



December 2024

Access to Addiction and Mental Health Services

Department of Health

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2024 Volume II Chapter 3 Highlights

**Wait times exceed
established targets**

**Mental Health Services
Advisory Committee
inactive**

**Budgets not based on
actual need**

Overall Conclusions

Our audit work concluded that the Department of Health does not have mechanisms in place to ensure timely access to, and adequate reporting on, addiction and mental health services. Overall findings are that the Department of Health has not:

- ensured timely access to addiction and mental health services
- monitored the need or planned resource allocation in accordance with demand for addiction and mental health services
- ensured adequate public reporting on access to addiction and mental health services, including wait times

Results at a Glance

Access to Addiction and Mental Health Services

Access to addiction and mental health services is not timely



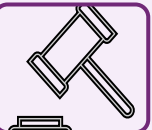
Findings



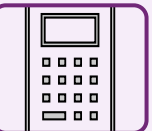
Department of Health **lacks** performance measures pertaining to wait times between referral and assessment



Wait times for treatment **exceed** established Department of Health performance measures



Non-compliant with the *Mental Health Services Act*



Budget for addiction and mental health services is **not based on need**



Incomplete public reporting on access wait times

About the Audit

Introduction to the Audit

- 3.1 The Department of Health's Addiction and Mental Health Services branch, in conjunction with the Regional Health Authorities, works closely with other government departments, community organizations, and people with lived experience to deliver addiction and mental health services for New Brunswickers.
- 3.2 The *Mental Health Services Act* governs the conduct and coordination of mental health services in New Brunswick. The Minister of Health is responsible for supporting mental health services, pursuant to this Act. The Minister responsible for Addictions and Mental Health Services oversees the Addiction and Mental Health Services branch.

Why we Chose this Topic

- 3.3 Timely access to addiction and mental health services is crucial to improve health outcomes for New Brunswickers.
- 3.4 More than one in five New Brunswickers experience an alcohol or drug use disorder in his or her lifetime, and nearly one in ten New Brunswickers use health services for a mood or anxiety disorder each year.

Auditee

- 3.5 Our auditee was the Department of Health.

Audit Scope

- 3.6 We examined the planning, funding, monitoring, and reporting on provincial addiction and mental health services to assess access to these services.
- 3.7 The audit covered the period from April 1, 2022 – March 31, 2024. Information outside of this period was collected and examined as deemed necessary. As part of our work, we reviewed relevant policy, legislation, guidelines, and data on addiction and mental health services. Departmental staff were interviewed.
- 3.8 More details on the audit objective, criteria, scope, and approach we used in completing our audit can be found in Appendix II and Appendix III.

Audit Objective

- 3.9 Our audit objective was to assess whether the Department of Health has mechanisms in place to ensure timely access to, and adequate reporting on, addiction and mental health services.

Conclusion

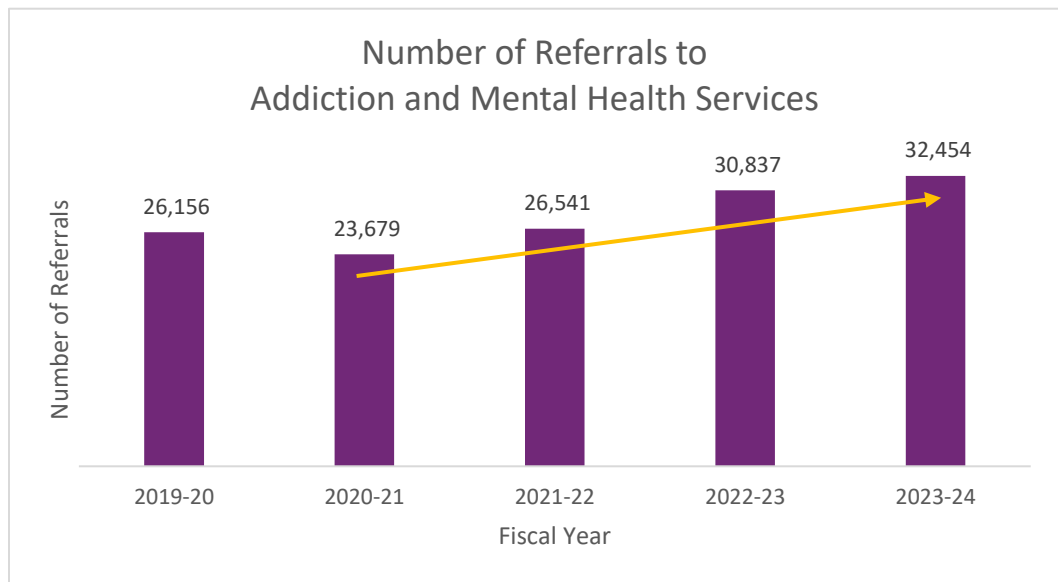
- 3.10** Our audit work concluded that the Department of Health does not have mechanisms in place to ensure timely access to, and adequate reporting on, addiction and mental health services. Overall, we found the Department of Health has not:
- ensured timely access to addiction and mental health services
 - monitored the need or planned resource allocation in accordance with demand for addiction and mental health services
 - ensured adequate public reporting on access to addiction and mental health services, including wait times

Background

- 3.11** The Department of Health (the department) is responsible for the planning, funding, and monitoring of provincial addiction and mental health services (AMHS). The Addiction and Mental Health Services branch oversees the delivery of AMHS throughout the two Regional Health Authorities (RHAs) and across the seven health zones.
- 3.12** Delivery of AMHS is governed by the *Mental Health Services Act*, as well as a set of provincial operational guidelines, which give direction to managers, service providers, and others involved in the care and support of individuals with lived experience of addiction and/or mental health issues and their families. These guidelines are expected to promote efficiency and represent a collaborative effort between the RHAs and the department.
- 3.13** The *Regional Health Authorities Act* provides for the delivery and administration of health services. Pursuant to this Act, the Minister is responsible for strategic direction, the provincial health plan, and the accountability framework for the provincial health care system.

