

September 23, 2022

Ms. Emily Hill
Commission Counsel
Mass Casualty Commission
1791 Barrington Street, Suite 310
Halifax, NS B3J 3K9
Emily.R.Hill@masscasualtycommission.ca

Dear Ms. Hill:

I would like to thank the Mass Casualty Commission on behalf of the Nova Scotia Health Authority (“Nova Scotia Health”) for the opportunity to make submissions related to Nova Scotia Health’s role in the provision of mental health and bereavement services to those affected by the mass casualty. Nova Scotia Health, while not a formal participant in the Mass Casualty Commission, has endeavored to assist the Commission in its work by providing documents as well as interviews with several Nova Scotia Health leaders. Much of the information summarized here is already a part of the record of the Commission’s proceedings, either in the form of documentary evidence or interview transcripts; we hope that these submissions help the Commission to understand the full picture of Nova Scotia Health’s efforts to support its people and the community in the days, weeks, and months following the mass casualty, together with lessons learned.

It is important to note that the mass casualty occurred during the first months of a global pandemic. In April 2020, Nova Scotia Health, and the health care system in general, were dealing with the unprecedented demands and pressures created by COVID-19 and the public health restrictions then in place; our response was undeniably impacted by the pandemic. In some cases, this impact was positive – for example, online supports put in place for Nova Scotia Health staff and physicians during COVID-19 were available for those impacted by the mass casualty, even though it was not their original intended purpose; however, in many ways, the pandemic, the associated public health restrictions, and the resulting demands on Nova Scotia Health’s resources created obstacles to an ideal response.

While there were clearly lessons learned from the mass casualty and our response, Nova Scotia Health is proud of the extraordinary work done by our leaders, staff, physicians, volunteers, learners, and community partners to support their fellow Nova Scotians in the immediate aftermath of the mass casualty and in the months and years since.

Nova Scotia's Health Care System

“Health care” is a broad and somewhat nebulous term. The World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”¹. By that definition, health care services encompass a wide array of health and social services. While perhaps not as wide-ranging as the WHO definition would suggest, Nova Scotia’s health care system works with community partners to provide a broad spectrum of services ranging from injury prevention to primary and acute care to end-of-life care.

Nova Scotia Health is an integral partner in Nova Scotia’s health care system, collectively with the Department of Health and Wellness (“DHW”), IWK Health Centre (“IWK”), Office of Addictions and Mental Health (“OAMH”) and the Department of Seniors and Long-Term Care. Within this partnership, DHW is responsible for system leadership, strategic direction, funding, and accountability, while Nova Scotia Health and IWK are responsible for managing and delivering health services, community engagement, and implementing the strategic direction set by DHW.² DHW is a Commission participant (as represented by the Attorney General of Nova Scotia) in its own right, and therefore these submissions do not focus on DHW’s actions in connection with the mass casualty. IWK is responsible for delivery of health care services to women and children, including mental health services for children and youth in Nova Scotia. The OAMH, created in 2021, works with NSH, IWK, and community partners to provide mental health and addictions education, prevention, treatment, and recovery programs. IWK and OAMH are Nova Scotia Health’s partners in delivering mental health services in the province; however, we want to ensure that the Commission understands that these submissions and the evidence presented to date by Nova Scotia Health are representative of the efforts of Nova Scotia Health only.

In the aftermath of a mass casualty, survivors, families, and communities require significant supports. Some of those supports are in the category of services traditionally viewed as “health care” services, while others may be more traditionally viewed as “social” or “community” services. What category they belong to, or who is to deliver them, should not create unnecessary barriers – clearly, what is most important is that these supports reach the people and communities who need them. That said, it is important for the Commission to understand the structure of Nova Scotia’s health care system so that its recommendations can take that structure into account.

¹ <https://www.who.int/about/governance/constitution>

² p. 6, *DHW Accountability Report 2020-21*, available at: <https://beta.novascotia.ca/sites/default/files/documents/1-2918/accountability-report-2020-21-department-health-and-wellness-en.pdf>.

Nova Scotia Health as an Employer

In addition to being responsible for the delivery of health services, Nova Scotia Health is the workplace for approximately 30,000 Nova Scotians³. Many of Nova Scotia Health's employees, physicians, learners, and volunteers were directly impacted by the mass casualty, whether through their work or their personal connections to the events as friends, family, and community members. While the Commission has invited submissions from Nova Scotia Health specifically with respect to mental health and bereavement services, we have also included below important information about the impacts of the mass casualty on our workforce, Nova Scotia Health's efforts to support its people during this unprecedented time, and areas for improvement with respect to occupational health and safety.

