



The Way Forward

Towards Recovery: The Mental Health and Addictions
Action Plan for Newfoundland and Labrador



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Introduction

In March 2017, the All-Party Committee on Mental Health and Addictions released *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador*. The report outlined 54 recommendations that address service gaps and support what is currently working well in the mental health and addictions system in the province. System transformation is a high priority for Newfoundlanders and Labradorians and a priority that requires immediate action in order to better meet the needs of residents.

In the *Way Forward: A vision for sustainability and growth in Newfoundland and Labrador*, the Provincial Government committed to responding immediately to the recommendations to address gaps in the mental health and addictions system, strengthen existing programs and services, and break down the barriers of stigma and timely access. In doing so, it committed to developing and publicly releasing an implementation plan for the report recommendations by June 30, 2017.

The goal of this plan is to guide the implementation of the recommendations outlined in *Towards Recovery*, and provide direction for mental health and addictions policy and programs for the next five years (2017 to 2022). With leadership from the Department of Health and Community Services, guided by the vision for a renewed mental health and addictions system, and with input from multiple partners, a provincial mental health and addictions program will be developed. This comprehensive, evidence based, integrated, person-centered system that provides the right care, at the right time and in the right place, will be implemented in collaboration between community groups, government departments and the regional health authorities.

The plan is consistent with and will be linked to the Department of Health and Community Services' Strategic Plan (2017-2020). One of the five strategic focus areas in the Department's Strategic Plan is focused solely on improving mental health and addictions, and includes a number of actions to be taken over the next four years that align with the recommendations in this plan.

Background

In January 2015, as a result of a private member's motion passed unanimously in the House of Assembly, the All-Party Committee on Mental Health and Addictions was established. The Committee conducted a full review of the provincial mental health and addictions system to identify gaps in services and areas for improvement. The Committee heard from people throughout Newfoundland and Labrador who have experienced mental illness and addictions, their loved ones, advocates, community agencies, Indigenous communities, regional health authorities, health care providers and the public. The culmination of consultation, review, and analysis was the release of *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador*.



In addition to setting the overall policy direction for mental health and addictions for the next five years, the Provincial Government is addressing specific concerns in the system. In November 2016, federal, provincial and territorial health ministers, including the Newfoundland and Labrador Minister of Health and Community Services, released a Joint Statement of Action to Address the Opioid Crisis in response to the serious and growing opioid crisis in Canada. The Department of Health and Community Services is also implementing a provincial Opioid Action Plan, which includes:

- Development of a safe prescribing course in partnership with the College of Physicians and Surgeons of Newfoundland and Labrador and Memorial University's Faculty of Medicine;
- New regulatory standards from the Newfoundland and Labrador Pharmacy Board requiring all pharmacies to be connected to the Provincial Pharmacy Network;
- Development of a province-wide Prescription Monitoring Program;
- Proclamation of secure withdrawal management legislation for youth with addiction;
- Improving access to effective treatment options including suboxone as an alternative to methadone; and,
- Development of a provincial public awareness and education program on opioids.

In order to transform the mental health and addictions system in the province, a comprehensive provincial program is required. Presently, four regional health authorities provide mental health and addictions programs and services, supplemented by other health care providers and community agencies. This plan will establish a comprehensive integrated mental health and addictions program and set the policy direction over the next five years.

Vision and Values

The following vision and values will guide both the implementation of the recommendations and the delivery of mental health and addictions services in the province.

Vision:

A province that promotes positive mental well-being and resilience and supports individuals and families with lived experience of mental illness and addiction to live full and rewarding lives.

- Respectful:** Service delivery must be sensitive, compassionate and free from stigma and discrimination.
- Person-centered:** Priority in the development and delivery of services and treatment must be given to meeting the person's needs. People must be encouraged and allowed to be partners in planning their own care.
- Accessible:** Appropriate services must be available when needed and as close to home as possible.
- Recovery-focused:** Programs and services must instill hope and empower people to seek mental health and well-being.
- Collaborative:** Government, community agencies, health care providers and individuals and families share responsibility for improving service delivery.
- Effective and Efficient:** Service delivery must be evidence-based and sustainable. Services must be regularly monitored and evaluated to ensure the best possible health outcomes with the best use of resources.
- Responsive:** Appropriate screening and assessment must be accessible at the first sign of a mental health or addictions issue.
- Inclusive:** Services must accommodate the needs of all people.

