



# Action Plan for Mental Health and Addictions 2023–2028

October 2023

# Message from the Minister

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**Hon. Tim McLeod, Minister of  
Mental Health and Addictions**

The Government of Saskatchewan continues to make record investments in mental health and addictions programs and services across the province. In 2023-24 alone, a record \$518 million is being invested to support this work. Despite record investments in mental health and addictions programs and services, the challenge that we face has continued to grow, especially in recent years. Addictions and related issues are having a devastating impact on individuals, families, and communities in Saskatchewan, across Canada, and across North America. While this challenge is not unique to Saskatchewan, how we respond to it needs to be. Saskatchewan's new Action Plan for Mental Health and Addictions provides a road map for how your provincial government will respond to that challenge over the next five years.

From our experience with the system and based on what we have heard from people across Saskatchewan and over the years, we have identified three pillars of focus to guide the work ahead under the new Action Plan: building capacity to get more people the help that they need, improving the system itself to better care for patients, and moving to a Recovery-Oriented System of Care for treatment.

Work beginning immediately on concrete, near-term actions under the new Action Plan is supported by funding that will total \$49.4 million when fully implemented in the fifth year of the plan. In addition to these specific action items, the new Action Plan includes other goals and priorities that we will continue to advance in future budget years. The Action Plan is a work in progress that we will continue to build on in each year of its five-year horizon.

The new Action Plan reflects the Government of Saskatchewan's focus on treatment and recovery. That means getting more people the help that they need to overcome their addictions and live healthy lives in recovery. Your provincial government is committed to addressing the mental health, addictions, and related issues that are impacting individuals, families, and communities across Saskatchewan. This document reflects that commitment.

**Tim McLeod**  
**Minister of Mental Health and Addictions,**  
**Seniors and Rural and Remote Health**

# Background

## Where we have been

Saskatchewan's existing 10-year Mental Health and Addictions Action Plan is due to sunset in 2024. While significant work has been done over the last decade under the current Action Plan, its conclusion presents an opportunity to renew our resolve and refocus our efforts to address the challenge we face. Our province has always been defined by our resilience, our spirit, and our determination to confront and overcome the challenges that we face. With a new Action Plan for Mental Health and Addictions, we are reaffirming those values in a new road map for addressing the mental health, addictions, and related issues that are impacting individuals, families, and communities across our province.

The new Action Plan continues and builds on the important work that has been done under Saskatchewan's previous 10-year Mental Health and Addictions Action Plan (MHAAP), which is due to run its course in 2024. In 2023-24, Saskatchewan is investing a record \$518 million into mental health and addictions services across the province, and the new Action Plan will see further initiatives and record investments in future years. Some key highlights of new investments made under the existing MHAAP over the last 10 years include:

- » the rebuilding and expansion of the 284 bed Saskatchewan Hospital North Battleford;
- » expanding Police and Crisis Teams (PACT) across the province;
- » the establishment of the Saskatchewan Drug Task Force;
- » supporting the expanded reach of Internet-Delivered Cognitive Behavioural Therapy (I-CBT), in partnership with the Saskatchewan Health Authority and the Online Therapies Unit at the University of Regina;
- » the addition of supportive housing, detoxification and substance use treatment spaces across the province;
- » funding hundreds of new mental health and addictions staff across the province in many different service areas and populations; and,
- » providing additional supports to children and youth such as dedicated mental health youth homes in Regina, Saskatoon and Prince Albert; creating and expanding Family Service Saskatchewan's Rapid Access Counselling; and the creation and expansion of Mental Health Capacity Building.

## What's changed since MHAAP

Saskatchewan has seen many changes over the past 10 years. Our population has grown by over 100,000 people since the previous MHAAP was released, with strong economic growth and including an influx of newcomers to Canada who are bolstering our economy.

Thanks in part to actions undertaken in the MHAPP, society has become more aware of mental health and substance use concerns. More people are willing to reach out for help and more people need dedicated help to overcome challenges they are experiencing.

Diverse factors such as the changing demographics of an aging workforce, the high demand for mental health service providers across the country, and the high demand for mental health and addictions services has led to many challenges our health system must face in the coming years.

The province has experienced societal issues that have been found across North America over the last decade. Drug toxicity deaths are rising as illegal drugs contain increasingly toxic substances. These changes to the prevalence of drug use and drug toxicity linked to substances such as crystal meth, fentanyl and other opioids have had devastating impacts on many individuals, families, and communities. Mental Health has also been strained as the province recovers from the major challenges of the COVID-19 pandemic, increasing homelessness, and the economic impact of rising inflation. We aim to face these challenges with increased strategic oversight in the sector.

