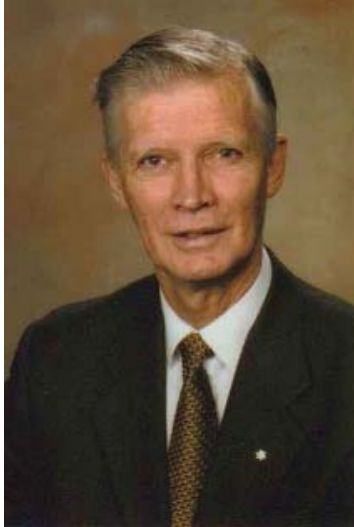


The Provincial Mental Health and  
Addictions Advisory Council

ANNUAL ACTIVITY REPORT  
2011-2012

# Chairperson's Message



I am pleased to provide the 2011-2012 Annual Report for the Provincial Mental Health and Addictions Advisory Council in accordance with the requirements of the *Transparency and Accountability Act* for a Category 3 Government Entity. In the development of this report careful consideration was given to the strategic directions of government, as communicated by the Minister responsible for this entity.

This Annual Report provides an overview of the activities of the Provincial Mental Health and Addictions Advisory Council and the goals and objectives identified in this report are identified in the 2011-2014 *Activity Plan*. Given the volume of work, I would like to take this opportunity to recognize the Council's valuable contribution and dedication to the field of mental health and addictions. In addition, I would like to recognize the Provincial Government's commitment to mental health and addictions by committing to infrastructure as well as program upgrades.

As Chairperson of the Provincial Mental Health and Addictions Advisory Council, my signature is indicative of the Council's accountability for the preparation of this report, any variances, and for the achievement of the specific objectives contained therein.

A handwritten signature in black ink that reads "Vincent Withers". The signature is written in a cursive style with a large, stylized initial "V".

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Vincent Withers  
Chairperson

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## **1.0 Overview**

The Provincial Mental Health and Addictions Advisory Council (Advisory Council, Council) was established in June 2010 to advise the Minister of Health and Community Services on key mental health and addictions matters in order to enhance services and improve the lives of those living with mental health and addictions issues in Newfoundland and Labrador (NL).

### **1.1 Mandate**

The Provincial Mental Health and Addictions Advisory Council advise the Minister of Health and Community Services on key mental health and addictions matters needed to formulate effective policy and decision making.

The Advisory Council specifically advises on matters related to:

- How government can best develop policy to improve and/or prevent mental health and addictions problems
- The process and content of possible revisions to the provincial policy framework for addictions and mental health
- The development, planning, delivery and evaluation of evolving mental health and addictions programs, services and support infrastructures
- The establishment of a set of indicators to measure performance within the policy framework and for service provision throughout the province.
- How to increase public awareness and education of addictions and mental health issues in NL.

### **1.2 Membership**

The Provincial Mental Health and Addictions Advisory Council is an 11 member group representing persons/families affected by mental illness and/or addictions; member representation was from Regional Health Authorities (RHA), non-government organizations, and community agencies. Membership is voluntary and appointments are made by the Minister of Health and Community Services. Current Council members are listed in Appendix A.

### **1.3 Meetings**

The Mental Health and Addictions Advisory Council first met in July 2010. Since membership is geographically representative of Newfoundland and Labrador, members can attend in person or by teleconference. In 2011-12, meetings were scheduled monthly or bi-monthly and attendance was always strong demonstrating the dedication of Council members. In 2011-12, there were six meetings in total.

### **1.4 Financial**

The work of the Provincial Mental Health and Addictions Advisory Council was supported and funded by the Mental Health and Addictions Division, Department of Health and Community Services. In addition, clerical support and secretariat services were also administered by the Mental Health and Addictions Division within the Department of Health and Community Services.

In 2011-12, the total expenses for the Advisory Council were \$7915 (before taxes) and included transportation, meals, accommodations/meeting venues, and other logistical components such as teleconferences.

