# Progressive Conservative Mental Health Policy

## NSCSW Policy Note

NSCSW | NOVA SCOTIA COLLEGE OF SOCIAL WORKERS

## *Who We Are*

The Nova Scotia College of Social Workers (NSCSW) exists to serve and protect Nova Scotians by effectively regulating the profession of social work. We work in solidarity with Nova Scotians to advocate for policies that improve social conditions, challenge injustice and value diversity.

Learn more about the College at http://nscsw.org/about.

## *Introduction*

The Progressive Conservative Party of Nova Scotia introduced a vision for mental health service in Nova Scotia in October 2020. The plan demonstrates that Nova Scotians and their political decision makers, including those on the right wing of the political spectrum, are starting to consider the overall health and well-being of our population as part of their political goals. It's a plan rooted in transformative change and provides a clear vision for mental health and addictions services that we have not seen since the NDP released their strategy "Together We Can" while in government almost a decade ago. While the PC plan certainly contains some questionable policy choices that stem from dogmatic free-market thinking – and leaves many questions unanswered – the vision is transformative and the PC's deserve credit for putting a bold vision forward.

The Canadian Centre for Policy Alternatives and the NSCSW released a Social Policy Framework in March of this year. The Social Policy Framework was designed to support the implementation of a progressive vision for this province, to challenge the dominant ideology around the relationship between the private sector, the public sector and civil society, and to create a more equitable and fair Nova Scotia. In the framework report, Findlay *et al.,* write:

> "Part of the answer to dealing with income inequality is to foster a labour market that provides good jobs and economic security. To truly tackle inequality, we need to design policies, programs, and systems that work for everyone. Redistributive measures, such as public investment, higher wages and pay equity, and higher taxes on the rich, undoubtedly help constrain income and wealth concentration. We need social policies that reduce poverty and vulnerability by ensuring people have access to decent paid work as well as adequate support, when caring for children, facing unemployment, sickness, disability, and old age. These policies, such as housing, education, health care, child care, employment insurance, and retirement pensions, are broadly known as social policies."

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This policy note will use the principles laid out in the Social Policy Framework to assess the PC Mental Health Plan.

## *Intersectional and Evidence-Based Policy Principles*

The Social Policy Framework indicates that policy that works for everyone must be designed to account for the multiple ways that power and privilege are unevenly shared; it captures the interaction and interconnection between social locations, policies, and institutions and offers a path toward systemic change (Findlay *et al.,* 2020). Finally, evidence-based policy-making rests on the foundational premise that government decisions that are influenced by research and data are more likely to solve problems effectively, and that we should learn from best practices (Findlay *et al.,* 2020).

The Progressive Conservative mental health plan draws policy conclusions from an initial intersectional and evidence-based lens utilizing data from Canadian Mental Health Association, includes a youth perspective, academic research, and data on costs. However, the plan lacks a much deeper analysis of how mental health affects diverse populations, and what is necessary to serve those needs. Drawing from the data, the PCs have taken on the principle of universality of access to mental health and addictions services, and created corresponding political goals with the aim of dismantling a two-tier mental health care system. The plan upholds principles of social inclusion, with the goal of ensuring a mental health system that creates 24/7 access to care. There is a recognition of the interconnectedness of mental health and addiction issues and their impact on the economic, social and political life of Nova Scotians. Finally, using evidence, there is an acknowledgment that mental health has been grossly underfunded in this province which creates a clear need to act.


### Interconnectedness

The principle of interconnectedness draws from the idea that policies and social and health issues are interrelated and that people experience policy differently depending on their location in intersecting systems. Improving social well-being relies on working across silos and developing policies that address multiple challenges at once (Findlay et AL, 2020).

The PC mental health plan clearly places mental health as an interconnected issue that impacts many aspects of our lives. The plan maintains that illness too often simply goes untreated or,

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even when treatment is available, much of the burden of managing mental health services falls to family physicians and ER doctors. Time spent managing ailments for which they do not specialize – or are not comfortable – exacerbates the shortage of family doctors in the province, putting more pressure on a stressed system and contributing to the inability to take on new or more patients (PC party, 2020). This understanding has allowed the PCs to place mental health and addiction services as a priority that is interconnected with our overall social well-being and connection.

