

Progress Report 2015

The Action Plan for Mental Health in New Brunswick 2011–2018



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Province of New Brunswick
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Message from Minister Victor Boudreau



Good mental health is the foundation to strong and healthy communities.

Too often, mental health is misunderstood, leaving those most in need feeling stigmatized and alone. Asking for help can be daunting, especially in a system that is difficult to navigate and under-equipped to meet the unique needs of those suffering from mental illness.

As a province, we have a responsibility to improve our health-care system so that it meets the needs of all New Brunswickers. Through the *Action Plan for Mental Health in New Brunswick 2011–2018*, our vision is that all New Brunswickers can achieve the best possible mental health and well-being within communities that promote empowerment, belonging and shared responsibilities.

Advancing our vision will involve communities, medical professionals, governments and all New Brunswickers working together to remove the stigmas surrounding mental health. Implementing this plan requires a societal shift— a change in our attitudes and values.

Much work has been done to create a system that is more focused on the needs of New Brunswickers. This progress report highlights those efforts.

We are fortunate to have dedicated staff from numerous government departments working tirelessly in every corner of our province to promote positive mental health. Their work has had a tremendous impact on the well-being of families and individuals.

If we are going to enact change, we must keep up this momentum. With your help, we can improve access and move toward a more patient-centred, recovery-based approach to mental-health care.

I hope you will join the conversation on mental illness and take advantage of this opportunity to improve the quality of life for so many New Brunswickers.

A handwritten signature in black ink that reads "V. Boudreau". The signature is fluid and cursive, written in a professional style.

Victor Boudreau
Minister of Health

Introduction

In 2011, the Government of New Brunswick released the *Action Plan for Mental Health in New Brunswick 2011–2018* following the extensive work and consultation undertaken by judge Michael McKee. Previous to this work, mental health services in New Brunswick had often been referred to as the orphan of the health-care system.

The action plan had a clear vision of ensuring all residents have the opportunity to achieve the best possible mental health and well-being within the communities in which they live and to have an opportunity to promote empowerment, a feeling of belonging and shared responsibilities. The action plan emphasized mental-health promotion; changing service delivery in all sectors to better meet the needs of the population; early identification of mental illness; and effective intervention. A shift in the attitudes and values of all New Brunswickers is critical to the success in meeting the goals of this plan.

A Deputy Ministers' Oversight Committee represents the involved departments and is accountable for the implementation of the action plan. Since this committee was formed, the Department of Healthy and Inclusive Communities was incorporated into the Department of Social Development and the Department of Tourism, Heritage and Culture.

This progress report, which builds on the 2013 progress report, highlights the implementation status of the action plan. Although significant accomplishments have been made, there is more work ahead. With a high level of engagement across departments, the work will continue, and New Brunswickers will have the opportunity to achieve their best possible mental health and well-being.

Goal 1 Transforming service delivery through collaboration

“The vision of a transformed system is one that is responsive to the individual’s needs rather than one that requires the individual to navigate a path to treatment. This will be the most important area in which to succeed and the most challenging to deliver.

In the context of mental health, a key direction is the engagement of partners in all aspects of health-care delivery. This will support greater collaboration among partners in the provincial government to reduce fragmentation and enhance social inclusion. These efforts will address pervasive gaps with respect to education, employment, income, housing, and the criminalization of mental illness.”

— Action Plan for Mental Health in New Brunswick 2011–2018, p. 7

PROGRESS UPDATE

The Department of Public Safety has been working to provide front-line employees who work with clients of correctional services or probation services with tools drawn from the Competency, Autonomy and Relatedness (CAR) model. This knowledge will ensure that front-line workers are best equipped to deal with hard-to-serve clients.

The Enhanced Provincial Diversion Model was approved in 2014, and it was officially launched on April 1, 2015. Ongoing training is being provided to Diversion Committee Group members. This model will enable offenders with mental illness to obtain meaningful interventions and less intrusive corrective remedies than before, resulting in a more positive impact on public safety. Meanwhile, the *Mental Health Strategy for Corrections in New Brunswick* has transitioned from planning to implementation. Best practices about discharge planning as well as formal discharge planning protocols for offenders being released from incarceration have been implemented. Mental-health training continues to be offered to correctional officers and probation officers.

