PRIORITY AREA: MENTAL HEALTH/ADDICTIONS

Civic Centre Session – (50 + attendance) (August 31st, 2016)

1. What is the vision for change?

Group One (combined 2 tables – individual comments)

Table 1

- Education at an early age- prevention focus
- Look at root cause for mental health and addictions
- Increase in public awareness of mental illness and addictions and the vulnerability of this population
- Continued training for helpers in Trauma Informed Practice
- More simple/smooth referral processes
- Follow-up services
- More resources and specialists
- Residential treatment for drug and alcohol
- Residential psych facility (youth, adults)
- Change in perspective – healing and health vs treatment
- Decreasing barriers for clients accessing programs
- Network of services accessible in a way that clients in MH/A do not get funnelled into the justice system and conversely how to support so that recidivism is reduced
- Early intervention in families is long term
- Stigma
- Complex clients and very limited resources available to support them
- Treatment options (men, women)
- 24 hour supports
- Medical availability, follow-up, move away from the cookie cutter approach
- Funding
- Immediate treatment for addictions
- More support for community counselling (i.e. community counselling centre)
- More staffing/resources for acute treatment of MH concerns (i.e. Someone who is suicidal is not sent home from ER b/c lack of resources)
- Public education to decrease stigma, increase awareness
- More advocates to help clients navigate the system
- No continuum of care
- Scarcity of recovery home
- More mental health workers so ratio of clients to workers is reduced to allow for more proactive approach
- Start with children/youth/family- rather than waiting until entrenched (crisis mgmt.)
- Waitlist times
- Addressing the addiction and then needing to address the mental health how to address both in combination not
- More time for recovery not 30, 60, 90days…but up to 5 years

Table 2

- Access to professional practitioners in a quicker timeline (right now it can take up to 2 months to get a client in to see a proper doctor)
- Suitable housing close to healthy resources (shopping, medical, creation)
- Social perceptions and understanding
- Nimbyism
- More consistent, collaborative approach between medical, law enforcement and social service agencies
- Trauma informed practice
- Reduce wait times
- Holistic approach to client care –health & wellness
- Long-term funding
- Increase focus on systemic factors and early intervention (vs reactive
- Change community perspective
- Long term treatment facility for addictions that is not cost prohibitive
- Housing strategy
- Employment strategy
- Income assistance strategy
- Increase capacity for youth services (i.e. funding to reduce waitlists)
- Fluidity of service so that service needs of clients and interventions available are determined by individual client needs as opposed to mandate drive
- Better addressing individual struggling with multiple barriers
- Build on "every door is the right door"
- Need to change and improve the ease of access by which people can seek mental health/addiction services (i.e. more prevalent agencies, more manpower)

Common Themes (from both tables working together)

- PROGRAMMING BASED ON NEED (CLIENT CENTRED) AS OPPOSED TO MANDATED/POLICY/CRITERIA DRIVEN PROGRAMMING
- LONG-TERM, AFFORDABLE, TIMELY, ACCESSIBLE SERVICES
- ACCESS "IN THE MOMENT" FOR BOTH ACUTE AND CONTINUING NEED FOR CARE
- EARLY INTERVENTION/PREVENTION (FAMILY FOCUSED)
- LOOKING AT ROOT/UNDERLYING CONTRIBUTING FACTOR (TRAUMA INFORMED LENSE)
- ATTITUDE AND STIMGA NEEDS TO BE ADDRESSED
- CONTINUITY OF CARE (TRANSITION PLANNING SERVICES)
- FAMILY/YOUTH ADVISORY BOARDS (LIVED EXPERIENCE)
- INDIVDUAL AS OPPOSED TO PROGRAM OWNERSHIP OF CARE PLAN

Group Two (combined 2 tables – individual comments)

Table 1

- Shift focus to prevention and early intervention and put $$ behind it
- Make mental health an equal priority in society (sectors: education, healthcare, work place) from infancy to elderly
- Lack of supportive housing options

