, such as physical activity, social connections, or skills-building, improve emotional health and reduce risk of substance misuse. The Centre in Swift Current, a youth drop-in centre, is an example of a venue for positive activities after school and on weekends.

8.2. **Strengthen access to maternal mental health supports.**
Maternal mental health is a key determinant of future child and family mental and physical health. Up to 20% of Saskatchewan mothers may face serious depression and/or anxiety related to pregnancy and childbirth, with potential impact to 2,800 families each year.

8.3. **Improve the accessibility and coordination of supports for parents and families, including parenting skills building and respite.**
Broad-based education on good beginnings for children, parenting education, and enhanced intensive supports for parents and children with higher needs will enhance early childhood development. Existing provincial parenting resources should be better coordinated to provide a more accessible continuum of support.

8.4. **Increase access to pre-school programs for at-risk children.**
The early years are critical for healthy mental and social development and an enriched early environment such as daycare or pre-school can have significant benefits for school readiness and mental well-being.

8.5. **Coordinate a province-wide effort to reduce the harms associated with alcohol misuse.**
Harms from alcohol are a significant issue in Saskatchewan. They include injuries and deaths related to impaired driving, violence, harm to self and others. Saskatchewan's rate of impaired driving is two times the national average. It is estimated that approximately 150 babies are born in Saskatchewan annually with Fetal Alcohol Spectrum Disorder.

8.6. **Enhance the efforts for assessing suicide risk with emphasis on populations most at risk, such as seniors and youth.**
Suicide is the second leading cause of death in youth. Males over 65 years of age have the highest rate of suicide in Canada. Assessing suicide risk is an important first step in prevention but needs to be followed with the appropriate intervention.

9. **Deliver programs and services that promote better emotional health for children and youth in schools and other places where they spend time.**

9.1. **Increase awareness of mental health and addictions issues in children and youth through schools, including development of skills for lifelong emotional and social health.**
Increasing awareness and building resilience, such as mechanisms for coping with stress, can prevent issues from developing or becoming more severe, and improve educational attainment. According to a national School-Based Mental Health report, school-based programming promotes positive mental health among all students.

9.2. **Increase the availability of mental health and addictions clinicians for school-aged children for screening, assessment and early interventions, especially in communities with greatest risk.**
Parents and teachers have told us that having mental health and addictions services readily accessible will help improve emotional health and educational outcomes for many children, including improved Grade 12 graduation rates.

System Goal: Create Person and Family-Centred and Coordinated Services

10. **Change the service culture to one which is person- and family-centred and that promotes the fullest recovery possible.**

10.1. **Promote the use of a recovery-oriented holistic model of service provision in which the person with lived experience is central.**
Incorporating a recovery-oriented holistic model into everyday practice builds hope for recovery and reminds service providers to consider the full context of a person's life, resulting in better service. Similar to Patient First, the recovery model puts the person with lived experience at the centre, and encourages partnerships between service providers and service users.

10.2. **Recognize and support family members and caregivers as part of the service team.**
Many people with mental health and addictions issues rely on family members to assist them in seeking treatment or sustaining recovery. Yet, families say they are not always included in discussions about the client's care or treatment plan. The Mental Health Commission of Canada's family and caregiver guidelines support family caregivers' needs and provide evidence-based best practices and advice to policy makers and service providers. They would be a useful foundation for Saskatchewan service providers to enhance family involvement.

10.3. **Incorporate peer supports into service design.**
Evidence shows peer supports can be effective in decreasing emergency department use and can mitigate worsening of symptoms related to many conditions. Advocates recommend development of formal training and certification of peer support workers.

10.4. **Include people with lived experience and family representatives and stakeholders from our diverse communities as partners in planning, implementation and evaluation of programs and policies.**
Ensuring people with lived experience and family members are involved in designing and reviewing services is an essential component of person-centred service. Representation at various levels and processes, for example, boards, patient/family advisory committees, are key to ensuring voices of lived experience are heard. Diversity at these tables ensures input from individuals with a full range of experiences and backgrounds.

11. **Improve coordination of services within and across service sectors so that any door is the right door for people with mental health and addictions issues.**

11.1. **Provide front-line providers across sectors with targeted and relevant education about mental health and addictions issues, including how other service providers work and how to connect clients to services through referral networks.**
Front line service providers from teachers to police officers to social service workers want to know more about mental health and addictions issues so that they can assist people in finding the services they need, and respond more appropriately to mental health and addictions needs.

11.2. **Improve transitions within and across services.**
Service users and providers expressed concerns with transitions and continuity of services, such as when a person moves from corrections to the community, from detox to treatment, from youth services to adult, or from hospital to community. Efforts to improve coordination of care and discharge planning, including better collaboration between government and community service providers, would significantly improve outcomes.

11.3. **Use a cross-sector approach to better identify and address the needs of individuals and families who have significant mental health and/or addictions issues that may require more than a single type of service to provide early intervention, improve stability, and decrease the risk of adverse events.**
Many of the at-risk individuals and families in our communities are well known to teachers, police, social services, or the emergency department. A coordinated response across service sectors can improve outcomes and potentially reduce the intensity and cost of resources. An example of this cross-sector approach would be government's innovative Hub/COR and hotspotting approach.

11.4. **Enable information sharing within and between all of the service sectors dealing with mental health and addictions and align relevant policies.**
Aligning policies and practices across sectors, especially for those with more complex needs, will provide better service and assist people in recovering to the fullest extent possible.

System Goal: Respond to Diversities

12. **Enhance the responsiveness of services to diverse groups.**

12.1. **Improve the cultural responsiveness of services for newcomers.**
Newcomers in need of help for mental health and addictions issues are more likely to access services which respect and respond to their language needs, cultural preferences and ways of life.

12.2. **Improve service responsiveness to diversities including gender, sexual orientation and disabilities.**
There is increasing awareness of the negative impact that stigma and discrimination related to gender, sexual orientation and disabilities can have on mental health and substance misuse. For example, LGBTQ youth may be more likely to experience bullying. Service providers need to have an understanding of these issues in order to identify and respond appropriately.

System Goal: Partner with First Nations and Métis Peoples

13. **Partner with First Nations and Métis peoples in planning and delivering mental health and addictions services that meet community needs.**

    13.1. **Design services in partnership with First Nations and Métis organizations, communities and Elders.**
    First Nations and Métis peoples want mental health and addictions services to be equitable. Engaging Aboriginal communities and organizations in the planning and implementation of services will help close service gaps and improve access and quality for First Nations and Métis peoples.

    13.2. **Ensure ongoing dialogue and coordination between regional health authorities (RHAs) and First Nations and Métis organizations and communities.**
    Regular dialogue at leadership and operational levels between RHAs and Aboriginal communities and organizations would support mutual understanding and collaboration for more responsive services.

    13.3. **Improve the cultural responsiveness of services respecting the history of First Nation and Métis peoples.**
    When serving First Nations and Métis peoples, mental health and addictions services need to reflect and respond to each individual's unique culture, historical context and way of life, including traditional and holistic care models and understanding inter-generational trauma from residential schools.

System Goal: Reduce Stigma and Increase Awareness

14. **Reduce stigma and increase awareness of mental health and addictions issues.**

    14.1. **Expand the delivery of best practice programs shown to reduce stigma.**
    Research indicates that the best way to reduce stigma is through direct contact with individuals who have mental health issues. The Schizophrenia Society's Partnership Program is recognized as a best practice by the Mental Health Commission of Canada.

    14.2. **Develop a public education and awareness program that helps people readily identify mental health and addictions issues and that makes it socially acceptable to seek help.**
    Education and awareness help individuals identify and understand their own issues, which may lead them to seek help. They also bring such issues into the open, and by reducing the stigma around them, they are better dealt with on a broader societal level. Mental Health First Aid, developed by the Mental Health Commission of Canada, gives people the skills to provide early help to others developing a mental health problem or dealing with a mental health crisis. Bell Canada's "Let's Talk" campaign brought anxiety and depression into a visible public forum.

    14.3. **Create workplace awareness and promotion of psychological health and safety.**
    30% of disability claims are from mental illness, representing 70% of disability costs. Mental illness and substance abuse issues are key drivers for lost productivity. The National Psychological Safety Standards have been adopted by a number of Canadian workplaces.

System Goal: Transform the System and Sustain the Change

15. Strategically align and invest across government to reduce the impact and economic costs that result from mental health and addictions issues.

15.1. Create a strong guiding coalition from across sectors and the community to provide leadership in aligning priorities, outcomes and accountabilities, and removing barriers to action.
To effectively respond to mental health and addictions issues which impact all of the human service sectors, all organizations involved need shared goals, strong leadership and commitment.

15.2. Collaborate on system-wide data collection and sharing to make better informed decisions and to determine where strategic investments are needed to improve the collective response to mental health and addictions needs.
A concerted effort to collect, share and analyze data across the human service ministries will allow government to respond more effectively, help break down silos and narrow information gaps.

15.3. Measure and publicly report on quality, progress and outcomes as part of being accountable for ongoing change.
People with lived experience and their families want to see improvements to the system. They need to see results, to ensure the system is working for them.

16. Encourage greater collaboration and engagement from the private sector and municipal governments.

16.1. Build community-specific partnerships that create opportunities for better mental health and reduced harms from substance abuse.
Community-based solutions that respond to local needs have proven to be effective in addressing many complex social problems. Partnerships between private and public sector interests have been successful when applied to issues related to mental health and addictions challenges. The Saskatoon United Way is the lead agency in that city's Plan to End Homelessness, with others on the leadership committee including the Saskatoon Tribal Council, Alliance Energy, Eagle Feather News, Saskatchewan's Treaty Commissioner, the City of Saskatoon, and other private and public sector members.

16.2. Work with the private sector to promote greater employment opportunities for people living with mental health and addictions issues.
One of the keys to successful recovery is the ability to do productive, meaningful work. Private sector efforts to extend employment opportunities to individuals with mental health and addictions issues create a win-win for everyone involved.

16.3. Explore partnerships with the private sector and municipal governments to create safe and stable housing options for people living with mental health and addictions issues.
People with mental health and addictions issues often face significant challenges in securing and retaining suitable housing. There are some promising and innovative solutions involving multiple partners that have been shown to be mutually beneficial in other jurisdictions. For example, supporting private landlords in accommodating potential renters, or working with municipalities in supporting affordable housing.

System Goal: Enhance Access and Capacity and Support Recovery in the Community

Ken's Story

I'm 72 now, and in my early teens I never knew one day to the next how I was going to feel. When I was down, I didn't want to be around anyone. I would have periods of total despair. When I was in my manic phase, I'd do anything. One of the older boys at my small country school shared a bottle of wine from his lunch kit. That first taste of alcohol put me into a state of euphoria, and I started self-medicating. Problem was, when I woke up in the morning, I crashed big time. After trying to take my own life, I ended up being escorted with an RCMP member to what was called in the 50s the Saskatchewan Insane Asylum. I moved around a lot where nobody else knew me. This kind of journey kept going on. I could only stay around people so long, in case they found out I had a mental health issue. When I came home for the last time, I was living on medical welfare, in run-down places. Friends took me to The Lighthouse, where the health nurse came regularly and my medication was monitored. One day in 2005, I went to get my driver's licence. I saw a door that said "Mental Health and Addictions Services." I'd been looking for this all my life. It was a Tuesday and I was in the program on Friday. I was re-diagnosed from depression to bipolar/unipolar disorder. Today I'm volunteering, doing presentations at detox. I refurbish clocks and fix up cars. I say to people "I went down to get my driver's licence and I got my life back."

"What would be beneficial to us is… more information of what services are out there, without having to look under a rock."

(Focus Group Participant, South)

Recommendation 1

Make services easy to find: create and consistently update a comprehensive, reliable directory of services, including self-management tools for home use.

35% of respondents to our Powerful Voice Questionnaire, living with mental health issues and 26% living with addictions issues told us they don't know where or how to get help.

Although many mental health and addictions services are available in Saskatchewan, it is challenging for the general public to know where to turn first. A cross section of service providers (from health, education, social services, justice, corrections and policing) echoed this concern. Service providers felt they needed to be better informed about the services being offered by other agencies, innovative practices that could potentially be spread, and training opportunities.

1.1 Promote greater use of HealthLine and healthlineonline.ca for mental health and addictions issues.

Currently the province provides mental health and addictions information, advice and resources through its HealthLine (811) and healthlineonline.ca. Evidence-based health information and self-treatment options for mild cases (e.g. of depression or anxiety) are available by phone or online. The phone line also offers medical advice, brief counselling, and can direct people seeking help to service providers in their community for additional assistance. Increasing awareness of these resources and enhancing their user appeal would help them to be better utilized.

1.2 Consolidate efforts to develop a mental health and addictions platform that offers access to information and self-management tools, and that links people to services.

Online gateways for services are increasingly becoming an essential part of service delivery in any enterprise. An effective gateway to online and community services has the potential to not only address the public's need for accessing and navigating resources, but also can help cross-sector service providers link people with other services. A number of services could be considered for potential linkage through a provincial online hub, such as: telephone counselling; evidence-based mental health and addictions information; self-help resources; telepsychiatry; and online psychotherapy such as cognitive-behavioural therapy. Having such resources available through a single access point would make it easy for a person to find when a crisis hits, or when someone first begins experiencing a mental health and addictions (MHA) problem. Currently, some websites provide information for people with mental health and addictions issues and service providers, but it is scattered and not always reliable.

An e-Mental Health and Addictions platform (eMHA) could be an accessible, low-cost prevention, early intervention and system navigation tool. Young people in particular are noted as having reluctance to seek services due to a number of factors, including stigma and lack of awareness.[11] Some jurisdictions have demonstrated improvement in this regard by using internet and communication technologies to deliver relevant and trustworthy communications.[12] One such example is Australia's ReachOut.com online platform for youth ages 16 to 25.

The province already provides some of the basic functions mentioned above as noted through its HealthLine (811) and healthlineonline.ca. Other resources also exist, including the United Way's successful 211 online directory of community services (sk.211.ca). With mental health as the most commonly searched services, 211 has emerged as a useful tool to help people find services that are important for their well-being. Consideration should be given to how current online and distance supports (ie. HealthLine, United Way's 211, community-based crisis lines, Kids Help Line) could be linked through a more centralized provincial online hub.

A service provider side of an online hub could also be considered. This option could include clinical care pathways with suggestions for relevant local services as core functions. Regional health authorities (RHAs) and community-based organizations (CBOs) may wish to consider how they could promote their services more effectively through a central platform.

Building a common community of practice is an important component of enhancing cross-sector/multi-agency knowledge and coordination of services. It could assist in changing our service culture toward being more integrated and coordinated, and to deliver more seamless support to clients. Facilitating knowledge exchange (KE) of innovative practices through an online KE space, similar to that developed by the Mental Health Commission of Canada and the Canadian Centre for Substance Abuse would support this objective.

The creation of an integrated eMHA platform and the branding of MHA resources focus on technological solutions. However, these should be complementary and not a substitute for other system navigation supports. Some people may not have access to or be able to use phone or online access points for a variety of reasons. Thus, it is necessary to maintain the in-person navigational supports that RHAs provide (such as Native Health Services in Regina Qu'Appelle Health Region) or that CBOs provide (such as Canadian Mental Health Association, Saskatchewan). It is important to ensure that our service providers (across service sectors) are well-supported, and such a platform could help them direct people in their everyday navigational roles.

System Goal: Enhance Access and Capacity and Support Recovery in the Community

> *"It's frightening to be in a situation where you don't know what to do for your family member until you can get to the first appointment."*
>
> ***(Powerful Voice Questionnaire Respondent)***

Recommendation 2

Decrease wait times for mental health and addictions treatments, services, and supports to meet or exceed public expectations, with early focus on counselling and psychiatry supports for children and youth.

