



# UNIVERSAL MENTAL HEALTH CARE

## INTRODUCTION

### ***The Need***

It's okay to not be okay.

Access to mental health care is a right, not a privilege. Mental health care is health care, access should not be exclusive to those who are fortunate enough to have insurance coverage or who can afford private care; *access should be truly universal*.

We have incredibly dedicated front-line mental health professionals in Nova Scotia who work in both the private and public system. They dedicate their lives to the betterment of others.

We all need support at some time in some way. Statistics suggest that annually, one in five individuals experience mental illness. Experts suggest that by the time a person reaches age 40, that number increases to one in two Canadians.

Thousands of Nova Scotians, both young and old, struggle with mental health conditions that are likely manageable if they had access to the appropriate supports. These individuals are being unfairly penalized by bad government policy. They have the right to expect access to the regular, reliable, publicly funded mental health and addictions treatments that will improve and promote their well-being and ensure that they are productive members of society.

The five pillars of the Canada Health Act are public administration, accessibility, comprehensiveness, universality and portability. Nova Scotia is failing to uphold these five pillars in almost every way.

The result? Too often, illness simply goes untreated or even to the extent that treatment is available, much of the burden of managing mental health services falls to family physicians and ER doctors. Time spent managing ailments for which they do not specialize - or are not comfortable - exacerbates the shortage of family doctors in the province, putting more pressure on a stressed system and contributing to the inability to take on new or more patients.

Similarly, when the only option available is the emergency room, the result can be ineffective long-term treatment and further overcrowding in an already overburdened system. Without a family physician, some patients may be discharged without adequate long-term supports and the necessary follow-up care and the cycle continues. Meanwhile, individuals with complex and severe illnesses don't receive the necessary, regular support or access to an appropriate team of professionals.

As a province, we need to do a lot better meeting the need.

## **Youth**

Not only is it our moral responsibility, there are huge societal benefits to getting this right. A recent study on the treatment of depression estimated that every dollar spent on publicly funded mental health services would result in a savings of two dollars for the rest of the healthcare system. A study in the UK found supporting evidence suggesting that investment in youth mental health programming would pay significant dividends. In fact, it found that having preventative and moderate behavioural programming in place for children, can result in a return of approximately \$150,000 per child in lifetime health costs.

The evidence is clear: we must invest in Nova Scotians and any opportunity to support our youth is critical. By age 25, 75 percent or more of all mental disorders can be diagnosed. And yet where is the focus? It is impossible for many to access the appropriate resources to receive a diagnosis let alone the best evidence-informed care.

Without the necessary supports in place, these youth are more likely to develop behavioural problems and struggle in school. These consequences can negatively impact a child's transition to adulthood.

## **Addictions**

You can't talk about mental health without discussing addictions. Not always, but often, they are intertwined. Recent reporting suggests that **every other day in Nova Scotia, paramedics and first responders use Naloxone to reverse opioid overdoses**. We are in an opioid crisis. The crisis stems from any number of factors that need to be addressed, but, today, where can those who are experiencing this pain and addiction turn?

Too often, there is inadequate access to the appropriate and effective addictions services that are necessary for recovery. In fact, in many communities, appropriate (or any) addictions services are simply not available.

Further, despite no evidence to support reducing this service, the Nova Scotia Health Authority has been limiting the services and availability of our addictions programs in certain rural areas. They have been cutting back supports at the very time they should be adding them. Why? Not only does this harm individuals in need, but it furthers the stigma of addiction.

Someone needs to take account of the inventory of what we have with respect to addictions treatment options and an analysis of those with addictions across the province to determine the appropriate locations for additional resources.

Those suffering should not have to travel extended distances, wait on long waitlists or pay privately for timely access. These barriers to treatment make positive outcomes less likely.

Additionally, given the prevalence of addictions in our society, we should ensure that learning about addictions and the harms of drugs is prominent within our education system.

