

# BC MENTAL HEALTH & ADDICTION SERVICES STRATEGIC PLAN



BC Mental Health &  
Addiction Services

An Agency of the Provincial Health Services Authority

Updated August 2007







# BC Mental Health & Addiction Services

An agency of the Provincial Health Services Authority

## OFFICE OF THE PRESIDENT

### December 2007

Each year, BC Mental Health & Addiction Services (BCMHAS) carefully reviews and updates its strategic plan. An agency of the Provincial Health Services Authority, we are accountable to the public and must ensure that we focus our attention, energy and resources on our most important priorities in each core area. The 2007 strategic plan update continues that commitment. By way of introduction, I am pleased to highlight a few key initiatives:

- **Service Provision:** All of the services offered by the Child & Adolescent Mental Health Program at BC Children's Hospital were successfully consolidated in the new Mental Health Building in November 2006. A number of enhancements to these services are currently underway, including adopting the "pre and post" hospitalization collaborative model of care.
- **Research:** The newly created BC Mental Health & Addictions Research Institute is preparing to move into its purpose built space in early 2008 as part of the capital expansion of the Child & Family Research Institute complex.
- **Learning & Knowledge Exchange:** BCMHAS is taking a provincial leadership role in developing specialized mental health and addictions curriculum, training and education tools to support clinicians. The use of mental health "networks" such as the Neuropsychiatry and BC Psychosis Networks are becoming a valuable source of support for learning and knowledge exchange between clinicians across the province. By increasing the availability of tele-mental health in 2007/08 we will further strengthen this capacity.
- **Health Promotion:** BCMHAS has developed, in conjunction with the Centre for Applied Research in Mental Health and Addiction (CARMHA) at SFU, the "Antidepressant Skills at Work" self-care manual. Launched in June 2007, the manual is available on-line free of charge. Further dissemination and evaluation activities for the manual are planned for 2007/08.
- **System Wide Improvement:** In partnership with the Ministry of Health, BCMHAS has been asked to develop a 10-year Mental Health and Addictions plan in consultation with the regional health authorities.
- **Patient Safety:** Research confirms that 44% of people with mental illness smoke and that 50% of those who smoke die prematurely of causes related to tobacco use. The introduction of provincial tobacco control legislation provides an opportunity for BCMHAS to introduce more robust tobacco reduction strategies for our patients and invest in healthy lifestyles programming.

Leslie Arnold  
President  
BC Mental Health & Addiction Services



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## Introduction

BC Mental Health and Addiction Services (BCMHAS) is one of the agencies of the Provincial Health Services Authority (PHSA). This strategic plan builds on and supports the vision, mission and values of PHSA as a whole. (Exhibit 1)

Our plan, which was updated during early summer 2007, highlights a number of new opportunities and pressures facing BCMHAS this year. The strategies and proposed actions outlined in this document reflect how we intend to address these challenges and focus our collective effort this year.

Looking forward, we see important opportunities to significantly contribute to and improve the mental health system in British Columbia.

### ***Exhibit 1.***

#### ***PHSA Vision:***

*Province wide solutions. Better health.*

#### ***PHSA Mission:***

*To promote and deliver accessible quality health services for all British Columbians through an integrated health system*

#### ***PHSA Values:***

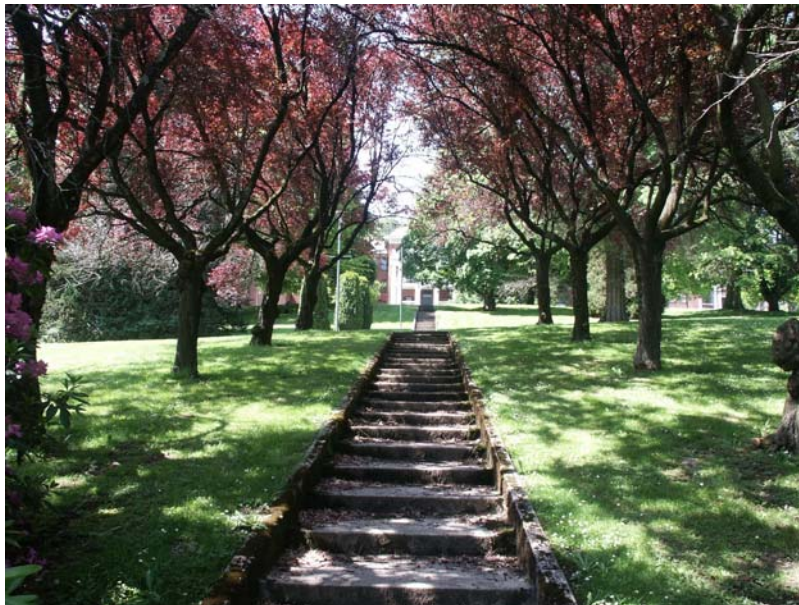
*Patients first*

*Best value*

*Results matter*

*Improvement through knowledge*

*Open to possibilities*



*View of West Lawn Building at Riverview Hospital*

## BC MENTAL HEALTH & ADDICTION SERVICES – WHO WE ARE AND WHAT WE DO

BC Mental Health & Addiction Services plays a key role in the provincial mental health and addictions system:

