

Chapter 2

Health and Wellness, IWK Health Centre, and Nova Scotia Health Authority: Mental Health Services



Overall Conclusion:

- The health authority does not have a province-wide plan for mental health services; planning underway
- The health authority lacks province-wide policies; decreases efficiency
- 2012 mental health strategy was poorly managed
- Ten strategy items directly related to mental health not yet completed

Why we did this audit:

- 1 in 5 Canadians experience mental health issues every year
- Approximately \$225 million per year is spent on mental health
- Previous audits identified issues with mental health services
- Nova Scotians expect quality health care in a reasonable time frame
- Mental health issues have social and economic impacts on the province

What we found in our audit:

- The health authority lacks a plan for the services it provides and where
- Work has been underway since fall 2015 to create a plan
- Implementation of the approach used to provide mental health services has varied
- Basic information on how to access mental health services is available
- Health authority websites present different levels of information
- Wait times vary across the province
- Nova Scotians are not well-informed on expected wait times
- Services during a crisis vary; depend on location, time of need, policies
- Patient and staff safety concerns due to no or weak policies and practices
- Government has committed to review and address hospital safety
- Evaluation of effectiveness of mental health spending not done
- No planned evaluation of the 2012-17 strategy to see if mental health care has improved



Recommendations at a Glance

Recommendation 2.1

The Nova Scotia Health Authority should ensure mental health services delivery plans are completed and implemented as scheduled.

Recommendation 2.2

The Nova Scotia Health Authority should ensure there is a well-defined, evidence-based model of care for mental health services, including an evaluation process.

Recommendation 2.3

The Department of Health and Wellness, the Nova Scotia Health Authority, and the IWK should determine and clarify wait times standards for initial and subsequent appointments, and evaluate and report on both standards based on defined triage categories.

Recommendation 2.4

As part of health services planning, the Nova Scotia Health Authority should assess emergency department access to crisis services and psychiatry support, and consider cost-benefit, patient-focus, and alternative service delivery models to increase availability if required.

Recommendation 2.5

The Nova Scotia Health Authority, in collaboration with the IWK, as required, should finalize policies for emergency mental health services, and reflect a provincial approach to service delivery.

Recommendation 2.6

The Nova Scotia Health Authority should implement the emergency department safety recommendations identified in the January 2017 Improving Workplace Safety report as accepted by government.

Recommendation 2.7

The Department of Health and Wellness, in consultation with the Nova Scotia Health Authority and the IWK, should determine and communicate whether implementation of the remaining ten strategy items is appropriate and consistent with current plans, and if so, when action can be expected.

Recommendation 2.8

The Department of Health and Wellness, in consultation with the Nova Scotia Health Authority and the IWK, should complete a final evaluation of the Together We Can strategy.



Recommendation 2.9

The Nova Scotia Health Authority should ensure funding to programs and services is allocated based on service delivery plans, and include accountability requirements for the performance of funded programs and services.



2 Health and Wellness, IWK Health Centre, and Nova Scotia Health Authority: Mental Health Services

Planning of Mental Health Programs and Services

No current service delivery plans at the health authority

- 2.1 There are currently no plans for how and where mental health services are delivered across the Nova Scotia Health Authority. The IWK reviewed their mental health services plan in 2012, and continue to review and update the plan annually making changes to services based on their identified needs.
- 2.2 In spring 2015, the nine former district health authorities merged to form the Nova Scotia Health Authority. In the fall of that year, the Department of Health and Wellness instructed the health authority to undertake a multi-year health services planning project, including mental health and addictions. This work was ongoing at the time of our audit and management told us they expect it will address many of the concerns we found in our audit. We look forward to its conclusion.
- 2.3 The purpose of health services planning is to figure out what programs are required, understand why they are needed, and determine where they should be provided using evidence and needs-based planning. The IWK has been involved throughout the process to ensure they have input into changes impacting their role. Progress of the health services planning project is reported to the Nova Scotia Health Authority board.
- 2.4 Health authority management provided meeting minutes and other documents to show that while province-wide planning is only happening through health services planning, they continue to address issues as they arise and mitigate short-term risks at the local level as necessary.
- 2.5 Senior leadership at the department, the health authority, and the IWK set a deadline of March 31, 2016 to have health services planning completed. The deadline was not met and work is ongoing. Health authority management responsible for the project indicated the original deadline was not realistic, and they now expect the service delivery plan to be completed in summer 2017.
- 2.6 Health authority management indicated the extent of differences in practice at the nine former district health authorities was not fully understood until zone directors were hired in January 2016. This was only a few months before the original deadline, which could indicate there was not enough consideration



put into the project schedule. Reasonable, well-thought-out deadlines are an important part of keeping a project on track.

