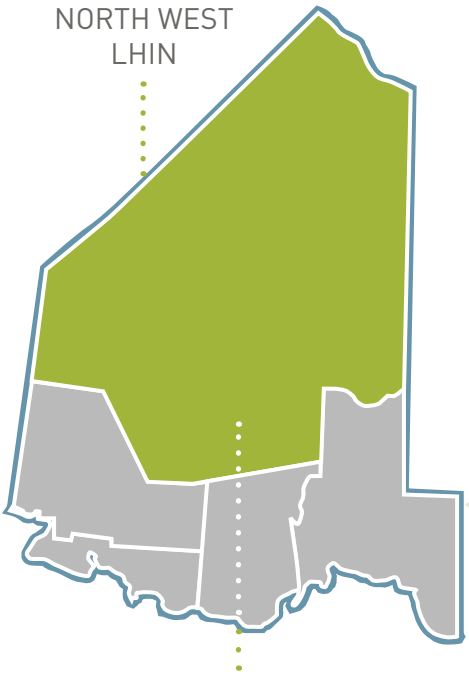
Towards a Northern Centre of Excellence for Addiction and Mental Health

Engagement Results for: **NORTHERN DISTRICT**

Northwestern Ontario Engagement Nov 2017 - Mar 2018 | Northern District Engagement Sessions



NORTHERN DISTRICT

21 461 people | **290 859** km²

77% rural
83% Aboriginal* Identity
48% Children and Youth (0-24)

1 major town, 27 First Nations

Thunder Bay to Sioux Lookout: 4.5 hours drive

(Source: Statistics Canada, 2016 Census)
*"Aboriginal" is used to reflect census terminology

1 **FACE-TO-FACE SESSION**
Sioux Lookout: Dec 2017

2 **TELECONFERENCE SESSIONS**
Rural and Remote First Nations EAST: Jan 2018

Rural and Remote First Nations WEST: Jan 2018

3 **VIDEOCONFERENCE / TELECONFERENCE SESSIONS**
Northwestern Ontario WEST: Jan 2018

Northwestern Ontario EAST: Jan 2018

Northwestern Ontario WEST 2 : Mar 2018

39 **PARTICIPANTS FROM 26 ORGANIZATIONS** serving Sioux Lookout, surrounding rural communities, and 27 First Nations

Of these, 25 participants were affiliated with Indigenous organizations and organizations serving Indigenous people

SECTORS
Addiction, Mental Health, Hospital, Emergency Medical Services, Primary Health Care, Public Health, Social Services, Housing, Education, Health Administration, Justice & Peer Support

ROLES
Front-line workers and Managers in Indigenous-specific and non-Indigenous organizations including Physicians, Nurses, Police, Policy Makers, Social Workers, Counsellors, Guidance Counsellors, Community Leaders, Outreach Workers, People with Lived Experience, Youth

INSIDE:

- What are the mental health and addiction priorities in Northern District?
- How could a Northern Centre of Excellence for Addiction and Mental Health help?
- What should a Centre of Excellence for Northwestern Ontario look like?

A Priority Mental Health & Addiction Issues -- Northern District

1. EMERGING TRENDS

- While there is less tobacco use, **alcohol** and **cannabis** use seems to be increasing; some clients combining alcohol, pills, IV drug use
- Opiate addiction not as common but psychoses diagnosis for those addicted increasing
- Suboxone clients sometimes **"bartering"** their medication for other drugs
- Police report that two-thirds of calls are alcohol and/or mental health related; justice system does not have the resources to address these needs
- **Self-harm** seen more often (cutting, etc.) and **suicides** increasing; "during past year, 30 so far in Northern district"
- **Trauma** is multi-generational, undiagnosed and untreated; clients deal with PTSD due to abuse, grief, and other forms of violence
- **Children** having more mental health problems and becoming **addicted earlier** (seeing 6-7 year olds with anxiety and 11 year olds with addiction)
- Youth have more **substance** use issues; viewed as "bandage" that many youth use to cope with problems; seeing 15-16 year old youth with mental health issues ending up in the justice system

2. LIMITED LOCAL ADDICTION AND MENTAL HEALTH SERVICES

- **Aftercare** "to address root causes" of addiction and mental health issues not available in small towns, rural areas, and remote First Nations; lack of qualified mental health and addiction counsellors, limited knowledge of how to deal with issues and where to access resources
- **Long waitlists** and shortage of specialists means "long, long wait for psychologist and psychiatrist appointments"
- No centre for Indigenous mental health in Northwestern Ontario; no inpatient beds locally; (e.g. "youth with suicide attempt sit at local hospital for week waiting for bed to open up")
- No integrated mental health and addiction services or family-oriented treatment for addiction using holistic approaches
- No local mental health or addiction beds for children and youth; nearest centre for youth under 16 is in **southern Ontario**
- No **supportive housing**, recovery homes or self-care programs for people returning home after treatment
- Only two addiction treatment centres for Indigenous people in northern Ontario; no detox beds available locally, extremely long wait times to **access treatment** elsewhere