- **Specialized and One of a Kind Service Delivery:** Delivering one of a kind services and facilitating coordination of these services with other mental health and addictions programs delivered by partners.
- **Mental Health and Addictions Research:** Bringing together and strengthening existing mental health and addictions research capacity. Building and enhancing partnerships with regional health authorities (HAs), universities, researchers and others to support research.
- **Knowledge Exchange:** Strengthening existing capacity for education and knowledge dissemination to enhance understanding and skills among service providers, policy makers, and the public. Enhancing continuing education of mental health and addictions professionals.
- **Health Promotion & Illness Prevention:** Focusing resources in our specialized services on improving secondary and tertiary prevention, and contributing to the broader capacity for health promotion and illness prevention.
- **System-Wide Improvements:** Linking providers across the province to improve quality, patient safety, consistency, and accessibility of mental health and addiction services. Using networks to establish standards and best practices, evaluate effectiveness, and share knowledge.

This role exists within the context of a larger mental health and addictions services system in which regional Health Authorities, Ministry for Child and Family Development (MCFD), the criminal justice system, community agencies, patients and families all play important roles.

More detail on the services we provide and new developments within these services is outlined below.

### Direct Service Delivery

#### Adult/Geriatric and Specialized Mental Health Services & Neuropsychiatry

The Adult/Geriatric Specialized Mental Health & Neuropsychiatry Programs provides specialized services to adults with a severe and persistent mental illness. Services include:

- *Tertiary Acute Specialized Services:* As of August 2007, 256 beds are in service for tertiary acute, rehabilitation and specialized residential mental health services located at Riverview Hospital (RVH). These services are being redeveloped in geographic health authorities to provide tertiary mental health care in communities.
- *Specialized Mental Health Services:* As part of the redevelopment of RVH, extensive planning has been undertaken to identify selected highly specialized mental health services that serve patients with complex mental health needs. Specialized services for individuals suffering from serious

neuropsychiatric and psychotic disorders have been designated as ‘one of a kind’ services which will continue to be governed by BCMHAS.

### **Child & Youth Mental Health & Addictions**

Specialized assessment and treatment services for children, youth and families requiring mental health services are provided at BC Children’s Hospital (BCCH). This program serves as both a referral centre for children and youth across the province and as the specialized regional resource for Vancouver Coastal Health Authority (VCHA). The C&Y Mental Health Program includes:

- Adolescent Psychiatry Inpatient Unit
- Child Psychiatry Inpatient Unit
- Child & Adolescent Psychiatric Emergency (CAPE) Unit
- Specialty Outpatient Clinics
- Provincial Youth Concurrent Disorders Program

Following a review of the program in 2004/05, which included extensive consultation with the regional health authorities and MCFD, a three year plan for the evolution of provincial specialized child and youth mental health and addiction services was developed. Funding was received in 2005/06 to increase staffing and capacity for the Provincial Youth Concurrent Disorders Program and for the Provincial Crystal Methamphetamine Response Project. Additional funding was received in 2006/07 to implement a “pre- and post-hospital” collaborative service model of care on the inpatient units in order to reduce wait times for admission. In November 2006 all the programs were consolidated in the new Mental Health Building.

In November 2005, C&Y MH established the “BC Child and Youth Psychiatric Inpatient Unit Committee”, a provincial network of clinicians and administrators representing all inpatient psychiatry programs across the province. The goal of this network is to share and discuss treatment and assessment protocols, clinical issues, access to services, and establishment of best practices.

### **Eating Disorders – Adolescent & Adult Programs**

Provincial tertiary eating disorders services for adolescents and adults, both inpatient & outpatient services, are provided through child and youth mental health at BC Children’s Hospital and Providence Health Care (St. Paul’s Hospital). Each program serves as a referral centre for patients province-wide and as a specialized regional resource for VCHA.

A review of the roles and service models of the two programs, in consultation with service partners (HAs and MCFD), identified a number of areas to improve service coordination and integration between the adolescent and adult programs. An Eating Disorders Network was established to assist with province wide collaboration, coordination, and outreach. For example, a joint referral process for intake was established, guidelines for level of care and early intervention strategies have been developed, and an electronic “Community of Practice” site was established. Further recommendations continue to be reviewed for implementation.

### **Forensic Psychiatric Services Commission (FPSC)**

The Forensic Psychiatric Services Commission (FPSC) provides court-related forensic psychiatric assessment, treatment and community case management to mentally disordered individuals who are in conflict with the law. The ultimate goal is to enable the re-integration of patients/clients back into the community. The Commission was reconstituted in 2006, with Michael Marchbank from the PHSA serving as Chair.