The vision and values outlined in this document are consistent with the broader vision of the Way Forward: A vision for sustainability and growth in Newfoundland and Labrador, and its focus on delivering better services, greater efficiency, and better outcomes.

Governance

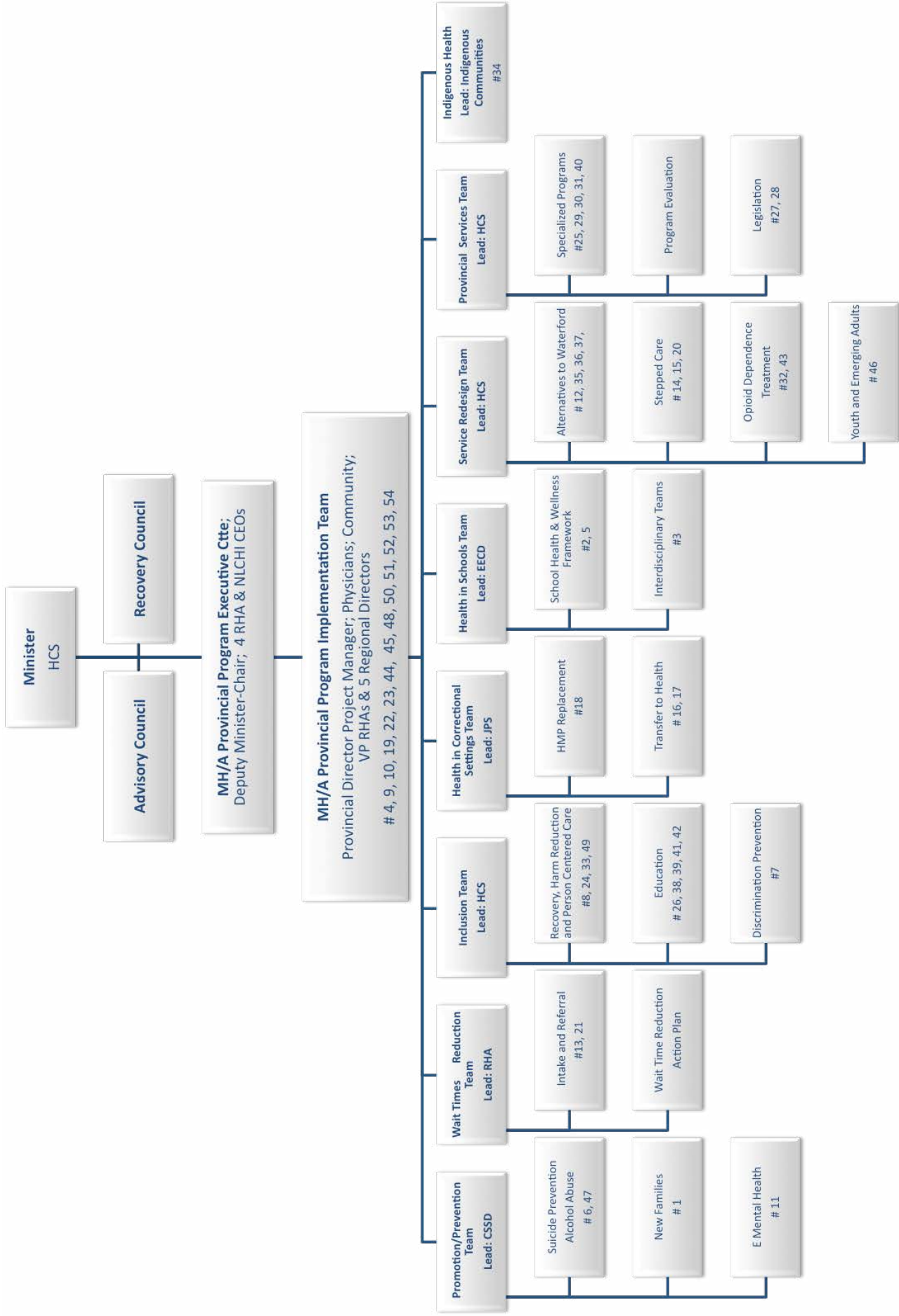
System transformation will require the combined effort of all of government, working closely with the regional health authorities, health care providers, individuals and families with lived experience, and community agencies. The provincial mental health and addictions program will be supported by a proposed governance structure that represents all partners, and ultimately reports to the Minister of Health and Community Services.