3. POOR COORDINATION OF CARE AND UNCLEAR CARE PATHWAYS

- Clients return to treatment again and again (e.g. **"revolving door"** – same person sent to treatment in Thunder Bay 10 or 12 times last year)
- **Complex paperwork** and multiple confidentiality forms can restrict communication between local providers and distant specialists; mental health problems reported only when referred from hospital, schools, or Child and Family Services
- Family doctors often recognize **PTSD** but don't know where to refer
- **System navigation** is needed for First Nations people in Northern district; different time zones, clients who live off reserve for part of the year, and federal and provincial health systems make it difficult to know where to refer clients; people "fall through the cracks"
- When people are hospitalized in Thunder Bay, it is very hard for local providers to follow-up

4. WORKFORCE ISSUES

- No opportunity to get staff together to discuss issues and help cope; without debriefing, **stress** leads to high **turnover**
- Lack of **qualified** workers with specialization in addiction and mental health counselling (e.g. grief and trauma counselling, coping with addiction)
- New employees lack knowledge of northern issues; especially important in many places without consistent doctors or nurse practitioners
- Suboxone program staff need more **training** to support physicians and nurses
- Mental health and addiction **training** needed for remote community nurses and front-line workers

5. RELUCTANCE TO SEEK ADDICTION AND MENTAL HEALTH SERVICES

- **Stigma** around mental health and addiction discourages people from seeking care
- Clients may not **trust** service providers
- Lack of **cultural sensitivity** from service providers especially undermines youth and makes them reluctant to ask for help
- **Confidentiality** issues in small communities may discourage people from coming forward;

people don't want family to know; some turn to social media for advice and information

- People from **isolated** communities may not feel comfortable leaving their community to **access** treatment in towns and cities; some fear if they leave their community to get treatment, their possessions might be stolen

6. COMPLEX NEEDS

- Costly to stay healthy in Northern Ontario and access self-care: fuel, home maintenance, healthy food, and going to the gym is "very expensive"
- Grandparents are parenting grandchildren because parents are addicted; whole families need support
- **Housing** is a major issue; difficult to make appointments for people when they are homeless
- Some families have 5-8 children; without **childcare**, often miss appointments
- **Transportation** barriers to attending appointments; some people don't drive, weather challenges
- **Unemployment** linked to mental health and addiction issues
- Client needs vary in rural and remote communities; there is no **"one size fits all"** approach

7. FUNDING ISSUES

- Applying for **funding** is difficult; lengthy process from proposal to approval to funding received
- Lack of **communication** between governments and communities around mental health funding; political representatives told about issues, but no response
- A client in custody requires 2 officers at hospital for 8 hours if assessment required - significant cost for law enforcement agencies
- Suboxone programs not well funded; additional resources for staff and training needed
- Tribal Councils lack funding to deliver services to First Nations clients in remote communities, small towns, and cities

B Considering a Northern Centre of Excellence for Addiction and Mental Health

1. WHAT COULD A NORTHERN CENTRE OF EXCELLENCE DO?

- Advocacy, bring people together to discuss the issues, and create collective voice regarding resource issues and possible solutions
- Assist mental health and addiction organizations with recruiting employees; create list to link potential staff with employers across the region
- Assist with funding applications and proposal writing for organizations and communities; connect communities with government resources; collect cross-jurisdictional data on their behalf
- Conduct research on behalf of communities and organizations; ensure that research and data collection includes Indigenous knowledge and ways of knowing
- Create a regional community of practice and deliver education about best practices developed in the north and for the north: "people have skills to train, other resources, call on them"
- Determine the costs of various services that are currently being used to support clients with mental health and addiction locally (e.g., police, paramedics, hospitals, schools, etc.)
- Facilitate communication and collaboration; help multiple agencies to coordinate services and develop service databases to help providers know where to refer clients
- Make needs of communities visible; ensure that youth and adults with lived experience represented
- Some participants were skeptical that Centre Of Excellence could improve situation, given lack of mental health and addiction services in the north and lack of response from governments

2. WHAT SHOULD A NORTHERN CENTRE OF EXCELLENCE LOOK LIKE? FACE-TO-FACE, VIRTUAL, OR BLENDED?

- Blended model preferred, offers great balance and variety of learning opportunities; some people like face-to-face, others virtual (if technology available); could deliver access off and on reserve
- Centre needs close relationship with rural communities and remote First Nations to understand what they need and what will work for them; they need to be involved in planning
- Multiple partner sites (e.g. Sioux Lookout, Kenora, Dryden) would support local communication and collaboration; could eliminate costly travel to Thunder Bay
- Sustainability needs to be considered, ensure that organizations and communities "buy in" and provide support for the centre
- Use virtual technology (e.g. Ontario Telemedicine Network, E-learning, telephone) to bridge distances and enable communication, and learning across Northwestern Ontario

BLENDED MODEL

- Research, Training, & Evaluation Services
- Face-to-Face Communication
- Internet-based and Telephone Communication
- Partner Sites (participating organizations and communities)

Northwestern Ontario Engagement: Overall Results

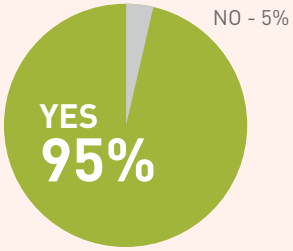
216 participants from 5 engagement areas

35% city of Thunder Bay

65% towns, rural areas, and First Nations

65 participants were affiliated with Indigenous organizations and First Nations

SUPPORT
Do you support the development of a Northern Centre of Excellence for Addiction and Mental Health?



Face-to-Face Engagement Sessions **14** | **12** Teleconference and Videoconference Engagement Sessions

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THUNDER BAY Drug Strategy