

New Brunswick

organizations and programs

The provincial Addictions and Mental Health Branch plans and funds mental health policies and programs in New Brunswick. Therapeutic services are provided by Réseau de Santé Vitalité and Horizon Health Networks. Working closely with the Regional Health Authorities, other government departments, community organizations, and people with lived experience, the branch supports access to varied mental health and addiction services and supports for all New Brunswickers.

Thirteen **Community Mental Health Centres (CMHCs)** deliver mental health services and supports in defined catchment areas through three core programs: acute services, child and adolescent services, and adult long-term services. CMHCs are included in the inventory and more information can be found at gnb.ca/0055/pdf/cmhcps.pdf.



Horizon Health Network and Réseau de Santé Vitalité also provide addiction services to help individuals with substance use and gambling-related concerns. Services available include detoxification, outpatient counselling, and opioid agonist treatment. In addition, they provide live-in treatment services that include group and individual therapy focused on prevention and self-management skills. Live-in treatment services are located in Campbellton (Vitalité) and Saint John (Horizon) and are designed for individuals over the age of 19 who are experiencing concurrent substance use/gambling and mental health needs that would be best addressed in a live-in setting.

Service navigation and crisis lines

The **Government of New Brunswick** offers a listing of key community mental health resources with locations and telephone numbers.

Visit: www2.gnb.ca/content/gnb/en/departments/health/mental_health_services/CommunityMentalHealthResources.html

The **provincial government** also provides contact information for regional addiction services.


Visit: www2.gnb.ca/content/gnb/en/departments/health/Addiction/NewBrunswickAddictionCenters.html

Chimo is a 24-hour, bilingual crisis phone line, accessible to all residents of New Brunswick.

Call: [1-800-667-5005](tel:1-800-667-5005) (toll-free)

Community Mental Health Centres (CMHCs)

Agency/organization/provider name: Department of Health / Horizon Health Network and Réseau de Santé Vitalité		Province/territory where located: New Brunswick	
Geographic reach or focus of program: Provincial		Language of services: English and French	
Contact information: Multiple locations across province See website for local phone numbers Website: https://www.gnb.ca/0055/contacts-e.asp#cmhc Main address: HSBC Place, P.O. Box 5100, Fredericton, NB E3B 5G8 (main office) Single or multi-site: Multi		Specific services available for:* <input checked="" type="radio"/> None Specified	
Specific focus on criminal justice-involved populations: No		Referral required: Yes	
Costs associated: Not specified		Supporting evidence/evaluation available online: Yes	
Program description and objectives: CMHCs are a key component in the mental health service delivery system in New Brunswick. These centres are located throughout the province and provide a variety of prevention, intervention, and post-vention services for New Brunswickers.		Span of services and supports: Services under this health centre model include <ul style="list-style-type: none"> ■ assessment ■ treatment/intervention (individual and group therapies) ■ consultation ■ crisis intervention ■ case management ■ community support ■ rehabilitation ■ suicide prevention ■ services for the elderly. Flexible Assertive Community Treatment (FACT) teams also offer services to higher-need clients in the community.	

 This information is based on program information available online. Not all organizations indicate specific populations, but may still offer programs or services tailored to particular population groups.

Additional notes:

Community mental health services are available to all New Brunswickers, either through referrals by a doctor or another professional or through self-initiated visits to a CMHC. Anyone who is referred or goes to a CMHC is entitled to an intake assessment within a reasonable amount of time to identify service needs, either through the CMHC or, for those who do not meet screening criteria, through other agencies.

Regarding evidence, a [report on CMHCs](#) stated: "The New Brunswick model has been recognized as one of the most successful examples of broad-based mental health system reform in Canada (Review of Best Practices in Mental Health Reform, report by the Clarke Institute of Psychiatry, 1997)."

Propose a new resource to be included in this inventory

This inventory represents mental health and substance use services and supports identified during a relatively short period of time (September 2020 to February 2021). One notable gap is a lack of programs and services specific to First Nations, Inuit, and Métis peoples. As such, this inventory is by no means an exhaustive list of services and supports. The MHCC may update this inventory as other resources are identified that address gaps.