- 2.7 While we did not audit the specific work involved with health services planning, we reviewed relevant draft documents and reports to inform our audit opinion.
- 2.8 It is important to note that while our audit focused only on mental health services, the programming in this area covers mental health and addictions services. We refer only to mental health services in this chapter, but the work being completed through health services planning is focused on addictions as well.

Recommendation 2.1

The Nova Scotia Health Authority should ensure mental health services delivery plans are completed and implemented as scheduled.

Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and intends to implement. Strong leadership and capitalizing on strategic opportunities for collaboration with other care providers will result in increased system capacity to deliver high quality, evidence-based supports, care and initiatives across all levels of mental health and addictions care in Nova Scotia.

The planning undertaken by Mental Health and Addictions used a needs-based, population health approach across the province and lifespan. We have recently engaged our staff and psychiatrists/ physicians to seek input on planning to date. Engagement with external partners, including the public, will be undertaken. Informed by planning to date, initial priorities for action in 2017-2018 have been identified and include establishment of central intake, expansion of community based care and support, establishment of a provincial approach to promoting positive mental health, supporting capacity-building of other health care providers, and increasing access to treatment for opioid use disorder.



Implementation of the mental health model of care has varied

- 2.9 The Choice and Partnership Approach is the main model of care which has been adopted to varying degrees throughout the province for outpatient and community mental health. The IWK was the first to implement the Choice and Partnership Approach for mental health and addictions services in 2012 as an alternative approach for providing mental health services.
- 2.10 Implementation of the model throughout the rest of the province occurred prior to the amalgamation of the nine district health authorities. As the model was implemented at the discretion of local leadership, this resulted in different levels of implementation. Use of the model is not currently required by the health authority or the department, and there are no province-wide policies or guidelines.



- 2.11 The Choice and Partnership Approach is focused on the client and their family. It is intended to be a collaborative process which provides choices to the client, while creating a treatment plan and ensuring the client is partnered with the proper clinicians and services.
- 2.12 A working group established by the health authority and the IWK completed a report in February 2017 concluding there is significant variation in the implementation of the Choice and Partnership Approach model across the province. The working group determined Nova Scotia is in low partial compliance with key components and identified the need to address the inconsistencies and establish best practice. The report has been reviewed by senior leadership at the health authority and the IWK, and the creation of a provincial leadership structure has been approved to consider the recommendations of the report, beginning with child and adolescent services.
- 2.13 Our findings from interviews with management from the health authority and the IWK were consistent with the conclusion of the report; mostly that the approach to implementation has led to inconsistent application of the Choice and Partnership Approach.
- 2.14 Examples of inconsistencies noted in our interviews include different wait-times targets, methods of intake, eligibility criteria, and assessment tools. With no province-wide approach at the time of implementation, policies and procedures were developed independently. Further, the health authority and the IWK have not adequately defined measures of success to evaluate outcomes of the model.
- 2.15 Until province-wide eligibility criteria are in place, it is difficult to assess whether services are delivered in a consistent, efficient manner. Without consistent eligibility criteria, clients may receive a higher level of care in some parts of the province than they would elsewhere. This could lead to different levels of care, with some clients receiving a higher level of care than necessary, using more valuable and limited resources than necessary. For example, receiving more psychiatrist hours could cause longer wait times for others that require those services. Similarly, without documented treatment plans and goals, clients may not exit the system in the most efficient manner, again causing unnecessary waits for others to receive needed services.

Recommendation 2.2

The Nova Scotia Health Authority should ensure there is a well-defined, evidence-based model of care for mental health services, including an evaluation process.

Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and has identified an evidence-based model of care for mental health and addictions. Planning for Mental Health and Addictions has used evidence related to population health needs in Nova Scotia and effective models of



service delivery. The plan includes recommendations to evaluate the model and to ensure that all processes, pathways, policies and standards are based in evidence and standardized across NSHA and, where appropriate, IWK to ensure that all Nova Scotians have access to and use services appropriate to their needs.

Access to Mental Health Programs and Services

▶ Former district health authority websites still in use

- 2.16 Many people access Nova Scotia Health Authority websites for information about mental health services in their region. This information is still presented on the websites of the nine former district health authorities, more than two years after the formation of the Nova Scotia Health Authority. The quality, layout, and consistency of these websites varies significantly. Throughout the audit period, three websites were under construction and presented only emergency and mental health clinic contact information, with no further program details available. Contact information for the provincial mental health crisis line which operates 24/7 was found on the department's website.
- 2.17 The health authority demonstrated that work on a new website is underway and is projected to be completed by summer 2017. This will merge information from former health authorities into one location for easier user access and consistency.
- 2.18 The IWK provides clear program details and contact information to the public on their website, as well as general information to support various areas of mental health and alternative resources. The IWK also presents information separately for youth, family and friends, professionals, and schools to provide clear access to the appropriate information based on the user needs.