However, missing from the PC plan is recognition that mental health is shaped by the social, economic and political experiences of each person's life and experiences more than it is a biological disease of the brain (WHO, 2014). Lacking in the plan is the connection between mental health and the social determinants of health. The World Health Organization maintains that improvement is needed in direct mental health services alongside the broader social environment. For instance, we know that if a child experiences several adverse childhood experiences that they are highly likely to experience mental health issues as adult (Bentall, 2016). In fact, adverse childhood experiences are as statistically relevant to mental health as smoking is to cancer. A truly interconnected mental health plan must recognize the impact of poverty, housing, racism on our overall mental health and create investments and strategy to politically strengthen the social determinants of health.

**The PC plan recognizes interconnectedness, but must stem deeper and go further upstream to address the deep structural inequities that exist in our society and that impact mental health.**

## Universality


Universality is a core principle in the Social Policy Framework, and is the strongest part of the PC mental health plan. Programs and services must be accessible to all, regardless of income and paid for through general revenue from income taxes, rather than through user fees or payroll taxes. Access is a right or entitlement of citizenship, and not based on one's ability to purchase in the market. Universality is important for several reasons: durability (less vulnerable to government cuts), higher quality of services, less stigma for users, social inclusion for users and providers, cost efficiency, solidarity and creation of a shared identity. There must be space for progressive universalism – programs designed to meet the unique needs of specific communities (Findlay at

AI, 2020). The PC plan indicates that as a political party they are committed to seeing mental health as *health*, and as a right that everyone should have access to regardless of income.

Our current system increasingly relies on two-tier mental health care. The rise in precarious, insecure work also leaves many workers without access to workplace benefits. In Nova Scotia, 47 per cent of people have access to mental health insurance coverage, and this is also increasingly an issue of "intergenerational equity," as few young workers have the workplace benefits that previous generations enjoyed (Casey, 2019). Those employees with extended health benefits can get services when they need it, and those who lack it are forced to go to a public system that is grossly underfunded and is not able to keep up with needs. The PC plan commits to universal access to mental health care, funded by income taxes, that treats mental health as a right rather than a consumer good or private commodity.

**The Progressive Conservative Party should be given kudos for putting forward a plan for universal mental health care.**


## Social Inclusion

Ensuring social policy solutions address the deeply-rooted systemic barriers in our policy, programs, and services means they should foster greater social inclusion. Social policy must focus on and redress the legacies of colonialism, racism, and slavery; remove socially-created barriers to access and strive for inclusion for people with disabilities (including invisible disabilities); challenge gender-based and heteronormative inequality; support newcomers and people living in the deepest poverty; and work for those in urban and rural locations.

Social inclusion must be guaranteed for the users of public services, as well as those who provide those services to us. Achieving social inclusion requires that we advance both equity and equality (Findlay *et al.,* 2020).

The PC plan addresses social inclusion and has set a goal of increasing access to folks who need mental health and addiction services in a timely and effective manner. The 24/7 virtual care proposal, ensuring folks can self-refer and can find the services that meet their needs, is incredibly important to mental health. The PC plan also recognizes that mental health and stigma deeply impact quality of life, and access to timely care helps to address stigma.

Social inclusion within our mental health and addiction system is currently hampered by challenges within the larger public health system. These challenges stem from management

driven service delivery models and the standardization of approaches through a strict bio-medical framework. This has created unacceptable wait times; the prescriptive use of short-term modalities, which includes a limited number of sessions; inadequate time to develop therapeutic relationships; the devaluation of addiction-specific knowledge; increased paperwork; and management by non-clinical staff with little opportunity for clinical supervision. The public system produces many barriers and inequities as it attempts to stream line an individualised one-size-fits-all approach, which not only disregards the social determinants of health and the social context in which mental health and substance abuse struggles often emerge, but also responds poorly to issues of diversity (Brown *et al.,* 2020). Underserved communities are particularly harmed by this approach as Black and Indigenous people, LGBQT2A+ people, and women are not provided with services that meet their current needs.

