



# 2018 NB WEEK OF ACTION BACKGROUND

Mental Health of New Brunswickers: Prevention,  
Education, Support, and Advocacy

**A Collaborative Project**

This document is the result of a collaborative effort among students from New Brunswick's two medical school campuses: Dalhousie Medicine New Brunswick and le Centre de formation médicale du Nouveau-Brunswick

Emily Leaman  
Editor

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## Overview of Week of Action

Building on the success of our inaugural Day of Action (“Lobby Day”) on May 5<sup>th</sup>, 2017, where we advocated for increased access to naloxone as a strategy to combat the opioid crisis, medical students in New Brunswick have organized a Week of Action from February 19<sup>th</sup>-23<sup>rd</sup>, 2018 to meet with provincial political leaders on the topic of mental health.

We have chosen this topic because we feel there is currently a high need for mental health services in our province, and several gaps in services exist that result in that need not being met for many New Brunswickers. We would like to share three possible solutions that could help bridge these gaps:

1. *Prevention of Mental Illness*
  - a. Reinstitute funding for the Canadian Mental Health Association’s “I’m Thumbbody” program that helps enhance coping skills and self-esteem among grade 3 students
2. *Increase Access to Information about Mental Health Services*
  - a. Support the “Single Point of Entry” project initiated by the Paving the Way SJ program at Family Plus Life Solutions in Saint John, which would serve as a pilot project to integrate mental health triage into NB’s 811 system, and could then be expanded across the province
3. *Support those with Severe Mental Illness Living in the Community*
  - a. Assess the implementation and impact of existing FACT (Flexible Assertive Community treatment) teams, adapt teams to community needs, and increase availability to include the entire province
  - b. Evaluate sustainable community housing models and expand existing housing programs to support individuals with severe mental illness

## Our Ask

**We call upon all recognized political parties to include priorities related to 1) preventing mental illness, 2) increasing access to mental health services, and 3) decreasing the stigma around mental illness in their 2018 election platforms.**

## Making the Case for Mental Health

The Canadian Institute for Health Information (CIHI) found that New Brunswick has psychiatric hospital discharge rates are higher than the national average (761/100,000 population vs. 651/100,000 population) in 2015-2016. They also found that New Brunswick has longer average lengths of stay in psychiatric hospital than the Canadian average (298 vs. 73 days in 2015-2016), indicating a higher use of and need for inpatient mental health services in our province.<sup>1</sup> In the 2016 Canadian Community Health Survey, only 66% of NBers rated their perceived mental health as very good or excellent, compared to national average of 72%.<sup>2</sup>

## Aligning our Solutions to Provincial Priorities

Compiled by Emily Leaman and Natasha Larivée

### **Mental health or illness commitments in the NB Liberal 2014 Platform:**

1. Ensuring that our Aboriginal population has respectful and appropriate access to services in addictions and mental health, early childhood development and education comparable to those available to other New Brunswick children.
2. Using community support orders to help those suffering from mental illness.
3. Implementing the Integrated Service Delivery (ISD) model for early, coordinated and interdepartmental interventions in the area of youth mental health province-wide by 2018.
4. Establishing a network of excellence in support of treatment of youth with complex mental health needs.<sup>3</sup>

**The Action Plan for Mental Health in NB 2011 – 2018** published by the provincial department of health marked a very positive step forward in the direction of solving many mental health inequities. The action plan has seven broad goals:

1. Transforming service delivery through collaboration
2. Realizing potential through an individualized approach
3. Responding to diversity
4. Collaborating and belonging: family, workplace and community
5. Enhancing knowledge
6. Reducing stigma by enhancing awareness
7. Improving the mental health of the population

Each broad goal contains “sub-goals” and commitments that are more specific and describe exactly how they can be achieved. There have been updates to the action plan in 2013 and 2015 delineating progress towards the 7 broad goals.<sup>4</sup>

