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***Briefing Note***

**Mental Health: Bridging the Gap**

**Introduction**

As documented in media reports, academic studies and statistics, people have long been falling through the cracks in the mental health system in Nova Scotia and elsewhere. An already stretched mental health system has been further overwhelmed by COVID-19. Nova Scotia has also had to respond to other significant community crises, such as the Nova Scotia Massacre and Black Lives Matter Anti-Racism Protest. Individually and together, these stressors have significantly affected the mental health of many Nova Scotians and increased the urgency of addressing the gaps in service delivery to strengthen the system and achieve better outcomes for people.

The research project described below aimed to develop a mental health crisis support framework with the participation of key stakeholders in the mental health field in Nova Scotia through focus groups and surveys to assess the nature of the demand for bridging services during peak times. The overarching policy issue is a lack of multilateral support for emergency mental health needs during a crisis. How do people in crisis find the right support both immediately and afterward? Where does the role of peer-to-peer support fit into the current mental health support matrix? What are the political, institutional, and legal barriers to more collaborative approaches to implementing bridging strategies to support mental health surges during crisis? The current period of COVID-19 has presented opportunities for regulatory restructuring that may permit the development of an effective bridging framework to reduce the wait time between initial calls and planned clinical support.

**Approach and Results**

[Healthy Minds Co-operative](https://www.healthyminds.ca/) (HMC) was the lead organization for this research project, which was funded by SSHRC, and conducted by Dr. Heidi Weigand of Dalhousie University and Dr. Daphne Rixon of Saint Mary’s University. HMC is a not-for-profit member-driven co-operative located in Halifax that offers immediate online peer-peer support from trained personnel to community members and employees to bridge the gap while they wait for mental health professional appointments. HMC recruited the 13 other participating organizations which all provide mental health services in NS. They included CMHA, Wellness Navigator, Brotherhood Initiative (NSHA), and Tjaikamijk (Eskasoni Community Health Centre).

To assess the nature of the demand for bridging services during peak times, the researchers conducted an online survey and three virtual focus groups with participants, The focus groups were guided by nine open-ended questions and held over a three-month period. Notetakers transcribed the conversations between participants and researchers for further analysis.

**The survey responses** highlighted issues related to COVID-19, wait times and the current mental health model. **COVID-19 has increased the number of clients** for 70% of participants while all have had to change their service delivery methods. This has added pressure on **wait times**, which all participants agreed **are problematic**. They identified **inadequate staff/resources** and **clients re-entering the system** because their needs had not been met as the largest contributing factors. The programs deemed best suited to address wait times include wellness programs, peer support, non-clinical support, and navigation services.

All participants also agreed that people in the community could benefit from non-clinical services, programs, and interventions during crisis and that **there are groups unable to access adequate mental health services** in Nova Scotia. They suggested that **wait times**, clients **not knowing available services**, **stigma**, and **lack of mental health professionals** are the largest barriers to access.

During **the focus groups**,participants had the opportunity to say more, and important themes emerged about the challenges people face when they try to get help. The six themes the researchers identified are: (1) Individuals are provided **little guidance in navigating** the mental health system, (2) **Collaboration is needed** among those involved in the mental health system, (3) There is a **significant distrust** towards the mental health system, (4) **Digital inequity** severely impacts who is able to obtain mental health resource, (5) **Cultural and language barriers** are prominent in the mental health system, and (6) There is a **need for more holistic mental health measures** in organizations.

**Conclusion**

The results of the survey and focus groups confirm that community mental health services are not accessible to everyone, that they can be extremely difficult to navigate, and providers are often not able to deliver timely and effective interventions. Clients often wait a long time for assessment and diagnosis and then another long time to receive the critical treatment plan. It is evident that community service providers need to work collaboratively with each other and with other health actors in the system (e.g., emergency department, police) to improve the situation. As intended, the researchers were able to build on the information gathered from the survey and focus groups to develop a proposed **mental health crisis support framework** addressing the identified gaps and barriers. It has three components: a process map, establishment of warming centres and development of key performance indicators.

The **mental health entry point** **process map** (attached) demonstrates the many ways people enter the mental health system, and the many organizations and professionals who may be involved, along with the possible outcomes. It shows the complexity of the system and is helpful as both a tool for analysis and an educational tool, offering people experiencing mental health challenges and those who support them more clarity about where they can go and what they can expect while informing providers about complementary services and supports they may not be aware of. The map will provide greater transparency of the mental health system and the possible outcomes, leading to less confusion and less disappointment.

Previous research suggests the establishment of 24/7 collaborative **warming centres** throughout the province would result in shorter wait times and less frustration and confusion about where to go next (NS Primary Healthcare, 2020) as well as reduce the number of individuals who access the emergency department or criminal justice system due to mental health crises (Stefan, 2006). The concept of a **warming centre** is to have a single place where individuals can access an array of supports including doctors, mental health professionals, volunteers, and social workers. The researchers suggest the integration of 24/7 warming centres at pre-existing institutions, such as collaborative care centres located in urban and rural areas. The centres should be available for both those who are experiencing mental health symptoms and their support systems. To meet the needs, they should reflect the diversity and culture of their clients and provide access to technology, which can be used to combat digital inequity.

Community groups delivering mental health and wellness services need to collect data on common **key performance indicators** (KPIs). The research found that most participants did not document statistics on client outcomes. Collection of a common set of data that is feasible to gather and reflects the diversity of the stakeholders is critical in evaluating services delivered by community organizations. It is also essential to inform government policy by providing a better understanding of the sometimes-arduous journey so many people must take through the mental health system before they are able to get the help they need. Basic data on number of clients, number of clients referred to/from the health care system, number referred from other organizations, returning clients, clients unable to obtain services in the hospital/clinical setting, wait times and client/patient satisfaction would be important.

**Implications and Recommendations**

Without action by both government and community organizations delivering mental health services, increased mental health needs within the population will put more pressure on the mental health system and put more Nova Scotians at risk of falling through the cracks.

The mental health system should be viewed as a more comprehensive model comprised of community mental health groups as well as the clinical mental health providers (family physicians, hospital emergency staff, psychiatrists, and psychologists). To achieve a community-clinical model of service delivery, a substantial change is needed to how government views the provision of mental health care. Two critical areas requiring changes are:

(1) **government needs to educate** all those involved in the clinical setting about the wide array of community health mental health services; and

(2) **the government funding model needs to foster collaboration** among community groups rather than support the current silo approach whereby groups compete for government funds.

In the meantime, community groups need to continue with the collaboration facilitated by this project to shine a light on unmet needs in the system and work toward solutions. Collaboration could be formalized through the creation of a not-for-profit co-operative “Community Mental Health Co-operative (CMHC)”.

***Mental Health Entry Point Process Map***

