

# Towards Recovery

## The Mental Health and Addictions Action Plan for Newfoundland and Labrador

Evaluation Findings and Future Directions



**NL Health  
Services**

  
**Newfoundland  
&  
Labrador**



# CONTENTS

<b>Introduction</b>	<b>1</b>
<b>Evaluation Data Collection</b>	<b>3</b>
Quantitative Data	3
Qualitative Data and Consultation	4
<b>Evaluation Outcomes</b>	<b>5</b>
Promotion, Prevention and Early Intervention	5
Focusing on the Person	9
Improving Service Access	12
Including all People	22
<b>Key Successes</b>	<b>26</b>
<b>Challenges and Future Directions</b>	<b>27</b>
<b>Conclusion</b>	<b>29</b>
<b>Appendix A: Towards Recovery Recommendations</b>	<b>30</b>



# Introduction

One in five people will experience a mental illness or addiction in any given year, and the chance of developing a mental disorder during one's lifetime is close to 50 per cent. That means mental illness or addiction will touch almost every Newfoundlander and Labradorian at some point in their lifetime, either through their own experience, a family member, friend or coworker. The prevalence of mental illness and substance use in this province and the changing needs and expectations of individuals and families has been the impetus for change in the provincial mental health and addictions system over the last five years.

In March 2017, the All-Party Committee on Mental Health and Addictions released **Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador**. The report outlined 54 recommendations to transform the mental health and addictions system in Newfoundland and Labrador to one that is trauma informed, person centered and recovery focused. In response to this report, the Department of Health and Community Services released **Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador** in June 2017, to guide the substantial implementation of all 54 recommendations. This included actions to promote positive health and well-being and prevent mental illness; focus on individuals' preferences and strengths; decrease wait times and improve access to services; enhance provider collaboration; address stigma and discrimination; and support people in need of help when and where needed most.

**Towards Recovery** was a broad collaboration that brought together the input and expertise of over 250 stakeholders from across the province, and across the system, including individuals and families with lived and living experience of mental illness and addiction, community partners, government departments and agencies, Indigenous governments and communities, and regional health authorities. Provincial oversight for substantial completion of recommendations under **Towards Recovery** was provided by the Department of Health and Community Services, in consultation with the Provincial Mental Health and Addictions Advisory Council and Provincial Recovery Council.

This tremendous commitment and collaboration was particularly crucial to the successful completion of **Towards Recovery** throughout the COVID-19 pandemic, an unprecedented time that not only threatened the physical and mental health and well-being of individuals and families, but further uncovered the social inequities that exist among some marginalized groups within the province. While the pandemic temporarily stalled some areas of **Towards Recovery**, significant gains were made in addressing the social determinants of health and finding efficiencies and innovative ways to implement and offer new programs and services when and where people needed them the most.

This report is a reflection of the system change that unfolded under **Towards Recovery**, and details outcomes that have emerged from consultation, quantitative data collection, document review and qualitative data collection. The findings point to transformative results, ongoing challenges, and key future directions to further guide the mental health and addictions system in Newfoundland and Labrador.

# Evaluation Data Collection

To track implementation, successes, challenges and outcomes of **Towards Recovery**, the Department of Health and Community Services partnered with the Newfoundland and Labrador Centre for Health Information (NLCHI) and stakeholders across the provincial mental health and addictions system to identify a number of evaluation indicators. Information gathering to inform these indicators included quantitative data along with qualitative data collection and consultation.

## Quantitative Data

Between September 2018 and April 2022, the following quantitative data collection activities were undertaken to inform the evaluation of **Towards Recovery**:

- Surveys developed in consultation with the Provincial Mental Health and Addictions Advisory Council, Provincial Recovery Council and Indigenous Health Team, with a focus on service quality, barriers and access, distributed province-wide from July to October 2020. Over 1,000 public and health service provider responses were received.
- Processes implemented to collect regular metrics in key areas, such as e-mental health program usage; mobile crisis response visits; walk-in counselling service volume; opioid dependence treatment (ODT) dispensing; referrals, wait lists and wait times for community mental health counselling and psychiatry; and deaths caused by opioids and suicide.
- Collection and review of program data, such as training statistics, program uptake and evaluation data, and program satisfaction surveys delivered by e-health service providers.

## Qualitative Data and Consultation

Between November 2021 and March 2022, the following activities took place to collect qualitative data and conduct extensive consultation with key stakeholders to inform this evaluation:

- A Recovery Panel, comprised of several community representatives, and attended by over 60 stakeholders across the province, hosted by the Department of Health and Community Services, with the key goal of identifying successes and future challenges and priorities following **Towards Recovery**.
- Focus groups with over 50 representatives from the regional health authorities, Provincial Recovery Council, Provincial Mental Health and Addictions Advisory Council, Indigenous Health Team, Premier's Youth Council, and Regional Wellness Coalition leads.
- Five qualitative surveys, with an invitation to provide additional feedback, distributed to the Provincial Mental Health and Addictions Advisory Council, Provincial Recovery Council, Indigenous Health Team, community partners, providers who participated on **Towards Recovery** working groups, and members of regional health authorities' Client and Family Advisory Committees.
- Key informant interviews conducted with representatives from government departments and agencies, regional health authorities, community organizations, and the Provincial Mental Health and Addictions Advisory Council and Provincial Recovery Council to discuss progress, successes and challenges related to specific **Towards Recovery** recommendations.