The Forensic Psychiatric Services Commission operates comprehensive specialized tertiary services across British Columbia. It is a multi-site organization providing specialized hospital- and community-based services for adults with mental illness who are in conflict with the law. It includes a 190-bed highly specialized secure inpatient facility located in Port Coquitlam and six regional community clinics located in Vancouver, Surrey, Victoria, Nanaimo, Kamloops, and Prince George.

Services provided include:

- Court ordered assessments
- Treatment for persons found Not Criminally Responsible on account of Mental Disorder (NCR-MD), or Unfit to Stand Trial
- Risk assessments for pre-sentence probation reports
- Treatment of mentally disordered offenders in provincial correctional centres
- Court ordered assessment of offenders on bail and probation.

A major focus for FPSC in the past year has been to develop an integrated assessment, treatment, and training component to build capacity in the hospital and at the regional clinics to address concurrent disorders issues. Major efforts have also been made to implement a new, comprehensive risk assessment/risk management tool across all programs at FPSC in order to establish a consistent process for assessing, monitoring and managing risk.

### **Research & Knowledge Exchange**

BCMHAS provides a provincial leadership role in supporting mental health and addictions research and knowledge exchange (KE) activities in the province. The goal is to bring together and strengthen existing mental health and addictions research capacity and to build and enhance partnerships – with health authorities, universities, researchers, and other individuals and agencies in support of best practices and evidence-based care. The research role for BCMHAS is summarized below:

- *Supporting internal researchers, staff, and physicians in specialized mental health and addictions research areas:* Areas of research include both basic and translational research, and fall within the four domains identified by the Canadian Institutes for Health Research (CIHR): Biomedical, Clinical, Health Systems & Services, and Population and Public Health (e.g., brain imaging, crystal methamphetamine, cognitive underpinnings of schizophrenia, traumatic brain injury, stigmatization, and research relating to the efficacy of pharmaceuticals).
- *Providing a linkage and coordination role with respect to the planning and delivery of specialized mental health and addictions research networks:* BCMHAS became the host organization for the

Michael Smith Foundation for Health Research (MSFHR) funded BC Mental Health and Addictions Research Network. The network has a multi-year mandate to support and promote collaboration amongst BC researchers in order to increase their competitiveness in national and international funding competitions.

- *Supporting research institutes in mental health and addictions:* BCMHAS supports the Mental Health Research Institutes at UBC, Centre for Applied Research in Mental Health and Addictions at SFU, and the Centre for Addictions Research of BC at the University of Victoria. In addition, BCMHAS is taking a lead role in developing the Addictions Psychiatry division in the Department of Psychiatry at UBC.

BCMHAS focuses its knowledge exchange efforts on three target groups:

- *Professionals and Practitioners:* BCMHAS is taking a provincial leadership role in developing specialized mental health and addictions curriculum, training and education tools to support the dissemination and uptake of best practice information for clinicians and practitioners. For example, BCMHAS is currently working with the HAs to develop a training curriculum for concurrent disorders. The organization is also leading a provincial initiative to identify common mental health & addiction services learning needs across all HAs and three government ministries, with the intent of collaboratively developing standardized curricula, distributed education delivery strategies, enhanced networking among educators and reducing duplication of effort in terms of staff training initiatives in high-priority areas. With respect to student training activities, BCMHAS agencies continue to serve a significant function as practice education placement sites for students from all relevant clinical disciplines, and offer residency, internship, fellowship, and post-doctoral positions in a variety of fields including adult, geriatric, child & youth and forensic psychiatry, clinical psychology, research and psychopharmacology. In 2006/07, BCMHAS agencies provided training opportunities for nearly 1,100 learners resulting in over 100,000 student contact hours of clinical instruction and mentorship in more than 20 disciplines and service areas. BCMHAS currently maintains education affiliation agreements with approximately 40 post-secondary education institutions located across BC, Canada and internationally.
- *Decision / Policy Makers:* BCMHAS promotes the use of evidence-based decision-making to support service planning, service delivery, and system design and using evidence-based policy development to support best practices implementation.
- *General Public:* BCMHAS actively supports the development of evidence-based information for public awareness and education. For example, BCMHAS coordinates the BC Partners for Mental Health and Addictions Information. The BC Partners aim to improve public understanding (e.g., mental health promotion, prevention, early recognition, help seeking, self-management and recovery), and reduce the stigma related to mental health and substance use problems. In addition, BCMHAS is hosting the BC Scientific Committee on Workplace Mental Health and Addictions.

## Service Partnerships and Linkages

Due to the highly specialized component of services, each of the program areas in BCMHAS links to many services and providers in health care, criminal justice, the Ministry of Child and Family Development, and community organizations. Within PHSA, BCMHAS has established linkages with

other agencies, for example; joint research initiatives with the Genome Sciences Centre at BC Cancer Agency.