Since its implementation in 2013, the Early Psychosis Program has benefitted 202 service recipients.

— Source: New Brunswick Department of Health

The Department of Health has been developing a vision for a network of excellence for children and youths with mental-health needs. This network would ensure comprehensive planning, co-ordination, access and delivery of services for these children and youth. The network would respond to the needs of children, youth and their families along a continuum of services, including universal preventative services; early intervention and support services and treatment; and residential services. Additionally, the provincial government announced funding for a new centre of excellence for children and youth with complex mental health needs in the 2014–15 capital budget. This centre will be an integral component of the network, ensuring not only treatment to youth with the most challenging of needs, but also consultation and outreach to service providers along the continuum of care.

The Department of Health has been collaborating with the regional health authorities (RHAs) to complete a systemic review of resources to develop and implement Flexible Assertive Community Treatment (FACT) services in each health zone. FACT is an adaptation of the Assertive Community Treatment (ACT) model. The FACT service delivery model is designed to help individuals with serious mental illness based on their needs (intensive team care or individual supervision) by offering interventions and a co-ordination of services such as treatment, rehabilitation, support and assistance in activities of daily living. The department and RHAs are also developing administrative guidelines for mobile crisis services that will help individuals avoid hospitalization by ensuring enhanced community responsiveness.

The implementation of the New Brunswick Drug Plan on May 1, 2014, as part of *Overcoming Poverty Together: The New Brunswick Economic and Social Inclusion Plan* is a major accomplishment toward giving people with mental-

health challenges needs better access to medication. Since May 2014, it has been a voluntary plan providing access to drug coverage to uninsured New Brunwickers. Before the plan, a number of persons did not receive coverage due to pre-existing conditions or could not afford to buy private drug coverage. On April 1, 2015, two new premiums took effect, making the plan more affordable and accessible for low-income earners than before. The co-payment percentage is maintained at 30 per cent, but the maximum co-payment amounts per prescription will vary from \$5 to \$30 based on income.

The Department of Social Development implemented several rate and policy changes to the provincial social assistance system in 2013 and 2014. Social assistance clients with a certified disability received a four-per-cent rate increase in October 2013 and an additional three-per-cent rate increase in April 2014. The wage exemption policy was enhanced so that clients with a disability can retain \$500 of their monthly earnings with no impact on their social assistance while also keeping 30 per cent of each additional \$1 of earnings. An exemption to the Household Income Policy (HIP) was introduced to improve support for clients with multiple educational, health, housing and social challenges that present chronic, significant barriers to employment. A number of additional enhancements were implemented to support persons with a disability, including an additional five-per-cent increase to the disability supplement, for a total overall increase of 20 per cent, and the exemption of life insurance policies, prepaid funerals, \$50,000 in RRSPs and a higher amount of liquid assets — all of which will help clients with a disability.

Goal 2 Realizing potential through an individualized approach

“...an individual’s ability to recover means the ability to live a meaningful life as he or she sees it; to participate fully in treatment; to receive services and supports that work best for that person; and to achieve greater quality of life. This perspective on treatment offers hope to every person living with a mental illness, even if his or her condition is serious, chronic or deteriorating.

Adopting a recovery-based approach will represent a fundamental shift in the relationships that individuals have had with the health-care system. The recovery model is not a treatment imposed on an individual. Rather, the role of the health-care system will be to create an environment where recovery can occur. There is a meaningful engagement and partnership; the individual is supported in making informed choices; and goals are set by the individual for improved quality of life.”

