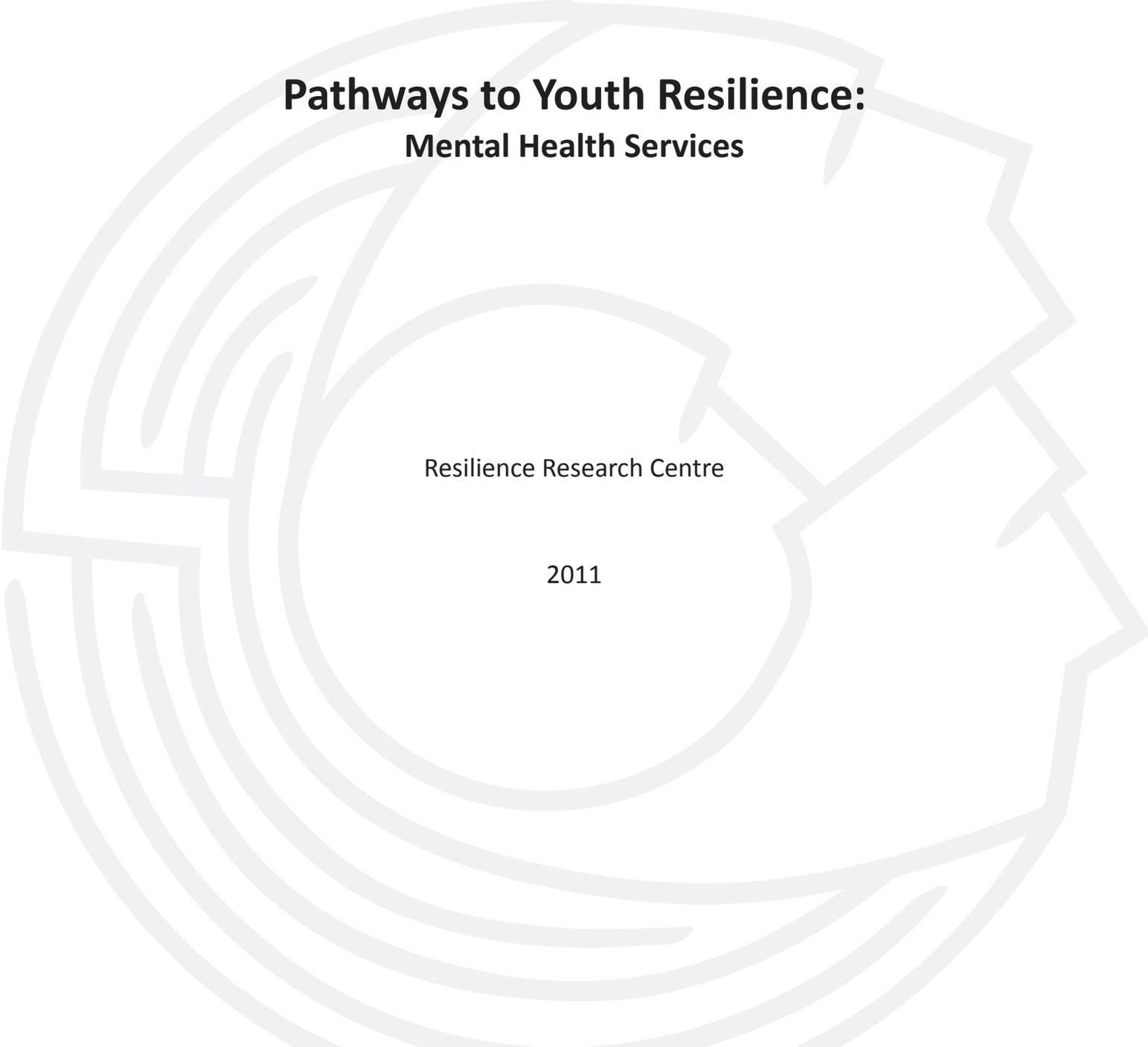




# The Pathways to Resilience Project



## Pathways to Youth Resilience: Mental Health Services

Resilience Research Centre

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# Table of Contents

<b>OVERVIEW</b> .....	2
<b>PREVALENCE</b> .....	2
<b>NOVA SCOTIA</b> .....	4
ACCESS TO SERVICES .....	4
GOVERNANCE/LEGISLATION .....	5
SERVICES OFFERED .....	5
ADDITIONAL HALIFAX-BASED SUPPORTS .....	7
<b>LABRADOR</b> .....	9
ACCESS TO SERVICES .....	9
GOVERNANCE/LEGISLATION .....	9
<b>SUMMARY</b> .....	10
<b>BIBLIOGRAPHY</b> .....	11
<b>ACKNOWLEDGMENTS</b> .....	12

