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# 4 Health: Mental Health Services

## Summary

There is inadequate oversight of the mental health system and no effective monitoring of compliance with mental health standards by the Department of Health. The Department is not fulfilling its legislative requirements under the Health Authorities Act to monitor and evaluate the quality of mental health services.

Nova Scotia implemented mental health standards in 2003. DOH management informed us they were aware at the time that additional funding was needed to move the system towards compliance with standards. However no formal plan was developed to address areas of noncompliance with standards and funding concerns.

We carried out detailed audit work at Annapolis Valley District Health Authority (AVDHA), Capital District Health Authority (CDHA), Colchester East Hants Health Authority (CEHHA) and the IWK Health Centre. We tested compliance with selected mental health standards and found only 14% of 358 files tested met all selected standards. While certain standards were met most of the time in some districts, the overall lack of compliance is concerning and could negatively impact mental health patient care.

Historically there has been no province-wide wait time information for mental health services. While certain DHAs and the IWK had wait time information for their services, the data has not always been reliable. There is a new initiative called community-wide scheduling which is intended to provide province-wide wait time information. However CDHA, the province's largest DHA, will not be able to use this system as it is not compatible with their current system. DOH management informed us they will combine information from the community-wide scheduling system with CDHA's data to produce province-wide wait times. Manually compiling data from two systems is inefficient and increases the risk of errors. Additionally, only outpatient wait times will be reported initially which will limit the usefulness of the information.

Department of Health senior management refused to provide information related to DOH budget requests and plans to improve DHA/IWK accountability. Management informed us that Executive Council Office staff told DOH that they were not permitted to provide us with information that went to Executive Council as this is considered confidential. This denial of information represents interference with the work of the Auditor General and limits our ability to provide the House with complete information about the entities we audit.

# 4 Health: Mental Health Services

## Background

### HEALTH: MENTAL HEALTH SERVICES

- 4.1 The Department of Health (DOH) is responsible for the coordination and governance of the entire healthcare system while the Mental Health Services Branch at DOH has overall responsibility for mental health services in Nova Scotia. Mental health services are delivered by the District Health Authorities (DHAs) and the IWK Health Centre (IWK). The responsibilities of DOH, the DHAs and the IWK are defined in the Health Authorities Act and the Izaak Walton Killam Health Centre Act. DOH is also responsible for administering the Involuntary Psychiatric Treatment Act.
- 4.2 Each DHA and the IWK has a Director of Mental Health Services. The directors and DOH Mental Health Services Branch management meet monthly to discuss mental health issues.
- 4.3 Mental health services provided by the DHAs and the IWK include acute inpatient admissions; community-based intensive support for individuals with severe and persistent mental illness; and outpatient appointments such as occupational therapy, medication monitoring or psychiatric assessments. The IWK is responsible for providing acute inpatient services to children and youth across the province. The DHAs and the IWK share in providing outpatient and community support services for youth and adults. Specialty services such as eating disorder or autism are provided predominantly through the IWK and Capital District Health Authority; however, to some extent, all DHAs share in the provision of these services at their local levels.
- 4.4 According to the Canadian Mental Health Association, “*Mental illness is estimated to impact the lives of 20% of all Canadians in their life-times. Mental illnesses affect people of all ages, educational and income levels, and cultures.*” The Institute of Health Economics argued mental health is underfunded in its September 2008 report titled “*How Much Should We Spend on Mental Health?*” The Report stated mental illness accounts for more than 15% of the disease burden in developed countries like Canada but only 5.4% of total health expenditures. In Nova Scotia, according to provincial estimates documents, expenditures on mental health represented 3.4% of total health expenditures in 2008-09 and 3.3% in 2007-08. These figures do not include costs for psychiatrists which are funded through MSI. None of these figures have been audited.
- 4.5 In 2003, the document titled “*Standards for Mental Health Services in Nova Scotia*” was released. The standards were developed based on professional

best practices and expert consensus, and were intended to allow DOH to plan and evaluate mental health services in Nova Scotia. Nova Scotia continues to be the only jurisdiction in Canada with mental health standards. A large number and variety of organizations were included in the development process, including the Department of Community Services, DHAs/IWK, Canadian Mental Health Association, the Schizophrenia Society of Nova Scotia, psychiatrists, researchers, mental health consumers and family members.

- 4.6 Portions of the mental health standards were updated between 2007 and 2009 through involvement of the Directors of Mental Health and various staff across the province.
- 4.7 The standards are divided into 5 core areas.
- Mental Health Promotion, Advocacy, Prevention, and Education
  - Inpatient Program
  - Outpatient and Outreach Mental Health Program
  - Community Mental Health Supports
  - Specialty Services
- 4.8 DOH management informed us that they recognized when the standards were released in 2003 that there was a funding shortfall of approximately \$20 million which would need to be addressed to enable the DHAs and the IWK to meet all of the standards.
- 4.9 We wish to acknowledge the work of the staff at the Department of Health (DOH) and thank them for their cooperation over the course of our audit. We also wish to thank the staff at Annapolis Valley District Health Authority (AVDHA), Capital District Health Authority (CDHA), Colchester East Hants Health Authority (CEHHA), and the IWK Health Centre (IWK) where we completed audit work. During audit planning we surveyed the Mental Health Directors at all District Health Authorities across the province and we wish to thank them for sharing their perspectives and concerns with us.

## Audit Objectives and Scope

- 4.10 In early 2010 we completed a performance audit of mental health services. We wanted to determine if Nova Scotians have timely access to comparable mental health services regardless of where they live.

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- 4.11 This audit was conducted in accordance with Section 8 of the Auditor General Act and auditing standards established by the Canadian Institute of Chartered Accountants.
- 4.12 The objectives of the audit were to assess whether:
- there is timely access to mental health services across Nova Scotia;
  - adequate mental health information is readily available to the public;
  - mental health services' wait time information is consistently and accurately prepared across the province;
  - the provision of mental health services is in compliance with the *Standards for Mental Health Services in Nova Scotia*;
  - DOH adequately monitors compliance with *Standards for Mental Health Services in Nova Scotia*; and
  - there is adequate governance of the mental health system by, and accountability to, the Department of Health.
- 4.13 We completed detailed audit work at the Department of Health, three District Health Authorities – Annapolis Valley District Health Authority, Colchester East Hants Health Authority and Capital District Health Authority – and the IWK. This allowed us to examine mental health services for children, youth and adults in various areas of Nova Scotia. We also surveyed nine DHAs and the IWK to get basic information on the level of services available across Nova Scotia. We excluded specialty services from the scope of our audit.
- 4.14 Audit criteria for this engagement were derived from the Department of Health's *Standards for Mental Health Services in Nova Scotia* and Accreditation Canada Standards, as well as some criteria which we developed for this audit. These criteria were discussed with, and accepted as appropriate by, senior management of the Department of Health and senior management of the IWK, AVDHA, CEHHA, and CDHA – the entities in which we completed detailed audit work.
- 4.15 Our audit approach included an examination of the *Standards for Mental Health Services in Nova Scotia* (mental health standards), legislation, mental health patient records, and other relevant documents. We completed testing of compliance with selected mental health standards and conducted interviews with management and staff. Our testing covered files with activity from April 1, 2007 to late 2009. We also examined mental health standards which were released in 2003.