— Action Plan for Mental Health in New Brunswick 2011–2018, p. 9

PROGRESS UPDATE

The New Brunswick Health Council (NBHC) recognizes mental health as a vital component to a person’s well-being and ensures its inclusion in its various surveys. Persons with lived experience provide input to the NBHC surveys for Primary Health Care, Home Care and Acute Care. The 2014 *Primary Health Services Survey* included questions on the prevalence of the population who have seen a professional for mental and emotional health issues; how helpful the advice or service was; and the type of stressors in their lives. The *Population Health Snapshot* includes the percentage of New Brunwickers who see their “stress as being a lot.” The *New Brunswick Health System Report Card* includes a number of indicators relative to mental health. A school survey for children in kindergarten to Grade 5 was also completed. Parents were asked to respond by indicating if their child had a special need or exceptional ability as well as the magnitude of early learning, behavioural or mental health issues.

— Primary Health Services Survey (New Brunswick Health Council)
www.nbhc.ca/publications/reports

The Department of Health and the RHAs have conducted a client satisfaction survey to evaluate mental health-care services in 2013. The survey included outpatient counselling services. Results were largely positive and consistent with previous surveys, demonstrating an overall high level of client satisfaction towards services received.

The department and the RHAs have also worked together to implement local recovery teams throughout the province. The teams consist of persons with lived experience, community representatives as well as professionals from the addiction and mental health fields. Each team is being supported by the Department of Health in conjunction with the Provincial Recovery Team to implement a recovery-based approach to services. Several initiatives are underway across the province in support of the recovery model. Learning events and training in community mental health-care centres and psychiatric facilities have been offered to staff. Two demonstration sites, one in Miramichi and the other in Edmundston, have embraced this new model and are working with community partners. More training will be provided in the coming year to ensure continued implementation of this approach throughout Addiction and Mental Health Services.

The Department of Health and the two RHAs have worked together to offer 70 recovery learning sessions to 1,155 participants. The goal was to provide an opportunity to exchange ideas and to reflect on the significance of the recovery experience and the practices that can promote and support recovery.

— Source: New Brunswick Department of Health

To enhance mental-health care in primary-care settings, a training curriculum on integrating mental-health care into primary health-care services has been developed. It is being delivered to primary health-care physicians and staff from community health centres in three identified pilot sites (the Saint Joseph Community Health Centre in Dalhousie, the Community Health Centre in Lamèque and the Saint Joseph Community Health Centre in Saint John). Activities to support the concepts from the training modules are being implemented in varying degrees throughout these communities.

The Supportive Housing Network (SUN) is a co-ordinated effort to help homeless or near-homeless individuals in the Fredericton area. Through this initiative, the Department of Social Development housing staff, shelter staff and a variety of other provincial government service-providers and community-based stakeholders have developed a vision for how to help the long-term homeless population obtain sustainable housing. Members of the network arrange for the provision of items required to furnish a unit; arrange for the moving and/or delivery of goods and groceries; and make the connections with other service providers and supports. Each placement is individualized and specialized in that it addresses the barriers and challenges a person may face in being able to live independently in the community. Variations of this project are in place in Moncton, Bathurst and Saint John.

To complement the SUN, the Department of Social Development is contracting community agencies in Moncton, Fredericton, Saint John and Bathurst to secure and provide outreach services to engage the homeless population; assess their needs; and support them in obtaining supports and services, including housing, income support, health care, training and employment.

Goal 3 Responding to diversity

“To be responsive to the needs of a person living with mental illness, all stakeholders must recognize his or her individuality. New Brunswick is home to a diverse population. In this context, ‘diversity’ is understood in terms of significant difference among those receiving health-care services, in terms of geography, age, language and culture...

To create and maintain a person-centered approach, the New Brunswick system must be responsive to diversity within the population. Services in rural communities must be made more accessible and directed toward the reduction of regional disparities. The challenges experienced by youth must be addressed early and with appropriate interventions. Effective hospital, long-term care, home and community supports must be more accessible. Training and services must be delivered in a manner that is culturally competent and culturally safe. A single service-delivery or treatment approach does not address all needs; a variety of tools must be used to allow providers to respond in a dynamic and effective manner to the many sectors in society.”