3.14 The department’s Inter-Departmental Addiction and Mental Health Action Plan states, “*Wait times for new high priority addiction and mental health referrals have been on the rise, with less than 50% of high priority cases receiving treatment within national benchmarks. This coupled with an estimated 51% of New Brunswickers identified as being at risk of developing negative mental health impacts as a result of the unprecedented COVID-19 pandemic suggests that the need for support/service will continue to rise.*”

3.15 In New Brunswick, over the last five years, more than 20,000 individuals have been referred to AMHS per year and the number has increased steadily. The graph below shows a 37% increase since the start of the COVID-19 pandemic. In 2022-2023 and 2023-2024 there were over 30,000 referrals each year.



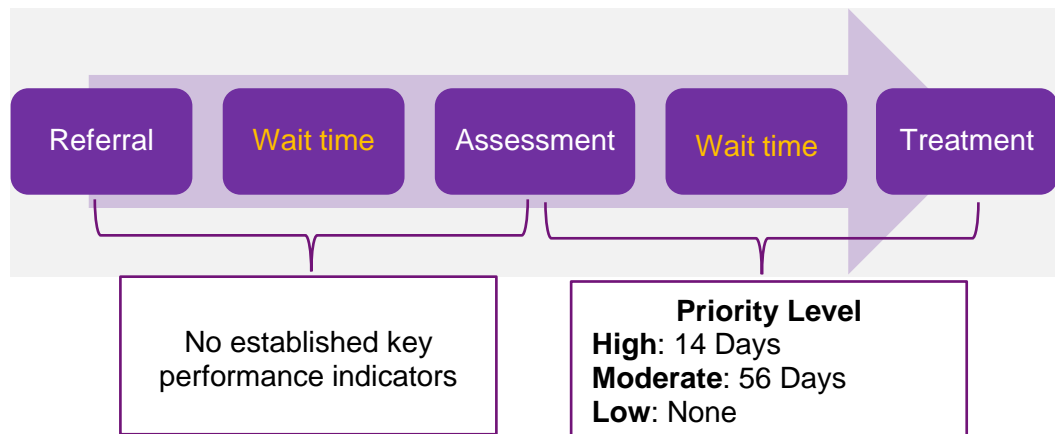
Source: Prepared by AGNB based on data from the department (unaudited).

3.16 As of April 12, 2024, 5,019 referrals were waiting for addiction and mental health services.

Performance Measurement Requires Improvement

No Key Performance Indicators for Referral to Assessment

- 3.17** Access to the majority of the department’s adult, and child and youth AMHS is delivered in three stages: the referral, the assessment, and treatment. The referral is the initial request for service, and the assessment involves an appointment with the client where a clinician completes a standardized assessment tool to help determine if service is required and the individual’s priority level. Treatment is initiated when a referral is opened as a case for higher-intensity ongoing AMHS.
- 3.18** The *Regional Health Authorities Act* stipulates that the department is responsible for direction on establishing performance measures.
- 3.19** The following table outlines the stages of the addiction and mental health services process and includes key performance indicators (KPIs):

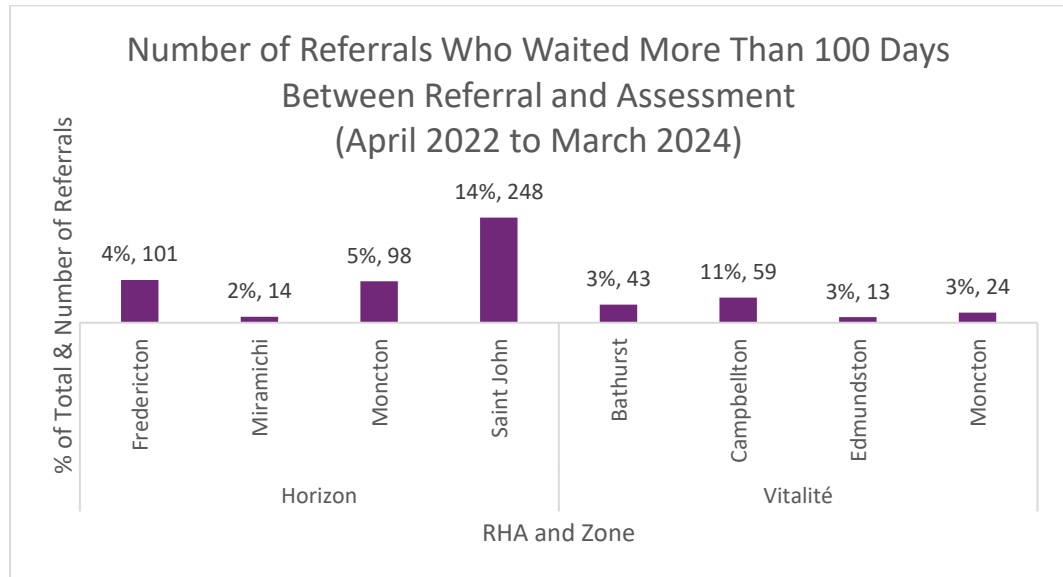


- 3.20** No KPIs have been established for expected wait time between referral and assessment. However, the department has established KPIs for the expected wait time between assessment and treatment, which includes:
- high priority: a maximum of 14 days
 - moderate priority: a maximum of 56 days