# Evaluation Outcomes

Comprehensive review and analysis of evaluation data confirmed substantial completion of all **Towards Recovery** recommendations by March 2022. Evaluation results summarized in the following sections highlight a number of outcomes related to key successes, as well as challenges and unmet needs for future priorities. Results are summarized in the following four sections, consistent with the pillars presented in

## **Towards Recovery:**

- Promotion, Prevention and Early Intervention;
- Focusing on the Person;
- Improving Service Access; and
- Including all People.

## **Promotion, Prevention and Early Intervention**

Promotion and prevention includes actions taken to maximize mental health and well-being and reduce prevalence of mental illness and addiction through early intervention. **Towards Recovery** achieved this in a number of ways, including integration of mental health into the education system; targeting social determinants of health, such as homelessness, poverty, unemployment and low literacy levels; and enhancing community collaboration and partnership to enhance mental health and wellness of individuals and families. **Towards Recovery** has also included the development of provincial action plans to promote life and prevent suicide and address the prevalence of alcohol use in Newfoundland and Labrador.

## **Highlighted Achievements**

- A new provincial child and youth services program, entitled Mental Health Behavioural and Socio-Emotional Supports (MH-BASES), for children and youth, aged 5 to 21, that will integrate services across systems in partnership with community-based agencies, regional health authorities, school districts, Indigenous partners and youth-serving government departments.





**MH-BASES is really looking at transforming the formal, government-run system around any child, youth, and vulnerable family so they expect no matter where they touch the system they should receive a coordinated and integrated approach to reducing harm as quickly as possible, so it brings in a much more prevention-based focus.**

- Recovery Panel Participant

- New, evidence-based social emotional programming for children, youth and families, from infancy to age 15, including:
  - Responsive Interactions for Learning Parent Training;
  - Incredible Years Toddler, Preschool, School Age Parent Programs;
  - Incredible Years Dinosaur School Child Intervention; and
  - Coping Power Child and Parent Programs.
- Two, new social skill development programs, Children's Friendship Training and PEERS, offered to children in schools, and to parents.
- Expanded access to Strongest Families Institute (SFI) programming to include:
  - ICAN (Conquer Anxiety and Nervousness) for people aged 18+;
  - Early Years Program, an evidence-based program to promote positive parenting skills for children, aged 3 to 12; and
  - Self-guided options with drop-in online group coaching calls for several programs for children and young adults, aged 6 to 18+.

## Strongest Families Institute

From 2017 to 2022, SFI and ICAN received 6,303 total referrals from Newfoundland and Labrador, and the annual number of new referrals increased from 922 in 2017 to 1,370 in 2022. Of the clients surveyed during this timeframe, 99% confirmed they had learned useful techniques, and 100% rated the quality of the service received as:

- Excellent (77%);
- Very Good (17%); or
- Good (6%).

- Development and implementation of a Social Emotional Learning (SEL) Framework for schools in the province with a phased approach to full implementation, from Kindergarten to Grade 9, by 2025.
- Updated Responsive Teaching and Learning Policy, developed by Department of Education and Early Childhood Development, which includes social emotional learning, as well as the purchase and implementation of PATHS, a research-based social emotional learning curricula for children in preschool through Grade 6.
- Development of a Pre-Discharge Mental Health and Addictions Housing Support Policy to support the regional health authorities in utilizing a Housing-First philosophy as a foundational approach for housing support for individuals discharged from mental health and addictions acute care inpatient and correctional settings.



**Supportive housing is key to success moving forward. We need safe, clean, and supported places for people to live [when] discharged from hospital. We need staff there to be appropriately trained and to help maintain people in the community.**

- Towards Recovery Survey Respondent

- Amendments to the **Residential Tenancies Act** to ensure boarding and rooming houses are subject to the Act with the aim to provide safer living arrangements for vulnerable people living in precarious housing situations.
- Implementation of the Vulnerable Populations Task Group, comprised of a network of over 90 partners across government, regional health authorities, community agencies, Indigenous governments and organizations and individuals with lived and living experience, to support the removal of silos, and enhance the shared and coordinated delivery of programs and services.

## **Vulnerable Populations Task Group**

In a survey of the Vulnerable Populations Task Group, completed in September 2022, members listed the following key accomplishments:

- Strengthened working relationships among government and community members, and the ability to address emerging issues across stakeholder groups;
- Enhanced information exchange and awareness of resources and supports available; and
- The ability to coordinate and mobilize supports for vulnerable populations.

- Development and public release of **Our Path of Resilience: An Action Plan to Promote Life and Prevent Suicide in Newfoundland and Labrador**, a five-year plan with a dedicated budget, that focuses on community mental health literacy and capacity building, socially equitable prevention, intervention and follow-up services, and monitoring, surveillance and research.
- Development and public release of the **Provincial Alcohol Action Plan: Reducing Harms and Costs in Newfoundland and Labrador**, a five-year plan with a dedicated budget that focuses on availability and access to alcohol, prevention and promotion, and treatment.

