

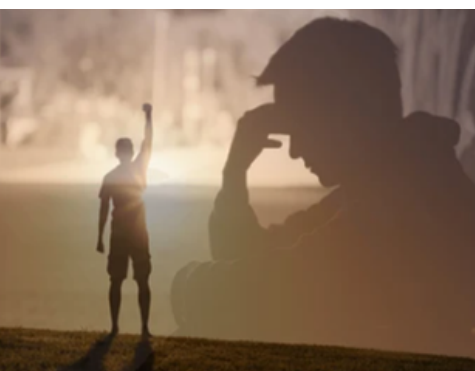


Oversight of Mental Health and Addictions Services

JUNE 2026

REPORT OF THE AUDITOR GENERAL TO
THE NOVA SCOTIA HOUSE OF ASSEMBLY

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June 23, 2026

Honourable Danielle Barkhouse
Speaker
House of Assembly
Province of Nova Scotia

Dear Madam Speaker:

I have the honour to submit herewith my Report to the House of Assembly under Section 18(2) of the *Auditor General Act*, to be laid before the House in accordance with Section 18(4) of the *Auditor General Act*.

Respectfully,



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Oversight of Mental Health and Addictions Services



Why We Did This Audit

- Mental health and addictions issues can lead to serious consequences for Nova Scotians, including increased hospitalization and challenges related to stable housing and food security.
- In 2024, the Canadian Mental Health Association reported Nova Scotia as having higher than the national average rates of mood and anxiety disorders, substance use disorders, and alcohol-related hospitalizations.
- In 2021, the Government committed to provide universal mental health and addictions care for all Nova Scotians and the Office of Addictions and Mental Health was created with its own Minister.
- In 2024-25, the Office of Addictions and Mental Health had total departmental expenses of \$350 million.

Key Audit Results

- The Office of Addictions and Mental Health (the Office) is not providing effective oversight of mental health and addictions services in Nova Scotia.
- Five years since its creation, the Office's role, responsibilities, and distinction from the Department of Health and Wellness are not clear.
- The Office lacks service access standards and does not know the full extent of mental health and addictions services and service locations in the province.
- Reporting requirements for health authorities are not clear and do not contain benchmarks or targets to measure performance. There is limited monitoring of this reporting by the Office.
- The Office does not publicly report on the performance of mental health and addictions services in Nova Scotia.

This report makes

10







Recommendations




to strengthen the oversight, management, and public reporting of mental health and addictions services in Nova Scotia.







Reference Guide – Key Findings and Observations



Paragraph	Key Findings and Observations
Background	
4	Office of Addictions and Mental Health contributes to <i>Action for Health</i>
6	High prevalence of mental health and addiction issues in Nova Scotia
7	Five tiers of mental health and addictions care delivered by a variety of service providers
9	NSH provides mental health and addictions services in 97 locations across the province
10	Over \$900 million in funding for mental health and addictions services between 2022-23 and 2024-25
13	Audit focused on the Office's oversight of NSH and IWK
The Office has limited oversight responsibilities for mental health and addictions services	
14	Responsibilities of the Office not distinct from the Department of Health and Wellness in legislation, policy, or practice
22	Office's main priority is implementation of universal mental health and addictions care for all Nova Scotians
27	Workplan established for universal mental health and addictions care
31	Office recognition of Accreditation Canada standards for mental health and addictions care reasonable
No service access standards established, and Office lacks knowledge of full range of services and service locations available	
34	Service access standards for mental health and addictions services not established
40	Full extent of mental health and addictions services, and their locations, are unknown
44	No requirements set for distribution of service locations or range of services available across health regions in Nova Scotia
48	Office website lacks clear information on how to access mental health and addictions care
Lack of targets, limited monitoring of NSH and IWK performance	
51	Performance measures for universal mental health and addictions care not finalized
55	Biannual report requests lack clear expectations and performance targets, reports provided by NSH and IWK missing information
65	Potential benefits of data collection not realized
69	Oversight committees include key system partners, support system collaboration
73	Office relies on oversight committees for monitoring
75	Steering Committee meeting minutes provide limited record of key oversight activities
80	Strategic Deployment Review Committee action items remain outstanding
Limited public reporting on mental health and addictions services outcomes	
84	The Office does not publicly report data on the performance of mental health and addictions services
89	Recent audit found <i>Action for Health</i> wait time indicators did not reflect the full patient wait experience
94	Actual wait times and wait time benchmarks are published on separate Nova Scotia provincial website

Recommendations and Responses

Recommendation	Department Response
<p>Recommendation 1: We recommend the Office of Addictions and Mental Health establish a signed agreement with the Department of Health and Wellness that clearly establishes their respective responsibilities for the oversight of mental health and addictions services.</p> <p style="text-align: right;"><i>See paragraph 21</i></p>	<p> Agree</p> <p> Target Date for Implementation: March 2027</p> <p>The Office of Addictions and Mental Health (the Office) agrees that clear roles and responsibilities are essential for effective governance and accountability.</p> <p>While the Office and the Department of Health and Wellness (DHW) currently collaborate closely, an agreement will improve clarity, reduce duplication, and strengthen oversight effectiveness. The Office, in partnership with DHW, will develop an agreement to clarify roles in policy development, system planning, and oversight, define performance expectations and reporting requirements, and reinforce provider accountability for delivery and outcomes.</p> <p>Once established, the agreement will clarify and strengthen the Office's oversight and accountability role, while recognizing that service delivery responsibility rests with Nova Scotia Health (NSH), IWK Health (IWK), and community-based organizations.</p> <p>A process will be established to review and update the agreement after one year.</p>
<p>Recommendation 2: We recommend the Office of Addictions and Mental Health establish service access standards to enable consistent and equitable access to mental health and addictions services for Nova Scotians.</p> <p style="text-align: right;"><i>See paragraph 39</i></p>	<p> Agree</p> <p> Target Date for Implementation: June 2028</p> <p>The Office agrees that clearly defined service access standards are important to ensure equitable, consistent, and person-centred access.</p> <p>The Office will lead the establishment of provincial access expectations. These expectations will reflect access, availability and responsiveness to population needs, while recognizing that NSH and IWK are responsible for service standards and operational implementation aligned with Accreditation Standards.</p> <p>The Office will work with NSH and IWK to ensure access standards are informed by operational realities and will monitor performance.</p>
<p>Recommendation 3: We recommend the Office of Addictions and Mental Health develop and regularly update a complete listing of all provincially funded mental health and addictions services and service locations throughout Nova Scotia.</p> <p style="text-align: right;"><i>See paragraph 47</i></p>	<p> Agree</p> <p> Target Date for Implementation: December 2026</p> <p>The Office agrees that maintaining a complete view of the full mental health and addictions service landscape is essential to support effective oversight, planning, and equitable access.</p> <p>The Office will ensure a comprehensive understanding of services and locations across all providers funded by the Office, including NSH, IWK, and community-based organizations. This will be achieved by working with NSH and IWK, who will maintain their service information, and by</p>

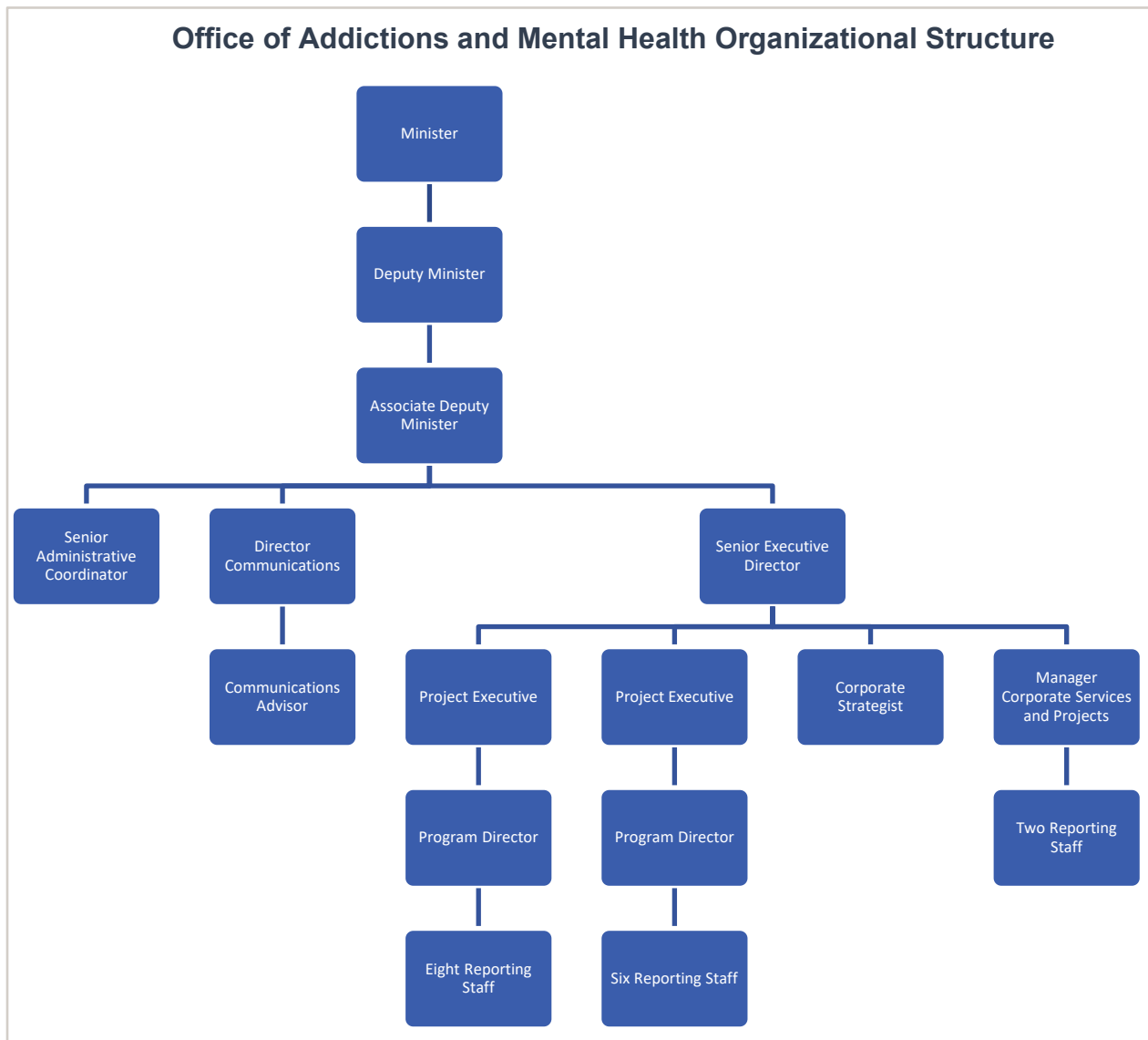
	<p>leveraging existing provincial resources (e.g., 211 Nova Scotia), which maintains community-based service listings.</p>
<p>Recommendation 4: We recommend the Office of Addictions and Mental Health ensure key information about mental health and addictions services is prominently displayed and clearly labelled on the homepage of its website. This information should include crisis and intake line contact numbers and additional resources.</p> <p style="text-align: right;"><i>See paragraph 50</i></p>	<p><input checked="" type="checkbox"/> Agree</p> <p> Target Date for Implementation: March 2027</p> <p>The Office agrees that clear and accessible information is essential to support timely access to services.</p> <p>The Office is updating its website to present key system entry points, including crisis and intake contact numbers. The homepage will provide clear links to navigation support (e.g., 211 Nova Scotia, 811, helplines) and partner websites for current mental health and addictions services.</p> <p>Consistent with its oversight role, the Office will ensure the information on the Office’s website is easy to find and clearly presented, while recognizing that service providers and navigation platforms are responsible for maintaining detailed service information.</p>
<p>Recommendation 5: We recommend the Office of Addictions and Mental Health complete the development of key performance indicators for universal mental health and addictions care. The completed indicators should include targets and benchmarks, as well as specific data collection requirements, and monitoring responsibilities.</p> <p style="text-align: right;"><i>See paragraph 54</i></p>	<p><input checked="" type="checkbox"/> Agree</p> <p> Target Date for Implementation: June 2027</p> <p>The Office agrees that performance measurement should support assessment of outcomes and continuous system improvement, not solely reporting.</p> <p>The Office will build on existing work, including evaluation of universal mental health and addictions care objectives, to further define system-level indicators, data requirements, and reporting expectations. The Office will lead, with DHW support, development of common metrics and a standard data set to enable consistent monitoring. Implementation will be phased, recognizing that data availability varies across program areas and will require ongoing collaboration with NSH and IWK.</p>
<p>Recommendation 6: We recommend the Office of Addictions and Mental Health:</p> <ul style="list-style-type: none"> • Set a regular reporting schedule for biannual reporting from NSH and IWK • Establish measures for all program areas • Establish benchmarks or targets for all key performance measures • Specify which entity is responsible for providing the information • Clarify when trend analysis information is required <p style="text-align: right;"><i>See paragraph 64</i></p>	<p><input checked="" type="checkbox"/> Agree</p> <p> Target Date for Implementation: December 2027</p> <p>The Office agrees that standardized reporting is essential to support consistent monitoring, accountability, and system improvement.</p> <p>While reporting requirements exist, a more consistent approach will improve clarity and comparability across the system. The Office will lead, in collaboration with DHW, and aligned with existing Accountability Framework Agreements, the development of a core performance reporting framework. This framework will establish common metrics and a standard data set, define reporting requirements and responsibilities, and clarify expectations for data quality. This will include working with NSH and IWK to establish agreed system-level metrics and reporting requirements.</p> <p>Once established, this framework will enable the Office to monitor performance, identify gaps and variation, and require follow-up actions where needed. NSH, IWK, and community-based organizations remain accountable for providing data and achieving outcomes.</p>