Report of Dr. Jaclyn Schildkraut

Nova Scotia Health has reviewed, the conclusions and recommendations in, the *Support Services for Survivors, Families, and Communities Foundational Document* (the "Report"), by Dr. Jaclyn Schildkraut. In these submissions, Nova Scotia Health has outlined actions taken to respond to the mass casualty that align with the recommendations in the Report, along with gaps that existed within our response. We have also noted lessons learned on how Nova Scotia Health can better respond in any future event. Actions taken by other health system partners (e.g., IWK, DHW, OAMH, etc.) are not included within this submission. However, the Commission may wish to seek additional information from these organizations.

In some cases, these gaps had been identified by Nova Scotia Health prior to reviewing the Report, and in others we have identified new learnings based on the Report's conclusions.

Actions aligning with the recommendations in the Report

In the hours, and subsequent days, after the resolution of the immediate threat by local, provincial/federal authorities including the Royal Canadian Mounted Police (RCMP), Nova Scotia Health mobilized to assess the situation and need for support from a program perspective. Work undertaken in the immediate aftermath of the event combined with an assessment of needs from both an organizational and community perspective resulted in a number of action items identified for immediate implementation.

As outlined in the Report, survivors require **'Formal Resources: Counselling and Therapy.'**

Please see below the action taken by Nova Scotia Health programs and services aligning with this recommendation:

³ According to NS Health's Annual Report 2020-21, NS Health employs 24,897 staff, has 6,556 learners and 2,961 licensed physicians; see <https://www.nshealth.ca/AnnualReport2021-22/numbers.html>.

Nova Scotia Health Mental Health and Addictions Program

- Mobilizing Nova Scotia Health's Mental Health and Addictions Program (MHAP) Crisis Response Team in Northern Zone to provide immediate **support** to families, victims, and Nova Scotia Health staff, and communicating the availability of resources. Approximately six members of the Truro and New Glasgow MHAP Crisis/Urgent Care Teams were deployed to Colchester East Hants Health Centre (CEHHC) site at 1:30 p.m. on Sunday, April 19, 2020. The team stayed on site until approximately midnight in the aftermath of the incident to provide **support** for staff, individuals, and families impacted by the mass casualty event. Crisis teams worked regular hours 8:30 a.m. to 6:00 p.m. the week of April 20 - 24 with availability to stay late if needed and offered **support** and **navigation** to staff and clients/patients who presented to hospital or who were referred. Clinicians would do walkabouts to the units to see if anyone needed **supports**.
- Colchester child/youth MHA clinicians met with IWK MHA leaders immediately after event and every two weeks following to **support** team members in their approach to the tragedy, outreach, and to work with clinicians directly involved with survivors. Colchester clinicians received Trauma Focused Cognitive Behavioural Therapy (TF-CBT) **training** organized by the IWK Trauma Informed Care (TIC) team. This team was moved to the first cohort of training in summer 2020.
- Nova Scotia Health reached out to our Employee Assistance Program/Employee and Family Assistance Program (EAP/EFAP) provider to arrange additional **supports** onsite at CEHHC. Robert Zeigler, MEd, RCT-C, a psychotherapist for the Morneau Shepell Global Critical Incident Team was available for in-person, confidential **support** for hospital staff on April 22, 23 and 24, 2020, from 2 p.m. until 9 p.m. Mr. Zeigler was available for either booked appointments or walk-in appointments at the CEHHC facility. Employees were able to confidentially sign up for appointments thereby reserving an appointment time for them to attend at a set time and date that they choose. Mr. Zeigler also provided drop-in session times. Proceeding or following the **intervention** with Mr. Zeigler, Nova Scotia Health encouraged the employees to contact their EAP/EFAP (available 24/7) if they required additional or ongoing **support**. The number provided was 1-800-387-4765 and was available to all Nova Scotia Health staff.
- Nova Scotia Health began actively working to **support** youth and families directly/indirectly affected through our partnership with the Department of Education and Early Childhood Development. The Schools Plus program offered **crisis and psychological support** through virtual care options. When schools reopened, MHAP offered additional in-person supports to affected schools and students from our Adolescent Outreach and Schools Plus Teams. Adolescent Outreach offered virtual **resiliency-based supports** to students during the summer of 2020.
- Nova Scotia Health implemented five Response **Pathways** through the Provincial MHAP Crisis Line to the Operational Stress Injury (OSI) Clinic, Crisis Line, Nova Scotia

Health staff, school based, and Psychology Association of Nova Scotia. These are utilized by the Provincial MHAP Crisis Line and community partners to ensure referral of individuals to appropriate MHAP resources.