The public system **must not** be abandoned, and work to address core issues must happen. However, opening up MSI for mental health private practitioners, if done appropriately with intent and regulation, could lead to greater access to mental health and addiction services that meet folks where they are, contributing to greater social inclusion. This policy could allow for authentic community collaboration independent of the health authorities, allowing for greater reflection on the conditions, views, and experiences of Nova Scotians, in order to build a comprehensive understanding of the current context and effectiveness of service provision from multiple perspectives (Brown *et al.,* 2020). This policy has the potential to allow communities and organizations to quickly address perceived gaps in service and barriers to effectiveness. However, there must be clear parameters set around this policy to prevent profiteering, or organizations cutting the cost of care to stake their profits, and must not further erode public services.

This policy could allow flexibility for community groups and organisations to build mental health services that best serve their communities. An example of where this could work well would be for small not for profits who want to provide wraparound mental health support, but currently either have to plea with government to provide funding, or fundraise themselves. Programs such as the mental health drop-in service offered by the North End Community Health Clinic for African Nova Scotians, which was cancelled due to a lack of funding, would benefit from this policy. Small rural operators, who can provide different services and practice models that best suit client needs, would also greatly benefit from this policy.

What needs to be clearly defined is how a PC government would regulate these services to ensure that Nova Scotians are not fueling the profits of large corporate models through the

public purse; these models provide less quality care and pose greater risks to the public. When we look at the performance of larger for-profit long-term care homes during the pandemic, it is clear that they performed poorly and worsened the impact of the spread of the virus (Stall *et al.,* 2020).

In addition, what is not addressed in the PC plan, and what must be considered, is the unquestioned hegemony of the bio-medical model within the delivery of mental health services. While the bio-medical model certainly has its place within mental health services, its dominance has also become cumbersome to many, as it does not capture the complexity of mental health needs. The bio-medical model, particularly in Nova Scotia, tends to be expert-driven: the clinician determines diagnosis, treatment, and when you're "well." It is focused on individualized treatments and ultimately holds individuals for the structural conditions that contribute to their illness (this often leads to the criminalization of those with mental health concerns). It reduces mental health disorders to the simplest forms, creates standardized treatments, and is driven by symptoms rather than root causes (Brown *et al.,* 2020).

If we are to truly build policy that leads to greater social inclusion, our mental health and addiction systems must include a strong bio-psycho-social model that understands that mental health is shaped by a person's environment. A system that understands that the process of healing should be relational, and recognizes that we aren't just supporting the person in the room, but that this person exists within a family, within a community, and within a society. That recognizes that care is delivered through collaboration, and acknowledges that the client is the expert in their own lives, and both the practitioner and the client bring expert knowledge to therapeutic conversation. That shares the responsibility of creating a connected and supportive society, and that demands that we bring a critical clinical focus to the work so that we are deconstructing social power and its impacts on overall mental health (Brown *et al.,* 2020).

**The PC plan offers a pathway for greater social inclusion if the right parameters and regulations are set around the establishment of small private providers. However, much more needs to be added to this plan in order to ensure the goal of social inclusion. The proposed Department of Mental Health and Addictions must also challenge the unquestioned hegemony of the bio-medical model, create space for bio-pyscho-social models, and support this shift through their training initiatives.**

**It should also be noted that the NSCSW has only 17 Private Practitioners who identify as African Nova Scotian; these numbers are even lower for psychologists and counselling therapists. The PC mental health plan builds recruitment strategy, but it must clearly set**

**the goal of ensuring recruitment of more diverse clinicians (gender, race, sexual orientation, age, etc.). This will provide more accessible services for diverse and marginalized service users.**


## Decolonization

Re-imagining social policy requires abandoning government paternalism, and addressing the legacy of colonialism (Findlay *et al.,* 2020). What is also missing from the PC plan is the goal of decolonization of mental health and addiction practices, and a commitment to anti-racism within mental health and addiction care systems. Indigenous communities in Nova Scotia are not faring well in terms of their overall mental health, in part due to years of colonialism, residential schools and trauma, and a lack of culturally relevant mental health services and resources to support the social determinants of health. As the violent acts of racism are continually directed at the Mi'kmaqi community through the fishery dispute there must be efforts made to provide culturally relevant mental health care with our indigenous leaders and communities.

The PC plan does not directly address equity in mental health, or commit to ensuring that services are culturally relevant, culturally appropriate and are working towards decolonization. This must be considered and addressed with intent.

