

Dalhousie Department of Psychiatry Strategic Plan 2026-2031



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Department of Psychiatry

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Message from the Department Head



The Department of Psychiatry's 2026–2031 Strategic Plan reflects our shared priorities, values, and guiding principles as a clinical and academic community. Building on the bold and transformational agenda of our previous strategic plan, this new framework reaffirms our

enduring commitment to excellence in education, high-impact research, and outstanding clinical care, while placing renewed and deliberate emphasis on our people, our partners, and the communities we serve. As we embark on this next chapter, the plan provides a clear roadmap to consolidate our gains, address emerging challenges, and expand the frontiers of our department.

Developed through extensive engagement with faculty, learners, staff, and key partners, this strategic plan is the product of collective reflection, dialogue, and shared ambition. The voices, insights, and lived experiences of our community have been central to shaping its priorities and directions. As such, this plan is not merely a document, but a shared commitment that will guide our decisions, investments, and actions over the next five years.

Our renewed vision reflects the department's evolving role in shaping the future of mental health care locally, nationally, and globally. It recognizes our responsibility not only to deliver high-quality care and training today, but also to lead innovation, generate new knowledge, and influence policy and practice in ways that respond to the changing mental health needs of society. Complementing this vision, our mission focuses on advancing the understanding, prevention, and treatment of psychiatric illness through integrated excellence in clinical service, education, research, and advocacy.

To achieve this vision and mission, the plan identifies five interrelated strategic priorities: Excellence in Education, High-Impact Research, Clinical Care Quality and Innovation, Serving and Engaging Society, and Valuing People.

These priorities are underpinned by a critical enabler—Governance and Leadership—which will ensure transparency, accountability, equity, and distributed leadership across all levels of the department. Together, these priorities provide a coherent framework to guide sustainable growth, foster innovation, and strengthen our social accountability.

Many individuals—faculty, learners, staff, community partners, and collaborators—contributed generously to the development of this strategic plan. Their commitment, creativity, and dedication have been invaluable. As we move from planning to implementation, continued collaboration, shared ownership, and collective accountability will be essential to translating this vision into meaningful impact.

We are a thriving, innovative, and resilient department, well positioned to navigate the complexities of contemporary mental health care and academic medicine. I am excited to work alongside all of you as we implement this plan and build an even stronger, more inclusive, and more impactful department.

Together, we will bring this strategic plan to life—shaping the future of mental health care locally and globally.

Dr. Vincent Agyapong
Head, Department of Psychiatry

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Acknowledgements

Dalhousie University operates in the unceded territories of the Mi'kmaw, Wolastoqey, and Peskotomuhkati Peoples. These sovereign nations hold inherent rights as the original peoples of these lands, and we each carry collective obligations under the Peace and Friendship Treaties. Section 35 of the Constitution Act, 1982 recognizes and affirms Aboriginal and Treaty rights in Canada.

We recognize that African Nova Scotians are a distinct people whose histories, legacies and contributions have enriched that part of Mi'kma'ki known as Nova Scotia for over 400 years.

Developing Our Plan

The Dalhousie Department of Psychiatry is a clinical academic department within the Faculty of Medicine at Dalhousie University. The department's Executive Committee launched a strategic planning process in early 2025 to update the department's strategic plan. This process included gathering input and feedback from department members and leaders through a series of meetings and a survey. The previous (2020-2025) strategic plan was reviewed and new priorities and areas of interest were identified. A draft vision, mission, strategic directions, goals, objectives, and high-level actions were developed. The draft strategic plan was reviewed and refined by the Executive Leadership Team, then shared with department members again for review and validation. Final changes were made to the plan based on the feedback received.

The work to update the strategic plan was guided by the previous work done by the department's Social Policy and Advocacy Committee to develop Guiding Principles for the department. The department's updated plan takes into consideration alignment with other key documents and plans including the Faculty of Medicine strategic plan (2023-2028), Nova Scotia's Action for Health strategy, IWK Mental Health and Addictions Program Strategic Plan (2025-2030), the key areas of focus for the mental health and addictions program at Nova Scotia Health (NSH), and the Calls to Action from the Truth and Reconciliation Commission especially recommendations under Health (e.g., numbers 19, 21, 22, and 23).