<p>Recommendation 7: We recommend the Office of Addictions and Mental Health implement a process to review and provide feedback on information provided by NSH and IWK through biannual reports.</p> <p style="text-align: right;"><i>See paragraph 68</i></p>	<p> Agree</p> <p> Target Date for Implementation: June 2028</p> <p>The Office agrees that a formal review and feedback process is essential to support oversight and accountability.</p> <p>The Office will lead, in collaboration with DHW, establishment of a standardized process for review and provide feedback on information from NSH, IWK, and community-based organizations.</p> <p>In its oversight role, the Office will review reported data, identify gaps and variation, provide structured feedback, and require follow-up action where issues are identified. Service providers remain accountable for data quality, results, and implementation of improvements.</p>
<p>Recommendation 8: We recommend the Office of Addictions and Mental Health record key details in Steering Committee minutes including key discussions, decisions, and any future action items.</p> <p style="text-align: right;"><i>See paragraph 79</i></p>	<p> Agree</p> <p> Target Date for Implementation: September 2026</p> <p>The Office agrees that consistent documentation supports effective oversight, accountability, and transparent governance.</p> <p>The Office will build on processes outlined in the Steering Committee Terms of Reference. These processes include the preparation of meeting minutes and documentation of decisions and follow-up actions. Enhancements will ensure that discussions, decisions, and action items are consistently recorded, assigned and tracked over time.</p> <p>In its oversight role, the Office will ensure documentation is consistently used to track progress and support follow-up on decisions and actions. NSH and IWK remain accountable for progressing their assigned actions and reporting on outcomes.</p>
<p>Recommendation 9: We recommend the Office of Addictions and Mental Health establish deadlines for completing oversight committee action items for which it is responsible. Action logs should be reviewed at each meeting and updated as necessary for completion.</p> <p style="text-align: right;"><i>See paragraph 83</i></p>	<p> Agree</p> <p> Target Date for Implementation: September 2026</p> <p>The Office agrees that clear timelines and consistent tracking of action items are essential to support accountability and timely progress.</p> <p>The Office will build on existing processes, including identifying and tracking follow-up actions arising from meetings. Enhancements will support consistent documentation, clear assignment of responsibilities, and defined timelines for completion.</p> <p>In its oversight role, the Office will ensure action logs are regularly reviewed and updated to monitor progress, identify delays, and require follow-up on outstanding items. NSH and IWK remain accountable for completing their assigned actions and outcomes.</p>

<p>Recommendation 10: We recommend the Office of Addictions and Mental Health expand public reporting on mental health and addictions system performance beyond wait times and include adequate context for Nova Scotians to understand the results.</p> <p style="text-align: right;"><i>See paragraph 99</i></p>	<p> Agree</p> <p> Target Date for Implementation: January 2028</p> <p>The Office agrees that public reporting is essential to support transparency and accountability.</p> <p>The Office will support DHW-led public reporting initiatives, contributing to the expansion of mental health and addictions performance beyond wait times, supported by clear definitions and context.</p> <p>Expansion will be phased and aligned with data availability and methodological readiness of performance measures.</p> <p>NSH, IWK, and community-based organizations remain accountable for providing data and achieving outcomes.</p>
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Background

1. The Province created an Office of Mental Health and Addictions at the Department of Health and Wellness (DHW) on February 23, 2021, a proactive and coordinated response to the increased needs during the COVID-19 global pandemic. In October the same year, the name was changed to the Office of Addictions and Mental Health (the Office), and a separate dedicated Minister was appointed. Currently, the Office has 29 staff located in Halifax.



Source: Office of Addictions and Mental Health

2. According to its website, the Office is responsible for:
 - setting policy direction, priorities, and standards for mental health and addictions services
 - funding mental health and addictions services

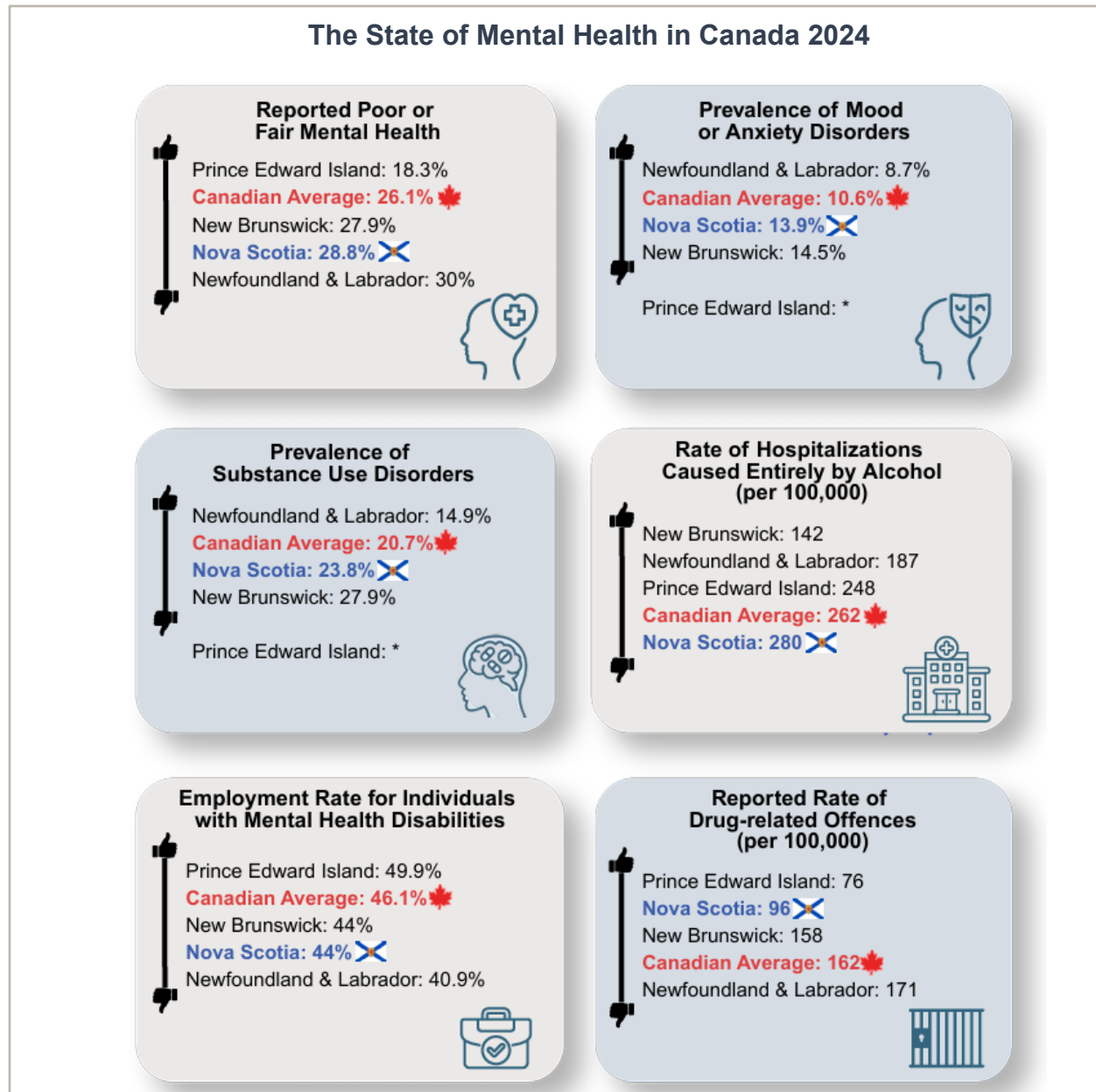
- working with the Office of Healthcare Professionals Recruitment and healthcare partners on initiatives to recruit and retain mental health professionals
 - measuring and monitoring the performance of mental health and addictions education, prevention, treatment, and recovery programs.
3. Responsibilities assigned to the Minister of Addictions and Mental Health in the 2021 mandate letter included:
- Introducing universal addictions and mental health coverage that guarantees every Nova Scotian access;
 - Monitoring wait times for mental health services and compiling and analyzing data to determine where improvement is needed and where there is success;
 - Integrating mental health services into a modern full-service telehealth program and championing a mental health crisis line;
 - Working with government, individuals, communities, and community organizations to make sure they are all striving for the same goal – overall community wellness;
 - Engaging with a variety of licensed professionals with recognized clinical specialties in mental health, addictions, therapy, and counselling; and
 - Recruiting and engaging mental health professionals.