There must be leadership towards reconciliation at every level of government and within policy and programming. Currently Nova Scotian fishing communities are struggling through conflict and crisis — worsened by the intersections of a pandemic, economic uncertainty, and racism. The Missing and Murdered Indigenous Women Report calls for support for Indigenous women and gender-diverse people as the "first teachers" and "mothers of nations" to ensure that there are healers and medicine people present to address physical, spiritual, emotional, and mental health needs, as land defenders and water keepers step forward to protect their loved ones and communities. The Missing and Murdered Indigenous Women Report also calls for governments to ensure that all Indigenous communities receive immediate and necessary resources, including funding and support, for the establishment of sustainable, permanent, no-barrier, preventative, accessible, holistic, wraparound services, including mobile trauma and addictions recovery teams.

**While opening up MSI as a billing option provides Indigenous communities with another option to provide mental health services, not all Indigenous healers will be registered professionals. Thought and intention must be put into how to best support these initiatives.**


## Public Provision

Delivery of care in our society must move away from the current approach, which relies heavily on either the market or the private sphere of the family (especially women) to meet our social needs. We see the limitations of this approach in caregiving, post-secondary education, employment training, and particularly within mental health care (Findlay *et al.,* 2020).

Public services are superior for reasons that include quality of services, equity and access for users, working conditions of providers, and accountability to citizens. However, we also need to recognize that not all communities have the same relationship with public institutions. Thus, we must bear in mind decolonization and social inclusion (Findlay *et al.,* 2020).

Services such as healthcare, childcare, eldercare, pharmacare, and criminal justice are public services and should not be treated as profit-making ventures. Public services are unique because they are democratically accountable to citizens, and the cost, quality, location, accessibility and comprehensiveness of services are determined through political processes, not by the whims of the market. While opening up MSI billing to private practitioners can provide greater access in the short term, there must be a strong commitment to invest in the public system as ultimately, if properly funded and given the proper political goals, it will lead to greater outcomes.

**Of note in the PC plan is the 24/7 telehealth and virtual care proposal which would be "administrated and regulated" by their new Department of Mental Health and Addictions. We see no reason why that should be contracted out when we have a current mental health line offering teleservices through the public system. Rather than privatizing this service, expanding teleservice and virtual care in the public system would be much cheaper and would deliver higher quality services.**

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## Decent Work and Well-Being

Social policy needs to attend to both paid work and unpaid caregiving through policies that address precarious work and caregiving for children, aging parents and/or partners. Caregiving is associated with high rates of depression, financial burden, and social isolation, which are especially acute for women, and affect their economic security and health. Social policies must recognize the value of caregiving with money, services, and time (including improving paid maternity and parental leaves and pension supports; investing in social infrastructure, like child care, home care, and long-term care; and increasing leisure time with more time out of the labour market to spend with family and to engage in our communities) (Findlay *et al.,* 2020).

**While we expect more PC policy proposals will be released as we near a provincial election, the current provision of minimum wage, labour standards, and the expense and worry of childcare and eldercare have profound effects on mental health. These issues must be tackled to create greater equity and equality to move Nova Scotians greater towards mental health well-being**


## Climate Justice

Social policy must be developed to ensure that the brunt of adjustment in the transition to a green economy does not fall onto marginalized communities, and ensuring these communities benefit as much. A just transition relies on addressing environmental racism (which is a determinant of mental health) and on strong social policy (income support, skills retraining, infrastructure investments, pharmacare, child care, housing). It means taking the opportunity to develop holistic policies (Findlay *et al.,* 2020).

**The PC plan for mental health contributes to climate justice as it provides public investment in professional care jobs which is an investment in green jobs. As Naomi Kline has noted, the green economy is the caring economy.**

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## Fiscal Fairness


We cannot have high quality, affordable and accessible mental health services without also transforming our taxing and spending. We need a progressive tax system, where those who can afford it pay their fair share. And we need to reject tax benefits (such as income splitting) that benefit the wealthy, encourage traditional family and gender relations, and discourage women's labour market participation. Tax measures can't replace the direct provision of services. We have to challenge the politics of scarcity and invest in our communities (Findlay *et al.,* 2020). The PC plan pledges a major investment into mental health and addiction care using income tax as the primary source of revenue; while the plan does not indicate whether it intends to raise additional revenue though taxes, it makes assumptions that overall mental well-being will lead to greater productivity and government revenue.