Please submit a program, service or resource that is not included in this first edition of the inventory. All submissions will be reviewed for inclusion in the next edition of the inventory.

[Click here to propose a program to be included in the inventory.](#)

The inventory includes:

- community-based mental health and substance use services and supports specific to people who are transitioning away from the criminal justice system.

The inventory does not include:

- mental health and substance use programs embedded in correctional institutions or therapeutic residences run by the Correctional Service of Canada (but some programs are included that are available only to people who are or have been recently incarcerated)
- mental health and wellness courts
- drug treatment courts
- forensic mental health hospital settings (those designed primarily for people found not criminally responsible on account of mental disorder or unfit to stand trial).



Appendix: Glossary of terms

Alcoholics Anonymous (AA) is an international self-support network for individuals seeking a sobriety approach to alcohol-related problems.

Assertive community treatment (ACT) is a model of care designed to improve community-based care for people living with a serious mental illness or associated complexities such as difficulty with following treatment.

Cognitive behavioural therapy (CBT) is a highly structured and time-limited form of psychotherapy focused on addressing challenging thoughts and behaviours.

Concurrent disorders refers to co-occurring problems or illnesses, particularly co-occurring mental health and substance use concerns.

Continuity of care refers to the quality of health and social service care that individuals receive over time.

Critical time intervention (CTI) is an intervention model designed to help individuals through critical transitional periods such as the transition to the community from correctional settings, shelters, and hospitals.

Dialectical behaviour therapy (DBT) is a form of psychotherapy focused on building healthier ways to manage stress, mood, and relationships.

Discharge or **release planning** refers to the process of preparing individuals for their release from incarceration and community re-entry.

Diversion refers to processes and opportunities for redirecting people away from the criminal justice system.

The **federal correctional system** in Canada oversees people who have been convicted of criminal offences and sentenced to two years or more. The Correctional Service of Canada manages federal correctional institutions and supervises persons under conditional release in the community.

Forensic assertive community treatment (FACT) is a type of specialty mental health program for individuals living with one or more serious mental illnesses who are involved in the forensic care system.

The **forensic care system** provides service to individuals who have been involved in the criminal justice system while experiencing one or more serious mental illnesses. Typically in Canada, this system provides mental health care for persons who have been found not criminally responsible on account of mental disorder and those deemed unfit to stand trial.

A **halfway house** is a type of setting designed for people who have been involved in the criminal justice system to assist with their community re-entry.

Harm reduction comprises an array of policies, services, and practices that aim to reduce the negative health and social impacts associated with substance use, drug policy, and drug laws.

Health equity is the principle that all people should have equal access to opportunities to achieve their highest health potential, independent of differences in social, economic, and demographic status.

Mental health court is a type of criminal law court for people with lived and living experience of mental illness or mental health concerns.

Naloxone is a medication used to counter the effects of opioid overdose.

Narcotics Anonymous (NA) is an international support network for people seeking recovery from use of drugs other than alcohol.

The **provincial/territorial correctional systems** in Canada are responsible for managing people who are on remand, are convicted and sentenced to less than two years, or are in immigration detention.

Rapid-access addiction medicine (RAAM) clinics offer quick access to care for people living with substance use concerns.

Recidivism refers to the tendency for people who have been previously involved with the criminal justice system to be re-exposed to the criminal justice system.

Reintegration refers to the transition away from criminal justice settings such as correctional facilities and back to the community.

Transitional and supportive housing includes temporary types of accommodation designed to help people move away from homelessness or precarious housing to permanent housing. Supportive housing includes affordable community housing combined with dedicated support from mental health and/or substance use program staff.

Trauma-informed practice and policies recognize the complexities of personal, family, and community experiences of trauma. They incorporate what is needed to prevent re-traumatization including acknowledgement of the contributing cultural and systemic forces and power dynamics such as colonialization, social exclusion of diverse people, and systemic racism. These policies facilitate journeys of mental health recovery through compassionate care, consumer choice, flexibility, and opportunities for self-mastery and resilience-building.