Reducing wait times for services was seen as essential to addressing mental health and addictions issues. In our review we heard many concerns about wait times for counselling and psychiatry and in particular services for children and youth. 51% of questionnaire respondents with experience of mental health issues and 38% of questionnaire respondents with experience of addiction issues indicated that the right care is not available at the right time. Service providers were even more pessimistic. It is essential that these services be easily and appropriately accessed when most needed, particularly for children. Long waits can lead to people's conditions getting worse. This could lead to negative effects on the developmental trajectory of a child or youth, which has effects over the life course: educational attainment, graduation rates and future employment can all be negatively impacted. Efforts are beginning to address the long wait times for mental health and addictions community services such as counselling, but much work remains to be done to meet national benchmarks and the expectations of people with mental health and addictions issues and their families.

One woman told us the story of reaching a point of despair in her IV drug use. When she had finally gathered her courage to seek help, she contacted Mental Health Services, Addictions Services and other organizations. She was told each time that there were no detox services immediately available. She continued her cycle of drug and alcohol abuse, and eventually committed a serious offense, winding up in the correctional system. Two years later she looks back and wonders what would have happened if she had been able to access services immediately that day when she was ready for help. This story highlights the powerful impact that delays can have on people's lives. It also underlines the need for a broader perspective for service providers within the system, because the delayed response by mental health and addictions services required a response by police, justice and corrections services.

> *"Seeing an addictions services counsellor and getting into a 28-day program had long wait times."*
>
> ***(Powerful Voice Questionnaire Respondent)***

2.1 Adopt innovations and changes in practice to reduce wait lists, and increase resources where needed.

Wait times for more specialized services such as psychiatry are particularly long. People with lived experience of mental health issues reported it can be as long as six months for adult psychiatry in some locations, and a year or more for children and youth. Psychiatrists play a key role in assessments, and treating serious mental illnesses and complicated patterns of substance abuse, and it is critical to improve access to this essential resource. Pediatric, forensic, and geriatric psychiatrists were frequently cited as being particularly difficult to access.

Saskatchewan has fewer psychiatrists than the national average.[13] However, there is evidence that along with increasing the number of psychiatrists other innovative approaches will be necessary to effectively reduce wait times.[14] Research on wait times indicates that "the greatest gains will come from addressing system redesign to improve the delivery and coordination of care."[15] This could include consideration of a variety of compensation models and working arrangements for psychiatrists as another way to address the most acute shortages. Other options to explore could include pooled referrals as well as shared or collaborative care – using professionals such as psychologists, social workers, occupational therapists, nurses, and pharmacists as part of a team-based approach to service, and other ways of working together differently.

> *"The services of a psychiatrist are hard to access… you can't just get to him unless you've experienced some sort of traumatic incident or you are waiting forever."*
>
> ***(Focus Group Participant, South)***

In Saskatchewan, wait times for both addictions and mental health counselling were also identified as areas of concern. Respondents to the Powerful Voice Questionnaire told us that wait times of four days to one week would be acceptable for counselling, but some reported experiencing significantly longer waits. Noteworthy progress has been made in improving wait times for these outpatient services in recent years. Over the past year, wait times for addictions services have been fairly consistently meeting current benchmarks in most health regions, and are well-positioned to meet higher targets in the next two years. Wait times for mental health outpatient services have also improved, but not to the same degree as addictions services, and remain a concern. Efforts should continue to further close the gap with public expectations, particularly for mental health services, for mild and moderate conditions in most regions, and in ensuring greater consistency across regions and over time.

These efforts are important, because access to effective 'talk therapies' is widely recognized as a key component in responding to mental health and addictions needs. Significant work is occurring internationally. For example, in the United Kingdom there is an extensive program called Improving Access to Psychological Therapies[16] to foster greater ease of access to talk therapy, and similar work is happening in Australia.

We also heard concerns about wait lists and accessibility for other specialized services such as timely access to specialized programs, for autism, eating disorders, or methadone treatment counselling. Respondents also raised concerns that extended stay residential treatment programs for substance abuse issues, particularly for adolescents, are needed to address the realities of some adolescents' addictions issues.

In addition to addressing program gaps, it is essential that our current resources across the full continuum of services—including psychologists, addictions counsellors, social workers, nurses, pharmacists, occupational therapists and many others—be easily accessible and used to full capacity, working to their full scope of practice.

Tracking and analyzing client journeys through the system, using Lean tools, helps identify program gaps based on how people flow through the system, and where barriers exist. Better understanding of system flow and matching capacity to needs will ensure people receive the most appropriate care and resources are used efficiently. This client experience mapping method helps identify systemic issues and where additional resources are most needed across the continuum of care. The care continuum needs to include prevention and health promotion programs; early intervention, self-management and other approaches suitable for mild conditions; and more specialized services to address specialized or complex needs. Gaps in any one of these areas have the potential to allow issues to escalate or disrupt the person's recovery journey.

Another contributor to wait lists can be issues with recruitment or retention. We heard from professional groups about the need to ensure that each profession is working to full scope of practice, and that the right mix of care providers is available across the spectrum of mental health and addictions issues. This includes ensuring the right balance of providers such as psychiatrists, psychologists, social workers, addictions counsellors, nurses, occupational therapists, and many other mental health and addictions professionals.

Some health regions have applied Lean methods in mental health and addictions services to significantly reduce wait times and make other quality improvements. However, these successful improvement models should be widely shared. These approaches can help improve the flow of people through the system to ensure they receive the care they need, when they need it. Successful examples can be found in Prince Albert Parkland Health Region's Addictions and Mental Health Services: by re-organizing the intake process to accommodate walk-ins, clients can see someone immediately if they choose, wait times for follow-up appointments are reduced, and missed appointments can be significantly reduced. Sunrise Health Region's Mental Health Services also re-designed their intake process around Crisis Assessment Teams. This team-based approach has significantly reduced wait times and increased the flexibility of the services.

2.2 Provide online clinical treatments for depression and anxiety to increase accessibility to treatment.

Depression and anxiety are the two most prevalent mental health issues. Approximately three quarters of cases are considered mild or moderate,[17] and many do not require intensive treatments. Many people with mild depression and anxiety can benefit from self-help resources. For another large portion of this group approaches like cognitive behavioural therapy (CBT) are proven to be highly effective. The University of Regina is piloting a program where CBT is offered through the internet (iCBT). Research shows that iCBT is effective at improving symptoms at relatively low cost. Other jurisdictions such as Australia have successfully offered these services through online platforms. Evidence shows other benefits include increased access to mental health services; efficient and evidence-based care; reduced travel costs and time for service users and clinicians; increased service user engagement in health promotion, prevention, and treatment; and practitioners sharing their knowledge and experience, encouraging mentorship relationships, and evidence of lower treatment and education costs.

2.3 Facilitate improved access in northern, rural and remote communities through the use of technology, mobile services or other innovations.

People in northern and rural areas struggle to access some mental health and addictions services. Specialized services including psychiatry (particularly for children and youth), in-patient detox and addictions treatment are areas of concern. People with lived experience and their families told us that they are often required to travel long distances and that people receiving specialty services in urban centres often experience trouble transitioning back to their communities. In these cases, the need for information sharing and better coordination of services between care providers and families were frequently cited issues. At the same time, we heard that both rural and northern areas struggle with low service volumes, and recruiting and retaining staff are challenging.

Throughout our consultations we heard that leveraging of technological solutions such as video teleconferencing, online treatments and psychiatric consultations for other providers such as physicians was a promising part of the solution, and that other jurisdictions are showing positive and sustainable outcomes with a number of these options. There are examples of these services as well as other supports already functioning in rural and northern Saskatchewan, provided by regional health authorities and community-based organizations. Tele-psychiatry is one of the most frequent uses of the province's Telehealth network. There are approximately 240 sites around the province, and ongoing efforts to expand access to the network. Along with distance consultation with psychiatrists for general practitioners, and visits to remote communities by Northern Medical Services, there are a variety of evidence-based and innovative solutions that can assist in bringing services to people in rural and remote areas, many of which are already happening on a smaller scale around the province.

System Goal: Enhance Access and Capacity and Support Recovery in the Community

"My family doctor tried and was compassionate, he prescribed things quick and I was so desperate I would try them, but… [h]e just didn't know enough to help me."

(Powerful Voice Questionnaire Respondent)

Recommendation 3

Help primary health care providers fulfill their vital role as first contact and ongoing support for individuals with mental health and addictions issues.

72% of questionnaire respondents with mental health issues and 37% with addictions issues seeking help go to their family doctor, a walk-in clinic or emergency department first. However, nearly one quarter to one third of respondents found their primary health care provider was not able to help them.

(Powerful Voice Questionnaire)

Family physicians, nurse practitioners and other primary health care staff play a crucial role in the early response to people with mental health or addictions issues. Many clients who responded to the questionnaire felt there was too much reliance on medication as opposed to other treatment options. Another concern was the reluctance of family physicians to refer to other service providers until the situation becomes a crisis.

Physicians and other service providers told us that lengthy wait lists can make them reluctant to refer. In addition, 38% of service provider respondents to our Powerful Voice Questionnaire felt they were not well enough informed about other available services and supports. A College of Family Physicians study reports that the majority of family physicians providing mental health treatment have no training in counselling.[18] Enhanced physician knowledge and providing easy linkages to mental health and addictions counsellors would be a cost effective way of providing better care. These are some of the challenges facing our primary health care providers.

Because they are often the first contact for individuals with mental health and addictions issues, primary health care providers need to have the tools and resources to easily assist the people they serve.

Primary health care providers can play a key role in prevention, raising awareness, early identification and treatment of mental health and addictions issues. Key supports to help primary health care practitioners fulfill this role include enhancing training, education and awareness; team-based care including mental health and addictions counsellors and availability of consulting psychiatrists; and easy access to a comprehensive network of mental health and addictions resources and specialists in the community.

3.1 Support the work of primary health care providers through team approaches that include ready access to mental health and addictions counsellors and consultant psychiatry.

Team-based care models have proven effective in identifying mental health and addictions issues, providing brief and early interventions, and after-care supports for those requiring intensive or specialized services. They are successful in improving care outcomes and evidence suggests this model is cost effective.[19] Family physicians working with a team of other professionals such as nurses, mental health and addictions counsellors (including social workers or psychologists), or pharmacists can provide single-site access to a range of services. Primary health care teams in Leader and Meadow Lake are currently testing care pathways that include a number of screening tools, on-site brief interventions and counselling, referrals, and after-care supports. Service users have indicated that entering through the primary health care door has helped to reduce stigma and they have received care that they otherwise may not have sought or received.

Consulting psychiatry is also a key support for primary health care teams. Timely psychiatric consultations by phone or online to support family physicians and at times avoid lengthy waits for appointments to see a psychiatrist, is a step towards shared care. While fully recognizing the specialized role of psychiatrists, ensuring the most efficient and effective use of psychiatrists' time is essential.

Enhancements to primary health care will allow providers to offer more treatment options, so that people can choose what works best for them and actively participate in their care plan. In addition, efforts to encourage a more collaborative community of practice, where practitioners can share their knowledge and experience with their colleagues, facilitates better quality and person-centred care.

3.2 Make screening and brief intervention tools accessible combined with effective clinical pathways and referral networks.

Primary health care practitioners could benefit from an online directory to help connect to services available in the community.

Appropriate screening and brief intervention tools, including clear clinical pathways based on severity of issues, should also be readily available to primary care providers. In addition, online resources for people with mental health and addictions issues, such as self-management tools and internet cognitive behavioural therapy (iCBT) could complement the services that physicians and other primary health care professionals provide.

System Goal: Enhance Access and Capacity and Support Recovery in the Community

"When there is a crisis situation in the ER there aren't people there for addictions and mental health. If someone came in with a broken leg he would get in right away…. There's nobody dealing with people having these kinds of problems. He'd have to be slicing his wrists; it makes for things to escalate. When something could be done, it doesn't get done. He got sent home three times…then ended up on the ward, which could have been avoided."

(Focus Group Participant, Central)

Recommendation 4

Reduce wait times, improve response in emergency departments for mental health and addictions issues, and improve transitions back to the community.

"There has to be more than 8 to 5 services. He was calling at 7 pm and could not get help. Need after hours help other than police picking you up and throwing you in jail."

(First Nations/Métis Interviewee, Central)

Mental health and substance abuse crises don't always happen from 9am–5pm on Mondays to Fridays. When a crisis happens, help is often required immediately. Typically, the only service available during these times is the hospital emergency department (ED) or police services where individuals frequently end up in police holding cells. Hospital EDs are less than ideal for responding to a mental health or addictions crisis. Specialists in mental health or addictions are not always readily available, and the ED staff may not be adequately trained to deal with these issues.

4.1 Enhance after-hours supports for crises.

Speaking from their experiences, people told us that there are insufficient alternative crisis services available in the community setting, other than police and EDs. Of the crisis services that are available, few are in operation after 5 pm or on weekends. We also heard that the ED is the only emergency service available for mental health and addictions crises at any time or day, and this was especially true in rural and remote areas. 14% of questionnaire respondents said that the ED was their first point of contact for their mental health and addictions issues. In other cases, long waits in between psychiatry appointments, particularly when an individual realizes he or she is beginning to struggle, can lead to a crisis as the moderate level of severity moves to severe level due to a missed opportunity to provide care in the community.

44% of mental health respondents and 38% of addictions respondents indicated they they have used Emergency Departments for their issues.

(Powerful Voice Questionnaire)

4.2 Reduce wait times and improve response in emergency departments for mental health and addictions issues.

The majority of people who raised concerns about service delivery times spoke about mental health emergencies. Evidence suggests that there has been both an increase in the number and the complexity of people presenting to the ED with mental health and addictions issues.[20,21,22] We heard that people often experience long waits to see a service provider in the ED unless the situation is life-threatening. In fact, questionnaire respondents indicated that the average time for receiving emergency services was approximately two days, which was much longer than they were willing to wait. ED congestion and access difficulties often result from deficiencies in other community program areas. The ED is often used as the default service. Multiple solutions are required to address these issues, which will vary by local community needs and available services.

People told us that the main reason they were forced to wait in the ED was that their initial screening and assessment or triage was not done in a timely manner. Overcrowding and staff not

being well equipped to deal with psychiatric or substance abuse issues were also seen as contributing factors. Exploring options to improve the ED response to people presenting with mental health and addictions issues through additional training, or supports to provide assistance in assessing and helping people with mental health and addictions issues could improve these experiences.

We also heard that some people felt that they experienced discrimination or negative attitudes from ED staff due to the nature of their illness, reflecting the level of stigma that many people with mental health and addictions issues experience.

Some jurisdictions have responded to similar issues facing their systems and services by providing alternatives to the ED, such as providing additional after-hours care in places like primary care clinics or urgent care centres, enhancing after-hours and crisis helpline supports for people with mental health and addictions crises, and better supporting police and those they serve in the community through solutions such as Police and Crisis Teams (PACT). These responses have the potential to help reduce the number of people who present at the ED.

> *"The direction we need to move in is to community care... We all look to the acute care system for help because there is nowhere else to go."*
>
> ***(Provider Focus Group Participant)***

We heard that people who were forced to wait for care for long periods in the ED frequently ended up leaving early or against medical advice. Leaving without receiving the help one needed increased the chances of experiencing another crisis within a short time, caused great distress for the individual and for family or friends, and frequently required re-hospitalization. Effective transition and discharge planning from the ED to community supports is of critical importance to alleviate many of these issues.

It is important to remember that there are times when people should and need to visit an emergency service like the ED to address a mental health or addictions crisis. It should not, however, be the default service for lack of after-hours care in the community.

One care provider noted that she had personally accompanied a young First Nations community member in to the ED, because she was very worried about the youth's level of suicide risk. They waited together for several hours. Finally the service provider was told that the youth would be admitted, and that the service provider could return home. The next morning she found out that the highly vulnerable youth had not been admitted, but instead was sent back to her home community by taxi, with no additional supports put into place. Not everyone who is suicidal needs to be admitted, but, if the person is not admitted, they need to have adequate community supports.

