

# Stepping Together

for Digital Mental Health  
and Addictions Services



# Acknowledgments

This project was made possible through the partnership of the core project teams, who supported and amplified each other's strengths, and through the contributions of the many first-voice advocates, caregivers, and community organizations who shared their wisdom and insight.

## The project teams would also like to thank the following organizations:

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- Blaze Studios
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- MindWell
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- NSH IMIT
- NSH Primary Care
- NSH Research, Innovation and Discovery
- QEII Foundation
- RBC Foundation
- RBC Future Launch
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- Revolve
- Spider Video
- Strongest Families Institute
- Therapy Assistance Online (TAO)
- The Citrine Foundation of Canada
- Togetherall

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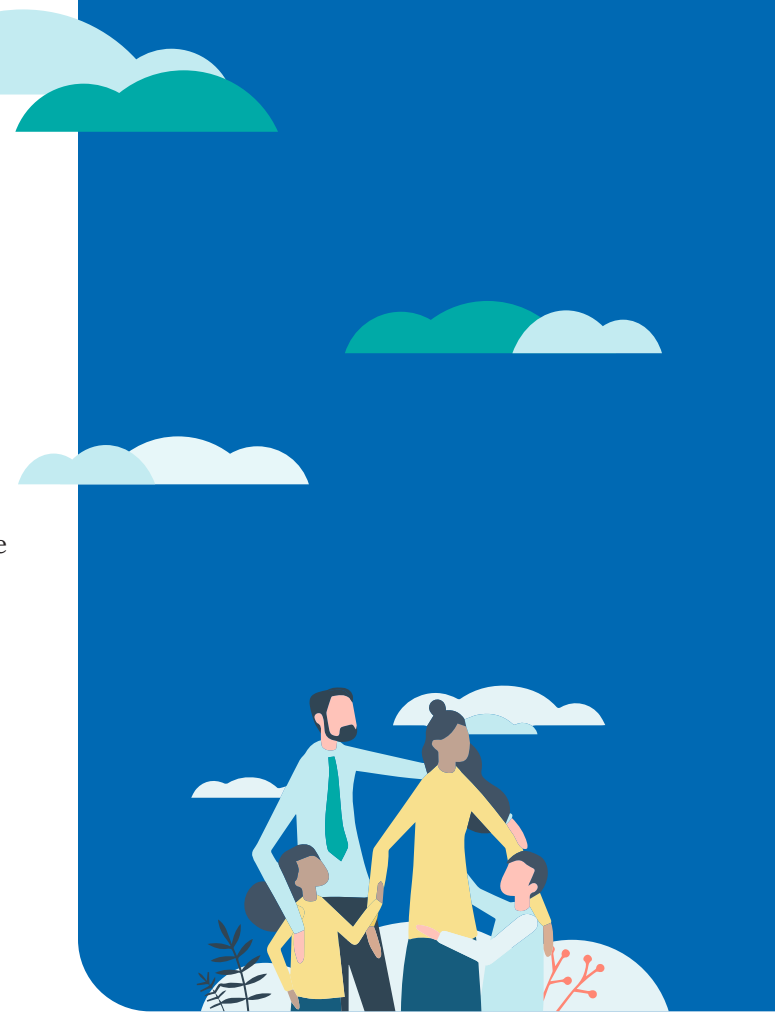
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# Why Stepped Care 2.0 matters for Nova Scotia

Stepped Care 2.0<sup>®</sup> is an approach to delivering mental health and addictions services that helps people access the right care at the right time, from low-intensity informational resources to intensive in-person services. With many of those in need either not seeking or facing challenges in seeking access to mental health, substance use, or gambling supports,<sup>1</sup> the Nova Scotia Health (NSH) Mental Health and Addictions Program (MHAP) has recognized that strengthening service options within a Stepped Care approach could benefit people in the province.



