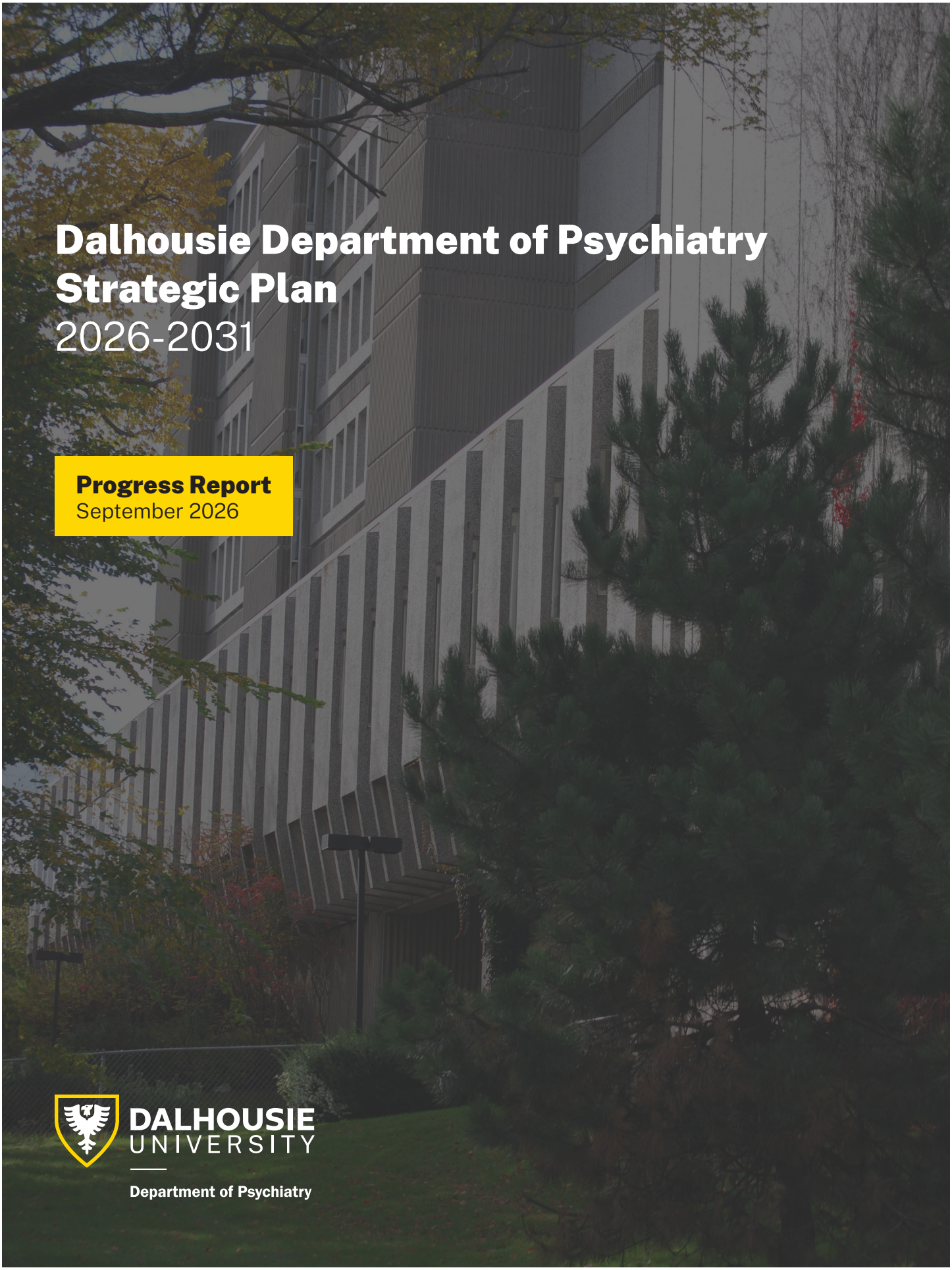

Dalhousie Department of Psychiatry Strategic Plan
2026-2031

Progress Report
September 2026

DALHOUSIE UNIVERSITY
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.

Message from the Department Head

Dear Colleagues:

In January 2026, the Dalhousie Department of Psychiatry started an exciting new chapter with the launch of our 2026-2031 Strategic Plan. This plan provides a clear roadmap as we continue in our quest to enhance our innovation, inclusivity, and global mindedness, both internally and externally, locally and globally.

Beyond reflecting our values as a clinical and academic community, this plan consolidates the gains we have made over the past five years. With it, we continue to build on our foundation—excellence in education, high-impact research, and quality and innovation in clinical care. Importantly, it also reflects our collective responsibility to each other and the communities we serve.

This report illustrates how our actions (whether new or ongoing) align with our strategic goals and objectives. It also indicates what actions are in progress and what is not yet started. As you'll read in this progress report, work is underway in almost all our high-level actions.

Thank you to the strategic direction leads, our faculty, learners, and staff for all your work in implementing this strategic plan and to our partners and stakeholders for your ongoing contributions. Together, we will keep shaping the future of mental health care locally and globally as we bring this plan to life.