Promising Practices

Australia's Psychiatric Assessment and Planning Unit (PAPU) – The PAPU is intended to provide fast access to short term psychiatric treatment for people experiencing acute episodes, without requiring admission to the standard psychiatric in-patient unit. The PAPU is co-located with the psychiatric in-patient unit, offers four beds and is staffed by a multidisciplinary team. A 2011 review of the program found that it helped to significantly reduce wait times, mechanical restraints on patients, security codes for unarmed threats and one-to-one nursing time in the ED.

Saskatoon Health Region's Mental Health Transition Team and Directed Services – The transition team's purpose is to work with clients that are discharged from hospital to establish appropriate links to community services, as well as provide guidance and support to help them successfully return and re-engage with their community. The Directed Services community mental health nurse works in collaboration with the Transition Team and Community Rehabilitation Services to provide intensive short term case management services for clients who require a time limited intervention.

Emergency Department (ED) Waits and Patient Flow Initiative – Promising work in its early stages is being undertaken by the Saskatchewan Ministry of Health to reduce wait times in the ED. Addressing the mental health and addictions aspect of ED care and waits is essential as the proportion of people with MHA issues presenting at EDs is significant. Without the proper community supports individuals sometimes end up using the ED repeatedly.

System Goal: Enhance Access and Capacity and Support Recovery in the Community

> *"Lately the only thing I see on in-[patient] psych[iatry] is the burning need to discharge people."*
>
> ***(Service Provider, Powerful Voice Questionnaire)***

Recommendation 5

Increase community capacity to support people living with persistent and complex mental health and addictions issues, including housing and intensive team-based supports.

> *"…the most problematic issue is there are no supported living environments that would provide a stable place for people that are cognitively impaired, have mental health limitations, or are recovering addicts/alcoholics."*
>
> ***(Service Provider, Powerful Voice Questionnaire)***

5.1 Enhance supportive housing options available in the community and ensure appropriate intensive team-based supports accompany their development.

An individual with complex needs often has a combination of mental health and other cognitive issues, behavioural issues and substance abuse. In many cases, they have not been successful living in the community without intensive supports, resulting in frequent visits and long stays in acute hospital care and in some cases, jail.

> *75% of service provider respondents believe people DO NOT have the community based supports they need after being discharged from an intensive treatment centre.*
>
> ***(Powerful Voice Questionnaire)***

Supportive living options need to be available on a continuum ranging from living independently with minimal community-based supports to residential-based living arrangements with more intensive supports, to long-term stay options for individuals with severe behavioural challenges who cannot live independently.

In some cases, the supportive living needs are short-term, as individuals continue to stabilize and transition independently to the community. In the few cases where there are highly challenging behavioural issues that would make living in the community unfeasible, it is also important to have long-term residential facilities that have the capacity to provide appropriate safe care and support. Here, the requirement is for more permanent housing that moves the individual out of the hospital setting when they are ready for discharge and into a residence that makes necessary supports accessible. This 'step down' approach provides the individual with the services they need in the community to help them live as independently as possible.

Some people living with mental health and addictions issues unnecessarily remain in mental health in-patient units, Saskatchewan Hospital North Battleford, and other long-term residential treatment facilities too long due to limited suitable community supportive living options. This gap results in poor flow and long waits for new clients who need to gain access to these intensive services.

> *"There is strong evidence that recovery-based, stable and supportive housing leads to better outcomes for mental health and addictions clients."*
>
> ***(Centre for Addictions and Mental Health[23])***

Youth have unique needs with regard to housing. Youth with complex needs require a living situation that enables them to acquire an education, as well as social and vocational skills, while having their treatment needs met through behavioural, mental health and addictions support. At the same time, their residential care requirements must be met, including respite, stabilization, assessment and planning for transition back to the community.

In addition to permanent housing, there is also a need for specialized accommodation such as temporary shelters for repeated crisis situations. For example, a number of people

with persistent mental health or addictions issues have frequent interaction with police and end up in police holding cells, in emergency departments, or using detoxification services as temporary shelter. To manage this situation, consideration should be given to 'wet' shelters, which allow intoxicated individuals a temporary place to stay, with some medical treatment available to them during their stay.

> *"People receiving good community care have been shown to have better health and mental health outcomes and better quality of life than those treated in psychiatric hospitals."*
>
> ***(World Health Organization, Improving Health Systems and Services for Mental Health[24])***

A physical space to live is essential, but adequate support to live in the community is also essential. Multi-disciplinary teams known as ACT teams (Assertive Community Treatment), are one approach to assist residents with their mental and physical health, as well as with their daily living requirements. The teams can be adjuncts to supportive housing for both youth and adults and are comprised of various rehabilitation resources, such as community health nurses who might distribute medication, or arrange transportation to appointments, and recreation coordinators who plan recreational activities. Similar types of teams are available to provide more intensive treatment to individuals with highly complex mental health needs so that they can live more successfully in the community.

5.2 Enhance access to regional behavioural consultants for individuals living with highly complex mental health or addictions issues and coordinate these efforts across service sectors.

> *"My family was at the end of our rope with our son's behavioral issues. There were days when I seriously thought of putting him in foster care."*
>
> ***(Parent Respondent, Powerful Voice Questionnaire)***

Distressing behaviours can be part of many types of mental health or addictions issues. Autism, Fetal Alcohol Spectrum Disorder, severe brain injury, and dementia are just a few of the types of conditions that can result in an individual expressing themselves through behaviours that may be distressing to themselves or others. These types of behaviours occur across the life span from children to youth to adults to older adults. Family members told us that without sufficient behavioural supports, they struggled to know how to respond effectively to the behaviours, and felt weary or hopeless to the extent of feeling that they would need to seek alternate care.

Likewise service providers in long-term care facilities or teachers in schools stated that having a better understanding and more effective way of responding to behaviours created a better environment for everyone.

Behavioural supports do exist in pockets across the service sectors and across services from children to adults. Coordination and enhancement of these efforts as well as greater public and provider awareness of these services would be helpful. Certain segments of the population that are currently under-served, and which are growing, such as older adults with certain types of dementia, need to be addressed sooner.

All of these individuals could benefit from a case management team approach where specialists in a variety of disciplines (e.g. psychiatric nurses, addictions specialists, police/legal, nutritionists, counsellors, behavioural specialists), provide them with needed advice and support. This support can be made available as a mobile service, where teams visit individuals in their homes, in long-term care facilities, or wherever they live. The principal responsibility of these mobile teams is to ensure that the individual, their family members and their caregivers understand and are able to manage the behaviours resulting from dementia, and other mental health or addictions issues.

Promising Practices

Wakamow Place Supportive Apartment Living Program (Moose Jaw) - Provides a supervised facility staffed on a 24-hour basis for adults with mental health issues who are challenged to live independently and require intensive training in independent living skills.

Mental Health Home Care Transition Program (Saskatoon) - In a partnership with the Saskatoon Health Region's Acute Mental Health Services, a Saskatoon Housing Coalition Community Mental Health Worker helps provide community outreach services to the Mental Health Home Care Transition Program. The program's goal is to prevent mental health clients from being admitted or readmitted to hospital by establishing appropriate community service links, as well as guidance and support for up to six weeks from the time of hospital discharge to achieve successful reintegration on return to the community.

Phoenix Residential Society (Regina) – Provides supported living options in a range from supervised apartment living programs with 24-hour on-site staffing to providing needed assistance to those clients who can live more independently on their own in the community.

Behavioural Supports Ontario – Sponsors mobile support teams that attend seniors wherever they live – at home, in long-term care or other places – to help them and their families understand and live with the behaviours associated with dementia, mental illness, addictions and other neurological conditions.

System Goal: Enhance Access and Capacity and Support Recovery in the Community

"More staff in long-term care facilities need to be trained in the mental health area, including Alzheimer's and dementia."

(Seniors Focus Group Participant)

Recommendation 6

Address the mental health and addictions needs of the growing population of seniors, beginning with long-term care and home care services.

Rates of mental illness for adults between the ages of 70 and 89, including but not limited to dementia, are projected to be higher than for any other age group by 2041.

(Mental Health Commission of Canada)

6.1 Promote care cultures that improve mental health in long-term care facilities.

Older adults in our province contribute richly – many continue to work, volunteer, and provide family care as they age. For some older adults, however, issues related to aging such as physical health problems (reduced eyesight, hearing loss, reduced mobility, etc.) can increase social isolation and increase susceptibility to mental health and addictions issues such as alcohol or prescription drug misuse as attempts to cope with depression and anxiety. The risk of other mental health problems, such as dementia, simply increase as our brains age.

The need to address these issues is particularly acute in long-term care. According to the Canadian Institute for Health Information, the number of older adults with mental health or addictions issues in long-term care is high. Recent studies using sophisticated methods report prevalence rates of mental disorders between 80% and 90%[25] (with dementia at around 67% alone). Family members of older adults with Alzheimer's and other dementias in long-term care shared their concerns that staff were not well-trained in dealing with related behaviours, causing anxiety and frustration for the resident and for the family members.

A well-functioning culture of care is person-centred. Staff recognizes that residents with mental health and addictions issues in a long-term care environment need emotional as well as physical care, and respond appropriately. According to The Alzheimer Society Canada, this response takes into account that "…each person is an individual… and care should be individually tailored to the person's unique needs, interests, habits and desires."[26] Creating tailored responses to individuals is helped by residents and their family members being included as partners in the care team to the greatest extent possible.

A number of regional health authorities have begun to improve care cultures by training their staff in the Gentle Persuasive Approach (GPA). GPA is a method that provides better understanding of how to care for people with dementia, with staff using resident-centred, compassionate and gentle approaches when responding to behaviours associated with dementia and delirium. These approaches can also be helpful for younger residents that may have brain injuries with similar effects on behavior. Further spread of this approach, and others like it, would assist in creating a better care culture.

"Long-term care facilities don't have enough staff trained in the mental health area."

(Seniors Focus Group Participant)

6.2 Provide formal training for staff in long-term care and home care in mental health and addictions issues most experienced by seniors and enhance resourcing to better respond to identified needs.

Long-term care and home care staff frequently work with older adults with mental health or addictions issues – some long-standing issues and other relatively new. Enhancing the ability of staff to better recognize and respond to these issues will help to ensure older adults, whether living in long-term care or at home, receive appropriate care.

One model that has been used in the Saskatoon Health Region is a Seniors Mental Health Team, which includes psychiatry, nursing, psychology, and social work. These team members serve long-term care facilities and community residents, providing a combination of assessment, counseling, and group programming.

Consideration could also be given to some kind of mental health assessment before moving in to a long-term care facility as suggested by the Canadian Mental Health Association.[27] This assessment would become a valuable tool for long-term care staff to create a case management plan that takes into account the individual's specific situation.

Promising Practices

Saskatoon's Sherbrooke Community Care Centre has become a best practice model for this home-like environment, known as the Eden Care Approach. The Centre features small living residences for residents, who direct staff in how care will be given to them. Residents are charged with their own decision-making, with staff offering advice and guidance.

The Alzheimer's Society Guidelines for Care: Person-Centred Care of People Living in Care Homes (2011) describes the various care approaches that link person-centred services with the living environment to ensure care is relevant.

First Link, a referral program for physicians and service providers to directly refer people with Alzheimer's Disease and Related Dementia and their families to the Alzheimer's Society, who provides service and support at diagnoses and through the duration of the disease. These services include contact information for groups supporting families affected by Alzheimer's or other dementias.

Canadian Coalition for Seniors Mental Health has a variety of care guidelines for older adults with mental health needs. These guidelines are valuable tools in understanding best practices for meeting the needs of seniors.

System Goal: Enhance Access and Capacity and Support Recovery in the Community

> *"The system needs better alignment of care and breaking silos between law enforcement and corrections, with proper medical care…"*
>
> ***(Service Provider Respondent, Powerful Voice Questionnaire)***

Recommendation 7

Improve the response to the growing number of people with mental health and addictions issues coming into contact with police, courts and corrections.

> *"At (correctional facility) their idea of mental health care is putting you in a room with no sharp objects. People in that state should be in a more comfortable place. It makes you feel even worse."*
>
> ***(Offender Interviewee)***

7.1 Increase ability to appropriately screen offenders for mental health and addictions issues and provide appropriate services within correctional facilities, and follow-up on release.

Jail is not a suitable place for someone needing a therapeutic environment: as well as requiring specialized treatment that isn't readily available inside a correctional facility, offenders with mental health and addictions issues may risk becoming victims themselves. It is estimated that 20% of the male inmate population in Saskatchewan correctional facilities has mental health issues, while that figure is 35% for female inmates. Addictions issues are even more prevalent, occurring in 75% of male and 80% of female inmates. At present, it is difficult to adequately respond to mental health and addictions issues demonstrated by offenders. In particular, self-harm, suicide attempts, and acting out behaviour are difficult to address, because the environment is not therapeutic. Frequently the only option to protect offenders from themselves and from each other is to isolate and segregate them. Although this helps to address the safety issue, this isolation is often not a helpful response in terms of addressing the mental health issue.

Greater access to assessment and treatment inside correctional facilities would not only improve support to these individuals to reduce reoffending, it would also see treatment better linked to case management plans for offenders released into the community. Screening each person who enters a correctional facility and seeking ways to provide treatment for them is an important cornerstone of this work. Needs of offenders with more acute mental health issues will be met through the rebuild of Saskatchewan Hospital North Battleford (SHNB), which will have an integrated correctional facility dedicated to offenders with mental health issues.

Courage to Change (C2C) is a self-awareness program currently being offered in selected units at each of the adult provincial correctional facilities, as well as to all sentenced youth in secure custody. C2C addresses several of the issues that bring individuals into custody, such as antisocial thoughts and attitudes, family issues, addictions, coping with strong emotions, and communication.

It is essential, however, that following release, services are available to support successful reintegration into the community including treatment and housing options. Community treatment options are limited for offenders needing specialized ongoing support related to their criminal behaviour. A valuable asset in this case would be the availability of forensic mental health services becoming part of the case management plan helping the offender reintegrate into the community.[28]

An example of recognizing that availability of services in the community is a necessary part of rehabilitation is the Saskatchewan Ministry of Justice's current partnership with the Canadian Mental Health Association (CMHA) Saskatchewan Division in the Justice Mental Health Community Support Program. This program sees the CMHA provide daily living support to offenders having significant mental health issues who are involved in the Ministry's Serious Violent Offender Response in Saskatoon, Regina and North Battleford. Part of that daily living support is to facilitate contact with mental

health services in the community - including psychologists, psychiatrists, and social workers. The CMHA workers do such tasks as facilitate appointments with mental health professionals, help with medication management, assist with job searches, and help find housing.

The criminal justice system is complex and challenging to navigate, especially for those with mental illness.

(Canadian Association of Mental Health)

7.2 Ensure appropriate community services are available to support therapeutic diversion courts.

Mental health and drug courts have become a way to divert individuals with mental health and addictions issues out of the criminal justice system and into community services for treatment. Currently in Saskatchewan, mental health and drug therapeutic courts operate out of Regina, Saskatoon and Moose Jaw. Offenders choose the option of serving their jail sentence or taking the drug treatment program. They have regularly scheduled court appearances, to allow the judge to monitor progress and to encourage them in following through with treatment or to order that they complete their jail term.

Lack of supported housing and unavailability of community resources remain challenges to the success of the treatment programs. A more collaborative response from government and other agencies working with the courts to secure these services is required.

Similar efforts need to be taken to ensure the courts have sufficient information on the mental health or addictions needs of a person appearing before them. Judges indicated that they often lack information from health care providers and as a result, sentencing may not take into account the whole picture. Court representatives suggest that health care providers should be given instructions on how to contact the Crown prosecutor and on what specific information would be helpful to the courts.

