



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# **TERRITORIAL AND PROVINCIAL INITIATIVES FOR IMPROVING MENTAL HEALTH IN PRIMARY HEALTH CARE IN CANADA AN ENVIRONMENTAL SCAN**

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[www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)

## INTRODUCTION

Mental health and substance abuse issues can leave people feeling lost or isolated; when the help they need turns out to be fragmented and inaccessible, their difficult journey to wellness becomes even more challenging. Progress has been made in dealing with mental health and addiction problems in Canada, but we're still struggling to create an effective treatment and support system from the various components we have.

The Mental Health Commission of Canada (MHCC) has been bringing together stakeholders from across the country, including those with lived experience and expertise, to identify and share best practices for improving how mental health and addiction are handled in health care in Canada. We believe sharing ideas increases the likelihood they will develop into useful initiatives, and helps to leverage more effective policy and planning.

To provide a foundation for this work, the MHCC commissioned a scan of activity in each of the provinces and territories. We have also funded an overview of reviews of literature on the chronic care model, which will be released in the near future.

Although concerns about the delivery of mental health and substance abuse services are not new, the consideration being given to integrating it into a broad community-based primary health care system is fairly recent. Although many of the provinces and territories have begun reforming primary health care itself quite recently, the move towards integrating mental health and addictions into primary health care is even more recent.

For that reason, the researchers preparing this scan focused on provincial and territorial planning and initiatives around primary health care and addiction from 2000 through to March 2012. Because this material was drawn mainly from government web sites, it is not always possible to know what proposals, plans and recommendations were acted upon, or if they were, to what extent.

Publically available reports provide anchor points from which to view the systems, but these may not reflect the current state of the system. Thus, this scan does not necessarily show work currently being done in departments and on the front lines as experience and theories evolve. It is important, however, to know trends in the thought and policy around expanding primary health care and about including mental health and substance abuse issues in it.

Using the results of this scan, along with our literature review, and above all with open lines of communication, we can work together to build experience and establish best practices.

## NEWFOUNDLAND AND LABRADOR

### Overview

Statistics	Newfoundland and Labrador	Canada
Population (2011) <sup>1</sup>	510,578	34,482,779
General/family physician-to-population ratio (2009) <sup>2</sup>	118/100,000	103
Specialist-to-population-ratio (2009) <sup>3</sup>	102/100,000	99/100,000
Psychiatrist-to-population-ratio (2009) <sup>3</sup>	12/100,000	13/100,000

### Who's Responsible?

Health care, including mental health and addiction services (which are considered community services) is the responsibility of the Department of Health and Community Services, administered by four health authorities.

### Changes of note since 2000

The four health regions were created in 2005. The Provincial Mental Health and Addictions Advisory Council was announced in June of 2010.<sup>4</sup>

### Primary Health Care Initiatives

In 2001, the province released a strategic plan, calling for team-based, inter-disciplinary primary health care to be “the central focus of the delivery of health and community services.”<sup>5</sup> The plan acknowledged that work was needed on mental health and promised a mental health strategy for the province. In 2003, the province followed up with a framework for primary health care.<sup>6</sup>

### Plans, Proposals and Initiatives for Mental Health and Addiction

The Department of Health and Community Services released *Working Together for Mental Health: A Provincial Policy Framework for Mental Health & Addictions Services in Newfoundland and Labrador* in 2005.<sup>7</sup> Like an earlier report from the province, *Valuing Mental Health: A framework to Support the Development of a Provincial Mental Health Policy for Newfoundland and Labrador*, released in 2001, it stresses the need for community-based services in mental health, noting that basing mental health care in the primary health care system will help ensure effective, efficient services.<sup>8</sup> However, as a policy document, it does not give specifics on implementation.

Newfoundland and Labrador's 2011 provincial budget increased funding for some mental health and addiction services, including initial funds for replacing an old mental health facility, as well as money for an interactive web-based mental health service tele health services and an anti-stigma campaign. There were also funds for increasing

<sup>1</sup> Statistics Canada (2011)

<sup>2</sup> CIHI, 2011

<sup>3</sup> CIHI, 2011

<sup>4</sup> <http://www.releases.gov.nl.ca/releases/2010/health/0629n02.htm>.

<sup>5</sup> DHCS 2001 p. iv

<sup>6</sup> DHCS, 2004

<sup>7</sup> As listed on <http://www.health.gov.nl.ca/health/publications/index.html#6>.

<sup>8</sup> DCHS 2005b, page 4

treatment capacity (mainly through additional staffing) in rural areas<sup>9</sup>. A revision to the 2005 mental health and addiction plan was before the Provincial Cabinet at the time of writing.<sup>10</sup>

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<sup>9</sup> As described in <http://www.releases.gov.nl.ca/releases/2011/health/0419n08.html>.

<sup>10</sup> Information obtained from the provincial interview.

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## PRINCE EDWARD ISLAND

### Overview

Statistics	Prince Edward Island	Canada
Population (2011) <sup>11</sup>	145,855	34,482,779
General/family physician-to-population ratio (2009) <sup>12</sup>	89/100,000	103/100,000
Specialist-to-population-ratio (2009) <sup>13</sup>	76/100,000	99/100,000
Psychiatrist-to-population-ratio (2009) <sup>3</sup>	9/100,000	13/100,000

### Who's Responsible?

Provincially, health falls under the responsibility of the Department of Health and Wellness. Actual delivery of health services is the responsibility of a Crown Corporation called Health PEI and governed by an appointed Board of Directors.