Sincerely,

Dr. Vincent I.O. Agyapong
Head, Department of Psychiatry, Faculty of Medicine, Dalhousie University
Head of Psychiatry, Nova Scotia Health Central Zone

Developing Our Strategic 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.

Developing Our Progress Report

Leaders were asked to categorize each high-level action in their strategic direction or enabler into one of three categories:

- Started/completed (these actions are completed or fully operationalized)
- In progress (work is underway on these actions)
- Not started (work on these actions has not yet begun or is in very early stages)

They were also asked to prepare brief, high-level key highlights about what has been accomplished and/or information they think is most important to convey.

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

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	A. Develop and implement a coordinated approach to continuous quality improvement (CQI) for the department's education programs **Key points:** • Resident and rotation feedback is being reviewed systematically to identify themes, areas for improvement, and actionable program-level changes • Postgraduate quality improvement processes have informed changes to clinical learning environments, supervision models, safety initiatives, and specific rotations • The Coordinator and Associate Coordinator for the MSc and PhD programs in Psychiatry Research meet annually with each student individually about areas to improve from the student perspective and they plan to meet with the Graduate Program Committee (GPC) to develop a strategy to address common emerging themes from the student feedback • The MSc and PhD programs in Psychiatry Research are awaiting the outcome of their first Faculty of Graduate Studies review and once they have the feedback, any concerns raised will be addressed in collaboration with the GPC and the graduate students • Medical student feedback is systematically gathered for the psychiatry component of Neuroscience and Skilled Clinician 2, and for clerkship seminars, to improve and update teaching materials • Medical student evaluations of supervisors, residents and rotations/units are collated by UGME and/or our department and this feedback is disseminated to faculty	

 **Started/completed**
(these actions are completed or fully operationalized)

 **In progress**
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Education Objectives	High-Level Actions	
	and relevant education leadership to inform quality improvement	
	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 **Key points:** • Implementation of technology-based tracking tools for resident scholarly projects and broader scholarly activities to support engagement in research, quality improvement, and other forms of scholarly inquiry, while improving recognition of resident scholarly contributions • All graduate students in the MSc and PhD programs are involved in publications and presentations on their scholarly research findings with their supervisors and mentors • Undergraduate education includes a longitudinal Research in Medicine (RIM) component. Members of the department with expertise in research have been mentors in this program	
	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 **Key points:** • The first PGY-5 resident participated in an international elective at Korle Bu Teaching Hospital in Ghana in fall 2025 • Nine International Fellows received training with the department from July 1, 2025 to June 30, 2026 • Funding was successfully extended through the Royal College of Physicians and Surgeons of Canada to support the collaboration between Dalhousie University Department of Psychiatry and the Ghana College of Physicians and Surgeons	

Education Objectives	High-Level Actions	
	D. Advocate for and enhance curricular content in psychiatry and medical students' exposure to the discipline of psychiatry throughout training **Key points:** • Psychiatry component heads advocate for and develop psychiatry curricular content in the Neuroscience and Skilled Clinician programs. Clerkship Director develops Clerkship Syllabus annually in collaboration with relevant department faculty members, updating as necessary • The PhD program in Psychiatry Research includes a required experiential psychiatry course (PSYR 6015) to expose all doctoral students to the discipline of psychiatry and its practice • Postgraduate medical education (PGME) continues to offer the Summer Internship in Psychiatry (SIIP), a one-week program for first-year medical students to create early exposure and experiences in psychiatry	
	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 **Key points:** • Dedicated FTEs are allocated to the graduate research programs and the new Master of Clinical Psychiatry and Global Mental Health program. The associated costs are included in the annual budget • The department continues to fund the existing MSc and PhD programs in Psychiatry Research	
	G. Strengthen collaboration between graduate and residency programs	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Education Objectives	High-Level Actions	
	Key points: • The MSc and PhD in Psychiatry Research program orientation for new graduate students will include information about and encouragement to attend the journal club along with psychiatry residents • New research awards have been developed for MSc and PhD graduate students in Psychiatry Research and they are awarded at the annual Year-End Celebration of Education in psychiatry along with the Psychiatry Resident Awards • Implemented joint planning and hosting of the Annual Year-End Celebration of Education between the Psychiatry Research graduate programs and the residency program, so both groups of learners are recognized during the event	
2. Build capacity and support innovation in psychiatry education	A. Develop and implement strategies to increase engagement, buy-in, and commitment to teaching, particularly among rural psychiatrists **Key points:** • The Residency Program Committee has been restructured to include formal representation from Distributed Medical Education (DME) sites in both Nova Scotia and New Brunswick, strengthening regional perspectives in program governance and decision-making • The postgraduate education team continues to conduct site visits across the Maritimes to strengthen relationships with distributed faculty and clinical partners, support existing training experiences, and identify opportunities for expansion of DME • Child and Adolescent Psychiatry Subspecialty residency program has operationalized a rural training track, set to graduate its first resident in June 2027, increasing connection with, and participation from multiple rural child and adolescent psychiatrists in the program • The core courses for the MSc and PhD programs in Psychiatry Research continue to have adequate engagement, buy-in, and commitment to teaching from faculty to fill guest lecture spots, and continue to have willingness within the department to sit on graduate thesis/dissertation committees; increasing involvement of rural psychiatrists would require a dedicated budget • Psychiatry core clerkship has a long-established pattern of placing clerks in distributed/rural sites. The Clerkship	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
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Education Objectives	High-Level Actions	
	Director and UG education coordinator maintain strong relationships with administrative staff and psychiatrists in rural rotations and meet annually with preceptors at distributed sites • Faculty from rural sites and/or outside of Nova Scotia HRM participate in UG Education Committee and have been recruited to leadership roles in UG education (Local Clerkship Director in NB, Neuroscience component head from NB) • Geriatric Psychiatry implemented a mandatory one-month rural rotation within their subspecialty training, in addition to longitudinal rural exposure through telehealth and/or rural clinic days. The program is currently exploring PEI as an option for the rural month, and had their first resident complete the rotation in August 2026	
	B. Develop and support a community of practice/community of educators and support faculty development across sites **Key points:** • The Division of Child and Adolescent Psychiatry and the Section of Geriatric Psychiatry host regular joint meetings with child psychiatrists and geriatric psychiatrists from distributed sites across Nova Scotia. These networks provide useful opportunities for knowledge sharing and capacity development	
	C. Advocate with government and others for increased remuneration for non-AFP (Academic Funding Plan) teaching/supervision **Key points:** • Advocacy continues through the Clinical Department Heads Forum with Doctors Nova Scotia, as well as the Zone Clinical Department Heads Forum with Mental Health and Addiction Program leadership, to secure increased remuneration for non-AFP teaching and supervision	
	D. Provide curriculum that responds to emerging priorities and needs and uses new technology in responsible and effective ways	