Office of Addictions and Mental Health contributes to *Action for Health*

4. The Nova Scotia government launched the *Action for Health* Strategic Plan in April 2022 which included six core solutions to guide the transformation of the provincial healthcare system. Multiple government departments, including the Office, contribute to *Action for Health*. The Office's work applies to multiple solutions, but is primarily focused on Solution Six: "Address the factors affecting health and well-being." Examples of work to be completed under Solution Six include:
- introducing universal addictions and mental health coverage that guarantees access;
 - developing targeted solutions for barriers to access;
 - continuing support for harm reduction programs;
 - implementing and expanding peer support, recovery support centres, and the integrated youth services model; and
 - developing a workforce strategy to meet the mental health and addiction needs of Nova Scotians.
5. As part of *Action for Health*, the Province reports two mental health and addictions performance indicators related to wait times. In our January 2026 audit of ***Action for Health Key Performance Indicators***, we found reported results exclude a significant portion of patient wait time. As part of that audit, we recommended DHW identify, correct, and report the missing portion of the wait in the reporting of wait times. DHW agreed to our recommendation and plans to implement it by November 2027. Public reporting on mental health and addictions performance is discussed in more detail later in the report.

High prevalence of mental health and addiction issues in Nova Scotia

6. In November 2024, the Canadian Mental Health Association published *The State of Mental Health in Canada 2024*, a report on the landscape of mental health, addictions and substance use across the country. The report notes that in Nova Scotia, rates of mood and anxiety disorders, substance use disorders, and hospitalizations due to alcohol are higher than the national average. The report presents 24 indicators using health data from national organizations, provincial/territorial budget documents, and public surveys. The graphic below highlights how Nova Scotia compares to Canada and the Atlantic provinces on several measures.

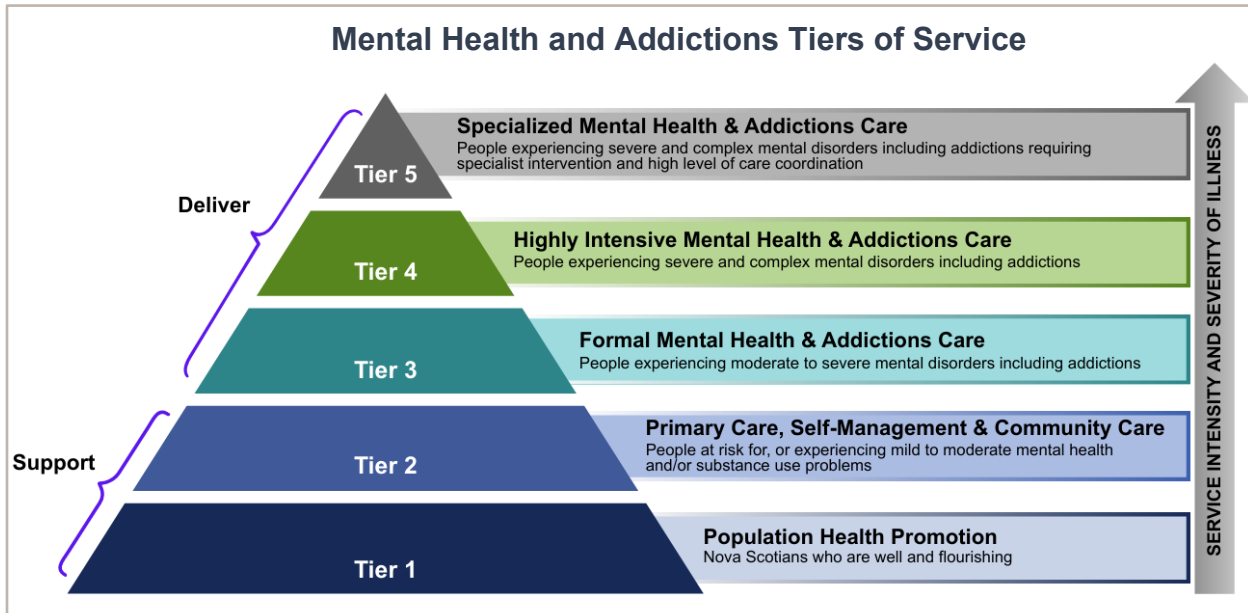


*No data

Source: Office of the Auditor General of Nova Scotia with data from the Canadian Mental Health Association (unaudited)

Five tiers of mental health and addictions care delivered by a variety of service providers

7. In 2021, the Province committed to provide universal access to mental health and addictions care for all Nova Scotia residents. Universal access means Nova Scotians have access to a variety of care, services, and resources regardless of their ability to pay. The five tiers of service range from health promotion at the base level to specialized care at the top, as depicted in the graphic below.



Source: Nova Scotia Health (unaudited)

8. Mental health and addictions services are delivered by a variety of service providers, ranging from Nova Scotia Health (NSH) and IWK Health (IWK), to community organizations and other government departments. An overview of the roles of the various service providers in the delivery of mental health and addiction services is outlined below. The Office provides oversight of mental health and addictions services provided by NSH, IWK, and community organizations.

Continued on next page

Mental Health and Addictions Service Providers

Office of Addictions and Mental Health Oversight



Nova Scotia Health



- Tiers 3-5: Moderate through to specialized care for adults in Nova Scotia
- Tier 3: Care for children and youth outside Central Zone experiencing moderate to severe disorders including addiction



IWK Health



- Tiers 4-5: Highly intensive and specialized care for all children and youth in Nova Scotia
- Tier 3: Care for children and youth within Central Zone experiencing moderate to severe disorders including addiction



Community Organizations



- Tier 1-2: Health promotion, self-management and community care
- Peer support e.g., emotional and social services by phone or in person, often provided by those with lived experience
- Recovery housing, to provide safe, stable, supportive transitional housing for individuals in recovery and leaving inpatient services



Other Government Departments



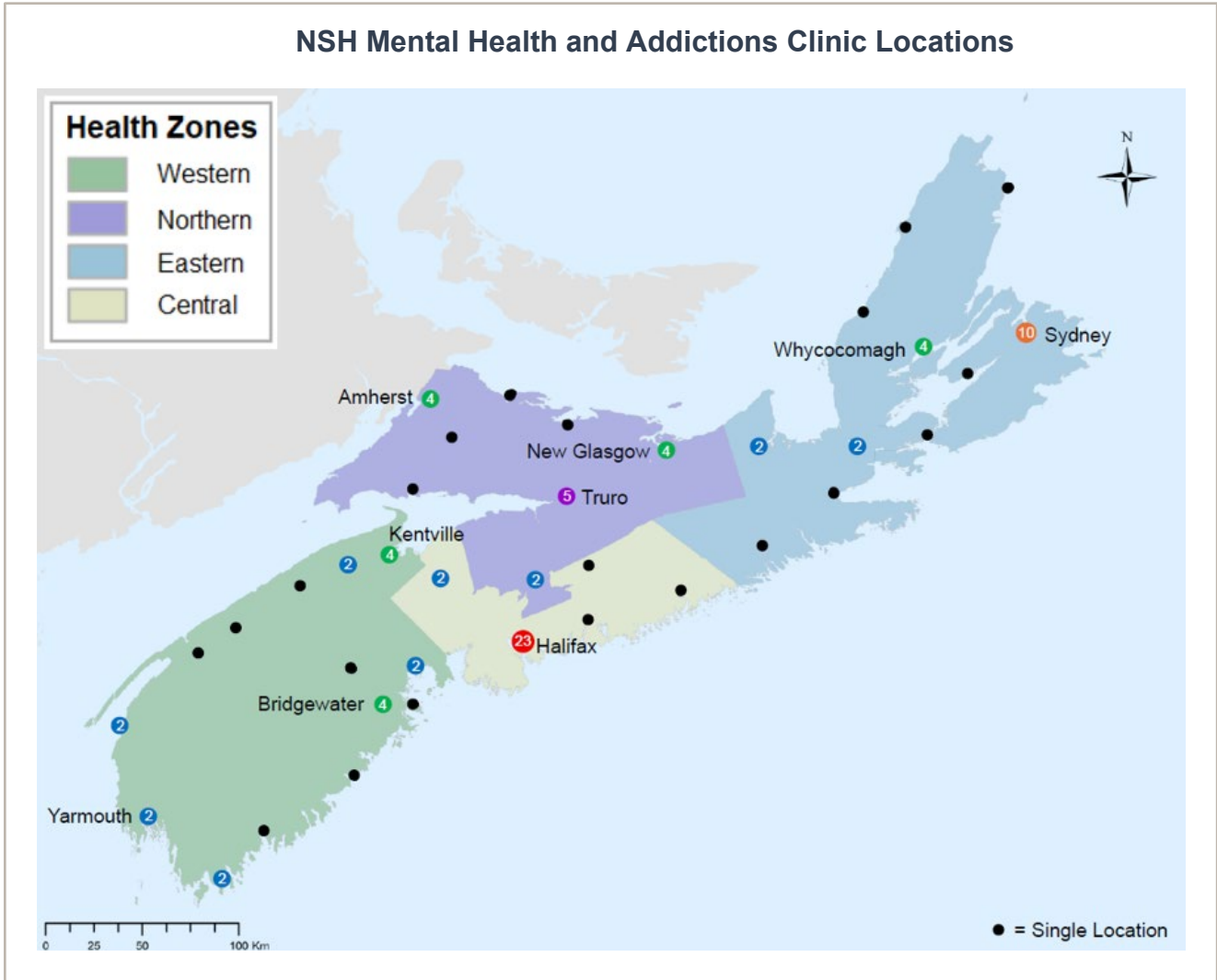
- Tier 1: Education and Early Childhood Development (e.g., education, SchoolsPlus)
- Tiers 1-2: Opportunities and Social Development (e.g., complementary supports, housing)
- Tiers 1-2: Health and Wellness (e.g., health promotion, harm reduction)

Source: Office of the Auditor General of Nova Scotia

NSH provides mental health and addictions services in 97 locations across the province

9. NSH has 97 clinical locations across the province providing mental health and addictions services, with almost 30 per cent of these located in the central health zone. The IWK, a major women’s and children’s hospital, has seven service locations in Halifax, including the primary IWK Health Centre. The IWK oversees a secure care unit in Waterville where youth receive mental health care. In addition, the IWK oversees Anchor Youth Spaces with sites open currently in Halifax, Sydney, and Amherst, offering young people and their caregivers health and wellness resources, services and supports.