A page might be taken from the Aboriginal Court Worker Program where the court worker provides the individual with a bridge between them and the court system, to ensure they understand court proceedings as well as their legal rights and responsibilities. Similar court support workers could be established for individuals with mental health and addictions issues, ensuring they have a personal guide through the court system.

Canadian police services indicate that more than 30% of calls result in contact with individuals demonstrating "poor mental health".

(Statistics Canada)

7.3 Support police efforts to improve responses to situations involving individuals with mental health and addictions issues, including police partnering with mental health workers in crisis teams.

Some individuals who have significant mental health, addictions, and social needs repeatedly use police, crisis intervention, emergency departments, and other emergency response services. As well as creating unnecessary costs, the practice ties up emergency responders. A common result is often arrest and, if charged with a crime, a criminal record.

Saskatoon Police Service teams up a police officer with a mental health professional to respond to calls involving individuals suspected to have mental health or addictions issues. Known as the Police and Crisis Team (PACT), the pair diverts the individual away from the emergency department or a police cell, and into appropriate community services such as shelters, detox, or more long-term stable housing options. Expanding the concept to other Saskatchewan communities would help alleviate the burden on police and emergency departments, while at the same time providing needed services to the individual in distress.

Promising Practices

Kate's Place – An 11-bed supportive residence for women in Regina is managed by the Salvation Army with property management from SaskHousing. It provides female offenders appropriate and safe housing, and access to substance abuse treatment while going through the court-ordered drug treatment program. Of the five pregnant women who stayed at Kate's Place during their drug treatment program, four of the babies were born drug-free.

TEMPO (Training and Education about Mental Illness for Police Organizations) – A police training program developed for use by police services as part of induction and refresher training for officers. It resulted from the Mental Health Commission of Canada's 2010 review of police training related to contact with individuals with mental health and addictions issues.

System Goal: Focus on Prevention and Early Intervention

Mark's Story

I've always been anxious. Even as a kid, I remember feeling so anxious about going to school that I would throw up on "big" days like school pictures. I also remember always feeling depressed – even when I was four-years-old, I remember thinking about what it would be like to be dead and not have to feel anything anymore. That lasted all the way through my growing up years. The only place it went away was when I was playing sports. Somehow I could forget about myself while I was on the ice or out on the soccer pitch. I got pretty good too, but sometime in my teens I started using alcohol so I wouldn't be so anxious at parties and stuff. That seemed to work pretty well, so I started using other drugs too. By grade 11 I'd stopped playing sports, I stopped going to school, and I mostly just did what I needed to do to support my cocaine use. Eventually that led me to prison. I'm out now, and I'm trying to go straight. It's tough though. One of the things I'm really working on now is how to manage my mood, and to stay active, and to learn to think differently – more positively – about things and about myself. I think if I could have known some of this when I was a kid, it would have made a big difference.

"If I had known when I was younger about these things before it gets to the point when you are in the ER,... ...We wouldn't have to tie our family doctors up...More information would be very helpful, and early information."

(Focus Group Participant)

Recommendation 8

Build on existing programs that recognize the importance of healthy families and communities and positive environments for emotional development.

"[Service providers] need to know and understand the community."

(Stakeholder Meeting Participant)

8.1 Promote and enable community wellness initiatives with focus on higher need populations.

To maintain well-being as individuals, we need opportunities to pursue activities that give us meaning or purpose and that engage all aspects of ourselves: physical, emotional, spiritual, and social. These opportunities may be work, leisure/recreation, culture, physical activity, etc. Communities can be the driving force behind these outlets, in a variety of ways. Examples are:

- Forever... in Motion, a program administered by the Saskatchewan Parks and Recreation Association (SPRA), provides grants to member communities for training volunteers and hosting exercise programs that improve physical and mental health and reduce social isolation for older adults. The SPRA uses the Forever... in Motion model developed by the Saskatoon Health Region.
- Recognizing that culture and tradition play important roles in Aboriginal families, community organizations across Saskatchewan either deliver or sponsor skill-building and cultural knowledge programs featuring Elders passing on their experience and advice. Such programs include Kokums and Elders providing parenting advice out of the Saskatoon Westside Community Clinic; the La Ronge Indian Band's Youth Haven camp, where youngsters learn traditional northern wilderness skills; and a number of school divisions who host Elders sharing stories and activities with students.
- A number of Saskatchewan communities with paid public recreational facilities offer activity passes at no charge to individuals who could otherwise not afford to buy them.
- Family Resource Centres, which are being piloted in three communities in the province, are good examples of one-stop service centres for the families of young children where they can access a comprehensive range of no-cost programming

aimed at enhancing child and family well-being, supporting healthy child development, and providing information and facilitating connections that support positive parenting, school readiness, and family resilience.

Communities that we visited emphasized the need for initiatives directed to citizens that are community-informed and community-driven. First Nations and Métis communities particularly emphasized the importance of paying attention to the overall health of the community– many communities employed individuals who were charged with organizing activities that provided opportunities for education, skills development, generational linkages, and sporting activities. According to Health Canada's 'health continuum model', people who are able to care for themselves, and whose communities have the ability to support them have better physical and mental health outcomes.

> *"After the birth of my daughter I felt constantly drained of energy and was suffocating with constant anxiety... I felt defeated as a mother because I could not calm and comfort my baby. I was a shell of a person who just did not have the tools to move forward."*
>
> ***(Mother, MotherFirst Maternal Mental Health Strategy[29])***

8.2 Strengthen access to maternal mental health supports.

Maternal (and more recently paternal) mental health is a key determinant of future child and family mental and physical health. Many women experience poor mental health in relation to pregnancy: Up to 20% of mothers in Saskatchewan may face serious depression and/or anxiety related to pregnancy and childbirth, with potential impact to 2,800 families annually.[30] Poor maternal mental health has been linked to serious emotional, physical, and economic consequences. Factors such as poverty, single status, minority ethnicity, and a history of depression can increase the risk.[31] Through our consultations we heard that maternal mental health must encompass more than the period after the child is born.

The 2010 Saskatchewan MotherFirst Strategy[32] recommended a three-pronged approach including education, screening, and treatment. Because prevention starts with awareness, efforts to educate mothers, the public and providers on the frequency, impact and treatment of maternal mental health problems are critical.

Evidence supports screening to detect issues such as perinatal depression and anxiety during pre-natal appointments. Effective and timely treatment of mothers with these issues helps reduce the stress on both the mother and the child. This is seen as being especially important because maternal mental health issues have been shown to have lasting negative effects for children. Because of its proven effectiveness, mental health screening for pregnant women and new mothers needs to be practiced more widely across Saskatchewan.

Screening for depression and anxiety in mothers-to-be and new mothers is a good first step. Just as crucial is effective and timely support once mental health issues are identified. Consideration should be given to employing online tools that mothers can use to identify their mental health concerns, with options for continued support provided through online modules or from in-person treatment options that are readily accessible.

8.3 Improve the accessibility and coordination of supports for parents and families, including parenting skills building and respite.

Our home environments have a tremendous influence on our well-being. When our families are stressed because of issues such as inadequate finances, domestic violence, or substance abuse, the members of our families, adults and children alike, are at greater risk for mental health or substance misuse problems. It can also work in the other direction – children or adults who have a significant developmental, mental illness, or substance abuse issue can place a significant strain on family functioning and on family caregivers. In addition, some people may find themselves in a parenting role without having sufficient information about child development, parenting strategies, or creating a nurturing home environment. Families may require support to assist in creating the most positive family environment possible.

A number of programs currently delivered in Saskatchewan, such as KidsFirst, Triple "P" Parenting, and the Parent

Mentoring Program, develop positive parenting skills. These programs need to be inventoried and coordinated so that families across the province can benefit from a range of parenting programs in or near their own communities.

Innovative practices in family skills-building and parenting include The Strongest Families Institute based in Nova Scotia that uses distance technology such as the internet and teleconferencing to teach skills to families of children with mental health issues in their own homes. As well, telecounselling for families is growing across Canada. Here, families are linked to support services via telephone or Skype to receive the same psychological counseling they would receive in an in-person visit, in a more convenient, but no less effective, format.

8.4 Increase access to pre-school programs for at-risk children.

Early childhood (ages 0–5) is a critical time for psychological development and children who do not have an appropriate environment for emotional growth have the potential for developing mental health issues – early on or later in their lives. The sooner issues are recognized and interventions are put in place, the more chance there is for improved well-being. Pre-school programs get at-risk children off to a good start, with focus on social-emotional, physical, intellectual and spiritual development and involve families in their child's education.[33]

Alcohol misuse costs Saskatchewan more than $500 million in annual lost productivity, absenteeism and disability.

(Canadian Centre for Substance Abuse)

8.5 Coordinate a province-wide effort to reduce the harms associated with alcohol misuse.

Alcohol is the most widely abused substance, contributing to significant and costly social harms. These may include injuries and deaths related to drunk driving, the consequences of Fetal Alcohol Spectrum Disorder among children and adults, and incidents of alcohol-induced violence. What is less apparent is the lost productivity in the workplace, the devastation to families and the cost of providing services to repair harms caused by alcohol abuse.

Here are some facts about Saskatchewan's experience with alcohol misuse:

- Saskatchewan's impaired driving rate is twice the national impaired driving rate[34];
- Public Health Agency of Canada figures indicate that one out of every 100 children is born with a Fetal Alcohol Spectrum Disorder (FASD) meaning that in one year alone, 120 Saskatchewan babies will be born with FASD[35];
- In comparison to other provinces, Saskatchewan has a 3.5% higher rate of hazardous drinking and experiencing harm related to others' alcohol use (including family and marriage problems, being insulted or humiliated, involvement in serious arguments, verbal abuse, physical altercations and physical assaults).
- The Canadian Homicide Survey (2012) indicates that 75% of people accused of homicide had consumed alcohol, drugs or other intoxicants before the incident.[36]

Innovation in alcohol distribution practices and public information and awareness about appropriate consumption are well-positioned to have positive effects on how alcohol is viewed and used, and should be continued on a wider scale:

- The Saskatchewan Liquor and Gaming Authority's liquor pricing policy sets higher prices for liquor with higher alcohol content. Conversely, prices are lower for liquor with lower alcohol content. The policy has been formally recognized by the Canadian Centre on Substance Abuse as a positive step in reducing alcohol abuse.
- The Ministries of Justice and Health, along with the Saskatchewan Liquor and Gaming Authority, are working with northern leaders in a response to violent crime by increasing awareness of responsible alcohol consumption.
- Canada's Low Risk Alcohol Drinking Guidelines were created in 2011 by partners from the federal, provincial and territorial governments in conjunction with agencies involved in mental health and addictions. The guidelines help alcohol users make good decisions about personal

choices around drinking and need to be more widely promoted by service providers, including those providing primary care, as well as through liquor outlets.

A comprehensive provincial approach, similar to Canada's National Alcohol Strategy, would ensure a consistent approach to the issue.

Statistics Canada reports that suicide is one of the top 10 causes of death in Canada.

8.6 Enhance the efforts for assessing suicide risk with emphasis on populations most at risk such as seniors and youth.

The statistics on suicide are alarming:

- Saskatchewan's five-year average (annual rates of suicide based on the number per 100,000 population) was 12.4 for 2007-2011, compared to the Canadian average of 11.1.[37]
- The suicide rate for Northern Saskatchewan is more than 2.5 times the provincial suicide rate, driven by the fact that some communities are experiencing disproportionately high suicide rates compared to others.[38]
- Suicide accounts for 11% of deaths among youth aged 10-14 and 23% of deaths among youth aged 15-19.[39]
- Since 2004, the Canadian military has lost more men and women to suicide on Canadian soil than it did to combat in Afghanistan.[40]

Although anyone, at any time in their lives might have thoughts of suicide or might attempt suicide, there are certain conditions that have the potential for increasing risk. We know that some northern communities experience higher suicide rates than others, and relate these incidents to social factors, including few job opportunities, low levels of completed education, and lack of meaningful ways to pass time such as through recreational activities.[41] According to the Mental Health Commission of Canada (MHCC), suicidal thoughts might be related to depression stemming from a variety of situational causes (e.g. family discord, bullying, job loss, relationship breakup,) or related to other mental health and/or addictions issues. The MHCC estimates that 90% of individuals dying by suicide were experiencing mental health issues, underscoring the key connection between suicide and mental health.[42]

Treating mental health and addictions issues is a critical part of suicide prevention. Early intervention requires establishing a solid foundation for individual growth and development, with ingredients for success that include healthy home and peer environments, strong families and meaningful community engagement.

Many service sectors and organizations are already pursuing ways to enhance suicide prevention efforts in this province. Examples are:

- The health sector's Saskatchewan Suicide Protocols for Saskatchewan Health Providers.
- The Community Violence Threat Risk Assessment Protocol used by the education system to identify roles and accountabilities for community and government agencies when youth pose risk to themselves or others.
- The provincial Ministry of Education introduced Saskatchewan's Action Plan to Address Bullying and Cyber-bullying, an initiative to address bullying behavior by creating safe, accepting environments for children and youth.
- The Métis Nation – Saskatchewan Blue Ribbon Campaign, to raise awareness and support for Métis youth suicide prevention and to provide training for professionals working with Métis at-risk youth.
- Embracing Life: Northern Saskatchewan Working Together is a community-based call to action where partners from government, community organizations, human service agencies and others are working together on 17 northern community-driven projects to address suicide.

When considering suicide prevention, efforts need to include these types of educational approaches for the public and service providers, with a focus on Saskatchewan populations at greatest risk: youth, First Nations and Métis, northern residents, and older males.

The Ministry of Health's Suicide Prevention Protocols for Saskatchewan Health Care Providers is a universal training program for health care providers in assessing suicide risk[43]. The protocols feature a tool known as Applied Suicide Intervention Skills Training (ASIST) to reduce suicide potential. Such a tool could be expanded for more widespread public use so that families, friends, and community members could identify suicidal thoughts in others. Public distribution of this tool would need to be accompanied by a list of local resources that can provide professional service to the individual identified as a suicide risk, keeping in mind that identification of risk is only a good first step – treatment supports need to be readily available so that the person can receive appropriate counselling or other services.

System Goal: Focus on Prevention and Early Intervention

> *"Kids would not go across town to go to the mental health office, but if you housed the service in the school, just having the person in the school made a huge difference."*
>
> ***(Focus Group/Interviewee, Service Provider)***

Recommendation 9

Deliver programs and services that promote better emotional health for children and youth in schools and other places where they spend time.

> *"We don't have a mental health counsellor at our school. The school system has them parachuting into schools when needed."*
>
> ***(Focus Group, Student)***

As community hubs for children and youth during much of the year, schools play an essential role in children's development. Interactions with peers, academic attainment, and emotional and behavioural control, are all partly developed in school. However, these developmental steps are also affected by mental health and addictions issues. It is estimated that around 14% of our children and youth have significant mental health or addictions issues.[44] Other estimates note that this number could be as high as 25%.[45] Of these, perhaps only half or less are seeing someone for help - mainly from family physicians, while far fewer are receiving specialized services, reflecting an international trend.[46] If prevention efforts, early interventions and treatment are not widely available, these problems can persist and get worse throughout the lifespan: 70% of young adults with mental health and addictions problems report that symptoms began in childhood.[47]

Mental health and addictions issues have significant impacts in our schools, and for the long term development of our children and youth. Nearly one-third of these issues are conduct disorders, and teachers report that disruptive behaviours in the classroom impact their capacity to teach the rest of the class. Individual students with depression, anxiety and other conditions can have negative effects on academic achievement, grades and graduation rates. Self-esteem can suffer, and some students may also experience bullying, increasing their vulnerability. All of these issues contribute to long-term effects on some students' lives.