### **Provincial and National Linkages**

BC Mental Health & Addiction Services is an active partner in and leader of many provincial and national initiatives, including conferences; specialized mental health and addictions program/ service reviews and planning; education and training; networks; and research. Examples of some of these collaborative efforts are:

- Coordinating the development of provincial specialized mental health and addiction networks (e.g., neuropsychiatry, psychosis, eating disorders, youth concurrent disorders).
- Linking with a number of provincial organizations to identify and address information needs and priorities, such as the development of an Integrated Provincial Strategy to Promote Health Literacy in Mental Health & Addiction in BC to ensure the use of best practice information across the province, to coordinate related resources, and to avoid duplication of existing public education and information dissemination efforts.
- Collaborating with other provinces and nationally to support mental health and addictions research and policy, workplace wellness, mental health promotion, and core competency/capacity requirements for addictions professionals.
- Lead partner at provincial, national and international conferences, forums and committees in a variety of areas including child & youth mental health, forensic psychiatry, general psychiatry, management of aggression, addictions/ substance use problems, community-based services, population health, and multicultural community health.

## **LOOKING FORWARD – OPPORTUNITIES AND PRESSURES**

External and internal influences and pressures have both shaped our strategy and will impact our ability to implement our plan. Collectively, these forces present risks to mitigate and opportunities to move forward.

The following key updates to our understanding of external and internal influences carry forward some of the key influences from the 2005 plan, and also reflect updates provided by an environmental scan conducted by PHSA as a whole and by the leaders of BCMHAS.

### **External Health Industry Influences**

Some of the key influences external to BCMHAS are:

**The Future of  
Specialized and  
“One of a Kind”  
Provincial Mental  
Health System**

The implementation of the RVH Redevelopment Project experienced a number of delays from 2003 to 2007, related to planning and construction challenges faced by a number of the regional health authorities.

The Ministry of Health requested that BCMHAS conduct an evaluation of the RVH Redevelopment Project, in order to evaluate the achievement of the goals for the redevelopment process as identified in the Mental Health Plan. An evaluation framework was developed in consultation with the health authorities in 06/07 and implementation of the evaluation will occur in 07/08. In addition, an external Clinical Review was undertaken in spring 2007 to inform the future redevelopment of RVH beds.

In partnership with the Ministry of Health, BCMHAS has been asked to develop a 10-year Mental Health and Addictions plan in consultation with the regional health authorities.

BC Mental Health & Addiction Services will continue to focus on its ability to add unique value as the provincial resource for ‘one of a kind’ expertise. Specifically, planning has taken place and implementation is pending for:

*Neuropsychiatry services:* A single specialized provincial tertiary acute service has been endorsed by all health authorities. It will be governed by BCMHAS using a service network model encompassing the broader continuum of Neuropsychiatry assessment, treatment and rehabilitation, building on the existing BC Neuropsychiatry Program.

*‘Medicine & Science / Innovation’ resources:* The potential value of an in-patient resource operated by PHSA, dedicated to addressing assessment and treatment of the most complex and/or refractory cases referred by secondary services across the province. This resource would be staffed with a highly specialized multidisciplinary team and protected from the pressures of Emergency admits in the secondary service system.

*Provincial Specialized Mental Health and Addictions Network:* A provincial specialized network is under development to provide governance for the tertiary mental health system, to improve access and ensure high quality of services across the province.

## **Research and Knowledge Exchange**

Alongside consolidation and strengthening of existing research capacity, BCMHAS has undertaken discussions since early 2004 with academic and service partners across the province on the best value-add role for research and knowledge exchange in mental health and addictions. The result is an exciting plan for a provincial research and knowledge exchange role, with a mandate to directly support research and, importantly, to link research centres and clinician-researchers in service provision organizations province-wide. BCMHAS is well positioned to take advantage of new funding sources to support the strengthening of BCMHAS research and knowledge exchange activities across the four domains identified by the Canadian Institutes for Health Research (CIHR): biomedical, clinical, health systems and services, and population and public health.

As research funding opportunities increase, expectations have been raised for increases in knowledge transfer and translation. While the translation and transfer of knowledge (i.e. dissemination and communication of research results and best practice) is important, additional resources will need to be invested in the uptake/adoption of research/best practices.

Mental health and addictions are also increasingly recognized as representing a significant burden of illness in society and warranting increased research and KE activity. Additional work in these areas is further reinforced by the establishment of the Canadian Mental Health Commission, the National Addictions Treatment Strategy, and the Public Health Agency of Canada Knowledge Exchange Advisory Committee. The new Commission's priority areas include recommendations related to research and KE (stigma reduction, knowledge exchange, aboriginal MH, children's' MH and Workplace MH&A). The BCMHAS research and KE strategy has potential to serve as a model for national efforts in this area.