▶ Wait times standards are not applied consistently or evaluated

- 2.19 Current wait times standards are not applied consistently across the province. The Nova Scotia Mental Health Standards, which are intended to provide guidance for quality service delivery and reduce variations across the province, state the triage categories for wait times as urgent (seven days), semi-urgent (28 days), and regular (90 days). Health authority and management in some zones stated that since the implementation of the Choice and Partnership Approach, appointments are only categorized as urgent, with the same seven-day standard, or regular, which does not have a specific wait times target. IWK management indicated they are also only categorizing appointments as urgent or regular; however, they are using a 28-day standard for regular appointments.
- 2.20 Published information on the department's wait times website does not report based on wait times categories (urgent, semi-urgent and regular).



Instead, only a single wait time is reported; however, even that figure often does not meet the 90-day standard for a regular appointment. We discussed the reported information with management and they expressed significant concerns regarding the validity of the data supporting it. While they acknowledged that many facilities are experiencing wait times well beyond even the regular standard, they noted that a lot of work is required to get useful information. Reporting inaccurate information is concerning, and the inability of the department and the health authority to present accurate meaningful information must be addressed.

2.21 Our 2010 audit of mental health services recommended assessing the need for more extensive reporting; however, no progress has been made. Only wait times for initial Choice and Partnership Approach appointments are reported publicly by the department, and it does not request information on wait times to subsequent appointments from the health authority or the IWK. The current method of reporting may create unrealistic expectations for clients, as management in some zones indicated that wait times to second appointments may be longer than the initial wait.

2.22 The last time our Office followed up the recommendation in 2014, the department stated that the current information systems do not easily allow for expanded reporting. It was indicated that as part of the Together We Can strategy, planning for a provincial mental health and addictions information system was underway, and expanded wait times indicators would be part of the reporting requirements of the new system. The new information system has not yet been developed. This is discussed later in this chapter.

Recommendation 2.3

The Department of Health and Wellness, the Nova Scotia Health Authority, and the IWK should determine and clarify wait times standards for initial and subsequent appointments, and evaluate and report on both standards based on defined triage categories.

***Department of Health and Wellness Response:** Agrees with the recommendation. DHW will work collaboratively with the IWK and NSHA to determine and clarify wait-time standards and report on those wait-times based on both the standards and triage categories.*

***Nova Scotia Health Authority Response:** Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing. The first priority will be to establish and monitor wait-time standards for Child and Adolescent Services. This should be in place by early 2018 with the implementation of Choice and Partnership Approach (CAPA) model and the enhancement of our capacity for provincial reporting. Establishment of standards for Adult Services is targeted for mid-2018.*



IWK Health Centre Response: *The IWK Health Centre recognizes there is not a Provincial wait-time standard for Child & Adolescent MHA services. The IWK Health Centre is committed to work closely with the DHW and NSHA to establish provincial wait-times. We will advance this work through a collaborative IWK & NSHA Provincial committee with the goal of standardizing the Choice and Partnership Approach (CAPA) across all Child & Adolescent Services. The provincial wait-time standards will be established within this committee and work is expected to be finished December 2017.*

The IWK Health Centre does track wait-time standards from referral to Choice Appointment and Choice Appointment to Partnership appointment. In 2015, the IWK has reduced their wait-time targets to 7 day urgent and 28 day regular to focus on improved access to care in ambulatory services. In July 2016, the IWK has implemented Lean Methodology and Improvement initiatives throughout our clinical treatment services to further improve access to care and reduce wait-times.

Emergency and Crisis Response Services



Staffing levels within crisis response services vary across the province

- 2.23 We interviewed emergency department staff and psychiatrists who indicated that crisis response services were helpful in providing quality emergency mental health assessments. Ten hospitals (QEII, IWK, and all regional hospitals excluding Dartmouth General) have mental health professionals who provide consultation to emergency department staff as an intermediary step before involving a psychiatrist. This service provides patients with access to the level of assessment required, while maximizing the efficiency and availability of emergency department physicians and psychiatrists.
- 2.24 Staffing levels for crisis response services vary across the health authority. In many locations, crisis response services only operate during daytime hours from Monday to Friday. The IWK has crisis response services and on-call psychiatry available at all times.
- 2.25 Dartmouth General is the only regional hospital in the province without a crisis response service and no psychiatry support to the emergency department. Patients who visit the emergency department and require a mental health assessment will be transferred to the QEII Health Sciences Centre.
- 2.26 Dartmouth General staff expressed concern that the current system is not patient-focused. They noted access to beds at the QEII and securing ambulance transportation often cause extended delays for patients to receive the services they require. While this process is similar to what happens in community hospitals, Dartmouth General is the fourth busiest emergency department in the province, with over 1,400 mental health-presenting complaints in 2016.



