NSCSW Mental Health Care Advocacy Paper

Request for Proposals

Who We Are

The Nova Scotia College of Social Workers (NSCSW) serves and protects Nova Scotians by effectively regulating the profession of social work. The NSCSW establishes, maintains, and regulates standards of professional practice. Our role is to ensure that Nova Scotians receive the services of skilled and competent social workers who are knowledgeable, ethical, qualified, and accountable to the people who receive social work services. The NSCSW believes the people of Nova Scotia are entitled to receive the highest caliber of care from their social workers. To ensure this we provide membership services to support Registered Social Workers in maintaining the highest standards of professional competency, enabling participation in a broader provincial social work community.

We engage with members, Government, employers, community groups, and citizens to build a stronger social work community, and to advance the social work profession in Nova Scotia. We believe Social workers provide an essential service to support Nova Scotians lead healthier, happier lives. The NSCSW engages with Nova Scotia's social work community in advocating for Improvement to social policies, programs, and social justice.

We provide responsive, accountable leadership to ensure the highest standards of social work for Nova Scotians. We work in solidarity with Nova Scotians to advocate for policies that improve social conditions, challenge injustice and value diversity.

Our Values

Our work is grounded in integrity and professionalism which calls on us to be:

Respectful
The College is respectful of the inherent dignity of every individual and strives for cultural humility and social change.

Accessible
The College provides communication and services that are accessible province-wide for members, stakeholders, and the public.

Ethical
The College follows the established national code of ethics that adheres to the values of the social work profession.

Progressive
The College is proactive in reflecting the values of social work, and supports innovation through education, research, and transformative community engagement, for the sake of social justice.

Proposal Guidelines

This Request for Proposals represents the requirements for an open and competitive process.

- Please clearly state if any work must be outsourced or contracted to meet the project requirements and include a name and description of the organizations being contracted.
- **The costs outlined must be all-inclusive, identify any outsourced or contracted work and must be itemized to include an explanation of all fees and costs.**
- Contract terms and conditions will be negotiated upon selection of the proposal winning bidder.
- All contractual terms and conditions will be subject to review by NSCSW social justice committee.

Please send your proposal the College's Professional Practice Consultant Annemieke Vink at Annemieke.Vink@NSCSW.org by **Friday, December 7, 2018 5:00 PM AST.**

Proposals received after this date and time will be returned to the sender. Proposals must be signed by an official agent or representative or organization submitting the proposal.

Project Purpose

The purpose of this project is to develop an advocacy paper to articulate the core values and principles that should frame and drive policy decisions to foster greater well-being and mental wellness.

We want to create a critical discourse on the political, economic and social issues that impact the mental wellness of Nova Scotians.

We specifically want to inform Nova Scotians and our province's elected officials of the alternative worldviews, models of care and social policies that can create meaningful change in this province towards greater mental wellness. As social workers, we have the tools, vision and values to support this change.

The advocacy paper will set our direction for future advocacy, set priorities for action and act as a platform for collaboration to challenge and engage the current worldview on mental health.

The advocacy paper has three main goals:

- To influence and guide the College's decision-making to promote greater well-being and mental health.

- To utilize the paper as a formalized tool that provides a critical analysis and a public discourse for mental health policies and political positioning in Nova Scotia. The paper will be used as a tool by Nova Scotia social workers and our allies to highlight alternatives to mental health's dominant discourse.
- To coordinate information and activities between the College, community, stakeholders and all levels of government to effectively advocate for fundamental changes to our mental health care system.

Core Audience

The core audience is Nova Scotians who seek alternatives to our current mental health care system and includes:

- Nova Scotians who have experienced mental health issues and feel as though the system does not treat them with inherent dignity and worth.
- Friends and family members who have witnessed a loved one's suffering in the current mental health care system.
- Advocates who work in solidarity with marginalized Nova Scotians.
- System administrators and decision makers who make tough and challenging decisions mental health care system related

Our goal is that the paper generates a process of critical self-reflection that allows Nova Scotians to create space for new approaches to mental health. The medical model has its place within the mental health care system however, it must be balanced with a more holistic approach.

We need a new way of thinking about mental wellness. **We hope this paper will spark discussion and action towards this goal.**

Project Scope

The project scope was determined through member and stakeholder engagement that took place on April 14, 2018.

We invited members and community stakeholders to a consultation to create guiding principles for mental health services in Nova Scotia that were aligned with our mandate to serve and protect the public interest and advocate for the development, enhancement and promotion of policies to improve social conditions and promote social justice (Social Workers Act Section 5).

The advocacy paper should be **written in accessible language** to address the following issues:

Challenges with the Medical Model

The paper should address the challenges of the medical model and highlight that this worldview frames mental health issues as a biological disease of the brain: inevitable, incurable, and genetically determined (Bentall, 2016). The medical model and its related policies tend to react to people who are experiencing severe symptoms, which undermines a focus on prevention.