The Mental Health and Addictions Provincial Program Executive Committee (the Executive Committee), comprised of the Deputy Minister of Health and Community Services and the Chief Executive Officers of the four regional health authorities and the Newfoundland and Labrador Centre for Health Information, will report directly to the Minister of Health and Community Services. These executive leaders in the health care system will provide organizational direction to the Mental Health and Addictions Provincial Program Implementation Team (the Implementation Team) and provide advice to the Minister on mental health and addictions program and policy decisions.

The Implementation Team, comprised of senior mental health and addictions staff at the Department of Health and Community Services and the regional health authorities, will provide the oversight and approval for the planning and program work of eight project teams, and operationalize the governance structure. The Implementation Team will oversee and approve proposals, work plans, indicator development, progress updates and other reports from the project teams. The Implementation Team will also be responsible for the performance monitoring and evaluation of the Implementation Plan through the project teams and will prepare and submit progress updates to the Executive Committee, which will then be forwarded to the Mental Health and Addictions Advisory Council and a newly formed Recovery Council.

The Provincial Mental Health and Addictions Advisory Council (the Advisory Council) will revise its mandate to include a performance monitoring function by providing oversight for the implementation of the 54 recommendations and providing advice on the progress to the Minister of Health and Community Services. The Advisory Council will continue to fulfill its mandate to advise the Minister of Health and Community Services on key mental health and addictions matters needed to formulate effective policy and decision making. Members of the Advisory Council bring diverse backgrounds, knowledge and experience in the area of mental health and addictions, including community service providers, advocates, social activists, health care providers, family members and persons with lived experience.

In addition to the Advisory Council, the Recovery Council, comprised of individuals with lived experience of mental illness and/or an addiction, will also have a performance monitoring function, will report directly to the Minister of Health and Community Services and will provide advice on the implementation of the recommendations, and other mental health and addictions matters.



Eight project teams, each with its own team lead and defined mandate, will be established and designated responsibility for specific recommendations. Project teams will be comprised of people and families with lived experience; policy makers; community, regional health authority, Newfoundland and Labrador Centre for Health Information and government department representatives. The project teams, guided by the vision and values defined in this plan will develop work plans on the specific actions to be taken that will address the recommendations. Each team will consult with their respective partners, including communities, individuals and families or others on how to measure progress. Project teams may establish working groups or other supports to fulfill their mandates. The project teams include:

- Promotion/Prevention Team
- Wait Times Reduction Team
- Inclusion Team
- Health in Correctional Settings Team
- Health in Schools Team
- Service Redesign Team
- Provincial Services Team
- Indigenous Health (to be determined by and in consultation with Indigenous people)



Recovery and Well-Being Model

Provincial mental health and addictions policy will be built on a conceptual model that considers and fully integrates recovery and well-being. This will be based on the work of Mulvale and Bartram (No More “Us” and “Them”: Integrating Recovery and Well-Being into a Conceptual Model for Mental Health Policy, 2015), and the approach taken in Canada’s mental health strategy, Changing Directions. Changing Lives. People with mental illness will no longer be treated as a separate group within the population. There will be no “us and them.” The provincial recovery and well-being model will be implemented with the recognition that regardless of having a mental illness, mental health is important. The promotion of mental health is integral to recovery from mental illness and achieving well-being. Our model and resulting mental health and addictions policy, will focus on building resilience and well-being of all Newfoundlanders and Labradorians.

Implementation Plan

This five-year plan assigns responsibility for each of the 54 recommendations to one of the project teams, and provides a timeframe for completion. Factors that influenced the designated timeframe for each recommendation include whether they had a timeframe identified within the recommendation (e.g., recommendation 13 to reduce the wait times within one year); the level of complexity, urgency or whether work had already begun. Appendix A lists the 54 recommendations, responsibility for each, and the associated timelines for completion. Recommendations will be substantially completed as follows:

- Short-term: 18 recommendations will be substantially completed within year one (by March 2018);
- Medium-term: 23 recommendations will be substantially completed in years two to four (by March 2021); and
- Long-term: 13 recommendations will be substantially completed in year five (by March 2022).