- 2.27 Yarmouth Regional has no dedicated crisis response staff; the service is offered by rotating responsibilities among mental health clinic staff. Management stated this causes issues with prioritization of work, and makes building skills and relationships with emergency department staff harder.
- 2.28 Availability of psychiatry support also varies across the health authority. Main differences identified by staff include availability of after-hours support via phone, and psychiatry on the weekends. There are also differences in the availability of support for child and youth psychiatry. These gaps are similar to the times when crisis response services are not available, meaning there are no mental health resources available to support emergency department staff.
- 2.29 Northern Child and Adolescent Psychiatry is a system which provides phone consultation to emergency department physicians and mental health clinicians in the northern zone when child and youth psychiatry support is not otherwise available. This collaborative rotation schedule is an innovative approach which maximizes the use of limited psychiatry resources. This service was discussed positively by emergency department staff, who expressed a desire for a similar service for adult psychiatry as there is no evening or weekend support available in the region.

Recommendation 2.4

As part of health services planning, the Nova Scotia Health Authority should assess emergency department access to crisis services and psychiatry support, and consider cost-benefit, patient-focus, and alternative service delivery models to increase availability if required.

Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing. As part of planning for Mental Health and Addictions, discussions about emergency department access to crisis services and psychiatry have already begun. We intend to standardize our model of service delivery and are developing plans for the expansion of crisis services, based on assessment of community need, with targeted implementation in winter 2018. We are also reviewing models for developing urgent care clinics associated with existing crisis teams, to support patients discharged from emergency departments who require more rapid access to follow-up than can currently be provided by general outpatient mental health and addictions clinics. In partnership with the Emergency Program of Care and first responder organizations, we will work to improve the capacity of other providers related to mental health disorders and harmful substance use/ gambling.



Policies and procedures vary across the health authority

- 2.30 Policies and procedures for crisis response vary across the health authority. Some sites have comprehensive and well-defined policies, while at least one hospital (Aberdeen) had no formal policies in place, although it did offer



crisis response services to support its emergency department. The IWK has policies supporting its crisis response services.

- 2.31 An example of the impact of different policies is that crisis assessments can be accessed directly through mental health clinics in some areas, while in others the service is only accessible through the emergency department. This difference may impact the length and type of wait experienced by the patient. Some staff noted that the emergency department environment is not ideal for someone experiencing a mental health crisis.
- 2.32 The Nova Scotia Mental Health Standards address the responsibilities of the emergency response physician for medical assessment of mental health patients in the emergency department. They do not address when involvement of the crisis response service for mental health assessment should begin, and how that is impacted by medical assessment.
- 2.33 Staff in the nine health authority hospitals with crisis response services (QEII and all regional hospitals excluding Dartmouth General) described different approaches to the requirement for medical assessment. This is an area of concern. We found that some crisis response services:
- require a medical assessment to be completed by the emergency response physician prior to beginning a mental health assessment,
 - require a medical assessment in all instances; however, will begin a mental health assessment while waiting for results, or,
 - do not require a medical assessment unless there is indication of a medical issue.
- 2.34 The IWK has completed a detailed analysis to determine their approach to mental health crisis response. All patients presenting to the emergency department will receive a medical assessment; however, crisis response staff will begin a mental health assessment while waiting for medical results when deemed appropriate.
- 2.35 There should be an established policy for when the involvement of mental health crisis response services should begin, and how that is impacted by a medical assessment to provide the most patient-focused level of care. This policy should be consistent for all hospitals in Nova Scotia.

Lack of transfer policies create inefficiency

- 2.36 Another area of concern was the lack of a provincial transfer policy. Staff across the province told us that if a patient has been assessed and requires admission to an inpatient unit but a bed is not available, the hospital will attempt to locate an available bed elsewhere in the province. Currently,



each hospital has their own policies about when to accept a patient from another hospital. While children needing inpatient care are transferred to the IWK, staff at various health authority hospitals identified concerns with this process as well.