> *"When you learn to be a teacher, or go to workshops, you should have a mental health workshop."*
>
> ***(Focus Group, Student)***

Education workers expressed concern about these challenges; they made up 32% of all human service providers who participated in our Powerful Voices engagement process, second only to mental health and addictions professionals. Our education workers are concerned about the limited understanding of mental health and addictions issues within schools. In line with their colleagues across the country, our school workers had concerns about their capacity to respond to their students' mental health and addictions needs. 97% of teachers across Canada indicated a desire for additional skills and training in mental health and addictions.[48] However, teachers cannot be expected to become mental health and addictions professionals. Rather, teachers and those working with children and youth need enhanced skills and resources so they can work as effective members of collaborative teams, along with mental health and addictions and other professionals. Enhancing education workers' ability to identify and understand their students' issues will help them respond more effectively. This could include better supporting their students in class, and coordinating with mental health and addictions and other professionals to help students get the support some may need.

The good news is that evidence shows that schools can play an important role in reaching our children and youth to help identify mental health and addictions problems earlier, intervene sooner, and help children build problem-solving skills and

resilience to face future challenges. For example, 96% of youths with substance use disorder are in school, making it a good site to offer some targeted supports/programming.[49] Evidence-based mental health promotion and prevention programming in schools is associated with improved emotional and behavioural functioning, better academic performance and cost savings.[50]

> *"We are hearing about kids coming into the education system and having mental health issues and going home to parents with issues. [We need] early intervention and working with other ministries like Education. How can we give these families the best start in life?"*
>
> ***(Social Services, Provider Focus Group)***

9.1 Increase awareness of mental health and addictions issues in children and youth through schools, including development of skills for lifelong emotional and social health.

Fostering a culture of wellness promotion and mental health and addictions awareness in their schools can create an important foundation for addressing prevention for all students, and early intervention for those who need it. Using curriculum-based programming throughout the province can help all students build awareness of mental health and addictions issues, and develop skills and resilience. Building greater awareness among students and staff will help build a stigma-free, caring and inclusive learning environment, critical factors for student success in schools.[51] A skills-building approach can be more effective in treating issues such as anxiety and depression than general counselling.[52] More targeted programming can help those who are at risk or dealing with significant mental health and addictions issues, such as children who have experienced trauma or violence, and those who are at risk of suicide. Effective, evidence-based programs are available to reach such at-risk populations. Building skills and resilience for youth to face the very different challenges they encounter in Saskatchewan's many communities is an important aspect of building emotional and social health.

Well-being for everyone can be improved by teaching about the need for respect and the mutual responsibilities we have for each other. A promising effort in this area is the Citizenship Education Program which is developed by the Saskatchewan Human Rights Commission in partnership with education stakeholders. Skills-based curriculum that helps students develop resilience against mental illness and addictions is recommended by the Ministry of Education at all ages, to help them build life skills, manage stress, and attain and maintain more control over their lives. A number of resources, including some developed by the Canadian Mental Health Association, are recommended, with individual schools determining which ones are to be used to support the provincial curriculum.

Delivering these supports and programs requires enhanced knowledge and capacity among staff in schools, community centres or other youth-centred organizations. Alberta has implemented a province-wide program of mental health capacity-building in schools which has increased the ability of schools and their partners to identify and address emerging risks. This has occurred through improved staff, child, youth and family awareness of mental health and addictions issues and services, greater cross-sector collaboration, and more accessible services and supports.[53]

9.2 Increase the availability of mental health and addictions clinicians for school-aged children for screening, assessment and early interventions, especially in communities with greatest risk.

In addition to better support for teachers, parents and teachers have told us that it would be helpful to have mental health and addictions professionals and services within schools so they are more easily accessible, sooner for students who need them. This would also foster greater collaboration between school officials, families and service providers for children and youth with mental health and addictions needs. Outreach workers or counsellors are provided in some schools in Nipawin and Prince Albert. They help improve well-being for youth and the community by building therapeutic relationships, offering education on mental health, addictions and other issues, and developing young people's life skills. These initiatives have positive effects on children's engagement, learning and development. Evaluation of a similar program in Ottawa revealed that 75% of students involved were able to reduce

or stop using one or more drugs in less than one school year, and alcohol consumption decreased by 23%.[54] Students who were experiencing moderate to severe difficulty at the beginning of counselling showed notable improvements in health and well-being, and 92% of the students admitted to counselling completed the school year. Efforts to support students through such approaches can improve high school graduation rates, resulting in better outcomes for these students and social and economic returns.[55]

Some students and families have noted a preference for receiving services outside of school because of the stigma of seeing a school counsellor, or needing services outside of school hours, although they still needed timely access to services. Education workers told us they would like more information on how to support students in accessing mental health and addictions resources. Improved coordination between education workers and their cross-sectoral partners was pointed to as a solution.

In addition, post-secondary institutions are increasingly recognized as playing an important role in the provision of mental health and addictions education and services. Many students attending a vocational program, college or university are experiencing greater freedom in exploring lifestyle options, and have less social support because they are living away from their parents and home community. At the same time, many mental health and addictions issues can emerge in the late teen and early adult years. Post-secondary institutions have begun to recognize this situation and to provide counselling, opportunities for mental health and addictions awareness training, and stigma reduction programs. There are also promising examples of young people taking the initiative to share information, support each other and eliminate the stigma of mental health and addictions.

Jack.org is a national network of young leaders transforming the way people think about mental health, aiming to end stigma in a generation. It is an umbrella for a wide range of initiatives and programs designed for young people, by young people. These include an annual summit, local chapters, an online innovation hub, awareness activities and support programs.

System Goal: Create Person and Family-Centred and Coordinated Services

Jake and Barbara's Story

Our daughter was diagnosed with schizophrenia when she was 23. She had completed an Education degree, and had begun working part-time when the voices started. It took several months to make a firm diagnosis, and it was very hard for us to believe that our daughter, who had seemed so well in her childhood and early twenties, could have such a serious mental illness. Our family physician was excellent. He took time to listen to our daughter, and treated her with great respect. He supported her as well, in wanting to continue to try to live independently. After about four years, she got to see an excellent psychiatrist. He understood what Lara was experiencing, provided good advice, and worked to coordinate the supports that were available. The psychiatrist also supported our daughter in working and volunteering part-time, when her illness wasn't as bad. He supported her decision to stop working when it became apparent that she couldn't sustain it. We still found that we had a heavy load at times in supporting her, and additional community supports for her and us would have been very helpful. It was most difficult for Lara if she became overcome with fear the in middle of the night and she felt there was no place to get help.

As her parents, we were considered part of her care team by the psychiatrist, and many of her other care providers. There were times, however, when we had to advocate to be included, and that was tough. We were also involved in the Schizophrenia Society, and that provided support and advocacy opportunities. When our daughter passed away unexpectedly a few years ago, many people on her care team attended, and beautiful things were said about her and her volunteer work for the Schizophrenia Society to reduce stigma. It reflected that people saw her as a whole person, and as much more than her illness.

"I feel like I'm being told and not involved. I don't think they are expecting people to have opinions."

(Focus Group Participant, North)

Recommendation 10

Change the service culture to one which is person and family-centred and that promotes the fullest recovery possible.

A holistic approach balances spiritual, social, physical and mental well-being, which should be in balance for well-being to be achieved.

The culture of mental health and addictions services needs to change. We have heard a strong desire to place greater emphasis on the person with lived experience being at the centre of their care, bringing families or other support persons in as care partners as appropriate, and on incorporating a recovery-oriented holistic model into everyday practice.

10.1 Promote the use of a recovery-oriented holistic model of service provision in which the person with lived experience is central.

Mental health and addictions issues need to be seen in the context of the person's whole self. Using a holistic approach that looks at the physical, spiritual, mental and emotional well-being of an individual is essential in understanding how the mental health or addictions issue fits into the context of the person's life. It gives important clues about the nature of the difficulties, and acknowledges that there are different avenues to healing that can be explored.

Using a holistic model was emphasized to us by people with lived experience, and in conversations with First Nations and Métis communities and Elders. Many First Nations and Métis peoples that we spoke with expressed a preference for holistic approaches to health and healing. Wellness or well-being were

key concepts that were more in keeping with their cultural understandings, whereas mental health was only one part of the whole person.

This philosophical approach to care is also found in the Recovery Model, which is now widely used in many mental health settings around the world. The model recognizes the strengths and resiliency of the individual, and the importance of collaboration and partnerships. At its heart is building hope for the fullest recovery possible, and self-managing one's illness. Local organizations are embracing this approach such as the Schizophrenia Society of Saskatchewan which provides workshops on the Recovery Model to encourage service users to be full participants in their recovery, or in addictions professional circles where efforts such as Recovery Day are promoted.

> *"Work as a family on diagnosis and support families who have members with mental health issues. This illness affects the whole family."*
>
> ***(Powerful Voice Questionnaire Respondent)***

10.2 Recognize and support family members and caregivers as part of the service team.

Family members and support persons are important components in a holistic model. We heard that many people with mental health or addictions issues often rely heavily on family members to assist them in seeking treatment or sustaining recovery, but family members and support persons frequently expressed frustration at being shut out of the care plan. This dynamic is particularly problematic when the family member or support person holds key information about the person's mental health or addictions issue. Family members who are caregivers also face mental health risks themselves and have expressed a need for greater professional support for themselves and for the person with the illness. The Mental Health Commission of Canada's work on the Family Caregiver Guidelines recognizes many of these difficulties and can be looked to as a guide for solutions.

We have heard that a lack of information and inclusion often creates issues for families in understanding the illness and how they can appropriately care for the individual at home. The balance must be found in navigating the existing privacy laws, professional ethical guidelines and current standards of practice to ensure that we are inclusive of family or key designated support persons wherever possible, while still respecting the rights of the individual, and acknowledging that some families may not be able to offer the best supports or respect the person's wishes, and in some cases, can be a barrier to recovery because of lifestyle choices. We also heard that in some cases families felt that youths in their care by virtue of their mental health or addictions issues may not be competent in making their own decisions. Most often we heard this was in relation to an adolescent or adult child who refused to seek care, and could not be compelled to do so. Families in these circumstances felt powerless and obstructed in getting their child help. Again, the balance in privacy, ethics and standard of practice must be found. This is an area that requires further examination.

A 2013 Centre for Mental Health review of peer support studies found that every $1 spent on peer support workers yielded $4.76 in savings due to reductions in hospital bed use.

10.3 Incorporate peer support workers into service design.

Another important aspect of the Recovery Model is the support for an individual's participation in their recovery through a variety of formal and informal means. Many respondents to the Powerful Voice Questionnaire emphasized the need for less formal interventions, noting that psychiatry or prescriptions may not always be necessary, sufficient or even conducive for recovery. Many identified a need for more formal and informal (i.e., peer) support groups. Peer support workers can provide support to people and families across a continuum of needs ranging from a volunteer offering coffee to a certified worker integrated into a mental health team.

Peer support focuses on health and recovery rather than illness and disability, and workers can fit comfortably within many traditional and emerging medical models. Evidence shows peer

support workers can be effective in decreasing ED use and the severity of some conditions, and deliver substantial returns on investment. Many advocates recommend the development of formal training and the possible need for certification of peer support workers before their inclusion in complementary roles within the traditional mental health and addictions system.[56,57]

> *"From the perspective of clients, positive interactions and relationships with service providers is the most significant factor contributing to a positive overall experience of care."*
>
> ***(Powerful Voice Questionnaire Report, 2014)***

10.4 Include people with lived experience and family representatives and stakeholders from our diverse communities as partners in planning, implementation and evaluation of programs and policies.

Finally, ensuring people with lived experience and their family members are involved in the design and review of services is an essential component of person-centred care. This practice builds on the Patient First Review, the Ministry of Health's subsequent Patient- and Family-Centred Care Framework (PFCC), and is echoed in the Government's Public Service Renewal commitment to citizen-centred services. The PFCC framework describes one of its core concepts as having "Patients, families, healthcare providers, staff, and leaders collaborate in policy and program development, implementation and evaluation; in healthcare facility design; and in professional education, as well as in the delivery of care." These efforts have helped improve patient satisfaction in healthcare, and can easily be incorporated into the greater mental health and addictions system, and across human service sectors and their partners.

> *"[What worked well was] Knowledgeable staff who never made me feel like I was 'sick' or inferior. They understood my problems and worked with me to help me. They also valued my ideas and input."*
>
> ***(Powerful Voice Questionnaire Respondent)***

Listening to the diverse voices of people and families' experiences is important to the proper design, implementation and review of services. Who better to evaluate the effectiveness of a service than the person it is serving? People with lived experience and their families should continue to be included in planning and decision making entities such as boards and advisory committees, and in the other aspects of service delivery such as program evaluation.

System Goal: Create Person and Family-Centred and Coordinated Services

"I feel like I had to bring my symptoms to several different doctors and pretty much diagnose myself before I could get help. The responsibility to get healthy falls on the patient, and people with mental health disorders aren't necessarily in a place where they can do that."

(Powerful Voice Questionnaire Respondent)

Recommendation 11

Improve coordination of services within and across service sectors so that any door is the right door for people with mental health and addictions issues.

"Only about one-third of mental health questionnaire respondents and 50% of addictions questionnaire respondents agreed that service providers worked together to help them move from one program or service to the next and that they had help finding services outside of the health care system."

(Powerful Voice Report)

11.1 Provide front line providers across sectors with targeted and relevant education about mental health and addictions issues, including how other service providers work and how to connect people to services through referral networks.

A recent study on student mental health by the Canadian Teachers' Federation found that "97% of teachers surveyed identified a need for additional skills and training in recognizing mental health issues in students and 96% identified a need for training in additional strategies for working with children and youth who have been diagnosed."[58]

We heard that service providers across sectors would like training on mental health and addictions issues and the ability to respond more confidently and appropriately to those needs. The need for training ranges from simple awareness of some of the common mental health and addictions issues, to more advanced training that is specific to the work of the service provider. For example, a teacher may want both generalized knowledge about common mental health and addictions issues in teens, but may also benefit from some close collaboration with a psychologist about the specific needs of a youth in his/her classroom. A police officer or a corrections worker will likely need general knowledge, but also specific knowledge about symptoms of mental health or addictions issues and information on how to work through a crisis situation as well as daily challenges. Mental health and addictions service providers also want to know more about the other service sectors so that they can assist people in locating other services they may need such as income assistance, emergency shelter, etc. Like CPR or First Aid training, consideration should be given to education modules being regularly offered so that service providers can refresh their knowledge and stay current. Likewise, events that bring together service providers from across sectors can assist in knowledge exchange and facilitate a greater coordination of services.

Among questionnaire respondents who experienced mental health and addictions issues concurrently, only 39% reported that they received care for both issues at the same time, which is best practice.

Mental health questionnaire respondents were less likely than addictions questionnaire respondents to assess the coordination of their care positively.

Throughout our consultations we also heard that both service users and providers across different sectors hoped that targeted and relevant training on mental health and addictions issues and services would improve the effectiveness of referrals and help improve collaboration. People who used services hoped to benefit from having their key needs addressed and being supported through their recovery, while both groups hoped that there would be increased opportunities for early intervention. Service providers were particularly interested in improving the linkages between primary care and mental health and addictions

services to ensure that people are connected in a more timely fashion with the services they need. Attention to improving referral networks between providers was frequently raised as a potential focus for improvement.

In addition, both people who received mental health and/or addictions services and providers told us that we need to strengthen the integration and collaboration of the mental health and addictions service lines, because many people deal with both issues simultaneously. Although our services are organized administratively as mental health and addictions services, we often struggle to deliver coordinated services on the front lines. Continued improvement remains needed in this area.

Examples of difficult transition points include:

- *detox to inpatient addictions treatment;*
- *youth to adult mental health and addictions services;*
- *transfers from inpatient or residential mental health or additions back to community services (particularly urban to rural) and the reverse;*
- *release from correctional facilities back to community; and,*
- *discharge from the ED.*

"(The system needs) better alignment of care and breaking silos (e.g., law enforcement/corrections with proper medical care) because young adults seem to fall through the cracks."