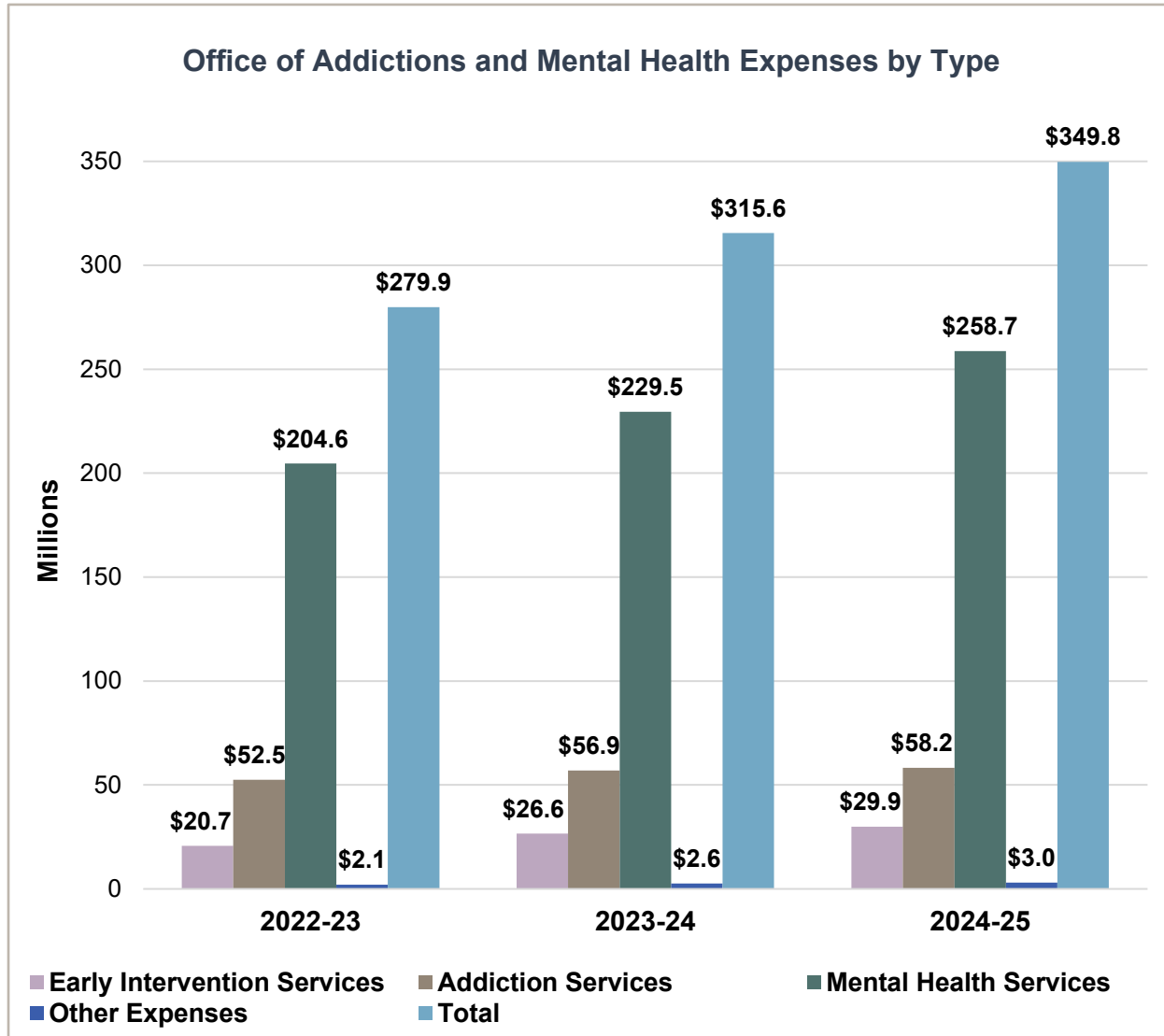
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Source: Office of the Auditor General of Nova Scotia; data from Nova Scotia Health (unaudited)

Over \$900 million in funding for mental health and addictions services between 2022-23 and 2024-25

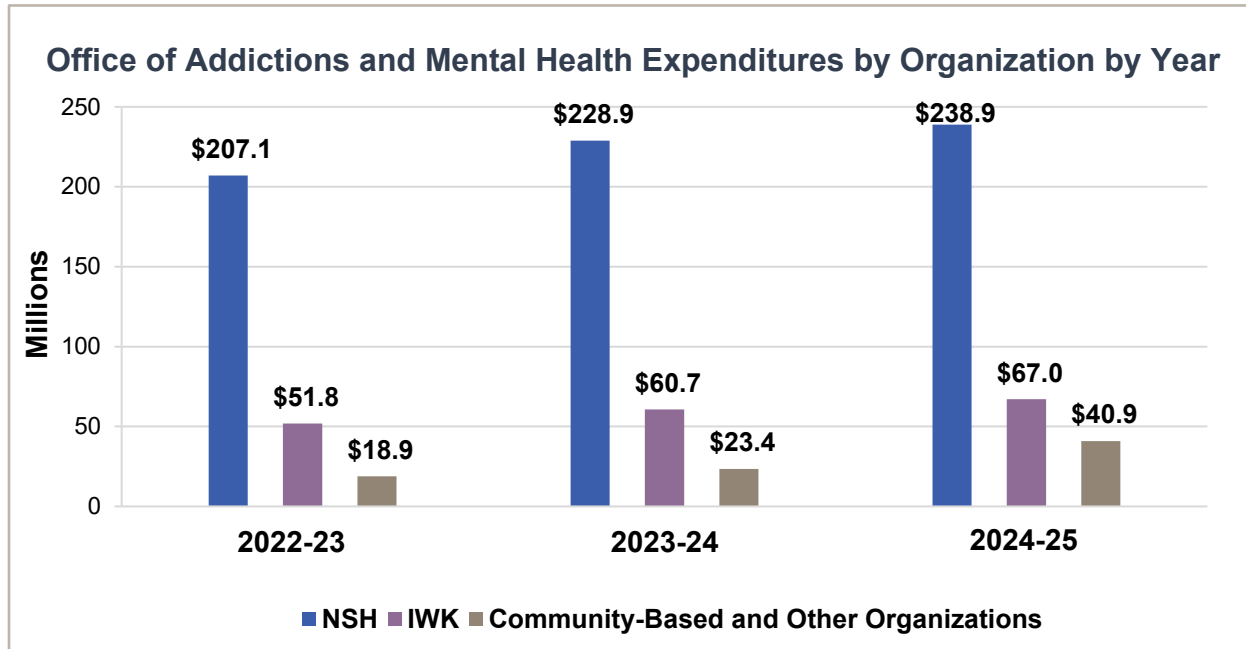
10. Over the past three years, the Office’s overall expenses totaled \$945.3 million, including departmental expenses. As one of its primary responsibilities, the Office funds mental health and addictions services, with total funding over the past three years of \$937.6 million for addictions and mental health services. The total expenses by year are depicted in the graphic below. Remaining expenses of \$7.7 million over three years include general administration and strategic direction and accountability costs.



Source: Office of Addictions and Mental Health (unaudited)

11. The Office’s annual spending consists mostly of grants and contributions to NSH and the IWK, with a total of \$674.9 million and \$179.5 million, respectively, provided over the past three years. The Office has also provided \$83.2 million in funding to community-based and other organizations in the past three years to support the delivery of mental health and addictions services and supports.

12. The graphic below illustrates expenditures by the Office to NSH, the IWK, and community-based and other organizations over the past three years.



Source: Office of Addictions and Mental Health and Finance and Treasury Board (unaudited)

Audit focused on the Office's oversight of NSH and IWK

13. This audit focuses on the Office of Addictions and Mental Health's oversight of NSH and the IWK as the primary service providers and funding recipients for mental health and addictions services. We did not examine the delivery of these services by NSH and the IWK, or the oversight of community-based organizations involved in delivering mental health and addictions services.

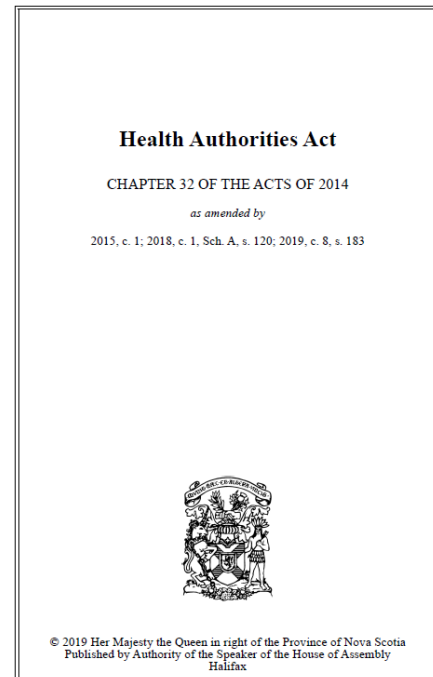
The Office has limited oversight responsibilities for mental health and addictions services

Responsibilities of the Office not distinct from the Department of Health and Wellness in legislation, policy, or practice

14. The Office of Addictions and Mental Health's oversight responsibility for mental health and addictions healthcare is not clearly articulated in legislation or Accountability Framework Agreements set through the *Health Authorities Act*. However, as noted earlier in the report, its website includes oversight actions as its responsibility.

15. The current *Health Authorities Act* was introduced in 2014 and established the roles and responsibilities of the Minister of DHW, NSH, and the IWK for the health system in Nova Scotia. Although the Act has been amended since its introduction, including in 2019, it contains no reference to the Office and assigns no responsibility to the Office or its Minister.

16. The *Health Authorities Act* requires accountability frameworks be established outlining the roles, responsibilities, and obligations between the Minister of DHW, NSH, and the IWK in achieving strategic priorities and expected results for the health system. We reviewed the frameworks covering 2022-23 to 2025-26 for NSH and the IWK and found DHW was assigned the responsibility for the oversight of health services, including mental health and addictions services. The frameworks assign no responsibility to the Office.



17. The *Public Service Act* states the object and purpose of the Office is “to coordinate across agencies, departments and partners to improve mental health programs, access to those programs and mental health outcomes.” Oversight responsibilities for mental health and addictions programs, access, and outcomes are not listed.

18. The Office website also lists “funding mental health and addictions services” as one of its responsibilities. We expected the Office to begin issuing annual funding letters to NSH and the IWK for mental health and addictions funding as of 2022-23, the Office’s first full fiscal year in operation. However, the Office did not issue funding letters to NSH and the IWK for mental health and addictions services until 2025-26. Funding for mental health and addictions services was previously included in funding letters issued by DHW. The Office noted it took time to build capacity, and that due to the Office’s small size it relies on corporate support from DHW.


19. There is also no corporate administrative policy manual for the Office of Addictions and Mental Health, which outlines the role, responsibilities, and organizational structure of a department. We find it concerning that almost five years after the Office was established, no policy manual has been prepared. There is a corporate administrative policy manual for DHW. The Office noted Executive Council Office prepares policy manuals and that revisions to policy manuals were in process.

Sources of Oversight Roles and Responsibilities		
	Department of Health and Wellness	Office of Addictions and Mental Health
Has a dedicated Minister	✔	✔
Has clear oversight responsibility in legislation	✔ <i>Health Authorities Act</i>	✘
Assigned role in Accountability Framework Agreements with NSH and IWK	✔	✘
Has a Corporate Administrative Policy Manual	✔	✘
Issued funding letters for mental health and addictions funding	2024-25 and earlier	2025-26

Source: Office of the Auditor General of Nova Scotia

20. Without a clear delineation of responsibilities between the Office and DHW, there is a risk of duplication in oversight activity, resulting in inefficient use of limited resources. The risk of inadequate oversight also exists if both the Office and DHW were to assume the other was responsible for oversight. This lack of clarity could also weaken accountability for meeting objectives, create gaps in monitoring, produce confusion for service providers, and reduce the effectiveness of oversight.