- 2.37 In interviews with staff, they indicated that the amount of time spent calling other hospitals to locate a bed is frustrating and time-consuming. A few hospitals have staff specifically designated for bed management, whereas in most areas it may be a nurse, physician, or psychiatrist making the calls. Having a point person for the province to coordinate transfers was suggested by staff as being more efficient, and could potentially assist with cooperation. The health authority indicated this was currently under consideration.
- 2.38 Some hospitals limit transfers to daytime hours which may result in patients waiting overnight in an environment less appropriate for a person experiencing a mental health crisis. Most regional hospitals have arrangements to hold patients awaiting assessment on the inpatient unit or in holding beds; however, for community hospitals this is more challenging due to limited staff and space.
- 2.39 Health authority management indicated draft policies related to medical clearance and transfers are currently in progress. A separate policy for admission and transfer of children and youth is also in progress.

Recommendation 2.5

The Nova Scotia Health Authority, in collaboration with the IWK, as required, should finalize policies for emergency mental health services, and reflect a provincial approach to service delivery.

***Nova Scotia Health Authority Response:** Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing. We have been working collaboratively with the IWK on the development of a provincial policy on emergency admissions which was approved in fall 2017. Planning for provincial education to support the policy is now underway with the goal of having the new policy implemented by early 2018. We have initiated plans to enhance supports required to better coordinate the use of and access to inpatient beds in facilities across the province. A working group, with representatives from NSHA and IWK has been established to develop a policy on admission and transfer of children and adolescents.*

***IWK Health Centre Response:** The IWK Health Centre recognizes there is no approved provincial policy on Emergency Admissions. The IWK has been working collaboratively with the NSHA and developed a policy for emergency admissions which will be implemented by fall 2017. A working group, with representatives from the IWK and the Nova Scotia Health Authority has been established and are advancing the work of a provincial policy on admission and transfer of children and adolescents. This work should be complete by December 2017 and rolled out by February 2018.*



➡ Safety and security issues identified

- 2.40 After an incident at a community hospital in October 2016, a working group was formed to develop recommendations on emergency department safety in community hospitals. The report outlines 12 recommendations accepted by government in January 2017. Although the report is aimed at workplace violence, many of the issues identified in these recommendations were identified through our audit process and also impact the safety of patients.
- 2.41 Our interviews of staff at several hospitals across the province revealed that emergency department staff did not have mobile personal alarms. Staff indicated these alarms protect staff, the patient, and other people present in the emergency department. One of the recommendations in the working group's report is to provide mobile personal alarms to staff identified as requiring a device based on a risk assessment.
- 2.42 The Nova Scotia Emergency Care Standards state emergency departments must have a safe and secure area for mental health assessment and treatment. There is no further guidance as to what is required for a safe and secure space for mental health assessment.
- 2.43 Several hospitals have rooms for mental health assessment which are free from hazards. These rooms may include features like CCTV monitoring, intercoms, reinforced walls, key card access, and are free from exposed medical equipment. Other hospitals had rooms with minimal safety features, and some had no specific space for mental health assessments. Patients presenting in a mental health crisis at these hospitals will be placed in a regular emergency department room. Staff will attempt to remove all possible safety hazards; however, it is usually not possible to remove all risks, as there is equipment attached to walls or other permanent features.
- 2.44 In these situations, security staff may be used to observe patients; however, the hours and availability of security vary across the province. Within community hospitals, which are smaller in size, even the existence of security varies.
- 2.45 We visited community hospitals with no security staff (Strait Richmond), security only overnight (Queens General and Springhill), and security available 24/7 (Soldiers' Memorial). Staff expressed concern for safety, and two noted they would rely on custodial staff in an emergency while awaiting law enforcement support.
- 2.46 Even where security is available there was concern expressed over the mandate and role of hospital security. Staff are not clear on the appropriate expectations for the level of assistance to be provided by security.



- 2.47 Recommendations in the working group's report include facility risk assessments to determine how many security personnel are needed. This includes determining and clarifying the role of security as part of the care planning team. Although community hospitals have been identified as a priority, the health authority indicated that risk assessments will be completed at all hospitals.
- 2.48 The use of physical restraints also varies across the health authority. 35 sets of physical restraints were provided by the Department of Health and Wellness as of March 2015; however, several hospitals have not put the restraints into use as no training has been provided. A few hospitals organized training for staff independently.
- 2.49 There is currently no provincial policy on the use of physical restraints, or clarity on required training. Staff expressed concern about using restraints without having a policy and proper training, which is why the restraints have often not been used. The department purchased and delivered the restraints to all former district health authorities with no plan for training.
- 2.50 The working group's recommendations indicate that the facility risk assessment should also determine the level of training each employee needs, and include a review of restraint policies by the health authority.
- 2.51 All recommendations have deadlines for implementation, and the Department of Health and Wellness also requires annual reporting on progress, with the first report due in January 2018.

Recommendation 2.6

The Nova Scotia Health Authority should implement the emergency department safety recommendations identified in the January 2017 Improving Workplace Safety report as accepted by government.