With respect to student training, the on-going redevelopment of Riverview Hospital will result in a gradual decline in the organization's ability to accept students for clinical placements as the hospital moves toward closure. Educational partners have been advised of this fact and are being encouraged to plan for alternate placement sites in the future.

## **Prevention, Promotion, & Protection**

MOH investments in ActNow and the BC Healthy Living Alliance in preparation for the 2010 Olympics create the need to link goals related to physical activity, nutrition and tobacco with similar population health efforts related to mental health and substance use problems. The World Health Organization has indicated that physical and mental health are inextricably linked. Achievement of the ActNow goals will warrant investments in mental health promotion and addiction prevention by the MOH, as well as provincial coordination by the PHSA. In addition, there is increased emphasis on population and public health (e.g., mental health promotion, problematic substance use prevention) through MOH Core Public Health Programs and PHSA Community of Practice in Population Health (virtual Public Health Institute). BCMHAS has developed an Integrated

**Quality & Safety**

Provincial Strategy to Promote Health Literacy in Mental Health & Addiction in BC, and is holding discussions with the MOH, the HAS, and BC Healthy Living Alliance to enhance mental health promotion efforts within ActNow goals. The introduction of provincial tobacco control legislation provides an opportunity for BCMHAS to invest in healthy lifestyles programming for patients and staff.

There is an increased emphasis on patient safety in health-care service delivery. A number of patient safety initiatives at BCMHAS are driven by the “Required Organizational Practices”, developed by the Canadian Council on Health Services Accreditation (CCHSA), to demonstrate compliance to national and international patient safety standards. BCMHAS will build on its successful accreditation through CCHSA (November 2006), and will strive to demonstrate a leadership role in patient safety. While a number of enhancements have been made to the data management systems at BCMHAS to better report adverse events and patient safety performance measures (e.g., infection control database was implemented in June 2006), further improvements need to be made to the incident reporting databases to better support reporting of critical incidents and severity levels for medication errors.

**Public Concern  
Over Access to  
Services**

Timely access to services and wait times are on both the public and the provincial and federal agendas. There has been an increasing demand for inpatient beds at BCMHAS, leading to increased wait times and service pressure. While a number of Canadian benchmarks exist for wait times for health services, there have been no published reports for inpatient psychiatry wait times. BCMHAS has established internal benchmarks in order to effectively monitor access to service.

Establishing new models of care and different working relationships with partners are mechanisms through which BCMHAS may be able to improve equity of access to provincial specialized services. With financial support from the Kely Patrick Dennehy Foundation, BCMHAS is developing a province-wide plan for use of tele-mental health for Child and Youth Mental Health and Addiction Services. This plan will not only improve outreach to remote locations in province for assessment and treatment, but will also include dissemination of best practices to health professionals to assist in improving the quality of care and health promotion for children and youth, and increase capacity for services such as concurrent disorders.

### **Patient Roles, Expectations and Responsibilities**

As the traditional relationship between health providers and patients continues to evolve, individuals are becoming more actively involved in managing their own health. Research on self-care management within chronic disease areas such as diabetes and cardiovascular disease provides opportunities for self care/management in mental health and addictions. BCMHAS is supporting the provincial dissemination of an Adult Anti-Depression Self-Care tool, and has developed, in conjunction with the Centre for Applied Research in Mental Health and Addiction (CARMHA) at SFU, an “Antidepressant Skills at Work” self-care manual, launched in June 2007. Dissemination and evaluation activities for the manual are planned for 07/08.

Obtaining reports of patient satisfaction is key to ensuring our services are meeting the needs of those we serve. A comprehensive patient satisfaction survey was conducted by BCMHAS in May 2005; the results of which are being used by the program areas to address areas of improvement. BCMHAS also participates on a provincial patient satisfaction consultation group for mental health and addictions. A patient satisfaction survey of all mental health and addictions services in the province is planned for 2008.

### **Information and Communication Technology**

There are significant opportunities to enable more effective services and to improve efficiency of our information management through continuing investments by PHSA and service partners in ICT. These include telehealth consultation and treatment to more remote areas of the province, SharePoint Communities of Practice for collaboration among service providers across the province, and improved strategic information management, supporting better monitoring and management of treatment processes and outcomes, including quality and safety. BCMHAS, through the Research Cohort Database Platform, is identifying a core set of clinical measures for our patient population that can be used to inform administrative and clinical decision making, as well as address research needs. Long-term goals are to expand the database to mental health and addictions programs across the province.

### **Scientific Advancements**

There are evolving approaches to mental health and addictions treatment, new pharmaceuticals, introduction of sophisticated diagnostics, and genetic based individualized treatment programs. These innovations create the need for new skill sets, new resources, and access to advanced laboratory and diagnostic capacity. In collaboration with the Genome Sciences Centre at BC Cancer Agency, BCMHAS has a research protocol in place to identify DNA copy number variations in bipolar disorder and schizophrenia.