### **1.5 Values**

The Mental Health and Addictions Advisory Council adopted the values of the Department of Health and Community Service, which were incorporated into Advisory Council activities:

- Professionalism**  
Each person is qualified and competent, and supported in their work through a culture that encourages continuing education and employee development.
- Excellence**  
Each person makes decisions based on the best evidence available and follows proven best practices to ensure individual and departmental performance is maintained at the highest possible standard.
- Transparency and Accountability**  
Each person takes their responsibility to their clients seriously and contributes to a culture of openness and transparency in decision-making and reporting.
- Collaboration**  
Each person engages others, both within and external to the department, in a positive manner, respectful of others and their different perspectives.

□ **Privacy**

Each person manages and protects information related to persons/families/organizations/communities and the department appropriately

**1.6 Primary Client**

The primary client of the Provincial Mental Health and Addictions Advisory Committee is the Minister of Health and Community Services. By fostering an environment of understanding within government about mental health and addictions, all persons in the province are also served.

## **2.0 Shared Partnerships 2011-12**

In 2011-12, the Advisory Council partnered with several organizations with the goal of improving mental health and addiction services in Newfoundland and Labrador.

In addition to mental health and addiction service improvements, the 2011-12 partnerships also supported the strategic directions of population health and access to priority services (see appendix B) as communicated by the Minister. The work of the Council supported the strategic direction of the Department by aiming to improve population health and access to mental health and addictions services.

This section provides information on significant partnerships in 2011-12 and the Advisory Council's contribution to these strategic directions.

**Mental Health Commission of Canada (MHCC):** The Advisory Council partnered with the MHCC for information sharing and knowledge exchange purposes. In 2011-12, the Council had two meetings with the president and CEO of the MHCC who presented on the various programs and activities of the MHCC and also advised how the Advisory Council could become involved with MHCC. In addition to building a relationship with the organization, the Advisory Council had two members actively involved in other facets of the MHCC- one member was on the Board of Directors and another was a representative on the National Service Systems Advisory Committee.

**Community Support Groups (CSG):** By the very nature that Advisory Council membership included representatives from community support groups (CSG); partnerships between CSG and the Advisory Council were strong. In 2011-12, six of the 11 members belonged to one of the following organizations at the community level:

- Choices for Youth
- Turnings
- Stella Burry Community Services (SBCS)
- Canadian Mental Health Association- Newfoundland and Labrador (CMHA-NL)
- Consumers Health Awareness Network Newfoundland and Labrador (CHANNAL)
- Eating Disorder Foundation of Newfoundland and Labrador (EDFNL)

In addition to membership, the Chair of the Advisory Council presented to the following nine CSGs on the role of the Advisory Council and how the community groups could become involved.

1. Schizophrenia Society of Newfoundland and Labrador
2. Canadian Mental Health Association, Newfoundland and Labrador Division
3. The Autism Society of Newfoundland and Labrador

4. Memorial University of Newfoundland and Labrador/Eastern Health Psychology student group
5. Mental Health and Addictions Regional Directors for RHA's
6. Labrador - Grenfell Regional Health Authority
7. Western Regional Health Authority
8. Provincial Advisory Council for the Inclusion of People with Disabilities
9. Labrador Aboriginal Council (Inuit, Innu, NunatuKavut Community Council)

CSG partnerships were important to the Advisory Council because they provided the grassroots or 'on the ground' perspective to mental health and addictions issues. By partnering with community organizations, the Council ensured that community views positioned the Council to provide the best possible and most meaningful advice to the Minister.

**Regional Health Authorities (RHAs):** The Advisory Council partnered with RHAs throughout the year. In 2011-2012, the Council visited Eastern Health, Western Health, and Labrador-Grenfell Health. The visit to Central Health is planned for June 2012. On these visits, Council was briefed on mental health and addiction services in the region; regional representatives identified effective strategies/programs and others that presented challenges. In addition to visiting the region, an individual from each RHA sits on the Council and this maintained communication between the RHA and Council.