Mental Health and Addictions Services are a section within the Community Hospitals and Primary Health Care Division of Health PEI. Mental Health and Addictions Services include services offered by mental health and addiction staff in primary care settings, community based treatment, psychiatric units of two general hospitals, and one provincial psychiatric hospital.

### Changes of note since 2000

In 2005 PEI eliminated its four regional health authorities and the provincial Health Service Authority. After reviews of the Island's health system in 2006 and 2008 by Corpus Sanchez International Consultancy Inc.<sup>14</sup>, the province created one overall agency responsible for the delivery of health services, Health PEI, in 2010.

### Primary Health Care Initiatives

PEI first established family health centres in the early 2000s; as of 2011, there were nine. In 2010, the newly created Health PEI released a strategic plan<sup>15</sup>, calling for an increased emphasis on community-based primary health care, which would include services for addictions and mental health. The province is also looking at developing primary health care networks<sup>16</sup>. The proposal includes five networks, each covering some 30,000 people and staffed by a registered nurse, licensed practical nurse, physicians, a nurse practitioner and administrative staff<sup>17</sup>. Family health centres would be core components of these networks, as well as services provided in other family physician offices. These service networks will include enhanced chronic disease management, and enhanced collaborative service delivery, which will include primary mental health care activities in partnership with Mental Health Services staff.

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<sup>11</sup> Statistics Canada (2011)

<sup>12</sup> CIHI, 2011

<sup>13</sup> CIHI, 2011

<sup>14</sup> Corpus Sanchez, 2008

<sup>15</sup> Health PEI, 2010a

<sup>16</sup> See <http://www.gov.pe.ca/budget/2010/address.pdf>.

<sup>17</sup> From <http://www.healthpei.ca/index.php3?number=1038963&lang=E>.

## Plans, Proposals and Initiatives for Mental Health and Addiction

The Health PEI business plan for 2010/11 proposed developing a mental health services strategy. The strategy was to be part of renewing community-based primary health care, the division of HPEI in which MH services are positioned one of the key strategic initiatives planned for 2010/11<sup>18</sup>. In the following year's business plan, the mental health services strategy was described as being in the implementation (as opposed to planning) phase<sup>19</sup>.

Key milestones in the MHSS have been the structural integration of inpatient and community based Mental Health and Addiction Services, and creation of a medical leadership structure. Improvements have been made in through the standardization of adult intake services, and centralization of children's intake services.

PEI developed a youth addiction strategy (Department of Health, 2007) and this strategy is still in the process of being further developed and implemented.<sup>20</sup> The 2008 report by Corpus Sanchez said health integration would be enhanced by offering services, including mental health, in the health centres.<sup>21</sup>

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<sup>18</sup> Health PEI, 2010b

<sup>19</sup> Health PEI, 2011

<sup>20</sup> <http://www.healthpei.ca/index.php3?number=1020443&lang=E>.

<sup>21</sup> Corpus Sanchez, 2008, page 39

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## NOVA SCOTIA

### Overview

Statistics	Nova Scotia	Canada
Population (2011) <sup>22</sup>	945,437	34,482,779
General/family physician-to-population ratio (2009) <sup>23</sup>	117/100,000	103/100,000
Specialist-to-population-ratio (2009) <sup>24</sup>	99/100,000	99/100,000
Psychiatrist-to-population-ratio (2009) <sup>3</sup>	15/100,000	13/100,000

### Who's Responsible?

Health care in Nova Scotia is the responsibility of the Department of Health and Wellness. Services are delivered through nine district health authorities, which are responsible for all hospitals (except the IWK Health Centre in Halifax), community health services, mental health services and public health programs.

### Changes of note since 2000

Nova Scotia released standards for addiction services in 2005<sup>25</sup> and for mental health services in 2009<sup>26</sup>.

### Primary Health Care Initiatives

In 2001 Nova Scotia established an Advisory Committee on Primary Health Care Renewal. Its vision of a primary health care system<sup>27</sup> included 15 services, one of which was community mental health services. However, the report said no single model would meet all needs. In 2005, the province asked Corpus Sanchez consulting to study the effectiveness of its health-care system. The consultants said primary health care renewal was developed inconsistently across district health authorities.<sup>28</sup>

### Plans, Proposals and Initiatives for Mental Health and Addiction

In 2010, a report on mental health services from Nova Scotia's Auditor General found a lack of oversight of the mental health system and no effective monitoring of compliance with mental health standards by the Department of Health.<sup>29</sup> After that report was released, the provincial government promised, in March of 2010, that it would develop a mental health and addictions strategy.<sup>30</sup>

In May of 2012 the province released its mental health and addictions strategy. Two reports were released at this time, the report and recommendations of the above mentioned Mental Health and Addictions Strategy Project

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<sup>22</sup> Statistics Canada (2011)

<sup>23</sup> CIHI, 2011

<sup>24</sup> CIHI, 2011

<sup>25</sup> Department of Health, 2005

<sup>26</sup> Department of Health and Wellness, 2009

<sup>27</sup> Advisory Committee on Primary Health Care Renewal, 2003

<sup>28</sup> Corpus Sanchez 2007, page 322)

<sup>29</sup> Office of the Auditor General, 2010 page 49

<sup>30</sup> See <http://www.nshrf.ca/mentalhealthandaddictionsstrategy>.