- NS COMPASS service, originally developed to provide **evidence-based and specialized mental health care** for Nova Scotia Health staff experiencing difficulties related to the pandemic (e.g., burnout, anxiety, depressive, post-traumatic, or acute-stress-related symptoms), was implemented ahead of schedule on April 22, 2020 to provide immediate support to Nova Scotia Health staff involved in the response to the event. Staff were able to email for **services** rather than calling intake and registering to respect privacy concerns that were brought forward.
- Implemented First Responders Assist on April 23, 2020. This new program offers supports to other first responders including Emergency Health Services, municipal police, and fire services by providing 24/7 access to **telephone-based counselling and support**. Contact will be made as soon as possible and within 24 hours.
- Nova Scotia Health established a partnership with the Psychology Association of Nova Scotia to offer a **single psychological support** session by a Nova Scotia psychologist. A phone number was established and activated April 28, 2020. This service was available to any Nova Scotians impacted by the mass casualty.
- MHAP identified clinical staff with **specialized training and expertise in Post-Traumatic Stress Disorder (PTSD) and Post-Traumatic Stress Syndrome (PTSS)** to support matching clients. In addition, if clients did not feel their current therapist was a match for them, a transfer to another trained clinician was facilitated.
- Nova Scotia Health increased Operational Stress Injury (OSI) Clinic capacity to provide **support** to veterans, RCMP members, and their families. The New Brunswick OSI clinic has offered **support and resources** which is being evaluated for integration.
- MHAP **adapted intake processes and expanded their mandate** to allow for flexible, **individualized trauma informed approaches** with a focus on the provision of **psychological first aid** in the aftermath of the event. Examples include:
 - No door was the wrong door. No matter how clients or service providers reached out to MHAP formally or informally for **service** there was a response and connect made. This was done without redirection to our typical process of connecting to MHAP's Intake Service to complete an assessment. Clinicians were able to assess if it was too difficult for clients to go through our typical processes of intake interviews or clinical assessments and choose not to complete them as usual.
 - The Colchester East Hants Health Centre clinical team leaders met daily to assign referrals quickly and ensure **follow ups** had occurred to ensure clients were not falling through the cracks.
 - Despite the pandemic restrictions of home visiting being suspended, clinicians were able to work with Infection Prevention and Control (IPAC) to provide **home visits** to clients who found it difficult to engage virtually or in the clinic setting.

- Additional **training** was provided to Northern Zone teams on trauma and grief:
 - Additional opportunities for **training** for the adult team clinicians in Cognitive Processing Therapy and Assessment & Treatment of Adult PTSD were offered through Provincial Centre for Training, Education, and Learning (PCTEL).
 - All staff were supported in attending and participating in **webinars** available relating to trauma, resiliency, grief, etc.
- Nova Scotia Health promoted the Provincial Mental Health and Addictions Crisis Line to provide **timely access to services** for all Nova Scotians via press release and social media on April 19, 2020. The Provincial MHAP Crisis Line provided immediate access to **counselling and guidance to additional services** if indicated (e.g.: NS COMPASS, OSI, provincial intake services, or other emergency response (911)).
- MHAP supported the development of **resource guides** to be distributed by Victim Services and provided **training and education** to the Victim Services team to support their response in the community. Victim Services and Primary Health Providers were provided the contact.
- Nova Scotia Health and MHAP social media channels developed a social media plan leading up to and after the anniversary to reiterate the availability of publicly accessible **e-Mental Health resources** and **mediums for information uptake** (On-Line Resources: Grief Counselling, eMental Health Tools (MindWell-U, Therapy Assistance Online, ICAN), as well as providing information regarding other community supports. MHAP also did a targeted mail out in July 2020 to the communities impacted reiterating the **services and supports** that are available.
- Crisis Intervention Training (CIT) for Law Enforcement was offered to police officers in Stellarton in December 2021 and in Amherst in May 2022. Colchester County will be offered this training at a future date. The CIT model consists of a four-day specialized police curriculum that bridges the gap between police response and mental health care by forming community partnerships. The goals of the training are to improve officer and community safety to help persons with mental disorders and/or addictions access medical treatment rather than place them in the criminal justice system due to illness-related behaviors.
- On the first anniversary of the mass casualty, MHAP staff were available onsite at Colchester East Hants Health Centre for staff and physicians who required immediate **in-person support**.
- On the first anniversary of the mass casualty, MHAP partnered with the Association of Psychologists of NS (APNS) for a second year to increase **support** to Nova Scotians impacted by the mass casualty. Psychologists across Nova Scotia offered free **short-term therapy** from April 5 to May 7, 2021. People who experienced emotions related to the mass casualty had access to sessions (up to three) to talk about difficulties they define as impacting their mental wellness and ways of coping. This **service** was in collaboration with the programs and services available through MHAP.