(Family Questionnaire Respondent)

11.2 Improve transitions within and across services

Transitions from one service to another were a major issue of concern for many people. Particular areas of transition that were noted as being problematic are: from one region to another; from one service to another; hospital to community; and between different service sectors. Transitions between sectors or across geographic or program boundaries were cited as being particularly problematic. People and families expect providers and systems to coordinate with each other so that as a person progresses or moves through the various touch points, they are supported and guided, and not left alone to navigate their own way through a complex system. This last point is especially important for vulnerable people who have even greater difficulty navigating the system.

A specific example of a transition that was seen as problematic is the lead time between when a person completes a detox program and is able to access addictions treatment. We heard that people, who are forced to wait due to limited treatment beds, can miss a "moment of clarity" and can relapse into addiction before they can receive effective treatment.

Up to 60% of young people engaging in the transition process disengage at a time when serious mental health issues are most likely to occur.[59,60]

We also heard that youths around age 18 who are transitioning to adult mental health and addictions services can experience gaps in services. In some cases this is due to services and programming that are not designed to provide continuity for a person whose age is simply changing from 18 to 19. We heard that youths in a range of contexts can experience poor continuity in their care from simple to complex mental health services, addictions services and aspects of the justice system. For example, many adult services are geared more for older adults and this can create barriers for young adults who may lack the required independence, initiative in seeking out their own supports or feel uncomfortable with older peers. In other cases, we heard that there may simply not be a comparable program for a young adult transitioning out of adolescence; this can mean that they must leave behind their current supports and treatment plan. People must experience timeliness, quality and continuity in their care, not be left to chance in their recovery.

11.3 Use a cross-sector approach to better identify and address the needs of individuals and families who have significant mental health and/or addictions issues that may require more than a single type of service to provide early intervention, improve stability, and decrease the risk of adverse events.

Another recurring theme in our consultations was the identification of individuals and families at the community level that are at-risk for worsening life situations and who may need assistance from a variety of service providers. Coordinating services to provide a cross-sector response to their situations can create a much stronger support network and better outcomes for that individual, family and community as a whole. Individuals with significant mental health, addictions, and social needs that present frequently to police, crisis intervention, and emergency departments can often be diverted away from more intensive and often inappropriate services into more appropriate community services such as shelters, detox, or long-term stable housing options. Improved outcomes from this approach have also been shown to reduce the intensity and cost of resources consumed by these individuals. Some researchers suggest that as much as 90% of the costs related to mental health and addictions issues are realized outside of the health and social care areas, especially in complex cases.[61]

> *"[The] Service providers should have shared information between them. I felt as though I was constantly repeating myself, and became frustrated as I felt that no one cared, or was paying attention to the issues."*
>
> ***(Powerful Voice Questionnaire Respondent)***

11.4 Enable information sharing within and between all of the service sectors dealing with mental health and addictions and align relevant policies.

Effective sharing of information is integral to coordination. In fact, only 42% of mental health questionnaire respondents and 57% of addictions questionnaire respondents agreed that health care providers shared important information with each other about their care. However, we were also reminded that some people do not want their information shared. As with sharing information with family members, providers must balance the ethical and legal responsibilities in satisfying an individual's rights to privacy with effective care.

In most cases, simple permission from the person receiving services would enable their provider to share the individual's information across sectors with whichever provider that is needed in order to effectively respond to that person's needs. People and health providers told us that asking for this permission to share information was not consistently practiced across the system. We heard that this step was simply missed by many service providers, but could be incorporated into their normal practice. However, we also heard that many providers, particularly in the health sector, feel constrained and lack effective guidelines and agreements to effectively share information across service sectors and regional health authority or Federal/Provincial service boundaries. Aligning policies and practices for information sharing across sectors, and involving professional bodies or organizations in the development of these guidelines, will better serve people and assist them in recovering to the fullest extent possible.

> *"We have had a community HUB for one year. We have seen gains because it has promoted collaboration and communication between agencies. It has taken more preventative approaches for those with very high needs. It has helped meet needs of those with high needs, especially families."*
>
> ***(Service Provider Respondent, Powerful Voice Questionnaire)***

One example of the potential benefits of alignment is in the area of housing. In Saskatchewan, multiple agencies are charged with managing supportive housing. Care providers must go through a cumbersome and time-consuming process of going down a number of different lists of available housing spaces until one is found that fits the individual's requirements. A more effective approach would be to develop a single point of entry for these services to quickly match individual need with suitable available housing options.

Promising Practices

Transitional support apartments in Estevan allow people to return to the community and help them to continue on their post-treatment recovery journey in a safe environment.

Hub and COR – The Hub is a table of community service providers (including representatives from the police, corrections, social services, education, and mental health and addictions) who meet regularly to review situations involving at-risk individuals or families that have come to the attention of one or more service providers, and that would benefit from a more coordinated approach for assistance. In Prince Albert there is also a Centre of Responsibility (COR) that analyzes the efficiency of the interventions, to help evaluate their success.

Hotspotting – Hotspotting is an innovative approach that identifies areas of high service utilizers in order to improve the coordination of services in the most efficient way possible. Currently, human service ministries under the Saskatchewan Child and Family Agenda are focusing their efforts to apply a Hotspotting approach to better serve Saskatchewan families who are dealing with complex and multiple challenges. These families are not well served by the current design of the human service delivery system and program mandate constraints. Collaboration across program areas to provide an extended, intensive intervention that is better customized to these families' unique needs will improve their outcomes. This work is in its early stages.

System Goal: Respond to Diversities

Joseph's Story

I came to Canada about two years ago from the Philippines so that I could work and send money home. My family is still all back there, including my wife and my two-year-old son. This last winter was really tough. I found the days very cold and dark, and I found it hard to get out of bed and to go to work. Eventually I took a couple of days of sick time, because I felt so miserable and so homesick. I stopped phoning my family, because I was embarrassed to not be "strong enough." I went to see the doctor, and he sent me to a counsellor. I didn't want to go - I felt ashamed that I was having this problem. But finally I went, and the counsellor helped me feel comfortable right away. She understood about how tough it was for me to be living in Canada apart from my family, and she knew how to connect me with others in the Filipino community in our town. She also gave me education about how the winters were hard on many people's mood, and gave me some strategies that helped me to cope. With her help, I was able to have enough courage to call my family again, and it felt so good to reconnect with them. I'm feeling a lot better, and it's good to be able to have enough energy to work hard and to be with other people again.

"It would help to ask what my cultural needs and beliefs were, if any."

(Powerful Voice Questionnaire Respondent)

Recommendation 12

Enhance the responsiveness of services to diverse groups.

"I would like to be part of a support group if the other participants were more like me."

(Newcomer Focus Group Participant)

12.1 Improve the cultural responsiveness of services for newcomers.

Saskatchewan has a wealth of cultures, ways of life and perspectives which enrich the province. With diversities including First Nations, Métis peoples, newcomers, people with disabilities, and diverse gender and sexual orientations, it is natural that there are real differences in mental health and addictions experiences, outcomes and needs among different groups. Human services need to be responsive to these diverse needs to ensure that everyone has equitable access to respectful, quality services.

"Immigrants face integration problems such as low pay[ing] jobs, discrimination, language barriers, loneliness, homesick[ness], unusual weather conditions (extreme cold, lack of light) and other new culture[al] stress[es]. These immigrants from racial minority groups experience more mental health challenges."

(Powerful Voice Questionnaire Respondent)

Saskatchewan's population has grown by over 100,000 people since 2006. Over 60,000 people, or nearly two-thirds of this growth, has come from international migrants.[62] Many of these newcomers face significant challenges as they adjust to a new culture and environment. For those seeking mental health or addictions services, challenges can include stigma, limited awareness of services and language difficulties which can delay access to treatment.[63] By being culturally responsive and taking into account language, cultural beliefs and background, mental health and addictions services would be more welcoming to newcomers who experience mental health or addictions issues.

In addition to newcomers, established communities such as the Fransaskois also benefit from services which respond to their language needs. Evidence indicates that language barriers have an adverse effect on initial access to health services.[64] Other diversities including gender, sexual orientation and physical and cognitive or intellectual disabilities also require services which are responsive to their particular needs. People with disabilities are just as likely as the general population to experience mental health and addictions issues. Some of these may be inter-related in complex ways to their physical conditions, and some people may have difficulty accessing services due to their impairments.[65] Service providers should ensure that their services respond to the needs of people with disabilities, and collaborate with other providers who are supporting the same client. Careful attention will need to be paid to the province's forthcoming Disability Strategy, which will address the range of support and service needs of people who experience disability.

> *"The LGBTQ group of students...a lot of kids need help figuring out who they are and they tend to have high-risk behaviours and our staff are not well-prepared. They are a vulnerable group in our student population."*
>
> ***(Education Service Provider, Powerful Voice Questionnaire Respondent)***

12.2 Improve service responsiveness to diversities including gender, sexual orientation and disabilities.

There is an increasing awareness of the negative impact that stigma and discrimination related to gender, sexual orientation and disabilities can have on mental health and substance misuse. For example, LGBTQ youth may be more likely to experience bullying, and have increased risk of suicide, substance abuse, isolation and experiencing sexual abuse.[66] Service providers who have an understanding of these issues and appropriate resources are best able to identify and respond effectively and appropriately.

There are impressive efforts underway in many areas across the province to provide services which respond to the needs of diverse groups. To ensure equitable access and quality of care, it is important to strengthen and expand the positive initiatives underway to build understanding and capacity in response to diverse needs in the human services.

Key elements supporting responsive services include developing a workforce that is representative of all our diversities. Increasing service providers' awareness of the specific needs of diverse groups in their service area is essential. Building knowledge of diversities into professional training can help providers respond more appropriately and effectively to cultural or other considerations in the services they deliver. Gay-Straight Alliances in schools can help youth build social support networks and reduce isolation and stigma,[67] which are risk factors for mental illness.[68] Finally, policies and programs should be aligned to ensure they are responsive to the needs of different groups, through collaboration and ongoing dialogue with representatives of diverse groups.

Promising Practices

I Am Stronger - The I Am Stronger website provides links to resources that are designed to assist school divisions in protecting vulnerable students. These resources, support schools and students in understanding gender and sexual diversity to ensure the safety and success of LGBTQ students.

The Réseau santé en français de la Saskatchewan maintains a list of French-speaking health providers, including mental health professionals, across the province to help Fransaskois community members find help in their language.

Saskatoon Health Region's First Nations and Métis Health Service provide cultural support for health staff, clients and families, including interpretation services, links to Elders, facilitation and advocacy for First Nations and Métis clients.

System Goal: Partner with First Nations and Métis Peoples

Vern's Story

I'm proud to be First Nations, and to join in my community's cultural traditions. Including culture in my healing journey has been important to me. The first couple of addictions programs I tried didn't work so well. Western ways didn't help me so much. I live traditionally and one of the residential treatment programs I was in had a lot of schedules and rules. But in the last program I went to there was this guy named Bill. He understood the traditional ways of healing, and brought them into the program. He talked about healing the whole person. He understood about how attending residential school had affected me and my family. I was able to work with an Elder and to participate in a sweat. Those were the things that really helped me to heal.

First Nations and Métis respondents in the Powerful Voice process indicated higher levels of concern about the location, quality and equity of mental health and addictions services than other respondents.

Recommendation 13

Partner with First Nations and Métis peoples in planning and delivering mental health and addictions services that meet community needs.

While the same concerns were shared by a majority of respondents, First Nations and Métis respondents in the Powerful Voice process indicated higher levels of concern about the location, quality and equity of mental health and addictions services than other respondents. In particular, we heard concerns that many service providers do not understand and respect First Nations and Métis peoples' culture and way of life.

Saskatchewan's First Nations peoples, comprising 10% of the population, have significant differences in language, cultural beliefs, history and ways of life across approximately six dozen individual First Nations throughout the province. Saskatchewan's Métis make up 5% of the population, with varying linguistic, religious, cultural and historical traditions. As with First Nations people, their rich and distinct histories and cultural heritages provide important contexts for understanding their mental health needs.

"Agencies need to begin to communicate better with one another."

(Aboriginal Respondent, Powerful Voice Questionnaire)

Different communities' experiences of colonization, exclusion, residential schools and years of systemic racism, along with poverty and inter-generational trauma have all contributed to poorer health outcomes, including mental health and addictions issues. First Nations and Métis communities have demonstrated extraordinary strength and resilience, frequently drawing on their traditional cultures, identities and communities as sources of strength to face these challenges.

The three-year average suicide rate in northern Saskatchewan (85% Aboriginal population) in 2005-2007 was 33.7 suicides per 100,000 population, three times the provincial rate.

(Statistics Canada, Canadian Vital Statistics)

13.1 Design services in partnership with First Nations and Métis organizations, communities and Elders.

There was a strong desire for greater, more sustained and effective communication and partnerships between Aboriginal communities and organizations, and federal and provincial systems at all levels. This includes local communities, bands, First Nations and tribal councils; community-based organizations; regional health authority health care providers, administrators and government officials who set the policies; and leaders who can provide direction and sustained engagement.

Without clear commitment and engagement at all levels, collaboration has only limited or temporary results, leading to frustration and even harm for individuals and their families.

Status Indians face unique jurisdictional frustrations from accessing services in two very different systems: those funded and governed by federal rules, and those funded and governed by provincial rules. Federal programs have focussed to an extent on specific issues such as health promotion, suicide prevention, addictions treatment and crisis management. This has led to gaps in services, and current federal and First Nations efforts to develop a full continuum of mental wellness services, in part through better partnerships with provincial providers.[69] We heard there is much confusion around who provides which services, particularly specialized versus non-specialized services. Status Indians with mental health and addictions issues will continue to need to access services in both systems, and significant efforts are required for the systems to coordinate care.

Some Métis peoples and non-status Indians are also affected by jurisdictional challenges, as they are not eligible to access federally funded services even though these may be the only ones nearby. Their populations access provincial services, and many people from all communities rely on the excellent work of community based organizations (CBOs) and agencies such as urban friendship centres which deliver specialized, culturally responsive services to meet their needs.

Communication and collaboration should include working toward system agreement on what services are available where (for example, between communities, tribal councils, federal and provincial services, including between regional health authorities).

Service providers, planners and First Nations and Métis communities need to work in close partnership to design and deliver services and programs that respond directly to local communities' needs. Partnerships should ensure evolving community needs are addressed, and quality and acceptability are monitored. Sustainability is an essential component of collaboration that so many First Nations and Métis individuals and communities have expressed as being problematic. We heard that sometimes programs may be introduced, but not sustained, which can affect communities that have come to rely on them.

There are a number of successful models of partnership between First Nation, Métis and government organizations. The Métis Addictions Council of Saskatchewan Inc. (MACSI) is a provincially-funded community-based organization that delivers a wide range of alcohol and drug services and programs in Regina, Saskatoon and Prince Albert to people from Métis, First Nations and all communities. The Whitecap Dakota First Nation has just renewed its successful and innovative partnership with the Saskatoon Health Region to provide integrated primary health services (including mental health services) at the health centre on reserve. This collaborative initiative is governed by a formalized, long-term governance model.

We heard barriers to care threatened the wellness of many individuals and entire communities.

13.2 Ensure ongoing dialogue and coordination between regional health authorities and First Nations and Métis organizations and communities.

Improving access to and quality of mental health and addictions services for First Nation and Métis populations requires health and other human services planners, administrators and providers to work closely with the province's diverse Aboriginal communities and their

representatives to understand the specific needs of their communities. Through close and sustained collaboration at multiple levels, mutual understanding can grow, problems can be identified and solutions implemented more quickly.

Overcoming access barriers will require regional health authority and other human service planners, administrators and providers across the province to work closely in partnerships with the First Nations and Métis communities that use their services. This communication and collaboration is essential at all levels, including the individual, community, organization and system, to dispel misunderstandings and publicize to communities which services and programs are available.