— *Action Plan for Mental Health in New Brunswick 2011–2018*, pp 11–12

PROGRESS UPDATE

The Women’s Equality Branch of the Executive Council Office provides annual funding and support to 14 domestic violence outreach programs across New Brunswick. The branch, along with Liberty Lane Inc., has trained new facilitators to deliver the Concurrent Group Program for children exposed to domestic violence and their mothers. This program helps mothers understand, cope with and effectively manage their children’s behaviours. The branch has also supported University of New Brunswick’s research project called *Intervention for Health Enhancement After Leaving*. This project focused on intervention to help with coping and recovery and provided evidence to support better practices to promote mental health in women who have experienced intimate partner violence.

The First Nations Subcommittee on the *Action Plan for Mental Health* consists of representatives from the First Nations communities — including elders, the Department of Health, RHAs and other stakeholders. It has taken steps to complete an environmental scan to identify mental-health service needs for First Nations people. The results will inform the work undertaken by subcommittee members in ensuring that Aboriginal traditions and knowledge are respected within mental-health programming. Prior to merging with the Department of Social Development, the Department of Healthy and Inclusive Communities completed a provincial survey of all students in grades 6 through 12. The data obtained was shared with members of the First Nations, the Aboriginal Peoples Wellness Working Group and other stakeholders to support priority settings and actions relative to healthy eating, physical activity, smoke-free living, mental fitness and resilience for Aboriginal students in grades 6 through 12.

In 2013, the Department of Post-Secondary Education, Training and Labour began funding an Aboriginal student counsellor position at St. Thomas University to meet the needs of First Nations students.

In 2014, the Department of Post-Secondary Education, Training and Labour funded the establishment of the First Nations Counsellor Certificate program at the University of New Brunswick. It provides training on how to meet the needs of First Nations people with mental-health issues.

New Brunswick Multicultural Council Inc. developed materials to help immigrants and newcomers understand mental health and mental illness as well as obtain help and support. <http://www.nb-mc.ca>

In 2014, the Department of Social Development launched the Youth Engagement Services program. It offers a new rate and benefits structure for youths aged 16 to 18 to better support them, using a holistic, integrated approach outside of the social assistance system.

Since 2012, the departments of Education and Early Childhood Development, Health, Social Development and Public Safety, along with the RHAs, have been working together to develop an integrated service delivery model to support youth with mental-health needs. An evaluation of two demonstration sites has provided important information on successes and challenges in implementing this model within a community. Various working groups and committees involved in this important initiative continue to work on strengthening the model and ensuring its integral role within a continuum of services for these children and youth. Planning for provincial implementation of an integrated service delivery model of care is ongoing.

The New Brunswick Economic and Social Inclusion Corporation continued to develop projects as part of *Overcoming Poverty Together: The New Brunswick Economic and Social Inclusion Plan*. These projects aim to provide those without access to medical, employment or quality-of-life opportunities with an available, accessible and affordable option to allow them to participate to their fullest ability in their communities.

Forty-seven community transportation projects funded by the New Brunswick Economic and Social Inclusion Corporation have benefitted 5,845 New Brunswickers.

— Source: New Brunswick Economic and Social Inclusion Corporation

A working group of representatives from the New Brunswick Home Support Association, the Department of Social Development and the Department of Post-Secondary Education, Training and Labour has developed a standardized training curriculum for home support employees. Additional investments are being made for the completion of a Tier III standardized curriculum and the implementation of competency-based training for senior care workers. The provincial special care home associations and the New Brunswick Home Support Association are also working with the Department of Post-Secondary Education, Training and Labour on Workplace Essential Skills training for their workers. This training provides workers with the opportunity to improve their reading, writing, numeracy, thinking and continuous learning skills. The departments of Social Development and Health have partnered with the New Brunswick Nursing Home Association, the New Brunswick Home Support Association and the Canadian Mental Health Association (CMHA) of New Brunswick to offer free educational sessions to improve mental-health literacy; and to provide caregivers with the skills and knowledge they need to support adults and seniors affected by or who may develop an addiction and/or mental illness.

Goal 4 Collaborating and belonging: family, workplace and community

“Isolation is both a cause and a consequence of mental illness, and it has a profound effect on health outcomes. Discrimination, lack of education, unemployment and poor living conditions can limit a person’s social network. As a consequence, too many persons living with mental illness are disconnected from their community.