- 3.21** The department has defined priority levels for those waiting for treatment as:
- high: unstable with potential to deteriorate quickly
 - moderate: displays some adaptability to cope due to protective factors
 - low: clients do not meet service provision criteria and are referred elsewhere (no expected wait time from assessment to treatment)

- 3.22** Although the department does not have KPIs for wait times between referral and assessment, we examined data for the past two years and found:
- wait times vary between health zones
 - 600 waited more than 100 days to be assessed
 - of those, 22 waited between 366 and 529 days

3.23 The following graph shows the percentage and actual number of referrals that waited more than 100 days for an assessment by health zone within each RHA:



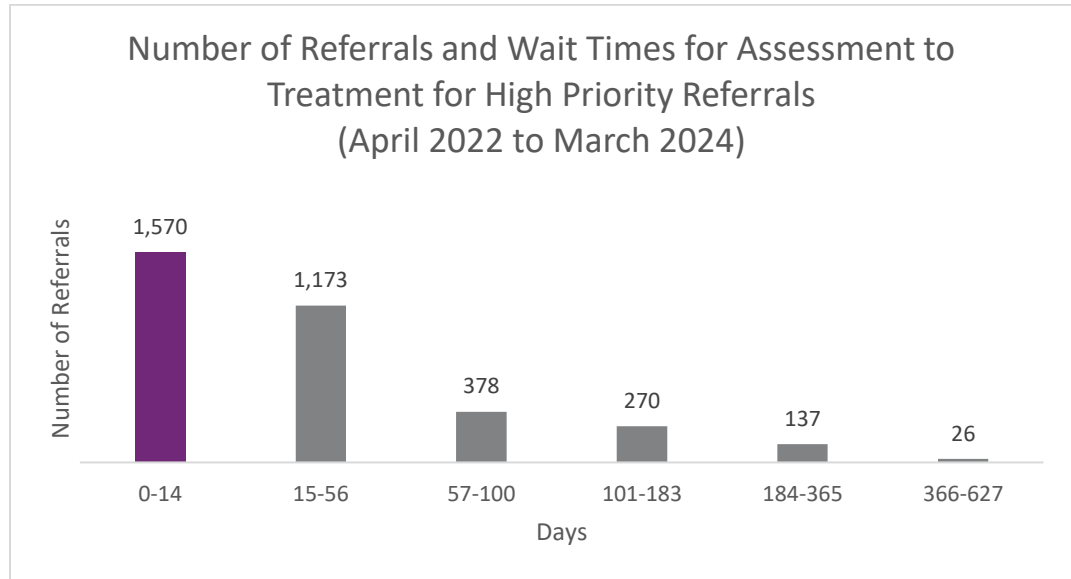
Source: Prepared by AGNB based on data from the department (unaudited).

Recommendation

- 3.24** We recommend the Department of Health establish measurable key performance indicators pertaining to the wait time between referral and assessment.

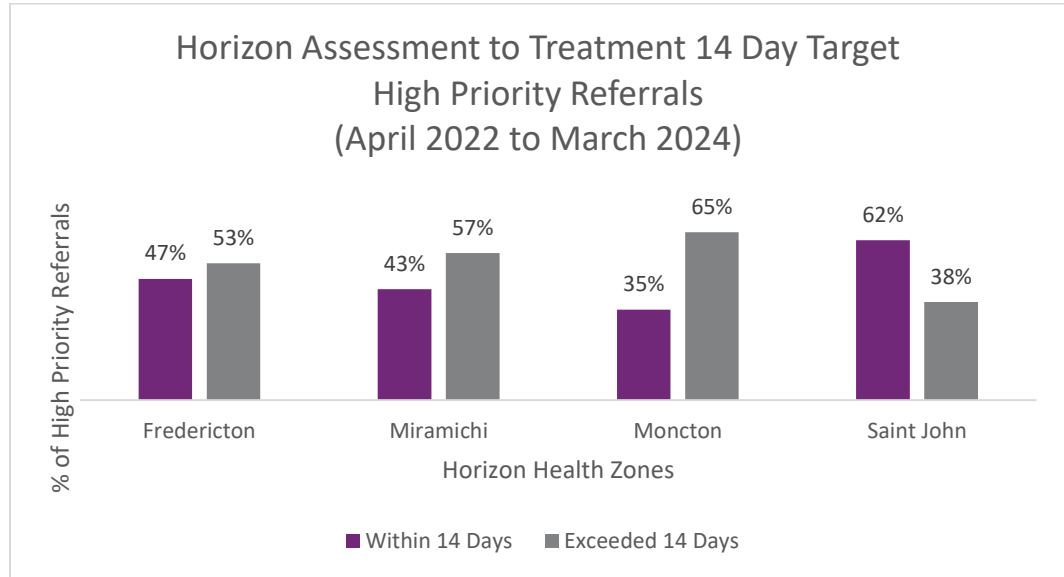
Wait Times Exceed Department’s Established Performance Measures

3.25 The department’s KPI for expected wait time between assessment and treatment for cases that have been defined as high priority is 14 days. Our analysis showed between 2022 and 2024 the KPI was only met 44% of the time. Four hundred and thirty-three people waited more than 100 days, with one individual who waited 627 days. The graph below details the number of referrals and wait times between assessment and treatment.