The department is well-positioned to contribute to key priority initiatives of the Faculty of Medicine such as building excellence in education, driving high-impact research, creating positive work and learning environments, supporting system change, and partnering to improve health outcomes. Equity, diversity, inclusion, reconciliation, and accessibility (EDIRA) is an important cross-cutting theme in the department's plan as well as in the Faculty of

Medicine's plan. In addition, in its clinical role within NSH's Central Zone and at the IWK, the department will continue to work collaboratively with both NSH and IWK mental health and addictions (MHA) programs to advance shared clinical work and priorities.

The strategic plan outlined in this document will be supported by an operational plan that identifies the tasks, timelines, and accountabilities to advance each of the high-level actions.

BUILDING ON OUR STRENGTHS

The department has many strengths which provide a solid foundation for continuing and expanding its work and priorities over the next five years. Key strengths include:

- **Education and training:** Strong academic program that contributes to undergraduate medical education, postgraduate education, and continuing professional development.
- **Research:** Recognized nationally and internationally for research and contributions in key areas of psychiatry. There are novel research graduate programs available.
- **Leadership and Partnerships:** There is a distributed leadership model with strong partnerships between academic, clinical, and research areas.
- **Staff and faculty:** The department has strong, dedicated staff and faculty and the potential to build further on this collective strength.
- **Equity work:** The department has a strong structure focused on equity, including Directors for Social Policy and Advocacy, Wellness, and EDIRA. The department could play a leadership role in sharing its work with others.

CAPITALIZING ON OPPORTUNITIES

It is important to understand trends and changes in the broader environment that may impact the department's plan. The key opportunities that are expected to impact and guide the department's work include:

- **Measurement-based care:** Having clear standards for high-quality care and measuring performance against those standards is critically important.
- **Health equity and population health needs:** The demand for psychiatric care among certain populations continues to grow and there are communities that continue to have unmet needs for care. Responding to population health needs, addressing gaps in equitable care, reducing stigma, and expanding the department's work in areas of need are key priorities.
- **Technology:** Technology is changing rapidly and these changes have the potential to impact how healthcare, including psychiatric care is delivered. Artificial intelligence (AI) and the provincial efforts around One Person One Record (OPOR) are especially important to note.
- **Partnerships:** Continuing to work in collaboration across the health system is essential. Key partners include the provincial government, Nova Scotia Health (NSH), the IWK, other healthcare providers (e.g., primary care, allied health, other specialists), and other national and community partners.
- **Innovation:** There continue to be opportunities to improve and expand the department's work through new and different approaches to clinical care, education, and research.



Our Vision, Mission, Values, and Guiding Principles



VISION

Excellence and innovation in psychiatric care, education, research, and advocacy, shaping the future of mental health care locally and globally.



MISSION

To advance the understanding and treatment of psychiatric illness through excellence in clinical care, education, research, equitable leadership, advocacy, and community engagement.



VALUES

The values from the Faculty of Medicine's Strategic Plan also guide the department's work:

- **RESPECT** – Work and learning environments grounded in high regard for the aspirations, rights, and traditions of all. Collegial, professional relationships that build feelings of trust, safety, and wellbeing.
- **INCLUSION** – A diverse mix of outstanding students, scholars, researchers, and staff who share an enriched sense of belonging and commitment to action. The power of diversity demonstrated through inclusive engagement with our communities.
- **COLLABORATION** – Genuine appreciation for what is important to one another, our partners and those whom we serve. Strong, productive relationships.
- **ACCOUNTABILITY** – Providing people with the tools, time, and other resources they need to do their work. Setting the bar for integrity in transparent communication. Setting new standards for high-quality and equitable approaches to medical education, research, and clinical practice.
- **EXCELLENCE** – Striving for enduring improvement in individual, community, population, and planetary health. An ongoing commitment to sustainable quality improvement.