## Focusing on the Person

Person-centered care is recovery focused, trauma informed, coordinated and integrated. It respects individual preferences and needs; involves family and caregivers, as appropriate; and provides the right combination of services based on a person's strengths and readiness to engage in services. **Towards Recovery** included a number of key actions to support person-centered care, promote recovery and reduce harms associated with mental illness and addictions.

## Highlighted Achievements

- Establishment of the Provincial Recovery Council in 2017, comprised of individuals with lived and living experience of mental illness and addiction. The Council reports to the Minister of Health and Community Services and provides guidance and advice on matters related to mental health and addictions issues affecting individuals and families; person-centered care and promotion of recovery-focused, harm reduction approaches; stigma and discrimination reduction efforts; and oversight for **Towards Recovery**.



**I believe the Recovery Council has a major impact on how services are delivered. As a member of the Council, I work alongside many individuals who have a wealth of knowledge. These council members have a variety of education, frontline work experience and lived experience with mental health and addictions [...] they are able to review policy and the implementation of services from a lived experience lens. Council members are able to recommend effective ways to deliver better supports for individuals and their families. Many council members have used or delivered services and can identify possible concerns.**

- Towards Recovery Survey Respondent

## **Provincial Recovery Council**

From 2017 to 2022, the Recovery Council met 24 times and provided input and feedback on key health system transformation initiatives, such as replacement of Waterford Hospital, establishment of Flexible Assertive Community Treatment (FACT), and the Provincial Stepped-Care Model, as well as all new policies, programs and standards developed or updated during this time.



- Hosting of yearly Recovery Forums to provide opportunities for mental health and addictions stakeholders and partners from across the province to come together and share stories of success and lessons learned.

## Recovery Forums

Recovery Forums held in 2017, 2018, and 2019 included over 350 attendees from across the provincial mental health and addictions system, community and government partners and people with lived and living experience.

Due to the COVID-19 pandemic, large in-person meetings were not permitted; therefore, virtual Recovery Sessions, which included panel discussions about recovery-related topics, were held in 2021 and 2022.

- Development of **Provincial Practice Recovery Guidelines for Newfoundland and Labrador** to further support and foster person-focused, recovery-oriented care for all individuals receiving mental health and addictions services in the province.
- Implementation of the Provincial Stepped-Care Model, an evidence-based approach that matches individuals with the right care, at the right time, stepping up, or down, intensity of supports offered based on need, preferences, and readiness of the individual to engage in service.
- Development and dissemination of webinars promoting Bridge the gapp among primary health care providers, and education for providers on the full range of services available as part of the Provincial Stepped-Care Model.

- Establishment of the Provincial Harm Reduction Collective in 2019, comprised of government stakeholders, regional health authority representatives, law enforcement, and people with lived and living experience, and preparation of a Provincial Position Statement, both of which support harm reduction as a foundational approach to mental health and addictions services.
- Continued support for key provincial harm reduction programs, such as the Safe Works Access Program (SWAP), Take-Home Naloxone Program, and Smoking Cessation Program.
- Development of **Family Caregiver Provincial Practice Standards** to support families and include them, where possible, in treatment decisions, with a specific focus on family caregiver engagement and support, training for mental health and addictions professionals, and the provision of education and information for family caregivers.
- Updates to Bridgethegapp.ca to include helpful information on education and self-care for families and caregivers.
- Development and dissemination of awareness and promotional material to educate about self-care and encourage individuals to seek help when they feel emotionally exhausted, stressed, and overwhelmed in the workplace.

## Improving Service Access

Barriers to accessing mental health and addictions services include wait times, not knowing where to go for help, a shortage of mental health and addictions professionals, lack of service integration, cultural and language barriers, inequalities due to geography or demographics, and the cost associated with services not covered by insurance plans. **Towards Recovery** has included multiple, innovative initiatives aimed at improving and expanding access to service.

## Highlighted Achievements

- Development of a Wait List Reduction Plan aimed at reducing wait times through the completion of wait list reviews and validation to ensure wait list and referral information is up to date, standardized wait time reporting, and significant expansion of services and supports across the health system.

## Referrals, Wait Times, and Wait Lists

Since 2017, increases in referrals have been offset by good progress in wait time reduction. From 2017 to 2022, referrals increased by 54%, while the number of individuals waiting for services increased by 6%.

Over the same time, wait times for community counselling have been reduced by 18 days in Eastern Health, and eliminated entirely in Labrador-Grenfell Health. Wait times remained consistent in Western Health, and increased by 6 days in Central Health.

- Establishment of the Provincial Opioid Dependence Treatment Centre of Excellence and implementation of the Provincial Hub and Spoke Model for opioid dependence treatment (ODT) in all four health regions to provide rapid access to opioid agonist maintenance treatment by physicians and nurse practitioners, and other services, such as addiction counselling, primary care services, and case management.
- Implementation of Doorways walk-in counselling services, available in over 65 sites throughout the province, including schools and all six correctional facilities, and available virtually anywhere in the province with Internet connectivity.