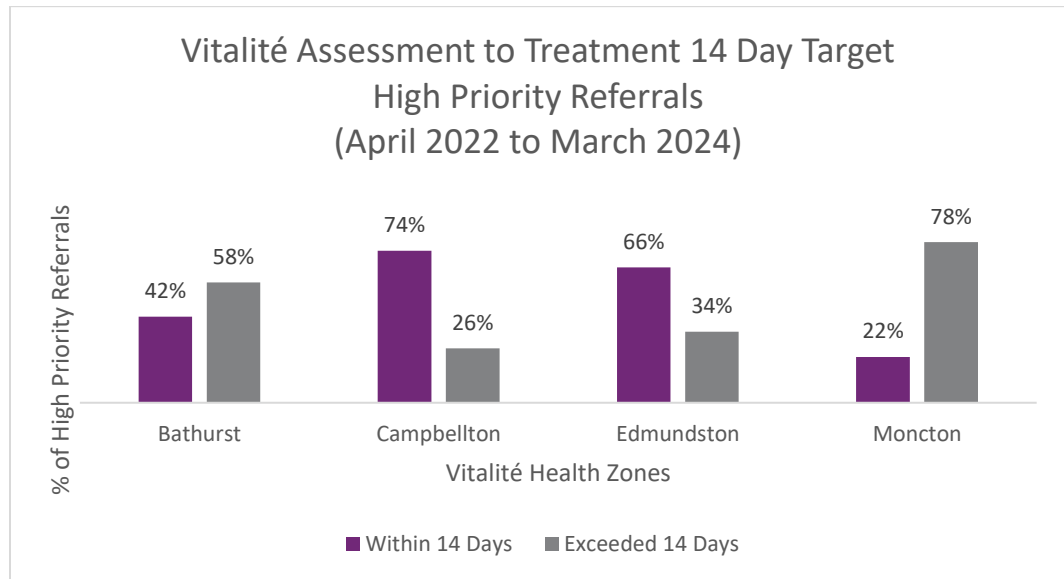


Source: Prepared by AGNB based on data from the department (unaudited).

3.26 The following graphs show the percentage of referrals that met the high priority wait time per health zone within each RHA:

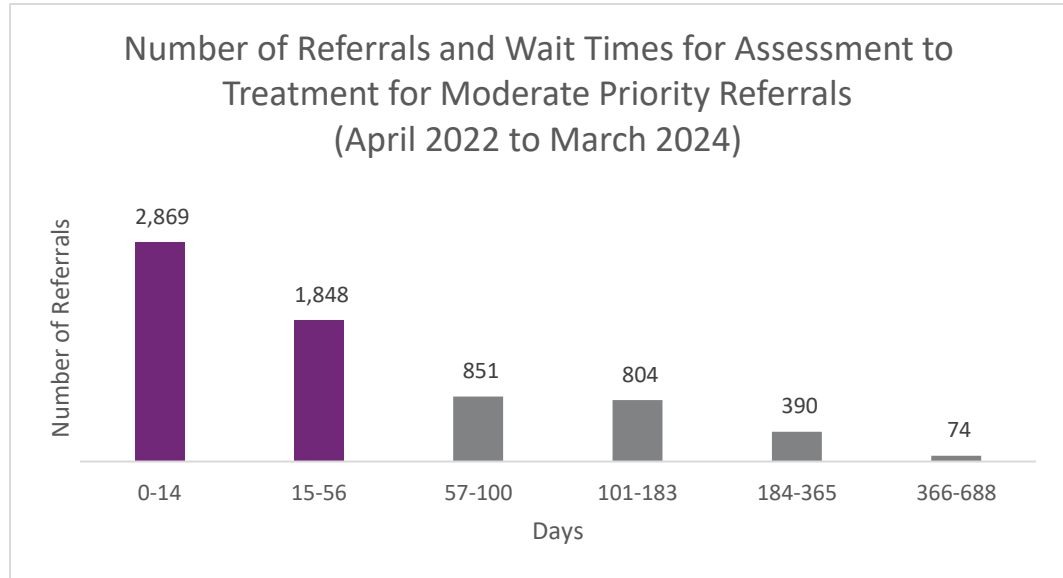


Source: Prepared by AGNB based on data from the department (unaudited).