Started/completed
(these actions are completed or fully operationalized)

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(work is underway on these actions)

Not started
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Education Objectives	High-Level Actions	
	Key points: • The Master of Clinical Psychiatry and Global Mental Health uses a purpose-built hybrid model incorporating asynchronous digital content and synchronous virtual, case-based learning • Curricular development emphasizes responsible application of technology while maintaining high-quality supervision, patient safety, and learner engagement • The graduate student orientation for the MSc and PhD programs in Psychiatry Research now includes coverage of appropriate uses of AI in academics • Faculty lecturers in the MSc and PhD programs in Psychiatry Research ensure that their lectures are up-to-date in reflecting emerging priorities and uses of new technology in their respective sub-fields	
	E. Support and encourage faculty to participate in medical education scholarship by providing resources and recognizing achievements relevant to all learner groups **Key points:** • Departmental curriculum development funding has supported educational innovation and evaluation	
Focus Area 2: Medical Education Responsive to the Health Needs of the Maritimes		
3. Align psychiatry training with the health needs of the Maritimes	A. Align postgraduate medical education (PGME) training with health human resource needs through strategies that include enhancing generalist training in psychiatry, promoting opportunities in underserviced areas of the Maritimes, and identifying priority areas for future subspecialty training **Key points:** • Distributed training remains a core component of the Psychiatry Residency Program, with residents completing training across Maritime communities • Residency leadership actively supports individualized senior-resident training plans that facilitate experience in communities where residents may ultimately practice • Curriculum enhancements in addictions, shared care, rehabilitation, emergency psychiatry, and community-based	

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Education Objectives	High-Level Actions	
	care strengthen generalist competencies relevant to regional health-system needs	
	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 **Key points:** • The residency programs continue to work on expansion of the distributed medical education sites across the Maritimes	
	C. Promote and support subspecialty residency programs, fellowships, and areas of focused competencies programs that address important health needs **Key points:** • Residents interested in subspecialty and focused areas of practice are supported in accessing appropriate clinical experiences, mentorship, and individualized senior-residency training	
	D. Collect information regarding location and type of practice for graduates of core and subspecialty residency programs	—
4. Facilitate collaboration to support alignment	A. Support ongoing engagement between clinical zone chiefs and PGME, UGME, and departmental leadership **Key points:** • The department established a Nova Scotia–New Brunswick Academic Council comprising education and research leaders and Zone Clinical Department Heads from both provinces. The council provides a forum for collaboration and coordination in academic program development • Department of Psychiatry division/section heads and educational leads support annual recruitment of faculty for UG teaching activities • Cooperation between leadership of Master of Physician Assistant Studies program, UGME and Department of	

☑ **Started/completed**
(these actions are completed or fully operationalized)