## **Opioid Agonist Maintenance Treatment (OAMT)**

Prior to 2017, wait times for ODT services varied throughout the province by as much as four to six months in some areas, with little to no ODT services available at all in other areas. Today, ODT services across the province are usually available the same or very next day. In addition, from 2017 to 2022, the number of:

- Providers prescribing OAMT increased from 58 to 103;
- Pharmacies dispensing OAMT increased from 87 to 104; and
- Clients receiving OAMT increased from 2,425 to 3,572.



**I think you can't overstate the impact of Doorways and the movement to rapid access that stems from those early days of the pilot project. There were once large waiting lists [...] and now people can get [service] when they want it.**

- Towards Recovery Key Informant Interview

## Doorways

From 2017 to 2022, over 43,000 Doorways visits took place across the province.

- Expansion of peer support services through the Provincial Lifewise Warm Line, all ACT and FACT teams, the St. John's Doorways location and some mental health and addictions inpatient acute care units in Eastern Health.
- Establishment of the Provincial Comprehensive Dialectical Behaviour Therapy (DBT) Program, a systematic cognitive-behavioural approach to working with individuals with chronic patterns of emotional and behavioural dysregulation, including suicidal and self-harming behaviours.





**For the most part it [DBT] helped me get my impulses under control and helped me cope in other ways. I feel more calm now than I did before DBT. My head was in constant chaos and I didn't know what to do with it or how to handle situations. My life was hell, burning hot, but I'm kind of in the warm summer ground now.**

- DBT Program Participant

- The addition of a second assertive community treatment (ACT) team in St. John's, and implementation of 13 flexible assertive community treatment (FACT) teams throughout the province that provide services to individuals, usually over the age of 18, with severe and persistent mental illness or concurrent disorders.

### **Flexible Assertive Community Treatment Teams**

FACT teams currently provide long-term services and support to approximately 1,100 individuals across the province.



**I feel that the implementation of supports like the flexible assertive care teams, walk-in clinics, phone supports, and e-supports have helped [address barriers to access]. Giving individuals and families more options to access supports is key. I do feel individuals need more supports to access family doctors and psychiatry.**

- Towards Recovery Survey Respondent

- Development and expansion of a full suite of e-mental health services on Bridgethegapp.ca for people across the lifespan, ranging from wellness-based self-help options, to early and therapeutic interventions with a coach or counsellor. Examples include the expansion of Strongest Families Institute and Therapy Assistance Online (TAO) programming.

## **E-Mental Health Successes**

In 2020, the Government of Newfoundland and Labrador was awarded the Leadership Excellence International Award by the eMental Health International Collaborative (eMHIC), based in New Zealand, for leadership and innovation in the field of digital mental health and addictions services.

Implementation and expansion of several e-mental services has resulted in significant uptake in Newfoundland and Labrador, with excellent reported satisfaction for many programs. As of March 2022, evaluation data shows:

- **Bridge the gapp**
  - 348,934 sessions since March 2018.
  - Averaged 6,500 unique users per month in 2021-22, compared to 500 estimated users per month in 2015-16, a 12-fold increase in usage.
- **Provincial Lifewise Warm Line**
  - 90,915 calls since May 2016.
  - Calls increased from 450 per month in 2016-17 to 1,650 calls per month in 2021-22, an increase of over 250%.
  - 99% of users surveyed by Lifewise from October 2017 to March 2022 indicated they would recommend the Warm Line to a friend.

- **MindwellU**

- 10,292 participants since May 2018.
- 99% of users surveyed by MindwellU since January 2020 experienced improved mental health; 98% were managing stress better; and 96% were increasing self-care.

- **Therapy Assistance Online (TAO)**

- 7,978 sessions since January 2018.
- Sessions increased from 50 per month in 2019-20 to 180 per month in 2021-22, an increase of over 280%.

- **Strongest Families Institute (SFI)**

- 6,303 referrals since April 2017.
- 100% of NL clients surveyed by SFI from 2017 to 2022 rated the quality of service as: Excellent (77%); Very Good (17%); or Good (6%); and 99% confirmed they had learned useful techniques.

- **BreathingRoom™**

- 3,732 users since January 2016.
- Number of users added per month increased from an average of 29 in 2016-17 to an average of 62 in 2021-22, an increase of over 100%.
- 96% of participants surveyed since September 2020 indicated the program has helped them.

- Establishment of mobile crisis response (MCR) teams in St. John's, Gander, Grand Falls-Windsor, Corner Brook, Labrador West and Happy Valley-Goose Bay, comprised of mental health and addictions clinicians and trained police officers who respond together to individuals experiencing mental health crisis in the community.

## Mobile Crisis Response Teams

Since 2017, over 8,500 mobile crisis response team visits have taken place across the province.

- Improved access to psychiatry in Labrador-Grenfell Health with four psychiatrists providing on-call and outpatient services across the region, and telehealth services to Labrador coastal communities, as needed.
- Construction of a new adult mental health and addictions facility in St. John's, with work well underway and opening expected in early 2025.



**I think one of our biggest successes in acute care would be the construction of the new mental health facility.**

- RHA Managers and Directors Focus Group Participant

- Construction of a new, six-bed mental health inpatient unit in Happy Valley-Goose Bay, expected to open 2023.