## **Stigma**

Remarkably, one of the greatest challenges facing the mental health system is the stigma that is attached. Countless Nova Scotians and Canadians are suffering, too many, in silence. Even today, the stigma can sometimes result in individuals opting not to seek the services they need.

Now imagine overcoming the stigma and reaching out for help only to find that it simply isn't available. Or, if available, is 360 days away. This is not acceptable.

The underfunding of mental health and addictions services contributes to the stigmatization of mental illness. We can only fully mitigate the stigma by ensuring the system is adequately prepared and supports are readily available.

There is much work to be done to get where we need to be.

### ***Provincial Budget***

Meeting the five pillars of the Canada Health Act means much more than government allocating money and calling it a job done. It means managing and targeting the investment to ensure improving health outcomes.

Everyone knows that caring for both our mental and physical health is paramount to our well-being. Unfortunately, efforts to improve health outcomes have been predominantly focused on treating (rather than preventing) physical health conditions. Sadly, when it comes specifically to mental health, there has been a failure of treatment and prevention. The provincial budget tells the story.

Of the nearly \$5 billion dedicated in the Nova Scotia provincial budget to health spending, only seven percent, or \$344,185,000, is allocated to mental health care. There are few illnesses that touch as many individuals, yet - by burying treatment and prevention - accountability, responsibility and investment within the larger health budget, it has not been given the attention it deserves.

The cost of not investing and dedicating a strategy towards the betterment of Nova Scotians mental health, is too high to continue to ignore and the days of government saying that enough is being invested, without proper consideration as to how it is being invested, must end. The status quo is failing Nova Scotians. Change is needed.

## **WHAT CAN WE DO?**

Our Province can be the national leader in supporting the needs of Nova Scotians living with mental illness. Our goal must be leadership and the mental well-being of Nova Scotians. We can do that by:

- Establishing a department dedicated to addictions and mental health;
- Investing in universal mental health care; and
- Establishing recruitment tools to attract mental health professionals to Nova Scotia.

### **1. Department of Addictions and Mental Health**

First, government must signal its commitment to improving access to mental health care in Nova Scotia, overcoming the stigma associated with the illness and restoring quality of life to those in need. The government must establish a dedicated department whose sole responsibility is to focus on addictions and mental health.

This Minister will have one focus, be responsible for working with individuals, communities and community organizations to make sure that every resource is on the same page, striving for the same goal: Overall community wellness. There are many effective community organizations that should be supported. Where appropriate, the Minister will have the ability to establish long-term, core funding that empowers these organizations to focus on doing what they do best.

We are currently spending \$344,185,000 on mental health services. Based on the most recent provincial budget, if separated as a department, addictions and mental health would be the seventh largest government department in terms of budget size, behind only Community Services, Education, Health, Justice, Labour and Advanced Education and Transportation and Infrastructure Renewal.

Yet, the current wait time in some areas of the province is nearly 300 days. This doesn't make sense. It is imperative that we have someone at the highest level of government accountable for ensuring the investment is effective in making services available. This will require advocacy and leadership at the highest level of government - the Cabinet table. A **new Department of Addictions and Mental Health** with a dedicated Minister taking ownership and serving as a quarterback of service delivery is imperative.

Mental health has significant interactions with our education system, justice system, community services network and, in many ways, has an impact on nearly every department of government. For example, persons with mental health concerns are twice as likely to have involvement in the criminal justice system.

Who, today, in the elected government feels responsible for prioritizing and collaborating across these various services and sectors? The answer is no one, which is exactly why a dedicated minister is required. No more, "not my department" when it comes to the mental health of Nova Scotians.

In 2019, 135 individuals died by suicide in Nova Scotia. In the first six months of 2020, 18 individuals passed away from opioid use. Mental health issues are prevalent in our province, without anyone leading the charge and taking responsibility to support those that reach out for support.