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Education Objectives	High-Level Actions	
	Psychiatry Clerkship director optimizes availability of clinical placements for junior learners	
	B. Seek significant input from community-based faculty in curriculum delivery and leadership across all education programs **Key points:** • The Nova Scotia–New Brunswick Academic Council provides opportunities for engagement of community-based faculty in curriculum delivery and leadership across all education programs • Teaching within the undergraduate, postgraduate and graduate programs by non-AFP psychiatrists would require a dedicated budget as noted above	
	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 **Key points:** • Lived experience has been incorporated directly into curriculum co-development and co-delivery, with formal evaluation demonstrating the value of this approach to resident education • The PhD class in experiential psychiatry includes a component in collaboration with people with lived and living experience of psychiatric disorder	
Focus Area 3: Health System Transformation		
5. Develop capabilities across the education continuum to leverage medical education and accelerate	A. Create Continuing Professional Development activities that support CQI and incorporating patient safety curricula into practice **Key points:** • In spring 2026, a new, accredited course "Building Cultural Competence for Mental Health Equity," co-created with the Black/African Nova Scotian community, was offered to faculty members	

Started/completed
(these actions are completed or fully operationalized)

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Not started
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Education Objectives	High-Level Actions	
health system transformation	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 **Key points:** • Resident input has informed changes related to emergency psychiatry, supervision, safety, call structures, clinical resources, and distributed education	
	C. Create and evaluate innovative interprofessional practice and teaching models **Key points:** • The Master of Clinical Psychiatry and Global Mental Health extends departmental education to an interdisciplinary learner population, including family physicians and nurse practitioners • The MSc and PhD programs in Psychiatry Research include lectures from researchers in relevant disciplines beyond psychiatry	
Focus Area 4: Health and Wellness (including EDIRA)		
6. Create a learning environment that fosters health, engagement and respect	A. Integrate EDIRA principles into education, including curriculum design, teaching practices, and clinical placements, to prepare learners for socially accountable care **Key points:** • EDIRA principles are embedded into all aspects of the residency training program, including resident selection, teaching and curriculum design • The MSc and PhD programs in Psychiatry Research have begun this task by instituting EDIRA principles into graduate student recruitment and selection to ensure diversity in its student body; they have been quite successful with representation from many equity-denied groups. The next steps are to ensure that all lecturers are fostering health, engagement, and respect through incorporating EDIRA principles in their teaching	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Education Objectives	High-Level Actions	
	B. Encourage learner participation in EDIRA-informed initiatives that reflect diverse lived experiences and social determinants of health **Key points:** • Residents have protected time to attend an annual Cultural Psychiatry day. The department's operations manager is an active member of the planning committee for this initiative • Residency leadership and residents are co-developing an all-resident session on transcultural psychiatry • Graduate students in the MSc and PhD programs in Psychiatry Research have been successful in applying to the department's Serving and Engaging Society Fund to involve people with lived and living experience and members of other equity-denied groups as parts of their research teams	
	C. Equip educators with tools and training to model and reinforce equity-driven clinical teaching and mentorship **Key points:** • There has been good representation among lecturers and research supervisors from the MSc and PhD programs in Psychiatry Research at such departmental training initiatives like the Serving and Engaging Society's experiential learning session on Building Cultural Competence for Mental Health Equity co-created with the Black/African Nova Scotian community	
	D. Support students from equity-denied communities through inclusive education and non-traditional career pathways **Key points:** • Residency and subspecialty programs have incorporated Black and Indigenous admission pathways as part of CaRMS • Graduate students in the MSc and PhD programs in Psychiatry Research have initiated a buddy system for pairing experienced graduate students with incoming graduate students to help assist with the transition to	

 **Started/completed**
(these actions are completed or fully operationalized)

 **In progress**
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Not started
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Education Objectives	High-Level Actions	
	graduate school/new environment; this initiative may be particularly helpful for graduate students from equity-denied groups who may experience unique challenges with such transitions • MSc and PhD supervisors in the Psychiatry Research graduate programs are active in assisting students from equity-denied groups in successfully finding scholarship/bursary funding and transitioning to their new career pathways • Dalhousie UGME has implemented multiple initiatives to promote EDIRA and student wellbeing over the past several years. Examples include tailored admissions pathways for self-identified Black and Indigenous learners, the Case Diversification initiative that was completed for pre-clinical teaching, and the development of robust accessibility services and processes for medical students who require accommodations. Confidential services are provided by the Student Affairs Office (supports and resources for learner wellbeing) and the Office of Professional Affairs (addresses learner mistreatment). Dalhousie Faculty Development offers courses and programs relevant to providing a safe learning environment, supporting learners in distress and anti-oppression. Dalhousie Department of Psychiatry supports and promotes these initiatives	
	E. Provide a physically and psychologically safe learning environment that supports learner and faculty wellness and meets all accreditation standards **Key points:** • PGME team structured the residency safety subcommittee to include faculty, clinical leadership, and resident representation • Implementation of a resident safety incident tracking tool • The MSc and PhD programs in Psychiatry Research have ensured that the roster of lecturers within its core coursework include various demographic groups to provide all its graduate students with models that represent the spectrum of diversity within the student body • Medical student evaluations include an opportunity to identify safety concerns in the learning environment	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