***Nova Scotia Health Authority Response:** Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing. We co-chaired the Work Group that produced the Improving Workplace Safety in Community Emergency Departments Report in December 2016. We have implemented a comprehensive violence in the workplace policy and program, including conducting risk assessments in the community emergency departments. As required by the report, NSHA will submit a report identifying progress on the recommendations to Department of Health and Wellness by December 31, 2017.*

- 2.52 Staff at the IWK expressed no safety concerns about providing mental health services in the emergency department. Safe space for mental health assessment was available, staff had mobile personal alarms, and security was available on-site. The IWK does not use physical restraints in the emergency department; they were received from the department, but have not been used.



Together We Can Strategy

➤ No governance structure for the strategy

- 2.53 In May 2012, the Department of Health and Wellness released the five-year Together We Can strategy, which included 26 strategy items directly related to mental health. We assessed the status of the strategy items and found three have not started, and seven items are in progress. For a complete listing of our status assessment see Appendix I. The remaining 16 items were complete at the time of our audit.
- 2.54 The department did not establish an overall governance structure for monitoring the progress of the strategy. Effective April 1, 2016, some strategy items were transitioned to the health authority, while others remained the responsibility of the department. It was unclear who had responsibility for two of the strategy items not yet completed. These strategy items included 18-month developmental screening for all children, and completion of a sex, gender, and diversity review of all services. Not having a clear governance structure increases the risk of items falling through the cracks.

➤ Progress on a new information system stalled

- 2.55 No progress has been made on the strategy item requiring a better information system for mental health. The intention of this item is to create a province-wide accessible information system specific to mental health and addictions – a recommendation which we made in our 2010 audit.
- 2.56 With the exception of inpatient and emergency department visits, patient charting is currently mostly paper-based. Even with limited information stored electronically, there are three different systems in use across the province and they do not share information. This means when a provider needs information on a patient's mental health history, they must request this information be sent via fax or phone, unless it is located at an on-site clinic. This is inefficient for staff, can result in delays in treatment for patients, and poses a privacy risk if copies of information are misplaced or faxed to the wrong location.
- 2.57 Emergency department clinicians expressed frustration with limited access to patient records due to the use of paper files and multiple information systems across the province. Some also indicated that patients who already have treatment plans require more time than necessary from clinicians when they cannot access those plans. Family physicians told us they often do not receive information about their patient's mental health treatment. This would not be an issue if information was centrally located in a province-wide, accessible electronic system.



Recommendation 2.7

The Department of Health and Wellness, in consultation with the Nova Scotia Health Authority and the IWK, should determine and communicate whether implementation of the remaining ten strategy items is appropriate and consistent with current plans, and if so, when action can be expected.

Department of Health and Wellness Response: DHW agrees with this recommendation. In consultation with the NSHA and IWK, DHW will communicate the final status of the remaining strategy items. We will work together to implement any items that are identified as continuing to be in alignment and consistent with current health system planning. For any items implemented, we will identify clear time lines, expectations, and accountabilities.

Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and would be pleased to collaborate with Department of Health and Wellness on a review of outstanding items from the Together We Can strategy.

IWK Health Centre Response: The IWK Health Centre agrees with this recommendation and is supportive of ongoing collaboration with Department of Health and Wellness around the remaining items from the Together We Can strategy.



No final evaluation planned for the strategy

2.58 There is no final evaluation planned when the strategy wraps up in May 2017 to assess completion of all strategy items and if actions were effective in achieving intended goals. An important part of an effective strategy is building in accountability requirements. These hold the department accountable for time and money allocated to the strategy, but without final evaluation this will not happen.

Recommendation 2.8

The Department of Health and Wellness, in consultation with the Nova Scotia Health Authority and the IWK, should complete a final evaluation of the Together We Can strategy.

Department of Health and Wellness Response: DHW agrees with this recommendation. DHW in consultation with the Nova Scotia Health Authority and the IWK will complete a final evaluation on the Together We Can strategy.

Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and would be pleased to collaborate with Department of Health and Wellness on a final evaluation of the Together We Can strategy.

IWK Health Centre Response: The IWK Health Centre agrees with this recommendation and is very supportive of ongoing collaboration with Department of Health and Wellness around the final evaluation of the Together We Can strategy.



Program Funding and Accountability

➔ Funding for programs and services should be linked to a plan and evaluated

2.59 The Department's budgets for mental health services for the past five years are outlined below. This includes psychiatrists and physician costs related to mental health fee codes.

Fiscal Year	2013-14	2014-15	2015-16	2016-17	2017-18
Budget (000's)	\$215,070	\$222,073	\$225,230	\$226,130	\$227,510

2.60 Health Authority management told us funding is generally based on the prior year budget. Necessary funding adjustments are made if required to mitigate short-term risks. Basing funding levels on historical values is not an effective approach to budgeting without adequate planning, accountability, and review, and should be corrected through health services planning.