GUIDING PRINCIPLES

The department's stated Guiding Principles were co-developed by our department with community partners. These five Guiding Principles inform departmental equity work across all streams to promote alignment between our stated Values and our actions.

Nothing about us without us: To promote reciprocal co-creation and co-ownership of programs and all academic deliverables

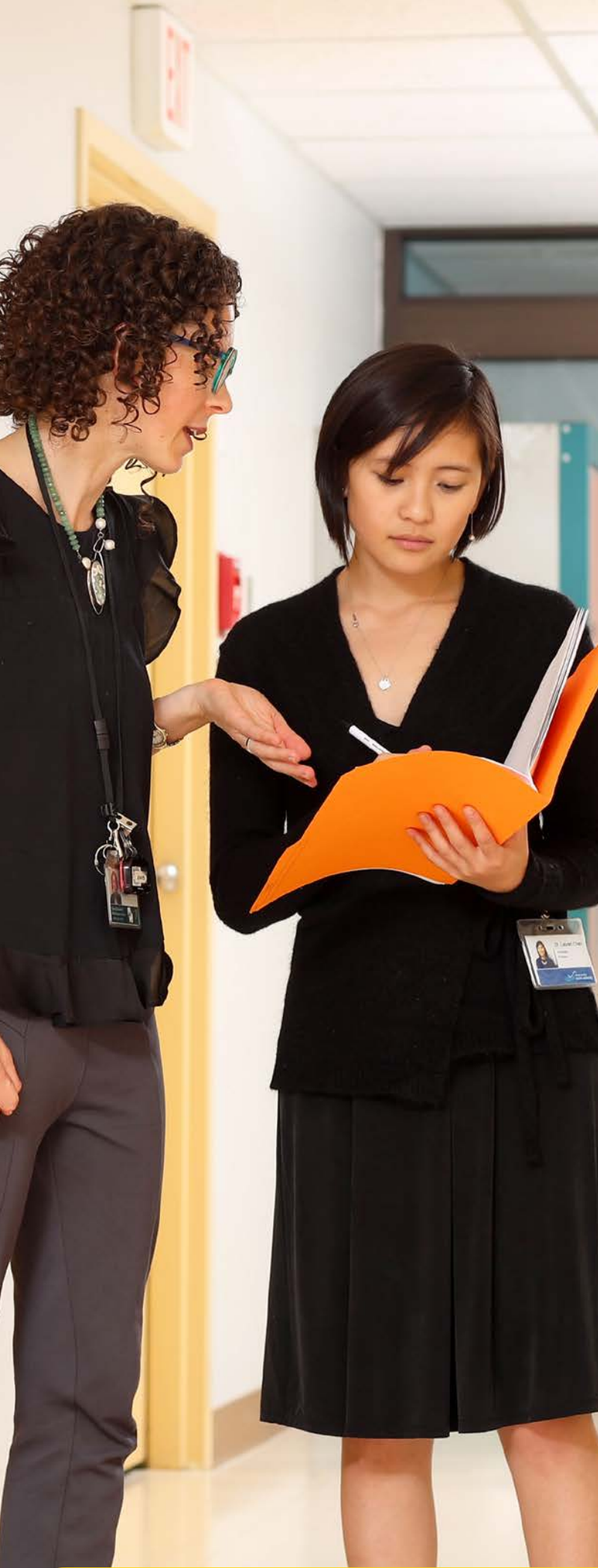
Do no harm: To include awareness of past/present colonial harms, potential future harms, and environmental stewardship

Pluralism/Two-eyed seeing: To include a stance of curiosity and reciprocity in learning and to promote diversity

Strengths-based: To align with positive psychiatry/psychology and to support advocacy

People-first with kindness: To promote a sense of belonging and community

The 2026-2031 Strategic Plan also includes definitions of anti-oppression terms (see Appendix A, p. 18) and a list of equity-denied groups identified as priorities (see Appendix B, p. 19).