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	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 **Key points:** • Informal approach to mentoring new clinical researchers (with dedicated research FTE) to the department. This is done on an ad hoc basis depending on the faculty member's research area and needs • Front-line clinicians in a section/division have access to Research Assistant (RA) time and research admin • If front-line clinicians would like "Research 101" style educational offerings, offers through the Faculty of Medicine are forwarded when available	
	B. Provide clinical researchers with sufficient dedicated research time with a focus on early-career clinicians **Key points:** • Completed through the yearly Individual Practice Profile (IPP) process/review and negotiated with any new researchers at time of hire	☑
	C. Promote and support access to research funding opportunities, including the Department of Psychiatry Research Fund (DPRF) and global mental health seed funding **Key points:** • Ongoing processes for the DPRF and other grant access exist, with three categories of DPRF funds available • Other grant opportunities (regional/national) are circulated to faculty when possible but also sent through the Nova Scotia Health and Dalhousie Research offices	☑

☑ **Started/completed**
(these actions are completed or fully operationalized)

 **In progress**
(work is underway on these actions)

— **Not started**
(work on these actions has not yet begun or is in very early stages)

Research Objectives	High-Level Actions	
	D. Support researchers in integrating EDIRA priorities and perspectives into research activities **Key points:** • Departmental and Faculty of Medicine EDIRA educational opportunities exist and are promoted • Included in Canadian Institutes of Health Research (CIHR) requirements at time of submission for most grants (e.g. sex/gender considerations are mandatory inclusions in grant submission)	☑
2. Strategically recruit and attract researchers new to the department	A. Review and identify research priorities and strengths for the department to aid in ongoing research recruitment efforts **Key points:** • An ad hoc committee was formed in January 2026 to review this item, including the development of a research map of the department • A final report was sent to the Department Head in April 2026	☑
	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 **Key points:** • IPP process for current researchers (re: retention) • Taking advantage of opportunities as they arise (e.g. Impact+ Chair applicant support in 2026) • Hiring freeze currently at Dalhousie	
	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 **Key points:** • Active engagement of Research Management Team (RMT) with the Resident Representative for Research and the	

☑ **Started/completed**
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

— **Not started**
(work on these actions has not yet begun or is in very early stages)

Research Objectives	High-Level Actions	
	Faculty Lead (e.g. recent changes made to monitoring of resident research projects through One45) • RMT interactions with the Education Management Team	
3. Build and sustain partnerships to support and enhance departmental research activities and strengthen knowledge translation	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/Tajikeimɨk, other disciplines) **Key points:** • While occurs more at the researcher level, needs more work and capturing of this activity • Director of Research has started to develop relationships with foundations and university advancement to emphasize our research strengths that could be tied to potential philanthropy • More/broader outreach can occur	
	B. Work with key partners to reduce barriers to research and support research infrastructure **Key points:** • Regular discussion with Dalhousie, IWK, and Nova Scotia Health about barriers and hurdles our researchers face	
	C. Develop a strategy for research fundraising with community and health system partners **Key points:** • Director of Research has started to develop relationships with foundations and university advancement to emphasize our research strengths that could be tied to potential philanthropy • QEII Foundation spoke at May 2026 RMT meeting • More/broader outreach can occur	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Research Objectives	High-Level Actions	
	D. Advance global partnerships to encourage global mental health research **Key points:** • Continued growth of our Centre for Global Mental Health and the new Master of Clinical Psychiatry and Global Mental Health will foster and increase our global partnerships	
	E. Develop mechanisms for translating department research into improvements in psychiatric care and health and social policy **Key points:** • Needs attention in Q3/4 of 2026	

 **Started/completed**
(these actions are completed or fully operationalized)

 **In progress**
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

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	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 **Key points:** • Departmental co-leadership model exists across all Nova Scotia Health and IWK Mental Health and Addictions (MHA) programs and services • Department leadership sits on the provincial leadership team for Nova Scotia Health and IWK MHA programs and contributed to their MHAP strategic plan development • Nova Scotia Health and IWK MHA program leadership contributed to the development of the Dalhousie Department of Psychiatry's strategic plan (clinical pillar)	☑
	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) **Key points:** • The Rapid Access and Stabilization Program (RASP) at Nova Scotia Health as well as the one-time consult and telephone consult services and Integrated Youth Services at the IWK have expanded collaborative opportunities between the department and primary care • The Transcultural Mental Health programs at Nova Scotia Health and IWK have expanded collaborative opportunities	In progress

☑ **Started/completed** (these actions are completed or fully operationalized)

In progress (work is underway on these actions)

— **Not started** (work on these actions has not yet begun or is in very early stages)

Clinical Care Objectives	High-Level Actions	
	between the department and primary care providers, serving equity-denied populations (e.g. Newcomers, African Nova Scotians, Indigenous People, and those experiencing homelessness) • Work continues to develop a standardized approach for transitioning stable patients from community mental health programs back to primary care • Department faculty and residents support patients and primary care providers in shared care clinics through collaborative care models • Department provides continuing medical education for primary care providers in collaboration with the Department of Family Medicine at the Faculty of Medicine and Nova Scotia Health	
	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]) **Key points:** • Provincial networks exist for Early Psychosis Intervention, Eating Disorders, Geriatric Psychiatry, and Child and Adolescent Psychiatry • A proposal for a Mood Disorders provincial network is under review • Other networks are under consideration for future development	
	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)	