### **Solution 1: Prevention of Mental Illness by Reinstating “I’m Thumbbody”**

- Commitment 3.2: *Develop age-appropriate, culturally competent and culturally safe treatment for all sectors of society.*
- Commitment 5.2: Enhance the knowledge of health-care providers by introducing curriculum on mental health promotion; anti-stigma; the recovery method; collaborative models of care; *culturally competent and culturally safe services in academic institutions*; and the provision of compulsory ongoing training under clinical supervision.
  - 5.2.2 The Department of Post-Secondary Education Training and Labour will work with New Brunswick teaching institutions to promote representation of mental-health-care associations on their curriculum development advisory committees.
- Commitment 6.2: Reduce stigma and promote inclusion in educational, workplace and community settings.

- 6.2.1 The Department of Education will work with the Provincial Curriculum Advisory Committee to reduce stigma and promote positive mental-health outcomes in curricula.
- Commitment 7.2: Increase mental fitness in the population by implementing elements of New Brunswick’s Wellness Strategy in partnership with the lead Department of Wellness, Culture and Sport, and government and non-governmental organization partners.

**Solution 2: Increase Access to Information about Mental Health Services**

- Commitment 2.1: Shift to a recovery-based model of practice, with a *focus on early identification*; change organizational culture within the health- care system to facilitate supported choice.
- Commitment 2.2: Fully use multi-disciplinary teams and collaborative case management.
- Commitment 2.3: Persons with lived experience of mental illness will contribute to health-care service delivery.

**Solution 3: Support those with Severe Mental Illness Living in the Community (FACT Teams)**

- Commitment 4.2: Provide education, training, employment and transition-to-work programs for those living with a mental illness.
- Commitment 4.3: Enhance and expand initiatives to support those living with mental illness.
- 2015 Progress Report: “The Department of Health has been collaborating with the regional health authorities (RHAs) to complete a systemic review of resources to *develop and implement Flexible Assertive Community Treatment (FACT) services in each health zone...* The department and RHAs are also developing administrative guidelines for *mobile crisis services* that will help individuals avoid hospitalization by ensuring enhanced community responsiveness.”

**The New Brunswick Family Plan section on Supporting those with Addictions and Mental Health Challenges** was released in May of 2017. It announced the upcoming development of an Enhanced Action Plan on Addictions and Mental Health that will address continuity of care and accessibility issues, building on the success of existing FACT teams, the Integrated Service Delivery (ISD) program in schools, and Supervised Community Care initiatives.<sup>5</sup> The document identifies 5 areas of focus, all of which relate to our solutions:

- Adopting a proactive approach to improving mental health (Solution 1)
- Bridging gaps in existing programs and services, such as those addressing addictions (Solutions 2, 3)
- Offering a collaborative model of care through an integrated, person-centered approach to service delivery (Solutions 2, 3)
- Offering culturally relevant treatments and services, taking into consideration the individual’s social context (Solutions 1, 2, 3)

- Enhancing the knowledge and awareness of individuals, families, and health care and other service providers (Solution 2)

## Introduction to NB Mental Health System

Compiled by: Ricarda Konder, Natasha Larivée, Jacob Michaud

Currently, mental health care in New Brunswick is delivered by both public and private services. In the public system, our two health authorities (Horizon Health Network and Vitalité) manage the following hospital services:

- 8 psychiatric units
- 1 child and adolescent psychiatric unit (6-bed unit at Moncton Hospital)
- 2 tertiary care psychiatric hospitals (50-bed Centracare in Saint John and 172-bed Restigouche Hospital Centre in Campbellton)

The health authorities also offer case management, cognitive therapy, family therapy, group or individual therapy, rehabilitation and skills teaching, and psychiatric consultations.<sup>4</sup>

## Community Mental Health Centres

The main provincial mental health resource is a set of 13 Community Mental Health Centres (CMHCs), one in each health region of New Brunswick. Over 21,400 people received services from CMHCs in 2008-09 (~3% of the population), and this increased to 22,000 in 2009-10. The CMHCs are found in the following locations:

- Moncton (Vaughan Harvey Blvd.)
- Richibucto (Place Cartier)
- Saint John (Union St. Mercantile Centre)
- Sussex (Moffett Ave. Community Health Centre)
- St. Stephen (King St.)
- Fredericton (Victoria Health Centre)
- Woodstock (King St)
- Edmundston (Carrefour Assomption)
- Grand Falls (Pleasant St.)
- Campbellton (Arran St.)
- Bathurst (St. Andrews St.)
- Caraquet (St-Pierre Blvd.)
- Miramichi (Water St.)



## CMHCs offer services such as:

- 1-on-1 support: community workers follow up with patients in the community (ex: buddy systems, work supports, social outings, etc.) to aid in mental wellness and development of social skills
- Support and education groups on different mental illnesses
- Suicide prevention: frontline workers are trained to handle suicidal crises on-site as well as offer public workshops on suicide prevention and recognition in the community

- Critical Incident Stress Management (CISM): program for front-line workers where staff respond to incidents in the community and provide support (ex: loss of a patient, suicide of co-worker, death or violence towards a child)<sup>6,7,8</sup>

### Services for Youth

The Moncton Hospital features a Child and Adolescent Psychiatric Unit (CAPU) with 6 beds and a 2-bed observation unit. Additionally, the Pierre Caissie Centre is a 6-bed provincial facility in Moncton and part of the Youth Treatment Program (YTP).<sup>9</sup> CMHCs also include treatment services for severe conduct-disordered youth (one provincial team and 13 regional teams). *A common problem for youth in NB is timely access to health services, especially mental health services.* In 2014-2015, only 52.6% of NB youth seeking mental health services in the health system could access care within 30 days.<sup>10</sup> These wait times can result in crisis, as was the case for 19-year-old Kingsley Matthews who ended his life, six months after being placed on a waitlist for counselling services.<sup>11</sup>

In 2011, the province started Integrated Service Delivery (ISD) at 2 sites (Acadian Peninsula/Alnwick and Charlotte County) to improve the mental health of school-aged children in the province. In 2014-2015, 16% of grade 4-5 students had a low level of mental fitness on the Elementary Student Wellness Survey conducted by the province,<sup>12</sup> and ISD was expanded to address this. ISD is now available in the original sites as well as the Saint John, Sussex, Miramichi, Chaleur-Restigouche, and Fredericton areas. ISD brings professionals from mental health and addictions (health authority), education, and the Department of Social Development together to work as a team. The program offers mental health and behavioural services provided by school psychologists, mental health and addictions social workers and psychologists, school counsellors, occupational therapists, and others working together.<sup>13</sup> *A key gap that remains is that psychoeducational assessments are often required for these children, are not covered by the province, and can cost \$2000-\$4000 to be done privately.*

### Services for Students

Students often have the option to access mental health services through their academic institutions. High schools will normally provide a guidance counsellor to students, while universities offer professional counsellors and/or psychologists. Some examples of university mental health services in New Brunswick include:

- University of New Brunswick
  - Fredericton: UNB Counselling Services, Psychological Wellness Centre
  - Saint John: UNB Counselling Services
- St. Thomas University: St. Thomas Counselling Services
- Mount Allison: Mount Allison Mental Health and Wellness
- Université de Moncton: Services de psychologie (Services aux étudiantes et étudiants)

While student mental health services are fulfilling a pressing need, there are concerns about providing adequate mental health care to youth and young adults who are not part of an

academic institution. Access to mental health services is therefore inequitably distributed for this population.

### Services for the Elderly

Services for the elderly are expansive and include medication monitoring, discharge planning, supportive therapy, grief counselling, physical/sexual/substance abuse support, and others. This can be within community groups, adult residential facilities, nursing homes, or through extramural services.