Policy Direction

The implementation of the provincial program for mental health and addictions will go beyond these specific recommendations. While some elements of the current system are working well, there is no integrated provincial program where provincial policies and procedures support an approach where peoples' needs come before system needs, such as, offering a program during evenings or weekends when working families can access it as opposed to weekdays only. The provincial mental health and addictions program will have provincial oversight and accountability to standardize and streamline service delivery. The provincial program will establish a new way of planning at a provincial level with operations continuing at the regional level.

The following four pillars, and related focus areas, set the policy direction for the mental health and addictions system over the next five years. All 54 recommendations, and any work carried out under the provincial mental health and addictions program, will further one or more of these focus areas.



Promotion, Prevention and Early Intervention

- Promote positive mental health and well-being
- Prevent mental health problems, mental illness, substance use and addiction problems
- Prevent suicide
- Adopt a school health and wellness framework

Teams involved: Mental Health Promotion Team and Health in Schools Team

Focusing on the Person

- Place the person at the center of the system
- Reduce harms associated with substance use and mental health problems
- Work together toward a recovery-focused system

Teams involved: All teams, specifically the Inclusion Team

Improving Service Access, Collaboration and Continuity of Care

- Reduce wait times to access services
- Replace services at the Waterford Hospital with services closer to home
- Introduce stepped care, including e-health options
- Implement provincial opioid dependence treatment system
- Create provincial policies and programs applied consistently and equitably across all regional health authorities

Teams involved: Wait Times Reduction Team, Service Redesign Team and Provincial Services Team

Including all People Everywhere

- Educate policy makers, community agencies, physicians and regional health authority staff on inclusion
- Address mental health needs of people incarcerated
- Address mental health needs of students
- Eliminate stigma and discrimination
- Support Indigenous people with their mental wellness goals
- Incorporate accessibility and inclusion requirements into all services.

Teams involved: Health in Correctional Settings Team, Health in Schools Team, Inclusion Team and the Indigenous Health Team

Accountability and Performance Monitoring

An essential component of the Implementation Plan is ongoing performance monitoring, evaluation and public reporting based on an established accountability and performance monitoring framework. Tracking the results of the plan will show the progress towards achieving intended outcomes and will support continued improvements and maintain accountability to the people of this province. The Provincial Government has committed to reporting publicly on the implementation of recommendations after the first six months (December 2017), 12 months (June 2018) and 24 months (June 2019).

In order to establish a performance monitoring framework that is meaningful to all partners, deciding what to measure will involve individuals, families, community agencies and mental health and addictions staff in the process. As project teams are established, they will develop work plans on the specific actions to be taken that will address the recommendations and develop indicators on how to measure progress. The Implementation Team will oversee and approve the work plans and indicators and prepare and regularly submit progress reports to the Executive Committee. The Executive Committee will review and approve these progress reports and will submit to the Advisory Council and the Recovery Council. These Councils, which ultimately oversee the performance monitoring and evaluation of the Implementation Plan will review these reports and provide advice on the progress to the Minister of Health and Community Services, who will report publicly as committed.



Building on Ongoing Work

The plan for renewing the mental health system is building on a foundation of work that has already begun. It is not intended to replace or duplicate work that is underway, but to build upon and support it. Government departments, regional health authorities, and other partners are implementing initiatives and approaches that align with a renewed mental health and addictions system in general and support specific recommendations of the plan. Health and Community Services will continue to work with other Government departments and the regional health authorities and engage with community partners to ensure that work on these recommendations is aligned with the work that is ongoing in this province.

Conclusion

This plan represents a significant opportunity to change the provincial mental health and addictions system into one that is person-centered, recovery-oriented and responsive to individuals and families when and where needed. Moving forward, mental health and addictions policy will be guided by a conceptual model that not only integrates recovery and well-being, but recognizes that mental health is more than the absence of mental illness, and focuses on the well-being of all citizens.

This plan will serve as a guide for the implementation of the recommendations outlined in Towards Recovery and provide direction for mental health and addictions policy and programs for the next five years. Any work carried out under the provincial mental health and addictions program will fall under one or more of the four pillars: promotion, prevention and early intervention; focusing on the person; improving service access, collaboration and continuity of care; and including all people everywhere.

The Provincial Government will begin reporting publicly on the implementation of the recommendations in December 2017. Tracking progress will support continued improvements and maintain accountability to the people of this province as transformation of the mental health and addictions system takes place. System transformation is not a simple task and will take some time to achieve. However, through the collaborative efforts of all team members and the continued commitment of the Provincial Government, the changes made will result in a more inclusive and accessible system to support improved mental health and well-being for all Newfoundlanders and Labradorians.