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## Significant Audit Observations

### Information Denied During Audit

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#### Conclusions and summary of observations

Department of Health senior management refused to provide information we required to complete our audit related to DOH budget requests and possible plans to improve DHA/IWK accountability to DOH. DOH management informed us that Executive Council Office staff told DOH that Cabinet submissions are confidential. Further we were informed Executive Council Office staff directed DOH management not to provide Cabinet submissions to our Office. As a result, we could not determine whether DOH requested sufficient funds to allow DHAs/IWK to comply with mental health standards. We were also unable to determine whether DOH has begun to take steps to improve DHA/IWK accountability. The Auditor General Act gives this Office access to any information we require to complete our work. This denial of information represents interference with the work of the Auditor General and limits our ability to provide the House with complete information about the entities we audit.

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- 4.16 *Budget submissions* – When the mental health standards were developed, we were informed DOH and the Directors of Mental Health across the province estimated the total cost to comply with the standards was approximately \$20 million. Neither the Department nor the entities in which we completed fieldwork were able to provide a detailed analysis supporting this amount, although all entities provided the same figure.
- 4.17 As part of their self-assessments in 2007-08, DHAs/IWK estimated the amount needed to comply with mental health standards had risen to \$23.5 million.
- 4.18 We requested budget support from DOH to determine whether the Department asked Treasury Board for additional mental health funding in order to comply with standards. DOH senior management refused to provide this information. They informed us that Executive Council Office staff told DOH management they were not permitted to release any information related to budget submissions as these ultimately go before Executive Council and are considered confidential. Accordingly, we were unable to determine whether DOH requested sufficient funding to allow DHAs/IWK to meet existing mental health standards.
- 4.19 *Possible changes to DHA/IWK accountability to DOH* – Near the end of our audit, DOH senior management alluded to a new initiative addressing accountability within the health care system. However when we asked

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DOH for details of this initiative, we were informed that the project is before Executive Council and DOH are not permitted to share information submitted to Executive Council with our Office. We were unable to assess whether this project might impact the issues we identified with DOH's oversight of DHAs which are discussed in the *Departmental Oversight* section below.

- 4.20 The Auditor General Act gives our office access to any documentation we require to complete our work. This denial of information represents interference with the work of the Auditor General and limits our ability to provide the House with complete information about the entities we audit.
- 4.21 Similar issues have been encountered on two other recent audits by this Office: Chapter 2 – Financial Assistance to Businesses Through NSBI and IEF of this Report and the June 2008 Special Report of the Auditor General – Office of Immigration – Economic Stream of the Nova Scotia Nominee Program.

## Departmental Oversight

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### Conclusions and summary of observations

There is inadequate oversight of the mental health system and no effective monitoring of compliance with mental health standards by the Department of Health. The Department is not fulfilling its legislative requirements under the Health Authorities Act to monitor and evaluate the quality of mental health services. DOH's review of DHA/IWK annual self-assessments against mental health standards is not formally documented, nor does DOH develop formal recommendations to improve standards compliance. Although DOH was aware DHAs/IWK would not be able to fully comply with mental health standards at the time they were implemented, no formal plan was developed to move the system towards compliance with standards and address funding concerns. The lack of effective oversight significantly increases the risk of creating a disjointed system that fails the people who need it most.

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- 4.22 *Background* – In 2000, the Health Authorities Act established the District Health Authorities. Each DHA/IWK has the responsibility to plan, manage and deliver certain health services (acute, primary, mental health and addictions) within its district.

- 4.23 Section 60 of the Act requires the Minister of Health to:

(a) *“be responsible for the strategic direction of the health-care system including the development, and implementation and evaluation of Provincial health policy;”*

(b) “develop or ensure the development of standards for the delivery of health services;”

(c) “monitor, measure and evaluate the quality, accessibility and comprehensiveness of health services;”

(d) “conduct financial and human-resource planning;”

(e) “administer the allocation of available resources for the provision of health services; and”

(f) “establish requirements for information systems used in the health-care system.”

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- 4.24 The Department approves DHA/IWK business plans but day-to-day management of operations is the responsibility of District/IWK management and Boards of Directors. DOH collaborates with DHAs/IWK and tries to achieve consensus throughout the province.
- 4.25 As part of our audit of mental health services, we examined whether there is adequate governance of the mental health system by DOH and whether the accountability of the DHAs/IWK to the Department of Health is adequate.
- 4.26 We found DOH has interpreted its governance responsibilities regarding DHAs/IWK very broadly. Although District Health Authorities are separate legal entities, each governed by a Board of Directors, we believe the Department of Health also has an important role in providing oversight of the health care system. Significant provincial funds are expended for delivery of health care services through DHAs/IWK. In 2009-10, the Department of Health’s budget was \$3.4 billion, 42% of the Province’s total program expenses budget of \$8.1 billion. Of the \$3.4 billion, \$2.1 billion was allocated to DHAs.
- 4.27 *DOH monitoring of mental health standards* – As discussed earlier in this Chapter, *Standards for Mental Health Services in Nova Scotia* was released in 2003. DHAs/IWK are asked to prepare an annual self-assessment against these standards and submit this to DOH. Management in the Mental Health Services Branch at the Department of Health identified these self-assessments as a significant tool which DOH uses to monitor the provision of mental health services by DHAs/IWK.
- 4.28 We expected DOH would have a well-established process to review the self-assessments against mental health standards and make formal recommendations for improvement where required.



- 4.29 DOH staff in the Mental Health Services Branch collects the annual self-assessments and compiles a summary. This summary does not include any detailed analysis of the self-assessments. The Department does not require DHAs/IWK to provide support for their self-assessments nor are the assessments formally evaluated for accuracy.
- 4.30 We were informed the summary and self-assessments are discussed at district mental health director meetings. However we were unable to assess the depth of discussion as there are no detailed minutes for these meetings. DOH was not able to provide any evidence of a thorough discussion of the issues.
- 4.31 We noted DOH does not make formal recommendations for improvement where self-assessments identify deficiencies in meeting the standards. We believe a formal summary of deficiencies and recommendations for improvement would provide a useful tool for DOH to hold DHAs/IWK accountable for the provision of mental health services.

#### Recommendation 4.1

The Department of Health should formally document its evaluation of the District Health Authority and IWK Health Centre self-assessments. The Department should also document areas in which improvements are required, make recommendations to increase compliance with standards in the future, and follow up to ensure changes have been implemented.

- 4.32 DOH Mental Health Services Branch management informed us they expect deficiencies in meeting these standards as they knew improvements and additional funding were required before the standards could be fully met. The mental health standards have been in place for seven years. If DOH management were aware the standards could not be met as introduced, a detailed plan should have been developed to address the standards over the upcoming years. Such a long-range plan should have included specific plans to move DHAs/IWK toward fully meeting standards as well as identifying any funding requirements.

#### Recommendation 4.2

The Department of Health should prepare a long-range plan documenting steps needed to ensure all District Health Authorities and the IWK Health Centre can fully meet the *Standards for Mental Health Services in Nova Scotia*. This plan should include a timeframe for implementation and should identify funding requirements to fully implement the standards.

- 4.33 *Lack of formal documentation to support self-assessments* – We asked the entities in which we completed detailed audit work whether their self-assessments are prepared based on specific evidence illustrating whether



standards are complied with. AVDHA, CEHHA and the IWK informed us they gather the relevant staff to discuss the standards and determine the appropriate response for the entity. Only CDHA had data which supported their assessment against the standards.