### Telephone Services Offering Mental Health Support

Telecare: 811

CHIMO: 1-800-667-5005

Kids Help Phone: 1-800-668-6868

Mobile Mental Health Crisis Services: 1-888-811-3664

Emergency services: 911

## Discussion of Solution 1: Prevention of Mental Illness

Compiled by: Mehdi Belbraouet, Dax Bourcier, Sophia Miao

### Background

75% of all mental health illnesses begin before the age of 25. It is estimated that 1 in 5 Canadians is affected by a mental illness or disorder, which makes it the single most disabling group of disorders in Canada. Mental health problems are the second highest hospital care expenditure in Canada. The direct cost of mental health (including physician and hospital care, medication, social services and income support) on our economy is above 50 billion dollars every year and is increasing exponentially. This makes up 2.8% of Canada's GDP.<sup>14</sup>

Another important factor are the indirect costs (includes absenteeism, presenteeism or leaving the workforce altogether), which was estimated to be \$6.4 billion in 2011, increasing to \$16.0 billion in 2041. If this money is represented in terms of cumulative productivity (potential economic gain of these workers), the cumulative 30-year productivity impact is expected to be \$198 billion.<sup>15</sup>

The Canadian Mental Health Association states that by reducing the number of people experiencing a new mental illness in a year by 10%, after 10 years at least \$4 billion per year could be saved.<sup>15</sup> **However, only 1 in 5 Canadian youth receive the mental health services they need.** Targeting the youth population with parent education and family support programs, such as home visits combined with *early childhood education* have been demonstrated to result in better outcomes for people living with mental health problems and illnesses such as depression and anxiety, with return on investment ratios ranging from **\$1.80 to \$17.07 for every dollar invested.**<sup>16</sup>



One potential avenue to improve youth mental health is to focus more on improving protective factors like resilience, instead of as opposed to only targeting risk factors. In the New Brunswick Health Council's 2016 report *Protective Factors as a Path to Better Youth Mental Health*, they state 35% of New Brunswick youth ages 15-24 are diagnosed with a mental or substance use disorder in their lifetime, compared to a national average of 30%. Of the 12 protective factors measured in the report, **the one with which students least identified was "I know where to go in my community to get help."**<sup>17</sup>

Potential risk and protective factors are presented in the following table:

	Protective factors	Risk factors
<b>Individual</b>	<ul style="list-style-type: none"> <li>• Interpersonal/prosocial skills</li> <li>• Health literacy</li> <li>• Nutrition</li> <li>• Physical activity</li> <li>• Reading skills</li> <li>• Sleep</li> </ul>	<ul style="list-style-type: none"> <li>• Sadness or depression</li> <li>• Anxiety</li> <li>• Stress</li> <li>• Chronic or severe mental illness</li> <li>• Problematic use of substances, including medications</li> <li>• Heavy alcohol consumption</li> <li>• Smoking</li> <li>• Chronic illness</li> <li>• Poor nutrition</li> <li>• Physical inactivity</li> </ul>
<b>Caregiver/Family</b>	<ul style="list-style-type: none"> <li>• Adequate social and emotional support</li> <li>• Nurturing environment</li> <li>• Social activity</li> <li>• Friendships</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation</li> <li>• Lack of family support</li> <li>• Limited social network</li> </ul>
<b>Environment/Context</b>	<ul style="list-style-type: none"> <li>• Access to community support services</li> <li>• Supportive environment</li> <li>• Access to appropriate mental health services</li> <li>• Opportunities to serve as a volunteer</li> <li>• Meaningful participation and a feeling of belonging</li> </ul>	<ul style="list-style-type: none"> <li>• Low socio-economic status</li> <li>• Lack of support services, including transport, shopping and recreational facilities</li> <li>• Limited mental health service</li> <li>• Stigma and discrimination</li> <li>• Language barriers</li> </ul>