(Mental Health and Addictions Strategy Advisory Committee, 2012) and the strategy itself (Nova Scotia, 2012). The committee report is described as informing the strategy.

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<sup>31</sup> The full set of standards have some individual updates, see <http://www.gov.ns.ca/health/mhs/reports.asp>.

## NEW BRUNSWICK

### Overview

Statistics	New Brunswick	Canada
Population (2011) <sup>32</sup>	755,455	34,482,779
General/family physician-to-population ratio (2009) <sup>33</sup>	109	103
Specialist-to-population-ratio (2009) <sup>34</sup>	85/100,000	99/100,000
Psychiatrist-to-population-ratio (2009)	9/100,000	13/100,000

### Who's Responsible?

Health services in New Brunswick are the responsibility of the Department of Health and operated by two regional health authorities. However, the Department of Wellness, Culture and Sport has responsibility for “mental fitness and resilience.”

### Changes of note since 2000

In September, 2008 the province switched from eight to two regional health authorities.

### Primary Health Care Initiatives

In 2003, New Brunswick produced a framework for developing community health centres<sup>35</sup>. By 2011, there were seven of them. One of the themes of the provincial health plan released in 2008<sup>36</sup> was strengthening the primary health care system. Stressing the need for a more team-oriented health care, it called for “networks of family doctors; shared-care relationships between family doctors, nurse practitioners and specialists; and full-service primary health care organizations.<sup>37</sup>” These networks were to be built, at least in part, on the province’s community health centres. In 2010 the New Brunswick Primary Health Care Advisory Committee<sup>38</sup> also called for the development of primary health care teams, and there were calls to use the Expanded Chronic Care Model as a framework for treating chronic conditions<sup>39</sup>. In 2012, the Primary Health Care Steering Committee produced a long-term strategic plan on how to renew primary health care. The Steering Committee recommends a better integration of primary health care services, a community-specific team-based care, the engagement of stakeholders and patients and a better leadership for system transformation<sup>40</sup>

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<sup>32</sup> Statistics Canada (2011)

<sup>33</sup> CIHI, 2011

<sup>34</sup> CIHI, 2011

<sup>35</sup> Department of Health and Wellness 2003

<sup>36</sup> New Brunswick, 2008

<sup>37</sup> New Brunswick, 2008, page 10

<sup>38</sup> Primary Health Care Advisory Committee, 2010

<sup>39</sup> Primary Health Care Branch, 2010

<sup>40</sup> Primary Health Care Steering Committee, 2012

## Plans, Proposals and Initiatives for Mental Health and Addiction

In 2009, New Brunswick released a report that contained some “...strategic priorities for renewing the mental health system in the province”<sup>41</sup>. This was followed by the province’s 2011 mental health action plan<sup>42</sup>, which calls for mental disorders and substance use disorders to be addressed as chronic diseases. The plan proposes several commitments, including using multi-disciplinary teams and collaborative case management, enhancing capacity to treat mental-health issues in primary health care, and to integrate housing into case planning for people with mental health and addiction issues.

New Brunswick’s Department of Wellness, Culture and Sport produced a wellness strategy in 2009<sup>43</sup>. Mental fitness and resilience is a prominent part of it.

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<sup>41</sup> McKee, 2009, page 3

<sup>42</sup> The Action Plan for Mental Health in New Brunswick 2011-18

<sup>43</sup> New Brunswick, 2009

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# QUÉBEC

## Overview

Statistics	Québec	Canada
Population (2011) <sup>44</sup>	7,979,663	34,482,779
General/family physician-to-population ratio (2009) <sup>45</sup>	110/100,000	103/100,000
Specialist-to-population-ratio (2009) <sup>46</sup>	112/100,000	99/100,000
Psychiatrist-to-population-ratio (2009) <sup>3</sup>	14/100,000	13/100,000

### Who's Responsible?

In Quebec, health falls under the Ministère de la Santé et des Services sociaux and has 18 health regions.

### Changes of note since 2000

In 2003 and 2005 Quebec created 95 Centres de santé et de services sociaux (Health and Social Services Centres), by merging health organizations operating in the same areas, including CLSCs, long term care, nursing homes, and in most cases hospitals. The new health centres are organized around nine program areas, one of which is mental health.

### Primary Health Care Initiatives

Since 2000, two main primary health care initiatives have been launched in Quebec, family medicine groups and network clinics. The former are groups of six to 10 physicians working with nurses and sometimes other providers.<sup>47</sup> At the time of writing, 224 of the 300 planned family medicine groups have been implemented<sup>48</sup> and cover approximately 34% of the Quebec population<sup>49</sup>.

Network Clinics have been established in several regions of Quebec through contractual agreements with the regional health authority<sup>50</sup>. They are designed to reduce pressure on hospital emergency services and facilitate coordination of care and liaisons between family physicians and health and social services centres. They provide primary health care, radiology and laboratory services for urgent cases and other more specialized services<sup>51</sup>. Another key role is to improve vulnerable patients' access to family physicians<sup>52</sup>). In May 2011 there were 45 Network Clinics in the province<sup>53</sup>.

