

## **Grand Falls-Windsor – Question 1:**

*Please share your perspectives or experiences with the regional and/or provincial mental health care system.*

Involved with CHANNAL.

Adult had substance abuse.

Participant has child that used system from an early age.

Heard a lot of good things today.

5 times service in GFW.

Dealing with people with mental health issues. Easier access to services and more quicker, broader range, less wait times, and follow up plan for individuals. Three months later should follow-up.

Participant works for Provincial and would like to learn more about services available for clients.

Recovery focus ignited passion.

Participant has family members that use the system.

People are struggling. Needs more awareness. User friendly.

Primary care focus. OK to talk to family doctor.

Severe mental health issues. System needs team approach. Specialist who understand the issues.

Mental should be discussed earlier.

A participant works for Provincial Government and would like to have input.

Working with Autism Society.

Services are in St. John's. More team approach is needed. Child has changed since treatment in St. John's. Neuropsychiatrist is only one and need more and more supports.

Adult who experienced mental health, abuse, and substance use.

Every child at youth centre is battling drug use.

Participant works for Province and would like to have input.

Drug abuse is a big thing in Grand Falls-Windsor.

Injecting drugs is a problem.

People don't care who they sell drugs to.

More sensitivity training. Child didn't have flu like symptoms but was treated as if it was the case. No introduction given by doctor. Building in Grand Falls-Windsor is like an institution. Mental health on one side and public health on the other and waiting room people know who you are seeing.

Participant works with clients of province and has family members that have used the services of mental health system.

Everyone wants to improve things but nothing is changing.

10 years of frustrations with the system. Travel to St. John's from central to get the help they need. Once in town, they wouldn't help because patient was from central.

Remember being in assembly and no one pay attention.

Participant here just to listen and learn.

A lot of services needed only available in St. John's.

Need to find way to grasp people's attention.

Parent and child have mental health issues. Stigma in small towns is very bad. We need to speak out. It is the same as other illnesses.

Hard to get a diagnosis.

Smaller group, better chance to pay attention.

Waited 8 hours in ER to see a psychologist/psychiatrist.

Rural areas even harder to get resources needed.

Adaptability to audience helps them pay attention.

The need for All-Party Committee was identified.

People with mental health issues concerned, people are being killed because of it. Single parents, females dealing with abusive male partners, the little bit of mental health that they do have. Protecting human rights of everyone.

Long wait to get assistance.

In a good place with myself.

Staff travelling to different rural areas but only once or twice a month.

Participant has family member in jail.

Wait time is too long. If file is closed.

People who cannot advocate for themselves. No one there to help them and they fall through the cracks.

Prisons are becoming our new asylum.

Advocate for mental health.

The follow through is not there, not available once patient is treated.

Seeing clients use new drugs - big time.

How many people do you have to call to get right help?

Rural areas need more resources or access to resources.

Communities need to come forward as a group to get help for citizens who cannot help themselves.

Parents will exaggerate about their child's mental health to keep them on caseload.

Transportation for rural clients/family who don't have financial resources to get to and from clinics, doctors, social workers, etc.

People don't need to be locked up in jail. They need help. They started using as a youth and end up in jail as an adult.

There is a program that is a great resource. Think twice.

Have to choose between food and transportation to go to appointment.

A lot of stigma on mental health.

Youth will only share privately.

Transportation could be huge obstacle for some patients.

Violence - correlation with mental health. Usually they develop mental health issues. Needs to be researched. Unhealthy relationships at a very young age. Levels of anxiety in these young people. Services are needed emergency services in the outpatient department at the hospital. Letter of support is needed. A lot of calls for supportive living. Central has no supportive housing/living. Individuals do not get one-on-one. They end up back in hospital and they then get a reputation. Complex needs are high. Where do these people go? St. John's is the only place providing this housing. People are sometimes sent to St. John's. Parents worry what would happen to their child if they were to die.

Internet is the blame for the availability of drugs. Drugs are available more easily.

Find that males don't talk about mental health as easy.

Some patients don't have financial means to get to appointments or to afford a telephone to make a call.

No needle exchange available in communities.

Suicide was a constant thought.

Telephone or address changed frequently because of lack of funds. Makes day to day issues even that much harder.

Religious beliefs helped get through issues.

Early intervention is key.

Prescription drugs are expensive. People are stealing!

Supportive living requires someone to provide minimal support and teach. No financial incentives for families' supportive living arrangements. Maybe we need a building with apartments like Stella Burry. We do have people needing this service but no financial piece available.