 **Started/completed**
(these actions are completed or fully operationalized)

 **In progress**
(work is underway on these actions)

 Not started
(work on these actions has not yet begun or is in very early stages)

Clinical Care Objectives	High-Level Actions	
	Key points: • The Rapid Access and Stabilization Program at Nova Scotia Health and the one-time consult and telephone consult services at the IWK have addressed some of the existing treatment gaps in the broader health system • The Transcultural Mental Health programs at Nova Scotia Health and IWK have addressed some of the existing treatment gaps for equity-denied populations (e.g. Newcomers, African Nova Scotians, Indigenous People, and those experiencing homelessness)	
2. Incorporate continuous quality improvement (CQI) within psychiatric care	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 **Key points:** • Measurement-based care has been implemented at the IWK with implementation within Nova Scotia Health in its early stages • Model of Care implementation at the East Coast Forensic Hospital included measurement-based care • All patients accessing the Rapid Access and Stabilization Program complete a set of standardized assessment scales, the results of which are communicated to primary care providers along with interpretations for the scores • Work continues to develop a standardized approach for transitioning stable patients from community mental health programs back to primary care, and from child and adolescent services to adult care • Regular network meetings to discuss standardization of care and build capacity across the province • Regular team-based case discussion at the clinic level with multidisciplinary team members • Department participates in quality assurance reviews with both Nova Scotia Health and IWK	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Clinical Care Objectives	High-Level Actions	
	• Department Head co-leads the Central Zone Quality Council for the Mental Health and Addictions Program and the Department Head participates in the Central Zone Quality Council, QEII Clinical Affairs Committee, Central Zone Medical Advisory Committee, as well as several OPOR-related implementation committees	
	B. Create interprofessional clinical academic networks to support quality, evidence-informed psychiatric care **Key points:** • Provincial networks exist for Early Psychosis Intervention, Eating Disorders, Geriatric Psychiatry, and Child and Adolescent Psychiatry • A proposal for a Mood Disorders provincial network is under review • Other networks are under consideration for future development	
3. Support effective management of patient flow across all levels of psychiatric care in collaboration with health system and community partners	A. Identify barriers to good patient flow using objective measures **Key points:** • Department participates in the Access and Flow Committee for Nova Scotia Health • The department receives and analyzes data on access and flow across the continuum of MHA services from the MHA program data and analytics team (e.g. volume of new, returning, and discharged patients, bed occupancy, time to discharge from emergency department, and wait times for access to psychiatry services)	
	B. Build skills and confidence in primary care providers and other types of healthcare professionals to collaborate with psychiatry to facilitate stepping down care **Key points:** • The Rapid Access and Stabilization Program at Nova Scotia Health as well as the one-time consult and telephone consult services and Integrated Youth Services at the IWK	

 **Started/completed**
(these actions are completed or fully operationalized)

 **In progress**
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Clinical Care Objectives	High-Level Actions	
	have expanded collaborative opportunities between the department and primary care • The Transcultural Mental Health programs at Nova Scotia Health and IWK have expanded collaborative opportunities between the department and primary care providers, serving equity-denied populations (e.g. Newcomers, African Nova Scotians, Indigenous People, and those experiencing homelessness) • Work continues to develop a standardized approach for transitioning stable patients from community mental health programs back to primary care • Department faculty and residents support patients and primary care providers in shared care clinics through collaborative care models • Department provides continuing medical education for primary care providers in collaboration with the Department of Family Medicine at the Faculty of Medicine and Nova Scotia Health	
	C. Advocate for appropriate administrative and staff supports, as well as integrating innovative technology to more effectively manage psychiatrist caseloads **Key points:** • OPOR implementation will help ease the administrative burden • Advocacy continues via the AFP Clinical Department Heads and Doctors Nova Scotia forum to increase administrative support as well as AI-enabled technological solutions for all clinical services	
	D. Implement a systematic approach to patient flow that is supported by NSH and IWK IT systems and caseload tracking data **Key points:** • OPOR implementation will help in achieving this systematic approach to patient flow and provide caseload tracking data	