Mental Health and Addictions Program Health Promotion and Protection

Community Health Boards

- Assisted Community Health Boards (CHB) in Pictou County in planning for a mental wellness roundtable event focused on mental wellness and resilience for families and youth. The objectives were:
 - to increase communication and collaboration among groups and organizations that support mental wellness and resilience in Pictou County
 - to increase public awareness of mental wellness resources in Pictou County
 - to pool knowledge and resources to support mental wellness and resilience in Pictou County
- Assisted with the development of a Mental Wellness and Resilience Toolkit: The Toolkit that was created included a suite of different training and support tools for different populations along with a comprehensive list of resources in Pictou County that support mental health and wellness. Sections of the toolkit included:
 - Understanding Mental Health and Developing Self-Awareness
 - Creating Mentally Safe and Supportive Environments
 - Supporting Individuals During a Mental Health Crisis
 - Pictou County Resources
- Collaborated with the Along the Shore CHB and supported their virtual CHB Summit to provide support and resources for their Community Care & Connect workshop series focusing on different topics such as grief support, emotional management, and self-care.

Municipal Alcohol Project

- Municipal Alcohol Project (MAP) is an approach by municipalities to shift the normative culture of heavy alcohol use and to reduce alcohol-related community disruption and other associated harms. Currently established in Cumberland and Pictou counties, and East Hants (recently).
- The Pictou County MAP working group is currently in the process of developing a Harm Reduction Checklist for Major Planned Events. The goal of the checklist is to help reduce direct and indirect alcohol and substance-related harms while increasing public safety at upcoming major events in Pictou County.
- Cumberland County Municipal Alcohol Project Work: Signage on ATV trails in Cumberland County, continued meetings to talk about the impact of COVID-19 and alcohol use, as well as mental health, cancer, and alcohol use in our region.
- Established and chair the East Hants Community Alcohol Project working group

Interagency Committee on Family and Sexual Violence

- MHAP Health Promotion and Protection Team supports the Interagency Committee on Family and Sexual Violence through public awareness campaigns, support provided to RCMP officers delivering workshops in schools related to violence in

relationships, and through building community capacity. MHAP helps to bring a health equity lens to the Interagency Committee on Family and Sexual Violence.

Additional work

- Provision of Applied Suicide Intervention Skills Training (ASIST) to community partners. Discussions with community partners to provide ASIST workshops are ongoing.
- Assist with planning and development of an online provincial alcohol forum this year, looking at alcohol harms from a mind, body, and soul perspective.
- Assist with development of resources in collaboration with Health Promoting in Schools focusing on how to be an ally to those living with mental illness.
- Liaise with community organizations to create a resource list for those in need of MHA support.

Nova Scotia Health Occupational Health, Safety and Wellness

- Nova Scotia Health Occupational Health, Safety and Wellness (OHSW) immediately provided **support** and **navigation** to staff members in the first few days after the event, but as other services were stood up the need for staff crisis supports decreased over the course of the week.
- OHSW attempted to **reach out by phone** to all staff and physicians identified as working in the CEHHC Emergency Department as an initial attempt to connect following the incident to check in and ensure they were aware of available support services.
- Dr. Brendan Carr, former Nova Scotia Health CEO and president, provided a provincial message to staff and physicians with **resources and supports** available. This was paired with a Northern Zone staff and physician memo of resources available to **support** staff and physicians that included:
 - OHSW booking additional dates for **online support sessions**
 - A free four-week program through Wellness Together Canada and MindWell. The program was developed specifically for health care workers, by health care workers, and aims to provide the necessary **tools and supports** that can help all health care workers and physicians feel confident and capable in the workplace along with building their overall resilience and well-being.
 - Nova Scotia Health's Employee Family Assistance Program
- As noted in the Report, the response of those impacted is highly variable and individuals may not seek services for months or years following the incident. In both the short-term and longer-term, OHSW increased **case management support** for Northern Zone (NZ) staff.
 - OHSW increased **support** to Northern Zone through temporarily providing services of a Provincial Wellness Coordinator to Northern Zone immediately following the incident.

- Northern Zone OHSW reallocated existing 1.0 Full Time Equivalent (FTE) Injury Prevention Consultant to **case management to support** increased workload at CEHHC on a temporary basis for approximately one year.
- Nova Scotia Health provincial OHSW reallocated a Rehabilitation Consultant, 1.0 FTE, from Central Zone to Northern Zone on a temporary basis to further support **case management** beginning November 2020.
- Northern Zone Rehabilitation Consultant position, 1.0 FTE, was made permanent in April 2021 to provide on-going **case management support** across Northern Zone.
- LifeSpeak **online platform** was purchased and is available to health care workers and physicians to maximize mental health and well-being.
- MHAP in conjunction with OHSW brought in the WeCARE **workshops and e-learning program** in early 2022 to provide **education** to managers and peers on how to identify and support a teammate who is struggling.
- OHSW recognized staff may be impacted by the event because of their work treating persons injured in the event, as friends or relatives of those injured in the events, and as members of the impacted community.
 - When engaging with OHSW, staff would be directed to available **supports** as appropriate for personal or work-related illness or injury. These supports included Employee Family Assistance Program (EFAP), COMPASS, First Responders Assist, Personal Assistance Towards Health (PATH) program, Workers Compensation Board (WCB), or provincial mental health support lines.
- Nova Scotia Health emergency department manager formed a small internal **working group** including the CEHHC emergency department manager, Northern Zone People Services director, senior human resources consultant, Northern Zone Occupational Health, Safety and Wellness manager, and provincial OHSW wellness coordinator.
 - Working group requested rapid literature review to gain information regarding **evidence-based response** to community-wide trauma and grief.
 - Working group submitted request for **Workforce Psychosocial Response Team and Support** in Oct. 2020 based on rapid review. However, the working group did not receive approval for implementation from senior leadership.