People are self-medicating.

Housing among clients a big issue.

Unsure of how to get services for mental health and addictions.

Didn't go to college/university because of mental health issues.

Prescribed morphine and got addicted.

ACT Team provides hands on care to clients. The members are involved with their daily lives. Food, bills, personal hygiene, meds.

Over 2 years sobriety.

Not enough social workers available for mental health.

Not a lot of help for psychotherapy.

Parent says child doesn't trust anyone because so many different hands they've had been passed through.

RCMP is not always available to assist mental health workers.

Unable to trust people. Hard to open up.

Talk therapy is vital.

Parent of teenager was admitted to 2E. Not a place for a teenager!

People look at the child and only sees someone as breaking the law and disrespectful. Have other issues. People need to learn more strategies. Anxiety they feel filling out papers for services and second person is needed for clarity and be more sensitive to their needs.

Need great support from people around you.

Child had experience with cocaine. Said it was best drug ever.

Parent wants to know what to do and should not have to beg and cry for help.

If got help earlier, may have helped make better choices.

Unit 2E houses such a broad spectrum of mental health issues.

Knowledge comes too late.

If you bring your child to mental health and addictions professionals, visits are rushed and only limited amount of visits i.e. 4.

Teachers need to be more aware of symptoms.

No diagnosis given.

Neurologically impaired people are mistakenly diagnosed by the public.

Needs to be revamp of Unit 2E to accommodate different treatments/diagnosis.

Didn't know where to turn.

Communication with own children is now done via texting.

Access to psychiatry for front line staff not as easy as public would think.

Training sessions to help teachers and make them more aware.

Need to know sign and symptoms.

No youth psychiatrist available in central.

Actively listening. More training is needed for staff.

Easy access to outside services in university is good!

Age doesn't necessary determine someone with mental health should be treated as an adult.

Power of attorney may be needed.

Fifteen year old goes to the Department of Advanced Education and Skills (AES). AES have no supports in place and tell them to go get their own apartment. Sixteen year olds have to go to the Department of Child, Youth and Family Services. Eighteen year olds have to go back to their parents.

Choices for Youth; a 16 year old, board and lodging are provided by AES. Not mature enough to be on their own.

## **Grand Falls-Windsor – Question 2:**

*What do you feel is currently working well in the regional and/or provincial mental health care system?*

Only when it's a crisis situation are the RCMP called, the client is picked up by RCMP then brought to emergency department. The cycle repeats itself.

Unable to get help for home support to help child with mental health and mobility.

Psychiatry is an opinion not a science.

Unable to get home support worker.

ACT team a godsend.

Partnership amongst team is working.

People need services when they need it. Not have to wait.

The ACT team keeps people out of jail!

Mental health teams are pretty mobile.

Mobile wellness team in Labrador at one point this is a good idea.

Parent says their child was seen quickly here in central.

Once you finally get set up with a mental health counsellor, it really gives you the tools to help you through situations.

Travelling great distances may use up resource time.

NL has a really good education system.

Parent says their child was seen in ER and it was good. Within four days the child was seen by a mental health professional.

Not enough occupational therapists.

Promotion people are doing an awesome job of communicating PR concerning mental health and addictions.

ACT team helps people with ensuring client takes their drugs and even helps with clients obtaining employment.

Need to get college to not be as strict on requirements to get accepted.

Phone call as first intake is not positive for everyone.

Promotion is making public look at mental health as an illness that one can get help for.

There is a need for social housing.

Eastern Health has a good program called STRENGTHS.

Amazing social worker in Botwood. Child's case is reviewed constantly. Specialist seen in St. John's, Medical Transportation Assistance Program (MTAP).

Promotion provides direction for people who need help.

Help people recognize their goals.

We are getting the message out.

No idea what's happening with social housing.

7 steps program is a great program.

Lately youth suicide rate is very high in central. We need to find out why and understand to gear our response accordingly.

Neuropsychiatrist in St. John's is really good. Knows his medication treatment. Sometimes medication works against them.

GFW seems to have a better mental health system.

Client user of the ACT team. What happens if client moves? ACT team needs a transition up!

Need more understanding as a community in whole of mental health.

Many staff are not trained in suicide prevention. They can deal with the after suicide issues but if a client calls no training has been provided.

Have come a long way over the years.

Never heard of the ACT team.

Hospital need to improve waiting in emergency.

GFW new way to register for emergency is a lot faster.

Senior management saying no funding available for suicide training, no education leave, own work/clients unattended, etc.

