



Mental health in NEWFOUNDLAND AND LABRADOR

Population: 541,391

Rural: 40%

As one of Canada's most rural provinces, Newfoundland and Labrador struggles to retain its mental health workforce and provide good access to services, even though the indicators perform better overall than the Canadian average. The province reports the lowest rates of mood, anxiety and substance use disorders and the lowest rate of unmet need for services. At the same time, Newfoundland and Labrador has the highest self-reported rate of poor mental health in Canada as well as the highest rate of hospitalizations for self-harm among the provinces. Access to psychiatrists is a challenge, as are wait times for services, but a new single-session, rapid-access service may help address waits.

Newfoundland and Labrador's previous mental health strategy, which is now out of date, produced important new policies, including action plans on alcohol and suicide prevention, as well as an updated Mental Health Act. However, the province needs a new mental health strategy to provide a clear path for the next decade of mental health policy, along with a harm reduction strategy in light of the rising number of deaths due to opioids and stimulants.



IN FOCUS: NEWFOUNDLAND AND LABRADOR

Indicator	Indicator Category	NL	CAN
1.1a Mental health, addictions, and substance use (MHASU) Healthcare Investments	Policy	Ins.	6.3%
1.1b Bilateral Health Spending for MHASU	Policy	19.1%	31%
1.2 MHASU Strategy	Policy	Out of date	Out of date
1.3 Decriminalization policy	Policy	–	Low support
1.4 Harm reduction policy	Policy	Moderate support	High support
1.5 Mental Health Acts	Policy	Low concern	–
2.1 Perceived mental health – poor/fair	Population Mental Health (MH)	30%	26.1%
2.2a Prevalence of mood/anxiety disorders (12-month)	Population MH	8.7%	10.6%
2.2b Prevalence of substance use disorders (lifetime)	Population MH	14.9%	20.7%
2.3 Rate of death by suicide	Population MH	10.9	10.9
2.4 Rate of hospitalization for self-harm	Population MH	94.2	64.9
2.5 Rate of apparent opioid toxicity deaths	Population MH	6.7	20.8
2.6 Rate of hospitalizations caused entirely by alcohol	Population MH	187	262
3.1 Percentage of population needing mental health care but needs are unmet or partially met	Service access	6.0%	7.8%
3.2 Percentage of youth with early MHASU service needs who accessed Community Mental Health services	Service access	–	61%
3.3 Number of psychiatrists per 100,000 population	Service access	11.6	13.1
3.4 Supply of MHASU healthcare providers	Service access	2,203.6	1,721.4
3.5 30-day hospital readmission rates for MHASU concerns	Service access	12.6%	13.4%
4.1 Percentage of population reporting poor-to-fair mental health in core housing need	Social Determinants of Health (SDOH)	16.8%	15.8%
4.2 Poverty rate	SDOH	8.2%	8.1%
4.3 Employment rate for individuals with mental health disabilities (ages 25-64)	SDOH	40.9%	46.1%
5.1 Percentage of those with poor-to-fair mental health who experienced discrimination and victimization	Stigma and discrim	7.1%	9.1%
5.2 Percentage of population with poor-to-fair mental health who report feeling a stronger sense of belonging to community	Stigma and discrim	54.6%	54.4%
5.3 Reported rate of drug-related offences	Stigma and discrim	171	162

Note: Values in the table above that do not have a percentage indicate a rate per 100,000 population



IN FOCUS: NEWFOUNDLAND AND LABRADOR

POLICY

Funding

Assessing the strength of Newfoundland and Labrador's mental health, addictions and substance use (MHASU) healthcare policy is challenging: the details regarding funding and long-term plans for MHASU care aren't clear. In this year's budget (2024-2025), NL announced an unprecedented \$4.1 billion in spending for health care, but it contained no estimates for MHASU. What we do know is that the funding for the new Shared Health Priorities agreement struck between the province and Government of Canada (2023) falls below average spending across Canada. Between 2023-2026, \$24.65 million will go to Assertive Community Treatment, rural and remote MHASU, a new mental health facility and community mental health, and the \$24.3 million left over from the 2017 Bilateral Agreement Action Plan will also be spent.¹⁷⁰ This amounts to \$48.95 million, or 19.1% of the overall Bilateral agreement spending, which is lower than average (31%).