### ***Role of Department***

Times will change, and requirements will change but we value the mental wellness of Nova Scotians too much to ignore it. Obvious Department roles as of today would include, but not be limited to, the following:

- Ensuring the appropriate programming is in place for Nova Scotians to access the treatment they need, including coordinating with community organizations, and ensuring that access to the appropriate detox support is available;
- Monitoring wait times and being accountable for inappropriate delays;
- Working with organizations inside and outside government to ensure management of standards of care and best practices and model of care;
- Recruiting and engaging mental health professionals, including putting care before all else by opening access to appropriate resources where the public system is failing; and
- Compiling and analyzing robust data to determine where improvement is needed and where the department is seeing success.

The Department will need to examine the system as a whole and determine where it needs overhauls. For example, most Nova Scotians would likely assume that our psychiatric wards are fully staffed with psychologists, along with a compliment of professionals who can deliver the help you need when you need it most. Unfortunately, it appears that in many, if not all, psychiatric units across the province, the services of psychologists are not provided. We need someone who can identify these deficiencies and remedy them.

In its overview, the Department should place considerable emphasis on addictions programming. It would ensure a proper distribution of services across the province and ensure an educational component in the curriculum for students to learn the harms associated with drugs and alcohol.

## **Costs**

The Department of Health and Wellness currently spends approximately seven percent of its budget on mental health. These funds would roll over to the new Department.

Administrative staff within the Department who are currently working on mental health as a part of their role, would likely transition to the new Department as institutional knowledge and expertise would be considerable assets. The new Department would work closely with the Department of Health and Wellness to ensure there is minimal unintended overlap, but maximum collaboration, in the work being completed. The reality is that minimal, if any, additional administrative investment, would be required, but the improved focus on care would be immediate.

For planning purposes, we are estimating an increased investment in care-related spending in the range of \$102 million. This additional program and service investment (outlined below) will have a profound, positive impact on our province.

It is a certainty that some of this investment will result in savings/avoided spending in healthcare in the future. The evidence to support this is overwhelming. More hospital days are spent on mental health than cancer and heart disease. One detailed study found that increased funding for psychological services, **ensuring coverage of just over \$1,000 worth of services to individuals in need, would yield \$2,000 saved by taxpayers for every \$1,000 invested.**

Why? Because the cost of mental illness does not stop at treatment. The cost of untreated or undertreated mental health illnesses are wide and dramatic across society and certainly our entire health system. ERs alone see increased patient loads, let alone the cost and consequences when individuals are unable to work, or unable to work to their full capacity; students miss school or are unable to obtain the full educational experience they need; individuals in the justice system and the impacts on their family, community and the system itself.

We are already paying the price of failing to invest. It may seem out of sight to many, but it is there, and it is costly. We truly cannot afford not to invest in mental health. The bill has been accruing. Wait times in this province demonstrate a clear need for aide and focus.

## **2. Universal Mental Health Coverage**

### ***Billing Codes***

The biggest hurdle facing the mental health of Nova Scotians is access to care and access in a timely manner, when it is needed most. To ensure that every Nova Scotian has access to the care they need, **a PC government will introduce true universal addictions and mental coverage.**

We will introduce legislation that guarantees every Nova Scotian access to allied mental health professionals. If you have insurance coverage or are able to pay out of pocket, care exists. But for too many, often our most vulnerable, the care is elusive. Additionally, many face barriers related to stigma, housing, unreliable employment, etc. Each of these factors decreases the likelihood and ability of these individuals to access the appropriate care. They cannot access the care they need when they need it. When financial barriers exist, they must be addressed, and we are prepared to address them.

Approximately 610,000 Nova Scotians have access to private insurance plans that include coverage for mental health services. On average, insurance plans provide coverage for services up to \$1,000 per person. For those individuals with coverage, it means access to clinical psychologists, Registered Counselling Therapists, clinical social workers, addictions services, etc. This is a wonderful benefit.