Need for land based office.

How do I deal with a suicide call?

One of the strengths you can have is to have the courage to speak up.

Education pieces have to be done. Clinicians have to have the skills to help these people.

Council would not sign for housing to be in Botwood. Blue Sky was in Botwood. People are coming around now.

Coming forward and telling your story is a great help.

CHANNAL is a great program.

Increasing number of teenagers and young adults cannot deal everyday issues. No life skills.

Participant identified as Aboriginal and would like information that is available for Aboriginals.

Recreation in mental health. Children from Blue Sky and Treatment Centre - channel the energies of these children.

Kids will listen to people more who share their stories.

Work together as a team. The different teams throughout the system worked together to get a family with a newborn baby all the essentials they would need. This happened within a few days.

Not enough promotion to serve on other committees within mental health and addictions.

### **Grand Falls-Windsor – Question 3:**

*What improvements do you believe can be made to the regional and/or provincial mental health care system?*

Not enough funding.

Frustration with conferences.

Education - need more training for front line staff.

More funding.



Not enough counselling for 2E-inpatient unit at hospital

When you have diagnosis and meds, then what? How do you get a job?

Last 10 years have brought much improvement in referrals.

Need more one on one counselling.

More self-referrals being brought forward.

Some doctors give medications when not necessary.

If person has a record, it's hard to get a job. Gap in resume is not good.

More case managers, more staff resources hired within the last few years.

Need therapy to help express yourself. But not for everyone.

Privacy laws - more knowledge from service providers. Consent forms are needed. Signed consent is mandatory.

All parties sitting down and realizing how much mental health and addictions issues are within our province.

No one would listen to friend of mind that needed help.

People need to be given a chance.

Need a better way to assist people to get them help needed?

Comes down to money issues. We could be creative and utilize resources already in the system.

Not always about the money.

Person was employed but lost their job because they had a criminal record.

School system - More guidance counsellors and educational psychologists are needed in the schools.

Home care services need to assist better to get approved for community supports.

Back when... not a lot of resources but took clients to where they needed to go and got done what needed to be done.

In office counseling service.

Criminal records only need to be asked for if relevant for job.

People base home supports on a person's IQ.

Counsellors - all teachers need to take courses in counselling. Teachers need to recognize problems with students.

It's difficult to find employment if you have a criminal record.

Some type of service from in between the ACT team to clinical in-office visits.

Wait time is too long.

All Teachers should be trained in counselling.

No autism service after grade 2.

More kids coming through the doors with autism, obsessive compulsive disorder, etc. no resources to deal with issues.

Need resources to deal with complex issues. Example: beds.

It costs \$600 now up from \$500 to pay for "Record Suspension."

We need a complete provincial team.

Issue with people needing to see a doctor and using their connections with health care to be seen quicker.

Anxiety in children, so much stress for them. Children to express themselves. Healthy eating affecting your mental health.

22 communities, 1 case worker, 1 social worker dealing with all issues.

What's causing the children to act the way they are acting.

Need more resources outside of St. John's.

Some employers will help people by giving them a job; some will not hire anyone with a criminal record.

Working with hospital and getting to see doctor, psychiatrist quicker because of it isn't fair. Should be treated same.

Traveling team from Janeway. Waitlist was too long to get children in to see team.

Technology is there to utilize. Telehealth. Some people don't want to use this because they want to be face to face. With technology they can be.

Lack of communication with different health care systems. No follow up done.

More supports for the LGBTQ. Sensitivity training, more programs in high school. Course work. More community supports is needed.

The availability of career centers is very limited. Income support is very limited.

Wait time for youths needing to get into Youth Centre is too long.

Provincial services need to be all throughout the province not just St. John's based.

Don't just develop an alcohol addiction. Home could be the reason. Need more housing/treatment centers.

Need to promote services more that are available in GFW to public.

Not enough follow up.

Need changes to be made now. Stigma starts around junior high level.

Wait times for emergency, psychiatrists, are way too long.

Seniors cannot manoeuver the system i.e. telephone voice mail. There is a need for more people to work in the frontline.

Provide a service, brief therapy, move along. Although some clients need more time than others.

Chemical imbalance need to be taken more seriously.

There needs to be more frontline work for the youth.

People listen when it's too late.

Should be outpatient services provided in the ER department at the hospital.

Access to services. Need more access.

Stigma is a big issue. Need mental health professionals in schools to teach this.

Long wait lists.

3 year wait list.

More suicide awareness.

Should be a clinical psychologist in every school.