Our Strategic Directions

Our strategic plan includes five priority areas and one enabler. The priority areas are Excellence in Education, High-Impact Research, Clinical Care Quality and Innovation, Serving and Engaging Society, and Valuing People. The enabler is Governance and Leadership. Education, research, and clinical care are the foundation of our work and drivers to achieve our vision. Serving and Engaging Society and Valuing People are critical to these three foundational areas and must be integrated throughout education, research, and clinical care. As an enabler, governance and leadership help to support and direct the work across all strategic directions.

Each strategic direction has a goal, objectives and high-level actions:

- **GOAL:** Our desired result or outcome for each strategic priority. (Why)
- **OBJECTIVES:** Our strategies to achieve the goal. (What)
- **HIGH-LEVEL ACTIONS:** Our actions that outline, at a high-level, what will be done to make progress on the objective. (How)

STRATEGIC DIRECTION EXCELLENCE IN EDUCATION

Goal: *High-quality, dynamic, innovative, learner-centered education across the professional continuum that is responsive to the evolving needs of the local, regional, and global community.*

The focus areas in this strategic direction are similar to some of the focus areas from the Faculty of Medicine's 2023-2028 strategic plan, while still reflecting the department's specific needs and priorities in the identified actions.

Education Objectives	High-Level Actions
Focus Area 1: Building on Excellence in Education	
1. Develop highly skilled practitioners and scientists with expertise in psychiatric consultation, assessment, formulation, research, collaboration, and treatment	<ul style="list-style-type: none"> A. Develop and implement a coordinated approach to continuous quality improvement (CQI) for the department's education programs B. Support and strengthen training in scholarly inquiry and activity for learners at all levels, including critical appraisal, research, CQI, and other related scholarly work C. Provide ongoing support for the international elective exchange program for Dalhousie psychiatry residents and the international fellowship program at Dalhousie University for psychiatrists from low- and high-income countries D. Advocate for and enhance curricular content in psychiatry and medical students' exposure to the discipline of psychiatry throughout training E. Continue to align with the shift to competency-based medical education in Undergraduate Medical Education (UGME) F. Maintain funding and support for the current graduate research programs (MSc and PhD in Psychiatry), while also ensuring the new Master of Clinical Psychiatry and Global Mental Health program receives adequate financial and operational resources G. Strengthen collaboration between graduate and residency programs
2. Build capacity and support innovation in psychiatry education	<ul style="list-style-type: none"> A. Develop and implement strategies to increase engagement, buy-in, and commitment to teaching, particularly among rural psychiatrists B. Develop and support a community of practice/community of educators and support faculty development across sites C. Advocate with government and others for increased remuneration for non-AFP (Academic Funding Plan) teaching/supervision D. Provide curriculum that responds to emerging priorities and needs and uses new technology in responsible and effective ways E. Support and encourage faculty to participate in medical education scholarship by providing resources and recognizing achievements relevant to all learner groups

Focus Area 2: Medical Education Responsive to the Health Needs of the Maritimes

3. Align psychiatry training with the health needs of the Maritimes	<ul style="list-style-type: none"> A. Align post-graduate medical education (PGME) training with health human resource needs through strategies that include enhancing generalist training in psychiatry, promoting opportunities in underserved areas of the Maritimes, and identifying priority areas for future subspecialty training B. Support and expand distributed learning/clinical teaching sites at all levels, particularly in rural communities in Nova Scotia and New Brunswick, and encourage residents to participate in rural community electives C. Promote and support subspecialty residency programs, fellowships, and areas of focused competencies programs that address important health needs D. Collect information regarding location and type of practice for graduates of core and subspecialty residency programs
4. Facilitate collaboration to support alignment	<ul style="list-style-type: none"> A. Support ongoing engagement between clinical zone chiefs and PGME, UGME, and departmental leadership B. Seek significant input from community-based faculty in curriculum delivery and leadership across all education programs C. Collaborate with patients, other specialties, other professions, and community organizations (including Indigenous and African Nova Scotian communities) to develop and deliver socially responsive educational programs