Nova Scotia Health Primary Health Care

- In collaboration with MHAP, an urgent care clinical therapist has been present one day a week at the West Colchester Community Health Centre since March 2022 to provide **assessment, treatment, and support** when the inquiry began to offer more accessible care in the community during the proceedings. Longer term needs will be explored.
- Primary Care is facilitating a **community engagement session** for the West Colchester Community Health Centre planned for September 2022, in recognizing the grief and trauma cycle can be delayed and/or require extended supports; MHA has been invited

to participate in the **consultation** to explore ongoing mental health and wellness supports required in the community of Bass River.

- For staff, there was, and continues to be, ongoing promotion by Primary Health Care of OHSW supports available.

Nova Scotia Health Interprofessional Practice and Learning

- Nova Scotia Health Interprofessional Practice and Learning (IPPL) has outlined a plan to make trauma-informed healthcare accessible, integrated, proactive, compassionate, and measurable. With a focus on trauma-informed care several key actions are in progress.
- The introduction of a Violence Prevention, Intervention & Response Program, which includes positions, **services, and actions** to enhance and more appropriately address response to gender-based-violence (GBV) and trauma, including more immediately, sexual violence (SV) and domestic violence (DV), with funding request for expansion of services and supports. The first three priority actions that are underway include:
 - Sexual Assault Nurse Examiner (SANE) program: There is provincial expansion of **community-based SANE programs** coordinated through Nova Scotia Health, with response to over 20 sites across Nova Scotia, including all tertiary/regional hospitals, many other health care centres, and community health clinics (moving towards expansion to community-based response sites). The goal is to have in-person SANE response within 90 minutes of any community. 24/7 phone response continues.
 - Highest risk domestic violence (DV): Response to Nova Scotia Provincial Highest Risk Domestic Violence Table, this Department of Justice (DOJ) initiative is a multiagency approach to highest risk DV cases with a goal to provide **intervention and supports** to mitigate serious harm and domestic homicide. Partnership includes several stakeholders including government, Department of Justice, policing, victim support services, and health. This response includes the addition of 2.0 FTE provincial Nova Scotia Health DV consultant positions to support the implementation of this work.
 - Sexual Violence Trauma Therapy (SVTT): Oversight of new provincial **Community Support Network** for Sexual Violence Trauma Therapy (SVTT) RFP, with an increase from 11 to 24 FTE trauma therapist positions and addressing identified gender, cultural, and geographical gaps in Nova Scotia. This community-based model is trauma- and violence-informed and provides **trauma-specific services** with services remaining in community and provided by experts in GBV, appropriately placed.

As outlined in the Report, survivors require **‘Informal Resources: Social Support.’** Please see below the action taken by Nova Scotia Health aligning with this recommendation:

- It is important to note under this recommendation that during the events of the mass casualty, COVID-19 and provincial restrictions were present in community and within health care settings. Nova Scotia Health was supporting pandemic response, and due to physical distancing and keeping interactions to close social circles, people were unable to come together, share food, and gather as they would following a tragic event.
- MHAP developed a series of **webinars** offered to the general public led by Dr. Jackie Kinley, psychiatrist, focusing on coping and resiliency
- While support groups for staff specifically impacted by the mass casualty were not organized, there were many **online opportunities** offered as part of the COVID-19 response for connection and sharing of experiences as listed in ‘Care for the Caregiver’ Newsletter from April 2020 through December 2020. Some examples include:
 - Daily staff **support sessions** facilitated by an EFAP counsellor in a group format with techniques and strategies to help and navigate in uncertain times
 - Lunchtime Connection Café for all staff and Leadership Café with guidance from coaches and consultants from Talent and Organizational Development including **sessions** on psychological wellness
 - Weekly **online sessions** on ‘Addressing Grief’ within our health care community facilitated by Nova Scotia Health bereavement and grief coordinators
 - Psychological Wellness for Teams **sessions** offered by request with support from OHSW and Talent and Organizational Development
- WeCARE **learning module** and **social support workshops** for staff and physicians were offered in partnership with MHAP, Occupational Health, Safety and Wellness, and Mental Health Innovations to support Northern Zone staff and physicians. This program has since been broadened to be offered to all Nova Scotia Health staff and physicians. The workshops and learning module provided people an overview of how Occupational Stress Injuries (OSI) and Post Trauma Stress Injuries (PTSI) can contribute to declining mental health. It also provided staff and physicians the opportunity to develop a personal self-care and resilience plan to help cope with stress, burnout, and compassion fatigue.
- MHAP was to offer an Optimal Aging/ Resiliency **seminar** to the senior’s community, led by Dr. Ian MacKay, geriatric psychiatrist, in the coming year. Pandemic restrictions have led to the cancelation of this four times.