- 4.34 While some standards may be more generic and it may be difficult for entities to support their assessment beyond discussion among senior mental health staff, there are standards which are quantifiable. For example, certain standards address time frames in which specific procedures must be completed. If these standards represent best practices in mental health care, compliance with standards suggests an entity is doing a good job with its mental health services. It is concerning that compliance with standards is being assessed without concrete evidence. As the provincial oversight body for DHAs and the IWK, we believe DOH should have ensured entities used a more robust process to assess standards compliance.

#### Recommendation 4.3

Each District Health Authority and the IWK Health Centre should ensure there is adequate support for its assessment of compliance with mental health standards. Any areas in which there is insufficient information to assess compliance should be reviewed and the District Health Authority or IWK Health Centre should determine how it can obtain the information necessary for the assessments.

#### Recommendation 4.4

The Department of Health should ensure each District Health Authority and the IWK Health Centre have a robust, evidence-based process to assess compliance with mental health standards.

- 4.35 *Concerns identified with self-assessments* – We examined the self-assessments for all nine District Health Authorities and the IWK for 2007-08 and 2008-09. We noted standards which a number of entities assessed as either not met or not applicable/ needs updating. We asked DOH what had been done to follow up these areas. The Department was not able to answer our detailed questions or to provide any evidence that DOH staff contacted the DHAs or the IWK to follow up these concerns. We were informed these issues were discussed at monthly mental health director meetings but, as noted earlier in this Chapter, there are no detailed minutes for these meetings.
- 4.36 Since certain specialty services are only provided in some DHAs and the IWK, there are standards which should be not applicable to most districts. However we noted instances in which other districts assessed these standards as either not met or requiring updates. DOH management informed us they

believe these districts were assessing their experience with these standards at a provincial level. However the issues were not formally followed up to ensure this understanding was correct.

4.37 We believe the Department should have reviewed the standards at a more detailed level, followed up with DHAs/IWK where concerns were noted and formally documented the issues and responses for future follow-up to ensure concerns are addressed going forward. Recommendations 4.1 and 4.4 address this issue.

4.38 *Concurrent disorder standards* – Certain mental health standards relate to concurrent disorders for those who have difficulties with addictions as well as mental health concerns. DOH management informed us Addictions Services field staff did not support the proposed concurrent disorder standards in 2003. As a result, the Department has been unable to implement those standards and DHAs and the IWK have not been held accountable for the concurrent disorder standards for mental health.

4.39 This further demonstrates our concerns related to the Department of Health's oversight of the mental health system. Under the Health Authorities Act, the Department is responsible for setting policy. While we appreciate the desire to achieve consensus, these standards were developed seven years ago and the Department has not made significant progress towards full implementation. DOH needs to take a stronger role in ensuring DHAs and the IWK cannot simply continue to disagree with the Department's plans to move forward.

#### Recommendation 4.5

The Department of Health should review the concurrent disorder standards to determine if these are still valid and if so, should require District Health Authorities and the IWK Health Centre to comply with the standards.

## Mental Health Standards Testing

### Conclusions and summary of observations

Only 14% of 358 files tested at AVDHA, CEHHA, CDHA and the IWK met all of the applicable mental health standards we selected for testing. While our testing did not assess whether clinical decisions were appropriate, we did test whether clinical services were delivered within required timeframes and whether clinician assessments were completed as required by standards. None of the standards we tested were met in all four entities. Additionally we found some standards are poorly worded making it difficult for staff to determine what

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the standard intended. In other cases, vague wording means certain standards would always be met. Failure to comply with mental health standards negatively impacts mental health patient care across the province and increases the risk of poor patient outcomes.

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- 4.40 *Testing approach* – We reviewed all mental health standards and selected certain standards for file testing in three of the five core program areas: outpatient and outreach services; inpatient services; and community supports. Although outpatient and community supports are categories in the mental health standards, we found DHAs and the IWK all have slightly different interpretations of which services are included in community supports versus outpatient. We worked with the DHAs and the IWK to identify and test the programs to which each set of standards applied. However we cannot be certain our testing covered all relevant programs due to the uncertainty around how and where the standards apply. We concentrated on those standards which would have the broadest applicability in the mental health system for both youth and adults. We did not test standards related to specialty services such as eating disorders or autism. We also excluded certain standards which were not clearly written and therefore we were unable to test. We addressed mental health promotion at a system-wide level but did not test detailed standards related to this area.
- 4.41 We visited four entities – AVDHA, CDHA, CEHHA and the IWK. We assessed whether those entities met the selected standards for mental health services in Nova Scotia. Our testing was divided into two sections, those related directly to individual patient care and those at a system-wide level. We excluded standards that would require assessing whether a clinical decision was appropriate. However standards such as ensuring the clinician documented a treatment plan or completed tasks within the prescribed timeframe were included in our scope.
- 4.42 We selected 30 patient files (a combination of youth and adult) from each of the three core areas (90 files per entity) at three of the four entities we visited. One exception was AVDHA where we selected 30 adult and 5 youth files in each core area. This was the first DHA we visited and we decided to group the youth and adult file testing for CEHHA. All youth services for CDHA are provided through the IWK.
- 4.43 After completing our audit, we determined there were errors in the file information provided to us by CDHA management. We needed to identify community supports patient files for testing. However the information we were given by CDHA included some community supports patients as well as patients in a specialty program. As noted in the *Audit Objectives and Scope* section of this Chapter, we excluded specialty services from the audit. By the time this issue was identified, we had completed our audit. As a result of these errors, 12 of the 30 community supports patient files we

selected should not have been included in our population. We did not select additional sample items due to timing. As a result, we tested 18 community supports files at CDHA.

- 4.44 We selected files with activity between April 1, 2007 and late 2009 when we began our audit fieldwork. We examined the files for evidence specific mental health standards had been followed.
- 4.45 *Older versions of standards still in use* – During audit planning we obtained a copy of the 2004 *Standards for Mental Health Services in Nova Scotia* from DOH. These standards were also on the Department’s website. We discussed the standards with Department management and completed our AVDHA audit testing which included discussing various standards with AVDHA staff. During our audit work at CEHHA, District staff informed us we were working with outdated standards. The mental health standards had been updated between March 2007 and January 2009. This caused delays in our audit as we had to review the revised standards, determine the impact on our audit testing and revisit the patient file testing at AVDHA.
- 4.46 In October 2009, we informed DOH the standards on the Department’s website were outdated. As of December 2009, the Department still had not updated the website. This website is the Department’s main communication tool for the public to obtain information. Patients and families accessing the standards on the website from March 2007 until December 2009 would not have been aware they were using outdated standards.
- 4.47 We are concerned that neither the Department of Health nor AVDHA informed us the 2004 standards had been updated.

#### Recommendation 4.6

The Department of Health should ensure that the most current version of the mental health standards is available on its website and distributed to District Health Authorities and the IWK Health Centre.

- 4.48 *Overall standards testing results* – Only 14% of 358 files reviewed met all the standards we selected for testing. The results for each entity in which we completed detailed file testing follow.
- 26% of IWK files met all standards tested.
  - 18% of CEHHA files met all standards tested.
  - 11% of AVDHA files met all standards tested.
  - CDHA only had 1 file (1%) which met all standards tested.