Focus Area 3: Health System Transformation

5. Develop capabilities across the education continuum to leverage medical education and accelerate health system transformation	<ul style="list-style-type: none"> A. Create Continuing Professional Development activities that support CQI and incorporating patient safety curricula into practice B. Engage and support undergraduate and postgraduate learners to identify health system gaps and bring system solutions to health system leadership using change management principles C. Create and evaluate innovative interprofessional practice and teaching models
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Focus Area 4: Health and Wellness (including EDIRA)

6. Create a learning environment that fosters health, engagement and respect	<ul style="list-style-type: none"> A. Integrate EDIRA principles into education, including curriculum design, teaching practices, and clinical placements, to prepare learners for socially accountable care B. Encourage learner participation in EDIRA-informed initiatives that reflect diverse lived experiences and social determinants of health C. Equip educators with tools and training to model and reinforce equity-driven clinical teaching and mentorship D. Support students from equity-denied communities through inclusive education and non-traditional career pathways E. Provide a physically and psychologically safe learning environment that supports learner and faculty wellness and meets all accreditation standards
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STRATEGIC DIRECTION HIGH-IMPACT RESEARCH

Goal: Excellence through high-impact research and increased research output with local, regional, national, and international relevance.

Research Objectives	High-Level Actions
1. Support and build the capacity of departmental researchers	<ul style="list-style-type: none"> A. Provide research mentorship, support, and access to dedicated research staff to any interested faculty, with a particular focus on trainees, early career faculty, and community psychiatrists B. Provide clinical researchers with sufficient dedicated research time with a focus on early-career clinicians C. Promote and support access to research funding opportunities, including the Department of Psychiatry Research Fund (DPRF) and global mental health seed funding D. Support researchers in integrating EDIRA priorities and perspectives into research activities
2. Strategically recruit and attract researchers new to the department	<ul style="list-style-type: none"> A. Review and identify research priorities and strengths for the department to aid in ongoing research recruitment efforts B. Continue recruiting (and retaining) researchers, including research Chairs, who integrate excellence in academic clinical care, teaching, and research activity to advance a mutually beneficial and seamless clinical academic environment/culture C. Enhance resident engagement in research through the clinician investigator program and departmental graduate programs, and opportunities connected with the Centre for Global Mental Health
3. Build and sustain partnerships to support and enhance departmental research activities and strengthen knowledge translation	<ul style="list-style-type: none"> A. Identify, create, and foster partnerships to enable the co-creation and advancement of research priorities, in addition to supporting our research endeavours (e.g., funders, community, REB, persons with lived experience, academic organizations, NSH/IWK/Tajikeim k, other disciplines) B. Work with key partners to reduce barriers to research and support research infrastructure C. Develop a strategy for research fundraising with community and health system partners D. Advance global partnerships to encourage global mental health research E. Develop mechanisms for translating department research into improvements in psychiatric care and health and social policy

STRATEGIC DIRECTION **CLINICAL CARE QUALITY AND INNOVATION*****Goal: High quality, timely, accessible, equitable, evidence-informed psychiatric care in partnership with community***

The department works in an integrated manner with NSH and IWK MHA programs to deliver clinical care in psychiatry. In implementing the objectives and actions of this strategic plan, ongoing collaboration and alignment between the department and NSH and IWK strategic directions is essential.