**With the new mental health unit in Happy Valley-Goose Bay, we're hoping that we'll be better able to meet people closer to home in a safe and culturally appropriate way, and hoping that travel will be required less frequently outside the region.**

- Mental Health Unit Advisory Committee Member



- Opening of the new, four-bed Eating Disorders Inpatient Unit at the Health Sciences Centre.
- Foundational work to support the replacement of Her Majesty's Penitentiary. In 2021, the procurement of the new correctional facility was awarded to Avalon Corrections Partners.
- Release of the **Autism Action Plan** in 2019, with initiatives overseen and led by the Autism Action Council, consisting of representatives from government departments and community organizations, as well as individuals with lived and living experience. Collaborative implementation of the plan has included successes, such as achieving an award-winning autism employment program; the availability of new evidence-based autism interventions; successful social enterprises; changes to program eligibility criteria; the development of a new model of wraparound supports and services for children, youth, individuals, and their families; and increased access to supportive education and counselling for individuals, parents and caregivers.
- Development of **Standards of Care for Youth Transitioning into Adulthood** to ensure seamless transition and access to services for youth moving from the child to adult mental health and addictions system.
- Establishment of the Paramedic Mental Health Working Group, co-chaired by the Department of Health and Community Services and the Newfoundland and Labrador Association of Public and Private Employees (NAPE).
- Establishment of the Provincial Nurses Mental Health Working Group, a sub-group of the Think Tank Nurses Initiative Committee, chaired by the Mental Health and Addictions Division, Department of Health and Community Services.
- Expanded access to eConsult, a provincial service that connects primary care providers to specialists and sub-specialists in all areas of clinical need, including psychiatry and sub-specialties in psychiatry, as part of the digital transformation of the health care field.

## E-Consult Service to Enhance Specialist Access

From November 2021 to May 2022, there were 479 psychiatry consults through the e-consult service, with psychiatry being the fifth most common specialist referral. Ongoing evaluation of this service currently shows:

- 97% of respondents believe the application has good or excellent value for their clients; and
- 97% of respondents believed the application has good or excellent value for primary care providers.

## Including all People

Indigenous populations, seniors, women, individuals with disabilities, members of the Two-Spirit, lesbian, gay, bisexual, trans, queer or questioning, intersex, asexual (2SLGBTQQIA+) community, as well as individuals involved with the justice system often face unique challenges when accessing services. To help mitigate this, **Towards Recovery** introduced a number of new programs, policies and education and training initiatives to address inclusion and work to decrease stigma and discrimination related to mental health and addictions issues.

## Highlighted Achievements

- Support for Indigenous people to achieve mental wellness goals through land-based programming, which includes traditional Indigenous approaches to healing from trauma, mental health and addictions, and returning to the land to restore traditional ways of living.

## Support for Land-Based Programming

**Our Path of Resilience** includes \$300,000 in yearly funding to support Indigenous land-based wellness programming over the next four years.

- Education sessions held in partnership with Seniors NL and provided to regional health authority staff and community-based organizations, with a focus on stigma, ageism, and mental health and addictions services available to older adults; the experiences of aging members of Indigenous, disability and 2SLGBTQQIA+ communities; and, ableism, elder abuse, and the impact of medication on mental health and physical health.
- Collaboration with EGALE Canada to host 2SLGBTQQIA+ workshops with participation from government policy makers, regional health authority staff and community agencies.
- Partnership with Trans Support NL to offer new gender diversity training courses for regional health authority staff, including Introduction to Gender Diversity and Introduction to Gender Diversity – Expanded.
- Provincial Government funding to support Lifewise and CMHA-NL in offering Mental Health First Aid train-the-trainer sessions in the community. Mental Health First Aid increases knowledge of signs and risk factors of mental health problems and addresses stigma.

## Education to Reduce Stigma

Efforts to address inclusion and stigma through dialogue, training, and education have been an important component of

### **Towards Recovery:**

- From 2017 to 2022, 7,582 individuals in Newfoundland and Labrador received Mental Health First Aid training.
- From May 2021 to March 2022, 392 regional health authority staff completed the course, Improving Care for Transgender, Two-Spirit and Gender Diverse People.
- In March-April 2021, Seniors NL, in partnership with the Provincial Government, provided two-part training related to seniors' mental health, with 173 participants attending Part One, and 147 attending Part Two.
- In March 2022, the Department of Health and Community Services partnered with Trans Support NL to offer two new gender diversity training courses for RHA staff, Introduction to Gender Diversity and Introduction to Gender Diversity – Expanded. Since April 1, 2022, over 400 RHA service providers have completed the courses.

- Transfer of responsibility for health in corrections from the justice system to the health system, which has substantially enhanced access to mental health and addictions services in correctional facilities throughout the province, such as:
  - The recruitment of additional nursing staff, an addictions counsellor and psychologist at Her Majesty’s Penitentiary, as well as a social worker for the Newfoundland and Labrador Correctional Centre for Women;
  - Implementation of Doorways walk-in counselling in all adult and youth correctional facilities;
  - Enhanced access to in-person and virtual psychiatry services; and
  - Expanded access to opioid dependence treatment.
- Development of the **Provincial Mental Health and Addictions Gender Responsive Standards of Practice** to offer guidance to the regional health authorities in addressing mental health and addictions gender-based needs, including staffing, training and education; safe, responsive and equitable access; service integration and navigation; and program development and evaluation.
- Passing of the **Accessibility Act** to improve accessibility by identifying, preventing and removing barriers that prevent persons with disabilities from full participation in society.