## OVERVIEW

Mental health services, broadly defined, comprise a mix of health, social, vocational, recreational, volunteer, occupational therapy, and educational services, as well as housing and income support. They include a range of activities and objectives ranging from mental health promotion and the prevention of mental health problems to the treatment of acute psychiatric disorders and the support and rehabilitation of persons with severe and persistent psychiatric disorders and disabilities (Public Health Agency of Canada [PHAC], 2002).

In Canada, the planning and delivery of mental health services is an area in which the provincial and territorial governments have primary jurisdiction. The federal government (chiefly through the Public Health Agency of Canada) collaborates with the provinces and territories in a variety of ways as they seek to develop responsive, coordinated and efficient mental health service systems (PHAC, 2002).

Within the Atlantic Region, the regional office for PHAC has identified key mental health issues (workplace stress, stress arising from food insecurity and poverty, social isolation and exclusion, depression, violence, and poor environmental conditions such as housing and geographic location) and at-risk populations, including: Aboriginal peoples and youth (PHAC, 2007).

Research indicates that structural barriers and service deficits particular to the Atlantic Region act as barriers to good mental health (PHAC, 2007). As well, it has been found that targeted services and interventions are needed for specific populations including Aboriginal peoples, children, and youth. As well, those people with low levels of education and those living in rural areas are in need of targeted programs (PHAC, 2007). Germane to the discussion of mental health service delivery in Atlantic Canada are issues related to an absence of integration and coordination of service delivery and inadequate community supports.

In 2003, the Nova Scotia Government identified the development of comprehensive mental health standards as a first step in mental health reform (PHAC, 2007). Since this time, the province has developed a monitoring framework to document prevalence and outcomes related to mental health and mental illness. In response to one of the identified key mental health issues, Nova Scotia has developed and implemented government-supported suicide prevention strategies (PHAC, 2007).

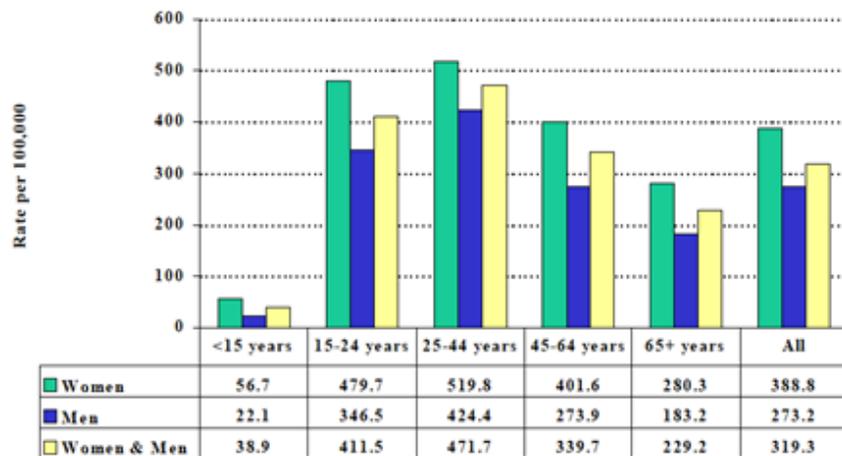
## PREVALENCE

Lesage et al. (2006) analyzed the data collected from the Canadian Community Health Survey: Mental Health and Well-being and found no significant differences in the rates of mental health disorders in Atlantic Canada when compared with Canada as a whole. Across all age groups, there appears to be a slightly lower rate of depression noted in Atlantic Canada (3.6%) compared to the Canadian