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<sup>44</sup> Statistics Canada (2011)

<sup>45</sup> CIHI, 2011

<sup>46</sup> CIHI, 2011

<sup>47</sup> Hutchison et al, 2011, page 265

<sup>48</sup> MSSS, 2011b

<sup>49</sup> Galarneau, 2011

<sup>50</sup> Hutchison et al, 2011

<sup>51</sup> CSBE, 2009

<sup>52</sup> (Agence de la santé et des services sociaux de Montréal, 2006

<sup>53</sup> Galarneau, 2011

## Plans, Proposals and Initiatives for Mental Health and Addiction

Quebec's latest mental health plan was released in 2005. Its goal was to improve the efficiency and responsiveness of Quebec's mental health system and increase access to mental health service for all members of the population. This was to be achieved, in part, through the creation and implementation of mental health teams within health and social services centres<sup>54</sup>. The action plan defined the basket of mental health services that should be available and emphasized the importance of promoting mental health and preventing mental illness in the general population. The action plan placed a particular emphasis on the need to develop and strengthen mental health services delivered in primary health care<sup>55</sup>. The entry point for addictions services and treatment is also the health and social services centres, which can provide screening and early intervention services, detox services, psychosocial counselling and methadone maintenance<sup>56</sup>. In May 2011, the MSSS published a guide for implementing primary mental health care teams<sup>57</sup>. Quebec is developing its 2012-2017 mental health action plan<sup>58</sup>.

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<sup>54</sup> Jiwani & Fleury, 2011

<sup>55</sup> MSSS, 2005

<sup>56</sup> MSSS, 2007

<sup>57</sup> MSSS, 2011c

<sup>58</sup> From [http://www.gouv.qc.ca/portail/quebec/pgs/commun/actualites/actualite/actualites\\_110509\\_sante-mentale/?lang=en](http://www.gouv.qc.ca/portail/quebec/pgs/commun/actualites/actualite/actualites_110509_sante-mentale/?lang=en).

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## ONTARIO

### Overview

Statistics	Province	Canada
Population (2011) <sup>59</sup>	13,372,996	34,482,779
General/family physician-to-population ratio (2009) <sup>60</sup>	90/100,000	103/100,000
Specialist-to-population-ratio (2009) <sup>61</sup>	103/100,000	99/100,000
Psychiatrist-to-population-ratio (2009) <sup>3</sup>	14/100,000	13/100,000

### Who's Responsible?

Health services are the responsibility of the Ministry of Health and Long-Term Care.

### Changes of note since 2000

In 2006, Ontario introduced local health integration networks to plan, fund and integrate services.

### Primary Health Care Initiatives

Local health integration networks do not provide direct services, but are responsible for mental health and addiction agencies and community health centres. Family health teams have been Ontario's main primary health care initiative since 2005<sup>62</sup>. They include doctors, nurses, nurse practitioners and other health care professionals who work collaboratively. Ontario has been pushing primary health care patient enrolment and has a number<sup>63</sup> of different models for that. In mid 2011 about 73 per cent of Ontario residents were enrolled with some type of primary health care team, about 30 per cent with family health teams<sup>64</sup>.

### Plans, Proposals and Initiatives for Mental Health and Addiction

In June of 2011 the Ontario Ministry of Health and Long-Term Care released "Open Minds, Healthy Minds" a comprehensive mental health and addictions strategy<sup>65</sup>. It recognizes the role of family health care in the provision of mental health and addiction services, but does not describe how that should work.

The strategy was based on the work of an advisory group which reported in 2010<sup>66</sup>. It said primary health care had a key role in early identification and intervention, particularly for mild to moderate mental health and addiction

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<sup>59</sup> Statistics Canada (2011)

<sup>60</sup> CIHI, 2011

<sup>61</sup> CIHI, 2011

<sup>62</sup> Hutchison et al, 2011

<sup>63</sup> In 2010 there were 10. See [http://www.chsrf.ca/Libraries/Picking\\_up\\_the\\_pace\\_files/Mary\\_Fleming.sflb.ashx](http://www.chsrf.ca/Libraries/Picking_up_the_pace_files/Mary_Fleming.sflb.ashx).

<sup>64</sup> Health Analytics Branch, 2011

<sup>65</sup> Ontario Ministry of Health and Long-Term Care, 2011

<sup>66</sup> Minister's Advisory Group on the 10-Year Mental Health and Addictions Strategy, 2010

problems<sup>67</sup>. The province also released a mental health and addictions action plan in 2010<sup>68</sup>. It said “All interdisciplinary primary care models should include a mental health and addictions treatment component<sup>69</sup>.”

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<sup>67</sup> Ibid., p. 29

<sup>68</sup> Select Committee on Mental Health and Addictions, 2010

<sup>69</sup> Ibid., p. 20

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## MANITOBA

### Overview

Statistics	Manitoba	Canada
Population (2011) <sup>70</sup>	1,250,574	34,482,779
General/family physician-to-population ratio (2009) <sup>71</sup>	95/100,000	103/100,000
Specialist-to-population-ratio (2009) <sup>72</sup>	88/100,000	99/100,000
Psychiatrist-to-population-ratio (2009) <sup>73</sup>	12/100,000	13/100,000

### Who's Responsible?

Manitoba Health is the ministry in charge of health care. The province's 5 regional health authorities (recently amalgamated from 11 regional health authorities) have responsibility for delivering mental health services. Mental health policy and planning, mental health promotion, mental illness prevention, and addiction services are the responsibility of Healthy Living, Seniors and Consumer Affairs (HLSCA).