### Canadian Mental Health Association: New-Brunswick Division

The mission of the Canadian Mental Health Association (CMHA) of New Brunswick is: "As the nation-wide leader and champion for mental health, CMHA facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery from mental illness." Their website states: "We are a grassroots organization that provides services to all communities in the province such as presentations, programs, support groups, workshops and advocacy for children, youth, adults and seniors living with mental illness or those in search of mental wellness. A wide range of specialized mental health programs and services are offered by CMHA of NB offices and Community Education Coordinators throughout the province. Programs and services are tailored to the needs and available resources of those communities where they are based."<sup>18</sup>

### Í'm Thumbody (J'suis quelqu'un)

Í'm Thumbody is a self-esteem and coping skills development program for children. It ran in grade 3 classrooms across New Brunswick until the government ended it's funding 3 years ago.

The program's purpose was to help young people understand and learn about mental health, and to increase skills that promote personal development and successful relationships. The program:

- Builds healthy self-concept
- Stimulates the development of self-confidence
- Instills feelings of self-worth, individuality and responsibility
- Develops an understanding of each person's unique skills and interests and the value of their differences, strengths and individuality
- Enhances self-awareness

The program is presented in classrooms by trained Canadian Mental Health Association volunteers as part of the school's curriculum. In two 1-hour classroom sessions, students explore their self-concept by participating in a range of activities that include: videos, specially-designed activities which enhance self-concept, and handouts to further educate, motivate and inspire parents, teachers, and children to work on healthy self-concept development.<sup>19</sup>

### Kennebecasis Valley Oasis Youth Centre

The KV Oasis Youth Centre is a non-profit organization that opened its doors in November 2016 in Quispamsis, NB. The organization recognizes that mental health is the single biggest issue facing young Canadians today, and believes in providing preventative resources in hopes of helping youth avoid more serious problems in the future.

Oasis strives to provide safe, comfortable, accessible, and stigma-free spaces in which to promote activities and programs which enhance and develop youth and families within the community. It brings a new multi-faceted entity to the region that provides its participants with the resources needed to develop and learn new skills, engage with their peers, express themselves creatively, and access medical attention.

The centre welcomes youth ages 12-25 from the surrounding region, including Rothesay, Quispamsis, Kingston Peninsula, and Hampton. Partnering with other community organizations, such as Canadian Mental Health Association, Big Brothers Big Sisters of Saint John, Youth Impact, MADD, and Family Matters Counselling Services, KV Oasis offers:

Activities (i.e. cooking classes, coffeehouses, dances, games rooms, art galleries)

Workshops and seminars (topics covered include youth empowerment, leadership and entrepreneurship, healthy eating and lifestyle, building self-esteem, suicide prevention, dealing with depression, drug and alcohol addiction, career guidance, sexuality, and anti-bullying)

Office spaces for counsellors, social workers, psychologists, and physicians.<sup>20</sup>

In New Brunswick, The Link Program was developed in the mid-1990s as a response to increased rates in teen suicide in the Grand-Falls area. In 2006, with support from the Wellness Branch, efforts to expand the Program to other areas of the province were initiated. The program is for students in grades 6 through 12, however in some areas the program has since expanded to respond to a greater population. In short, the Link program aims to facilitate access to and navigation of mental health services.<sup>21</sup> Similarly, ACCESS NB will establish Safe

spaces within the communities where children and youth can access support from an ACCESS clinician. In short, the initiative aims for increased access to mental health and addictions services.<sup>22</sup>

## Discussion of Solution 2: Access to Information about Mental Health Services

Compiled by: Allison Gallant, Gabrielle Hibbert, Nick Quinn

### How Do I Access Mental Health Services in New Brunswick?

There are several ways to access mental health services in New Brunswick, including: through the emergency department of a hospital, referral to psychiatric or counseling services by a family physician, self-referral to a mental health centre, community organizations providing mental health services, and paying for private mental health services. If your workplace has an Employee Assistance Program, you can access counseling services that way.