average (4.8%) (PHAC, 2007). 18.4% of Atlantic Canadians report experiencing life stress, compared to 24.4% of Canadians as a whole (Statistics Canada, 2003). More specific to Atlantic Canadian youth, between 17% and 31% of children in Atlantic Canada live in poverty, compared to the national average of 16.9% (May, 2005). Living in poverty has been identified as a determinant of increased risk for mental health issues. Similarly, unemployment rates for Atlantic Canada are higher (9.4%) than the Canadian average (6.1%) (Statistics Canada, 2007a). The unemployment rate for youth aged 15-24 in Nova Scotia is 14.7% (2007 figures) compared to the Canadian average of 11.5% (Statistics Canada, 2007b).

25% of deaths among youth aged 15-24 are due to suicide (Canadian Mental Health Association, 2004). More Atlantic Canadian teenagers and young adults die of suicide than die from cancer, heart disease, AIDS, pneumonia, influenza, birth defects, and stroke combined (Canadian Mental Health Association, 2004).

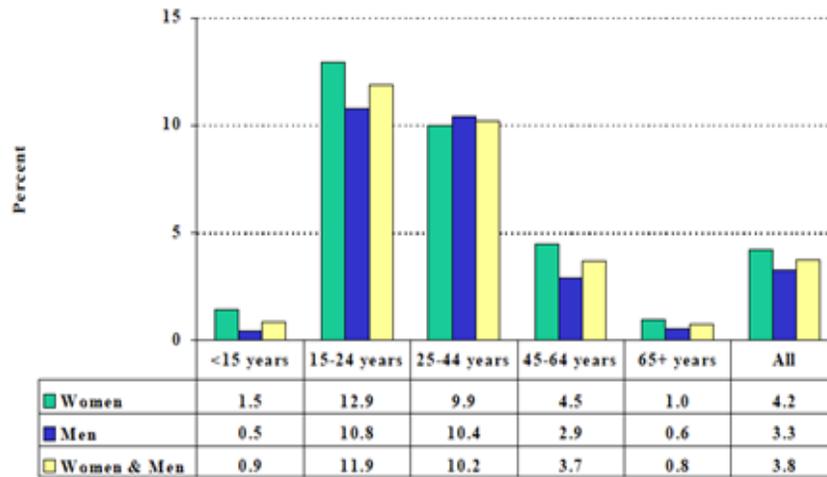
**Figure 1-1 Rates of hospitalization for one of seven mental illnesses\* in general hospitals per 100,000 by age and sex, Canada, 1999/2000**



\*Most responsible diagnosis is one of anxiety disorders, bipolar disorders, schizophrenia, major depression, personality disorders, eating disorders and attempted suicide.

Source: Centre for Chronic Disease Prevention and Control, Health Canada using data from Hospital Morbidity File, Canadian Institute for Health Information

**Figure 1-2 The proportion of all hospitalizations that are due to one of seven mental illnesses\* in general hospitals by age and sex, Canada, 1999/2000**



\* Most responsible diagnosis is one of anxiety disorders, bipolar disorders, schizophrenia, major depression, personality disorders, eating disorders, and attempted suicide.

Source: Centre for Chronic Disease Prevention and Control, Health Canada using data from Hospital Morbidity File, Canadian Institute for Health Information

## NOVA SCOTIA

### Access to services

Access to mental health services has been identified as one of the key issues in providing mental health support in Atlantic Canada. Specifically, informants in the PHAC environmental scan (2007) indicated a lack of services for youth, including appropriate housing and financial/income support. The rural/urban divide also presents as an issue impinging on the provision of mental health services. Between 42% and 55% of Atlantic Canadians live in rural areas—areas most often found to be lacking in mental health support programs. This compares to the Canadian average of 20% (Dalhousie University, 2006). In seeking assistance with mental health issues, 8.75% of Atlantic Canadians report visiting a health care provider for mental health reason, compared to 9.5% of Canadians generally (Lesage, 2006). More specific to Nova Scotia, this province sees the highest use of general practitioners for help with mental health issues, over all of the Atlantic provinces (Lesage, 2006). Furthermore, more Nova Scotians reported seeing a psychiatrist than individuals in any other Atlantic province (Lesage, 2006). Of the total number of people with mental health issues, 40% reported seeking help. This number falls to 25% of youth seeking help, with the lowest percentage occurring with young male youth (Lesage, 2006).