A person living with mental illness belongs to a family, a community and a province. To support that person in his or her journey toward recovery, it is recognized that family members, peers, educators, agencies all have a role to play. Successful partnership among them will contribute to positive outcomes. Each person must be given the opportunity to contribute his or her strengths, regardless of life’s challenges.”

— Action Plan for Mental Health in New Brunswick 2011–2018, p. 14

PROGRESS UPDATE

A committee consisting of staff from the RHAs and the Department of Health has been struck to determine and write the operational guidelines for community mental-health service delivery. These guidelines will reflect the recovery model and include the role of families in treatment plans. Draft guidelines have been agreed upon by persons with lived experience, family members and services providers. They are anticipated to be approved by the RHAs in 2015.

The Department of Health has partnered with the Schizophrenia Society of New Brunswick in delivering *Your Recovery Journey*. It is based on the premise that “there is hope that people with mental illness can get well and stay well for long periods of time, doing the things they want to do with their lives.”

— *Your Recovery Journey* (Schizophrenia Society of Canada)
www.your-recovery-journey.ca/WhatAbout.htm

The Schizophrenia Society of New Brunswick has offered Your Recovery Journey group sessions to 105 participants across the province.

— Source: Schizophrenia Society of New Brunswick

Sessions were delivered to groups and organizations across the province. The expansion of *Your Recovery Journey* has been successful and has potential for further growth.

The departments of Public Safety and Post-Secondary Education, Training and Labour are collaborating to offer General Education Development (GED) and Workplace Essential Skills training on a regular basis in participating provincial correctional institutions. In partnership with these departments and the Anglophone North School District, another seven-week orientation to the trades program has begun for youth at the New Brunswick Youth Centre and for the women at the New Brunswick Women’s Correctional Centre. The program provides an introduction to the trades related to plumbing, automotive, carpentry, electrical and welding. It has proven to be popular and successful with its students. Successful graduates receive credits toward training blocks if they decide to continue studying once they return to community.

The departments of Social Development and Post-Secondary Education, Training and Labour are working together on several initiatives designed to provide seamless career development and employment counselling services for people returning to the workforce. Those initiatives include:

- employment readiness programs (i.e., Work Orientation Workshops (WOW), career decision-making information sessions and labour market information sessions);
- education and training programs (i.e., Safety Start, Academic Upgrading and Workplace Essential Skills);

- transition to work programs (i.e., Workability, SEED and Youth Employment Funds); and
- training and employment support services (i.e., diagnostic services such as psycho-educational assessments, training support, and employment supports).

In 2014–15, the Department of Social Development launched the Pre-Employability Services (PES) project. It has focused on developmental case management for clients faced with multiple and complex challenges that affects their potential for employment. It has defined new programs to engage clients in a process that focuses on acquiring the skills and attitudes necessary to move forward with case planning and begin career exploration.

The improvements under the PES project will complement individualized assessments and enhanced case management services; support client’s needs; increase client’s level of self-reliance; and, ultimately help transition more clients to training, education and employment.

Goal 5 Enhancing knowledge

“With the placement of the person at the centre of care, success will depend on all stakeholders having an adequate knowledge of current issues in mental health and mental illness. Knowledge enhancement must be accomplished in two fronts. Firstly, persons living with mental illness, as well as their families and other supports must be informed to make educated choices in their treatment plans. Secondly, all health-care and other service providers must be attuned to mental-health issues.”

— *Action Plan for Mental Health in New Brunswick 2011–2018*, p. 15

PROGRESS UPDATE

The Department of Post-Secondary Education, Training and Labour has struck a working group represented by various partners and stakeholders to ensure that students pursuing careers in health and social science programs (e.g., correctional officers, youth workers) are delivered curriculum that includes a comprehensive understanding of mental-health issues and are reflective of best practices such as the Recovery Model for mental-health intervention and treatment.