Clinical Care Objectives	High-Level Actions
1. Collaborate with health system and community partners to build capacity and support high-quality, equitable, and timely care for patients	<ul style="list-style-type: none"> A. Work with health system partners in a co-leadership model to plan and implement MHA programs and services, including aligning on goals and objectives B. Strengthen relationships with primary care providers and other healthcare providers to enhance patient care and provide clear pathways for referral and care transitions in alignment with health transformation work (Streamlining Psychiatry Provincial Project) C. Lead and support networks and partnerships, including with other healthcare professionals, to enhance regional sub-specialty psychiatric care in areas of need (e.g., obsessive compulsive disorder [OCD], autism spectrum disorder [ASD], mood disorders, severe and persistent mental illness [SPMI], geriatrics, child and adolescent, post traumatic stress disorder [PTSD]) D. Work with community and health system partners to address gaps in services and enhance timely and equitable access, particularly for equity-denied communities and areas of demographic needs (e.g., expanding resources for RASP and transcultural mental health)
2. Incorporate continuous quality improvement (CQI) within psychiatric care	<ul style="list-style-type: none"> A. Develop and implement CQI strategies and measurement-based care (MBC) that aligns with NSH and IWK and includes key performance indicators (KPIs) to guide improvement and support the delivery of evidence-informed psychiatric care B. Create interprofessional clinical academic networks to support quality, evidence-informed psychiatric care
3. Support effective management of patient flow across all levels of psychiatric care in collaboration with health system and community partners	<ul style="list-style-type: none"> A. Identify barriers to good patient flow using objective measures B. Build skills and confidence in primary care providers and other types of healthcare professionals to collaborate with psychiatry to facilitate stepping down care C. Advocate for appropriate administrative and staff supports, as well as integrating innovative technology to more effectively manage psychiatrist caseloads D. Implement a systematic approach to patient flow that is supported by NSH and IWK IT systems and caseload tracking data

STRATEGIC DIRECTION **SERVING AND ENGAGING SOCIETY**
Goal: To close gaps in serving equity-denied groups and becoming a more trusted partner to community

This strategic direction focuses on the department's external-facing community engagement and allyship to equity-denied groups. It is informed by our departmental Values, five Guiding Principles, and prioritized equity-denied groups.

Serving & Engaging Society Objectives	High-Level Actions
1. Build on existing departmental momentum in anti-oppression and community allyship	<ul style="list-style-type: none"> A. Continue committee function as departmental resource, equity compass, and model of inclusive practices B. Continue implementation of strategic directions as outlined in the 2024 Social Policy and Advocacy (SP&A) Policy and Action Plan Framework C. Share responsibility by encouraging participation in community-facing equity initiatives
2. Advance departmental competence in anti-oppression, equity, and community allyship, in collaboration with partners	<ul style="list-style-type: none"> A. Promote a positive culture for equity work and community allyship by building anti-oppression knowledge, skills, and acumen B. Develop and implement anti-oppression training and an evaluation plan that addresses anti-oppression and inclusion of equity-denied groups and people with lived experience C. Encourage progress in anti-oppressive practices by identifying and recognizing departmental efforts
3. Elevate community voice across departmental activities based on relationship-centered engagement practices	<ul style="list-style-type: none"> A. Engage equity-denied groups in shaping departmental activities using a relationship-centered approach B. Strengthen reciprocal learning and knowledge sharing through two-way knowledge exchange between the department and community partners, recognizing community expertise and ensuring mutual benefit in all collaborative efforts C. Promote integration of community feedback into departmental practice and policy through structured, transparent, and responsive mechanisms developed with community
4. Align internal and external anti-oppression activities of the department	<ul style="list-style-type: none"> A. Build synergies and alignment across the department and the directions of the strategic plan, and more broadly with the Faculty of Medicine, university, and others, through shared commitment to anti-oppression dialogue and meaningful engagement with our partners B. Develop and implement a related communications strategy within the department, university, and community

STRATEGIC DIRECTION VALUING PEOPLE

Goal: *In alignment with the five Guiding Principles, foster an inclusive and responsive department where all members feel valued and empowered, which promotes collegiality, equity, and collective growth*