**Department of Health and Community Services (DHCS)** The DHCS and the Council had a strong relationship in 2011-12. The Mental Health and Addictions Division provided secretariat support and also organized meetings, based on consensus from the Council. In addition to logistical work, the Advisory Council reported to the Minister and informed policy makers on pertinent issues related to mental health and addictions.



### **3.0 Accomplishments and Highlights**

**Roundtable on Waitlists:** During the regional visits to RHAs, the Advisory Council heard from service providers and community members that wait times were a challenge for mental health and addiction services. In August 2011, the Advisory Council proposed and the Department of Health and Community Services organized a roundtable discussion on mental health and addiction wait times with a goal of addressing how to solve the problem. The roundtable discussion produced action items to reduce waiting times including (among others) an analysis by RHAs of current waitlists as well as innovative solutions towards collaborative care models. Representatives at the meeting included the Minister and officials of the Department of Health and Community Services, CEOs and a Vice President from each RHA, and representatives from the Advisory Council. The meeting was productive in that the issue was addressed and ways to improve access to services were identified. The meeting was both a highlight and an accomplishment of the Council because the issue was brought to the forefront.

**Policy Advice:** Building on the advice provided in 2010-11, Council submitted three policy documents to the Minister in 2011-12. These documents were advice on community support groups, e-outreach opportunities, and the *Mental Health Care and Treatment Act*. These documents were reflective of the Council's experience and the input received from the community. This was an accomplishment that spoke to the Council's dedication on current issues and their desire to provide the best possible advice to the Minister.

**Methadone Maintenance Treatment (MMT):** In 2010-11, the Council reviewed provincial MMT guidelines. Following the analysis, the Council participated in a Pan-Canadian review of best practices for methadone maintenance treatment as well as a stakeholder roundtable discussion of MMT in Newfoundland and Labrador. Building on the work in 2010-11, the Council remained committed to MMT in 2011-12 with discussions at five of the six Council meetings. MMT remained a priority throughout the year and Council's feedback and advice for MMT in Newfoundland and Labrador was actively communicated to the Minister.

## **4.0 Report on Performance**

The Advisory Council recognized the alignment between its vision and mission and that of the Department of Health and Community Services and adopted the Department's as its own.

### **4.1 Vision**

*The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well being.*

### **4.2 Mission**

*By March 31, 2017 the Department of Health and Community Services will have provided leadership to support an enhanced health care system that effectively serves the people of the province and helps them achieve optimal health and well-being.*

The Advisory Council members, individually and collectively, contributed to achieving the Department's mission by providing advice, and at times, participating in the review of the existing policy framework, *Working Together for Mental Health*. The provision of advice and the collaborative efforts to inform policy development and the delivery of programs and services furthered positive mental health and well being throughout the province.

### 4.3 2011-12 Progress

#### Goal 1: Provincial Policy Framework Annual Objectives

The 2005 policy framework, *Working Together for Mental Health*, was the Government of Newfoundland and Labrador's response to the long acknowledged challenges faced by those who use the mental health and addiction system. The policy directions in *Working Together for Mental Health* are:

- Prevention and early intervention
- Consumers and significant others
- Bridges for better access
- Quality mental health and addiction services
- Accountability and measuring progress

Under this policy framework, over \$25 million was invested by the Provincial Government to support addiction and mental health services throughout the province. Examples of investment include the development of two youth treatment centres for youth with addictions and complex mental health issues, additional case manager positions, and the replacement of the Waterford Hospital, among many other initiatives. In order to have continued benefits from these investments, the Advisory Council must remain current and relevant. Because of the Budget 2011-12 investments in mental health and addictions, the Council viewed the occasion as a time of renewed commitment to mental health and addictions including the revision of the 2005 policy framework. When the Council reviewed the existing 2005 framework, they identified strengths and achievements as well as areas for change and revision. Progress towards achieving this goal in the first of three years of this activity plan is documented below.

This goal supports the strategic direction of population health by addressing mental health and addiction concerns in the province.

**Goal:** By **March 31, 2014**, Provincial Mental Health and Addictions Advisory Council will have reviewed the existing provincial policy framework for addictions and mental health.