To do this the paper should focus on:

a. How governments are influenced by the medical model. The World Health Organizations articulates that governments tend to spend most of their scarce mental health resources on long-term care at psychiatric hospitals, nearly 70 per cent of mental health spending goes to mental institutions (WHO, 2011).

b. This decision-making leads to polices that focus on treating those who are most symptomatic when, for example, 'aloneness' is a major concern, one that contributes eventually to those symptoms. If countries spent more at the primary care level, they would be able to reach more people, and start to address problems early enough to reduce the need for expensive hospital care (WHO, 2011).

c. Examine how mental health care services, treatments and supports are delivered by various mental health care professionals, other service providers and volunteers. An individual's journey to recovery and well-being is unique, and the right combination of services, treatments and supports will depend on what people want and need. Every community has specific resources to draw on and different challenges to meet (CHMC, 2012). **There is not a one size fits all model.**

d. Demonstrate that there are many teaching approach's that present alternatives to service delivery beyond the medical model. Postmodern approaches that are client and family centered are built to avoid having the deficit-based, problem-saturated, and pathologizing language of the medical model and are rooted in strengths-based approaches to practice. These approaches work to ensure that clients voices and stories are valued above all else (Casstevens, 2010).

e. Articulate the difference between **mental health** and **mental illness**:

- Mental illness is defined specifically as "a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning." Along with this definition are lists of conditions that must be met for each syndrome or illness, and the requirements to make a diagnosis and recommendation for treatment (CMHA, 2018).

- Mental health speaks to our mental well-being and our full spectrum of emotions, thoughts and feelings, and whether they're good or bad. Mental health refers to our level of happiness, fulfillment and joy. It is how we feel about ourselves, how well we manage problems and overcoming difficulties and stressful events, the nature of our social relationships, and our interactions with what's happening in our world (CMHA, 2018).

Childhood Adversities

The paper should highlight that 70 per cent of mental health problems and illnesses begin in childhood or adolescence (MHCC, 2012) and should articulate that:

a. Recent studies have pointed to a wide range of social and environmental factors that increase the risk of mental illness. These include poverty in childhood, social inequality, early separation from parents, childhood sexual, physical and emotional abuse, and bullying in schools (Bentall, 2016).

b. Recent research shows that childhood adversities increased the risk of psychosis approximately three-fold, and those who had multiple traumatic experiences were at much higher risk (Cuijpers et Al, 2011; Varese et Al, 2012).

c. The evidence of a link between childhood misfortune and future psychiatric disorder is about as strong statistically as the link between smoking and lung cancer (Bentall, 2016).

d. A shift in the worldview on our mental health services would allow us to focus on building capacities for resilience – before problems cross the line to mental illness (Ungar, 2012).

Social Determinants of Health

The paper should highlight the significance of the Social Determinants of Health on mental health and outline the idea that:

a. Poverty, inadequate housing, and problems finding work or getting an education put people at greater risk for developing mental health problems and illnesses.

b. The conditions that people face in their lives shape whether they feel safe, secure, and supported at home and in their communities. These factors collectively are commonly referred to as the social determinants of health and have a significant influence on mental health

c. Working to reduce disparities in how these determinants affect people's opportunities in life and health outcomes will involve efforts at many levels to change social and health policy in Canada.

d. The need to build on successful approaches to addressing disparities in living conditions, efforts to eliminate poverty must be prioritized in order to improve mental well-being (MHCC, 2012).

Authentic Community Collaboration

Modern mental health promotion recognizes the influence of social and economic determinants on mental health and mental illness and identifies the contribution that diverse sectors (including but not exclusive to health) make in influencing the conditions that create or improve positive mental health (Wahlbeck, 2015).

The paper should focus on the need for authentic community collaboration by focusing on the following:

a. Mental health promotion is everybody's concern and responsibility; that mental health is best achieved in equitable, just and non-violent societies; and that mental health is best promoted through respectful, participatory means where culture and cultural heritage and diversity are acknowledged and valued (Wahlbeck, 2015; Wilkinson and Pickett, 2009)

b. Effective mental health promotion builds on cross-sectoral collaboration with non-health sectors, including education, housing, employment and industry, transport, arts, sports, urban planning and justice (Wahlbeck, 2015).

c. The issues of social isolation which are complex issues linked to health, and influenced by personal, community, and societal factors (Nicholson, 2009). Research has shown that social isolation has damaging impacts on health, well-being, and overall quality of life. Low-income people and seniors are among the most vulnerable to social isolation (Stewart et Al; 2008).

d. Conversely, being more socially connected has a positive influence on mental health and well-being (Stewart et Al; 2008). At a societal level, higher levels of social capital is associated with better mental health (Wilkinson and Pickett, 2009).

e. The paper should explore the need for more investment in community development aimed at looking at mental health more holistically.

Resources

The World Health Organization (WHO) notes that mental illness accounts for 13% of the world's disease burden, yet most countries under invest despite the social and economic costs of mental illness. A number of high-income countries invest 10% or more in their mental health services. Although Canada is a high-income country, its mental health spending is 7.2% according to the WHO Mental Health Atlas (Luriel, 2014).