Valuing People Objectives	High-Level Actions
1. Nurture an inclusive organizational culture that ensures all members feel valued, supported, and a sense of belonging	<ul style="list-style-type: none"> A. Foster community within the department and with other colleagues through welcoming and effective onboarding and in-person social and professional events B. Strengthen processes to celebrate positive, inclusive behaviours, milestones, achievements, and contributions to the department's work C. Establish a structured process in alignment with the Faculty of Medicine to transform oppressive or exclusionary behaviour D. Include faculty, administrative staff, graduate student, and resident leadership and representation on committees
2. Promote career growth that uplifts the entire department	<ul style="list-style-type: none"> A. Encourage and support all members to engage in professional development and mentorship that addresses organizational and individual needs, including leadership skills B. Facilitate comprehensive and effective performance reviews with timely, valued feedback and career pathway discussions C. Support leadership with promotion of ongoing self-assessment and collective reflection to support personal and professional growth, including attention to wellness and EDIRA D. Develop and implement an equity-informed succession planning process that actively identifies and addresses systemic barriers to recruitment, leadership opportunities, and promotion for equity-denied groups across the department
3. Create an engaging, responsive and efficient work environment	<ul style="list-style-type: none"> A. Establish a safe environment for people to share feedback and suggest changes to create more consistency and efficiency B. Support governance and leadership to meaningfully engage department members impacted by departmental change management using psychologically safe decision-making and feedback processes C. Provide flexible working arrangements and equitable distribution of work respecting individual and collective needs
4. Create an equitable, diverse, inclusive and accessible workplace that fosters wellbeing for all	<ul style="list-style-type: none"> A. Create physical and social environments that promote wellbeing, inclusivity and accessibility B. Align targeted EDIRA and organizational wellness professional development with the Faculty of Medicine to cultivate knowledge, skills, and acumen in promoting equity, inclusion and organizational wellness C. Reinforce a culture of shared responsibility by encouraging participation in institutional EDIRA and wellness initiatives D. Support review of existing departmental processes and policies from an EDIRA and wellness perspective to identify and address barriers or concerns E. Regularly evaluate and report on activities and barriers to wellness and EDIRA, using data-driven insights to inform decision-making F. Share learnings, promising practices, and areas for growth related to wellness and EDIRA through internal knowledge translation platforms

ENABLER GOVERNANCE AND LEADERSHIP

Goal: *A collaborative leadership culture that empowers the department through inclusive governance, a co-leadership model, and diverse perspectives*

Governance & Leadership Objectives	High-Level Actions
1. Continue to provide an effective, efficient, and inclusive department organizational structure aligned with our Values and Guiding Principles	<ul style="list-style-type: none"> A. Conduct periodic reviews of the department's organizational structure, solicit feedback from department members, and ensure adequate funding and representation across domains and distributed sites B. Promote the development of clinical, education, and research infrastructure that reflects needs and FTE allocation C. Establish clear accountabilities and transparent decision-making for leadership and communicate this to department members D. Provide an explicit framework holding faculty and leadership to identified clinical, professional and academic expectations, including establishing measurable performance standards for faculty with a mechanism for review and CQI E. Revise the IPP process to incorporate performance review, provide appropriate feedback during the review process, and encourage applications for academic promotion
2. Influence system planning and advocate for equitable and high-quality care and services across the MHA program through strategic partnerships	<ul style="list-style-type: none"> A. Finalize a competitive AFP contract that will enhance recruitment and retention, including advocating for more funding for academic time and infrastructure B. Collaborate with health system partners and engage community partners to plan for infrastructure, health human resources (including psychiatrist recruitment and allied health), and administrative and technology supports that will help psychiatrists across the province practice efficiently and effectively C. Use cross-sectoral and community collaboration to identify and act on opportunities to shape aligned, integrated, and equitable mental health systems that address population needs, meet national benchmarks for services, and reduce fragmentation D. Promote system continuity, integrated planning, and holistic supports that address the social determinants of health by engaging with partners in areas such as education, justice, community services, and housing E. Position the department as a key advisor and collaborator in government-level initiatives that address the social and structural determinants of mental health

Moving Forward

Moving forward, the department will continue to work with faculty, learners, staff, and partners to support the implementation of the strategic plan. A more detailed operational plan will be developed to identify specific tasks, timelines, and accountabilities for the objectives and actions, as well as clear indicators to define success.