### Changes of note since 2000

Manitoba introduced Physician Integrated Networks (PIN) in 2006. Manitoba is also working on the introduction of [Primary Care Networks](#), the creation of [Mobile Clinics](#), the opening of [QuickCare Clinics](#), the development of [Physician Integrated Network](#), and on the promotion of [self-management](#)<sup>73</sup>.

### Primary Health Care Initiatives

Physician Integrated Networks were intended as primary health care renewal focused on fee-for-service physician groups<sup>74</sup>. Supplemental fees with incentive payments for meeting quality targets for care are allocated to the 12 PIN sites. Screening and follow-up for depression is one of the quality indicators that can trigger supplemental funding for depression. Manitoba is also working on developing primary health care networks. Its vision includes mental health workers as part of a multi-disciplinary team<sup>75</sup>.

### Plans, Proposals and Initiatives for Mental Health and Addiction

Manitoba has a vision statement for mental health renewal, which says the mental health system should be broadened to include improving mental wellness as well as treating mental illness and calls for a primary health care approach focused on promotion, prevention and early intervention<sup>76</sup>.

Manitoba Healthy Living, Youth and Seniors produced a five-point strategic plan for addiction services in 2008<sup>77</sup>. As well, Manitoba Health released a co-occurring mental health and substance use disorder policy in 2009. It says all

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<sup>70</sup> Statistics Canada (2011)

<sup>71</sup> CIHI, 2011

<sup>72</sup> CIHI, 2011

<sup>73</sup> From <http://www.gov.mb.ca/health/primarycare/docs/smpcm.pdf>.

<sup>74</sup> From <http://www.gov.mb.ca/health/phc/pin/index.html>.

<sup>75</sup> From <http://www.gov.mb.ca/health/pcn/index.html>.

<sup>76</sup> <http://www.gov.mb.ca/health/mh/renewal.html>.

<sup>77</sup> Breaking the Chains of Addictions: Manitoba's Five-Point Strategic Plan,

provincially funded mental health and addiction agencies will create coordinated, integrated treatment for both disorders<sup>78</sup>.

In June 2011 Manitoba Healthy Living, Seniors and Consumer Affairs released a five-year strategic plan on Mental Health - *Rising to the Challenge: a strategic plan for the mental health and well-being of Manitobans*<sup>79</sup>.

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<http://www.gov.mb.ca/healthyliving/addictions/plan.html>.

<sup>78</sup> Manitoba Health, 2009, p. 1

<sup>79</sup> <http://www.gov.mb.ca/healthyliving/mh/challenge.html>

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# SASKATCHEWAN

## Overview

Statistics	Province	Canada
Population (2011) <sup>80</sup>	1,057,884	34,482,779
General/family physician-to-population ratio (2009) <sup>81</sup>	94/100,000	103/100,000
Specialist-to-population-ratio (2009) <sup>82</sup>	72/100,000	99/100,000
Psychiatrist-to-population-ratio (2009) <sup>83</sup>	7/100,000	13/100,000

### Who's Responsible?

The Ministry of Health is responsible for health care in Saskatchewan; 12 regional health authorities manage delivery of services.

### Changes of note since 2000

Saskatchewan released the "Patient First Review" in 2009, starting a move toward patient-centred care.

### Primary Health Care Initiatives

Primary care reform has a long history in Saskatchewan. The Fyke report (Fyke, 2001) called for creation of primary health service networks and primary health care teams. By 2009, according to the *Patient First Review*, they were serving 31 per cent of the population, below what the province wanted<sup>83</sup>. The *Patient First Review* said primary health care teams had an important role to play in managing chronic diseases, including mental health disorders<sup>84</sup>. In 2011, Saskatchewan's Ministry of Health reported there were 73 designated primary health care teams providing service to about 32 per cent of the population<sup>85</sup>.

On May 8, 2012, the Ministry of Health released a *Framework for Achieving a High Performing Primary Health Care Framework in Saskatchewan*. Funding has been allocated to support innovative models of primary health care at 8 different sites. These sites will develop prototypes for team-based care that will be evaluated and followed with a plan for spread across the province. Emphasis is on collaborative team-based approaches to care including mental health and addictions.

### Plans, Proposals and Initiatives for Mental Health and Addiction

Saskatchewan has been a global leader in community based psychiatry since the 1950s<sup>86</sup>, which may in part explain why there is not much information available on recent mental health reforms. Many of the plans outlined by other provinces already exist to some degree in Saskatchewan.

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<sup>80</sup> Statistics Canada (2011)

<sup>81</sup> CIHI, 2011

<sup>82</sup> CIHI, 2011

<sup>83</sup> Dagnone, 2009, page 36

<sup>84</sup> Dagnone, 2009, page 37

<sup>85</sup> See <http://www.health.gov.sk.ca/primary-health-services>.

<sup>86</sup> Mills, 2007

Saskatchewan's 2010-11 plan and report (Saskatchewan Ministry of Health, 2010a, 2010b) says it is in the process of developing and implementing a new mental health strategy. Improving mental health is also described as part of year 3 of the 2010 Health System Strategic Framework<sup>87</sup>. In its 2010-11 annual report, the Ministry says it is working toward integrating mental health and addiction services, to be delivered regionally.

Saskatchewan appointed an Addictions Advisory Committee in late 2009 to advise on strengthening the continuum of care for alcohol and drug services<sup>88</sup>. The committee proposed, among others things, adopting the five tiers of the Canadian Centre on Substance Abuse's *National Treatment Strategy*<sup>89</sup>.