4.49 The table below summarizes our detailed testing results for certain of the standards we selected for testing.

### Summary – Mental Health Standards Testing

Standards	AVDHA	%	CDHA	%	CEHHA	%	IWK	%	Totals	%
<b>Outpatient</b>										
Eligibility criteria	35/35	100	23/30	77	26/30	87	26/30	87	110/125	88
Initial assessment and diagnosis	35/35	100	21/29	72	19/28	68	19/30	63	94/122	77
Triage of referrals and assessment/ appointment within required timeframes	2/35	6	21/30	70	22/30	73	10/30	33	65/125	52
Referrals reviewed within 1 working day to determine eligibility	5/35	14	0/30	0	16/30	53	20/30	67	41/125	33
<b>Inpatient</b>										
Admission criteria	30/30	100	27/29	93	30/30	100	30/30	100	117/119	98
Care plans	15/30	50	7/29	24	16/30	53	29/30	97	67/119	56
Risk assessments	1/1	100	11/11	100	5/7	71	9/9	100	26/28	93
Recommendations for admission	30/30	100	26/29	90	30/30	100	30/30	100	116/119	97
Advance notice of patient discharge sent to community care provider	0/26	0	15/27	56	3/26	12	19/27	70	37/106	35
Discharge plans prepared with input from community care provider	10/21	48	6/27	22	4/22	18	12/30	40	32/100	32
Objectives of admission to inpatient unit documented	30/30	100	29/29	100	30/30	100	30/30	100	119/119	100
<b>Community Supports</b>										
Eligibility criteria	34/35	97	17/18	94	30/30	100	30/30	100	111/113	98
Community supports plans	12/35	34	9/18	50	27/30	90	27/30	90	75/113	66
Annual reviews (adult)	4/30	13	2/18	11	15/18	83	N/A	N/A	21/66	32
Intake assessment initiated within 10 working days	2/10	20	0/2	0	3/14	21	1/28	4	6/54	11
Progress reviews (youth)	5/5	100	N/A	N/A	5/5	100	21/30	70	31/40	78

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4.50 The results of our detailed testing are concerning. There were significant deficiencies in many of the standards tested and few patient files met all the standards we selected for testing.

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- 4.51 CDHA, CEHHA and the IWK all had several files in which the initial outpatient assessment and diagnosis was either not done or was not completed within the timeframe required under the standards.
- 4.52 We found deficiencies in files for community supports patients at all four entities. Individuals who have been identified as having severe and persistent mental illness often access services through community supports programs. Standards require documented plans for all community supports clients and annual reviews for all adult clients. As illustrated in the table above, none of the entities had documented community supports plans for all files tested. Additionally, at AVDHA and CDHA, more than 85% of the files we selected for testing did not have the required annual reviews. These reviews would not only ensure the services accessed are helping the patient, but would also help identify changes in the patient's mental health status which could require different services going forward.
- 4.53 The standards for youth community supports clients do not require an annual review. Rather regular progress reviews are required, although the standard does not suggest a time period. In order to assess compliance with this standard, we simply looked for evidence of at least one review in each patient file tested. 30% of the files tested at the IWK did not meet this standard.
- 4.54 We also identified instances where an individual's wait time to access community supports programming was excessive. Three community supports clients at the IWK waited more than eight months to have an intake assessment and one youth outpatient client at AVDHA waited approximately one year from the time of referral until they were first seen. There was no documentation in the client files that provided any explanation for why these individuals waited so long for services.
- 4.55 Community supports clients have severe and persistent mental illness and are expected to require long-term treatment and ongoing interaction with the mental health system. Significant delays in assessment and starting treatment carry a high risk to the individual's mental health. These clients could experience additional symptoms and have their mental health deteriorate further while waiting for service. This could lead to the need for more intensive service going forward.
- 4.56 When a patient first contacts mental health services, the individual should be triaged to determine urgency. The level and timing of future services are determined based on this classification. We found AVDHA does not track triage categories for adult outpatients. We were informed patients are triaged but the results are not recorded in the patient file. Without a record of the triage category, there is no way to review files later to ensure standards were met and individuals received services in a timely manner.

**Recommendation 4.7**

**Annapolis Valley District Health Authority should record the triage category for all mental health patients.**

4.57 *Standards as best practices* – Staff at the Department of Health and all four entities where we completed detailed file testing informed us that the mental health standards were intended as best practices for the mental health system in Nova Scotia. The standards were adopted in 2003 and we were told staff working in mental health knew that additional work and funding were needed to meet the standards. The introduction in the standards document indicates that it will take five to ten years for full implementation. After seven years, we found there is still a general lack of compliance with the standards we selected for testing. Only 14% of 358 files tested met all selected standards. The issue of how to achieve full compliance with standards is discussed earlier in this Chapter and we recommended that the Department of Health prepare a long-range plan, including funding requirements, to address how mental health standards will be met in the future.

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4.58 *System-wide standard testing* – In addition to patient file standards, we also tested standards related to the mental health system. The standards addressed a number of areas including policies and procedures in place at the DHAs and the IWK related to issues such as access to services, crisis or emergency response services, education, training, and supervision of staff. We identified 28 system standards which did not require testing client files. Two of these standards relate to the Department of Health as they deal with provincial access policies and the development of provincial prevention strategies for mental health. Neither of these standards were met. We assessed the remaining 26 standards at each of the three District Health Authorities and the IWK.

- AVDHA met 20 of 26 system standards.
- CDHA met 20 of 26 system standards.
- CEHHA met 21 of 26 system standards.
- IWK met 22 of 26 system standards.

4.59 *Concerns with standards* – During our testing we noted some standards which are unclear, lack definitions necessary to evaluate compliance, or lack any requirements. As discussed earlier, we excluded certain standards from our testing because they were difficult to understand and assess. DHA management and staff were sometimes unclear what a given standard meant and often asked OAG staff how we interpreted the standards. When staff are confused by standards, it is difficult for DHAs and the IWK to accurately



assess their compliance with standards. The following paragraphs provide two examples of poorly-worded standards.

- 4.60 Standard E7.14 states *“The range of services for children and youth with neurodevelopmental disorders may include inpatient, day treatment, residential, etc.”* A standard which includes *may* essentially has no requirements. Each DHA/IWK can choose if they want to offer the services listed or not. While it is useful to provide guidance, this is not appropriate as a standard. We noted nine of the 20 DHA and IWK self-assessments we reviewed from 2007-08 and 2008-09 indicated this standard was not met. Careful reading and interpretation of standards is imperative to an accurate assessment.
- 4.61 Standard B3.8 states *“Urgent referrals are offered an appointment to carry out a mental health assessment to occur within seven (7) calendar days of the date of referral.”* It is unclear what is meant by offered in this context. Can patients expect to have their assessment within seven days? Will patients be called within seven days and offered an appointment at a future date? For our testing we assumed this standard meant the assessment should be completed within seven days, but ambiguous wording such as this can lead to confusion. We noted other standards with similar wording concerns.

#### Recommendation 4.8

The Department of Health should review the mental health standards to ensure each standard is measurable, specific and can be evaluated.

## Access to Services Across Nova Scotia

### Conclusions and summary of observations

Mental health standards requiring formal access policies to ensure services are available to all Nova Scotians are not met. Certain services are not available in all districts and there are no formally documented arrangements to share services. Additionally, youth transitioning to adult services are not treated consistently throughout the province, with some districts requiring youth to be reassessed and placed on adult service waitlists. We were also concerned with outdated information on the Department of Health’s website and the lack of detailed information regarding service availability and location on some DHA/IWK websites.

- 4.62 *Access to core programs* – There are two mental health standards which require that core programs be accessible to all Nova Scotians and clear provincial access protocols be established. We found these standards were not met because there are no formal agreements between DHAs/IWK and no documented provincial access policies.

