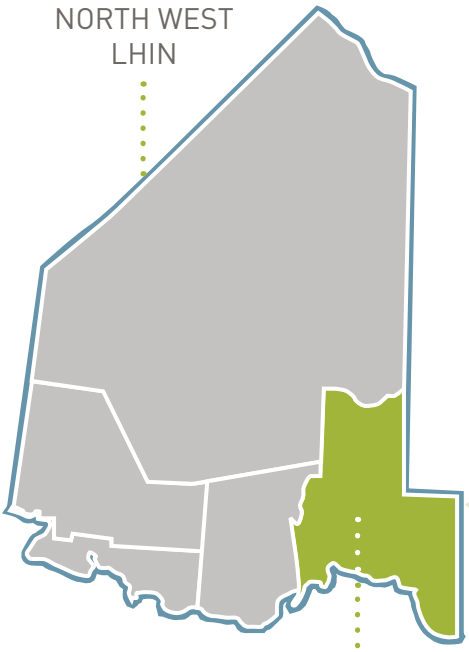
# Towards a Northern Centre of Excellence for Addiction and Mental Health

**Engagement Results for:** **THUNDER BAY DISTRICT**

(excluding the city of Thunder Bay)

Northwestern Ontario Engagement Nov 2017 - Mar 2018 | Thunder Bay District Engagement Sessions (excluding the city of Thunder Bay)




## THUNDER BAY DISTRICT

**17 661** people | **61 215** km²

44% rural
12% Francophone**
30% Aboriginal* Identity
28% Youth 0-24 years

5 Major towns, 9 First Nations

Marathon to Thunder Bay:
3.5 hours drive

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

**2** **FACE-TO-FACE SESSIONS**
Marathon and Longlac:
Nov 2017

**2** **TELECONFERENCE SESSIONS**
Rural and Remote First Nations: Nov 2017
Rural Communities: Feb 2018

**1** **VIDEOCONFERENCE SESSION**
Northwestern Ontario EAST:
Jan 2018

**1** **VIDEOCONFERENCE / TELECONFERENCE SESSION**
Northwestern Ontario EAST 2:
Mar 2018

**43** **PARTICIPANTS FROM 24 ORGANIZATIONS** serving Marathon, Longlac, Greenstone, Nipigon, Manitouwadge, Terrace Bay, surrounding rural communities and 9 First Nations.

Of these, 20 participants were affiliated with Indigenous organizations and organizations serving Indigenous people

**SECTORS**
Addiction, Mental Health, Social Services, Housing, Public Health, Primary Care, Hospital, Emergency Services, Justice, Peer Support

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

## INSIDE:

- What are the mental health and addiction priorities in the Thunder Bay 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 --Thunder Bay District (excluding city of Thunder Bay)

## 1. EMERGING TRENDS

- While there is a perception that the opioid crisis is not as bad as it was 5 years ago, **cocaine, methamphetamine, fentanyl, and cannabis** problems are getting worse
- Increase in drug use linked to increase in synthetic drugs arriving along the highways; more drug-induced **psychosis** is being seen
- Additional mental health needs related to **shifting employment** patterns; families experiencing more stress
- Children and youth using drugs at earlier ages
- Intra-familial drug use and use of **multiple substances** is common

## 2. LIMITED LOCAL ADDICTION AND MENTAL HEALTH SERVICES

- **No detox centre** east of Thunder Bay; long waitlists; up to 4 years for government-funded treatment centres
- Few **Suboxone and methadone** programs available in district; clients are rarely weaned off these medications and programs don't connect with counselling
- **Gap between mental health services and addiction services**; lack of integrated programming causes challenges for clients and providers
- Important to be able to refer clients to "the right person at the right time", but not often possible
- Clients become "fed up" having to wait a long time for appointments
- Very little "after hours" support available for clients locally
- Lack of services specifically for youth

## 3. NO EMERGENCY SERVICES OR AFTERCARE AVAILABLE LOCALLY

- Locally, people in a **crisis cycle** between hospital and police, nowhere else to send them; no homeless shelters in communities
- People who require specialized care can **wait** up to 7 days before they can access services in Thunder Bay, but no guarantee there will be a bed available
- **Few aftercare options** for those discharged after treatment; wait lists for counselling in every community and transportation to services is an issue

## 4. POOR COORDINATION OF CARE AND UNCLEAR CARE PATHWAYS

- **"Silo effect"** means clients must access multiple organizations and fill out several consent forms to address addiction and mental health needs
- Complex referral patterns increase likelihood that clients will lose connection to services; **care pathways** that work in urban areas not a good fit for small towns, rural, or remote communities
- Advocacy is necessary to help clients navigate the system

## 5. WORKFORCE ISSUES

- Burnout and compassion fatigue causes **high turnover**; social work and law enforcement graduates often not prepared for rural work
- When workers change clients have a hard time **trusting** staff; it takes time to build rapport with someone: "Why should I share my story with you?"
- Accessing specialized addiction and mental health training is **expensive**; sending a staff member to Thunder Bay for a 3-day session can cost over $3,000