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<sup>87</sup> Saskatchewan Ministry of Health, 2010c

<sup>88</sup> From <http://www.health.gov.sk.ca/addictions-committee>.

<sup>89</sup> Addictions Advisory Committee, 2010a

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## ALBERTA

### Overview

Statistics	Alberta	Canada
Population (2011) <sup>90</sup>	3,779,353	34,482,779
General/family physician-to-population ratio (2009) <sup>91</sup>	113 /100,000	103/100,000
Specialist-to-population-ratio (2009) <sup>92</sup>	99/100,000	99/100,000
Psychiatrist-to-population-ratio (2009) <sup>93</sup>	9/100,000	13/100,000

### Who's Responsible?

The Ministry of Health and Wellness is responsible for health care in Alberta.

### Changes of note since 2000

The province replaced its geographical health regions in 2008 with Alberta Health Services, responsible for delivering health services across the province.

### Primary Health Care Initiatives

The major primary care initiative in Alberta has been the introduction of primary care networks, which coordinate primary care services for patients in specific geographic areas. The first network was established in 2005; by March 31, 2011 there were 39 networks operating and more being developed. Just over 50 per cent of the province's family physicians are part of a network and 60 per cent of Alberta residents are enrolled in one<sup>93</sup>. All the networks must be able to provide a full range of primary care services, either directly or through formal arrangements with other providers.

### Plans, Proposals and Initiatives for Mental Health and Addiction

The Alberta government released *Creating Connections: Alberta's Addiction and Mental Health Strategy* in September 2011<sup>94</sup>. One of its priorities is increasing and improving addiction and mental health services in primary health care<sup>95</sup>. It calls for each network to provide addiction and mental health services, and for more addiction and mental health patients to have an on-going relationship with a primary health care provider<sup>96</sup>.

The strategy was followed up with action plan<sup>97</sup>, which gives several steps for improving access to addiction and mental health services in primary health by 2015. Alberta also has a Children's Mental Health Plan, calling for dedicated children's services to be available in primary care networks<sup>98</sup>.

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<sup>90</sup> Statistics Canada (2011)

<sup>91</sup> CIHI, 2011

<sup>92</sup> CIHI, 2011

<sup>93</sup> Alberta Health and Wellness, 2011

<sup>94</sup> Government of Alberta, 2011a

<sup>95</sup> Government of Alberta, 2011a, p. 18

<sup>96</sup> Government of Alberta, 2011a, p. 18

<sup>97</sup> Government of Alberta, 2011b

However, mental health care is not to be limited to services available in primary care networks. It also calls for enhanced community-based services, capacity and supports, including housing and crisis response<sup>99</sup>.

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<sup>98</sup> Government of Alberta, 2008b

<sup>99</sup> Government of Alberta, 2011a, p. 22

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## BRITISH COLUMBIA

### Overview

Statistics	British Columbia	Canada
Population (2011) <sup>100</sup>	4,573,721	34,482,779
General/family physician-to-population ratio (2009) <sup>101</sup>	119/100,000	103/100,000
Specialist-to-population-ratio (2009) <sup>102</sup>	96/100,000	99/100,000
Psychiatrist-to-population-ratio (2009) <sup>3</sup>	14/100,000	13/100,000

### Who's Responsible?

The Ministry of Health is responsible for health in BC. There are six regional health authorities, five based on geographic area, which manage and deliver health services, and one province-wide authority providing specialized services, including Mental Health and Addiction Services.

### Changes of note since 2000

The six regional health authorities and Provincial Health Services Authority were formed in 2001, from 21.

Health care reform in BC is, in part being guided by an integrated primary and community care (IPCC) strategy. The vision is community-based health care delivered by a collaborative network of professionals supporting patients and caregivers as full partners in effectively managing their own health condition. Core health services provided in community settings, committed to effective care for the entire population, including appropriate health services for seniors, people with chronic health conditions, complex conditions, women in pregnancy and childbirth and for people with mental illness and substance use challenges<sup>103</sup>.

### Primary Health Care Initiatives

The BC Ministry of Health issued a primary health care charter in 2007<sup>104</sup>, to set goals and targets for primary health care. It also has a service plan<sup>105</sup> that sets four provincial goals, one of which includes providing “a system of community based health care and support services built around attachment to a family physician and an extended health care team with links to local community services<sup>106</sup>. Divisions of Family Practice are a key element supporting integration.

To support primary care reform under the Physician Master Agreement, there are five physician collaborative committees, on guidelines and protocols, general practice, rural practice, specialist services and shared care. The committees initiate and oversee programs to support physicians in their work, including in areas such as managing chronic disease and mental health care through educational and incentive programs, improving physician job

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<sup>100</sup> Statistics Canada (2011)

<sup>101</sup> CIHI, 2011

<sup>102</sup> CIHI, 2011

<sup>103</sup> Ministry of Health Services, 2010a

<sup>104</sup> Ministry of Health Services, 2007

<sup>105</sup> Ministry of Health Services, 2010b

<sup>106</sup> Ministry of Health Services, 2010b, p. 9

satisfaction, and through working on mutually identified initiatives around quality patient care and system wide improvements<sup>107</sup>.