## Economic / Political Influences

Some of the key economic and political influences are:

### **Opportunity to Leverage PHSA Tertiary Expertise**

The name BC Mental Health & Addiction Services, an agency of PHSA, was adopted for the provincial services in June 2005. This name recognizes the clarification of roles which has taken place in the last three years, recognizes the importance of integrated treatment of concurrent disorders, and aligns the services model with similar provincial agencies such as BC Cancer, BC Transplant, and BC Renal Agency.

There is a wealth of tertiary expertise within the agencies that make up PHSA. BCMHAS has an opportunity to draw from successful provincial models used elsewhere in the PHSA (e.g., cancer, cardiac, renal) to improve quality, build relationships across the province, and develop a strong foundation of research and knowledge exchange.

### **Opportunities for Leadership in Specialized Service Strengthening**

Through providing specialized mental health and addiction services serving residents from across the province, and through continuing efforts to support the delivery of high quality services across BC, BCMHAS has developed strong partnerships with provincial organizations, universities and researchers, and the regional health authorities. These linkages create the opportunity for BCMHAS to provide leadership in aligning and coordinating specialized mental health and addictions initiatives across the province.

Specialized service planning, involving consultation with service partners across the province, academic partners including UBC and SFU, as well as patients, families and their non-governmental education and advocacy organizations, has resulted in service role and redesign recommendations for both tertiary eating disorders services (adolescent and adult) and specialized C&Y MH. Implementation planning is commencing in both these services.

Because of the rapid pace of change in the delivery of mental health and addiction services, opportunities exist for BCMHAS to take on a leadership role in supporting health authorities through this change management/system redesign process. Specific expertise provided includes strategic planning processes for mental health and addictions, review of addictions program models, and service delivery planning support for secondary and tertiary mental health services.

### **Multiple Partners and Service Providers**

The Ministries of Health, Children and Family Development, Public Safety, the Solicitor General and Attorney General, as well as the regional health authorities are some of the key partners that influence BCMHAS directly or indirectly. Decisions by these partners have the potential to change priorities and significantly impact future strategies.

## Internal / Organizational Influences

Some of the key influences related to human resources and labour are:

### **Human Resources & Labour Market**

Along with the human resource challenges being faced by all sectors of health care, BCMHAS has some specific issues related to the successful human resource management through the RVH redevelopment process. In addition, recruitment and retention of psychiatrists, psychologists, and nursing staff remains an ongoing challenge. BCMHAS is taking the opportunity for development of leadership competencies in front-line nursing leaders. The goal of the initiative is to develop a number of competencies, including patient safety, in nursing leaders, who will then be able to better mentor and translate these skills to front-line staff.

### **Organizational Culture**

Changing environments and increased demands on the workforce in all sectors have led to increased workplace mental health and substance use problems. These challenges, combined with other human resource challenges (e.g. recruitment and retention, shrinking labour force and increased focus on positive organizational culture) provide opportunities for management and unions to work together to create healthy workplaces.

BCMHAS, in partnership with human resources and other stakeholders, has developed a comprehensive and integrated workplace mental health and addiction plan to complement PHSA physical health and recruitment and retention strategies. The plan involves activities related to organizational culture and primary, secondary and tertiary prevention. Plans are informed by “best” or “promising” practices, and involve partnerships at the provincial, national and international level in the areas of intervention/policy development, research, and knowledge exchange.

## OUR STRATEGIC DIRECTIONS

The specialized expertise in the diverse programs of BC Mental Health and Addiction Services is a valued resource for the province. This strategic plan continues to focus on ensuring appropriate and equitable access to specialized services; supporting better coordination of specialized services with an effective continuum of care province-wide; strengthening our capacity to share this expert knowledge and to enable knowledge exchange among consumer and family groups, providers, academics and researchers; and supporting research. We are committed to using our resources and expertise to enable system-wide improvements and enhance patient safety.

### Envisioning BC Mental Health & Addiction Services in 2008

BC Mental Health and Addiction Services is a key element in the continuum of mental health services. We provide specialized expertise and resources which are shared and leveraged provincially.

BC Mental Health & Addiction Services has five key roles:

- **Delivering specialized mental health & addictions services**
- **Leading and supporting research and researchers**
- **Leading and supporting learning and knowledge exchange**
- **Leading in key areas of mental health and addictions health promotion and illness prevention**
- **Contributing to system-wide improvements in mental health and addiction services**
- **Achieving excellence in patient safety**

This role exists within the context of a larger mental health and addictions services system in which regional health authorities, MCFD, the Criminal Justice System, community agencies, patients and families all play important roles.

For individuals who need care, there is a continuum of primary, secondary and appropriate tertiary mental health services in place in each geographic health authority. These services are linked to BC Mental Health & Addiction Services that are accessible to all residents of BC.