- Awareness of services (navigation of systems)
- And access to services
- stigma
- supportive stable housing options
- affordable housing/supported housing
- provide employment opportunities for individuals with mental health and addictions issues
- supportive housing
- feeding people in need
- more collaborative work between agencies
- acute-community transition housing solutions
- better awareness of services and who does what
- supportive stable housing
- navigation supports for the system (access to services)
- collaborative communications –agencies not talking to each other (breaking down bubbles)

Table 2

- Better access to community services
- Education on mental health – public awareness
- Government funding- more non-profit funding
- Affordable housing
- Look more long term (quick fixes don't work)
- Not an addiction issue or a mental illness (usually both combined)
- Increase $ in field more people will stay
- Affordable housing
- Faster assessments
- Reduction of Stigma- better information
- Education
- Financial resources
- Opportunities for jobs for people with mental health issues
- Reduce waiting times at UHNBC
- Better communication between groups and community partners

Common Themes (from both tables working together)

- HOUSING (SUPPORTIVE AND AFFORDABLE, SUSTAINABLE AND STABLE)
- EDUCATION
- ACCESS TO EMPLOYMENT
- STIGMA REGARDING MENTAL HEALTH AND ADDICTIONS (SUPPORTIVE LANDLORDS, SUPPORTIVE COMMUNITY)
- REMOVING BARRIERS FOR CLIENTS
- FUNDING
- TREATING THE WHOLE INDIVDUAL
- NEED FOR PREVENTION AND EARLY INTERVENTION
- NAVIGATION OF THE SYSTEM (SUPPORTS AND ACCESS FOR CLIENTS)
- TRANSPORTATION

Group Three (combined 2 tables)

Table 1

- Eliminate the stigma
- Eliminate employment issues
- Housing options
- Access to services
- Assisted living for clients with mental health
- Better screening - Use of technology
- Guide for services
- Education
- harm reduction approach
- Needs for supports (including housing, financial/jobs, peer supports)
- Early intervention
- Decrease stigma and discrimination –community focus on health not separated i.e. physical, mental
- Focus on mental wellness not illness
- Prevention not reaction
- Longer hospital time/stronger discharge plans
- Earlier intervention and tertiary care
- More accessible services-timely, consistent
- Outreach- meet people where they are at
- Different treatment required of co-current disorders
- Education- reduce stigma, increase supports
- Population approach- early identification/early intervention
- More mental health training for people who work with children/youth (i.e. kindergarten, ECE, daycares, schools, teachers, counselors, family doctors)
- More awareness, reduce stigma

Table 2

- Social inclusion for people with mental health issues
- Social policy regulating access to drugs (i.e. prescription chemicals)
- Making space for people who are struggling so they are supported not challenged
- Access- vulnerable people turned away from services (fluidity vs rigidity)
- Response to Fentanyl crisis – multiple strategies (i.e. Intl, Federal, Provincial, municipal)
- Services are focused on tertiary/secondary not prevention
- Suicide prevention: car 60 program –shuts down at 9:00 pm.
- Recognition that each individuals needs are unique
- Find ways to source all funds required to meet these needs for each individual (big picture- why needs in the first place? Not enough financial support to individuals, families dealing with generational trauma, etc.
- Timely and cost effective access to services for all ages (from birth onwards)
- Waitlist-feels like rejection
- Social inclusion- mind shift needed - to understanding and acceptance
- Access to support on Infant, child and youth health services (i.e. parenting, development,
- Prevention and early intervention needed

- More services that are easily accessible to people (people should be able to walk in and be able to see someone right away for help)
- Trauma
- Access to services barriers: stigma, knowledge, stereotypes, financial
- More support for family members who are trying to support their loved one at home
- Reduce waitlists
- Justice outreach
- Terminology: are we talking about mental health or mental illness?
- Decrease risk factors, increase protective factors, increase mental health, decrease mental illness

Common Themes (from both tables working together)

- EARLY IDENTIFICATION (I.E. INFANT MENTAL HEALTH)
- EARLY INTERVENTION (SUPPORTS TO PARENTS AND FAMILIES)
- PREVENTION (ON-GOING THROUGH THE LIFESPAN- START AT SCHOOL AGE)
- PUBLIC EDUCATION/AWARENESS TO REDUCE STIGMA (I.E. MENTAL ILLNESS ≠ MENTAL HEALTH)
- TIMELY, INTERGRATED, COST EFFECTIVE (FOR BOTH CLIENTS AND SERVICE PROVIDERS) ACCESS TO SERVICES
- HOUSING OPTIONS (supported care)

Question 2: What needs to change to accomplish vision/measure?