Everyone should have a similar benefit. It is our intention to **flatten the two-tiered curve and make similar support completely accessible to everyone.**

Ours will be the government that finally treats mental health concerns with the same attention that is provided to physical ailments. We can accomplish this by activating the entire spectrum of private professionals for the benefit of the public good.

This will mean establishing a billing code so that approved mental health professionals are leveraged for the benefit of all. This will enable mental health professionals to serve anyone who seeks the service, regardless of their socioeconomic circumstances. True universal access. Private practitioners will, of course, still carry on their traditional practices but it will allow them to take on clients knowing that the MSI will pay them a fair rate for services rendered.

There is work to do, but the sentiment is that the province will establish billing rates for each category within the mental health profession such that any time they wish to take on a new Nova Scotian who wishes to seek their treatment, the practitioner would ultimately bill the province for the service.

For example, a psychologist may charge \$180 an hour for their service privately. They would continue to do so. However, working with industry up front, the province will agree to a rate that the psychologist is paid under the new billing code for services provided to a Nova Scotian in need.

Doctors don't worry about how or how much they will be paid and Nova Scotians who need help for physical ailments don't factor this into their decision-making process either. Why then should mental health be different? It shouldn't.

### **Regardless of where you live or your income: Access to private mental health services for all.**

Those individuals who have access to private coverage will have to exhaust their insurance funding first and we will want industry to maintain their current levels of mental health service. As such, they will be asked to continue to support the mental health of their teams and colleagues just as they already do. If an insurance company and employer offer mental health coverage on the day the bill is passed, the employer and insurance company must continue to offer that coverage. If they discontinue or dramatically increase the cost for that coverage, there will be penalties prescribed in the Regulation.

### ***What Services are Included?***

The exclusion of many mental health professionals and services from our provincial health plan contributes to high rates of unmet mental health needs; an overall underfunding of mental health services; and establishes greater barriers for those individuals who do not have access to private funding for the treatment they require.

It's not fair and it's hurting our province.

Addressing the problems means engaging additional professionals. We will do just that. We intend to engage with a wide variety of licenced professionals with recognized clinical specialties in mental health, addictions, therapy/counselling, including, but not limited to:

- Registered Psychologists;
- Registered Social Workers; and
- Registered Counselling Therapists.

Regulated professionals who are legally entitled to deliver psychotherapy in Nova Scotia can play a very significant, important role in improving care and we will respect their ability. That said, no matter the category of profession, any professional who wants to support Nova Scotians must meet a certain standard of certification that will be established by the Department.

Existing government-funded mental health services will, of course, remain, and all Nova Scotians will continue to have access to those programs and services. These new billing codes are meant to address the access issue and supplement what is currently available and offer an immediate solution for those in most urgent need.

### ***Immediate Response***

Evidence has shown that referrals to mental health professionals from family physicians typically results in greater continuity of care. The link between primary and mental care is critical. This is good for those who have a family doctor but not for those tens of thousands of Nova Scotians who do not. As a result, it is absolutely necessary that individuals have access through a proper, stepped system that offers a self-referral mechanism.

The first point of contact that individual's need is someone who will listen. When a person needs someone to talk to, it must be available. There is a difference between support and therapy. This initial, same-day support may be a conversation with someone trained to, as appropriate, link individuals to the next level of care as (and if) appropriate, which might be therapy. But often, a conversation is what is necessary. This early prevention and coaching is critical to success.

In terms of accessing services that include more intensive psychotherapeutic interventions, a referral would be necessary from an approved mental health professional.

By supporting physicians and physician referrals but also strengthening and creating immediate response systems we will reduce barriers to access.

### ***Telehealth & Virtual Health***

The immediate response system must be multi-faceted, including telehealth and virtual care. Evidence is becoming more and more clear that e-mental health is a useful and effective approach to mental health care.