Since 2011, the Department of Post-Secondary Education, Training and Labour has provided funding to the Health Education Research Group at the University of New Brunswick to work with the province’s publicly funded post-secondary education institutions to develop positive mental-health communities. Recent, better practice research across health and educational domains asserts the importance of moving beyond a problem-focused approach to embrace a more positive view of mental health. This shift involves the recognition that psychological well-being is influenced by the absence of problems and risk-need concerns and is affected by the existence of positive factors present within individuals and their work as well as educational and social settings that contribute to positive growth and development.

Beginning in 2014, the Department of Post-Secondary Education, Training and Labour funded training for students and staff at the New Brunswick College of Craft and Design on numerous issues related to mental health.

MindCare has offered mental-health first aid training to all anglophone school districts as well as to the New Brunswick Community College (NBCC), the Collège communautaire du Nouveau-Brunswick (CCNB) and Tele-Care 811. So far, 140 people from the two community colleges have received this training. In addition, the Canadian Mental Health Association (CMHA) has partnered with numerous organizations (i.e., some school districts, NBCC, CCNB, Tele-Care 811) that were interested in ensuring staff gain a better understanding of mental health by offering *Changing Minds* awareness training. About 1,000 frontline workers in the health, social and educational fields are expected to receive this training by the end of 2016.

— *Changing Minds* (Canadian Mental Health Association)
<http://nb.cmha.ca>

The CMHA has provided Changing Minds training to 252 New Brunswickers, while MindCare offered mental-health first aid training to 140 participants from the New Brunswick Community College and the Collège communautaire du Nouveau-Brunswick.

— Sources: CMHA; *MindCare*

In 2014, the Department of Health awarded two bursaries to interns in psychology with the condition of a return of service, ensuring enhanced capacity of this important resource within New Brunswick. Guidelines for the Psychology Internship Bursary Program have also been established. Ongoing work between the Department of Health, the Department of Post-Secondary Education, Training and Labour, the College of Psychologists of New Brunswick, Université de Moncton and the University of New Brunswick continues to find long-term, sustainable strategies to address recruitment and retention challenges.

Goal 6 Reducing stigma by enhancing awareness

“Although public awareness has improved in recent decades, and New Brunswick’s Human Rights Act prohibits discrimination based on mental health disability, the issue of stigma continues to be a persistent and pervasive problem.

Stigma must be eliminated so that persons living with a mental illness no longer experience shame or discrimination. They will have the equality, respect and dignity afforded to other members of society. The beliefs, attitudes and behaviours that inform interaction with those experiencing a mental illness should be equivalent to those linked to physical illness. This can only be accomplished through a comprehensive, multilayered approach.”

— *Action Plan for Mental Health in New Brunswick 2011–2018*, p. 16

PROGRESS UPDATE

The Department of Early Education and Childhood Development will include a module on positive mental health for grades 9 and 10 students in anglophone school districts. This module will be added to the curriculum of the *Personal Development Career Planning* courses. A module focused on suicide awareness had been successfully piloted during the spring of 2013 and will be implemented in all high schools in anglophone districts. The Department of Education and Early Childhood Development is also partnering with Partners for Youth Inc. to promote the *Ring a Bell* campaign in middle schools. *Ring a Bell* aims to raise awareness and increase education to inspire youth, family and communities to take positive actions in support of children’s mental health.

Up to 70,000 children in New Brunswick from kindergarten to Grade 8 were provided with the opportunity to learn about mental health through the Ring a Bell campaign.

— Source: Partners for Youth Inc.

As a result, an enhanced partnership has been established with CMHA in New Brunswick. CMHA is a leader in offering public education focused on removing the barriers and discrimination associated with mental illness. It facilitates access to the resources people require to maintain and improve their mental health. The CMHA's main activities are linked to awareness, promotion, prevention and advocacy.

