



IN FOCUS >

# Mental health in NOVA SCOTIA

**Population:** 1,072,545

**Rural:** 41.1%

Nova Scotia's mental health system is undergoing a significant transformation, as the government prepares to launch its Universal Mental Healthcare program with access to free psychotherapy—a first for Canada. Nova Scotia performs well on access to services overall but reports longer wait times and a lower performance on the population mental health indicators compared to the Canadian average.

The challenges that lie ahead for the province include ensuring adequate funding for services, a commitment to strengthening the policy framework for harm reduction, and a focus on housing and income supports to address the above-average rates of poverty and core housing need that compromise the mental health of its people.



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| Indicator   | Indicator Category                   | NS               | CAN          |
|---|--------------------------------------|------------------|--------------|
| <b>1.1a</b> Mental health, addictions, and substance use (MHASU) Healthcare Investments   | Policy                               | 4.9%             | 6.3%         |
| <b>1.1b</b> Bilateral Health Spending for MHASU   | Policy                               | 16.3%            | 31%          |
| <b>1.2</b> MHASU Strategy   | Policy                               | Out of date      | Out of date  |
| <b>1.3</b> Decriminalization policy   | Policy                               | –                | Low support  |
| <b>1.4</b> Harm reduction policy  | Policy                               | Moderate support | High support |
| <b>1.5</b> Mental Health Acts   | Policy                               | Ins.             | –            |
| <b>2.1</b> Perceived mental health – poor/fair  | Population Mental Health (MH)        | 28.8%            | 26.1%        |
| <b>2.2a</b> Prevalence of mood/anxiety disorders (12-month)   | Population MH                        | 13.9%            | 10.6%        |
| <b>2.2b</b> Prevalence of substance use disorders (lifetime)  | Population MH                        | 23.8%            | 20.7%        |
| <b>2.3</b> Rate of death by suicide   | Population MH                        | 11.0             | 10.9         |
| <b>2.4</b> Rate of hospitalization for self-harm  | Population MH                        | 43.2             | 64.9         |
| <b>2.5</b> Rate of apparent opioid toxicity deaths  | Population MH                        | 7.0              | 20.8         |
| <b>2.6</b> Rate of hospitalizations caused entirely by alcohol  | Population MH                        | 280              | 262          |
| <b>3.1</b> Percentage of population needing mental health care but needs are unmet or partially met                               | Service access                       | 7.8%             | 7.8%         |
| <b>3.2</b> Percentage of youth with early MHASU service needs who accessed Community Mental Health services                       | Service access                       | 72%              | 61%          |
| <b>3.3</b> Number of psychiatrists per 100,000 population   | Service access                       | 14.5             | 13.1         |
| <b>3.4</b> Supply of MHASU healthcare providers   | Service access                       | 2,224.9          | 1,721.4      |
| <b>3.5</b> 30-day hospital readmission rates for MHASU concerns   | Service access                       | 10.3%            | 13.4%        |
| <b>4.1</b> Percentage of population reporting poor-to-fair mental health in core housing need                                     | Social Determinants of Health (SDOH) | 16.9%            | 15.8%        |
| <b>4.2</b> Poverty rate   | SDOH                                 | 9.8%             | 8.1%         |
| <b>4.3</b> Employment rate for individuals with mental health disabilities (ages 25-64)   | SDOH                                 | 44%              | 46.1%        |
| <b>5.1</b> Percentage of those with poor-to-fair mental health who experienced discrimination and victimization                   | Stigma and discrim                   | 7.1%             | 9.1%         |
| <b>5.2</b> Percentage of population with poor-to-fair mental health who report feeling a stronger sense of belonging to community | Stigma and discrim                   | 55.9%            | 54.4%        |
| <b>5.3</b> Reported rate of drug-related offences   | Stigma and discrim                   | 96               | 162          |

Note: Values in the table above that do not have a percentage indicate a rate per 100,000 population

# POLICY

## Funding

Nova Scotia is set to become a trailblazer in mental health, addictions and substance use health (MHASU) service delivery: in 2021, it became the first province to commit to offering universal coverage for mental health services, including free psychotherapy and same-day support. Last year, the Government of Nova Scotia introduced Bill 334, an amendment to the *Health Services and Insurance Act* that would allow for public funding for services offered by psychotherapists, social workers and registered counseling therapists. This free service is currently in a pilot phase and is set to launch between 2024 and 2025.<sup>151</sup> This policy is still in early stages of implementation and so far, government has opted to roll out the public delivery of these mental health services using private service providers.

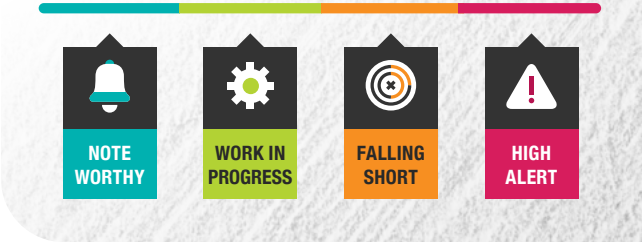


**NOTEWORTHY**

The first in Canada to provide counselling and same-day support province-wide

Despite this unprecedented commitment to universal access, Nova Scotia spends a comparatively smaller amount on mental health. The 2024-2025 Budget commits \$359.6 million for MHASU, which amounts to \$371 per capita, or 4.9% of the overall health budget. With the cost of the new universal mental healthcare counseling program estimated at \$100 million a year, the Nova Scotia government is leaning on the new 2023 Canada-Nova Scotia