Nova Scotia is not alone, of course. The Mental Health Commission of Canada (MHCC) has long championed Stepped Care 2.0 as a systematic way to strengthen mental health care across the country, providing pathways to the most effective, least intensive support that meets people's needs.<sup>2</sup> That potential was shown in the Newfoundland and Labrador demonstration project that saw Stepped Care 2.0 contribute to a reduction in wait times by 68 percent.<sup>3</sup>

Building on the Newfoundland and Labrador experience, the current project brought the MHAP together with the MHCC and Stepped Care Solutions (SCS) to adapt the Stepped Care 2.0 model to the Nova Scotia context. With an emphasis on e-mental health (eMH) technologies,<sup>4</sup> MHAP designed its eMH Stepped Care program in keeping with the NSH's [Direction 2025](#) program plan<sup>5</sup> and the objectives of the [ACCESS Atlantic](#) collaboration.

This report describes the Stepped Care eMH initiative results to date, and lessons learned.

1 Nova Scotia Health Authority. (2017). *Milestones on our journey*. <https://tinyurl.com/2p8pf2dj>

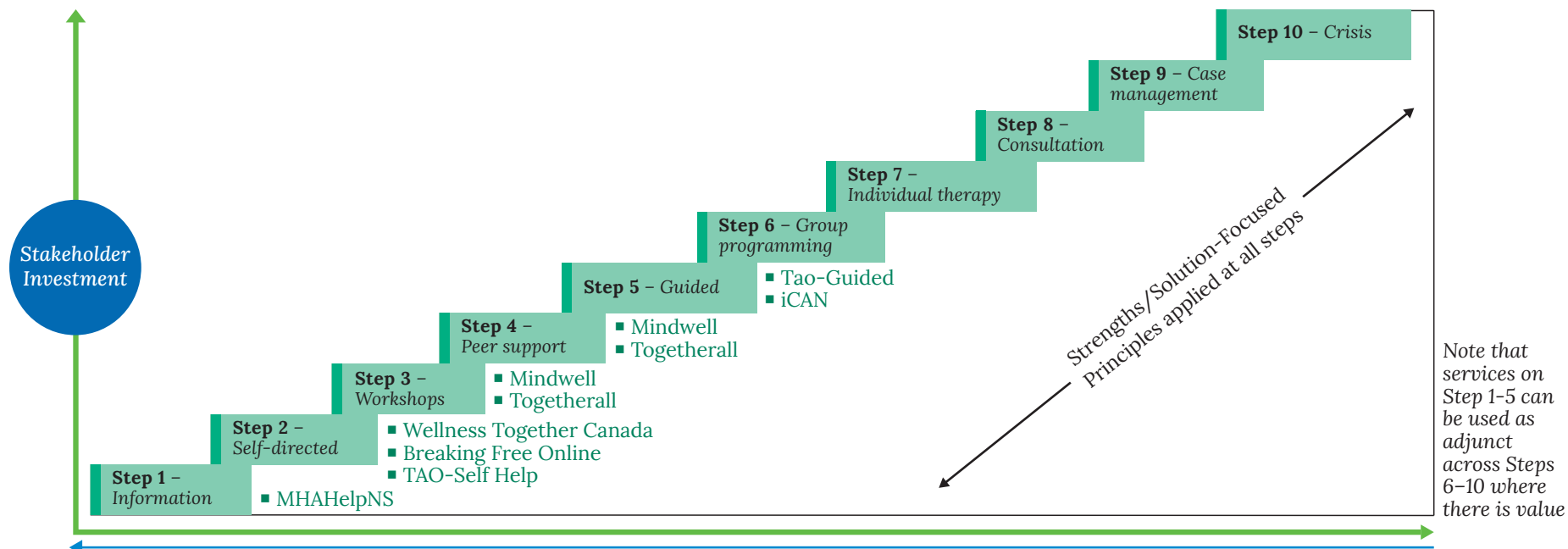
2 Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. <https://tinyurl.com/3utatzu8>

3 Carey, S., Jaouich, A., Churchill, A., Cornish, P., Impey, D., & Kim, M. (2021). *Stepped Care 2.0 revised implementation guide*. Mental Health Commission of Canada. Available on request to participating SC2.0 organizations at [mhccinfo@mentalhealthcommission.ca](mailto:mhccinfo@mentalhealthcommission.ca)

4 Mental Health Commission of Canada. (2020, October 15). *Nova Scotia Health partners with Mental Health Commission of Canada to launch Stepped Care 2.0<sup>®</sup> e-mental health project* [News release]. <https://tinyurl.com/4w6s5xut>

5 Nova Scotia Health. (2019). *Direction 2025: Program plan 2019–2025*. <https://tinyurl.com/yy493765>

## NEW EMH SERVICES WITHIN A STEPPED CARE CONTINUUM



These services complement existing in-person and offline programming offered by MHAP and contribute to the range of programs and supports appropriate for those experiencing mental health and addictions concerns.