Appendix A:

Recommendations, Timelines and Responsibilities

Short-Term Recommendations (by March 2018)

These recommendations will be substantially complete by March 2018

Recommendation	Team Responsible
<p>4. Recommend the Premier’s Task Force on Improving Educational Outcomes review the roles of guidance counsellors, educational psychologists, social workers and instructional resource teachers (IRTs) to determine the best way to meet the mental health and addictions needs of students in the school setting and the resources required to do so.</p>	<p>Implementation</p>
<p>5. Encourage post-secondary institutions to provide evidence-based mental health promotion, prevention and early intervention programs for students during orientation and at various points throughout their programs.</p>	<p>Health in Schools</p>
<p>6. Encourage community leaders to form coalitions to promote mental wellness, encourage people to seek help and prevent suicide.</p>	<p>Mental Health Promotion/ Prevention</p>
<p>12. The Waterford Hospital must be replaced as an urgent priority. While it is recognized that some type of infrastructure and in-patient services are needed, having them all located in one psychiatric hospital is not the answer. The Provincial Government must investigate options for replacing the existing hospital with in-patient services as well as more services provided in community and closer to home. These in-patient and community services should be identified in a plan within the first year of this report’s release. Services delivered at the Waterford Hospital must continue until new service options are in place.</p>	<p>Service Redesign</p>

Recommendation	Team Responsible
<p>13. The Provincial Government must immediately ensure the reduction of wait lists and wait times in mental health for everyone by:</p> <ul style="list-style-type: none"> • Immediately directing the Chief Executive Officer of each regional health authority to reduce the wait list and wait times for mental health and addictions services, including for psychiatrists (wait times not currently available for psychiatrists) within one year of the release of this report; • Developing a wait time reduction Implementation Plan, which will include a plan to address no-show rates to better accommodate the challenges faced by some individuals in attending appointments; • Adopting a standardized methodology for collecting and reporting wait times in all regional health authorities; and, • Providing provincial oversight and regular public reporting on wait times and wait time reduction progress. 	<p>Wait Times Reduction</p>
<p>21. Provide online information about the mental health and addictions services and how to navigate them.</p>	<p>Wait Times Reduction</p>
<p>22. Conduct a review of the benefit status, special authorization criteria and process under the NLPDP for both attention deficit hyperactivity disorder and neuroleptic medications to determine if changes are required to ensure appropriate and timely access.</p>	<p>Implementation</p>
<p>23. Advocate for better health insurance programs from personal and employer-funded health insurance providers to align the plan's provisions with the individual's needs.</p>	<p>Implementation</p>
<p>28. Recommend, as part of the provincial Personal Health Information Act Statutory Review, that consideration be given to amending the legislation to ensure family members and caregivers providing support to, and often living with, an individual with a mental illness or addiction, have access to the appropriate personal health information necessary to provide that support.</p>	<p>Provincial Services</p>
<p>31. Ensure primary health care providers have improved access to information about programs and services to share with families.</p>	<p>Provincial Services</p>

Recommendation	Team Responsible
35. Ensure psychiatrists provide regular visits to Labrador coastal communities, as needed.	Service Redesign
37. Prioritize the recruitment of two permanent full-time psychiatrists (while establishing a sustained commitment for regular locum coverage) to ensure psychiatric coverage for: <ul style="list-style-type: none"> • New mental health beds in Labrador; • Emergency departments in the Labrador Health Centre and Labrador West Health Centre; and, • Out-patient clinics for Labrador West and Happy Valley-Goose Bay. 	Service Redesign
38. Provide general education to community leaders and policy makers, with a specific focus on seniors' mental health to increase understanding of aging and mental health, stigma and ageism.	Inclusion
41. Provide general education to community leaders and policy makers, with a specific focus on LGBTQ2S youth, to increase understanding of sexual orientation, gender identity and mental health concerns.	Inclusion
48. The Provincial Government must adopt a health-in-all-policies approach to ensure health impact considerations are built into all policy decisions.	Implementation
51. Develop and publicly release an implementation plan for the recommendations in this report by June 30, 2017.	Implementation
52. Establish an accountability and performance monitoring framework to track results of the implementation plan.	Implementation
54. Revise the mandate of the Provincial Mental Health and Addictions Advisory Council to include oversight for the implementation of the recommendations in this report.	Implementation