In addition to the important role that governance and leadership of the department plays in guiding the strategic plan, other enablers to successful implementation include:

- **Resources:** We know that resources — human, financial, and physical, including information technology — are essential. The operational plan for implementation has to take into account available resources and advocate for new resources where required.
- **Accountability:** Defining clear indicators of success and regularly reporting on progress internally and externally are critical to help us meet our goals. This includes celebrating successes as well as identifying barriers and finding ways to address the barriers. In addition, operational plans for each strategic direction will define clear accountabilities for tasks needed to advance the objectives and actions in the plan, which will support evaluation and monitoring.
- **Engagement and Collaboration:** Engagement and collaboration within the department and with our partners (including NSH, IWK, patients and families, and others) is important to support shared implementation of the strategic plan. As we develop and implement the more detailed operational plans, we will work to build understanding of and connection to the strategic plan across all department members and partners and continue to seek feedback to inform implementation. This engagement will help to ensure actions are implemented in an effective and realistic manner, build shared responsibility for the strategic plan, and celebrate and build on achievements.

Many people contributed to developing this strategic plan. The contributions made by faculty, learners, staff, and partners have been invaluable. Continued collaboration and the ongoing support and contributions of all these individuals will be essential in helping to advance the goals, objectives and actions for each strategic direction.

Appendices



Appendix A: Definitions

Equity, Diversity, Inclusion, Reconciliation, and Accessibility (EDIRA) – The Faculty of Medicine's **Anti-Oppression Policy** defines these terms as follows:

- **Equity** is a process that takes diversity and differences into account through fair and nondiscriminatory approaches and practices, to ensure inclusion. We are committed to promoting fairness and justice by actively identifying and addressing systemic barriers that contribute to oppression and discrimination.
- **Diversity** is the condition of having a broad range of differences in the Faculty of Medicine, represented in its people, perspectives, policies, programs, and practice.
- **Inclusion** is an outcome where community members experience equal access to opportunities for education, employment, promotion and success in the Faculty of Medicine and a sense of belonging and engagement in the life and work of the Faculty of Medicine and the institution. We recognize and value the diverse backgrounds, experiences, and perspectives of all individuals within our faculty, including learners, faculty members, staff, community, and patients.
- **Reconciliation** is the process of healing relationships between Indigenous people and nonIndigenous Canadians and addressing wrongs of the past.
- **Accessibility** is the inclusive practice of ensuring there are no barriers preventing interaction with, or access to both the built and learning environment within the Faculty of Medicine.

Additional key equity terms are below:

- **Allyship** is a practice of using one's own privilege to support and advocate for equity-denied individuals or groups.
- **Relationship-centered** is an approach to building strong, positive, trusting relationships among individuals for effective outcomes; it prioritizes the quality and nature of these relationships over the tasks.
- **Culture** is shared beliefs, values, and symbols of a group of people passed down through generations.
- **Cultural safety** is providing services in which individuals feel respected, valued, and free from discrimination, microaggressions, or other harms based on their cultural background.
- **Cultural humility** is an attitude of having an open mind and of humbly acknowledging oneself as a learner when it comes to understanding another's experience of their cultural identity.
- **Cultural competence** is a capacity to interact compassionately, sensitively and effectively with people of different cultural backgrounds, for equity work at individual, policy and systems levels. Cultural competence is ongoing and iterative, rather than an endpoint.

Appendix B: Equity-Denied Groups Identified as Priorities

The 2026-2031 Strategic Plan includes a list of marginalized and equity-denied groups of focus for mental health and addictions services. These groups include:

- Indigenous/Mi'kmaq community
- Black/African Nova Scotians
- Other racialized populations
- Newcomers and Refugees
- Acadian/French-speaking population
- Women (especially single mothers and those experiencing domestic violence)
- Vulnerable age groups (over 65 and under 19)
- 2SLGBTQIA+ community
- Rural population
- Street population/homeless and those experiencing poverty
- Individuals who have been incarcerated
- Individuals living with physical and intellectual disabilities
- Individuals living with addiction/those using illicit substances
- Individuals living with severe and persistent mental illness



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