4.63 *Shared services* – It is not possible for all services to be available in all areas of every District Health Authority. In some instances, DHAs/IWK may have informal arrangements to share services with another DHA/IWK.

- Cumberland Health Authority (CHA) patients requiring inpatient treatment are sent to Colchester East Hants Health Authority because CHA does not have an acute inpatient mental health unit.
- Pictou County Health Authority (PCHA) patients requiring admission to an inpatient unit designated under the Involuntary Psychiatric Treatment Act are sent to CEHHA.
- CDHA provides many specialty services for the whole province.
- The IWK provides inpatient services for youth and most specialty services for youth for the whole province.

4.64 There are currently no written agreements between DHAs/IWK to provide services for other districts. CEHHA management indicated they are having discussions with CHA and PCHA to develop agreements for inpatient admissions. Department of Health management explained the lack of formal agreements between the DHAs/IWK as being consistent with the approach in other areas of health care. Without written agreements, there is a risk DHAs/IWK will not accept patients living outside the DHA/IWK boundaries.

4.65 The Health Authorities Act designates the IWK Health Centre and Queen Elizabeth II Health Sciences Centre (part of CDHA) as provincial health care centres providing certain specialty services to the whole province. However this does not cover all arrangements between DHAs/IWK. More formal arrangements would be beneficial for all DHAs and the IWK, would clarify the conditions under which districts provide shared services, and ensure compliance with provincial mental health standards.

#### Recommendation 4.9

Colchester East Hants Health Authority, Cumberland Health Authority and Pictou County Health Authority should develop formal, written agreements for inpatient care.

#### Recommendation 4.10

The Department of Health should ensure future shared services arrangements for mental health services between District Health Authorities or the IWK Health Centre are formally documented.

- 4.66 *Short-term service requirements* – There may also be instances when a district is experiencing a bed shortage and needs to send patients to another DHA. For example, CDHA management informed us their acute care mental health patients may be sent to AVDHA or CEHHA when there are shortages of available beds at CDHA. AVDHA management informed us they may have CDHA or CEHHA patients when those two DHAs are at capacity.
- 4.67 We noted one situation in which the lack of formal written agreements between DHAs has resulted in a potentially detrimental policy being developed. CDHA's Bed Management Policy indicates CDHA Mental Health will only accept out-of-district inpatient admissions if there are four empty acute or short-stay beds within CDHA for local admissions. The lack of clear, province-wide access protocols or agreements as required by the mental health standards has resulted in a policy which only considers the best interests of one DHA's patients, not the interests of all mental health patients in the province.

#### Recommendation 4.11

The Department of Health should ensure District Health Authorities and the IWK Health Centre are not restricting access to services to local patients only and excluding or limiting services to patients from other District Health Authorities.

- 4.68 *Service transition from youth to adult programs* – We noted there is no provincial policy for transition from youth mental health services to adult. Each district deals with this in its own manner, leading to potentially inconsistent treatment for patients from different areas of the province. CEHHA's process for patients transitioning from youth to adult services uses an internal referral which allows youth to move to an adult program without the need to be reassessed and placed on a waitlist. CDHA and AVDHA require youth to be reassessed in the adult programs as any new referral would be. This means patients may be placed on a waitlist for services as an adult. IWK management indicated that outpatient clients typically get referred to enter the adult system, while inpatients are usually transferred directly to another inpatient unit if it is deemed clinically necessary.
- 4.69 Management at the IWK, AVDHA and CEHHA all indicated that youth who could not be seen immediately within the adult system may continue receiving care through the youth system. However there may also be instances in which youth are placed on a waitlist for adult services and do not continue to receive further mental health services until a space becomes available. The lack of a formal policy dealing with youth transitioning to adult care leads to the risk that all youth may not be treated consistently as they move to adulthood.

#### Recommendation 4.12

The Department of Health should develop a formal policy to ensure youth transferring to adult services are treated in a consistent manner in all areas of the province. This policy should ensure patients have continued access to services either in the youth or adult system.

- 4.70 *Communication to public regarding where to access services* – Communication to the public regarding mental health services is important. Information on services available should be easy to access for mental health patients and their families. Mental health standards also require communication of mental health information to the public and potential referral sources such as general practitioners.
- 4.71 *Types of communications* – We identified various methods of communication to the public including DHA/IWK and DOH websites and brochures in clinics and physician offices. We reviewed information available to determine if someone seeking mental health services could find information easily.
- 4.72 *Inadequate information* – We identified instances at DOH and the entities we visited where we believe information could have been more readily available.
- 4.73 As noted earlier in this Chapter, in the fall of 2009, we found DOH’s website had outdated mental health standards which had been updated from 2007 to January 2009.
- 4.74 CEHHA’s website and brochures were not up-to-date. In late 2009, the DHA’s website only had a single paragraph and a contact number, with no listing or description of services available. CEHHA management informed us they were aware of the website issues but stated there was currently no funding available to fix them. AVDHA has not updated its communication tools to reflect the most recent changes to the standards. CDHA offers a wide variety of services through community team locations. However, there are no clear communications to the public regarding where to obtain services.
- 4.75 *Communication with doctors* – We also found service and program information was not always communicated to local physicians by all DHAs and the IWK. This could result in physicians not being aware what services are available for their patients.

#### Recommendation 4.13

All services available through mental health should be clearly identifiable on District Health Authority, IWK Health Centre and Department of Health websites and in printed formats at clinics and physician offices.

#### Recommendation 4.14

District Health Authorities and the IWK Health Centre should formalize communication with physicians in their districts and provide regular updates on the services available.

## Information Systems

### Conclusions and summary of observations

We identified concerns with the adequacy and consistency of information available from IT systems in some of the entities we visited. We found there is no central system in place at DOH. Without a central system, adequate monitoring and oversight of the provincial mental health system is made more difficult. In order to have comparable data, systems must collect information in a consistent manner. Even when the same systems are used, we noted differences in the quality of data collected through patient records.

- 4.76 *Availability and consistency of data* – With the exception of CDHA, all DHAs are using the Meditech system to gather patient information. Additionally, Meditech’s community-wide scheduling module is being used to gather and report wait time data and schedule patients at all DHAs and the IWK except CDHA and South West Health. CDHA uses two programs – one for wait times and scheduling, and another to scan paper patient records and store them electronically. We do not have further information on what other systems South West Health may utilize as this district was not included in our audit scope.
- 4.77 Using different information systems across DHAs/IWK can pose challenges. Entities need reliable data in order to make informed decisions regarding services. In order to have comparable data, systems must collect information in a consistent manner. Although most districts are using the community-wide scheduling module, they are not necessarily collecting the same data in a consistent manner. We found differences in the quality of data collected through patient records. Additionally, IWK and CEHHA management both noted their concern that Meditech does not track patient outcomes. Management felt this was a significant shortcoming as they are unable to determine how well specific mental health services are addressing patient needs.