**I do think there’s been a reduction in stigma around mental health, addictions, and mental illness. When I see a lot of people on social media who have spoken openly, I think the general public has really done a lot to also help the broader community, and I think that’s really where the messaging needs to be.**

- Mental Health and Addictions Advisory Council Focus Group Participant





**We've come a long way with mental health being seen as a health issue, but we are not there with addictions.**

- Mental Health and Addictions Advisory Council Focus Group Participant



**The big thing about Towards Recovery is it got people talking about mental health and mental wellness. Everybody has situations in their lives that cause you to struggle with mental health. People need to have the mindset that if you trip in life experiencing depression or anxiety, it is OK to ask for help.**

- Towards Recovery Key Informant Interview

## Key Successes

Mental illness and addiction are complex issues impacted by multiple determinants. Successful action requires partnership and participation across government, regional health authorities, and community sectors, as well as inclusion of lived and living experience and expertise.

Successful implementation of **Towards Recovery** can be attributed to the unwavering collaboration among stakeholders across the system over the last five years in a concerted effort to improve access to a person-centered and recovery-focused system. Throughout the final evaluation of **Towards Recovery**, a number of key successes have been identified, including:

- Construction of a new, state-of-the-art adult mental health and addictions facility in St. John's and a new mental health inpatient unit in Happy Valley-Goose Bay.

- Implementation of the Provincial Stepped-Care Model to enhance access to the right services at the right time, and associated expansion of available services.
- Implementation of several new programs and services, such as ACT and FACT teams, opioid dependence treatment, mobile crisis response teams, and dialectical behaviour therapy, with equitable access to these supports across the province, when and where needed.
- Expansion of Doorways walk-in counseling services, e-mental health and virtual care services.
- Improved access to opioid dependence treatment.
- Meaningful engagement and co-design with lived and living experience and expertise into the development of mental health and addictions programming.
- Transition of responsibility for health services from the justice system to where it rightfully belongs, the health system.
- Release of the **Provincial Alcohol Action Plan** and **Our Path of Resilience**, which will guide work for the next five years.

## Challenges and Future Directions

While **Towards Recovery** has garnered some significant achievements in transforming the provincial mental health and addictions system to one that is more person centered, trauma informed and recovery focused, work remains in further addressing a number of key areas, including:

- Barriers to access, such as geography, transportation and Internet access.
- Limited local services and staffing resources.
- System navigation and low awareness of existing supports and services and mental health literacy.
- Stigma, particularly stigma associated with less frequently experienced conditions, such as schizophrenia, and stigma associated with substance use.
- Challenges to collaboration and continuation of silos among and between government departments, regional health authorities and community-based organizations.
- Housing, including continued support for implementation of a Housing-First approach in the province.

Future priorities identified by stakeholders across the mental health and addictions system include:

- Continue implementation of the **Provincial Alcohol Action Plan** and **Our Path of Resilience**.
- Ensure access to e-mental health across all populations, including access to Internet.
- Educate the public and providers about the Provincial Stepped-Care Model.
- Continue efforts to spread awareness, education and training to support a harm reduction approach to service provision.
- Improve awareness and mental health literacy, further reduce stigma, and support provision of additional navigation resources.
- Explore ways to support and address men's mental health.
- Improve access to longer-term mental health supports and psychiatry.
- Continue consultation and incorporation of lived and living experience and expertise into the ongoing design and implementation of services.
- Ensure continued collaboration with the Indigenous Health Team, and further expand culturally-informed and appropriate services to support Newcomers to Canada.



**There have been many key successes in the design and delivery of mental health and addictions services. The main one that stands out for me is having people with lived and living experience being involved in the design and development of the many new services.**









- Towards Recovery Survey Respondent

# Conclusion

Implementation of **Towards Recovery** has included a number of key successes, including expanded services, increased service uptake, and reduced wait times. It has also included work to address social determinants, enhance inclusion, and integrate harm reduction and recovery-oriented approaches into the delivery of mental health and addictions services. Importantly, two key action plans have been developed to guide future work to address action on alcohol and life promotion and suicide prevention. While dialogue about mental health has increased considerably, continuing to address stigma, particularly related to addiction, remains a priority. Efforts will also continue to further improve collaboration among mental health and addictions stakeholders and increase mental health literacy and awareness of programs and services available throughout the province.