Such communication and collaboration should happen consistently between front-line service providers to help service users move from one community to another or one system to another, to ensure quality care and follow-ups. Continuing ongoing quality improvement efforts (such as Lean), particularly efforts to improve discharge planning between regional health authorities, First Nations and Métis providers and other stakeholders would significantly contribute to improved services. Enhanced communication and collaboration will require careful attention to how information is shared within the circle of care to ensure appropriate, coordinated care is provided while respecting people's privacy rights.

> *"The psychologist needed a better understanding of Cree culture. She could have been more open to a holistic world view. The medical model used was ok to a point, but it disregarded the client's experience."*
>
> ***(Powerful Voice Questionnaire Respondent)***

Distance from services and transportation challenges were also cited as significant barriers. Remote communities are often challenged to recruit or retain staff. Lengthy commutes for visiting professionals contribute to large gaps of time between specialist visits. First Nations and Métis individuals living in or near larger urban centres also face access challenges, noting that services are not always available at the right time, there is a lack of walk-in services, and language and cultural barriers can make access difficult. We heard that fear or mistrust of authorities can extend to service providers, proving a significant barrier to getting support for mental health and addictions issues.

We heard from First Nations and Métis peoples that many individuals use mental health and addictions services simultaneously in a variety of locations to access the spectrum of services they need. For example, a person might need to access addictions counselling in their home community, but prefer to access it in a larger community for privacy reasons; they may need methadone treatment in a regional centre, and in-patient residential treatment in a different part of the province. We heard that people trying to access services experience confusion, barriers and fragmented referrals within and between services and jurisdictions – particularly in locations where there are fewer specialized services. Administrative barriers should be reduced to ensure the closest available service option is accessible to those who need it.

13.3 Improve the cultural responsiveness of services respecting the history of First Nations and Métis peoples.

> *"I was told by families who have gone to the regional health authority services that the therapists do not understand our belief system, so they don't go back."*
>
> ***(Aboriginal Interviewee, South)***

The experience of colonization has led to unique challenges for many Aboriginal people. It has contributed to over-representation of Aboriginals with substance abuse issues, involvement with the justice system, and suicide (especially youth) in some communities. First Nations and Métis peoples have underlined how their encounters with public institutions and practices – including human service sectors –have too often failed to meet their needs, and at times even actively discriminated against them. We heard stories about racism on the part of service providers that made people hesitant to approach the health care system again, including judgements about substance abuse as a personal and community failing. These experiences have eroded many Aboriginal people's trust in government services, and contribute to mental health and addictions problems by increasing feelings of stigma, isolation and neglect.

Throughout the province, First Nations and Métis peoples with mental health and addictions issues and their family members told us clearly they wanted service providers that understand and respect their distinct histories, cultures and ways of life; they want culturally responsive services. Service providers positively impact access and quality of care when they recognize and take into account individual and community backgrounds such as inter-generational trauma, social contexts or cultural practices. For example, trauma-informed service provision should be more widely available to support communities with legacies of residential schools and colonization.

We also heard from many First Nations and Métis clients and family members, Elders and service providers about the importance of culture in healing, including the power of traditional cultures as paths to healing and as foundations for wellness for communities and individuals. People with lived experience of mental health or addictions told us about how the incorporation of culture made a difference in their healing journeys. Promising research at the University of Saskatchewan on culture, identity and healing suggests the inspirational and motivational effect of traditional approaches to healing, and the educational effect such approaches can have on service providers.[70] A less clinical, more holistic approach to mental wellness, in line with that particular community's teachings about well-being could include a role for traditional healers and spiritual practices.

Service providers are more culturally responsive when they are knowledgeable and respectful of these needs, work to accommodate them, and connect the individual with available cultural resources. Building service providers' awareness and understanding of the historical and cultural backgrounds of local communities in their service area will help provide more person- and family-centred care in our health system and human services. Building knowledge of diversities into professional training can help providers respond more appropriately and effectively to cultural or other considerations in the services they deliver. The Saskatchewan College of Medicine offers opportunities for its students to learn about First Nations and Métis health, culture and community, providing a good grounding for culturally responsive services. Service providers should reflect the demographics they serve. For example, a greater First Nations and Métis representation in the workforce, would strengthen the capacity to deliver culturally responsive services. Finally, policies and programs should be aligned to ensure they are responsive to the needs of First Nations and Métis populations.

Promising Practices

The All Nations Healing Hospital, operated by the File Hills Qu'Appelle Tribal Council, is an affiliate to the Regina Qu'Appelle Health Region. It is an example of inter-jurisdictional coordination and partnership. Its programs (including the integrated mental health therapy services) incorporate Western and Aboriginal models of care.

The White Raven Healing Centre at All Nations Healing Hospital in Regina Qu'Appelle health region merges traditional beliefs and healing practices into a clinical setting for local First Nations clients. Its resident Elders provide cultural programming and holistic mental health and addictions counselling.

System Goal: Reduce Stigma and Increase Awareness

Shelly's Story

It was a typical group of grade 9 students. Their teacher announced that we were from the Partnership Program, and that our team: Susan, who lives with schizophrenia and at one time had addictions issues, her sister, Sandra, and myself, a nurse working in mental health and addictions, would be talking to the class about what is was like to live with schizophrenia, what it was like to be a family member of someone living with schizophrenia, and what some of the common symptoms and treatments were. Susan shared how her symptoms had started with being completely uninterested in activities, and had gradually progressed to the point where she was hearing voices. She talked about trying to use illicit drugs to manage her symptoms, because she didn't know that it was a mental illness. Then she talked about receiving treatment, about needing to be patient to find the right medication, about how counseling and peer support had been helpful for her. Sandra shared about her sadness when her sister was so ill, and how they'd been able to repair their relationship now that Susan was better. Students' eyes had tears in them. After the presentation they asked a ton of questions, some sharing about their family members with mental illness. We left information about places where you could get help, and, as we were leaving, one student caught up with me and asked about how to find help for his sister. We all left feeling like today we'd helped to dispel some of the myths of about schizophrenia, and to make it more likely that these students would seek help if they needed it.

> *"There are so many stigmas attached to mental health issues that people don't want to seek help from professionals. They are afraid they will be labeled as 'crazy'."*
>
> ***(Powerful Voice Questionnaire Respondent)***

Recommendation 14

Reduce stigma and increase awareness of mental health and addictions issues.

> *"There is no reason why I or anyone else should feel ashamed because we have a mental/addiction disease."*
>
> ***(Powerful Voice Questionnaire Respondent)***

14.1 Expand the delivery of best practice programs shown to reduce stigma.

The Mental Health Commission of Canada states that 60% of people with a mental health problem or illness won't seek help for fear of being labeled.[71] Stigma creates a barrier to seeking help. It discourages people from being open about their difficulties with family members or friends who might be able to provide them support. People describe feeling wary about being public about their mental illness or addictions issue, because of the potential stigmatizing effects in the workplace or in social situations.

Stigma reduction was seen as part of the solution in increasing First Nations and Métis people's engagement in activities that could assist in healing. Because of the small size of some communities, it is difficult to be anonymous, causing some people to seek services outside their home community. If there were less stigma attached to mental health or addictions issues, perhaps it would be more acceptable to seek treatment close to home.

When people with mental health or addictions issues sought help from health professionals, they reported that they sometimes experienced stigma from the health care professionals themselves. Judgmental comments from staff can make individuals feel even more vulnerable and make their shame even worse. One gentleman described needing to go in for a surgical procedure and being labeled as a 'schizophrenic' (even though he had bipolar disorder). Stigmatization is recognized nationally, as well. Health care providers are one of the target groups that the Mental Health Commission of Canada has selected to focus its initial anti-stigma work.

Evidence from leading research suggests that contact-based education is a successful approach to help the public understand mental health issues, and to reduce stigma. Simply, this approach introduces individuals with mental health issues to the public, where they tell their stories. The intention is to change attitudes and behaviors toward people with mental health issues, through awareness, understanding and finally, acceptance.

The Schizophrenia Society of Saskatchewan has been cited as a best practice in this area by experts in the field. The Society coordinates presentations by members to schools and community organizations, where they learn about living with schizophrenia and the stigma attached to it.

> *"When we talk about things in an accepting manner, we normalize otherwise taboo topics."*
>
> ***(Powerful Voice Questionnaire Respondent)***

14.2 Develop a public education and awareness program that helps people readily identify mental health and addictions issues and that makes it socially acceptable to seek help.

To seek help, a person first needs to understand that what they are experiencing is a mental health or addictions issue. Without that understanding a person will likely not seek help. If a family member or a service provider is unaware that the problem a person is having is related to a mental health or addictions issue, they will not be able to work with the person effectively or to assist the person in receiving appropriate services.

Although awareness is increasing, there still remains a lack of societal understanding of mental illness and addictions issues, and a resulting difficulty in seeking help for oneself or encouraging others to seek help. Increased awareness of mental health and addictions issues leads to the next step: responding more effectively as a society.

National activities in this area include the establishment of a Mental Health Promotion Task Group (MHPTG) to enhance knowledge and understanding of mental health in Canada. This task group is intended to facilitate engagement and build partnerships across sectors to help sustain mental health promotion activities and strengthen activities that are identified as effective practices. At an international level, increasing awareness and responsiveness to mental health issues is seen as a human rights priority by the World Health Organization.

An example of an awareness and education tool is Mental Health First Aid (MHFA), an international program, active in over 20 countries with proven effectiveness in familiarizing participants with basic mental health information. Individuals who are trained in MHFA have significantly greater recognition and understanding of the most common mental health problems; have decreased social distance from people with mental health problems; and have increased confidence in providing help to others. An advantage of MHFA is that anyone, anywhere can be trained in the approach. In Canada, more than 100,000 people have been trained in MHFA.

> *For people to be healthy and productive, our workplaces need to promote mental health and social well-being.*

14.3 Create workplace awareness and promotion of psychological health and safety.

Work environments can favour wellness and resilience or poor mental health, excessive substance use, and stigma. Likewise, individual employees contribute to the overall health of a workplace in positive and negative ways through the mindset that they bring to the work place. At times there is a need to understand the fit between the psychological demands of a

workplace and the capacity of the individual. Either way, both the workplace and the employee need to understand that each has a role to play in ensuring a psychologically healthy workplace.

The National Standard for Psychological Health and Safety in the Workplace is a framework developed by the Canadian Standards Association (CSA Group) and the Bureau de normalisation du Québec (BNQ).[72] Endorsed by the Mental Health Commission of Canada, the standard can be used by employers to evaluate their workplaces' psychological health. The standard outlines several key factors for a psychologically healthy workplace and ways that employers can address them through such activities as identifying psychological hazards in the workplace; and assessing and controlling risks associated with hazards that can't be eliminated, such as stress related to reasonable job demands.[73]

The Mental Health Commission of Canada is leading a research project to measure selected employers' challenges and successes as they implement the standard. Across Canada, employers such as the Regina Qu'Appelle Health Region, Bell, Carleton University, Enbridge, the RCMP, Great-West Life and Habitat for Humanity are participating in the case study research to identify how the standard can best be adopted by other Canadian employers.

System Goal: Transform the System and Sustain the Change

Helen's Story

Things are going well for me now. Because of the SAID program I have enough money to live on and I don't feel ashamed – I didn't like being on social assistance. I feel like now my Schizoaffective Disorder is recognized as the disability that it is. Now that I'm on the right medication, I'm living on my own in an apartment and I have independence and freedom. I have a part-time job at the Schizophrenia Society, and I'm very involved in the recovery education programs that we have. I enjoy being able to bring hope into other people's lives as well.

Recommendation 15

Strategically align and invest across government to reduce the impact and economic costs that result from mental health and addictions issues.

> *"Our system is perfectly designed to produce the outcomes we are getting."*
>
> ***(Engagement Session Participant)***

15.1 Create a strong guiding coalition from across sectors and the community to provide leadership in aligning priorities, outcomes and accountabilities, and removing barriers to action.

Transforming how we respond to mental health and addictions issues will require many stakeholders and partners sharing a common, compelling vision and an unwavering commitment to improving outcomes. Our consultations demonstrated that while people and families acknowledge the many silos that services operate within, sector leaders and staff are open to improving their systems by working and planning together – 'thinking and acting as one system'. Many leaders expressed a desire and commitment to create a cross-sector vision involving people from different sectors. This desire for improvement is rooted in an understanding of the complex social issues intertwining with mental health and addictions issues, and the need to coordinate actions to solve complex problems. We heard that outcomes for individuals and groups are not well coordinated across organizations due to poor communication and siloed planning, especially between community based organizations and government or health regions. We also heard that there needs to be more inclusion of people with lived experience and frontline service providers' voices in decision makers' forums.

> *"Establishing a future state that can provide the kind of care to clients that we envision will require a strong foundation in change management and implementation science."*
>
> ***(Engagement Session Participant)***

Central to the change management effort is building a guiding coalition that contains several essential qualities for transformative action in this complex environment.[74] A guiding coalition is needed to influence change and remove barriers to empower the front-lines to act. A critical mass of key players is required across human service sectors to establish an effective cross-sector vision, with the right mix of clinical experience, leadership and influence to eliminate obstacles as they develop and clear the way for change. Whatever efforts are undertaken to create this change, it must reflect the voices of key stakeholders and the cultural diversities of our province, especially First Nations and Métis peoples, and put people and their families at the centre.

Cross-sector leadership of this kind already occurs within the Saskatchewan Child and Family Agenda Committee (SCFA), in which senior ministerial leaders collaborate on achieving shared goals. Government should be commended for taking this innovative approach to strengthen greater cross-sectoral collaboration. Connecting municipal governments, businesses, and community organizations as part of the vision to create lasting change is important, and will help to anchor changes in each organization's culture. Breaking down silos of thought

and action is required to ensure sectors are not working at cross purposes or duplicating efforts.

> *Change management was identified by most stakeholders as a key requirement in system improvements.*
>
> ***(Stakeholder Consultations)***

Other approaches to large scale change have shown that establishing short-term wins where everyone is involved and can see the value in doing things differently are important steps in cementing cross-sectoral commitments to change. For example, recent health system efforts at transformation, assisted through Lean continuous quality improvement methodologies, have shown that local, concentrated improvements can be duplicated across larger organizations to great effect. This is sometimes referred to as 'prototyping and spreading'.

15.2 Collaborate on system-wide data collection and sharing to make better informed decisions and to determine where strategic investments are needed to improve the collective response to mental health and addictions needs.

While each ministry has been collecting data to inform the work of its sector, sharing certain databases across ministries would help inform and align efforts to create a more collective response to citizen-based services. Sharing data across sectors has the potential to create a better understanding of the challenges faced by partner sectors and lead to more effective solutions. As much of the costs associated with mental health and addictions issues are realized outside the health field, cross-sector approaches allow benefits in one area to be realized through investment in another. Hotspotting is an innovative approach that can connect the dots across service sectors to improve social services and social environments and coordinate better health care. For example, a better understanding of patterns of truancy, alcohol and drug-related crimes in an area could facilitate more effective alignment of programs offered across sectors. This could in turn result in savings through lowered consumption of more acute services such as emergency departments or corrections services, and also through improved economic participation by people not encumbered by health and social difficulties. Ministries are starting to share data in this way which is resulting in benefits across sectors, particularly in projects targeting more socially complex cases.

> *We heard that people living with mental health and addictions issues and their families want to participate in improving the system, and that they want more information on what is currently happening, and what changes are being made.*

15.3 Measure and publicly report on quality, progress and outcomes as part of being accountable for ongoing change.

Regular monitoring and reporting on progress will help to ensure that the voices of people and families continue to be heard, and that the system is held accountable for improvement. Introducing a mechanism where people can provide feedback on services would help ensure person-centred care. In addition, because this is a 10-year plan, measuring public perception on the progress we've made over time is important. Stakeholders and communities will need to have an opportunity to provide feedback on whether the changes made are bringing about the desired improvements.