Table1

Theme: Long-term, affordable, timely and accessible services

What needs to change to accomplish the vision?

- Provincial government putting back in residential long-term facilities
- Decrease barriers between systems-eligibility criteria
- Supportive transitions: more "hand-holding" to link client to services they will need so client gets to form trust/relationships connections
- Pilot projects to connect/strengthen relationships between agencies
- Need a net to help that transition space
- Peer mentioning groups
- Know individually and as agencies what the accessibility and eligibility requirements are-so avoid unproductive referrals (this decreases client run arounds)

How will we know if we accomplish the vision?

- Seeing people out of corrections for the long-term
- Less frustration and more trust from clients towards services/agencies
- Reduced violent crime
- Higher levels of success for clients' goals and functioning
- Ability to make successful/timely referrals
- Happier helpers and clients
- Less helper burnout
- Able to do less crisis management

Table2
Theme: Planning Based on Client Need not Mandate
(No detail)

Table 3
Theme: Client Support: Housing
What needs to change to accomplish the vision?

- Assess the current situation (learn what is going on,, learn what is already available,
- Coordinate stats collection
- Encourage landlord supports- education
- By-law changes to incentivize
- Advocate for Housing First

How will we know if we accomplish the vision?
Front line staff reporting on what changes are occurring
Comparing stats with other organizations
Waitlists

Table 4
Theme:

Table 5
Theme: Stigma and Awareness

- Ideal: Connected communities, caring people who support one another
- How: Education and institutional acceptance and openness to information and programming
- Measure: Are Institutions open to relevant information? Few people committing suicide?

- Ideal: Supporting wellness in people with mental illness
- How: First Nations Court
- Measure: within justice system- fewer people incarcerated
- How: Infant Court Team and prevent children from being exposed to unstable/unstable home
- Measure: Few kids in care

- How: Talk about mental illness
- Measure: More conversation's about mental helot/illness
- How: "Heart learning" (hearing personal stories not fact based education

- Provincial level: framework for change
- Individual level:
- Systems level: need integration across sectors (i.e. children: MCFD, Education, Health etc.)

- Slow down and make time for interpersonal relationships

Table6
Theme: Early Intervention, Education and Awareness

How do we talk about mental health over the lifespan?

- Supports for new families
- School programs-coping skills
- Childhood education/intervention
- Education for healthcare providers
- More community activities
- Regular screening/assessment

Track numbers (universal screening tool)
Curriculum introduced
National/provincial/municipal mandates

How do we reduce stigma?

- Work from a wellness perspective
- Increase dialogue
- Media/social media
- More places for people to reach out

Education and information is available
Trauma informed approach

How do we screen and identify mental illness?

- Yearly screenings
- Building mental health into existing screening tools (rating scales in depression and anxiety, physician knowledge, regular healthcare, self-questionnaires)
- Education and knowledge

CI Working Group Consideration:

Potential areas of focus (priority)/goals in relation to themes:

- Early identification (i.e. infant mental health), early intervention (supports to parents and families), prevention (education is on-going through the lifespan- start at school age onward)

- Public Awareness and addressing the stigma associated with mental illness/addictions

- Client care:
    - programming based on need (client centred and looking at root/underlying contributing factors)
    - long-term care (continuity of care (transition planning services))
    - affordable
    - timely
    - integrated
    - accessible
    - navigation services to access required services

- access to supports: housing (affordable, sustainable and stable), education, employment, life skills, transportation, food etc.)
- enhanced coordination, collaboration and integration between Service Providers