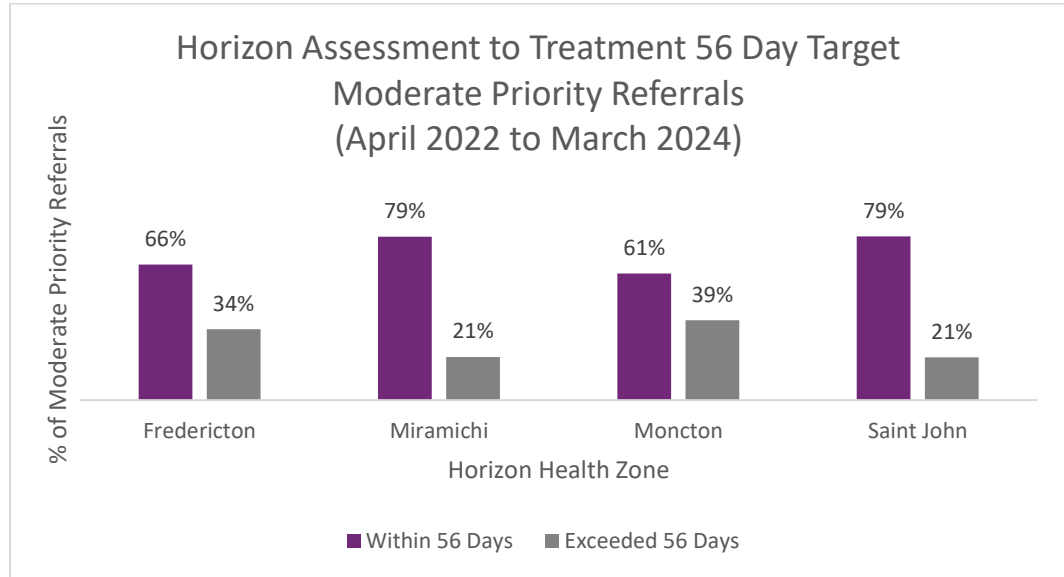
Source: Prepared by AGNB based on data from the department (unaudited).

3.27 The department’s KPI for expected wait time between assessment and treatment for referrals that have been defined as moderate priority is 56 days. Our analysis showed between 2022 and 2024 the KPI was met 69% of the time, but 74 referrals waited between 366 - 688 days. The graph below details the number of referrals and wait times between assessment and treatment:

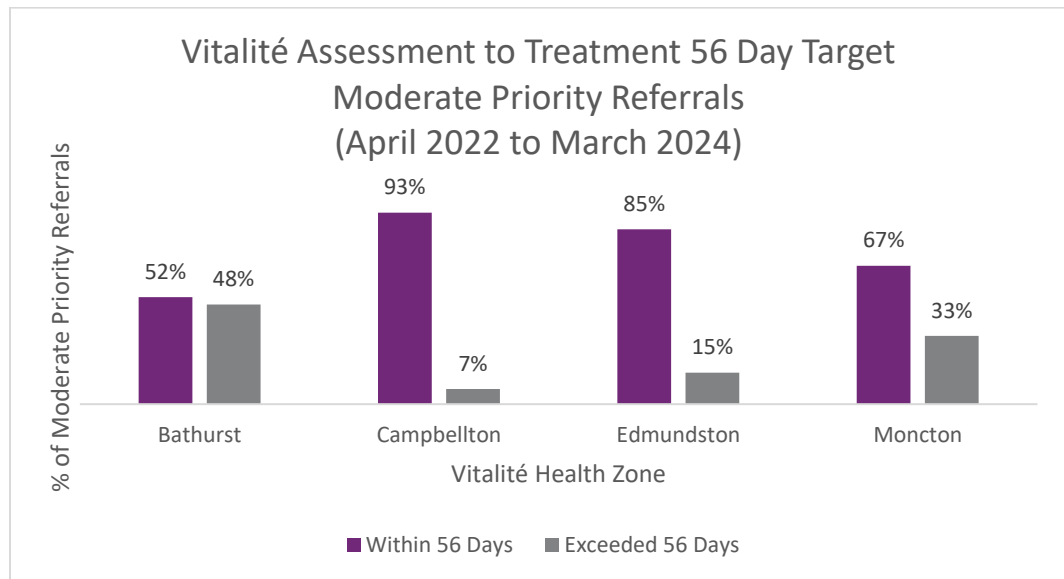


Source: Prepared by AGNB based on data from the department (unaudited).

3.28 The following graphs show the percentage of referrals that met the moderate priority wait time per health zone within each RHA:

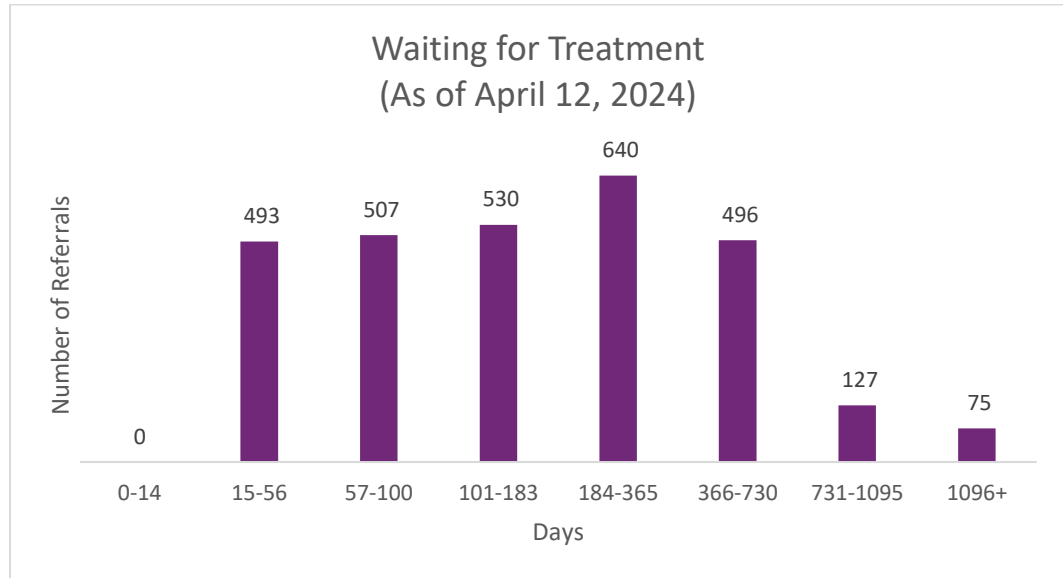


Source: Prepared by AGNB based on data from the department (unaudited).



Source: Prepared by AGNB based on data from the department (unaudited).

3.29 As of April 2024, there were 2,868 assessments waiting for treatment. The graph below shows the breakdown of these wait times, including 698 (24%) individuals who have been waiting over one year. Of these, 75 individuals have been waiting over three years.



Source: Prepared by AGNB based on data from the department (unaudited).

3.30 While we were able to analyze wait times from the department’s own data, they do not regularly monitor this information to understand where the excessive wait times are. Such analysis would assist the department in understanding where the gaps are and facilitate timely intervention.

Recommendation

3.31 We recommend the Department of Health monitor addiction and mental health services wait times to identify and address risks to achieving timely service delivery.

Lack of Analysis for Cases Closed Without Treatment

3.32 Between April 2022 and March 2024, AMHS received a total of 63,291 referrals. Of these, 21,039 (33%) were closed without treatment. The following graph details the number of referrals closed by reason:



Source: Prepared by AGNB based on data from the department (unaudited).

3.33 We examined the three most common reasons for case closure and found high-priority referrals waited an average of 124 days but were closed without treatment. The three most common reasons for closure without treatment represent 69% (14,492) of referrals, as detailed in the table below.

Referral status reason	% referrals closed without treatment	Average wait time	# high priority	Average wait time high priority
Client did not attend	36%	42 days	248	124 days
Unable to locate client	19%	50 days	152	120 days
Client withdrew	14%	68 days	196	129 days

Source: Prepared by AGNB based on data from the department (unaudited).

Recommendation

3.34 We recommend the Department of Health, in collaboration with the Regional Health Authorities:

- **analyze the data and address the high number of addiction and mental health referrals that are closed without treatment to ensure individuals' needs are being met**
- **continuously monitor the data regarding closed referrals without treatment**
- **address root causes as they arise by Regional Health Authority and/or by health zone**

Lack of Provincial Training

3.35 The department does not provide training for AMHS clinicians on the provincial operational guidelines, including the application of the standardized assessment tools and priority level assignment. A lack of comprehensive, mandatory training for staff can result in inconsistent application of the guidelines among clinicians and health zones across the province and can impact the measure of performance outcomes.

Recommendation

3.36 We recommend the Department of Health, in collaboration with the Regional Health Authorities, develop and implement mandatory training for the application of provincial operational guidelines for all addiction and mental health services staff.

Non-Compliance with the *Mental Health Services Act*

Mental Health Services Advisory Committee Not Meeting

- 3.37** The *Mental Health Services Act* governs certain planning activities, including the establishment of a Mental Health Services Advisory Committee. Section 4 states:

There is established an advisory committee called the Mental Health Services Advisory Committee, which shall advise the Minister on:

(a) the need, supply and delivery of mental health services,

(b) issues respecting mental health and mental health services referred to the Committee by the Minister or instantiated by the Committee, and

(c) matters related to the development and improvement of community-based support systems for persons suffering from mental disorders.

- 3.38** Section 6(1) of the *Mental Health Services Act* states, “*the Committee shall meet at least four times in each year.*” Additionally, section 2(c) establishes the committee as the “*coordinating body for government and community agencies dealing with mental disorders and mental health services*” and section 2(e) states this committee is responsible to “*establish, monitor and review standards respecting mental health services*”.
- 3.39** The Minister of Health is responsible for appointing members to the Mental Health Services Advisory Committee and for overseeing its activities. We found the committee did not meet during our two-year audit period; it last met in June 2018.
- 3.40** Therefore, the department is non-compliant with the *Mental Health Services Act*, as this committee has not met in accordance with the meeting schedule (i.e., at least 4 times each year). We also found the department did not assess the risk associated with this non-compliance.

Recommendation

- 3.41** We recommend the Department of Health comply with the *Mental Health Services Act*, including the requirements related to the Mental Health Services Advisory Committee and its meeting schedule and duties.