“The partnership with the MHCC provides our program with access to the pioneers behind Stepped Care 2.0®, lessons learned through implementation in Newfoundland and Labrador and the Northwest Territories and increasing ways to respond to the needs of Nova Scotians.”

—Sam Hodder, Senior Director, Mental Health and Addictions, Nova Scotia Health

“The MHCC is proud to partner with Nova Scotia Health to bring vital mental health and addictions services to Nova Scotians. Strengthening connections, building awareness, and leveraging e-mental health services within the Stepped Care framework has improved access to supports, helping people access the services they need, when, where, and how they choose.”

—Michel Rodrigue, President and Chief Executive Officer, MHCC

# Approach to the project

NSH's MHAP team set the goal of achieving measurable progress over two years in three workstreams: delivering services, building awareness, and strengthening connections. In each case, the aim was to increase the availability and use of eMH services, promote their benefits, and focus on people-centred approaches in alignment with the Stepped Care 2.0 model.

At every stage, the vision and values of NSH were applied in all engagements with participants. That meant:

- **Engaging with respect** — recognizing stakeholders' diverse motivations, skills, and opinions; listening to understand their needs; and actively developing strong relationships.
- **Engaging early** — identifying and involving the right people from the start.
- **Engaging regularly and transparently on progress** — recognizing and incorporating constructive criticism to develop better overall outcomes and build stronger relationships based on mutual trust.

- **Co-designing engagements** — reflecting stakeholders' preferences and ways of working and ensuring that results would meet their needs.

To understand the partnership's collective success at implementing system changes and achieving the project's intended outcomes, MHAP followed the Centre for Evaluation Innovation's *Practical Guide to Evaluating Systems Change*<sup>6</sup> and used a hybrid approach that drew on both traditional and developmental evaluation.



## ADAPTING TO COVID-19

Originally, the eMH Stepped Care project was to take place in three phases: readiness, installation, and implementation. During the pandemic, and in light of Nova Scotians' changing needs, certain aspects were accelerated while others were carried out in a different sequence. That flexibility made ongoing progress possible, even amid uncertain and fast-changing conditions.

6 Latham, N. (2014). *A practical guide to evaluating systems change in a human services system context*. Center for Evaluation Innovation. <https://tinyurl.com/288uey4s>

# Results to date



From the project's start in February 2020 to its conclusion in February 2022, key results were achieved in all three workstreams, seeing a significant increase in the use of eMH solutions. By creating a project dashboard, a monthly “impact snapshot” was taken against roughly 30 key performance indicators. These included sign-ups and referrals, social media engagement, training opportunities, engagement with community partners, involvement of people with lived and living experience, and collaborations with local, regional, and national health-system partners.



## RECOGNIZED FOR MAKING STRIDES

The eMH Stepped Care project earned attention and accolades for its results, including a 2022 NSH Award of Excellence in Mental Health and Quality Improvement.

“I feel like a new person. The program has helped me moving forward. The only thing that I tried in the last seven years that actually worked for me. I still have a ways to go, but I will get there. I have hope and happiness back and something to look forward to.”

— Service user

## DELIVERING SERVICES

To streamline access and help reduce mental health care gaps, MHAP created [MHAhelpNS.ca](https://mha-help.ns.ca), a centralized website with 24/7 access to free evidence-based online services. Its built-in search function can generate lists of online and community supports customized to an individual's specific needs. Visitors can also self-direct, sign up for the offerings they want, find clinic addresses, and access other information that helps them navigate the system.

Technologically, the site supports all devices and is designed to give access to eMH services with the fewest barriers to as large a population as possible. MHAP applied both industry guidelines for visual accessibility and best-practice guidelines for readability.

A wide variety of eMH tools were embedded in the site — providing everything from mindfulness training, cognitive behavioural coaching and mental wellness programs to peer support for substance use. Low-intensity services that were onboarded or piloted included MindWell U, ICAN, TAO Self-Help, Togetherall, and Breaking Free Online.