21. In discussions with service providers, one provider noted challenges related to duplicating efforts (providing budget information and reporting to two ministers), while another noted that they do not distinguish between the Office and DHW.



Recommendation 1

We recommend the Office of Addictions and Mental Health establish a signed agreement with the Department of Health and Wellness that clearly establishes their respective responsibilities for the oversight of mental health and addictions services.

Office of Addictions and Mental Health Response



The Office of Addictions and Mental Health (the Office) agrees that clear roles and responsibilities are essential for effective governance and accountability.

While the Office and the Department of Health and Wellness (DHW) currently collaborate closely, an agreement will improve clarity, reduce duplication, and strengthen oversight effectiveness. The Office, in partnership with DHW, will develop an agreement to clarify roles in policy development, system planning, and oversight, define performance expectations and reporting requirements, and reinforce provider accountability for delivery and outcomes.

Once established, the agreement will clarify and strengthen the Office's oversight and accountability role, while recognizing that service delivery responsibility rests with Nova Scotia Health (NSH), IWK Health (IWK), and community-based organizations.

A process will be established to review and update the agreement after one year.

Office's main priority is implementation of universal mental health and addictions care for all Nova Scotians

22. Mental health and addictions priorities were set primarily through the Office's mandate letter in 2021, the same year the Office was created. Mandate items included the introduction of universal addictions and mental health coverage; and working collaboratively with all organizations involved in the delivery of services. No mandate letter was issued to the Office beyond 2021.
23. Current mental health and addictions priorities reflect the Office's mandate and align with the government commitment to provide universal mental health and addictions care. Management at the Office indicated priorities are reviewed and updated as necessary based on changing and emerging situations and trends. For example, the Office works with partners to address recommendations from the March 2023 *Turning the Tide Together: Final Report of the Mass Casualty Commission* related to mental health, grief, and bereavement needs in the communities most affected by the mass casualty.

24. Initiatives and actions contributing to the implementation of universal mental health and addictions care include:
- Enhancing access to crisis supports, including first responders;
 - Investing in the mental health and addictions workforce;
 - Facilitating access to non-urgent care through public-private partnerships;
 - Supporting practicum and residency opportunities at Dalhousie University and Mount Saint Vincent University; and
 - Strengthening long-term funding models for community organizations through a Community Wellness Framework.
25. The Office noted mental health and addictions services priorities are communicated to NSH and the IWK as partners in implementing universal mental health and addictions care, as well as through annual funding letters.
26. We reviewed the 2025-26 funding letters to NSH and the IWK and found that they do not explicitly outline mental health and addictions priorities. However, they include funding in areas that tie to the Office's current priorities.

Workplan established for universal mental health and addictions care

27. The Office noted *Action for Health*, the province's strategic plan to transform the healthcare system in Nova Scotia, is the current source of policy direction for the healthcare system, including mental health and addictions services. The Office has not issued formal policy direction to NSH or IWK.
28. The implementation of universal mental health and addictions care is a key priority of *Action for Health*. The Office, NSH, and the IWK all play important roles in achieving universal mental health and addictions care, and have each been assigned specific mandates and roles accordingly.
29. The Office's role related to universal mental health and addictions care is to guide policy and funding decisions addressing the social determinants of health, promoting mental wellness, and guaranteeing the delivery of mental health and addictions services.
30. A governance structure and workplan have been established for universal mental health and addictions care. The workplan outlines timelines for the completion of the various initiatives within universal mental health and addictions care, and assigns ownership of the initiatives across the Office, NSH, and IWK. Committees have been established to oversee the implementation of universal mental health and addictions care, which are discussed later in this report. This work will help support implementation of their main priority.



Office recognition of Accreditation Canada standards for mental health and addictions care reasonable

31. The Office does not set standards related to treatment or standards of care for mental health and addictions services. The Office recognizes standards from Accreditation Canada as the applicable standards. This approach is reasonable given Accreditation Canada has over 65 years of experience and the standards are developed with the Health Standards Organization, an affiliate recognized by the Standards Council of Canada.
32. The Office noted that NSH and the IWK set their own internal policies, standards, and guidelines for the delivery of mental health and addiction services. The Office may participate in discussions but does not provide direction or approval. As the designated service providers, NSH and IWK are also accountable for the consistent delivery of services.
33. The Office expects NSH and the IWK to meet Accreditation Canada standards and maintain accredited status. NSH and IWK services, including mental health and addictions services, were accredited at the time of the audit.

No service access standards established, and Office lacks knowledge of full range of services and service locations available

Service access standards for mental health and addictions services not established

34. The Office has not established service access standards for mental health and addictions services in Nova Scotia. The Office noted that establishing standards regarding access is challenged by the diverse range of needs and preferences of Nova Scotians seeking care.
35. While we recognize that the needs of each individual will be different, we expected the Office to have service access standards for Nova Scotians. For example, expectations around hours of operation, service locations, and transportation options as well as consideration given to regional and cultural differences, such as language services and Indigenous communities.
36. Universal access means Nova Scotians have access to a variety of care, services, and resources regardless of their ability to pay. The Office said Nova Scotians should expect to receive this support, noting work has been done to increase access points in the system. For example, through the introduction of online and virtual services, and the establishment of day hospitals and recovery support centres.


37. Wait time targets for urgent and non-urgent care are the only established targets or measures regarding access to services. However, the targets were set before the establishment of the Office. The wait times are also for community outpatient clinic appointments only, whereas wait times for specific programs or services would also be beneficial.



38. Standards regarding client access to mental health and addictions services would provide the Office with another way to assess system performance, and to guide decision-making, strategic planning, and resource allocation, in support of equitable and consistent access to care for all Nova Scotians. The service access standards should also be communicated to service providers to ensure a unified and shared understanding of the universal accessibility goal.

39. Without service access standards, it is challenging for the Office to determine whether Nova Scotians are able to access the mental health and addictions services they need, to track whether improvements are being made, and to identify areas for improvement.


Recommendation 2



We recommend the Office of Addictions and Mental Health establish service access standards to enable consistent and equitable access to mental health and addictions services for Nova Scotians.

Office of Addictions and Mental Health Response

The Office agrees that clearly defined service access standards are important to ensure equitable, consistent, and person-centred access.



The Office will lead the establishment of provincial access expectations. These expectations will reflect access, availability and responsiveness to population needs, while recognizing that NSH and IWK are responsible for service standards and operational implementation aligned with Accreditation Standards.

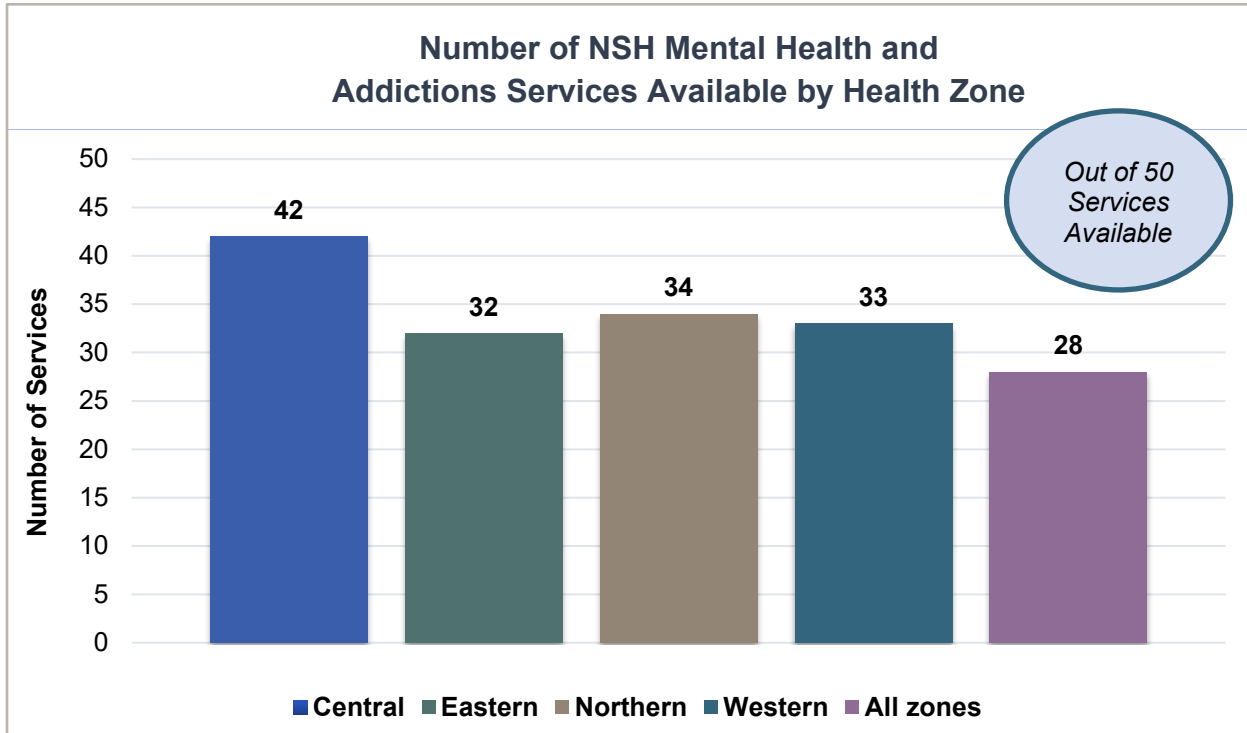
The Office will work with NSH and IWK to ensure access standards are informed by operational realities and will monitor performance.

Full extent of mental health and addictions services, and their locations, are unknown

40. Although there are a wide range of mental health and addiction programs throughout the province – including crisis support, community-based care, virtual counselling, and specialized services for children, youth, and adults – the Office does not maintain a complete list of mental health and addictions services or service locations that receive provincial funding across Nova Scotia.
41. The Office maintains only a list of community-based organizations that have received funding directly from the Office. Community-based organizations that receive funding from other sources, such as NSH, are not included. Our audit did not include work related to community-based organizations.
42. NSH and the IWK maintain their own listings of the services they provide and where they are located.
43. Without a complete inventory of services and service locations, the Office cannot accurately map out gaps in mental health and addictions services across the province. These gaps in knowledge may negatively impact strategic planning and decision-making.

No requirements set for distribution of service locations or range of services available across health regions in Nova Scotia

44. The Office has not set guidelines or requirements regarding the distribution of mental health and addictions service locations across Nova Scotia, or for the range of services available in each of the four health regions in the province. Decisions regarding service locations primarily fall under the authority of the service providers, NSH and IWK.
45. NSH and the IWK confirmed they make decisions on where to locate the mental health and addictions services they provide. They noted that the Office may be included in discussions, and on occasion government will provide direction. For example, the expansion of day hospitals included one in each health zone.
46. Of the 50 different mental health and addictions programs and services provided by NSH and listed on its website as of March 12, 2026, 28 services (56%) are available across all health zones. Service availability varies by zone as follows:



Source: Nova Scotia Health (unaudited)

47. While it is reasonable that not every service will be provided in all locations, it is important that the Office is aware of gaps in service availability across the province. This is particularly important when making strategic decisions, including, for example, decisions about where additional services may be needed.