Medium-Term Recommendations (by March 2021)

These recommendations will be substantially completed by March 2021

Recommendation	Team Responsible
3. Create regional interdisciplinary teams, reporting to the regional health authorities, to provide timely mental health and addictions assessment and treatment for students in schools.	Health in Schools
8. Some families with complex needs receive services from multiple government departments. Service managers at the regional level must be encouraged to develop mechanisms to work together to better meet the needs of these families.	Inclusion
10. Amend the Residential Tenancies Act to provide authority to effectively deal with inadequate rental properties, including boarding and rooming houses.	Implementation
11. Utilize e-mental health and technology-based interventions with a special focus on promoting wellness and early intervention for mild to moderate mental health problems.	Promotion/ Prevention
16. Increase access to counselling services for inmates in correctional facilities.	Health in Correctional Settings
17. Assign responsibility for the provision of health services in prisons and the associated funding to the health and community services system, to improve mental health and addictions services and supports for inmates.	Health in Correctional Settings
19. Review the eligibility criteria for community support services and increase access to interventions with proven effectiveness for the treatment of autism spectrum disorder and other developmental disabilities.	Implementation
20. Ensure primary health care providers have access to mental health and addictions consultation and specialized services for their patients.	Service Redesign
25. Support the implementation of the Choosing Wisely Guidelines for prescribing psychiatric medication in the province.	Provincial Services

Recommendation	Team Responsible
26. Encourage and provide opportunities for health care, correctional staff and police to avail of existing education and training modules in mental health and addictions, and implement new ones where needed, that include opportunities for networking, mentoring and skill building.	Inclusion
29. Develop standards and guidelines, which recognize the critical role of families and caregivers, and provide guidance to staff on how to support families and caregivers, and include them, wherever possible, in treatment decisions.	Provincial Services
30. Provide web-based information on education, self-care and self-management for families and caregivers.	Provincial Services
34. Support Indigenous people to achieve their mental wellness goals by providing resources to assist with sustained land-based programming.	Indigenous Health
36. Establish four to six dedicated mental health beds in Labrador, which will include services that are inclusive and culturally appropriate for all Labradorians.	Service Redesign
39. Provide specialized training for people who work one on one with seniors. This must include family physicians; nurses; ambulance personnel; counsellors; and, individuals who work in the areas of primary health care, mental health and addictions and long term care and supportive services.	Inclusion
40. Develop standards, policies and programs specifically to address mental health and addictions gender-based needs.	Provincial Services
42. Provide specialized training for people who work one on one with LGBTQ2S individuals. This must include physicians, nurses, community and school-based psychologists, teachers, counsellors and social workers.	Inclusion
45. Develop a comprehensive, government-wide inclusion policy to be applied to all mental health and addictions services to ensure the diverse needs of all populations are recognized and addressed.	Implementation

Recommendation	Team Responsible
<p>46. Establish standards for youth transitioning into adulthood (16-25 years old) that include a requirement for collaboration and evidence-based practices so that programs and services are geared to young people’s needs wherever they live.</p>	<p>Service Redesign</p>
<p>47. Develop specific provincial Implementation Plans for:</p> <ul style="list-style-type: none"> • Alcohol abuse, which would include a focus on promotion and prevention, as well as screening, brief intervention and referral; and, • Suicide prevention, with the aim of reducing stigma and empowering communities to build resilience and inclusiveness. 	<p>Promotion/ Prevention</p>
<p>49. Regional health authorities and community agencies must work more closely together to ensure smooth service delivery for individuals by:</p> <ul style="list-style-type: none"> • Strengthening existing partnerships (and creating ones where they do not formally exist) through regular communication, meetings and sharing education, strategic planning and other opportunities for engagement; and, • Using change management principles to set the expectation that community agencies and regional health authorities share non-confidential information and consult each other on the evolving needs of individuals and how best to meet them. 	<p>Inclusion</p>
<p>50. Develop adequate multi-year funding models for community agencies.</p>	<p>Implementation</p>
<p>53. The Minister of Health and Community Services must report publicly on the implementation of the report’s recommendations. The first report must be released 6 months after the release of this report, with subsequent reports released at 12 and 24 months.</p>	<p>Implementation</p>

Long-Term Recommendations (by March 2022)