### Plans, Proposals and Initiatives for Mental Health and Addiction

In 2010 BC released a 10-year mental health and substance use plan<sup>108</sup>. It identifies three overall goals: improving the mental health and well-being of the population, improving the quality and accessibility of services for people with mental health and substance use problems and reducing the economic costs of mental health and substance use problems<sup>109</sup>.

The plan has six milestones, including increasing the number of British Columbians who receive mental health and substance use assessments and planning interventions by primary care physicians by 20 per cent by 2015. It includes a number of system and service enhancements across the continuum of mental health and substance use care and addressing needs across the lifespan, with the aim to improve overall continuity of care. Examples of work linking with primary care include the development of provincial standards and guidelines for Intensive Case Management and Early Psychosis Intervention, a comprehensive Family Physician Guide, and fee incentives that support physician active engagement in assessment, care planning and treatment.

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<sup>107</sup> For a full listing of physician related activities in BC, see [www.BCMA.org](http://www.BCMA.org)

<sup>108</sup> Ministry of Health Services & Ministry of Children and Family Development, 2010

<sup>109</sup> Ministry of Health Services & Ministry of Children and Family Development, 2010, p. 6

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# YUKON

## Overview

Statistics	Yukon	Canada
Population (2011) <sup>110</sup>	34,666	34,482,779
General/family physician-to-population ratio (2009) <sup>111</sup>	190/100,000	103/100,000
Specialist-to-population-ratio (2009) <sup>112</sup>	30/100,000	99/100,000
Psychiatrist-to-population-ratio (2009) <sup>3</sup>	6/100,000	13/100,000

### *Who's Responsible?*

The Department of Health and Social Services is responsible for health care.

### *Changes of note since 2000*

The government of the Yukon conducted a review of its health care in 2008.

### **Plans, Proposals and Initiatives for Primary Health Care**

The Yukon Health Care Review was followed by public consultation. One of the recommendations of the review was to encourage the expansion of collaborative primary health care delivery models, on the condition it first be demonstrated that such a model would improve access<sup>113</sup>. Collaborative care initiatives are being tried in chronic care, through the territory's Chronic Conditions Support Program. Established in 2005 to improve care for diabetes, it is expanding to include chronic obstructive pulmonary disease and high blood pressure<sup>114</sup>.

Yukon has had primary health care teams in place for decades<sup>115</sup>. Outside of Whitehorse teams usually consist of a physician and a nurse working collaboratively. Nurses often reside in the community where care is provided while other providers (such as physicians, mental health professionals and physiotherapists) visit when needed (Health Council of Canada, 2009).

### **Plans, Proposals and Initiatives for Mental Health and Addiction**

The Yukon Department of Health and Social Services operates a community clinic called Mental Health Services, and through a contract with Many Rivers Counselling and Support Services. Many Rivers has resident counsellors in two communities, and provides itinerant counselling services to nine other communities. Mental Health Services provides services in three communities. People with a serious persistent mental illness such as schizophrenia or bipolar affective disorder are assessed by a Mental Health Services nurse who develops a treatment plan, and provides case management.

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<sup>110</sup> Statistics Canada (2011)

<sup>111</sup> CIHI, 2011

<sup>112</sup> CIHI, 2011

<sup>113</sup> Health Review Steering Committee, 2008

<sup>114</sup> As described on the Yukon Health and Social Services website [http://www.hss.gov.yk.ca/ccsp\\_what.php](http://www.hss.gov.yk.ca/ccsp_what.php).

<sup>115</sup> Health Council of Canada, 2009

Mental Health Services has offices in two rural Yukon communities, staffed by nurses who provide assessment, treatment to individuals with a serious mental illness. Mental Health Support Workers are hired in communities where there is at least one identified individual with a serious mental illness.

The 2008 Yukon health care review report offered some strategies for mitigating the effects of alcohol, based on the Centre for Addiction and Mental Health's six intervention strategies<sup>116</sup>. The Yukon sees developing an action plan around substance abuse as a priority and is working on one<sup>117</sup>. It has already produced a resource directory for substance abuse<sup>118</sup>.

Alcohol and Drug Services (ADS) currently operates five programs areas: Prevention, Detoxification; In-patient residential program, Out-patient counseling program and an Outreach program. Clinical staff integrates a mental health/substance use perspective in the delivery of services recognizing that many clients have concurrent disorders, particularly related to trauma experience.

Child Abuse Treatment Services, part of Family and Children's Services in the Department of Health and Social Services, provides counselling services to under age individuals who have been exposed to violence or abuse. Child Abuse Treatment Services are provided across all of the Yukon Territory. Family and Children's Services contracts psychologists, and contracts with out of territory residential treatment resources to complement the services that exist in Yukon.

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<sup>116</sup> Centre for Addiction and Mental Health, 2008

<sup>117</sup> From <http://www.hss.gov.yk.ca/substanceabuse.php>.

<sup>118</sup> Yukon, 2009

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## NORTHWEST TERRITORIES

### Overview

Statistics	Northwest Territories	Canada
Population (2011) <sup>119</sup>	43,675	34,482,779
General/family physician-to-population ratio (2009) <sup>120</sup>	69/100,000	103/100,000
Specialist-to-population-ratio (2009) <sup>121</sup>	30/100,000	99/100,000
Psychiatrist-to-population-ratio (2009) <sup>3</sup>	2/100,000	13/100,000

### Who's Responsible?

Health in the NWT falls under the Department of Health and Social Services, and there are eight Health and Social Services Authorities to plan, manage and deliver care.