System Goal: Transform the System and Sustain the Change

Frank's Story

It still brings a tear to Frank's eye when he describes the day the float plane arrived at his maternal grandparent's residence and took him away to residential school. Since then Frank has not had much contact with family. He identified as a functioning alcoholic for a couple of decades but some 17 years ago his wife died unexpectedly of a hereditary condition and their son was shortly after apprehended. Frank packed a few things in his truck and has been homeless since.

Frank has been admitted to hospital multiple times after arriving by ambulance unconscious. His doctor did not feel he would live more than a few years if he wasn't able to change his lifestyle, which was based in a daily routine of consuming non-palatable alcohol and defaulting to crisis services.

Frank was a frequent user of the Brief Detoxification Unit and The Lighthouse Stabilization Unit, and lived rough on the riverbank in the summer months. He was well known to City Police for alcohol related incidents but not any serious criminality.

Frank enthusiastically came into the Housing First program and in April, moved into his first apartment in 17 years. He has remained successfully housed without complaint or concern from the landlord. Further, he was able to achieve sobriety for the first three months of his new tenancy without relapse. Frank has again returned to the sober life and has truly used his home as a platform for stability.

Frank has shown significant improvement in his physical and mental health since being housed.

Courtesy of Saskatoon United Way

"Government can't do this alone, we all have skin in the game."

(Engagement Session Participant)

"The best solutions are designed with communities for communities."

(Engagement Session Participant)

Recommendation 16

Encourage greater collaboration and engagement from the private sector and municipal governments.

"Complex social problems often require more levers than government has the ability to pull."

(Engagement Session Participant)

16.1 Build community-specific partnerships that create opportunities for better mental health and reduced harms from substance abuse.

Community-based solutions that respond to local needs have proven to be an effective way to address complex social problems. Partnerships between municipal governments, businesses, and community organizations often result in local needs being better understood and responded to at the community level. A common theme among communities we visited was their insistence that efforts to improve their community and their community members' well-being needed to be community-informed and community-driven. This 'home-grown' approach was seen as essential in creating the needed commitment and ownership required to tackle complex and long standing problems. Some communities, especially smaller or more remote ones, and those with a substantial First

Nations and Métis population, felt that external solutions had not been effective and that only a community-specific approach respecting their strengths and challenges could work to address their problems.

A large and diverse group of stakeholders in Pinehouse proudly pointed to the wall of their community centre where their vision and mission described the 'generational change' they were hoping to achieve. In their words, they are "reclaim[ing] [their] community through positive values and indigenous identity." However, the description of their efforts included more than values and identity, it included a vision of economic participation and collaborative efforts to heal a community that had experienced economic hardships and significant negative impact of colonization, including mental health issues, substance misuse and related social concerns. Another example of a community effort to promote wellness, particularly among youth, was The Centre in Swift Current. This community had identified that their population was changing, and that youth had an increased risk of becoming involved in less healthy lifestyle choices – particularly illicit drug use and excessive use of alcohol. A group of community members joined together to develop The Centre – a place where youth can drop in after school and on weekends, and be involved in fun activities. Police visit promoting community relationships. Many community organizations, public and private, came together to create The Centre and are involved in sustaining its operation.

The Centre for Mental Health in the Workplace claims that the economic cost of mental illnesses is equivalent to 20% of corporate profits.

16.2 Work with the private sector to promote greater employment opportunities for people living with mental health and addictions issues

The private sector can play an important role in employment and the health of a community and its citizens. Employment, dignity and a sense of belonging have positive links to improved mental health. From a community and service impact perspective, people living with mental illness who are employed have higher self-esteem, improved quality of life, higher standards of living and use far fewer hospital services.[75]

Some people with mental health and addictions issues require supports to be employed. An example of an innovative way to create employment opportunities for people living with mental health or addictions issues is through social businesses. The Mental Health Commission of Canada (MHCC) estimates that there are approximately 100 social businesses operating across Canada, mainly in large urban centres. These businesses can range from catering companies to art studios, where people can be matched with suitable employment and training. The Street Culture Kidz Project, a Regina based community-based organization that mentors and supports youth, is a local example. Using social entrepreneurialism the group helps create and connect youth to employment opportunities and employment training.

Saskatchewan's Ministry of Justice, Corrections and Policing's program for helping offenders reintegrate into the community is another example of employment support. This program helps low-risk offenders nearing the end of their sentence attain job training and experience. Offenders are linked with a variety of local businesses ranging from cabinet-makers to roofing companies where they learn skills in preparation for entering the workforce. In many cases, these people are also recovering from mental health and addictions issues. Another example of job coaching can be found at Saskatchewan Hospital North Battleford where vocational therapists help individuals living with mental illness find supportive employment opportunities either within the hospital or in the community. They provide assistance in job readiness, resume writing, and job coaching in the workplace. Employers have included Walmart, Sobey's, and McDonalds.

30% of disability claims are from mental illness, representing 70% of disability costs.

Programs and policies that help individuals with mental health and addictions issues retain their employment can benefit individuals, families and communities. A better understanding of what can be done to accommodate people dealing with mental health and addictions issues, such as offering flexibility in hours or modifications in responsibilities and circumstances can have positive effects on recovery and quality of life.

Although not all people with mental health and addictions issues would consider themselves to have a disability, sometimes a mental health and addictions issue is a disability. In these cases, disability and income replacement supports have been extremely valuable to those people and their families. In other cases, Employee and Family Assistance Programs (EFAP) may help employees remain healthy and productive, and assist employers in retaining skilled employees.

One Canadian estimate compared the annual per-person cost of institutionalized responses to homelessness such as prisons and psychiatric hospitals, $66,000 and $120,000 respectively, to supportive or transitional housing ($13,000 to $18,000).

16.3 Explore partnerships with the private sector and municipal governments to create safe and stable housing options for people living with mental health and addictions issues.

One area where partnership between private and public sectors has demonstrated effectiveness is in housing efforts to reduce homelessness. It is estimated that 86% of homeless people have had either a mental illness or a substance abuse diagnosis.[76] Homeless people with mental health issues often have poorer physical health, are much more likely to be victimized, and may struggle with substance abuse. Consequently, homelessness can increase public health and community issues such as crime. While homelessness brings increased risks for a variety of reasons, the consequences of homelessness tend to be more severe for people with mental illness or addictions issues. Stakeholders emphasized housing as an important issue, indicating that private businesses and landlords, municipalities and other levels of government are affected by homelessness and unstable housing costs in their community whether they know it or not.

There are many positive things happening at home and abroad to assist people with mental health and addictions issues and their housing needs. For example, the Saskatoon United Way's Plan to End Homelessness[77] (P2EH), a collaboration between the city and several business improvement districts, offers an innovative solution to house individuals who have been traditionally difficult to retain in housing. Opportunities for other innovative partnerships range from assisting people with mental health and addictions issues to retain their housing, to creating different housing opportunities where people can also receive services and/or case management.

Promising Practices

Housing First – With several partners, the Saskatoon United Way is conducting a Housing First Demonstration project. The program will focus on the vulnerable homeless people identified in the City of Saskatoon's Safe Streets Report, many of whom live with mental health and addictions issues. Housing First puts the priority on providing housing immediately, instead of requiring people to graduate through a series of steps before getting into permanent housing. Housing First programs offer clinical and complementary supports designed to enhance the health, mental health and social care of the client to improve quality of life, and integrate into the community to potentially achieve self-sufficiency.[78] Saskatoon's Housing First program's early six month data is showing an estimated costs savings of over $668,000, for individuals generally dealing with more severe or complex mental health and addictions and homelessness issues.[79]

At Home-Chez Soi – Led by the Mental Health Commission of Canada it is the world's largest research project measuring the success of the Housing First concept. Under the At Home-Chez Soi project 1,000 homeless individuals in five Canadian cities were offered housing, and their life outcomes measured. MHCC's findings showed that people with permanent housing have a better chance of reaching their personal life goals. From a return on investment perspective, the MHCC found that every $10 invested in Housing First services resulted in an average savings of $21.72, over a two-year period for people with high needs.[80]

Conclusion

The realization of the recommendations in this report will not be possible to attain quickly, but only through sustained leadership and commitment, collaboration and effective partnerships throughout our service sectors, community-based organizations, and the private sector, and with continued investment. As the system moves forward with improvements, attention needs to be paid to both mental health and addictions issues, combined and separately, recognizing the areas of overlap but also the points of divergence. Progress will need to be measured across both of these areas in terms of meeting the changing needs of their respective service users and ensuring that there is a continuum of services across the lifespan that are easily accessed at any point of entry and that are responsive to the principles of person and family-centred care.

Each of us as citizens also bears responsibility for erasing stigma and increasing the awareness of mental health and addictions by sharing our experience with others. Each service provider has the potential to change small or large bits of how they do their work to be more centred on the person with lived experience and their family members and to be part of changing the culture in their workplace. We can all play a part in creating a province in which stigma is erased, so that we can all participate in life to our fullest potential, regardless of who we are, where we live, or the type of mental health or addictions issues we face. Together we can make a difference in our homes, our communities, and our province.

Glossary (Definitions of Terms & Acronyms)

ACT – Assertive Community Treatment Teams, a service model of intensive supports to allow an individual to live in the community.

Addictions – For the purposes of this report, addictions is used as an umbrella term inclusive of substance misuse, substance abuse, and substance dependence.

At-risk – An individual, family, community or population that may have greater vulnerability to mental health or addictions issues due to factors such as social situation, trauma, family or social history.

Care culture – Underlying attitudes towards people being served, and the resulting provider behaviours. A broader term is "service culture."

CBO – Community Based Organization, non-profit organizations from the voluntary sector. In this report CBO most often refers to organizations providing services related to mental health and addictions needs.

Clients – People who use services. In this report, services referred to are those in the health, social services, education, justice and corrections and policing sectors. Depending on context they are also referred to as service users.

Client Experience Mapping – Mapping the journey of clients and/or their family members through the service sectors to highlight problems and generate solutions with an eye to the whole system from the user's perspective.

Community services – Services that are provided within the community that do not require an overnight stay in a health care facility. Examples include addictions and mental health counselling, psychiatry visits, day programs.

Complex needs – Individuals whose needs require attention to multiple concerns (e.g. mental illness, addictions, cognitive functioning, family issues, housing, income, etc). Often requires coordination of different service providers to adequately address needs.

Court diversion programs – Provide an alternative within the justice system to prosecution. Offenders are referred to counselling, educational programs, addictions treatment or other programs that may help them deal with personal issues. These programs may be formal (such as Drug Treatment Court or Mental Health Court) or informal (such as community service requirements or fine options).

Cross-sector – cutting across the various service sectors of health, education, social services, justice, and policing and corrections. May also refer to work outside of government (e.g. in community-based organizations).

Culturally-responsive services – services that require an "active process of seeking to accommodate the service to the client's cultural context, values and needs."[81] Can include language, spiritual belief, and involve coordination of services with resources within a client's cultural community which the client chooses to be part of his/her care.

Forensic – pertaining to the criminal justice system, which includes the courts, the institutions and the professionals that deal with people accused or convicted of crimes. If you have a mental illness and you come into contact with the law, you could become involved with the forensic mental health system.[82]

Guiding Coalition – a group formed to provide leadership through a change process.

Health System – the sum total of people, institutions and resources whose main purpose is to improve health. In Saskatchewan this includes the staff, resources and services of health facilities, regional health authorities, the Ministry of Health and other organizations.

Holistic – involving the whole person, including physical, mental, social, and spiritual aspects.

Hotspotting – identifying individuals or geographic areas with high health care or other service utilization, and finding ways to better meet those needs.

Hub and COR Model – two key components of the Community Mobilization model. The Hub is a round table of service providers from different sectors (including social services, corrections and policing, health, education). It collectively assesses case files and where appropriate mobilizes resources to provide immediate, coordinated and integrated responses to support individuals and/or families with acutely elevated risk

factors, as recognized across a range of service providers. COR is the Centre of Responsibility which tracks trends and provides analysis and research support for the Hub.[83]

Human services – provincial government service sectors, including health, social services, education, justice and corrections and policing.

Knowledge Exchange – the process of collaborating and sharing information, such as research, perspectives, practices and activities, between researchers, policy developers and service providers in a given area or subject. The Mental Health and Addictions Action Plan held a large stakeholder meeting with this intent, which was entitled Knowledge Exchange.

LGBTQ – A common abbreviation for lesbian, gay, bisexual, and transgender people. Variations commonly include queer and/or questioning.

Mental health – Not the absence of mental illness, but rather a state of well-being. People living with a mental illness may enjoy good mental health. [Defined by the World Health Organization as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.[84]]

Mental illness – "collectively all diagnosable mental disorders" or "health conditions that are characterized by alterations in thinking, mood, or behaviour (or some combination thereof) associated with distress and/or impaired functioning."[85]

Mental Health and Addictions (MHA) issues – used in this report as an umbrella term to describe a range of mental health problems from mild to more severe mental illnesses and substance problems ranging from misuse to abuse to dependence.

MHAAP – Mental Health and Addictions Action Plan

MHCC – Mental Health Commission of Canada

Police and Crisis Team (PACT) – Team composed of a police officer and mental health crisis expert that work together to divert individuals from arrest or the emergency department.

Powerful Voices engagement process – MHAAP's public consultation process included a number of information streams. The engagement process refers to the online and paper-based questionnaire, focus groups and interviews with clients, families and service providers, and meetings with stakeholders and communities.

Primary Health Care - Primary health care is the day-to-day care needed to protect, maintain or restore our health. For most people, it is both their first point of contact with the health care system and their most frequently used health service. Visiting a family physician, discussing a prescription with a pharmacist, or speaking with a registered nurse via HealthLine are all examples of how Saskatchewan residents access primary health care every day.[86]

PWLE - Person with lived experience of mental health and/or addictions issues.

Recovery Model – A model of care which seeks to enable people living with mental health and addictions problems to enjoy a meaningful life in their community, while striving to achieve their full potential. It is built on the principles that each person should determine their own unique path to wellness, accounting for the many factors (social, economic, cultural, spiritual etc.) that have an impact on mental health and well-being.[87]

Referral – In a general context, this refers to a process where a service provider links a client with a service, program or other service provider in order for that person or family to receive services or benefits, sometimes by a specialist in a given area, or through a program addressing an additional need such as housing or income support. In the health field, referral has a specific definition where a primary care service provider, usually a general practitioner, provides access to a specialist such as a psychiatrist.

Regional Health Authorities (RHAs) – Saskatchewan's health system is divided into 12 provincially funded and regulated RHAs which are responsible for the planning, organization, delivery and evaluation of health services in their area. An additional health authority, the Athabasca Health Authority in the far north, is a non-profit organization with funding agreements with the provincial and federal governments for the provision of health services to the area's residents.

Saskatchewan Child and Family Agenda (SCFA) – An area of focus within provincial government policy and programming on cross-sector opportunities to improve the well-being of Saskatchewan children and families. The Mental Health and Addictions Action Plan is an initiative under the umbrella of the SCFA and includes the Ministries of Health, Social Services, Education, Justice, Corrections and Policing, as partners.

Screening – a process of identifying people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition.[88]

Service providers – individuals who provide services across public sectors of health, social services, education, justice, policing and corrections. Includes community-based organizations in some contexts.

Stigma – the negative attitudes and behaviours associated with mental health and addictions. It is a form of prejudice that spreads fear and misinformation, labels individuals and perpetuates stereotypes. It is oppressive and alienating, and prevents people from seeking the help and support needed to recover.[89]

Therapeutic court – Courts that take a problem-solving approach to justice. They address the social and personal issues – such as poverty, addiction, mental illness and abuse – underlying or causing a person's criminal behaviour.[90]

Therapeutic environment – A setting which facilitates emotional well-being and recovery. Key factors affecting well-being and recovery include the physical space, the people and their behaviour, and the philosophy of care in the location.

VTRA – Violence Threat Risk Assessment – formal model of inter-agency collaboration in identifying and addressing the needs of individuals at risk of harming themselves or others.

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