We invested a record \$518 million in mental health and addictions in 2023-24. Despite this significant investment, we know that individuals and families experience challenges with accessing and navigating a complex system, and the need continues to grow. Some of our mental health and addictions services are often fragmented with different providers offering different services, and more coordination is needed. While we have realized great improvements to our system since the MHAAP was released, challenges remain. In order to address these challenges, we need to build capacity in the system to help more people, but also improve the system itself so we can better support and care for people.

## Mental Health and Addictions Professionals

Our mental health and addictions professionals are the foundation of Saskatchewan's publicly-funded health-care system. It is essential to support them in their important work.

There will remain a need to best equip our health professionals to tackle the diverse needs and new challenges that mental health and addictions concerns will bring. Ongoing training and support for the Recovery-oriented System of Care (RoSC) model will be key to the implementation of this *Action Plan for Mental Health and Addictions*.

Recruitment and retention of physicians, nurses, and health-care professionals is also a top priority for our government. Across government, we are making record investments of nearly \$100 million to continue growing our health-care workforce. We continue to see success on multiple initiatives from our Health Human Resources (HHR) Action Plan to recruit, train, incentivize and retain more health-care workers in Saskatchewan. The continued recruitment of mental health professionals such as psychiatrists, psychologists, psychiatric nurses, addictions counsellors and social workers will be vitally important as we implement our *Action Plan for Mental Health and Addictions*. Our HHR plan and its focus on recruiting, training, incentivizing and retaining staff will serve as our mechanism to support the mental health and addictions workforce.



## Where we are going: Recovery-Oriented Systems of Care (ROSC)

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Consistent with the Government of Saskatchewan's focus on treatment and recovery, the move to a Recovery-Oriented System of Care (ROSC) will refocus the addictions treatment system toward getting people the treatment that they need to overcome their addictions and live healthy lives in recovery. This involves building a full continuum of care including detoxification and pre-treatment, inpatient and outpatient treatment, post-treatment, and supportive living spaces for people in recovery.

The ROSC model takes a holistic, flexible, and individualized approach to treatment. It recognizes that the traditional 28-day model is insufficient for treating highly addictive drugs such as opioids and methamphetamine, which often require longer treatment in order to succeed. The ROSC model focuses on building people back up from an overall perspective, fostering a sense of ownership over the recovery journey, and promoting overall well-being to create the foundation and winning conditions needed to support lasting recovery for patients.

A core concept of ROSC is identifying, fostering, maintaining, and growing the success factors that create the foundation for lasting recovery. This includes the internal and external aspects of peoples' lives that support sustained recovery, including physical, human, health, growth, social, cultural, and community elements of everyday life.

Mental health and substance use challenges can have wide reaching impacts on people's lives and recovery must also aim to support all components of a person. There are a diversity of ways that people may reach recovery; ROSC respects people's choices, autonomy, dignity, and determination, while recognizing that individuals have agency.

As part of our commitment to ROSC, our initial actions focus on creating more addictions treatment services for those who need them and lower barrier entry and navigation into Mental Health and Addictions services. These initial actions are a starting point, and we are committed to building on the goals and priorities outlined in the Action Plan throughout its five-year horizon and beyond.

ROSC requires we break down provincial silos to collaborate and coordinate efforts across sectors, including with community-based services to help individuals build and maintain the aspects of their lives that support sustained recovery. This includes peers and peer supports for recovery coaching to support individuals in new and dynamic ways within the addictions continuum, promoting the message that recovery is positive, achievable, and sustainable.

## Pillar Number 1: Building Capacity

Building capacity to get more people the services and support they need to recover and live healthy lives is a key pillar of the Action Plan. This involves building new capacity, expanding existing capacity, and enhancing models of care so more people can get the care and treatment they need, as soon as possible, and as close to home as possible. In addition to responsive care, this includes a focus on preventative care to maintain wellness.

### Key actions, goals, and priorities include:

- » Adding 500 addictions treatment spaces in communities across the province so that more people can get the help that they need to overcome their addictions and live healthy lives in recovery. This new target includes an additional 350 addictions treatment spaces on top of the 150 that have already been committed to. New funding announced with the Action Plan supports a new near-term target of 200 by the end of 2023-24, building on the momentum under the existing initiative to add 150 addictions treatment spaces.

The total commitment to adding 500 addictions treatment spaces over five years will more than double the total number of addictions treatment spaces available through Saskatchewan's publicly funded health-care system, including detox and pre-treatment, inpatient and outpatient treatment, post-treatment, and supportive living spaces for people in recovery.

- » Expanding Rapid Access Counselling for children and youth to all 24 locations through Family Services Saskatchewan where rapid access counselling is currently available for adults; and exploring opportunities to partner with additional service providers to offer these services in additional communities.
- » Expanding the Mental Health Capacity Building in Schools program to five additional schools in time for the 2024-25 school year in school divisions not already offering this program, with the goal of further expansion to all 27 school divisions over the five-year time horizon of the Action Plan.
- » Building Urgent Care Centres in Saskatoon and Regina that will provide additional access for mental health care on an urgent basis and provide connections to community resources when needed. The UCC will have a private entrance and dedicated consultant rooms in an enclosed wing.
- » Further enhancing efforts to recruit the psychiatrists required to stabilize and strengthen psychiatric services in communities across the province, including acute inpatient mental health beds, through the use of recruitment incentives, training at home in Saskatchewan, and international recruitment missions.

