



## Chapter Highlights

### Chapter 2: Mental Health Services

#### Overall Conclusion:

- NSHA does not have a province-wide plan for mental health services; planning is underway but not complete
- NSHA lacks province-wide policies which decreases efficiency of mental health services

#### Planning of Services

##### Conclusion:

- NSHA lacks plan for mental health service delivery across NS
- Planning in progress for which services are delivered and where
- IWK has a plan for the services it delivers

##### Details:

- NSHA has been working on a plan since fall 2015
- NSHA did not meet the original 2016 deadline for the plan
- NSHA expected the plan to be ready later in 2017

##### Recommendations:

- NSHA - complete and implement plan

#### Access to Services

##### Conclusion:

- Inconsistent implementation of approach led to variations
- Wait times standards are not well-managed

##### Details:

- Internal review concluded CAPA varied across NS
- CAPA predates NSHA and is not required across NS
- No provincial guidelines for CAPA
- Across NS two different wait times standards are used
- Public wait times reporting is not based on standards

##### Recommendations:

- NSHA and IWK - have a well-defined model of care, including evaluation
- All parties - clarify and report wait times standards

#### Emergency & Crisis Response

##### Conclusion:

- Most regional emergency departments supported by crisis response
- Access to services varies based on location and time of need
- Lack of policies impacts emergency department safety and crisis services

##### Details:

- Dartmouth General has no crisis response or psychiatry on-site
- No provincial policy on patient transfers
- Mandate and role of hospital security is not clear
- Recommendations accepted in 2017 to improve emergency department safety

##### Recommendations:

- NSHA - assess emergency department access to crisis and psychiatry services
- NSHA - finalize province-wide policies
- NSHA - implement accepted safety recommendations

## Together We Can Strategy

### Conclusion:

- 2012 mental health strategy - poor governance
- Not all actions completed
- Final evaluation needed to assess results

### Details:

- 10 of 26 strategy items not completed
- No overall governance approach on who was responsible
- Confusion over responsibility
- No planned final evaluation to assess effectiveness

### Recommendations:

- DHW - assess if remaining items still relevant and explain plans
- DHW - do final evaluation of the strategy

## Funding and Accountability

### Conclusion:

- Funding at NSHA not tied to a plan
- No accountability to NSHA for effectiveness
- IWK funds based on plans and assesses performance

### Details:

- Funding based on prior year budget
- No formal accountability for performance of services
- NSHA working to increase accountability requirements

### Recommendations:

- NSHA - base funding on a plan; require accountability

## 5 Questions Nova Scotians may want to ask:

1. What is the current status of the mental health services plan?
2. Is there a schedule in place for implementing the plan? Will Nova Scotians be informed of progress?
3. Are there now clear wait times standards, with an action plan in place to improve reporting to the public?
4. How do Nova Scotians find out when and where crisis response services are offered, and the most efficient way to access services?
5. Government accepted the recommendations on emergency department safety in January 2017. What improvements have been made?