The Primary Health Survey from the New Brunswick Health Council in 2014 identified barriers to accessing care including waiting lists, difficult navigation of the healthcare system (especially for zones 2 and 3), and transportation difficulties (especially for zones 5 and 7).<sup>23</sup>

### Tele-Care and Mental Health

To improve accessibility in rural communities, programs using videoconferencing and other technologies have been implemented in various locations in Canada. Successful examples of these programs from Ontario and Nunavut suggests that they are potential solutions to reduced access to mental health for rural patients.<sup>24</sup>

Another form of technology used to increase accessibility to mental health services is Tele-Care. Tele-Care is a free and confidential health information line used in New Brunswick and all of Canada. By calling, you are connected with bilingual registered nurses 24/7. This line is used for any type of advice, including mental health concerns. Tele-Care is great for people in rural and isolated areas, as well as for people who are unsure of whether to go to a walk-in clinic or the ER during non-emergencies. However, there is a need for a more centralized source of information for mental health services in New Brunswick. The Tele-Care line is not adequately prepared to address the unique needs of mental health conditions and is not set up to help people navigate mental health services in their community.

Centralized access to information on mental health services has been largely successful in a systematic review of mental health services in Ontario. Connecting patients with the right services improves access to the right care and shown to increase the patient experience.<sup>25</sup> Single point of entry to care has been applied to other disciplines and shown efficacy in improving accessibility, including in cardiology, surgical disciplines.<sup>26</sup>

Presently, there exists a patchwork of programs and services available for mental health across New Brunswick. Navigating these services, from both a patient a health care provider

perspective, is a difficult task and may result in unnecessary wait times as well as ineffective continuity of care. Not all health care providers are adequately trained in mental health care nor are they knowledgeable of the various services available to assist in the care of patients.

### Single Point of Entry: Paving the Way SJ

Paving the Way SJ, led by Family plus, is an initiative seeking funding to pilot a centralized source of information for mental health services by using ProcedureFlow, a process mapping program that would help categorize mental health services and guide both patients and health care providers to the appropriate resources. Paving the way would provide a common source of information for both patients and healthcare providers to help direct individuals to the appropriate resources and help navigate the complex network of mental health services. As the primary point of contact for mental health services, patients can expect consistency in information as well as across service providers. As a single point of entry for information to mental health services, paving the way would achieve four main objectives: 1) create a single-entry point of information for patients and caregivers, 2) implement common risk criteria within the mental health system, 3) identify and connect mental health advocates with proper care specific to unique needs, and 4) increase knowledge of programs, services, and resources as well as their intended client. (For more information, please see the information in the Google Drive.)

## Discussion of Solution 3: Support those with Severe Mental Illness Living in the Community

Compiled by: Aimée Bouka, Gabrielle Melanson, Emily Leaman

### Flexible Assertive Community Treatment (FACT) Teams

FACT Teams have a multidisciplinary team-based approach to supporting individuals living in the community with severe mental illness. The teams can adapt the intensity of support based on individual needs. The teams are made up of members from a wide variety of disciplines, including psychiatry, community/psychiatric nursing, clinical psychology, employment services specialists, addictions counselling, and peer support.

#### **The FACT Team offers:**

- Flexible, intensive, individualized support in the community based on the principles of harm reduction
- A strength and resiliency-based comprehensive assessment with collaborative, goal-focused recovery planning, facilitation, and service coordination
- Help with independence, self-management and quality of life through empowerment, coordination of services, and support
- Support provided helps clients reach their personal recovery goals, stabilize their living situation, and improve their quality of life
- Support is responsive to a person's multiple and changing needs over time and incorporates families and informal supports where needed<sup>27</sup>

## **Who are FACT Teams for?**

For adults experiencing severe mental illness with or without other complex challenges that limit their ability to function on a daily basis (ex: addiction, homelessness, low income, etc.).