- » Where appropriate, engage health-care providers who work outside the publicly funded health-care system to improve coordination and identify opportunities to provide services within the publicly funded system.

### **When will it happen?**

The new near-term target of adding 50 more addictions treatment spaces on top of the 150 that have already been committed to is set for completion by the end of the 2023-24 fiscal year. The total target of 500 addictions treatment spaces over five years is set for completion by the end of the 2027-28 fiscal year. Work on this initiative is already underway, and there is significant momentum, with new announcements following the release of the Action Plan.

Work will begin immediately to expand the Mental Health Capacity Building in Schools initiative to five more schools in school divisions not already offering this program, in time for the 2024-25 school year. Further enhancement of efforts to recruit the psychiatrists needed to stabilize and strengthen acute inpatient mental health services across the province will also begin immediately.

## **Pillar Number 2: Improving the System**

In addition to building capacity within the system to help more people, improving the system itself is necessary in order to better care for patients. This involves making services more accessible to patients, better coordinating care for patients, making transitions between care as seamless as possible, and supporting the important work that frontline health-care providers do every day caring for patients across Saskatchewan.

### **Key actions, goals, and priorities include:**

- » Creating a central intake that patients can contact directly to self-refer for mental health and addictions services to make the system more accessible to patients and improve coordination in the system to better care for patients.
- » Creating a new provincial Opioid Agonist Therapy (OAT) program to increase access to addictions medicines across the province, better coordinate care for patients, provide specialized medical support for patients and for health-care providers.
- » Continue to expand capacity and explore additional opportunities for virtual treatment and outreach models of service delivery to improve access for patients who live in remote areas and for patients who have responsibilities, including at home, that require greater flexibility in their life in order to access services.



- » Develop a new provincial approach to maternal mental health to better support new and expectant mothers throughout the course of their pregnancy and after delivery to support the well-being of mothers, their children, and their families.
- » Provide wrap-around mental health and addictions supports for residents of the new supportive housing units under the Provincial Approach to Homelessness.
- » Continue to support suicide prevention efforts and community-led initiatives.
- » Continue to implement the recommendations of the Children and Youth Advocate Report, *Desperately Waiting*.
- » Enhance prevention and educational efforts, including awareness campaigns, to improve awareness of services and utilization by people who need services.
- » Expand the Integrated Youth Services (IYS) model of interdisciplinary care for youth and young adults.
- » Better integrate mental health care as a part of primary care, particularly in rural and remote locations.
- » Explore transformative options to improve the overall coordination and oversight of mental health and addictions services across the province.
- » Expand the use of peers to help people meet their long-term recovery goal and explore the concept of recovery coaches.
- » Develop a family support network for family members experiencing mental health and addiction challenges.

### **When will it happen?**

Work to establish centralized intake for mental health and addictions services and improve navigation to and among services will begin immediately. Work to create a new Provincial Opioid Agonist Therapy program will also begin immediately.

## Pillar Number 3: Moving to a Recovery-Oriented System of Care Model

Consistent with the Government of Saskatchewan's focus on treatment and recovery, moving to a Recovery-Oriented System of Care for addictions treatment will make sure that the focus of the system is on getting people the treatment that they need to overcome their addictions and live healthy lives in recovery through significant systemic change.

### Key actions, goals, and priorities include:

- » Developing an implementation plan to guide Saskatchewan's publicly funded addictions treatment system toward a Recovery-Oriented System of Care.
- » Building capacity, improving the system itself, and working with patients, health-care providers, and people in recovery to create the foundation for the transition to a Recovery-Oriented System of Care for addictions treatment.
- » Improving accessibility for patients, improving coordination to better care for patients, making the transition between care providers as seamless as possible, improving support for patients and their care providers, and building a full continuum of care including detox and pre-treatment, inpatient and outpatient treatment, post-treatment, and supportive living spaces for people in recovery.
- » Recognizing that the traditional 28-day model is often insufficient for treating highly addictive drugs such as opioids and methamphetamine, which often require much longer period and intensive forms of treatment to succeed.
- » Focusing on building people back up from an overall perspective, fostering a sense of ownership over their recovery journey, and promoting overall well-being to create the foundation needed to support lasting recovery for patients.

### When will it happen?

The transition to a Recovery-Oriented System of Care will take time. Work to develop an implementation plan to guide the transition plan is already underway, and the goal is to have the implementation plan completed by the end of the 2023-24 fiscal year.