Strategy

Newfoundland and Labrador's mental health strategy is now out of date. In 2017, the province released a 5-year mental health action plan, *Towards Recovery: The Mental Health and Addictions Action Plan*.



FALLING SHORT

Out-of-date mental health strategy

Mental Health Scoreboard



NOTE
WORTHY



WORK IN
PROGRESS



FALLING
SHORT



HIGH
ALERT

Although all 54 recommendations in this action plan are reported as 'substantially complete,'¹⁷¹ no specific performance measurement indicators or funding commitments are outlined.¹⁷² In June 2022, the provincial government published an action plan to reduce suicide rates and a Provincial Alcohol Action Plan.



NOTEWORTHY

Action plans to prevent suicide and address alcohol use

Mental Health Act

The *Mental Health Care and Treatment Act* was updated in 2022 and has a mandatory review for a quality improvement process every five years. In this review process, there is a provincial quality assurance review regarding issuance, administration, monitoring and oversight of community treatment orders (CTOs).¹⁷³

Policy response to drug toxicity crisis

Support for harm reduction policy is low in Newfoundland and Labrador: there are no supervised consumption or overdose prevention services in the province, despite calls from advocacy groups to establish them.¹⁷⁴ Last year, the government struck an all-party committee to develop recommendations on how to support people who use drugs, but proposed actions have not yet been announced.¹⁷⁵



POPULATION MENTAL HEALTH

Newfoundland and Labrador reports the lowest prevalence of mood (8.3%), anxiety (9%), and substance use disorders (14.9%) in all of Canada, but also the highest rates of poor mental health (30% compared to 26.1%). It also reports the highest rate of self-harm among the provinces, at a rate of 94.2 per 100,000.

The suicide rate in Newfoundland and Labrador matches the national rate of 10.9/100,000 people. However, suicide rates in the province vary significantly based on demographic and geographic characteristics. From 2020-2021, the Labrador-Grenfell Health region, for instance, had double the suicides compared to the province at large, and Inuit and Innu persons are disproportionately represented among the province's suicides.¹⁷⁶ From 1993 to 2009, the rate of suicide among Labrador's Innu was found to be 10 to 15 times higher than that of the non-Indigenous population of the province.¹⁷⁷

Amidst the nationwide drug toxicity crisis, Newfoundland and Labrador reports a much lower rate of death from opioid toxicity. The province's incidence rate is 6.7 deaths/100,000 people, less than a third of the national average (20.8 deaths/100,000). However, the number of deaths in the province has been climbing.



HIGH ALERT

NL reports the highest rate of self-harm among the provinces.

SERVICE ACCESS

Overall, the service access data in this report are more favourable for Newfoundland and Labrador. The province reports a lower rate of unmet need among those with mental health concerns (6%) compared to the Canadian average (7.8%) and a lower rate of readmission to hospital for MHASU health reasons. The MHASU workforce is also above average (2,203.6 per 100,000 people). The only service access indicator that underperforms is the number of psychiatrists per 100,000, reported to be 11.6, slightly below the national rate of 13.1 /100,000. However, reports from Newfoundland and Labrador tell a different story about access. In 2017, the province launched the 'Stepped Care 2.0' approach to reduce wait times, but psychologists from the Association of Psychology in Newfoundland and Labrador have noted that this approach has improved access to single-session, low-intensity forms of mental health support, but has not had positive impacts on wait times for specialized, higher intensity mental health treatment, usually provided by psychologists and psychiatrists.¹⁷⁸ More recently, Newfoundland and Labrador's Psychology Board reported that the province has some of the longest wait times in Canada for mental health services and that psychologists are moving out of the public system into private practice, causing a shortage.¹⁷⁹



WORK IN PROGRESS

Single-session, rapid access supports have reduced wait times, but not for treatment by specialists.



SOCIAL DETERMINANTS OF HEALTH

The core housing need for residents reporting poor-to-fair mental health is slightly higher than the average, at 16.8% compared to 15.8% and the poverty rate in Newfoundland is close to average. However, the employment rate for people with mental health-related disabilities is below the national average, 40.9% compared to 46.1%.

STIGMA AND DISCRIMINATION

The rates of stigma and discrimination experienced by those who report poor-to-fair mental health are lower for Newfoundland and Labrador, just as for the whole Atlantic region. However, Newfoundland and Labrador reports a higher-than-average rate of police-reported drug offences (171 compared to 162 /100,000), which suggests more work is needed to support the health needs of people who use drugs.