## **Origin of FACT Teams**

Assertive Community Treatment (ACT) Teams were introduced in the 1970s and are recognized as an evidence-based intervention to improve housing and mental health outcomes for those living with severe mental illness. ACT Teams focus on outreach and on providing very intensive care to the people that need it most. They are indicated for the 20% of people living with the most severe mental illness, especially hard-to-engage patients at risk of hospitalization, homelessness, or neglect.

FACT Teams were developed as an alternative to ACT Teams in the Netherlands in 2007 and started in Canada in 2013.<sup>28</sup> Compared to ACT, FACT Teams serve a broader group of people living with severe mental illness, including stable and unstable clients outside of the 20% most in need.

The “flexible” part of FACT Teams is best demonstrated by their ability to provide the intensity of services that a client needs, and to adapt this over time as the person’s needs change. Under an ACT Team, a client would be transferred out to a less-intensive service when they became more stable, whereas a FACT Team instead allows clients to stay with the same care providers and adjusts the intensity of supports as needed. The higher-needs group requiring the most intensive care is discussed daily by the FACT Team and is managed using a shared caseload approach, while the lower-needs group needing less intensive care receive individual case management with multidisciplinary treatment and support on a regular basis. The FACT Team is also able to increase services to clients who return to the higher-needs group after a period of requiring less intense care (ex: risk of recurrent psychosis, hospitalization, etc.).

## [FACT Teams and Supportive Housing in New Brunswick](#)

A FACT Team was implemented in the Moncton area in 2014 as a result of At Home/Chez soi, a Canada-wide randomized controlled trial that studied outcomes related to housing, addiction, and severe mental illness in the community. The project provided housing using a Housing First model and supports using an ACT Team. At the end of the 4-year study, the ACT Team transitioned to a FACT team and continued to provide support to the participants with great success.<sup>29</sup>

Currently, the Moncton FACT Teams are the only ones functioning in the province, despite other areas having higher burdens of mental illness (ex: Zones 4 and 5 in northern New Brunswick have rates of total hospitalizations, repeat hospitalizations, and years lost by suicide higher than the provincial average).<sup>30</sup> The At Home/Chez soi study found that the Housing First + ACT model was effective in reducing service usage and improving quality of life of people living with severe mental illness, even in rural areas. However, the study ended almost 4 years

ago, and FACT Teams have yet to be rolled out across the province (i.e. they have just started in northern parts of NB and will soon be available in Fredericton area).

Despite efforts to make FACT Teams more accessible, we still need to improve access to housing and supports especially for New Brunswickers with severe mental illness. Stable housing remains an important barrier to attaining mental wellness and proper rehabilitation following acute psychotic episodes. According to some FACT team members, the silo system dividing health services and social development hinders access to housing. At Home/Chez soi showed that for every \$10 invested in Housing First and ACT Teams, a savings of \$7.75 in the health care, social services, and justice sectors was generated through a reduction in hospitalization, use of community services, and stays in detox facilities.<sup>29</sup>

During the consultation process, FACT team members and other community actors expressed concerns over lack of supportive housing for individuals suffering of severe and persistent mental illness. Often, these individuals live in precarious situations with the threat of eviction hanging over their head, if they are fortunate enough to be housed at all. This type of instability hinders care and is part of many social determinants of health impacting mental health. For others, long-term care facilities or institutionalization becomes the only option causing them to lose autonomy, psychosocial skills and reduces potential for rehabilitation.<sup>31</sup>

Peer-support housing is a positive model that combines care and proper support for individuals struggling with homelessness and chronic mental illness. The Salvus Clinic in Moncton provides an excellent template for sustainable supportive housing solutions.<sup>32</sup>

**NOTE: Data on the implementation and impact of mental health services and programs in New Brunswick need to be compiled and made more accessible to provide best evidence-based practices.**

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