## **Governance/Legislation**

Nova Scotia Mental Health Act – This Act, introduced in 2004, codifies the guiding principles that issues dealing with mental illness follow. The Act is available at [http://nslegislature.ca/legc/bills/59th\\_1st/1st\\_read/b109.htm](http://nslegislature.ca/legc/bills/59th_1st/1st_read/b109.htm).

Nova Scotia Involuntary Psychiatric Treatment Act – Enacted in July 2007, this Act created the Community Treatment Orders (CTOs) and expanded powers of intervention. With the new Act, an expansion of the definition for involuntary admission was made to include persons who are likely to suffer serious physical impairment or serious mental deterioration or both, if they are not admitted to a hospital or monitored under a Community Treatment Order. The complete Act may be found at [http://nslegislature.ca/legc/bills/59th\\_1st/3rd\\_read/b203.htm](http://nslegislature.ca/legc/bills/59th_1st/3rd_read/b203.htm) and the regulations of the Act at <http://www.gov.ns.ca/just/regulations/regs/IPTtreatmentregs.htm>.

Children Family Services Act – This Act protects the basic rights and freedoms of children and to protect them from harm. The Act is available at <http://nslegislature.ca/legc/statutes/childfam.htm> and the regulations are available at <http://www.gov.ns.ca/just/regulations/regs/cfsregs.htm>.

## **Services Offered**

District Health Authorities:

### ***District 1: South Shore Health Authority***

Referrals for children and youth are either self-referral through the mental health service or by a physician (family doctor). Current wait times for services for children and youth are two to three months.

### ***District 2: South West Health Authority***

Services are provided for youth up to the age of nineteen years. Services include individual assessment and treatment, community support for children with mental health issues, treatment groups and individual counselling for such issues as emotional problems, coping with loss, body image issues, and effects of abuse, anxiety, and mood disorders. In addition, services are provided from within a family-centered approach to diagnosing and treating children with autism spectrum disorders.

### ***District 3: Annapolis Valley Health Authority***

This district offers mental health clinicians through Youth Health Centers (YHC) throughout the district. Services include clinical services, referrals to other YHC services, such as Addiction Services and Public Health.

The Early Psychosis Program provides assessment, intervention, community support, and ongoing follow-up as required to youth at risk for serious mental illness and newly diagnosed young adults.

The Community Support Program serves those up to 19 years of age to help manage the demands of daily life. An additional goal of the program is to promote youth's full engagement in their community.

***District 4: Colchester-East Hants Health Authority***

Residents of CEHHA may self-refer or be referred by their family physician. The Autism Services program provides assessment and treatment to children up to the age of 6 years. Northern Child and Adolescent Psychiatric Services serve to ensure the availability of psychiatric services to children, adolescents, and their families. Services are provided either directly or indirectly (i.e. through consultation). Wood Street is a partnership program with the Department of Community Services and provides for professional health services and psychiatry consultation.

***District 5: Cumberland Health Authority***

Mental health services for children and youth are provided in Amherst and in 3 satellite locations. Outpatient group therapy is available and deals with such topics as anger management, parenting skills, and social skills development. The mental program also works collaboratively with local school systems to provide an ADHD program. Inpatient services for children and youth are provided at local hospitals.

***District 6: Pictou County Health Authority***

Youth aged 16 years and older are served by Inpatient Services, Mental Health Short Stay Unit at the Aberdeen Hospital. The Child/Adolescent Outpatient program targets youth up to 19 years of age who have emotional, behavioural, or learning difficulties. Services provided include family treatment, individual therapy, group treatment, medication, community consultation, and inpatient consultation. Child/Adolescent Group programs are available to youth up to 19 years of age who are experiencing self-esteem, social skills, or emotional/behavioural issues. The Intensive Community Based Treatment Team provides home-based interventions and case management services for children and youth up to 19 years of age.