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- 4.78 Lack of comparable data and concerns with information available can limit the ability to benchmark performance and to obtain best practice information to help improve performance of the system.
- 4.79 *Department of Health* – The Department lacks a central system to allow it to easily collect and analyze data from DHAs and the IWK. Without a central system adequate monitoring and oversight of the provincial mental health system is made more difficult. While the Department has a wait time initiative using the community-wide scheduling module of Meditech, this system is not available to CDHA as that district does not use the Meditech system. This issue is discussed further in the *Wait Times* section below.
- 4.80 *AVDHA* – When we completed fieldwork at AVDHA, the DHA was transitioning to the Meditech system for mental health patients. Our work required us to audit the records in the old system. We found AVDHA was failing to use its IT system to track triage information required by the mental health standards. In AVDHA's old system, outpatients could be classified using six codes. While the descriptions of these codes were not consistent with mental health standards, AVDHA could have matched the standard triage categories with one of the existing codes. By not taking this simple step, AVDHA failed to capture important information. Since the District implemented the Meditech system this will no longer be an issue. However it illustrates the need to consider alternative ways to capture information and potentially improve data collection.
- 4.81 *CDHA scheduling and wait times system* – CDHA's system for scheduling and wait times cannot capture information on attendance at group therapy offered through outpatient clinics. This lack of information prevents clinic management from determining the number of attendees, frequency of patient visits to groups, and usefulness of various groups. Such information is required to assess accurately which groups are providing the best treatment options to clients.
- 4.82 *CDHA patient records* – CDHA's patient file system relies on scanning documents to create an electronic image of the record. It allows health care providers from across CDHA to view a patient's file at any time. We identified instances in which documents were scanned out of order, making it more difficult to determine the most recent events in the patient file. This could lead to a clinician using older medication or treatment records to make decisions regarding patient care. CDHA management informed us that the system allows documents to be rearranged once scanned, but resourcing issues mean this seldom occurs.

#### Recommendation 4.15

The Department of Health should oversee a review of mental health data systems throughout the province. This review should identify Department, and District Health Authority and IWK Health Centre information requirements and ensure the information systems in place are adequate for these purposes.

#### Recommendation 4.16

The Department of Health should ensure all District Health Authorities and the IWK Health Centre produce consistent and comparable information.

## Wait Times

### Conclusions and summary of observations

At the time of our audit the Department of Health did not collect or report wait time information for mental health services. Since there was no province-wide wait time information, we could not conclude whether patients could access timely mental health services. Of the entities we visited for fieldwork, only CDHA and the IWK prepared detailed wait time information and we found errors in CDHA's calculations. The IWK had comprehensive wait time information. AVDHA and CEHHA had no formal wait time information. Although DOH has had overall patient wait time strategies for several years, no meaningful results have come from this for mental health services. Recently, the community-wide scheduling initiative has provided DOH with wait time information from most DHAs and the IWK. However improvements are needed in patient file information if this initiative is to produce meaningful data. Additionally, this project is initially intended to report on outpatient wait times only which will limit the usefulness of the information.

- 4.83 *Provincial wait time strategy* – The Department of Health has a provincial strategy to improve wait times over a three year period (*Timely Access to Healthcare in Nova Scotia: Improving Wait Times 2007-2010 N.S. Strategy*), as recommended by the provincial Wait Times Advisory Committee. Similarly, in 2004, a DOH report discussed the three year strategy for managing patient wait times (*Working together toward better care: Ministers' Report to Nova Scotians 2004-2005*). Despite this, there was no meaningful province-wide information on mental health services wait times at the time of our audit.
- 4.84 *Mental Health Wait Times Steering/Advisory Committee* – The Mental Health Wait Times Steering/Advisory Committee was created in 2009 to develop a standardized provincial approach to reporting wait time information for mental health services. The Committee has agreed only



outpatient wait times will be reported initially. This limits the usefulness of the information.

- 4.85 Outpatient wait times does not include the community supports program area accessed by patients who have been identified as having severe and persistent mental illness and who are likely to require long-term treatment. We are concerned that there are no plans to report province-wide wait time information for these patients. Knowing how long those with long-term mental illness are waiting for their initial community supports services is valuable information. During our standards testing, we identified four community supports patients who waited an excessive time to begin receiving services. Significant delays in treatment increases the risk these individuals will see their condition worsen and potentially require more intensive treatment.

HEALTH: MENTAL  
HEALTH SERVICES

**Recommendation 4.17**

The Department of Health should assess whether province-wide wait time information is needed for other mental health treatment areas in addition to outpatient.

- 4.86 *Current situation* – At the time of our audit, DOH did not collect wait time information from DHAs and the IWK. When we began our work, DOH's most recent information on mental health services wait times was from 2007. After we completed audit fieldwork, Department management provided updated information they obtained from most DHAs and the IWK. We were also informed an Advisory Committee created in 2009 will help address deficiencies in wait time information.
- 4.87 Of the four entities we visited, only CDHA and the IWK are collecting wait time information. The IWK has the most comprehensive wait list information, policies regarding wait lists, and an established process for reviewing wait lists. Its information is not available publicly. CDHA wait times are available to the public through its website. However it does not have documented policies for reviewing wait lists and we found errors in wait time calculations which are discussed below. CDHA has been collecting wait time information for a few years, and management indicated they are working to improve the quality of the data recorded and reported.
- 4.88 While AVDHA knows how many children are waiting for service, it has no information on how long these patients have been waiting. As well it has no wait time information for adult mental health services.
- 4.89 CEHHA have lists of patients waiting for appointments. While these lists include how long the patient has been waiting, as soon as a patient is given an appointment they are removed from the list. The District is only able to

print these lists, they are not able to work with the data to determine any system-wide information. This is not adequate wait time information.

- 4.90 Given the lack of province-wide wait time information, we could not conclude whether Nova Scotians have timely access to mental health services. Since DOH does not have current wait time information, the Department is not able to assess this either.
- 4.91 *Community-wide scheduling* – The Department of Health is leading an initiative to implement the community-wide scheduling (CWS) module of the Meditech system. When this report was written, CDHA and South West Health did not use CWS. South West Health does use the Meditech System and we understand it plans to implement CWS during 2010. CDHA management informed us they already have a system and management stated it would not be cost effective to replace this with Meditech. As a result, CDHA will not be able to implement Meditech’s community-wide scheduling module. CDHA and DOH have been working together to ensure the data prepared by CDHA is comparable with the data from CWS. DOH will manually compile the information from CDHA and the community-wide scheduling module. Such processes are inefficient and increase the risk of errors.
- 4.92 CWS is intended to provide the districts and the Department of Health with the ability to measure and monitor wait times. During our audit we identified concerns with the information in existing systems which are detailed elsewhere in this Chapter, for example triage codes not recorded and instances of files with insufficient information to demonstrate how provincial mental health standards were met. In order for the CWS initiative to be a success, all DHAs and the IWK must ensure they capture necessary information and complete meaningful assessments of the results.

**Recommendation 4.18**

The Department of Health should take the lead in establishing consistent wait time measurements for District Health Authorities and the IWK Health Centre. Resulting wait time data should be verified to ensure it is accurate.

- 4.93 *Wait time testing* – We tested wait time information at CDHA and the IWK. As noted above, AVDHA and CEHHA have no wait time information.
- 4.94 *CDHA results* – CDHA collects and reports wait time information related to outpatients only. It uses an extensive, manual process to calculate wait times. We found three errors in the one month of data which we tested.

**Recommendation 4.19**

Capital District Health Authority should review its system to calculate wait time information, identify areas in which improvements are required and take steps to implement necessary changes. As part of this review, the District should also develop and implement regular processes to ensure its wait time information is accurate.

- 4.95 *IWK results* – The process to calculate wait times for mental health services at the IWK relied on fewer manual processes and we did not find any errors in the wait time information we tested.

HEALTH: MENTAL  
HEALTH SERVICES

### Response: Annapolis Valley District Health Authority (AVDHA)

AVDHA is appreciative of the time and effort the Auditor General's staff took in their thorough review of the implementation of Mental Health Standards in Nova Scotia.