As part of the establishment of a proper, modern full-service telehealth program for Nova Scotians, mental health services will be integrated into this delivery model. It's only common sense that as Nova Scotians have the option of meeting with their doctor over the phone, this same option must be available for mental health services.

Professionals report that those suffering with mental health concerns frequently miss appointments and struggle to keep a regular routine. Having access to help from the comfort of home will remove another barrier to support.

A PC government will establish a 24/7 telehealth counselling service, administered under the regulatory control of the Department of Addictions and Mental Health.

This will be a service in which a team of certified counsellors will be hired to:

- Receive calls or on-line meeting (eg facetime and zoom) requests;
- Provide an initial intake assessment and supportive conversation;

- Conduct proper triage of the individuals reaching out; and
- Funnel that individual to the proper channel for the right help.

Sometimes, an individual will simply need an ear to listen. For others, an individual may be in crisis and not know where to turn. The telehealth counsellors will navigate the system and provide the instant, immediate support that is so frequently missing.

### ***Mental Health Crisis Line***

In addition to the new virtual mental health programming, we would champion a three-digit mental health crisis line.

While the province currently has an intake line, it is a ten-digit number that is only operational Monday through Friday, from 8:30 am-4:30 pm. Mental health concerns don't happen when they're most convenient. Sometimes when a person needs help, they need help in that instant.

Similarly, remembering or searching for a ten-digit number is likely not an option, as such, we should look to other jurisdictions that have taken the lead in setting up 9-8-8. This line would be akin to calling 9-1-1 for a physical health emergency. The line would be equipped 24/7 with mental health professionals trained to help those in crisis and talking to them until they reach a point of being able to move to the virtual line, to meeting with a mental health professional, to any number of options.

This would be an initial point of contact when an individual is at their lowest point.

At this point, the demand is unclear. Once in the Department, we would review the current capacity of the system, the number of calls to 9-1-1 and local police stations related to mental health crises and the number of mental health crisis-related ER visits, to determine appropriate staffing figures based on that data.

### ***Cost***

The impact of our mental health has become so predominant across all aspects of society, it can no longer be ignored, and considerable investment must be made to ensure everyone has the opportunity to reach their potential. A UK study estimated the economic cost of depression, anxiety, and other mental illnesses to be \$147 billion every year, with a cost to businesses of about \$36 billion. Every day, half a million Canadians miss work due to their mental health.

Appropriate investment will enhance the well-being of Nova Scotians and result in better health outcomes. This investment will offset costs to our overall health system and reduce the strain on acute-care services.

Under our system, mental health service providers would be able to direct bill MSI for set rates of service. Most private insurance plans allocate \$1,000 of coverage. As such, we believe that \$1,000 per person, including youth, is an equitable figure to estimate the average investment in those who reach out.

This change will make the mental health system equitable and accessible to everyone.

Based on the 2017 report that approximately 610,000 Nova Scotians had access to private insurance plans, in an estimated population of 960,000, approximately 350,000 individuals would not have access to private insurance. If we assume that one in five, or twenty percent of those individuals will require access to an average of \$1,000 of mental health services, an investment of \$70,000,000 would be required [70,000 (20% of 350,000) x \$1,000].

Some of those who have coverage will incur more costs than the \$1,000 covered by their plan. For completeness, we are estimating that five percent of those individuals would exhaust their private coverage and also use an average of an additional \$1,000 of the provincial coverage. This is an additional investment of \$30,500,000, being five percent [30,500] of individuals at a rate of \$1,000 per person totals an additional investment of approximately \$30,500,000.

In total, this coverage will require an investment in the range of \$100,500,000.

With respect to the new mental telehealth system, we are estimating starting with five counsellors on the line at all times. These professionals could work from home, their offices or anywhere of their choosing. The province would provide them with the necessary technology.

Assuming a rate of \$50 an hour per counsellor, at five individuals being paid this rate 24/7, the cost would be approximately \$2,190,000 [ $\$50 \times 24 \text{ hours} \times 365 \text{ days} \times 5 \text{ counsellors per shift}$ ].