As outlined in the Report, survivors require ‘**Additional Avenues for Supporting Individuals and Communities after Mass Shootings, such as Memorials and Annual Remembrance Events.**’ Please see below the action taken by Nova Scotia Health aligning with this recommendation:

- It’s important to note under this recommendation as well, during the events of the mass casualty, COVID-19 and provincial restrictions were present in community and within health care settings. Nova Scotia Health was supporting pandemic response, and due to physical distancing and keeping interactions to close social circles, people were unable to come together, share food, and gather as they would following a tragic event.
- Core items considered as part of planning for the first annual observance were communications – internal and the external media approach, review of staff and physician schedules to accommodate time off requests, **onsite grief support** for staff and physicians, ceremonial actions, emergency department staffing and physician levels to allow for potential increased volumes and flexibility; and the physical environment – space to allow for quiet reflection.
 - Nova Scotia Health, on the anniversary of the mass casualty, placed hearts and messages in the windows of Colchester East Hants Health Centre to help promote feelings of well-being, recovery, and solidarity, aimed towards promoting positive coping mechanisms.
 - Internal communications included locally tailored messaging for the site and the zone, as well as a broader acknowledgement from the CEO.
 - Ceremonial actions included flying flags at half mast, the placement of window decals along the front of the building – showing support to the community - and 22 LED candles placed in the prayer room.
- Individuals may be impacted by grief for months or years following the event and be sparked by reminders and anniversaries.
 - Health and wellbeing **resources** were frequently shared with managers and staff through ‘Care for the Caregiver’ Newsletters from April 2020 through December 2020
 - A six-week **wellness series** addressing grief from a trauma informed lens offered leading up to first holiday season in Nov/Dec 2020
 - Notifications were made to staff when a television documentary on the mass casualty was to be released for awareness and to offer information regarding available **mental health supports**
 - **Acknowledgment and supports** provided in April 2021 at CEHHC around the anniversary of the event including mental health support on site April 16 - 19 for staff, physicians and community members, LED candle display in prayer room, and window decals displaying hearts with Nova Scotia tartan.
- Within Nova Scotia Health’s Northern Zone, planning for the first annual observance included those impacted by the event at the site at the management level, but did not include frontline staff or physicians.

Gaps identified in relation to recommendations outlined in the Report

- Critical Incident Stress **Debriefings** may be helpful for first responders and medical workers, however, COVID-19 restrictions at the time of the mass casualty prevented group gatherings and on-site post incident **counselling** was for individuals or small groups up to five in total. Plans for in-person team **debriefs** for the emergency department, when gathering limits increased, were planned, and then again cancelled due to new waves of the pandemic and abrupt changes in gathering limits.
- As noted in the Report, providing **psychological first aid** in the early stages of the response is suggested. OHSW did begin to train some staff in psychological first aid as part of a planned Peer Support Program. However, only one training session was completed. The move of our provincial wellness coordinator to work outside of Nova Scotia Health, as well as a lack of dedicated support for the program, stopped progress on this initiative.
- As the proposal for a Workforce Psychosocial Response Team was not implemented, there is still no proactive, dedicated **response team to support** staff experiencing primary or secondary vicarious trauma through their workplace experiences.
- Frontline staff and physicians were not offered the opportunity to participate in the planning for the annual observance activities at Nova Scotia Health. There may have been too much time and attention put into the annual observance event rather than various employee supports on location throughout the year.
- Standardized system-wide trauma-and-violence-informed awareness and approach could be improved in health care and health care education.
 - Our response after the fact contributes to vicarious trauma for staff and physicians as they reflect on care provided in the past which was not in appropriate response to needs of those who are/have experienced violence.
 - Nova Scotia Health would benefit from further investment in **Trauma Informed Care** (TIC) to further embed and sustain TIC across our services and to monitor and mitigate working in trauma exposed environments.
 - Beyond health - this approach needs to be applied across all systems, including justice, education, community services, etc., otherwise, the siloed and disconnected approaches to trauma further perpetuate trauma impacts.
 - Acknowledgement of the impacts of violence and vicarious trauma on service providers with adequate supports.
- Standardized **education**, knowledge, understanding, and adequate **resources to** provide effective response to domestic violence (DV) and gender-based violence including dynamics, incidence, warning signs, indicators/flags of higher risk of lethality, screening for violence/DV (potential victimization and perpetration), lethality assessments, safety planning, coercive control, strangulation, and supports.
- Safer, culturally appropriate, more accessible, and seamless **response** to violence provided in the community and alongside/by the community.