**What is clear is that PC party is prepared to make a major investment into mental health care. The party clearly identifies that we have underfunded mental health for years and that this has had major consequences. Currently, Nova Scotia spends 6.7% of its total health spending on mental health. The World Health Organization recommends that jurisdictions spend at a minimum 10% of their total health spending on mental health and addictions, this would represent an investment of 230 million into our system in Nova Scotia. While the PC plan doesn't get us to that 230 million it is a significant step forward.**

## Shared governance


Federal, provincial, territorial, and municipal governments need to cooperate in order to deliver programs and services such as mental health care to Nova Scotians. We have moved away from this model in favour of federal government retrenchment and "flexibility" for provinces and territories, resulting in weakened accountability, the erosion of national standards, and further fragmentation of Canada's patchwork of social programs. The federal government must work with the provinces, territories, municipalities, and First Nations in the funding of services and the setting of standards. Federal transfers to the provinces and territories and equalization payments are integral to supporting universal programs in Canada.

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Our current health care system in every area of health has been devastated by a lack of cooperative federalism. In the 1990s when the Liberal government brutally cut transfers to provinces for health and social spending for the purpose of reducing debt, lowering corporate taxes and controlling inflation, they put in jeopardy the health and wellness of all Canadians. Currently, in the middle of a global pandemic, provinces who don't have the same tax base as the federal government are paying 75% of the total health care spending for their provinces, while the federal government contributes 25% in most cases. When the Canada Medicare Act came into being the initial financial split was 50/50; these cuts need to be reversed.

**With the significant investment being committed to mental health and addiction spending through the PC mental health plans, this could be leveraged by the province to call on the federal government fill in the gap and get us to 10% of all health spending going to mental health and addiction.**


## Democratization

Mental health policy that works for everyone must ensure that everyone has a say in its creation. The rising influence of corporations and business organizations in politics, alongside the declining power of labour unions and the weakening of equality-seeking civil society organizations has damaged our democracy, and citizens are increasingly disillusioned with their governments. Governments need to consider the potential social impact of each policy they introduce, break down policy silos, and apply substantive gender-based and intersectional analyses. Communities need the capacity to engage and to shape public policy. In our economy, unions, worker control and ownership are essential for addressing inequality (Findlay *et al.,* 2020).

The PC plan is aligned with this principle as the creation of a mental health and addictions department gives a political apparatus with democratic accountability to ensure that mental health and addiction policy is in the best interest of the communities that it is serving. Governments need to consider the potential social impact of each policy they introduce, particularly impact on the most vulnerable in our society. Policy decisions might make sound fiscal sense help the government achieve its economic goals but may also be disastrous effects on social well-being in the longer term. Moving to an independent ministry that has oversight of mental health and addictions creates a whole-of-society approach that has the potential to achieve greater equality.

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## Conclusion

While the PC plan certainly has gaps and is still dominated by market-based thinking, it offers a new starting point for envisioning transformative change in our mental health system. Italso reflects a society that is looking to change the relationship between the public service, and the private sphere and civil society. It is a welcome change from many conservative policies we've seen offered before.

## Resources


Brown, C, Johnston, M and Ross, N (2020) Repositioning Social Work Practice in Mental Health in Nova Scotia. To be released in Decmber of 2020

Casey, A Rising Tide to Lift All Boats Recommendations for Advances to Nova Scotia's Labour Standards Code, Halifax: Canadian Centre for Policy Alternatives Nova Scotia, August 2019, p. 75; https://www.policyalternatives.ca/sites/default/files/uploads/publications/Nova%20Scotia%20Office/2019/08/Rising%20tide%20lifts%20all%20boats.pdf; Thirgood *et al.,* 2017, p. 7.

Findlay, T, Saulnier, C., Hébert Boyd,M. and O'Keefe Jennifer , Creating the future we all deserve: A social policy framework for Nova Scotia https://www.policyalternatives.ca/publications/reports/the-future-we-deserve

Stall, N. M., Jones, A., Brown, K. A., Rochon, P. A., & Costa, A. P. (2020). For-profit long-term care homes and the risk of COVID-19 outbreaks and resident deaths. CMAJ, 192(33), E946-E955



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