# **Appendix A: Towards Recovery Recommendations**

## Promotion, Prevention and Early Intervention






	<b>Recommendations</b>
	Provide all young families with access to programs that focus on: Parental coping skills to increase resiliency; parenting skills and child development; and social and emotional competence of children.
	Develop and implement a comprehensive school health and wellness framework that includes evidence-based mental health promotion, prevention and integrated, early intervention programs in schools, which: <ul style="list-style-type: none"> <li>• Focus on social and emotional learning;</li> <li>• Are embedded in curriculum at every grade;</li> <li>• Help students identify, understand and deal effectively with stress and anxiety; and</li> <li>• Include content on diversity, social inclusion, social determinants of health and stigma reduction.</li> </ul>
	Recommend the Premier’s Task Force on Improving Educational Outcomes review the roles of guidance counsellors, educational psychologists, social workers and instructional resource teachers (IRTs) to determine the best way to meet the mental health and addictions needs of students in the school setting and the resources required to do so.
	Encourage post-secondary institutions to provide evidence-based mental health promotion, prevention and early intervention programs for students during orientation and at various points throughout their programs.
	Encourage community leaders to form coalitions to promote mental wellness, encourage people to seek help, and prevent suicide.
	Prioritize supporting programs that use a Housing-First approach to provide the required services to help people stay well in their homes.
	Amend the <b>Residential Tenancies Act</b> to provide authority to effectively deal with inadequate rental properties, including boarding and rooming houses.
	Develop specific provincial action plans for: alcohol abuse, which would include a focus on promotion and prevention, as well as screening, brief intervention and referral; and suicide prevention, with the aim of reducing stigma and empowering communities to build resilience and inclusiveness.

## Focusing on the Person

	<b>Recommendation</b>
	Some families with complex needs receive services from multiple government departments. Service managers at the regional level must be encouraged to develop mechanisms to work together to better meet the needs of these families.
	Regional health authorities and community agencies must work more closely together to ensure smooth service delivery for individuals by: <ul data-bbox="321 508 1404 777" style="list-style-type: none"><li>• Strengthening existing partnerships (and creating ones where they do not formally exist) through regular communication, meetings and sharing education, strategic planning and other opportunities for engagement; and</li><li>• Using change management principles to set the expectation that community agencies and regional health authorities share non-confidential information and consult each other on the evolving needs of individuals and how best to meet them.</li></ul>
	Prioritize the transition to recovery-focused, person-centered care for all mental health and addictions services and staff by: <ul data-bbox="321 913 1404 1486" style="list-style-type: none"><li>• Continuing to support the already established Recovery Network, a group of almost 200 staff, physicians and individuals with lived experience throughout the province, ensuring the network helps guide the direction of recovery for the mental health and addictions and correctional systems;</li><li>• Incorporating the ongoing workshops in recovery, that are taking place across the province, into required training for new and existing staff in both the health and correctional systems;</li><li>• Addressing compassion fatigue, stress and burnout in staff; and</li><li>• Involving staff and individuals with lived experience of mental illness and addictions, and incarceration, in the development, implementation, monitoring and evaluation of guidelines for a recovery-focused approach for all mental health and addictions and correctional services staff.</li></ul>
	Support the implementation of the <b>Choosing Wisely Guidelines</b> for prescribing psychiatric medication in the province.
	Encourage and provide opportunities for health care, correctional staff and police to avail of existing education and training modules in mental health and addictions, and implement new ones where needed, that include opportunities for networking, mentoring and skill building.
	Require professional regulatory bodies to mandate ongoing mental health and addictions continuing education requirements for their members.



## Focusing on the Person

	<b>Recommendation</b>
	Recommend, as part of the provincial <b>Personal Health Information Act</b> (PHIA) statutory review, that consideration be given to amending the legislation to ensure family members and caregivers providing support to, and often living with, an individual with a mental illness or addiction, have access to the appropriate personal health information necessary to provide that support.
	Develop standards and guidelines, which recognize the critical role of families and caregivers, and provide guidance to staff on how to support families and caregivers, and include them, wherever possible, in treatment decisions.
	Provide web-based information on education, self-care and self-management for families and caregivers.
	Adopt harm reduction as a foundational approach to the provision of mental health and addictions services.
	<p>Increase the number of physicians and nurse practitioners involved in addictions medicine by:</p> <ul style="list-style-type: none"><li>• Encouraging Memorial University's Faculty of Medicine to create a Clinical Program Director of Addictions Medicine within the discipline of Family Practice;</li><li>• Encouraging the development of a network of physicians and nurse practitioners to provide opportunities for continuing medical education, consultation, and mentorship in addictions medicine.</li></ul>

## Improving Service Access

	<b>Recommendation</b>
	<p>The Provincial Government must immediately ensure the reduction of wait lists and wait times in mental health for everyone by:</p> <ul style="list-style-type: none"><li>• Immediately directing the CEO of each RHA to reduce the wait list and wait times for mental health and addictions services, including for psychiatrists within one year of the release of this report;</li><li>• Developing a wait time reduction action plan, which will include a plan to address no-show rates to better accommodate the challenges faced by some individuals in attending appointments;</li><li>• Adopting a standardized methodology for collecting and reporting wait times in all RHAs; and</li><li>• Providing provincial oversight and regular public reporting on wait times and wait time reduction progress.</li></ul>
	<p>Through a stepped-care approach, develop and offer a range of mental health and addictions services integrated, wherever possible, within existing community and primary health care services throughout the province, including:</p> <ul style="list-style-type: none"><li>• Self-management programs for mental wellness, anxiety and depression;</li><li>• Counselling services;</li><li>• Strongest Families Program for children, youth and their families;</li><li>• Therapist-assisted, online, cognitive behavioural therapy for depression, anxiety and addictions;</li><li>• Peer support;</li><li>• Provincial Warm Line;</li><li>• 24/7 access to medical withdrawal management;</li><li>• Day treatment programs;</li><li>• Access to in-patient services for eating disorders;</li><li>• Single session walk-in clinics;</li><li>• Assertive community treatment (ACT) teams;</li><li>• Mobile crisis intervention teams;</li><li>• Dedicated mental health services for first responders, including ambulance personnel, firefighters, police officers and correctional staff; and</li><li>• Support for families and caregivers of people living with mental illness and addiction.</li></ul>