2.61 There is no formal accountability structure to the Health Authority for the performance of existing services. Zone directors for Mental Health and Addictions, and Health Authority management expressed that they are in frequent contact, however this is not documented. There should be clear reporting to the Health Authority on performance indicators for all mental health programs and services, to determine whether these programs are meeting their goals and objectives.

2.62 Financial information is currently provided to zone directors by the Health Authority for review, however analysis is limited. The Health Authority is working to increase financial accountability requirements, and a process for zone directors to explain variances from budget is in the beginning stages of implementation.

2.63 IWK programs are measured through evaluations of program effectiveness and internal reporting to the IWK's Mental Health and Addictions Leadership committee. Funding is allocated based on a plan and financial reporting occurs quarterly to the committee.

2.64 In times of limited financial resources, an effective service delivery plan helps ensure funding is clearly linked to programs and services, and that management is accountable for the financial and operational performance of those programs.

Recommendation 2.9

The Nova Scotia Health Authority should ensure funding to programs and services is allocated based on service delivery plans, and include accountability requirements for the performance of funded programs and services.



Nova Scotia Health Authority Response: *Nova Scotia Health Authority agrees with this recommendation and will implement. As part of our planning for Mental Health and Addictions, once priorities have been established and necessary decisions finalized with Department of Health and Wellness, we will develop an action plan including objectives, target timelines, resource allocation, and performance indicators. This will include the identification of key performance indicators that will assist in measuring and reporting on progress.*

Conclusion

- 2.65 The Department of Health and Wellness is responsible for overall direction of the health system, and ultimately responsible to ensure both the IWK and the health authority address any concerns we have noted. This will include ensuring the mental health services delivery plans are put in place at the health authority. In addition, the department needs to improve the reporting of its wait times for mental health services. We also found a full evaluation of the 2012 Together We Can strategy for mental health is needed to assess whether it has achieved its objectives.
- 2.66 While we understand the Nova Scotia Health Authority is responsible for 41 hospital sites and had been nine separate organizations two years ago, it needs to prepare clear plans for mental health services across the province. We found there were no overall service delivery plans in place, a model of care that was implemented haphazardly across the province, inconsistent policies covering crisis response service provision, and inadequate accountability for program funding and delivery. We also noted the need for the health authority to work with the department and the IWK to address concerns around wait times reporting for mental health services.
- 2.67 The IWK met most of our objectives in that they have mental health services delivery plans and policies covering those services. We did have concerns with the implementation of the Choice and Partnership Approach. The IWK also needs to work with the department and the health authority to address concerns around wait times reporting for mental health services.



Additional Comments from Health and Wellness

The Department of Health and Wellness agrees with recommendations of the Auditor General.

Since 2014, the health system in Nova Scotia has experienced a considerable change in service delivery and strategic oversight. The nine District Health Authorities were amalgamated into one entity on April 1st, 2015 – the Nova Scotia Health Authority, who, along with the IWK provide health services to Nova Scotians.

In 2016, the Department began its redesign to focus on improving its strategic leadership for the health system. Together, the Department of Health and Wellness, Nova Scotia Health Authority, and IWK are working to provide provincial level focus to health services. This new approach is intended to improve the delivery of care within the health care system and the health care for Nova Scotians.

To ensure provincial focus, all parties involved have undertaken a provincial level analysis of programs and services which included mental health and addictions. The Department of Health and Wellness, Nova Scotia Health Authority, and IWK have done considerable work to date and are dedicated to continuing this process making health care better for Nova Scotians.

Additional Comments from the Nova Scotia Health Authority

Nova Scotia Health Authority agrees with the recommendations of the Auditor General and is pleased that our provincial health services planning underway for Mental Health and Addictions, developed based on evidence and community needs, is in alignment with the recommendations.

In the spring of 2015, the Department of Health and Wellness, Nova Scotia Health Authority and IWK began collaborating to develop and implement a multi-year health plan, with the goal of creating an accessible health system that offers the right care, in the right place, at the right time.

For Mental Health and Addictions, the planning process identifies a model of service delivery that involves close collaboration with the IWK, as well as other key partners. It acknowledges the need for enhanced focus on promoting positive mental health and standardization of our approaches to care. We also recognize our responsibility to work with other sectors to build their capacity to address the needs of those who are at risk of developing mental health disorders, addictions or are experiencing mild to moderate problems, while at the same time ensuring that mental health and addictions services are available to meet the needs of those with more serious conditions. Improving services for those living with a mental health disorder or experiencing harmful substance use/gambling will take time. However, we have a tremendous opportunity as one provincial health system, working with our partners, to improve access to services for Nova Scotians.