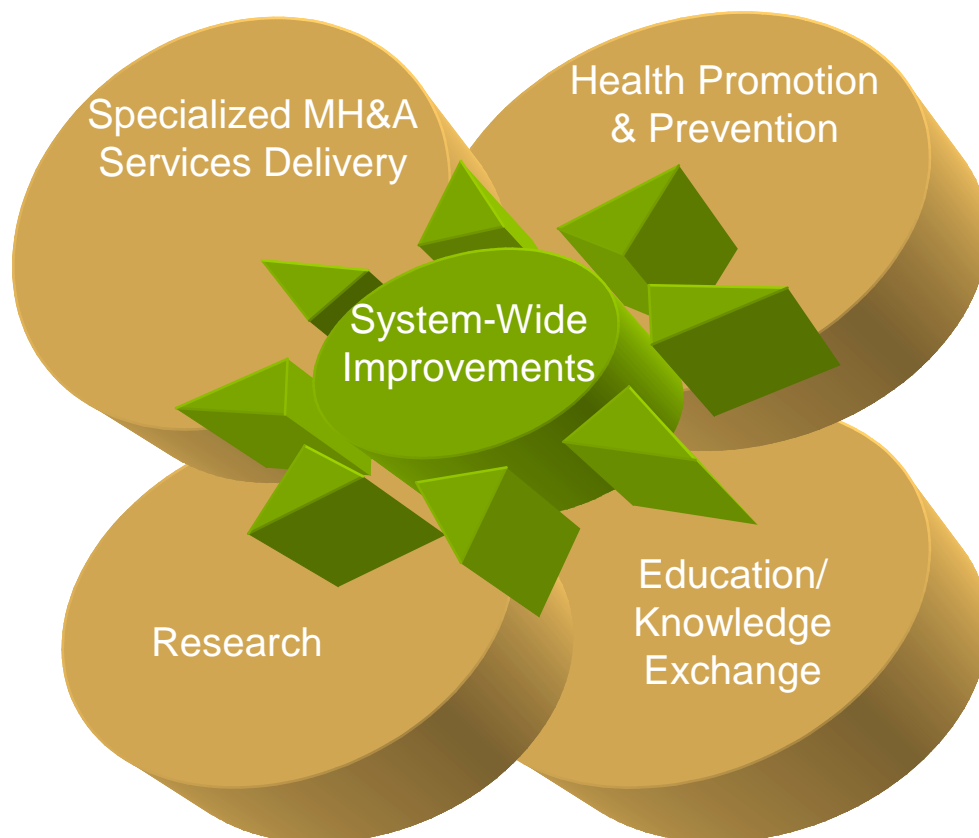
Patients move between services as dictated by their individual needs: access is not delayed by a lack of capacity and care is provided in the most appropriate - not the most available - setting.

There are coordinated evidence-based strategies to detect and effectively treat mental illness. These strategies are recognized as being as important to the health of the population as similar approaches to controlling other chronic diseases.

Together, these roles establish a vision for BCMHAS (Exhibit 1).

- **Specialized and One of a Kind Service Delivery:** Delivering one of a kind services and a clear role in providing service coordination and thought leadership. Actively involved in shaping and achieving a provincial vision for specialized mental health and addiction services that are part of a continuum of care.
- **Mental Health and Addictions Research:** Bringing together and strengthening existing mental health and addictions research capacity. Building and enhancing partnerships with HAs, universities, researchers and others to support research.
- **Knowledge Exchange:** Strengthening existing capacity for education and knowledge dissemination to enhance understanding and skills among service providers, policy makers, and the public. Enhancing continuing education of mental health and addiction professionals.
- **Health Promotion & Illness Prevention:** Focusing resources in our specialized services on improving secondary and tertiary prevention, and contributing to the broader capacity for health promotion and illness prevention.
- **System-Wide Improvements:** Linking providers across the province to improve quality, patient safety, consistency, and accessibility of mental health and addiction services. Using networks to establish standards and best practices, evaluate effectiveness, and share knowledge.

**Exhibit 1: BC Mental Health & Addiction Services Strategic Directions to 2008**



## STRATEGIC ACTION ITEMS

Four strategic goals were identified in the 2004 strategic plan. A fifth goal, focusing on patient safety, was added to the plan in 2006, in recognition of the important role we play in ensuring safe and effective health-care service delivery.

Achieving these goals will require collaboration across mental health and addiction services throughout the province. The actions related to our goals have a three year timeframe and may be adjusted as this plan is reviewed each year. More detailed action plans operationalize our goals and actions.