 **Started/completed**
(these actions are completed or fully operationalized)

 **In progress**
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

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 and Engaging Society Objectives	High-Level Actions	
1. Build on existing departmental momentum in anti-oppression and community allyship	A. Continue committee function as departmental resource, equity compass, and model of inclusive practices **Key points:** • Updated Serving and Engaging Society Committee Terms of Reference • Continued to include lived experience representatives in the committee's membership • Continued sub-committee work in alignment with the strategic plan • Continued collaboration with Valuing People and Governance and Leadership	
	B. Continue implementation of strategic directions as outlined in the 2024 Social Policy and Advocacy (SP&A) Policy and Action Plan Framework **Key points:** • Integrated the new strategic plan with the previous action plan	
	C. Share responsibility by encouraging participation in community-facing equity initiatives **Key points:** • Continued promotion of the Serving and Engaging Society Fund • Planning ways to acknowledge progress and fund uptake	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Serving and Engaging Society Objectives	High-Level Actions	
2. Advance departmental competence in anti-oppression, equity, and community allyship, in collaboration with partners	A. Promote a positive culture for equity work and community allyship by building anti-oppression knowledge, skills, and acumen **Key points:** • Completed an equity learning needs assessment with faculty to inform development of a new cultural competence course • Provided a compendium of equity resources for self-directed learning	
	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 **Key points:** • A new course, "Building Cultural Competence for Mental Health Equity," Co-Created with the Black/African Nova Scotian Community was developed and accredited for faculty and took place over two sessions in spring 2026 • Evaluation plan includes attendance and course feedback surveys completed by faculty and community partners • Exploring ways to incorporate patient satisfaction data into evaluation plan • Planning underway to co-create a course with the Indigenous community to be offered to faculty in spring 2027	
	C. Encourage progress in anti-oppressive practices by identifying and recognizing departmental efforts **Key points:** • Planning underway for a department celebration event with community, focusing on projects funded through the Serving and Engaging Society Fund • Communications plan underway to raise awareness of the fund and funded projects	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Serving and Engaging Society Objectives	High-Level Actions	
3. Elevate community voice across departmental activities based on relationship-centered engagement practices	A. Engage equity-denied groups in shaping departmental activities using a relationship-centered approach **Key points:** • Planning underway to co-create with community best practice guidelines for community/lived experience collaboration • Exploring mechanisms to connect equity-denied community needs to Department of Psychiatry work and promote equity/anti-oppression practices in clinical practice	
	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 **Key points:** • Planning underway to co-create with community best practice guidelines for community/lived experience collaboration	
	C. Promote integration of community feedback into departmental practice and policy through structured, transparent, and responsive mechanisms developed with community **Key points:** • Planning underway to develop best practice guidelines to integrate community feedback into departmental practice and policy	
4. Align internal and external anti-oppression activities of the department	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 **Key points:** • Planning underway to ensure these organizations are represented on Serving and Engaging Society Committee	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Serving and Engaging Society Objectives	High-Level Actions	
	• Planning underway to include synergies and alignment as standing topic on committee meeting agenda	
	B. Develop and implement a related communications strategy within the department, university, and community **Key points:** • Created Serving and Engaging section on department's website • Regular updates included in department publications (e.g. newsletter and annual report) • Promoted Serving and Engaging Society Fund and Cultural Competence course to department members	

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	A. Foster community within the department and with other colleagues through welcoming and effective onboarding and in-person social and professional events **Key points:** • Hosted Annual Summer Celebration since 2023 • Revised and implemented welcome guidelines for onboarding new faculty • Onboarding, orientation, and social activities available to departmental learners (residents, grad students, and international fellows)	
	B. Strengthen processes to celebrate positive, inclusive behaviours, milestones, achievements, and contributions to the department's work **Key points:** • Extra Mile Award includes recognition for work in wellness and EDIRA • Recognition of service milestones • Department has an established Awards Committee • Retirement celebration guidelines have been implemented • Dedicated Service Awards recognize department members who have left or are leaving the department after 10 years • Leadership Awards recognize department members who have served in a leadership role for five years and are leaving their roles • Annual Year-End Celebration of Education (graduate students now celebrated with residents, previously residents only)	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Valuing People Objectives	High-Level Actions	
	C. Establish a structured process in alignment with the Faculty of Medicine to transform oppressive or exclusionary behaviour **Key points:** • Anti-oppression course for faculty on Brightspace, offered through the Faculty of Medicine (optional for residents, but encouraged) • Faculty of Medicine's anti-oppression policies to be reviewed; to be prioritized this academic year	
	D. Include faculty, administrative staff, graduate student, and resident leadership and representation on committees **Key points:** • Staff and learner representation is included on many department committees • A full scan of committee representation will be completed	
2. Promote career growth that uplifts the entire department	A. Encourage and support all members to engage in professional development and mentorship that addresses organizational and individual needs, including leadership skills **Key points:** • Faculty and residents have protected time to attend weekly Wednesday rounds, September–June. • Faculty development fund is available for AFP faculty (for conferences and travel) • Travel grants available for graduate students to attend conferences	
	B. Facilitate comprehensive and effective performance reviews with timely, valued feedback and career pathway discussions **Key points:** • AFP faculty complete annual IPP review meetings • Department notifies faculty when eligible for academic promotion	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Valuing People Objectives	High-Level Actions	
	C. Support leadership with promotion of ongoing self-assessment and collective reflection to support personal and professional growth, including attention to wellness and EDIRA **Key points:** • Annual IPP meeting in place for faculty • Faculty of Medicine's anti-oppression modules are available and encouraged • Access to coaching through Nova Scotia Health and peer support through Doctors Nova Scotia for opportunities for growth and self-reflection	
	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 **Key points:** • Faculty of Medicine has polices re: hiring and committee selection • Director of EDIRA provides guidance on selection of EDIRA representatives on standing and hiring committees	
3. Create an engaging, responsive and efficient work environment	A. Establish a safe environment for people to share feedback and suggest changes to create more consistency and efficiency **Key points:** • Anonymous feedback collected by the department via surveys • Faculty of Medicine's Office of Professional Affairs—resident reporting system—is available • Ad-hoc working groups are formed to address emergent issues	
	B. Support governance and leadership to meaningfully engage department members impacted by departmental change management using psychologically safe decision-making and feedback processes	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Valuing People Objectives	High-Level Actions	
	Key points: • Anonymous feedback collected by the department via surveys • Ad-hoc working groups are formed to address emergent issues	
	C. Provide flexible working arrangements and equitable distribution of work respecting individual and collective needs **Key points:** • Provision of virtual care, where appropriate • Increased vacation coverage in acute care • Hybrid/flexible work opportunities for non-clinical work (faculty and administrative staff)	
4. Create an equitable, diverse, inclusive and accessible workplace that fosters wellbeing for all	A. Create physical and social environments that promote wellbeing, inclusivity and accessibility **Key points:** • Some clinical sites have lunchrooms • Lunchroom/social space for Department of Psychiatry office staff is available • Resident lounge is available • Accessibility accommodation needs to be identified	
	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 **Key points:** • Anti-oppression modules, facilitated by the Faculty of Medicine, are available and encouraged • Faculty of Medicine offers white fragility clinics	
	C. Reinforce a culture of shared responsibility by encouraging participation in institutional EDIRA and wellness initiatives	