Upcoming planned projects, and initiatives that correspond to Report recommendations

Nova Scotia Health continues to make significant improvements and adjustments to our services to meet the needs of Nova Scotians. We recognize the impact the mass casualty has had on the community of Portapique and across the province. We are committed to helping support Nova Scotians impacted by this tragedy. Please see below lessons learned, upcoming projects, and initiatives that correspond to the Report that will help support those impacted:

Nova Scotia Health

- Investment in a provincial trauma informed care (TIC) and **trauma treatment framework** with infrastructure.
- Invest in the creation of TIC specific intersectoral system staff positions across Nova Scotia.
- Support and provide TIC **training** to a Resilience Centre if the community decides to follow up on this recommendation from the Report.
- Engage intersectoral system partners and community-based organizations in building trauma-informed communities through collaboration and shared definitions, goals, and indicators.
- Support the helpers: spread awareness about the impact of trauma-exposed work environments and invest in initiatives that help **support** organizations to create a staff wellness culture.
- Continue to consult and create TIC **curriculums** for university and college courses.
- Invest in Nova Scotia specific **research** that investigates trauma (i.e., root causes, social determinants of health, protective factors, resilience, trauma treatment outcomes) that use methodologies that value and include first voice experience.
- Commit to provincial mandates, policies and programming that recognize and address intersectionality, marginalization, and systemic inequalities in Nova Scotia (for example the 2021 NS Child and Youth Poverty Report Card).
- Development of a sustainable model that will include consistent yearly remembrances focused on **support** for staff that promotes belonging and wellbeing, as well as supports that will continue to be available throughout the year.
- From an organizational perspective, going forward planning for **annual observances** Nova Scotia Health will include management as well as frontline staff and physicians to ensure their voices are being heard and their needs are being met
 - Engagement with frontline staff and physicians will be more purposeful in asking what they need rather than making assumptions and recognizing that not all will have the same feelings/reactions.

Nova Scotia Health Mental Health and Addictions Program

- Roots of Hope pilot - Roots of Hope launched in September of 2021, and is a multi-site, community-led project overseen by the Mental Health Commission of Canada, that aims to reduce the impacts of suicide within communities across Canada. The project builds upon unique community expertise to **implement suicide prevention interventions**. It will lead to the development of an evidence base, including best practices and suicide prevention **guidelines and tools**, to support the scale up and implementation of a “made-in-Canada” model across the country. Roots of Hope is currently being piloted in Colchester County in Northern Zone.
- As identified in Action for Health Strategic Plan for Nova Scotia (Solution 6), MHAP will be partnering with a community-based organization to develop and launch a **Peer Support Telephone Service**. This service will be available to all Nova Scotians 18 and up experiencing mild mental health and/or substance use concerns or, who are feeling isolated, alone, anxious, distressed, or need someone to talk to who will listen with empathy and without judgment. The trained peer supporter will provide **non-urgent social and emotional support**, reassurance, and encouragement to callers, as well as information regarding community services and supports that may assist the caller.
- There is ongoing **training** for MHA clinicians in evidence-based care for PTSD as well as regular offerings of trauma-informed care **workshops** for all MHAP staff through the Provincial Centre for Training, Education, and Learning.
- Expansion of Tranquility eMental Health **tool** for Nova Scotians to self-refer. It is currently available through MHAP’s intake service. Tranquility, an **internet-based cognitive-behavioural therapy (iCBT) anxiety and depression program**, expands upon and complements the existing suite of MHAP’s **online supports** such as Mindwell-U, Therapy Assistance Online (TAO), TogetherAll, and Wellness Together Canada. The Tranquility program will provide an opportunity for those adults needing **support** for mild to moderate anxiety and depression to receive care without needing to meet in person. Users of the program will have 24/7 access to program content, completing 9-12 **modules** for the core programs with unlimited access to **coaching**.

Nova Scotia Health Occupational Health, Safety and Wellness

- Nova Scotia Health’s Occupational Health, Safety and Wellness (OHSW) will continue to direct staff to available **supports** as appropriate for personal or work-related illness or injury. These supports include personal treatment providers, Employee Family Assistance Program (EFAP), Personal Assistance Towards Health (PATH) program, Workers Compensation Board (WCB), LifeSpeak, or provincial mental health support lines.
- As noted, MHAP in conjunction with OHSW brought in WeCARE **workshops** and **e-learning program** in early 2022 to provide education to managers and peers on how to identify and support a teammate who is struggling and access to the online course remains available through the provincial Learning Management System (LMS).