## Improving Service Access

	<b>Recommendation</b>
	Utilize e-mental health and technology-based interventions with a special focus on promoting wellness and early intervention for mild to moderate mental health problems.
	Replace Waterford Hospital with in-patient services closer to home. These inpatient and community services should be identified in a plan within the first year of this report's release. Services delivered at Waterford Hospital must continue until new service options are in place.
	Provide access to evidence-based services via technology (telehealth, telephone, online, text, virtual reality and social media).
	Assign responsibility for the provision of health services in prisons and the associated funding to the health and community services system, to improve mental health and addictions services and supports for inmates.
	Prioritize the completion of a new facility to replace Her Majesty's Penitentiary.
	Review the eligibility criteria for community support services and increase access to interventions with proven effectiveness for the treatment of autism spectrum disorder and other developmental disabilities.
	Ensure primary health care providers have access to mental health and addictions consultation and specialized services for their patients.
	Provide online information about mental health and addictions services and how to navigate them.
	Conduct a review of the benefit status, special authorization criteria and process under the NLPDP for both attention deficit hyperactivity disorder and neuroleptic medications to determine if changes are required to ensure appropriate and timely access.
	Advocate for better health insurance programs from personal and employer-funded health insurance providers to align the plans' provisions with the individual's needs.
	Ensure primary care providers have improved access to information about programs and services to share with families.
	Ensure psychiatrists provide regular visits to Labrador coastal communities, as needed.
	Establish four to six dedicated mental health beds in Labrador, which will include services that are inclusive and culturally appropriate for all Labradorians.

## Improving Service Access

	<b>Recommendation</b>
✓	<p>Prioritize the recruitment of two permanent, full-time psychiatrists (with sustained commitment for regular locum coverage) to ensure psychiatric coverage for:</p> <ul style="list-style-type: none"> <li>• New mental health beds in Labrador;</li> <li>• Emergency departments in the Labrador Health Centre and Labrador West Health Centre; and</li> <li>• Outpatient clinics for Labrador West and Happy-Valley Goose Bay.</li> </ul>
✓	<p>Continue to support the implementation and evolution of the provincial opioid action plan.</p>
✓	<p>Increase provincial mental health and addictions spending from approximately 5.7% of the total annual health care budget to 9% in five years (by April 2022), to better align with the recommended national average.</p>
✓	<p>Establish standards for youth transitioning into adulthood (16-25 years old) that include a requirement for collaboration and evidence-based practices so that programs and services are geared to young people’s needs wherever they are.</p>
✓	<p>Develop adequate multi-year funding models for community agencies.</p>

## Including all People

	<b>Recommendation</b>
✓	Create regional interdisciplinary teams, reporting to the RHAs, to provide timely mental health and addictions assessment and treatment for students in schools.
✓	<p>Eliminate the stigma and discrimination associated with mental illness and addiction in health care settings, schools, workplaces, and communities, by:</p> <ul style="list-style-type: none"> <li>• Providing contact-based education programs that involve people with personal experience telling stories of recovery and are supported with rigorous evaluation and sustained funding; and</li> <li>• Encouraging increased uptake of Mental Health First Aid and expanding availability of this program throughout the province.</li> </ul>
✓	Increase access to counselling services for inmates in correctional facilities.
✓	Support Indigenous people to achieve their mental wellness goals by providing resources to assist with sustained land-based programming.
✓	Provide general education to community leaders and policy makers with a focus on seniors' mental health to increase understanding of aging and mental health, stigma and ageism.
✓	Provide specialized training for people who work one-on-one with seniors. This must include family physicians, nurses, ambulance personnel, counsellors, and individuals who work in the areas of primary health care, mental health and addictions, and long-term care and supportive services.
✓	Develop standards, policies, and programs specifically to address mental health and addictions gender-based needs.
✓	Provide general education to community leaders and policy makers with a specific focus on 2SLGBTQQIA+ youth to increase understanding of sexual orientation, gender identity and mental health concerns.
✓	Provide specialized training for people who work one on one with 2SLGBTQQIA+ individuals. This must include physicians, nurses, community and school-based psychologists, teachers, counsellors and social workers.
✓	Develop a comprehensive, government-wide inclusion policy to be applied to all mental health and addictions services to ensure the diverse needs of all populations are recognized and addressed.
✓	The provincial government must adopt a health-in-all policies approach to ensure health impact considerations are built into all policy decisions.