MHAP's interdisciplinary eMH steering committee provided leadership and support for “iterative decision making,” informing each decision by previous ones. Launching the new services relied on expertise from procurement and privacy officers and from communications and marketing teams.

## BUILDING AWARENESS

MHAP's awareness-building activity focused on promoting the new website, increasing the profile of available eMH services, and developing informational resources.

The new website had significant reach in its first year and a half, averaging more than 14,000 visitors per month. In 2021, more than 9,000 Nova Scotians signed up for eMH services on their own while over 1,000 clients accepted referrals— a remarkable uptake in participation level following the website's launch. Info sessions, learning resources, and promotional campaigns drove awareness about the key training and learning opportunities being made available,

both to the public and to health-care providers and community organizations that work with and support people with mental health and addictions concerns.

As a result of these efforts, eMH services were used more frequently, training and education opportunities continued, and website users referred or recommended eMH tools and solutions with more knowledge and confidence.

“Even before the session finished, I was able to share [the resources] with a family member.”

—Community Service Provider

## GETTING THE WORD OUT

The project's awareness-building efforts prompted:

**549% INCREASE**

in annual page views compared to the previous program site

**OVER 9,000 SIGN-UPS**

for eMH services

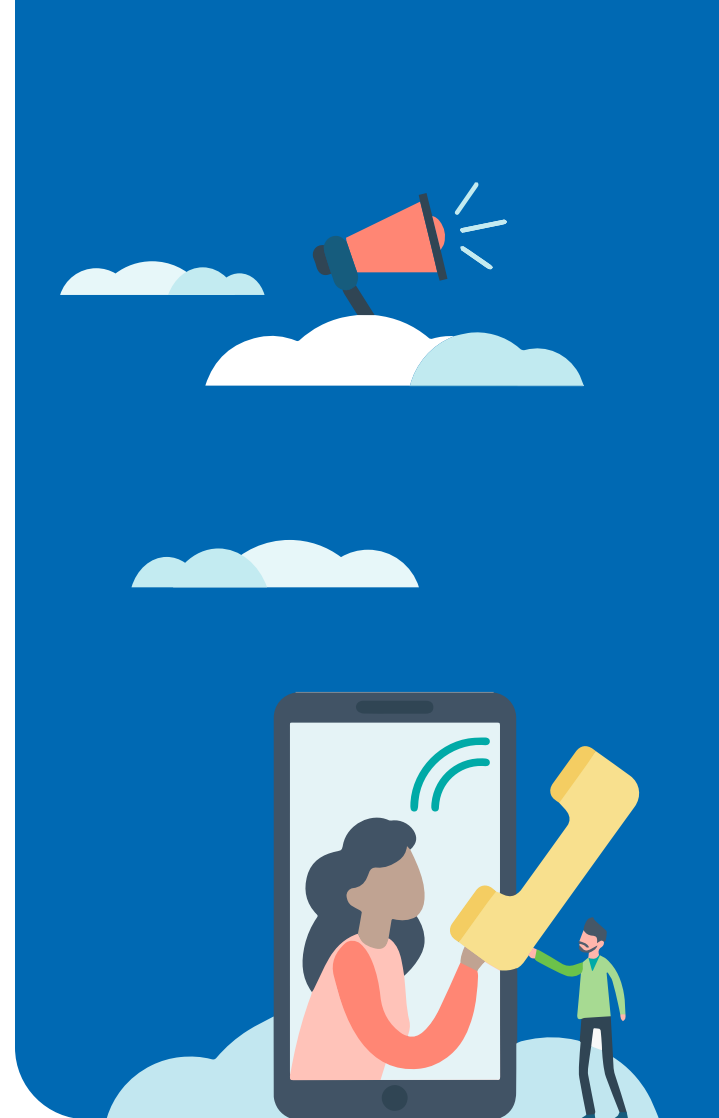
**60 INFO SESSIONS**

attended by nearly 1,000 attendees

**98%**

**AGREEMENT**

by survey respondents that they would use or promote eMH tools following the info sessions they attended



## STRENGTHENING CONNECTIONS

The website was central to service delivery and its development also provided a key opportunity to engage with stakeholders and forge stronger connections. A range of engagement activities and collaborations helped foster inclusion, such as online surveys, focus groups, interviews, and engagement sessions with community partners. In addition, regular opportunities were provided for those with lived and living experience to bring forward formal and informal input and feedback.