Budgeting and Planning for Addiction and Mental Health Not Based on Need

- 3.42** According to New Brunswick's provincial health plan (2021): "*Over the past five years, the demand for addiction and mental health services has increased 16 per cent. Requests from adults are up nine per cent, while youth service needs are up 33 per cent.*"
- 3.43** Pursuant to section 5 of the *Regional Health Authorities Act*, the Minister of Health is responsible for strategic direction, and conducting financial and human resource planning for the health system, which includes addiction and mental health services. Furthermore, the department has a duty to assess the need for mental health services in New Brunswick. The Minister of Health shall be advised on these needs, in accordance with section 4 of the *Mental Health Services Act*. Having a monitoring strategy is a key component of both strategic and financial planning.
- 3.44** The Department provides the AMHS budget amounts based solely on historical budget amount. The RHAs complete Community Health Needs Assessments, however, the department did not use the assessments in AMHS budget preparation. Without an adequate assessment of needs, the department cannot budget appropriately for the needs of the population.
- 3.45** In addition, we found the department is not monitoring the addiction and mental health services budget use within the RHAs. Without this monitoring function, the department cannot ensure funds are being allocated to AMHS resources efficiently.

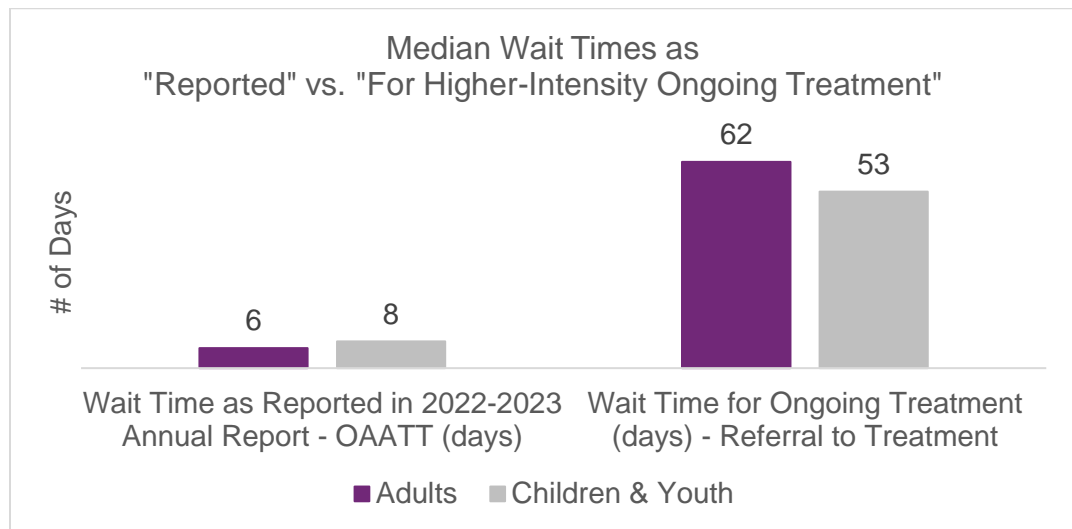
Recommendation

- 3.46** We recommend the Department of Health, in collaboration with the Regional Health Authorities, develop its base budget for addiction and mental health services based on an updated/current needs assessment of the New Brunswick population.
- 3.47** We recommend the Department of Health develop a process to monitor addiction and mental health services budget use within the Regional Health Authorities to ensure resources were used as intended.

Inadequate Public Reporting

Incomplete Public Reporting on Access Wait Times

- 3.48** In the 2022-2023 Annual Report, we found the department only reported on One-at-a-Time Therapy (OAATT). OAATT is a single session therapy that focuses on the client’s strengths and resources. The department did not report on wait times for higher-intensity ongoing treatment. We also reviewed the department’s 2021-2022 Annual Report and noted no wait times were reported for AMHS.
- 3.49** We compared reported OAATT wait times to overall wait times for higher-intensity ongoing AMHS from the time of referral to treatment in the graph below.



Source: Prepared by AGNB based on data from the department (unaudited).

- 3.50** As noted in the previous graph, median wait times for higher-intensity ongoing treatment are significantly longer than for OAATT.
- 3.51** As stipulated under the government’s Administration Manual Policy AD-1605, within its annual report, departments “...*should give a clear account of goals, objectives and performance indicators. The report should show the extent to which a program continues to be relevant, how well the organization performed in achieving its plans and how well a program was accepted by its client groups.*”
- 3.52** Due to the policy requirement to “*give a clear account of goals, objectives and performance indicators*”, we would encourage the department to report on access to AMHS, including wait times.

Reporting Lacks Links to Impacts and Outcomes

- 3.53** As one of its five action areas, the provincial health plan includes “*Access to Addiction and Mental Health Services*”, within which nine deliverables are outlined. The New Brunswick Health Council (NBHC) is tasked with reporting on these deliverables on behalf of the department on a quarterly basis. As of April 1, 2024, NBHC reported eight of these deliverables have been completed.
- 3.54** The department, however, has not reported on the impact of completing these deliverables on access to AMHS.

Recommendation

- 3.55** We recommend the Department of Health provide timely public reporting on access to addiction and mental health services, including wait times and the impact of deliverables.