The Department of Health introduced a recovery-based model of practice that has resulted in an organizational culture change within the health-care system and consequently reduced the stigma associated with mental illness. The 2015 *Community Addiction and Mental Health Services Client Satisfaction Survey* showed an 87-per-cent overall satisfaction level province-wide. Ninety-eight per cent of respondents felt they had been treated with respect and dignity; 82 per cent felt they had been able to involve people that were important to them in their services; 87 per cent felt staff told them regularly they could recover and live a better life; finally, 87 per cent felt they were encouraged to actively contribute in the planning of their services and their personal goal settings.¹

Goal 7 Improving the mental health of the population

“Mental health not only shapes the perception of the world and its challenges; it is inter-dependent with physical health, earnings, education and standard of living. Mental Health issues are thereby integrally related to social determinants of health. Factors such as poverty and discrimination can make an individual more vulnerable to mental-health issues. Conversely, these issues can impair the ability to experience positive social interaction, education, employment and prosperity.

Developing mental health fitness and resilience will support mental health and are key to overall health and sense of well-being.”

— *Action Plan for Mental Health in New Brunswick 2011–2018*, p. 17

Mental fitness refers to our personal sense of psychological wellness (thoughts and feelings). We are most likely to be mentally fit when our needs for competency, autonomy and relatedness are met. It means having a positive sense of how we feel, think and act, which improves our ability to enjoy life. It also implies the ability to efficiently respond to life's challenges and to effectively restore and sustain a state of balance.

PROGRESS UPDATE

New Brunswick's Wellness Strategy 2014–2021 — The heart of our future was renewed in 2014. It aims to increase the number of New Brunswickers able to support healthy development and wellness and to increase the number of settings that have conditions to support wellness. It recognizes all of the dimensions of wellness (including emotional, mental/intellectual) as well as all of the determinants of health.

Considerable evidence demonstrates that when our environments provide opportunities for us to satisfy three basic psychological needs — competence, autonomy and relatedness — we are more motivated and engaged, our overall wellness is improved and we are more apt to make healthy lifestyle choices for ourselves and our families.² The wellness strategy positions the CAR model (competence, autonomy and relatedness) as a guiding principle for wellness. Competence is the ability to develop and use our strengths and skills and to have these

1 New Brunswick Department of Health. *Community Addiction and Mental Health Services, Client Satisfaction Survey*. 2015

2 Ryan, R. M. and Deci, E. L. A Self Determination Theory Approach to Psychotherapy: The Motivational Basis for Effective Change. *Canadian Psychology*, Vol. 49, No. 3: 186–193. 2008

strengths and skills recognized by ourselves and others; autonomy means having opportunities to express our ideas and opinions and to make decisions about things that are important to us; and relatedness is our need for connections and closeness with family, peers and other significant individuals.

— *New Brunswick's Wellness Strategy 2014–2021— The heart of our future* (Department of Social Development)
www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Wellness-MieuxEtre/NewBrunswickWellnessStrategy2014-2021.pdf

The *New Brunswick Youth Engagement Initiative Handbook* was finalized in 2013. This e-book resource assists communities interested in engaging youth in a process focused on affecting positive change in their community. It provides a general overview of:

- what youth engagement means;
- information about building positive relationships between youth and adults;
- useful practices to guide community efforts;
- steps for implementing the New Brunswick Youth Engagement Initiative;
- testimonials from past participants; and
- lessons learned from previous projects.

— *The New Brunswick Youth Engagement Initiative Handbook* (Department of Health)
www2.gnb.ca/content/gnb/en/departments/health/New-Brunswick-Youth-Engagement-Initiative.html

The departments of Health, Social Development and Public Safety are collaborating on assisting and supporting groups interested in implementing youth engagement processes in their communities. Initial orientation sessions were provided to Sackville (2014) and the Esgeenoopettitj First Nation (February 2015). Arrangements for additional orientation sessions are underway.

The Department of Health continues to support the RHAs, community agencies, other government departments, regional suicide prevention committees and the First Nation's Suicide Prevention Taskforce in the development, implementation and co-ordination of suicide prevention strategies. The department has also joined forces with the CMHA in support of its efforts to expand suicide prevention strategies. As a result, CMHA will offer suicide prevention awareness sessions free of charge.