To enhance inclusiveness and equity, the site was launched in both official languages. The project team also applied standards to evaluate the diversity, inclusiveness, and accessibility of services being offered. In addition, MHAP partnered with the National Collaborating

Centre for Determinants of Health to conduct a digital equity assessment. Supporting community efforts like Be The Link, a campaign to provide internet-enabled devices and access to those who would not otherwise be able to use eMH services.

Cross-promotion campaigns were co-designed with partners such as IWK (child and youth), HealthyMindsNS (post-secondary), and Réseau Santé Nouvelle-Écosse to raise public awareness among different populations. MHAP also collaborated with the Nova Scotia Native Women's Association on website content and applied valuable insights gathered from their report on how to improve Indigenous representation. The MHAP is consistently striving to learn even more about website visitors to identify gaps and promote inclusion.

Throughout the project, presentations, reports, briefs, articles, and strategic planning meetings helped to communicate the work being done and engage the full range of audiences, while funding partnerships for the website strengthened connections, locally and beyond. Because of these collaborative efforts, MHAP's eMH service offerings can now be promoted, integrated, and evaluated together across the province.

“As the pandemic has highlighted the importance of increasing access to mental health services, Réseau Santé – Nouvelle-Écosse would like to acknowledge the work done by Nova Scotia Health and the inclusive approach of the Acadian and Francophone communities. Language has a huge impact on mental health care and their desire to increase French language resources, to engage with us and to work in partnership is not only a testimony to their commitment to safer and more inclusive mental health care, but also to the quality and sensitivity of their approach. I want to thank them very much and I look forward to continuing to work more closely with them.”

—**Pierre Roisé, Director**  
**Réseau Santé – Nouvelle-Écosse**





# Lessons learned

Undertaking a project of this scope and complexity in the middle of COVID-19 was certainly challenging. The pandemic made it more difficult to connect with community organizations, health-sector leaders, people with lived and living experience, and other stakeholders. Yet, through its agility and commitment, the project team was able to achieve the eMH initiatives' objectives and lay the foundation for change.



The MHAP team recognizes that it is one partner in the larger system of care, and that eMH is one type of service that won't meet all needs. In continuing to increase access for all people to the right services at the right time, five key lessons will guide the way forward:

- 1. Diversifying voices and expertise** by co-developing different approaches to, and types of, community engagement – gathering continuous feedback, honouring the perspectives of those with lived and living experience, and experience considering diversity, equity, and inclusion.
- 2. Embracing continuous quality improvement process and strategies** that include guiding principles, quality standards, progress monitoring, interdisciplinary project teams, routine knowledge sharing, performance indicator tracking, and phased approaches.
- 3. Allocating resources to support systems thinking**, by connecting with other sectors, team skill sets, programs, and agencies, and organizations across the health-care system and by dedicating staff to community outreach.
- 4. Recognizing that progress is tied to team resilience, flexibility, and agile decision making** in the face of unclear constraints like long procurement processes, privacy impact assessments, various internal factors, and external demands on the health-care system.
- 5. Creating a culture and language of hope** by working collaboratively across sectors; building respectful relationships in and through the team; building empathy and trust; listening, advocating, and recognizing social determinants of health; and valuing the different journeys people have with mental health and substance use.



Mental Health  
Commission  
of Canada      Commission de  
la santé mentale  
du Canada



STEPPED CARE  
SOLUTIONS



#### Contact MHCC

For more information on SC2.0, contact us at [steppedcare2.0@mentalhealthcommission.ca](mailto:steppedcare2.0@mentalhealthcommission.ca) or visit [www.mentalhealthcommission.ca/what-we-do/access/stepped-care-2-0/](http://www.mentalhealthcommission.ca/what-we-do/access/stepped-care-2-0/)

#### Contact MHAP

For more information on the Mental Health and Addictions Program eMH work in Nova Scotia please contact the Senior Communications Advisor at [MHATransformation@nshealth.ca](mailto:MHATransformation@nshealth.ca)