Appendix I: Recommendations and Responses

Par. #	Recommendation	Department’s Response	Target Implementation Date
We recommend the Department of Health:			
3.24	establish measurable key performance indicators pertaining to the wait time between referral and assessment.	<p>Agree</p> <p>The Department of Health will establish a measurable key performance indicator pertaining to the wait time between the referral and assessments.</p> <p>This work will be done in collaboration with the Regional Health Authorities.</p>	Q1 2025-2026
3.31	monitor addiction and mental health services wait times to identify and address risks to achieving timely service delivery.	<p>Agree</p> <p>The Department of Health will establish a continuous monitoring process for the wait times to identify risks and inform continuous improvements to be implemented by the Regional Health Authorities.</p>	Q2 2025-2026

Par. #	Recommendation	Department's Response	Target Implementation Date
We recommend the Department of Health:			
3.34	<p>in collaboration with the Regional Health Authorities:</p> <ul style="list-style-type: none"> • analyze the data and address the high number of addiction and mental health referrals that are closed without treatment to ensure individuals' needs are being met • continuously monitor the data regarding closed referrals without treatment • address root causes as they arise by Regional Health Authority and/or by health zone 	<p>Agree</p> <p>The Department of Health, in collaboration with the Regional Health Authorities will analyze the data related to the number of in referrals closed without treatment and establish a continuous monitoring process for this data.</p>	<p>Q3 2025-2026</p>

Par. #	Recommendation	Department's Response	Target Implementation Date
We recommend the Department of Health:			
3.36	in collaboration with the Regional Health Authorities, develop and implement mandatory training for the application of provincial operational guidelines for all addiction and mental health services staff.	<p>Agree</p> <p>The Department of Health, in collaboration with the Regional Health Authorities is updating the provincial guidelines. As the guidelines get finalized, the Department of Health will provide the directive to both Regional Health Authorities to ensure mandatory training is provided to staff.</p>	Q1 2026-2027
3.41	comply with the <i>Mental Health Services Act</i> , including the requirements related to the Mental Health Services Advisory Committee and its meeting schedule and duties.	<p>Agree</p> <p>The Departmental of Health will establish the Mental Health Services Advisory Committee as required within the <i>Mental Health Services Act</i>.</p>	Q4 2024-2025

Par. #	Recommendation	Department's Response	Target Implementation Date
We recommend the Department of Health:			
3.46	in collaboration with the Regional Health Authorities, develop its base budget for addiction and mental health services based on an updated/current needs assessment of the New Brunswick population.	<p>Agree</p> <p>The Department of Health will assess current base budget for addiction and mental health programs and services as well as service delivered within the RHA's.</p> <p>We will establish a process in collaboration with the Regional Health Authorities to identify the needs of the population.</p>	Q1 2026-2027
3.47	develop a process to monitor addiction and mental health services budget use within the Regional Health Authorities to ensure resources were used as intended.	<p>Agree</p> <p>The Department of Health will establish a process of reporting from the RHA's to the Department of Health to ensure resources are used as intended and focused on meeting the intended outcomes.</p>	Q1 2026-2027

Par. #	Recommendation	Department's Response	Target Implementation Date
We recommend the Department of Health:			
3.55	provide timely public reporting on access to addiction and mental health services, including wait times and the impact of deliverables.	<p>Agree</p> <p>The Department of Health will work with both Regional Health Authorities on key performance indicators and a process to make public reports accessible including wait times and the impact of deliverables.</p>	Q1 2026-2027

Appendix II: Audit Objective and Criteria

The objective and criteria for our audit of the Department of Health are presented below. The Department of Health and their senior management reviewed and agreed with the objective and associated criteria.

Objective	To assess whether the Department of Health has mechanisms in place to ensure timely access to, and adequate reporting on, addiction and mental health services.
Criterion 1	The Department of Health should ensure timely access to addiction and mental health services.
Criterion 2	The Department of Health should monitor the need for addiction and mental health services and plan resource allocation in accordance with demand.
Criterion 3	The Department of Health should ensure adequate public reporting on access to addiction and mental health services, including wait times.

Appendix III: Independent Assurance Report

This independent assurance report was prepared by the Office of the Auditor General of New Brunswick on the Department of Health and its access to addiction and mental health services. Our responsibility was to provide objective information, advice, and assurance to assist the Legislative Assembly in its scrutiny of the Department of Health with respect to addiction and mental health services.

All work in this audit was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001 – Direct Engagements set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook – Assurance.

The Office of the Auditor General of New Brunswick applies the Canadian Standard on Quality Management 1 – Quality Management for Firms That Perform Audits or Reviews of Financial Statements, or Other Assurance or Related Services Engagements. This standard requires our office to design, implement, and operate a system of quality management, including policies or procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we have complied with the independence and other ethical requirements of the Rules of Professional Conduct of Chartered Professional Accountants of New Brunswick and the Code of Professional Conduct of the Office of the Auditor General of New Brunswick. Both the Rules of Professional Conduct and the Code are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality, and professional behaviour.

In accordance with our regular audit process, we obtained the following from management:

- confirmation of management’s responsibility for the subject under audit
- acknowledgement of the suitability of the criteria used in the audit
- confirmation that all known information that has been requested, or that could affect the findings or audit conclusion, has been provided
- confirmation that the findings in this report are factually based

Period covered by the audit:

The audit covered the period between April 1, 2022, to March 31, 2024. This is the period to which the audit conclusion applies. However, to gain a more complete understanding of the subject matter of the audit, we also examined certain matters outside of this period as deemed necessary.

Date of the report:

We obtained sufficient and appropriate audit evidence on which to base our conclusion on November 27, 2024, in Fredericton, New Brunswick.