### Changes of note since 2000

Reform of the addiction services in the North West Territories was kick-started by a 2002 report, *A STATE OF EMERGENCY...A Report on the Delivery of Addictions Services in the NWT*<sup>122</sup>.

### Primary Health Care Initiatives

In 2004 NWT released *Integrated Service Delivery Model for the NWT Health and Social Services System: A Detailed Description*<sup>123</sup> (ISDM). Level 1 in the model is primary community care teams; level two is regional support teams and level three territorial support teams. In smaller communities, community care teams of two to six members are led by nurses<sup>124</sup>. Regional support teams work out of a regional centre and provide services there and visiting services. They are supported by the territorial support teams, which may be interdisciplinary or members of the same profession.

### Plans, Proposals and Initiatives for Mental Health and Addiction

Developed in 2004 as a result of a full scale review of mental health and addictions services, and to meet the commitments of the ISDM, the Community Counselling Program (CCP) provides community-based mental health, addictions and family violence services through prevention, treatment and aftercare programs. Resources were invested in both training of existing frontline workers and the creation and staffing of therapeutic counselling positions. The CCP has since been evaluated and the resultant report recommended that the DHSS continue with the program.

In June 2012, the DHSS released its mental health and addictions action plan entitled, *A Shared Path Towards Wellness (2012-2015)*. The action plan builds on three key elements (community focus and engagement,

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<sup>119</sup> Statistics Canada (2011)

<sup>120</sup> CIHI, 2011

<sup>121</sup> CIHI, 2011

<sup>122</sup> Chalmers et al, 2002

<sup>123</sup> NWT Health and Social Services, 2004

<sup>124</sup> Health Council of Canada, 2009

collaborative partnerships and an integrated continuum of care), and is consistent and supportive of the overall direction laid out by the Mental Health Commission of Canada's National Strategy.

A main focus of the action plan parallels and reinforces the groundwork completed on the *Integrated Service Delivery Model*: Not all services can be provided at the community level, therefore effective communication between primary care and multi-disciplinary service providers at multiple sites and system levels is essential for optimum client care. As a result, the DHSS is working with the Canadian Foundation for Health Improvement (CFHI) to pilot standardized referral and information-sharing processes among multi-disciplinary professionals across community, regional and territorial-levels to ensure a seamless entry and discharge for clients involved in Psychiatry Services.

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## NUNAVUT

### Overview

Statistics	Nunavut	Canada
Population (2011) <sup>125</sup>	33,322	34,482,779
General/family physician-to-population ratio (2009) <sup>126</sup>	64/100,000	103/100,000
Specialist-to-population-ratio (2009) <sup>127</sup>	12/100,000	99/100,000
Psychiatrist-to-population-ratio (2009) <sup>3</sup>	1 (total)	13/100,000

### *Who's Responsible?*

Health is the responsibility of the Department of Health and Social Services. Care is primarily delivered by nurses through 26 health centres.

### *Changes of note since 2000*

Nunavut was established in 1999.

### Primary Health Care Initiatives

Health care delivery in Nunavut is difficult because of geographical isolation, the culturally diverse population, lack of Inuit health care providers and the difficulty of recruiting and retaining health care providers<sup>128</sup>. Primary health care in Nunavut is often, perhaps by default, a collaborative and interdisciplinary care system. Telehealth is often used.

There are 26 health centres<sup>129</sup>, including one hospital and one public health centre. Primary healthcare is mainly delivered by nurses<sup>130</sup>. Access to a physician often depends on a referral from the local community nurse. In 2009, Nunavut released a document outlining its key priorities, guiding principles and societal values for 2009 – 2012<sup>131</sup>. It stresses the principle of working by consensus. One of its vision statements is that “Communities will be self-reliant, based on Inuit societal values, with reduced dependence on government” (Government of Nunavut, 2009, page 3).

### Plans, Proposals and Initiatives for Mental Health and Addiction

Nunavut released an addictions and mental health strategy in 2002<sup>132</sup>. It calls for a community-based approach to addictions and mental health services, which would blend the Inuit tradition of care for one's family and community with the western biological and psychiatric sciences<sup>133</sup>. The strategy calls for a combined addictions and mental

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<sup>125</sup> Statistics Canada (2011)

<sup>126</sup> CIHI, 2011

<sup>127</sup> CIHI, 2011

<sup>128</sup> Health Council of Canada, 2009

<sup>129</sup> From <http://www.hss.gov.nu.ca/en/About%20Us%20Facilities%20Health%20Centres.aspx>.

<sup>130</sup> Nunavut Tunngavik Incorporated 2008

<sup>131</sup> Government of Nunavut, 2009

<sup>132</sup> Nunavut Health and Social Services, 2002

<sup>133</sup> Ibid., p. 4

health framework, and also for a focus on prevention and education about addiction and mental health problems with programs aimed at children and youth.

The Nunavut Department of Health and Social Services 2010 document, *Business Plan 2011 to 2014*<sup>134</sup> called for a mental health framework to be by completed by March 31, 2011. In September of 2011 the territorial government released *Nunavut Suicide Prevention Strategy*<sup>135</sup>.

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<sup>134</sup> Nunavut Department of Health and Social Services, 2010

<sup>135</sup> Suicide Prevention Strategy Working Group, 2011a & 2011b

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