**Annual Objective:** By **March 31, 2012**, the Provincial Mental Health and Addictions Advisory Council will have engaged stakeholders in reviewing the provincial policy framework for addictions and mental health.

**Measure:** Engaged Stakeholders

<b>Indicators (Planned Activity)</b>	<b>Actual Activity</b>
Provided a focal point for stakeholder input	The Council presented to 11 community groups throughout the year. The information and feedback given to Council members at these times were used to develop suggested revisions to the policy framework.
Advised on the policy directions and stakeholder engagement	The Council provided input into the policy directions and the best methods to engage interested stakeholders.
Provided documentation, such as reports, meeting minutes, and ministerial correspondence	The Council provided the identified documentation to the Minister on pertinent issues related to mental health and addictions. In addition, Council meeting minutes also included regular policy framework discussions at Advisory Council meetings.

**Discussion of Results:**

In 2011-12, the Advisory Council engaged stakeholders in reviewing the provincial policy framework for mental health and addictions. The Council engaged various community groups and provided a focal point for input. In addition, Council members relied upon their own experiences to advise on the policy directions and how best to engage stakeholders.

**Annual Objectives 2012-13 and 2013-14**

By **March 31, 2013** the Provincial Mental Health and Addictions Advisory Council will have advised on possible revisions to the Policy Directions of the Framework.

Measure: Advised on possible revisions

Indicators:

- Participated in public and targeted stakeholder meetings
- Provided advice on the policy directions, following stakeholder meetings
- Reviewed possible policy directions to assess degree of influence

By **March 31, 2014**, the Provincial Mental Health and Addictions Advisory Council will have continued to provide advice for select improvements /revision to the Policy Framework.

## **Goal 2: Pervasive Stigma Associated with Mental Health, Mental Illness, and Addiction**

Stigma and discrimination associated with mental health and addiction are significant barriers to accessing help. Thirty eight percent (38%) of Canadian parents would not tell anyone if their child had a mental illness and many people living with mental health issues say the stigma of the disease is often worse than the illness itself.

The Council identified tackling stigma as a goal because it directly addresses Council's mandate of increasing public awareness and education of addictions and mental health issues in Newfoundland and Labrador.

In Budget 2011, the Provincial Government committed to the development of a public awareness program supporting the second goal of the Advisory Council (Pervasive Stigma Associated with Mental Health, Mental Illness, and Addiction). The awareness program will decrease stigma and discrimination attached to mental illness and addictions and increase understanding of how and when to seek help.

A Program Manager was hired by the Department of Health and Community Services in August 2011 to oversee the development of the public awareness campaign. The manager met twice with the Advisory Council over the past year and requested their input on all planning stages of the program. The Council formally approved the program goals, objectives, workplan, and pledged their full support for the program in November 2011. Progress towards achieving this goal in the first of three years of this activity plan is documented below.

This goal supports the strategic direction of population health by promoting positive mental health and decreasing the stigma associated with mental health issues.

**Goal:** By **March 31, 2014**, the Provincial Mental Health and Addictions Advisory Council will have participated in the development and implementation of a provincial awareness campaign for mental health and addiction issues.

**Annual Objective:** By **March 31, 2012**, the Provincial Mental Health and Addictions Advisory Council will have provided input into all planning stages of the campaign.

Measure: Provided input

<b>Indicators (Planned Activity)</b>	<b>Actual Activity</b>
Submitted consultant reports	The consultant reports (interim and final) were submitted to the Department of Health and Community Services and reviewed by the Advisory Council.
Forwarded correspondence to the Minister and decision makers	The Advisory Council forwarded correspondence to the Minister and other decision makers as was appropriate. The Council consistently discussed the issue of stigma in relation to mental health and addictions which in turn related back to the program.
Recorded progress in meeting minutes	The Advisory Council discussed progress multiple times at the 2011-12 Council meetings and documented progress in the minutes.