The Department of Health has been championing the promotion of mental fitness among pregnant women. A common, standardized tool to assess risk for depression in the prenatal and postnatal period is useful in identifying mothers who are at-risk for experiencing a mental illness. The department launched the Healthy Toddler Assessment in March 2013 for all families with 18-month-old children. The assessment facilitates early health screening for children by Public Health nurses and includes a depression assessment component for parents with a referral to appropriate services when required. Other prenatal and postnatal resources continue to be given to parents. These resources encourage healthy behaviours while supporting new parents in developing healthy parenting skills.

In April 2013, eligibility criteria for a referral to the Department of Education and Early Childhood Development Attachment Program resulted in an increase in the number of families being referred to the program by Public Health. The Attachment Program provides parents with information and modelling with respect to the behaviours to adopt to develop a solid parent-child relationship and facilitate the development of a healthy and secure attachment. This type of attachment leads to healthy self-esteem and confidence in children and helps them be better prepared for life's challenges. Further collaborative efforts between the department and Public Health are required to continue to see an increase in participation in this valuable program.

In 2013, the Department of Post-Secondary Education, Training and Labour began funding positive mental health champion positions at St. Thomas University and Mount Allison University. In 2014, the department began to fund a healthy campus community manager at the University of New Brunswick, Saint John campus. All of these positions are designed to promote wellness and positive mental health for students, faculty and staff campus-wide.

The Wellness Branch of the Department of Social Development has conducted the *Elementary School Student Wellness Survey*. This survey measures child and youth mental fitness indicators, including pro-social behaviours, oppositional behaviours and connection to school and susceptibility to tobacco. Results from the 2014–15 survey of students in grades 4 and 5 show that 20 per cent of them had a high level of mental fitness; 64 per cent had a medium level of mental fitness; and 16 per cent had a low level of mental fitness. It is important to note that children who score lowest in mental fitness are at increased risk for future mental health issues.

Results from the 2014–2015 Elementary Student Wellness Survey with elementary school students (Grades 4–5) show that 20 per cent of these New Brunswick students have a high level of mental fitness, 64 per cent have a medium level of mental fitness and 16 per cent of students have a low level of mental fitness.

— *The 2014–2015 Elementary School Student Wellness Survey* (kindergarten to Grade 5). Provincial fact sheets (Department of Social Development) www2.gnb.ca/content/gnb/en/departments/social_development/wellness/content/research.html.

The *On the Right Track: Guide to Mental Fitness and Resilience* guide serves as a resource on mental fitness and resilience for schools, which complements existing curricula. It also proposes strategies for meeting students' psychological needs of competence, autonomy and relatedness. It explains the role that school staff play in supporting mental fitness and resilience for students. *On the Right Track* was developed in collaboration with Francophone School District North-West.

— *On the Right Track: Guide to Mental Fitness and Resilience* (Department of Social Development) www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Wellness-MieuxEtre/OnTheRightTrack.pdf

— How Francophone School District North-West developed *On the Right Track* (Wellness Movement) www.wellnessnb.ca/district-scolaire-francophone-nord-ouest-story/

The Wellness Branch of the Department of Social Development has supported the development and promotion of the *Positive Mental Health Toolkit* by the Pan-Canadian Joint Consortium for School Health.

— *Positive Mental Health Toolkit* (Pan-Canadian Joint Consortium for School Health) www.jcshpositivementalhealthtoolkit.com

Schools and districts are increasingly using various tools created to address mental fitness; promote positive learning environments in their schools; and incorporate mental fitness into their school or district improvement plans. The Wellness Branch continues to work with districts to promote the implementation of a mental fitness approach in schools.

The Wellness Movement, a social marketing initiative promoting wellness, is the spark that inspires people to action through the sharing of provincial wellness stories. It connects all wellness initiatives in the province and acts as a portal to guide New Brunswick families, communities, schools and workplaces to resources designed to help them on their path to improved wellness. The theme for this year is *Start Your Story*, an opportunity to share inspiring journeys in support of wellness. This initiative uses a mental fitness approach that supports our needs for competency, autonomy and relatedness.

— *Wellness* (Department of Social Development) www2.gnb.ca/content/gnb/en/departments/social_development/wellness.html