AVDHA acknowledges the findings and has begun implementing improvements within our health district. Further, we concur with the Auditor General's recommendation that Provincial Mental Health Standards need to be specific and measurable.

#### ***Recommendation 4.3***

***Each District Health Authority and the IWK Health Centre should ensure there is adequate support for its assessment of compliance with mental health standards. Any areas in which there is insufficient information to assess compliance should be reviewed and the District Health Authority or IWK Health Centre should determine how it can obtain the information necessary for the assessments.***

AVDHA accepts this recommendation and will work with the Department of Health and the DHAs/IWK to develop the necessary tools and performance indicators to appropriately assess compliance to Nova Scotia's Mental Health Standards.

#### ***Recommendation 4.7***

***Annapolis Valley District Health Authority should record the triage category for all mental health patients.***

AVDHA accepts this recommendation and is now recording the triage category for all mental health patients.

#### ***Recommendation 4.13***

***All services available through mental health should be clearly identifiable on District Health Authority, IWK Health Centre and Department of Health websites and in printed formats at clinics and physician offices.***

AVDHA accepts this recommendation and is updating our website and printed material to clearly identify the range of services available and the means to access those services.

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***Recommendation 4.14***

***District Health Authorities and the IWK Health Centre should formalize communication with physicians in their districts and provide regular updates on the services available.***

AVDHA accepts this recommendation and will develop and implement strategies to communicate with local physicians on a regular basis to ensure awareness of available services and access to those services.

RESPONSE:  
ANNAPOLIS  
VALLEY  
DISTRICT  
HEALTH  
AUTHORITY

### Response: Colchester East Hants Health Authority (CEHHA)

We thank the Auditor General and his staff for their work on this audit and appreciate the respectful manner with which his staff conducted the audit in this District.

With regard to recommendations directed toward the Districts:

#### ***Recommendation 4.3***

***Each District Health Authority and the IWK Health Centre should ensure there is adequate support for its assessment of compliance with mental health standards. Any areas in which there is insufficient information to assess compliance should be reviewed and the District Health Authority or IWK Health Centre should determine how it can obtain the information necessary for the assessments.***

CEHHA agrees with this recommendation. Implementation of the Health Records module through Meditech (underway) will allow CEHHA to provide reports that support the self assessment on standards that can be assessed through a file audit. It will also track deficiencies electronically and enable immediate action.

CEHHA are reviewing the systems and processes related to the documentation of standards to ensure documentation expectations are clear to staff and that there are clearly identified locations for documentation related to timelines.

#### ***Recommendation 4.9***

***Colchester East Hants Health Authority, Cumberland Health Authority and Pictou County Health Authority should develop formal, written agreements for inpatient care.***

CEHHA agrees with this recommendation. Discussions with CHA and PCHA regarding inpatient care and the benefits of a formal written agreement have already begun and CEHHA will facilitate the timely development of an agreement.

#### ***Recommendation 4.13***

***All services available through mental health should be clearly identifiable on District Health Authority, IWK Health Centre and Department of Health websites and in printed formats at clinics and physician offices.***

CEHHA agrees with this recommendation. The web site and printed material were under revision at the time of the audit and will be complete by the time this report is released.

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***Recommendation 4.14***

***District Health Authorities and the IWK Health Centre should formalize communication with physicians in their districts and provide regular updates on the services available.***

CEHHA strongly agrees with the need for formal communication with physicians and will continue to provide regular updates on the services available and explore ways to enhance communication about services.

RESPONSE:  
COLCHESTER  
EAST HANTS  
HEALTH  
AUTHORITY



Response: Capital District Health Authority

***Recommendation 4.3***

***Each District Health Authority and the IWK Health Centre should ensure there is adequate support for its assessment of compliance with mental health standards. Any areas in which there is insufficient information to assess compliance should be reviewed and the District Health Authority or IWK Health Centre should determine how it can obtain the information necessary for the assessments.***

- We accept this recommendation and note that we are the only District which actually provided evidence in support of the Standards.
- We will continue to improve our data systems and our audit procedures, as we have over the past three years, so as to provide improved evidence of compliance.
- The Standards are written in a manner which leaves them open to interpretation and which makes establishing measurable indicators difficult.
- In going forward, we support rewriting the Standards in collaboration with DOH to further ensure measurability and from this better alignment of care with the Standards. (Recommendation 4.8, above)
- We suggest that the Standards also be aligned with those of Accreditation Canada.

***Recommendation 4.10***

***The Department of Health should ensure future shared service arrangements for mental health services between District Health Authorities or the IWK Health Centre are formally documented.***

- We agree with this recommendation and we will work with DOH and other mental health programs in the province on this item.
- In addition to shared service arrangements for acute, general outpatient and community support services, shared service arrangements for tertiary, quaternary and specialty services, most of which are provided by CDHA to the rest of the Province, would also be most useful.

***Recommendation 4.11***

***The Department of Health should ensure District Health Authorities and the IWK Health Centre are not restricting access to services to local patients only and excluding or limiting services to patients from other District Health Authorities.***

- We accept this recommendation.
- It would be useful to have clear DOH directives which support this, both for inpatient and outpatient services.

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## Response: Department of Health

The Department of Health wishes to thank the Office of the Auditor General for their interest in mental health services in Nova Scotia. This audit will provide the department with an opportunity to enhance and build on services and processes already in place. This document will be of value for current service enhancements and as we move forward in the development of a Mental Health Strategy for Nova Scotia. We accept this report and we agree with all 19 recommendations.

### ***Recommendation 4.1***

***The Department of Health should formally document its evaluation of the District Health Authority and IWK Health Centre self-assessments. The Department should also document areas in which improvements are required, make recommendations to increase compliance with standards in the future, and follow up to ensure changes have been completed.***

In the fiscal year 2010-2011 a new process will be introduced to comply with this recommendation and the evaluation report will be formally documented and sent to the Deputy Minister.

### ***Recommendation 4.2***

***The Department of Health should prepare a long-range plan documenting steps needed to ensure all District Health Authorities and the IWK Health Centre can fully meet the Standards for Mental Health Services in Nova Scotia. This plan should include a timeframe for implementation and should identify funding requirements to fully implement the standards.***

A mental health strategy will be developed beginning in the Fall 2010. This strategy will be accompanied by a business plan which will address the mental health standards.

### ***Recommendation 4.3***

***Each District Health Authority and the IWK Health Centre should ensure there is adequate support for its assessment of compliance with mental health standards. Any areas in which there is insufficient information to assess compliance should be reviewed and the District Health Authority or IWK Health Centre should determine how it can obtain the information necessary for the assessments.***

A letter will be sent by the Deputy Minister to the CEOs of the DHAs/IWK directing them that the Department of Health will require evidence of the assessment compliance ratings. It will be the responsibility of the DHAs/IWK to ensure they have sufficient information to do the assessments. After an analysis of the full assessment by DHAs/IWK the results will be reviewed with the DHAs/IWK.

RESPONSE:  
DEPARTMENT  
OF HEALTH

***Recommendation 4.4***

***The Department of Health should ensure each District Health Authority and the IWK Health Centre have a robust, evidence-based process to assess compliance with mental health standards.***

Nova Scotia is the first Canadian province to develop mental health standards. The department follows a process similar to Accreditation Canada and like most other existing processes, it is qualitative. We will continue to refine evidence-based measurements.