## 6. MEETING NEEDS OF INDIGENOUS AND FRANCOPHONE CLIENTS

- Many **Indigenous** people want cultural help and benefit from healing programs that connect to the land and traditions; however, few cultural supports off-reserve
- **First Nations are not all the same;** cannot take a "one size fits all" approach to develop local Indigenous addiction and mental health programs
- Although Thunder Bay District has a concentration of Francophone residents, getting **French-speaking services** is "next to impossible"
- When Francophone clients are transferred to city for crisis care, **wait times** double while interpreters are located

### 7. RELUCTANCE TO SEEK ADDICTION AND MENTAL HEALTH SERVICES

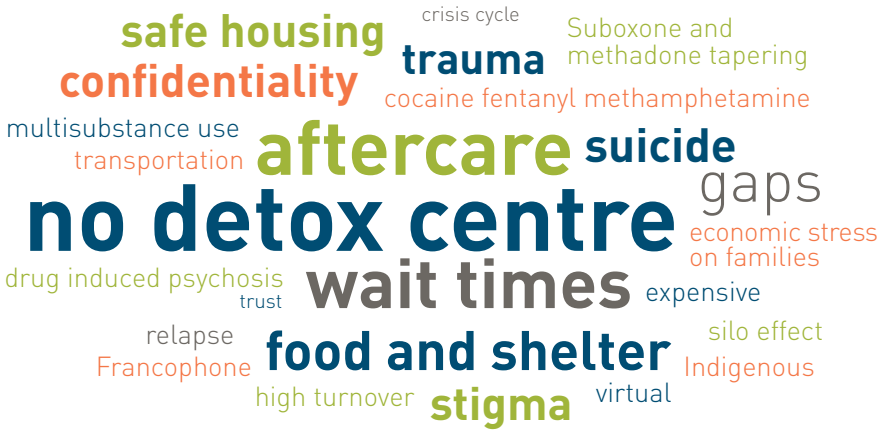
- There was widespread agreement that people are reluctant to seek help due to the **stigma** around addiction and mental health
- **Trauma** and hopelessness are seen as underlying causes of mental health problems and addiction; "Addiction is just a symptom of the trauma"
- People leave for treatment but return to the same environment; without support, they **relapse**; those who start using again have high risk of death
- **Suicide** rates are high and timely intervention is necessary
- In small communities, people often are reluctant to share problems due to **confidentiality** concerns; some prefer going elsewhere for care
- Parents can be reluctant to seek care for addiction and mental health for fear their children will be taken away

### 8. COMPLEX NEEDS

- When clients have to wait for services, local agencies have trouble meeting **basic needs** for food and shelter; whole families need to be supported
- **Safe housing** for those with addiction or mental health issues is a priority; no homeless shelters and rent is extremely expensive
- Lack of public **transportation** is an issue; because space in medical vans is limited, people must use costly taxis or find private vehicles to get to appointments

### 9. FUNDING ISSUES

- Several participants stated that current Thunder Bay District sub-region funding allocations are insufficient to meet demands for care
- Some staff felt under-resourced services meant they could not deliver adequate care: they were "putting out fires instead of running effective programs"
- Inflexible provincial and federal funding criteria also restricted their ability to "think outside the box" and customize programs to meet local needs




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

### 1. WHAT COULD A NORTHERN CENTRE OF EXCELLENCE DO?

- Assess **local client needs** through surveys on barriers, harm reduction, and basic issues; results could be used to develop strategies to improve access to care
- Build local capacity by connecting service providers, community partners, and clients to facilitate **sharing experiences and best practices**
- Conduct analysis of mental health and addiction funding and assist organizations with **funding proposals** to improve equity in access to care
- Determine limits of local addiction programs, **identify what is working or not**, and survey clients about what is needed to improve quality of care
- **Encourage collaboration** between partner sites to solve coordination of care problems and inform clients about the circle of support locally
- Engage people with lived experience to create videos to **share their stories**; such videos could reduce stigma and improve provider awareness
- Deliver supportive online and face-to-face **workshops for front-line staff** on compassion fatigue, safety, self-care, trauma and debriefing
- Identify gaps in knowledge about services and offer service provider and client **education in navigating the system**
- Promote local education and awareness programs, including **school-based programs for youth** at risk of addiction or mental health challenges
- Support community-based healing and treatment centres that address First Nations clients' need for **cultural care**

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

- Blended model preferred; face-to-face and human connection is very important and virtual component (telephone and internet) necessary to bridge distances
- Ideally, centre in Thunder Bay with outreach workers and offices in partner sites located in small towns across Northwestern Ontario
- Centre of Excellence should be accessible to people with lived experience, families, and community members
- Virtual information and peer supports could work well for rural and remote communities

### 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

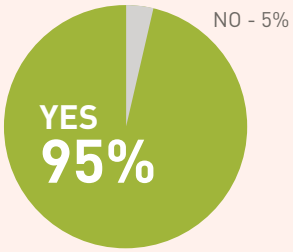
**216** participants from 5 engagement areas

**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