Recommendation 3



We recommend the Office of Addictions and Mental Health develop and regularly update a complete listing of all provincially funded mental health and addictions services and service locations throughout Nova Scotia.

Office of Addictions and Mental Health Response

The Office agrees that maintaining a complete view of the full mental health and addictions service landscape is essential to support effective oversight, planning, and equitable access.



The Office will ensure a comprehensive understanding of services and locations across all providers funded by the Office, including NSH, IWK, and community-based organizations. This will be achieved by working with NSH and IWK, who will maintain their service information, and by leveraging existing provincial resources (e.g., 211 Nova Scotia), which maintains community-based service listings.

Office website lacks clear information on how to access mental health and addictions care

48. The Office has its own website outlining the Office's role, responsibilities, and priorities. However, the website homepage does not include information for individuals seeking immediate care, such as crisis or intake line contact numbers. While these numbers were accessible through a link, the link was not clearly labelled or identifiable, making the information difficult to locate.
49. The Office's website does not list services or locations for mental health and addictions care or treatment. While the homepage includes links to NSH and IWK websites, they are listed as partners, not service providers. It is not clear that information on mental health and addictions services and locations will be found by clicking on the links to the NSH and IWK websites.
50. As the provincial oversight body for mental health and addictions, the Office website is a primary source of information for users seeking support. We expected to find key information, including crisis and intake line contact numbers, as well as links to key information, such as service locations, to be prominently and clearly displayed on the homepage and easily accessible.

Recommendation 4



We recommend the Office of Addictions and Mental Health ensure key information about mental health and addictions services is prominently displayed and clearly labelled on the homepage of its website. This information should include crisis and intake line contact numbers and additional resources.

Office of Addictions and Mental Health Response

The Office agrees that clear and accessible information is essential to support timely access to services.



The Office is updating its website to present key system entry points, including crisis and intake contact numbers. The homepage will provide clear links to navigation support (e.g., 211 Nova Scotia, 811, helplines) and partner websites for current mental health and addictions services.

Consistent with its oversight role, the Office will ensure the information on the Office's website is easy to find and clearly presented, while recognizing that service providers and navigation platforms are responsible for maintaining detailed service information.

Lack of targets, limited monitoring of NSH and IWK performance

Performance measures for universal mental health and addictions care not finalized

51. Government committed to providing universal mental health and addictions care in 2021. We found that as of March 31, 2026, performance indicators to measure universal mental health and addictions care were still in development. The indicators will cover six outcome areas as follows:
1. Universal and equitable access
 2. Timely access
 3. Quality care
 4. Thriving workforce
 5. Effective partnerships
 6. Sustainable mental health and addictions system
52. The Office indicated they had finalized six common indicators relating to the first four outcome areas in December 2025, and that indicators for the last two outcome areas remain in development. The first reporting on the indicators is expected to be received by the Office in the Fall 2026 biannual reports.
53. Universal mental health and addictions care is the main priority of the Office, and as its name suggests, universal access means Nova Scotians have access to a variety of care, services, and resources regardless of their ability to pay.
54. We reviewed the performance indicators and noted they are missing targets and/or benchmarks, specific data collection requirements, and monitoring responsibilities. Given the priority status of universal mental health and addictions care, the delay in completing the key performance indicators is concerning.

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Recommendation 5



We recommend the Office of Addictions and Mental Health complete the development of key performance indicators for universal mental health and addictions care. The completed indicators should include targets and benchmarks, as well as specific data collection requirements, and monitoring responsibilities.

Office of Addictions and Mental Health Response

The Office agrees that performance measurement should support assessment of outcomes and continuous system improvement, not solely reporting.



The Office will build on existing work, including evaluation of universal mental health and addictions care objectives, to further define system-level indicators, data requirements, and reporting expectations. The Office will lead, with DHW support, development of common metrics and a standard data set to enable consistent monitoring. Implementation will be phased, recognizing that data availability varies across program areas and will require ongoing collaboration with NSH and IWK.

Biannual report requests lack clear expectations and performance targets, reports provided by NSH and IWK missing information

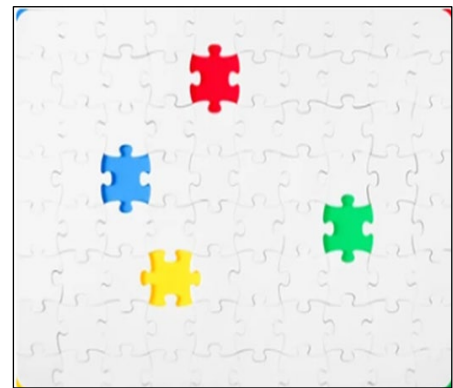
55. The Office requests and receives biannual reporting from NSH and the IWK as part of its monitoring activity. The Office noted the reporting is not provided on a set schedule, rather the Office issues a request and NSH and IWK have four to six weeks to provide the information.



56. Biannual report requests include 64 measures for NSH, and 45 measures for the IWK. Each measure provides information on one or more aspects of mental health and addictions services, such as: service volume; workforce; inpatient bed occupancy; equity, diversity, and inclusion; wait times; and program effectiveness. However, there were no indicators related to patient satisfaction, and benchmarks or targets have not been set to enable the Office to assess performance.


57. Despite the numerous measures included in the biannual reports from NSH and the IWK, not all mental health and addictions programs and services they provide are covered. For example, no information was requested from NSH on the opioid recovery program, and no information was requested from the IWK about brief intensive outreach services.

58. The current mix of measures, along with the lack of benchmarks and targets, may not provide necessary information for decision making, and could reduce the Office's ability to assess the performance of service providers.
59. We reviewed the Fall 2025 data requests issued to NSH and the IWK by the Office, the latest biannual reporting available during our audit work. Information provided was to include 2024-25 data; first quarter data (April 1 – June 30, 2025) for 2025-26; trend information where possible; and breakdown by health zone.
60. We found the requirements and expectations in the request were not clear.
- For two measures, the request document did not state who was to provide the information – NSH, IWK, or both.
 - Measures where trend analysis was required were not identified.
61. We reviewed the information provided by NSH and IWK in response to the Office's Fall 2025 data request. We noted that the material provided by NSH and the IWK did not meet all the requirements set out in the request. We found gaps in the information provided on programs, measures, time periods covered, and trend analysis.
62. The IWK provided information on 31 of the 45 measures requested. Of the 31 measures included in the IWK report:
- 18 did not include trend data
 - 10 were missing 2024-25 data, and
 - Four did not include first quarter data for 2025-26.
63. NSH provided information on 55 of the 64 measures requested. Of the 55 measures included in the NSH reports:
- 38 did not include trend data
 - 23 did not include zone data
 - 27 did not include 2024-25 data, and
 - 30 did not include first quarter data for 2025-26.
64. Information for 14 measures (31%) and nine measures (14%) were not covered by the IWK and NSH reports, respectively. Missed measures were identified in program areas including outpatient service volumes, crisis and urgent services, and youth services.




Recommendation 6

We recommend the Office of Addictions and Mental Health:

- 
- Set a regular reporting schedule for biannual reporting from NSH and IWK
 - Establish measures for all program areas
 - Establish benchmarks or targets for all key performance measures
 - Specify which entity is responsible for providing the information
 - Clarify when trend analysis information is required

Office of Addictions and Mental Health Response

The Office agrees that standardized reporting is essential to support consistent monitoring, accountability, and system improvement.



While reporting requirements exist, a more consistent approach will improve clarity and comparability across the system. The Office will lead, in collaboration with DHW, and aligned with existing Accountability Framework Agreements, the development of a core performance reporting framework. This framework will establish common metrics and a standard data set, define reporting requirements and responsibilities, and clarify expectations for data quality. This will include working with NSH and IWK to establish agreed system-level metrics and reporting requirements.

Once established, this framework will enable the Office to monitor performance, identify gaps and variation, and require follow-up actions where needed. NSH, IWK, and community-based organizations remain accountable for providing data and achieving outcomes.

Potential benefits of data collection not realized

65. As previously mentioned in this report, the Office receives a great deal of data on mental health and addictions services through the biannual reports provided by NSH and the IWK. The collection of data is a positive first step; however, how the data is reviewed, analyzed, and used is equally, if not more, important. One of the responsibilities assigned to the Office through its 2021 mandate letter was to compile and analyze data to determine where improvement is needed and where they are seeing success.
66. Biannual reports from service providers, NSH and the IWK, are the primary sources of data for the Office on mental health and addictions services. The Office noted that review of these reports consists of identifying trends, discrepancies, and significant changes. No evidence was provided to substantiate this review process. The Office does not have guidance outlining how the biannual reports should be reviewed, or how and when feedback should be provided to NSH and the IWK. The Office relies on NSH and the IWK to provide accurate information in its biannual reports.


67. As a key component of the Office's oversight of mental health and addictions service providers, we expected to see a robust process in place for review of biannual reports provided by NSH and the IWK. Without a formal review process, key information about the performance of mental health and addictions services in Nova Scotia may not be identified and actioned.
68. The Office noted information in biannual reports is used to prepare Minister briefings, report to the House of Assembly, and for business planning and budgeting. However, we also expected data to be used as set out in the mandate letter - to assess program, system, and service provider performance. The current use of data is further limited due to the lack of targets and benchmarks.



Recommendation 7

We recommend the Office of Addictions and Mental Health implement a process to review and provide feedback on information provided by NSH and IWK through biannual reports.

Office of Addictions and Mental Health Response



The Office agrees that a formal review and feedback process is essential to support oversight and accountability.

