

Considering a Northern Centre of Excellence in Addiction & Mental Health



Research & Facilitation Team:

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BACKGROUND/OBJECTIVES

- In the North West LHIN, addiction to opiates and other substances represents a public health crisis
- ED rates for substance use are up to 4 times higher than provincial rates
- Limited capacity to support communities in developing local, effective, and sustainable wellness approaches
- With a growing Indigenous population, diverse and culturally safe treatment options are also required
- At the same time, there is considerable expertise and collaborative models of care within communities that could be shared
- Provincial Expert Working Group (2012) recommended planning to improve capacity
- Thunder Bay Drug Strategy invited CRaNRH to partner in a KTE proposal to MOHLTC (2013)
- Purpose: (i) assess priority mental health and addiction issues & (ii) gather opinions about feasibility of Centre of Excellence to build wellness capacity
- Funding awarded in April 2017 (MOHLTC, Grant #0455, Wakewich, Mushquash, Hill and Olsen)

PARTICIPANTS

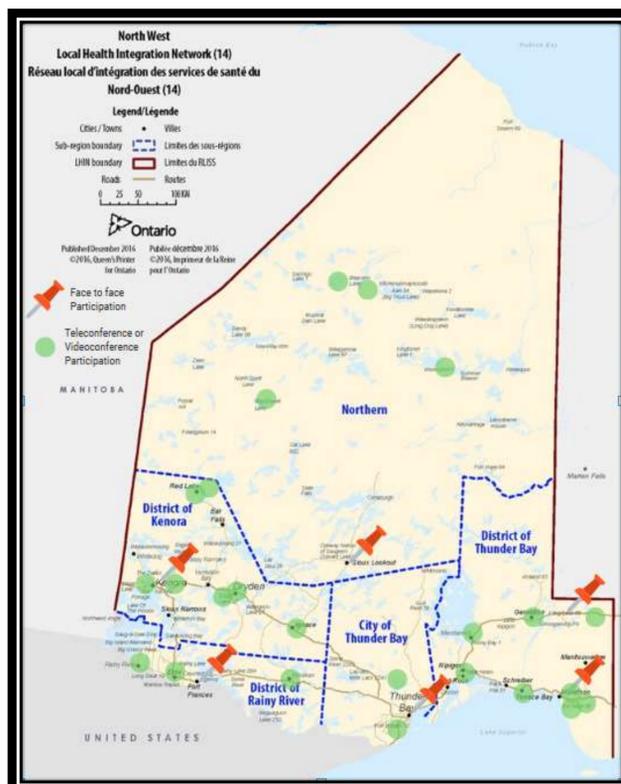
- 195 individuals took part in the face-to-face, audio-conference and video-conferenced discussions:
 - 135 from the region
 - 65 from City of Thunder Bay
- As shown on the map below, they represented organizations delivering mental health and addiction services to communities across the North West LHIN



Researchers and Facilitators on the Road in Fort Frances: Carol Rowland, Shevaun Nadin, Mary Ellen Hill, and Alice Sabourin

METHODS Engagement Process

- Jan-Apr 2017 • Systematic scan of the literature, to identify service gaps and promising practices to improve care for vulnerable rural residents (seniors, youth, women, Indigenous and LGBTQTS)
- May-Oct 2017 • TBDS-CRaNRH team worked closely with 12-member Advisory Group to plan engagement, create comprehensive stakeholder list, select topics, and develop protocols
- Nov-Feb 2017-18 • Face-to-face meetings in Marathon (n=1), Longlac (n=1), Kenora (n=1), Sioux Lookout (n=1), Fort Frances (n=2) & Thunder Bay (n=8)
 - Audioconferences (n=8) and OTN video-conferences (n=3) for rural areas, small towns and First Nations
 - Sessions included adults and youth with lived experience, providers from health, social services, education and justice organizations and decision-makers
- Jan-Mar 2018 • Analysis and reporting documenting engagement process and results



WHAT WE HOPED THE ENGAGEMENT WOULD DO

- Identify relevant northern addiction, mental health and wellness issues
- Enable participation by communities, organizations and citizens across North West LHIN
- Capture views on perceived benefits of a Centre of Excellence approach
- Gather information about innovative approaches to care being developed in communities
- Strengthen collaborations between organizations, communities, and citizen groups

WHAT PEOPLE WITH LIVED EXPERIENCE & PROVIDERS TOLD US

- Geographical distances, cultural diversity, and limited resources create barriers to care
- Need for additional education, evaluation and research supports
- Need to share innovative wellness approaches developed in the north for northern populations
- Care solutions, appropriate in more populous regions, do not always work in the North

RESULTS & RECOMMENDATIONS

Workforce – Challenges recruiting and retaining qualified personnel due to client loads & burnout:

- Front-line providers need appropriate education and training (content to address local needs)
- Alternatives to online education and training (poor Internet connectivity)

Access to Care & Service Gaps – Siloed services contribute to poor coordination of care:

- Strategies to enhance local collaboration (health care, social care, education & justice)
- Development of emergency mental health and addiction protocols (small towns & First Nations)
- Telepsychiatry and telemental health not equally accepted (ages, genders, cultures)
- Lack of support while clients wait for treatment (housing, safety issues, food, difficulty accessing OW, ODSP, transportation)

Promising Practices – Organizations and communities lack opportunities to share best practices (what works well or does not work well):

- Providers underscore need to learn from other communities across the region (treatment, supportive services, prevention)
- People with lived experience emphasize need to share preventive and peer support programs (awareness of issues, address stigma, youth, older adults, Indigenous people)

OPINIONS ON CENTRE OF EXCELLENCE MODEL

- **Support:** Overall support for a Northern CoE model designed to build capacity to deliver care in northern, rural and remote communities
- **Preferred Model:** Agreement that **Blended Model** would work best (face-to-face workshops, training, outreach + virtual Internet education, training, support)
- **Scope:** Participants emphasized need to develop knowledge exchange model that would meet the needs of both providers and consumers of care

Next Steps:

- Distribution of summaries to participants
- Report and R2P presentation for MOHLTC
- With approval of partners, preparation of Northern Centre of Excellence Proposal and submission to regional, provincial and federal decision-makers



Engagement Graduate Research Assistants: Kristy Kowatch, Elaine Toombs, Allie Popowich, and Alex Drawson

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