**Discussion of Results:**

The Advisory Council was very active in the development of the **provincial awareness campaign**. The Advisory Council provided input into all planning stages of the campaign by reviewing the consultant reports and discussing the project at multiple Council meetings throughout the year.

**Annual Objectives 2012-13 and 2013-14**

By **March 31, 2013**, the Provincial Mental Health and Addictions Advisory Council will have participated in the campaign.

Measure: Participated in the campaign

Indicators:

- Commented on the evaluative criteria to be used in the evaluation of the awareness program
- Participated in the implementation of the e-mental health program
- Participated in community announcements of the e-mental health program
- Provided input into further development of the e-mental health program

By **March 31, 2014**, the Provincial Mental Health and Addictions Advisory Council will have informed the evaluation of the campaign.

### **Goal 3: Accessibility of Services for Youth in Rural Areas**

Despite the gains that have been made in the recruitment of mental health professionals, challenges with accessibility and gaps in service delivery remain. Innovative methods of service delivery such as the use of e-mental health services and telemedicine can help to address service gaps. These gaps are notable in rural and remote areas of the province where geography and isolation play significant factors with how youth are engaged in traditional services and where cultural barriers, specific to Aboriginal populations, continue to prevent access to help.

In Budget 2011, the Provincial Government committed to the development of an e-mental health program supporting the third goal of the Advisory Council (accessibility of services for youth in rural areas). In addition, funding was provided to strengthen telemental health services in Newfoundland and Labrador. Both components of e-mental health services support this goal and will positively impact access to services specifically for youth and those in rural areas.

A Program Manager was hired by the Department of Health and Community Services in August 2011 to over see the development of the e-mental health program. The Manager met twice with the Advisory Council over the past year and requested their input on all planning stages of the e-mental health and addictions services. Progress towards achieving this goal in the first of three years of this activity plan is documented below.

This goal links to the strategic direction of access to priority services by providing another avenue of service that will connect individuals to addition services, if desired.

**Goal:** By **March 31, 2014** the Provincial Mental Health and Addictions Advisory Council will have advised on the implementation of an application of web based mental health and addiction services.

**Annual Objective:** By **March 31, 2012**, the Provincial Mental Health and Addictions Advisory Council will have participated in the planning of web based mental health and addiction services.

**Measure:** Participated in the planning of web based services.

<b>Indicators (Planned Activity)</b>	<b>Actual Activity</b>
Advised project coordinators	The Advisory Council has given feedback throughout the development of the web based services. The Advisory Council's feedback as well as approval, has been sought throughout the program development.
Advised external consultants	The program is in the primary stages of development and external consultants, for the development of program components, have not yet been hired. As a result, the Council could not advise these individuals.
Provided advice to decision makers related to this initiative	The Advisory Council provided advice to decision-makers throughout the development of the program.

**Discussion of Results:**

The Advisory Council was fully engaged in the program development and was well-informed on program progress. The Advisory Council participated in meetings related to the program and advised program coordinators and decision makers through feedback. External consultants have not yet been hired to complete the program.

**Annual Objectives 2012-13 and 2013-14**

By **March 31, 2013**, the Provincial Mental Health and Addictions Advisory Council will have provided input on the location, planned implementation and administration of web based mental health and addiction services.

**Measure:** Provided input

**Indicators:**

- Provided input into service design
- Advised external consultants
- Participated in the implementation of e-mental health and addictions services

By **March 31, 2014**, the Provincial Mental Health and Addictions Advisory Council will have advised on the evaluation of web based mental health and addiction services.



## ***5.0 Challenges and Opportunities for 2012-13***

- **Partnerships:** Partnerships with other organizations and groups provide an opportunity for the Advisory Council in 2012-13. By partnering and communicating with other organizations, the Advisory Council will stay informed about the most pertinent mental health and addiction issues and in turn, provide the best advice possible to the Minister of Health and Community Services. An anticipated challenge is to work more collaboratively with community groups and Regional Health Authorities.
  