***District 7: Guysborough Antigonish Strait Health Authority***

Individuals 16 years of age and older are served by the Mental Health Services Inpatient Unit at St. Martha's Hospital. For youth under 16, parents may make a referral directly on behalf of their children for outpatient services. The Child, Youth and Family Outpatient Service includes individual, family, and group mental health services. A Rapid Response Program supports youth with severe and chronic emotional, behavioural, and mental health needs. Service provision is generally hospital based and provided on an emergency or urgent basis.

***District 8: Cape Breton Health Authority***

Services are offered to children and youth up to 19 years of age through Child and Adolescent Services comprised of psychology, psychiatry, social work, occupational therapy, and in-home behaviour interventionists.

### ***District 9: Capital District Health Authority***

The Nova Scotia Early Psychosis Program provides care for individuals diagnosed with early psychosis. The IWK Health Centre includes the IWK Mental Health and Addictions Program which provides services not only with the CDHA, but throughout the province. The program continues to expand and currently comprises Youth Forensic Service, Intensive Community Based Treatment, Shared Care, and four inpatient (one acute and three community) treatment programs. Mobile Crisis is a partnership between the IWK, Halifax Regional Police, CDHA, and Emergency Mental Health Services. This service provides 24/7 telephone support to individuals and families. Maritime Psychiatry provides clinics for children and youth up to 19 years of age. Areas of specialty include: mood disorders, eating disorders, pervasive developmental disorders, Tourette's and obsessive compulsive disorders, anxiety disorders, youth psychosis, ADHD, and bipolar disorder. The Child and Family Day Treatment Program provides children and families with individual, group, and family therapy in a day treatment setting. Targeted ages are 5 through 12 years. The Adolescent Day Treatment Program that targets youth aged 13 to 19 years of age who are in need of support to return to full-time school attendance. The Intensive Community Based Treatment Team provides home, community, and school based support for children and teenagers who are have major problems in their daily lives related to disruptive behaviours or long term mental health disorders. CHOICES, a voluntary assessment and treatment program, assists adolescents aged 13 to 19 years of age with challenges around substance abuse, mental health issues, or gambling issues. The Acute Inpatient Unit functions as an assessment and treatment unit for children and youth with serious mental health issues. It services children and youth up to 19 years of age. The Adolescent Centre for Treatment provides rehabilitative mental health treatment for teens aged 13-19 years of age. Teens are housed in 4 apartment-style living areas with anticipated stays of up to 4 months.

The Nova Scotia Youth Facility in Waterville, NS offers primary health care and mental health services for incarcerated youth.

The Halifax Youth Attendance Centre, serviced by the IWK, is a community based transition facility. The Centre provides advocacy, academic programming, mental health services, job skills training, and life skills training.

### **Additional Halifax-based supports**

#### ***Laing House:***

Laing House is a peer support organization for youth with mental illness where members can embrace their unique gifts and find their way in a caring and supportive environment.

Programs: Youth Speak is a youth led mental health workshop that deals with stress, mental health, mental illness, and the accompanying stigma. The youth and staff at Laing House have developed this interactive presentation for

students, teachers, and other professionals. Workshops are designed to increase knowledge and understanding around mental illness, available resources, and treatments. Its aim is to also reduce stigma and isolation and encourage youth to seek help.

The SupportEd Program helps members set goals and overcome obstacles to achieving educational success. Community Support staff connect youth with resources related to educational program enrolment and application, tailored tutoring and homework assistance, and group support - in an environment which allows youth to explore individual issues and find common ground.

Through the Employment Program, members identify their strengths, abilities, and interests around occupational choices and/or securing employment. They develop the skills and confidence necessary to reach these employment related goals.

Through the Independent Living Program, Laing House supports members to develop skills to live independently and to find and maintain affordable and safe housing. Through Lunch@Laing and Community Kitchens, members plan menus, shop for food, prepare a meal, and eat together. This provides opportunities to learn about budgeting, to develop cooking skills, build nutritional awareness, and create meals they can take home.