***Recommendation 4.5***

***The Department of Health should review the concurrent disorder standards to determine if these standards are still valid and if so, should require District Health Authorities and the IWK Health Centre to comply with the standards.***

Activities to address this recommendation are underway. Experts in mental health and addictions have been working together to develop recommendations for addressing concurrent disorders. Standards will be a component of this work. Recommendations will be made to government by the summer of 2010.

***Recommendation 4.6***

***The Department of Health should ensure that the most current version of mental health standards is available on its website and distributed to the District Health Authorities and the IWK Health Centre.***

The web site was updated February 2010 with the most recent standards. They will be kept current.

***Recommendation 4.7***

***Annapolis Valley District Health Authority should record the triage category for all mental health patients.***

A letter will be sent by the Deputy Minister to AVDHA CEO advising of the Auditor General's findings directing them to record the triage category for all mental health patients.

***Recommendation 4.8***

***The Department of Health should review the mental health standards to ensure each standard is measurable, specific and can be evaluated.***

All standards will be reviewed with the DHAs/IWK to ensure each standard is measurable, specific and can be evaluated. Standards will be redrafted where necessary.

**Recommendation 4.9**

***Colchester East Hants Health Authority, Cumberland Health Authority and Pictou County Health Authority should develop formal, written agreements for inpatient care.***

A letter will be sent by the Deputy Minister to the CEOs of the three DHAs advising them of the Auditor General's findings and directing that a formal written agreement for inpatient care be developed. A copy of the agreement, in the form of a Memorandum of Understanding, will be documented and the agreement monitored by DOH. All future service arrangements among DHAs/IWK will have a Memorandum of Understanding developed, documented and monitored by DOH.

**Recommendation 4.10**

***The Department of Health should ensure future shared services arrangements for mental health services between District Health Authorities or the IWK Health Centre are formally documented.***

All future service arrangements between DHAs/IWK will be formally documented and monitored by DOH.

**Recommendation 4.11**

***The Department of Health should ensure District Health Authorities and the IWK Health Centre are not restricting access to services to local patients only and excluding or limiting services to patients from other District Health Authorities.***

The Deputy Minister will issue a written directive to CEOs of all DHAs/IWK that access to services must not be restricted. This directive will ensure that individuals who are assessed and deemed by a psychiatrist and/or admitting physician to require inpatient admission have access to a bed and are admitted.

A protocol has been established by the Chiefs of Psychiatry for out of district admissions or transfers. This protocol will be formally documented and monitored by DOH.

**Recommendation 4.12**

***The Department of Health should develop a formal policy to ensure youth transferring to adult services are treated in a consistent manner in all areas of the province. This policy should ensure patients have continued access to services either in the youth or adult system.***

The DOH will direct the DHAs/IWK to establish a formal policy for a process for youth to adult service transfer without service interruption. The policy will be documented and monitored by DOH.

***Recommendation 4.13***

***All services available through mental health should be clearly identifiable on District Health Authority, IWK Health Centre and Department of Health websites and in printed formats at clinics and physician offices.***

A letter will be sent by the Deputy Minister to the CEOs advising them of the Auditor General's findings and direct this be done, subject to budgetary approval of print materials.

***Recommendation 4.14***

***District Health Authorities and the IWK Health Centre should formalize communication with physicians in their districts and provide regular updates on the services available.***

A letter will be sent by the Deputy Minister to the CEOs advising them of the Auditor General's findings and directing them to develop a process of formal communication with physicians within their catchment area. Copies of correspondence will be documented and the process monitored by DOH.

***Recommendation 4.15***

***The Department of Health should oversee a review of mental health data systems throughout the province. This review should identify Department, District Health Authority and IWK Health Centre information requirements and ensure the information systems in place are adequate for these purposes.***

The mental health data systems and data requirements will be reviewed.

***Recommendation 4.16***

***The Department of Health should ensure all District Health Authorities and the IWK Health Centre produce consistent and comparable information.***

DOH will work with the DHAs /IWK to assess the quality of the data that is readily available to be collected. Standards will be set and DHAs/IWK will be expected to meet these data/information standards. The first phase will be to work with the existing systems and their functionality to ensure that data is being captured in a consistent and comparable manner. For the data that cannot be collected due to current system parameters – the data requirements and standards will be designed into new systems.

***Recommendation 4.17***

***The Department of Health should assess whether province-wide wait time information is needed for other mental health treatment areas in addition to outpatient.***

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All admissions to mental health inpatient units are emergencies. Anyone who is clinically assessed to be in need of admission, will be admitted.

The outpatient wait time project referred to in recommendation 4.15 is in progress and will be completed in June 2010 in all DHAs/IWK. The wait time project will be expanding its scope to include other mental health treatment areas once the process for collecting quality data for the community mental health clinics has been established.

***Recommendation 4.18***

***The Department of Health should take the lead in establishing consistent wait time measurements for District Health Authorities and the IWK Health Centre. Resulting wait time data should be verified to ensure it is accurate.***

The DOH and HITS Nova Scotia are the leads on the wait time project with the resources from the Wait Time Project Office. All data collected is being verified and an audit report has been developed to identify data elements that are missing or inaccurate. This is a phased in project and the timing of implementation is anticipated to be completed by June, 2010.

***Recommendation 4.19***

***Capital District Health Authority should review its system to calculate wait time information, identify areas in which improvements are required and take steps to implement necessary changes. As part of this review, the District should also develop and implement regular processes to ensure its wait time information is accurate.***

CDHA will be required to review its wait times information for accuracy and to identify areas where improvements are required. The wait time committee does have a process in place to ensure the appropriate data elements are being collected and to improve and to ensure data quality.

RESPONSE:  
DEPARTMENT  
OF HEALTH

### Response: IWK Health Centre

The IWK Health Centre agrees with the findings of the report. This letter is to indicate our response to recommendations 4.3, 4.13, and 4.14.

#### ***Recommendation 4.3***

***Each District Health Authority and the IWK Health Centre should ensure there is adequate support for its assessment of compliance with mental health standards. Any areas in which there is insufficient information to assess compliance should be reviewed and the District Health Authority or IWK Health Centre should determine how it can obtain the information necessary for the assessments.***

The IWK has and will continue to work on a systemic approach including all staff/physicians input to review standards. We have developed a Standards Coordinator role across the Mental Health and Addictions Program. This role will work with all teams and other departments of the IWK on standards. We have/will continue to identify resources required to meet the standards recognizing that this would require additional resources.

#### ***Recommendation 4.13***

***All services available through mental health should be clearly identifiable on District Health Authority, IWK Health Centre and Department of Health websites and in printed formats at clinics and physician offices.***

We are in the process of working closely with our Public Relations department to update our printed material and websites. The IWK Mental Health and Addictions Program has an advisory committee including clients and families who provide guidance and feedback into the development, content and process for access to this information.

#### ***Recommendation 4.14***

***District Health Authorities and the IWK Health Centre should formalize communication with physicians in their districts and provide regular updates on the services available.***

We have been working closely with our Family Physician colleagues on the need for improved communication and access to services. Recognizing that this relationship is important, we have identified a Primary Mental Health role and one of the priorities is to link with physicians and determine next steps including ongoing service updates. We will continue to work with Dr. Carolyn Thomson, Chief, Family Medicine on our relationship with family physicians.

The IWK will work closely with all government departments, stakeholders and partners to implement the recommendations. We recognize that some of these recommendations will require additional resources to implement.