## Mental Health Scoreboard



*Working Together Agreement* (2023 Bilateral deal) to help fund the pilot phase.<sup>152</sup> As per the 2023 Bilateral Agreement and the remaining funds from the 2017 Bilateral Agreement between Canada and Nova Scotia, the province is earmarking \$19.3 million dollars for mental health and addictions from 2023-2026. This spending is also on the lower end, representing 16.3% of the overall health spending of the Bilateral agreements compared to the Canadian average of 31%.<sup>153</sup>

## Strategy

Nova Scotia does not have a dedicated mental health, addictions and substance use (MHASU) strategy. The province’s plans for MHASU health care are integrated into its general healthcare strategy, outlined in the *2022-2026 Action for Health Strategic Plan*, but this plan does not contain many details about how it plans to build and strengthen the MHASU infrastructure and lacks both a timeline and performance measurement framework. The plan states that the goals are to reduce gaps in service access through investments in harm reduction programs, establish universal mental health and addictions coverage, and facilitate access to same-day mental health support, among other initiatives.<sup>154</sup> Nova Scotia has an *Opioid Use and Overdose Framework*, first published in 2017, and it has produced a progress update on completed actions every year since.

## Policy response to the toxic drug crisis

The Nova Scotia Government provides limited support for harm reduction. Like all other provinces, Nova Scotia funds a Take Home Naloxone Program and several needle exchange programs. It has provided financial support to the province’s two



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overdose prevention sites, ReFix and Peer Six. It does not fund drug checking or safer supply programs and these harm reduction initiatives were not included in the province's *Action for Health Strategic Plan*.<sup>155</sup> However, the Nova Scotia Government funds the Mobile Outreach Street Health Unit (MOSH), which provides outreach services and has two staff physicians that prescribe safer supply.<sup>156</sup>



### WORK IN PROGRESS

Government is funding two overdose prevention sites and a mobile outreach service, but more supports for harm reduction are needed.

## POPULATION MENTAL HEALTH

Nova Scotians report poorer mental health than the Canadian average. Those who perceive their mental health to be poor or fair is 28.8%, compared to 26.1% nationally. The rates of mood/anxiety disorders (13.9%), substance use disorders (23.8%), and hospitalizations due to alcohol (280 per 100,000) are higher than the national average.

Although Nova Scotia's rate of apparent opioid-related deaths is less than one-third the national rate (7/100,000 compared to 20.8/100,000), it has been trending upwards. In fact, the longitudinal trend for the province diverges from the rest of Canada in that the rate of death *decreased* during the pandemic and showed a sharp increase in 2022 and 2023, bringing the number of deaths from 40 in 2021 to 74 in 2023.

Where Nova Scotia performs better than the Canadian average is in the rate of hospitalization due to self-harm, at 42.3 cases per 100,000 compared to 64.9 nationally.

## ACCESS TO SERVICES

At face value, the data suggest that Nova Scotia exceeds national averages when it comes to MHASU service access. Seventy-two percent of youth in Nova Scotia experiencing mental health or substance use healthcare needs are accessing care, a rate which is 11% higher than the national average. The 30-day hospital readmission rate for those with a MHASU concern is lower than average. Nova Scotia also has a higher distribution of psychiatrists (14.5 compared to 13.1 in Canada) as well as one of the highest numbers of MHASU healthcare providers per 100,000 population (2,224.9/100,000 vs. 1,721.4/100,000 in Canada.)



### FALLING SHORT

High urban concentration of psychiatrists but rural Nova Scotians have poor access to mental health services

The wait times for services, however, tell a different story. Nova Scotia Health reports up-to-date information on its website about wait times and, depending on the region, they can range from 0 days to 195 days for non-urgent care, and between 0-13 days for urgent care.<sup>157</sup> Furthermore, there are increased barriers to accessing services in rural areas of Nova Scotia. Psychiatric services and Rapid Access Addiction Medicine (RAAM) clinics, for example, are concentrated in urban areas, requiring rural Nova Scotians to travel long distances to access them.<sup>158</sup> Nova Scotia Health and Dalhousie University recently partnered to reduce wait times to a few weeks through the rapid access and stabilization program for improving access to mental health services.<sup>159</sup>

## SOCIAL DETERMINANTS OF HEALTH

Nova Scotia's poverty rate and core housing need are concerning. At 9.8%, the poverty rate is the highest in Canada and will likely rise again as pandemic-era financial supports have ended.<sup>160</sup> Nova Scotians also report a higher core housing need (16.9%) than the national average (15.8%). When the data is disaggregated by race, findings show that Black Nova Scotians have lower income

levels and higher core housing need, which is roughly double that of other Nova Scotians.<sup>161</sup> Nova Scotia also reports a slightly lower employment rate for people with MHASU disabilities: 44% compared to the 46.1% average.

## STIGMA AND DISCRIMINATION

Nova Scotia performs well overall on the indicators in the stigma and discrimination category. Fewer Nova Scotians with poor-to-fair mental health report victimization or discrimination (7.1% vs. the average of 9.1%) and 55.9% report a sense of feeling connected to community, which is slightly higher than the national average of 54.9%. The province also reports a much lower rate of police-reported crime for drug offences (96/100, 000 vs. 162/100,000 nationally).



### HIGH ALERT

Black Nova Scotians experience higher rates of poverty and inadequate housing.