- **Responsiveness to Identified Issues:** In 2012-13, the Advisory Council will continue to inform the Minister of Health and Community Services on significant issues in mental health and addictions. An anticipated challenge is helping prepare partners for upcoming changes in the mental health and addictions system such as the introduction of the e-mental health and awareness campaign. The Advisory Council has always had timely access to the Minister and this provides an opportunity in the 2012-13 year to once again provide timely advice on identified issues.

## ***Appendix A: Council Membership 2011-2012***

The following is a list of Council members and their respective affiliation:

Vince Withers- Eating Disorder Foundation of Newfoundland and Labrador (EDFNL)

Dr. Nizar Ladha- General and Forensic Psychiatry

Jocelyn Greene- Stella Burry Community Services (SBCS)

George Skinner- Canadian Mental Health Association – NL (CMHA-NL)

Mary Walsh- Social Activist

Peter Ralph- Consumer Health Awareness Network of Newfoundland and Labrador

Des Coombs- Central Health Service Provider and Psychologist

Lisa Goudie\*- Western Health Service Provider

Michelle Kinney- Nunatsiavut Government

Ron Fitzpatrick- Turnings

Colleen Simms- Director, Mental Health and Addictions Division

**Note:**

\*Resigned effective March 27, 2012

# ***Appendix B: Strategic Directions of the Department of Health and Community Services as Supported by the Mental Health and Addictions Advisory Council***

## **Strategic Direction 1**

**Title: Population Health**

**Outcome: Improved Population Health**

To achieve “improved population health”, focusing efforts on public health interventions that will; promote healthy lifestyles and reduce health inequalities, prevent acute and chronic illness and injury, and protect people from health hazards, are necessary. An integrated and collaborative approach, which preserves and promotes health and prevents and controls disease, is needed to:

- reduce the incidence of many of the illnesses that currently contribute to the burden of illness in Newfoundland and Labrador; and
- prepare the health system for illnesses and threats to health that are expected to emerge as society and the physical environment change.

Activities in these areas will decrease the burden of illness and associated health care and treatment costs, and contribute significantly to a sustainable health system. Focus areas for 2011-2014 are found on the next page. Some are population specific and others are related to health initiatives or programs to improve population health.

Focus areas of the Strategic Direction 2011-2017	The Population Health Strategic Direction is		
	Addressed by the Provincial Mental Health and Addictions Advisory Council		
	Activity Plan	Operational Plan	Work Plan
Aboriginal Health	X		
Chronic Disease Management	X		
Health Emergency Management			X
Wellness			X

## Strategic Direction 2

### Title: Access to Priority Services

### Outcome: Improved accessibility to priority services

In addition to the challenges of geography, climate and a dispersed population, Newfoundland and Labrador is experiencing *population aging*, a process whereby older individuals account for a proportionately larger share of the total population and immigration. We have the highest median age in Canada, that is, over half of the population is aged 43.3 years. In 2010, approximately 199,000 residents of the province were 50 years of age or over (38.8% of the population) and approximately 77,600 people aged 65 years or older made up 15.2 % of the population. We also have one of the highest rates of chronic disease in the country. All persons require access to health services and health providers at some point and the implications for the health system will be significant over the next 6 years.

All services cannot be provided in every community, therefore defining the balance between available resources, what is reasonable and appropriate access within a range of prevention and treatment options, and / or specialty and emergency services is critical. We remain committed to improving access throughout the province by increased review of existing services, referral patterns, utilization, targeted interventions, and engagement of patients and the public. This 6 year planning cycle will focus on reviewing progress to date in previously selected areas, addressing identified gaps and strengthening collaborative approaches with Regional Health Authorities, health providers, community groups and Atlantic partners in the following focus areas:

Focus areas of the Strategic Direction 2011-2017	The Population Health Strategic Direction is		
	Addressed by the Provincial Mental Health and Addictions Advisory Council		
	Activity Plan	Operational Plan	Work Plan
Access Management	X		
Mental Health and Addictions Services	X		

**Provincial Mental Health and Addictions Advisory Council**  
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