<b>Goal 1: Accessible, high quality specialized mental health services</b>	<b>Executive Sponsor</b>
1.1 Evaluate the effectiveness of the Pre-Post Collaborative model of care in reducing inpatient wait times at C&Y MH.	Betty Kerray
1.2 Further develop and build capacity for the identification, screening, assessment, and treatment of concurrent disorders (mental health and substance use) for youth; build research and evaluation components of Youth Concurrent Disorders Program	Dr. Shimi Kang Dr. Lorne Korman
1.3 Lead the Provincial Neuropsychiatry and BC Psychosis Networks, in collaboration with the regional health authorities and the Ministry of Health.	Dr. Patrick Smith
1.4 Integrate capacity for the spectrum of problematic substance use and concurrent mental illness in specialized service delivery.	Dr. Shimi Kang Lynn Cook Dr. Patrick Smith Dorothy Jennings
1.5 Pursue the development of specialized 'medicine and science' beds/ services dedicated to addressing assessment and treatment of the most complex and/or refractory cases referred by secondary services across the province.	Dr. William Honer Dr. Patrick Smith Dr. Trevor Young
1.6 Conduct an evaluation of the RVH redevelopment process.	Lynda Bond
1.7 Achieve internal benchmarks for access to inpatient beds at BCMHAS.	Lynn Cook Betty Kerray Lynda Bond

<b>Goal 2: A nationally recognized BC Mental Health &amp; Addictions Research &amp; Knowledge Exchange Role.</b>	<b>Executive Sponsor</b>
2.1 Consolidate existing research infrastructure in BCMHAS to create a provincial mental health and addictions research and knowledge exchange institute.	Dr. Patrick Smith
2.2 Establish BCMHAS Research & KE as the provincial vehicle for inter-organizational partnerships in basic and translational research, and for system improvement; link nationally and internationally to research and KE efforts.	Dr. Patrick Smith Peter Coleridge
2.3 Lead development of an integrated provincial education and training plan for mental health and addictions, in partnership with the regional health authorities.	Peter Coleridge Paul Anderson
2.4 Lead development of tele-mental health/professional knowledge exchange initiative at C&Y MH.	Peter Coleridge
<b>GOAL 3: Leader in key areas of MH&amp;A health promotion and illness prevention</b>	<b>Executive Sponsor</b>
3.1 Lead the development and implementation of a provincial and national workplace mental health and addictions initiative.	Peter Coleridge
3.2 Lead the implementation, in collaboration with MOH, MCFD, RHAs and NGOs, of the Integrated Provincial Strategy to Promote Health Literacy in Mental Health & Addiction in BC.	Peter Coleridge
3.3 Lead the development of a Child, Youth and Family Mental Health & Addiction Resource Centre at the Mental Health Building, BCCH Site.	Peter Coleridge
3.4 Support the Ministry of Health and PHSA Community of Practice in Core Public Health Programs.	Peter Coleridge
3.5 Implement a tobacco reduction strategy across BCMHAS.	Peter Coleridge
<b>GOAL 4: System-wide improvements in mental health and addictions services</b>	<b>Executive Sponsor</b>
4.1 Strengthen partnerships and formalize networks in support of specialized services coordination, support to research and researchers, and health promotion / illness prevention coordination and enhancement.	Clinical Directors Dr. Patrick Smith Peter Coleridge
4.2 Develop a strategy to strengthen knowledge exchange – close the ‘knowing / doing gap’ for practitioners, policy makers, and the public.	Paul Anderson Peter Coleridge

<b>GOAL 4: System-wide improvements in mental health and addictions services</b>	<b>Executive Sponsor</b>
4.3 Work with Corporate Human Resources to implement a strategy to recruit, retain and effectively support staff and physicians.	Executive Team
4.4 Strengthen information platforms for quality improvement, patient safety, and outcomes measurement.	Lynda Bond
4.5 Support regional health authorities in system review, planning, workforce development, training, education, and knowledge exchange (change management).	Dr. Trevor Young Dr. Patrick Smith Peter Coleridge Paul Anderson
4.6 Develop a standardized approach for the establishment of specialized provincial mental health and addictions networks, to ensure quality care, equitable access, and consistent standards (e.g., CBT Network).	Dr. Patrick Smith
4.7 Lead the development of a provincial 10-year MH&A plan in consultation with regional and provincial stakeholders.	Dr. Patrick Smith
4.8 Implement a strategy to develop patient safety and leadership competencies in nurse leaders.	Paul Anderson
4.9 Support the development of a provincial patient satisfaction survey for mental health and addictions.	Lynda Bond
<b>GOAL 5: Excellence in patient safety</b>	<b>Executive Sponsor</b>
5.1 Implement a plan to strengthen the organization's culture for patient safety.	Lynda Bond
5.2 Expand medication reconciliation and reporting to Safer Healthcare Now to all units at BCMHAS.	Lynda Bond
5.3 Develop and implement a plan to address the areas for improvement identified by CCHSA in the November 2006 accreditation.	Lynda Bond
5.3 Conduct patient-safety related prospective analyses across BCMHAS.	Lynda Bond Paul Anderson
5.4 Improve the reporting of patient safety related errors and near misses, including making necessary enhancements to the incident reporting databases.	Lynda Bond
5.6 Participate in provincial, national and international patient safety related initiatives.	Lynda Bond