The paper should focus on the lack of resources put towards both mental health and mental illness by highlighting:

a. The cost of mental health problems, according to new findings from a study by the Mental Health Commission of Canada, mental health problems and illnesses cost the Canadian economy $48.5 billion every year (Smetanin et Al, 2011). An earlier study took a somewhat different approach and calculated the total costs at $51 billion per year (Lim et Al, 2008).

b. In Nova Scotia, we spend only 4% of our health budget on mental health and addiction services. The combination of having a small fixed resource and a very large demand predictably leads to 'gated' mental health care services. The paper should speak to the need to prioritize more investment in mental health.

Stigma

The lives of people with mental health conditions are often plagued by stigma as well as discrimination. Stigma is a reality for many people with a mental illness, and they report that how others judge them is one of their greatest barriers to a complete and satisfying life (CMHA, 2018).

The paper should outline how stigma impacts mental health by examining the following:

a. Stigma is not only medically related. Many people with mental health issues also live in poverty which brings another layer of stigma and discrimination forward.

b. Stigma related to trauma in the work place by focusing on the role of police, firefighters, military personnel, emergency health responders and social workers. These professions are subjected to trauma through their work which can lead to vicarious trauma and PTSD.

c. We need to normalize conversation around our mental health. Those experiencing mental health symptoms cannot advocate for themselves. They need people who can be trusted to do it for them. Those who experience mental health symptoms shouldn't have to prove their worth. They need to feel valued and need to know that mental health care services are valued.

Guiding Principles

The paper should then use the analysis of these issues to articulate principles that should frame and drive policy decisions to foster greater well-being and mental health. Each principle will be accompanied by a rationale as to how these principles will impact mental health outcomes.

1. **The province must prioritize the mental wellness of Nova Scotians and must ensure that financial resources are directed towards this goal.**

    - Funding for addiction and mental health services must reach 10% of Nova Scotia's health and wellness spending. This means increasing the amount spent on mental health and addictions in Nova Scotia to $430 million. This is an increase of $258 million over the current $172 million.

    - Funding and professional community development resources should be put in place to encourage urban and rural communities to build capacity and improve standards related to the social determinants of health.

2. **Nova Scotians must act to address social inequities to address the social determinants of health.**

    - A basic income guarantee program is in place.

- Nova Scotia's minimum wage rate is sufficient to provide a full-time worker with an income that exceeds the low-income cut-off.
- Affordable childcare space is available to all parents.
- Tuition is available for a first, post-secondary degree as a public service.
- Comprehensive pharma care and dentalcare program are in place, complementing universal health coverage.
- Quality affordable housing, sufficient to meet the needs of individuals and families, is available.

3. Decisions on mental health programing and services must be made through authentic community collaboration.

- Community-based strategies recognizing that mental health is created and sustained in a context of connectedness and belonging, designed to nurture family and community resilience and to interrupt patterns of intergenerational trauma are funded and in place.
- A mental health strategy that projects plans five years into the future and recognizes the need for prevention (informed by the social determinants of health), early intervention and accessible person-family centred treatment is re-established, adequately funded and annually updated.
- Equitable participation of persons and their families in the development of services and co-creation of personal treatment is the standard for all addiction and mental health care.
- The development of a mentally healthy Nova Scotia is a collective responsibility and a provincial asset.
- Mental health is a shared responsibility (not the sole responsibility of the health authorities), achieved through real and direct collaboration with individuals, families, communities and other systems.

4. Mental health policies, programs and services must be client and family centered.

- Culturally relevant mental health services are available in all primary and collaborative care centres.
- Social workers, grounded in person-family and community centred care are embedded in all schools, primary, emergency room and collaborative care centres.

- The approach to service is embedded in postmodern strengths-based models that are client-centered and built to avoid having the deficit-based, problem-saturated, and pathologizing language of the medical model.

- Early intervention is a well-funded, has wide open door, staffed by professionals who understand individual behaviour in the context of its environment and are skilled in co-creating person-family assessments and plans for intervention.

5. **Individual mental wellness should be viewed as a life long journey fostered by healthy communities.**

    - Knowledge and skill development related to emotional and physical health and for social well-being are critical for individual, family and community life and are core to the public education curriculum.

    - An understanding of trauma and adverse childhood experience trauma guides the development of our communities and mental health services.

Request for Proposal and Project Timeline

The initial proposal is due no later than 5:00 PM AST Friday, December 7, 2018.

- Evaluation of proposals will be conducted from December 10-14th. If additional information or discussions are needed with any bidders during this window, the bidder(s) will be notified.
- The selection decision for this project will be made by Friday, December 17, 2018.
- Upon notification, the contract negotiation will be completed by Monday, December 21, 2018.
- Notifications to bidders who were not selected will be completed by Monday, December 21, 2018.

Budget

All proposals must include proposed costs to complete the development and delivery requirements for the above scope.

Bidder Qualifications

The bidder must list their:

- qualifications,
- project experience, including knowledge of client and family centered systems,
- reference(s), and
- provide example(s) of similar projects.

Proposal Evaluation Criteria

The College's Social Justice Committee will evaluate all proposals based on:

- qualifications,
- project experience,
- knowledge of adult learning,
- examples of relevant work experience, and
- competitive pricing.

References

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Wahlbeck, K. (2015). Public mental health: the time is ripe for translation of evidence into practice. World Psychiatry, 14(1), 36-42.