The Healthy Living Program offers members a variety of opportunities to engage in healthy living practices, set goals, and explore issues such as sexual health, alcohol and other drug use, tobacco use, developing a daily structure/routine, stress and anger management, developing healthy coping skills, and healthy sleeping habits.

The Peer Support Network addresses issues members face daily - stigma and the ensuing isolation from family, friends, and the community, low self-confidence, feelings of hopelessness, and difficulty defining a self-identity. The aim of the network is to provide a forum for members to share their experiences, strengths, insights, and challenges.

The Laing House Family Support Group meets monthly and offers a combination of educational presentations and peer support to families of youth with mental illness.

***Phoenix Youth Programs:***

Phoenix Youth Programs, located in Halifax, Nova Scotia, Canada, has ten programs and services for at-risk and homeless youth between the ages of 12 – 24. Phoenix provides an innovative continuum of care from prevention to follow-up.

Phoenix Prevention Program: The Phoenix Prevention Program has emerged from an understanding that preventative measures and early intervention can help to

address the cycle of homelessness that so often begins in youth. It offers community education and therapeutic intervention for at-risk youth and their families.

Phoenix Centre for Youth: a street-front, walk-in service offering counselling, referral to community resources, advocacy, health services, food, showers and laundry facilities.

Phoenix Youth Shelter: a 20-bed shelter facility offering a range of services including safe emergency accommodations; clothing, food and other daily essentials; counselling and therapeutic support to enable youth to move forward to a safer, healthier and more productive lifestyle.

Phoenix House: a ten-bed long-term residential facility for males and females. It offers safe, supportive housing for youth learning skills for independent living.

Supervised Apartment Program: three independent homes in which three clients reside with a live-in support person. The Supervised Apartment Program provides a long-term, supportive living situation for youth enhancing skills needed for the next level of independent living.

Phoenix Learning and Employment Centre: the goal of the Phoenix Learning and Employment Centre is to provide youth with opportunities for pre-employment, employment, life-skill and academic development.

## **LABRADOR**

### **Access to Services**

Provincial adult mental health services are provided by three hospitals in the Labrador-Grenfell region: Captain William Jackman Memorial Hospital in Labrador City, Labrador Health Centre in Happy Valley-Goose Bay, and Curtis Memorial Hospital in St. Anthony. However, children and youth services are only provided by Janeway Hospital in St. John's. An Early Psychosis Program is available in 3 of 4 Health Authorities, but not currently in Labrador-Grenfell Health Authority. Outpatient services include individual, family, and couple counselling, as well as youth work and case management for chronic illness. Private counselling services are available within Labrador as is the Labrador Youth & Community Centre which provides counselling and mental health services.

### **Governance/Legislation**

The Newfoundland and Labrador government passed new legislation in December 2006 focusing on the protection and treatment of people suffering from severe mental illness. The Mental Health Care and Treatment Act is available at <http://www.assembly.nl.ca/legislation/sr/statutes/m09-1.htm> and the regulations are available at <http://www.assembly.nl.ca/Legislation/sr/Regulations/rc080024.htm>

## SUMMARY

Throughout Nova Scotia and Labrador there appears to be a paucity of inpatient treatment facilities for children and youth. The Capital District Health Authority (Halifax Regional Municipality and environs) offers the most robust services for children and youth, increasing access for those people living in the CDHA's catchment area, but creating disparities between rural and urban access to services. Even within the CDHA, the limited number of inpatient beds for children and youth creates lengthy wait times for inpatient treatment services. While several health authorities in Nova Scotia and the Labrador-Grenfell region offer Early Psychosis Programs to support those diagnosed with psychosis, less severe and chronic forms of mental health issues are underserved throughout Nova Scotia and Labrador.

Within Nova Scotia, smaller health authorities work in conjunction with local school districts to provide services, while larger health authorities have freestanding outpatient services. Across all regions a mix of group, family, and individual counselling services serve the needs of children and youth experiencing chronic or acute mental health issues. Larger urban areas are also the location for non-provincially run services and organizations that augment the availability of services for children and youth. Again, this creates a disparity in access to mental health services—people living closer to larger urban centres have increased access to services, while people living in more rural areas have decreased access to mental health services.

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## ACKNOWLEDGMENTS



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