These recommendations will be substantially completed by March 2022

Recommendation	Team Responsible
<p>1. Provide all young families with access to programs that focus on:</p> <ul style="list-style-type: none"> • Parental coping skills to increase resiliency; • Parenting skills and child development; and, • Social and emotional competence of children. 	<p>Promotion/ Prevention</p>
<p>2. Develop and implement a comprehensive school health and wellness framework that includes evidence-based mental health promotion, prevention and integrated, early intervention programs in schools, which:</p> <ul style="list-style-type: none"> • Focus on social and emotional learning; • Are embedded in curriculum at every grade; • Help students identify, understand and deal effectively with stress and anxiety; • Include content on diversity, social inclusion, social determinants of health and stigma reduction. 	<p>Health in Schools</p>
<p>7. Eliminate the stigma and discrimination associated with mental illness and addiction in health care settings, schools, workplaces and communities. This can be achieved through:</p> <ul style="list-style-type: none"> • Providing contact-based education programs that involve people with personal experience telling stories of recovery and are supported with rigorous evaluation and sustained funding; and, • Encouraging increased uptake of Mental Health First Aid and expanding availability of this program throughout the province. 	<p>Inclusion</p>
<p>9. Prioritize supporting programs that use a housing-first approach to provide the required services to help people to stay well in their homes.</p>	<p>Implementation</p>

Recommendation	Team Responsible
<p>14. Through a stepped-care approach, develop and offer a range of mental health and addictions services integrated, wherever possible, within existing community and primary health care services throughout the province, including:</p> <ul style="list-style-type: none"> • Self-management programs for mental wellness, anxiety and depression; • Counselling services; • Strongest Families Program for children, youth and their families; • Therapist-assisted, online, cognitive behavioural therapy for depression, anxiety and addictions; • Peer support; • Provincial Warm Line; • 24/7 access to medical withdrawal management; • Day treatment programs; • Access to in-patient services for eating disorders; • Single session walk-in clinics; • Assertive community treatment (ACT) teams; • Mobile crisis intervention teams; • Dedicated mental health services for first responders, including ambulance personnel, firefighters, police officers and correctional staff; and, • Support for families and caregivers of people living with mental illness and addiction 	<p>Service Redesign</p>
<p>15. Provide access to evidence-based services via technology (telehealth, telephone, online, text, virtual reality and social media).</p>	<p>Service Redesign</p>
<p>18. The physical state of Her Majesty’s Penitentiary is negatively impacting the mental health of inmates and staff. The building design and physical space are not conducive to providing quality mental health and addictions programs and services. Therefore, government must prioritize the completion of a new facility to replace Her Majesty’s Penitentiary.</p>	<p>Health in Correctional Settings</p>

Recommendation	Team Responsible
<p>24. Prioritize the transition to recovery-focused, person-centered care for all mental health and addictions services and staff by:</p> <ul style="list-style-type: none"> • Continuing to support the already established Recovery Network, a group of almost 200 staff, physicians and individuals with lived experience throughout the province, and ensuring the network helps guide the direction of recovery for the mental health and addictions and correctional systems; • Incorporating the ongoing workshops in recovery, that are taking place across the province, into required training for new and existing staff in both the health and correctional systems; • Addressing compassion fatigue, stress and burnout in staff; and, • Involving staff and individuals with lived experience of mental illness and addictions, and incarceration, in the development, implementation, monitoring and evaluation of guidelines for a recovery-focused approach for all mental health and addictions and correctional services staff. 	Inclusion
<p>27. Require professional regulatory bodies to mandate ongoing mental health and addictions continuing education requirements for their members.</p>	Provincial Services
<p>32. Increase the number of physicians and nurse practitioners involved in addictions medicine by:</p> <ul style="list-style-type: none"> • Encouraging Memorial University's Faculty of Medicine to create a Clinical Program Director of Addictions Medicine within the Discipline of Family Practice; • Encouraging the development of a network of physicians and nurse practitioners to provide opportunities for continuing medical education, consultation and mentorship in addictions medicine. 	Service Redesign
<p>33. Adopt harm reduction as a foundational approach to the provision of mental health and addictions services.</p>	Inclusion
<p>43. Continue to support the implementation and evolution of the provincial Opioid Implementation Plan.</p>	Service Redesign
<p>44. Increase provincial mental health and addictions spending from approximately 5.7 per cent of the total annual health care budget to nine per cent in five years (by April 2022), to better align with the recommended national average.</p>	Implementation