Additional Comments from the IWK Health Centre

The IWK Health Centre agrees with the recommendations of the Auditor General and has provided additional information to demonstrate work happening in our program that is consistent with the recommendations outlined in this report. We also wanted to highlight our collaborative working relationship with the Nova Scotia Health Authority and Department of Health and Wellness as much partnership work is happening at the provincial health services planning table that is transforming our child & adolescent services into one provincial mental health and addictions standard.



Appendix I

Together We Can Strategy

Status of strategy items as assessed by the Office of the Auditor General

Action Item	Not Started	In Progress	Completed
18-month developmental screening for all children		✓	
Province-wide telephone coaching for all families			✓
Mental health clinicians in schools			✓
Enhanced education for EHS paramedics			✓
Reduced mental health wait times to meet standards through new approaches		✓	
Expanded peer support for mentally ill			✓
Skills training and support for families			✓
Province-wide toll-free crisis line			✓
More specialty care networks			✓
Training for care providers			✓
Better information system for mental health, addictions	✓		
Information-sharing guidelines			✓
Diversity group(s) for mental health, addictions		✓	
More collaborative treatment services for First Nations, cultural safety training for care providers			✓
Gay Straight Alliances for students			✓
Sex, gender, and diversity review of services	✓		
Undertake work to increase diversity in the addictions, mental health workforce	✓		
Recruit French speaking professionals		✓	
Education on seniors' mental health, addictions needs for care providers		✓	
Safe, affordable housing options		✓	
Funding process for community agencies, projects			✓
Mental health, addictions care for incarcerated adults		✓	
Anti-stigma initiatives			✓
Share reporting guidelines with media			✓
Awareness of healthy and safe workplaces			✓
Employer awareness of workplace programs			✓
Total	3	7	16



Appendix II

Audit Objectives and Scope

In winter 2017, we completed a performance audit at the Department of Health and Wellness, the Nova Scotia Health Authority, and the IWK Health Centre. The purpose of the audit was to determine if the health system is adequately planning and meeting its objectives for access to mental health services. We conducted the audit in accordance with sections 18 and 21 of the Auditor General Act and auditing standards of the Chartered Professional Accountants of Canada.

Criteria were developed specifically for this engagement by our Office. The criteria were discussed with, and accepted as appropriate by, senior management at the Department of Health and Wellness, the Nova Scotia Health Authority, and the IWK.

Our audit approach consisted of interviews with management and staff at the Department of Health and Wellness, the Nova Scotia Health Authority, and the IWK, with detailed audit work to assess the management and delivery of mental health services throughout the province. To conduct interviews, we visited fifteen hospitals across the province, and conducted tours of emergency department facilities. We examined relevant policies, processes, plans, reports, and other documentation. Our audit period covered April 1, 2015 to September 30, 2016. We examined documentation outside of that period as necessary.

Objective:

To determine whether the provincial health system has clearly defined plans for the delivery of mental health services.

To determine how funding for mental health services is allocated by the department, the Nova Scotia Health Authority, and the IWK and whether funded programs are monitored and evaluated for effectiveness.

Criteria:

- Plans for mental health services should be supported by demand trends and forecasts.
- Mental health services should be funded based on priorities identified in mental health services plans.
- Funding recipients should be accountable for funding and report on outcomes in relation to the purpose of the funded programs.
- Mental health services should be evaluated to ensure that they are meeting their planned objectives.



Objective:

To determine whether it is clear to the public how to access services.

To determine whether the Nova Scotia health system has defined reasonable wait times for mental health services, and whether services are delivered accordingly.

Criteria:

- Available mental health programs should be clearly communicated to health practitioners and the public.
- There should be a defined process for transitioning between youth and adult mental health care.
- There should be wait times targets established for accessing mental health services.
- Nova Scotians should receive treatment plans and services within targeted wait times.

Objective:

To determine whether the provincial health system delivers mental health crisis services according to established crisis management plans.

Criteria:

- NSHA and the IWK should clearly communicate to Nova Scotians what to do during a mental health crisis.
- NSHA and the IWK should have mental health crisis management plans.
- NSHA and the IWK should deliver services in accordance with mental health crisis management plans.
- NSHA and IWK frontline staff should have adequate training and resources to deal with mental health crises in line with crisis management plans.

Objective:

To determine whether the Department of Health and Wellness is adequately managing the implementation of its mental health strategy.

Criteria:

- The department should ensure there are detailed plans to implement actions from the mental health strategy.
- The department should adequately monitor progress of its mental health strategy plans and activities and report results.