### **3. Other opportunities to mobilize resources**

By ensuring and respecting the value of all mental health professionals, as the only jurisdiction in Canada that provides equal access to universal care for all, Nova Scotia will become an attractive and leading place to practice.

In addition to the natural attraction of mental health professionals to Nova Scotia with this program, we will further support those who are supporting others:

1. Provide increased training options to health professionals.

We will draw upon the successes of models like British Columbia and programs like Extension of Community Healthcare Outcomes (ECHO), where mental health training and certification is offered to a wide variety of healthcare professionals, at no cost, to allow them to expand their range of services along with the continuity of care provided to their patients.

These programs are offered to health professionals across the country who take online modules to increase their skill sets. Nova Scotia should be taking advantage of them as well.

ECHO provides training in over 50 areas of specialty, ranging in autism to brain injury rehabilitation to early learning and development. It has proven results in decreased illness rates; better matching of medications by GPs for their patients' needs; and, most importantly, improved health outcomes.

These programs aim to help healthcare providers build capacity in the treatment and management of mental health and addictions. This helps to empower healthcare providers to use evidence-based best practices to reduce the need for specialist visits, improving the quality of care for patients seeking treatment for mental health, addiction and related disorders within Nova Scotia's primary care system.

For any practicing health professional wishing to expand their scope of practice to include mental health care, Nova Scotia will continue to pay their usual rate or salary while taking the course so no income is lost on account of this training. Individuals who participate will be required to provide a return of service for no less than one year in exchange for maintaining their salaries while training.

To encourage family doctors to participate in this programming, to the extent that it is necessary, a new, increased billing code will be established for any patients on which the doctor is able to utilize their new skill set.

2. Expanded training for teachers who wish to participate.

Alberta hosts the Transitions Classroom program, which is similar to the above-noted training for health professionals, with the exception that this applies exclusively to teachers.

Our teachers are already overworked and overburdened with responsibilities that are not within the scope of their practice. For those who choose, they would access free, online, mental health programming for any teacher who wishes to participate. This training would assist to expand the scope of their background and knowledge of how to work with students who may be struggling.

This increased knowledge and skill set has been shown to decrease stress levels amongst both students and teachers and decrease the stigma surrounding mental health. It has improved teacher outcomes and, in many cases, improved the mental well-being of some teachers for not only having a better understanding of their students, but having the skills to help to cope and address their needs.

No teacher would be forced or required to take this training. Participation is purely voluntary. Given the statistics that demonstrate that mental health concerns caught and addressed early are often resolvable, if even a few teachers participate, some students, who would have otherwise fallen through the cracks, may have new opportunities to flourish.

## CONCLUSION

The world is different post COVID-19. While mental health concerns were prevalent prior to the pandemic, they have been even more exposed as a result of job losses, working from home, lack of social interactions, substance abuse, domestic violence, irregular access to food and lack of safe and regular shelter.

We know that the concerns lie in lack of access to the necessary care. We know the benefits of receiving treatment, particularly the benefits on our health and economy. As a province, we must do better to concentrate our efforts and resources where they are needed the most.

The commitments outlined in this plan will benefit everyone from youth, who are experiencing mental health concerns; to those with addictions; to individuals with anxiety, depression, or any other ailment. Our plan will:

1. Reduce wait times for treatment and give Nova Scotians the care they need for better health outcomes.
2. Attract new mental health professionals to Nova Scotia.
3. Remove the stigma associated with mental health concerns and treatment.
4. Save on other costs (health, justice, community services, economic costs).

Proposed (annual) investments:

Universal mental health coverage	
New billing code:	\$100,500,000
Telehealth:	\$2,190,000

Total suggested annual investments: \$102,690,000.

These are investments in the lives and health of all Nova Scotians. From our most vulnerable to our youth to our seniors.

They are investments that we cannot afford not to make.