- Nova Scotia Health People Services, in conjunction with University of New Brunswick (UNB), will be offering the opportunity for about 200 formal and informal leaders within Nova Scotia Health to complete the **UNB Certificate in Psychologically Safe Leadership** aligning with the organizational commitment to implement the National Standard of Canada for Psychological Health and Safety in the Workplace for promoting mental health and preventing psychological harm at work.

Nova Scotia Health Primary Health Care

- From a Primary Health Care (PHC) perspective, early engagement with MHAP at the time of a such an event to ensure Primary Health Care teams understand referral options and/or opportunities for targeted partnerships to embed mental health and **wellness supports** in specific communities at risk.
- PHC is also moving forward with team-based metric planning to **incorporate social workers and wellness navigators into our teams** through future business planning.

Nova Scotia Health Interprofessional Practice and Learning

- Nova Scotia Health Interprofessional Practice and Learning (IPPL), will incorporate a violence- and trauma-informed lens to policies, programs, and all educational programs within IPPL and will continue to focus on research to explore and deliver the **best practice approaches to violence and trauma**.
- IPPL is currently going through the process to obtain funding to support a **system-wide trauma-and-violence-informed approach/culture shift** which includes an overlapping phased approach to address violence and trauma from primary, secondary, tertiary, and quaternary approaches.
 - Program Sustainability - Phase 1 (immediate): of current Sexual Assault Nurse Examiner (SANE) services and Nova Scotia Health Violence Prevention, Intervention & Response Program. Optimize scope of practice of SANEs to include Registered Nurse Prescribing. Additional Nova Scotia Health positions planned, pending funding: administrative support, Epidemiologist (violence focus), Research/Implementation Science Lead.
 - Enhance Domestic Violence Response - Phase 2 (by spring 2023, pending funding): by SANE programs and expanded/strengthened DV response across Nova Scotia Health to include robust response, education, screening for violence at every point of entry to the health care system, strangulation assessments, and lethality assessments. Includes funding request for expanded SANE response and education, additional Nova Scotia Health DV consultant positions and educator.
 - Expanded Response to Interpersonal Violence (IPV) and Trauma-and Violence-Informed System Integration - Phase 3 (begin fall 2023): To effectively address health, a trauma-and violence-informed approach to care and full health system response to IPV is necessary and attention across all program areas is required. Initial focus on DV, sexual violence (SV), and GBV, human trafficking,

and strangulation. Initiatives will be integrated with implementation of IPV education and policy, with ongoing education, policy development, and system planning. SANE response to include all forms of violence, such as elder abuse, child abuse, all forms of human trafficking for example. Funding request for expanded SANE scope and response sites with focus on response to community-based sites and pathways to support is required. Nova Scotia Health positions including policy and strategy lead, analytics lead, provincial IPV educator, and medical co-lead support.

- The overall goals include:
 - Improving ability amongst health care providers so they are better able to identify risks of violence and appropriately address or refer to appropriate, supportive resources to minimize harms.
 - Development and implementations of policy and protocol with additional resource development, education, data collection and analysis, research, and support for staff.
 - Implementation of dedicated professional development infrastructure.
 - Policy support for new/revised policies and protocols: epidemiologist, research, and analyst positions to support and inform planning, future research needs, analyze costs, strategize, and support measures to adjust approach to violence/distress as a standard of care in all settings and focused research related to violence.
 - Ongoing case coordination and assessment of need for additional positions dedicated to violence will be necessary. RN Prescribing implemented for SANEs.
- Violence Prevention, Response to Children and Older Adults - Phase 4 (begin Fall 2023): Focused attention to violence prevention, addressing root causes of violence, and response to older adults and children.
- Launch Proof of Concept Provincial Family Violence/Justice Centre (Community Wellness Approach) - Phase 5 (by 2026): Moving non-emergent violence response to community in a dedicated structural and virtual multiagency approach. This approach will be in the form of a hope-inspired, resilience/wellness-focused, trauma-and-violence-informed, and family violence/family justice centre of excellence, where all services related to violence are coordinated together to support individuals and families, rather than individuals and families needing to attend multiple locations in a more siloed, ineffective way.

Thank you for the opportunity to provide additional information to the Mass Casualty Commission on Nova Scotia Health's continued focus on the supports needed for our staff, physicians, patients, and communities.

Please do not hesitate to contact Nova Scotia Health if you have additional questions or require clarification on the information we have provided.

Sincerely,

A handwritten signature in black ink that reads "Bethany McCormick".

Bethany McCormick
VP Operations, Northern Zone
Nova Scotia Health