 **Started/completed**
(these actions are completed or fully operationalized)

 **In progress**
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Valuing People Objectives	High-Level Actions	
	Key points: • Anti-oppression modules, facilitated by the Faculty of Medicine, are available and encouraged • Faculty of Medicine offers white fragility clinics	
	D. Support review of existing departmental processes and policies from an EDIRA and wellness perspective to identify and address barriers or concerns **Key points:** • Leave Policy reviewed	
	E. Regularly evaluate and report on activities and barriers to wellness and EDIRA, using data-driven insights to inform decision-making **Key points:** • Solutions for Wellness Survey from 2023 may not reflect current needs	—
	F. Share learnings, promising practices, and areas for growth related to wellness and EDIRA through internal knowledge translation platforms **Key points:** • Annual wellness rounds are offered • Annual EDIRA rounds are offered	

☑ **Started/completed**
(these actions are completed or fully operationalized)

 **In progress**
(work is underway on these actions)

— **Not started**
(work on these actions has not yet begun or is in very early stages)

Enabler: Governance and Leadership

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

Governance and Leadership Objectives	High-Level Actions	
1. Continue to provide an effective, efficient, and inclusive department organizational structure aligned with our Values and Guiding Principles	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 **Key points:** • New proposed organizational chart has been reviewed and approved by both Executive and HR committees and is awaiting review by the membership	
	B. Promote the development of clinical, education, and research infrastructure that reflects needs and FTE allocation **Key points:** • Specific allocations for each faculty member during the IPP and 10% protected time policy	
	C. Establish clear accountabilities and transparent decision-making for leadership and communicate this to department members **Key points:** • In progress through the Practice Plan review	
	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 **Key points:** • In progress through IPP meetings, Practice Plan review, and AFP deliverables/accountabilities	

☑ **Started/completed**
(these actions are completed or fully operationalized)

 **In progress**
(work is underway on these actions)

— **Not started**
(work on these actions has not yet begun or is in very early stages)

Governance and Leadership Objectives	High-Level Actions	
	E. Revise the IPP process to incorporate performance review, provide appropriate feedback during the review process and encourage applications for academic promotion **Key points:** • Revisions to IPP process have not started. However, current process includes feedback and encouragement for academic promotion	—
2. Influence system planning and advocate for equitable and high-quality care and services across the MHA program through strategic partnerships	A. Finalize a competitive AFP contract that will enhance recruitment and retention, including advocating for more funding for academic time and infrastructure **Key points:** • In progress through the Doctors Nova Scotia/Clinical Department Heads forum	
	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 **Key points:** • In progress through Nova Scotia Health/IWK Leadership tables	
	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 **Key points:** • In progress through participation in Nova Scotia Health/IWK leadership forums	

Started/completed
(these actions are completed or fully operationalized)

In progress
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

Governance and Leadership Objectives	High-Level Actions	
	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 **Key points:** • In progress through participation in Nova Scotia Health/IWK leadership forums	
	E. Position the department as a key advisor and collaborator in government-level initiatives that address the social and structural determinants of mental health **Key points:** • In progress through participation in Nova Scotia Health/IWK leadership forums	

 **Started/completed**
(these actions are completed or fully operationalized)

 **In progress**
(work is underway on these actions)

Not started
(work on these actions has not yet begun or is in very early stages)

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