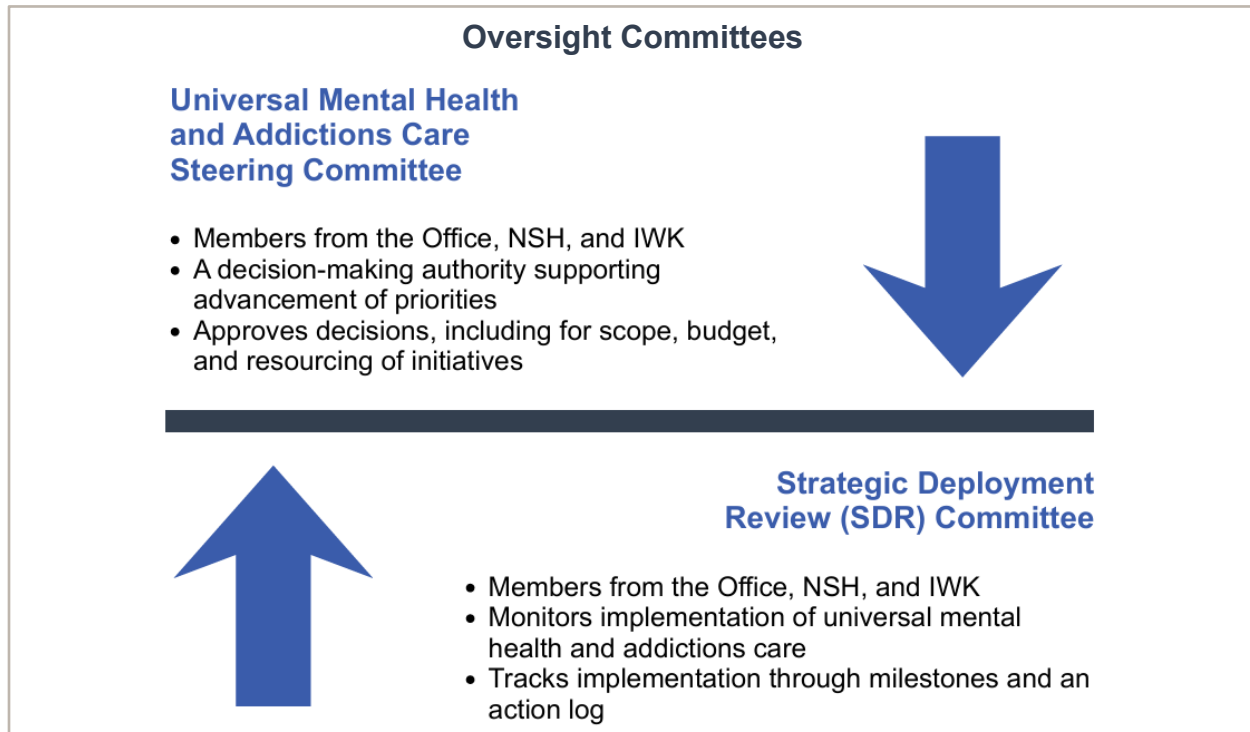
The Office will lead, in collaboration with DHW, establishment of a standardized process for review and provide feedback on information from NSH, IWK, and community-based organizations.

In its oversight role, the Office will review reported data, identify gaps and variation, provide structured feedback, and require follow-up action where issues are identified. Service providers remain accountable for data quality, results, and implementation of improvements.

Oversight committees include key system partners, support system collaboration

69. The Office participates in two main committees involved with the oversight and implementation of universal mental health and addictions care in Nova Scotia. Both committees include membership from the Office, NSH, and IWK.
70. The Universal Mental Health and Addictions Care Steering Committee (Steering Committee) is responsible for approving decisions related to mental health and addictions initiatives, including decisions concerning scope, budget, resourcing, and the introduction of new initiatives. The Steering Committee provides oversight and serves as a decision-making authority to support advancement of priorities.

71. The Strategic Deployment Review Committee (SDR Committee) monitors implementation of universal mental health and addictions care through milestones and an action log, which outlines tasks to be completed.



Source: Office of the Auditor General of Nova Scotia

72. Both the Steering Committee and SDR Committee have important functions in the oversight of universal mental health and addictions care and provide opportunities for regular communication and collaboration between the Office and key partners.

Office relies on oversight committees for monitoring

73. Implementation of universal mental health and addictions care is monitored by the Steering Committee and SDR Committee. As noted above, oversight committee membership includes key system partners. However, upon review of the activities of the committees, we have concerns about the Office's reliance on the Steering Committee and SDR Committee for monitoring.
74. Our concerns include a lack of adequate detail of discussions and decision making in meeting minutes, and action items remaining outstanding for extended periods of time. We discuss each concern in more detail in the following sections.

Steering Committee meeting minutes provide limited record of key oversight activities

75. The Office is responsible for recording meeting minutes for the Steering Committee. We reviewed minutes for 28 Steering Committee meetings held between April 10, 2024, and October 22, 2025. We noted meeting minutes provided little additional information other than meeting agendas. Meeting minutes lacked detail about discussions held and decisions made. Decisions were clearly documented in only three of the 28 sets of Steering Committee meeting minutes reviewed.
76. The Office noted that significant or concerning information raised in biannual reports would be brought to the Steering Committee for discussion. However, we were unable to verify that these discussions occurred due to a lack of adequate detail in meeting minutes.
77. The Steering Committee does not use a log to track action items as they arise from meetings. The Office noted previous meeting minutes are reviewed at the start of each meeting to follow up on outstanding action items. However, meeting minutes did not reflect whether outstanding action items were subsequently addressed.
78. In addition, we found the Steering Committee missed 12 of 40 (30%) meetings expected to be held over its first 18 months in operation according to the meeting frequency set out in the committee terms of reference. Gaps between meetings further impact the Steering Committee's ability to track action items.
79. Holding meetings according to schedule, and maintaining meeting minutes that document committee discussions, decisions, and action items are essential to demonstrating effective oversight and accountability. These routine practices support regular oversight of initiatives, accountability for outstanding actions, and allow for informed and timely decisions.

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Recommendation 8

We recommend the Office of Addictions and Mental Health record key details in Steering Committee minutes including key discussions, decisions and any future action items.

Office of Addictions and Mental Health Response

The Office agrees that consistent documentation supports effective oversight, accountability, and transparent governance.

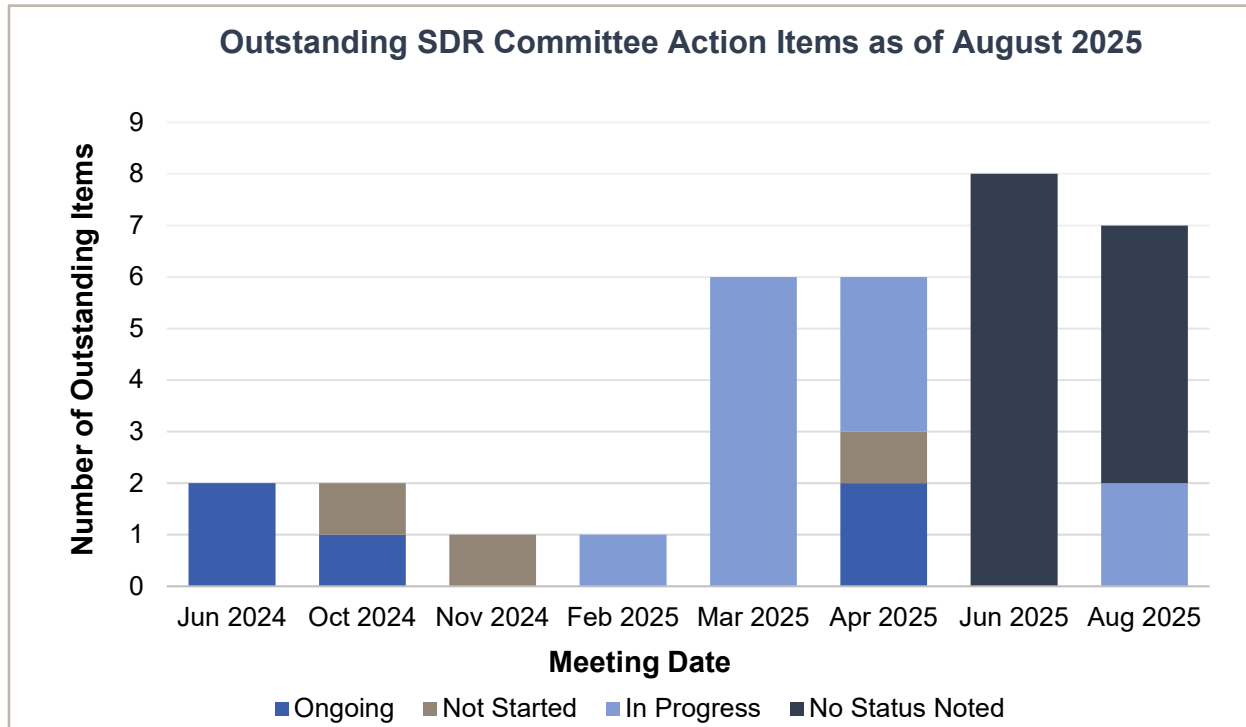


The Office will build on processes outlined in the Steering Committee Terms of Reference. These processes include the preparation of meeting minutes and documentation of decisions and follow-up actions. Enhancements will ensure that discussions, decisions, and action items are consistently recorded, assigned and tracked over time.

In its oversight role, the Office will ensure documentation is consistently used to track progress and support follow-up on decisions and actions. NSH and IWK remain accountable for progressing their assigned actions and reporting on outcomes.

Strategic Deployment Review Committee action items remain outstanding

80. We reviewed meeting minutes for 12 SDR Committee meetings held between June 12, 2024, and August 26, 2025. We also reviewed the SDR Committee Action Log covering the same period.
81. We note action items were added to the Action Log during each of the 12 meetings reviewed. However, it was difficult to determine whether all action items resulting from discussions were captured in the action log due to the lack of detail in meeting minutes.
82. As of August 26, 2025, there were 33 outstanding items in the Action Log. Two items dated back to June 12, 2024, and two other items listed a “not started” status over eight months after being added. The Office was responsible for 16 of the outstanding items, including one of the “not started” items.



Source: Office of the Auditor General of Nova Scotia

83. Timely completion of action items is critical for tracking progress and ensuring effective oversight of key initiatives in the implementation of universal mental health and addictions care. The Office should make sure it is completing its responsibilities within the SDR Committee in an appropriate timeframe.

Recommendation 9



We recommend the Office of Addictions and Mental Health establish deadlines for completing oversight committee action items for which it is responsible. Action logs should be reviewed at each meeting and updated as necessary for completion.

Office of Addictions and Mental Health Response



The Office agrees that clear timelines and consistent tracking of action items are essential to support accountability and timely progress.

The Office will build on existing processes, including identifying and tracking follow-up actions arising from meetings. Enhancements will support consistent documentation, clear assignment of responsibilities, and defined timelines for completion.

In its oversight role, the Office will ensure action logs are regularly reviewed and updated to monitor progress, identify delays, and require follow-up on outstanding items. NSH and IWK remain accountable for completing their assigned actions and outcomes.

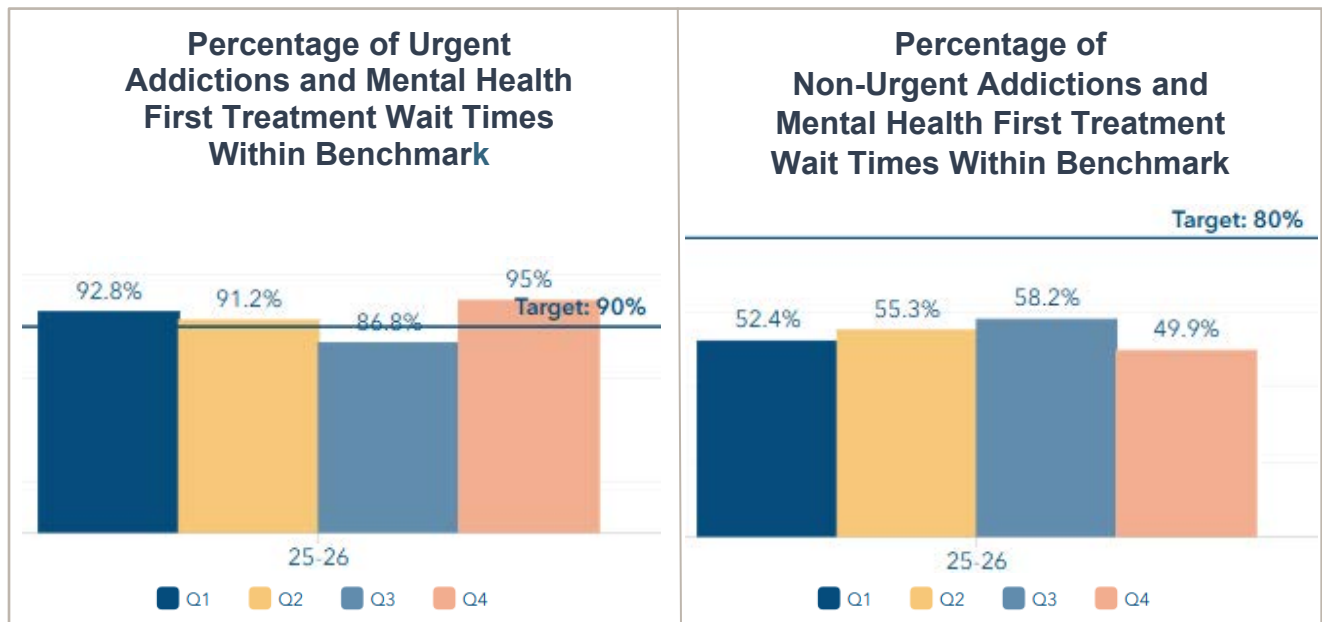
Limited public reporting on mental health and addictions services outcomes

The Office does not publicly report data on the performance of mental health and addictions services

84. The Office's annual accountability reports for 2023-24 and 2024-25 include progress updates. However, there are no performance indicators or benchmarks published within these reports to evaluate system performance. Including this information would better demonstrate the progress and effectiveness of programs and initiatives as well as ensure transparency and accuracy in its reports.
85. Beyond the annual accountability reports, the Office does not publicly report data on the performance of mental health and addictions services.
86. Nonetheless, there are other key performance indicators and metrics collected by the Office for performance monitoring, such as those collected through the biannual reports, that could be made public.
87. We searched for 2024-25 annual reports on mental health and addictions performance for other Canadian jurisdictions and found several examples of reports that provided more detailed information than the Nova Scotia equivalent. For example, we found reports where results were reported as actual results compared to targets and baselines, and others that provided trends over previous years. Examples of performance measures reported include:
- Number of communities with Integrated Child and Youth teams
 - Number of publicly funded naloxone kits distributed
 - Percentage of individuals continuing opioid agonist treatment consistently for 12 months
 - Percentage of clients who completed recovery programs and secured safe and stable housing
 - Change in suicide rates for adults and youth over time
 - Change in addiction and mental health beds from prior year by bed type
 - Change in hospitalizations for mental health over time
 - Change in hospitalizations caused by substance use over time
88. Reporting on a variety of key performance indicators, programs, and metrics would offer Nova Scotians a clearer picture of mental health and addictions services performance.

Recent audit found *Action for Health* wait time indicators did not reflect the full patient wait experience

89. The Department of Health and Wellness is responsible for reporting on key performance indicators for the six solutions included in *Action for Health*. Although the Office is directly tied to Solution Six, it is not responsible for publicly reporting any information related to *Action for Health*.
90. There are two key performance indicators reported for *Action for Health* related to mental health and addictions:
- The percentage of urgent addictions and mental health first treatment wait times within benchmark.
 - The percentage of non-urgent addictions and mental health first treatment wait times within benchmark.
91. Goals have been set to meet the urgent wait time benchmark 90% of the time, and to meet the non-urgent wait time benchmark 80% of the time. However, the specific wait time benchmarks and actual wait time information is provided on another site, as noted below. For example, the following represents published data for 2025-26:



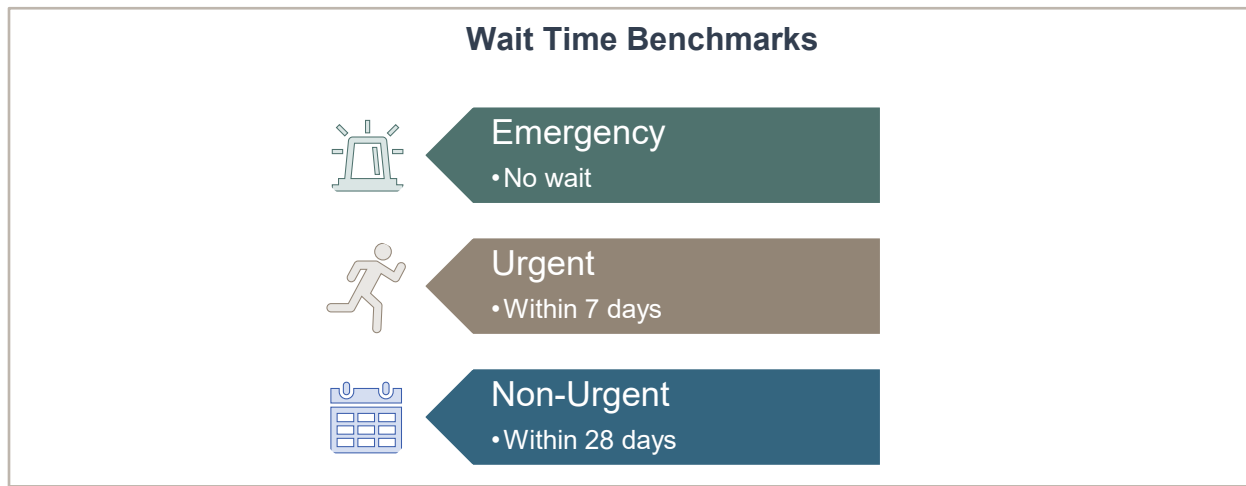
Source: Department of Health and Wellness (unaudited)

92. We discuss these two key performance indicators in our January 2026 report on the ***Action for Health* Key Performance Indicators**. The report revealed the key performance indicators were omitting the referral period, meaning results did not reflect the full patient wait time experience.

93. DHW agreed to our recommendation to include the referral period in the reporting of the mental health and addictions key performance indicators and set November 2027 as the target for implementation.

Actual wait times and wait time benchmarks are published on separate Nova Scotia provincial website

94. The actual wait times for mental health and addictions services are reported on the Nova Scotia Healthcare Wait Times website. The website also includes wait time benchmarks:



Source: Department of Health and Wellness

95. Wait times are reported for urgent and non-urgent services for both adults and children. For urgent services, the wait times for first appointment and first treatment are broken down by health zone. For non-urgent services, the wait times are listed for the first appointment and the first treatment by clinic.
96. This information can help Nova Scotians understand expected wait times and make informed decisions about where to seek care.
97. No information beyond the *Action for Health* measures, and the Nova Scotia Healthcare Wait Times, is publicly reported related to the performance of mental health and addictions services.
98. While wait time information is helpful for Nova Scotians seeking care, there is a risk that the reporting format masks the true wait times. This may influence their perception of the service and their decision to pursue care. Wait times for specific services may be longer than reported wait times, resulting in patient dissatisfaction or an impression of inequity for individuals seeking those services. In contrast, excessive wait times may create a barrier to care.
99. Reporting wait times for specific services, and other metrics such as client satisfaction or treatment success rates, may provide more valuable information to Nova Scotians.



Recommendation 10

We recommend the Office of Addictions and Mental Health expand public reporting on mental health and addictions system performance beyond wait times and include adequate context for Nova Scotians to understand the results.

Office of Addictions and Mental Health Response

The Office agrees that public reporting is essential to support transparency and accountability.



The Office will support DHW-led public reporting initiatives, contributing to the expansion of mental health and addictions performance beyond wait times, supported by clear definitions and context.

Expansion will be phased and aligned with data availability and methodological readiness of performance measures.

NSH, IWK, and community-based organizations remain accountable for providing data and achieving outcomes.

Appendix I

Reasonable Assurance Engagement Description and Conclusions

We completed an independent assurance report of the Oversight of Mental Health and Addictions Services at the Office of Addictions and Mental Health. The purpose of this performance audit was to determine whether the Office of Addictions and Mental Health effectively oversees mental health and addictions services in Nova Scotia.

It is our role to independently express a conclusion whether the oversight of mental health and addictions services complies in all significant respects with the applicable criteria. Management at the Office of Addictions and Mental Health have acknowledged their responsibility for the oversight of mental health and addictions services.

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; and sections 18 and 21 of the *Auditor General Act*.

We apply the Canadian Standard on Quality Management 1 (CSQM 1), and we have complied with the independence and other ethical requirements of the Code of Professional Conduct of the Chartered Professional Accountants of Nova Scotia.

The objectives and criteria used in the audit are below:

Objective: To assess whether the Office of Addictions and Mental Health effectively oversees mental health and addictions services to meet the needs of Nova Scotians.

Criteria:

1. The Office of Addictions and Mental Health should set policy direction, priorities, and standards for mental health and addictions services.
2. The Office of Addictions and Mental Health should ensure mental health and addictions services are accessible to Nova Scotians who need them.
3. The Office of Addictions and Mental Health should measure and monitor the performance of mental health and addictions services against desired outcomes.
4. The Office of Addictions and Mental Health should have public reporting on mental health and addictions services, including wait times.

Generally accepted criteria consistent with the objectives of the audit did not exist. Audit criteria were developed specifically for this engagement. Criteria were accepted as appropriate by senior management at the Office of Addictions and Mental Health.

Our audit approach included interviews with management and staff, and review of legislation, policies, and procedures. We also examined reports and data received by the Office of Addictions and Mental Health to determine if the information provided matched the data requested, and how it is used for decision-making. Our audit period was from April 1, 2023 to March 31, 2025. We examined information outside of that period as necessary.

We believe the evidence we have obtained is sufficient and appropriate to provide the basis for our conclusions. Our report is dated June 15, 2026, in Halifax, Nova Scotia.

Based on the reasonable assurance procedures performed and evidence obtained we have formed the following conclusions:

- The Office of Addictions and Mental Health is not effectively overseeing mental health and addictions services in Nova Scotia.
- The Office of Addictions and Mental Health has not issued policy direction, and does not set standards. However, the priorities for mental health and addictions are relevant and up to date.
- The Office of Addictions and Mental Health has not defined service access standards and does not know the full extent of mental health and addictions services and locations in the province.
- The majority of mental health and addictions services reporting have no set targets or benchmarks against which to measure performance. The Office of Addictions and Mental Health has no formal structure to provide feedback to service providers on reports received, and no guidelines for action to take when outcomes are not met.
- The Office of Addictions and Mental Health does not report publicly on the performance of mental health and addictions services beyond the content in their annual business and accountability reports.

• • • Office of the Auditor General • • •

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