Need to be able to recognize the signs earlier in someone's life.

More peer supports to be developed. If teens have a question and can go to this café and ask questions.

Doctors dealing with complex issues with clients and taking longer time seeing one patient.

Every teacher should be a guidance counsellor as well.

There is a benefit by having Family Resource Centres.

Need to teach mental health at an earlier age.

School system needs more education. Guidance counselor.

Ratio 1 guidance counselor for 400 students.

Need a place that people with anxiety can go to get their education.

Generalized anxiety disorder is very common.

Children dealing with issues in school. Drugs in schools.

Need to get into the school systems.

Need to figure out why the increase in drug and alcohol use.

Hard for people to open up to anyone/doctor about their drug use.

Hard to get into the school systems.

Brain injury people need housing.

Doctors are over prescribing medications.

Wait time is too long to get into methadone program.

Need to offer more courses in school. Coping skills, communication, stress. Not 1 hour a month, make it a credit that you need to have to graduate.

People working for minimum wage experience gaps of no income. Waiting periods between EI causes depression. Some parents can help with financial support, some parents cannot.

Methadone program has to be easier to get into.

Need to intervene early in the school systems to ensure they do have the capacity, the resources, and policies and procedures in place.

Behaviour modification.

Needs knowledge on the condition of the person.

Doctors over prescribing makes it easier to get addicted to meds.

Telephone wait times can run up minutes on cell phones and people cannot pay for this. Cannot wait on the phone for services.

Need strategy approach.

More knowledge on our technology such as phones.

Too big of a gap after seeing doctor and then waiting to get help for addiction.

Parents not giving structure, no rules.

People to travel too far for to see psychiatrist.

Mental health and addiction issues being passed down through generations.

A lot of people feel that it's waste of appointment if they see doctor and don't get a prescription.

Child doesn't learn how to cope with issues because parents are doing everything for them.

Common drug Ativan.

Is there a need for all the medication?

Client assaulted by taxi driver when on way to treatment.

Everyone getting treated the same and some people in severe crisis being treated the same.

Different communities are starting to get alternative therapy for people.

Drug coverage isn't enough.

Kids on phones too much. Social media.

Unable to come up with money to pay for meds.

More psychiatrists.

Reduce waitlists.

More around the table discussions.

Family trying to support but causes strain on them.

Clients self-diagnosing.

People are homeless. Not seen on the street but are "couch surfing".

Staff training.

Need some kind of funding to help people with medication costs.

Province wide team.

Criteria for some programs are too strict.

This session helped someone find a resource person.

Housing issues, especially for older youth and up.

Low income family needs more resources/help.

Need provincial housing strategy.

Prices of housing.

People cannot find a job because they do not have a permanent address.

Challenge for low income family.

Clients living in houses that you wouldn't put a dog in.

People expected to live with family members but cannot stay with them.

Multi-disciplinary team approach.

More clinical staff.

More outpatient counseling.

Need more education. Less expectation without education.

#### **Grand Falls-Windsor – Question 4:**

*Is there anything else you would like to share with the All-Party Committee on Mental Health and Addictions?*

Government needs to invest in the services for the not for profits, status for women, housing and homeless, CHANNAL. Needs to be funded and supported. We are frontline and see them first and last. Too low a budget.

Staff has a waiting list and are overworked. Needs to expand. Community resource centres are needed.

We need a bus service. We only have a cab services so it is expensive for people to use. Not always funded.

Support is offered to each other. Services needed to be centralized.

Need to be able to have services all under one roof.

Mental health affects all walks of life.

Sometimes services are not being explained or told to clients who really need it.

Come a long way compared to other countries.

Some towns find it difficult to have support group because meetings are advertised.

Medication is important. But should not be given so easily.

Transportation is sometimes covered.

Need more education.

No money.

Training available but have to pay ourselves.

Need more treatment programs in NL.

Mental Health issues should be treated like any other diseases.

Sharing Our Skills (SOS) Program – eight-week program, bulk buying, food safety piece, coupon. No money funded for it now. It works well.

Government has to be aware that mental health isn't like other illnesses. No cure like cancer. Needs to have constant resources so people get better and stay better so the illness doesn't come back again.

Government funding is a problem.

More conferences on mental health and addictions.

Need programs to help teach people more about mental health.

These discussions need to go elsewhere than just here at the table.

People don't want to believe it can happen in their community.

Government needs to get their head around the sector as a whole.

There is stigma for mental illness.

SOS Program - public speakers used to come in. They talk about all kinds of issues. Needs to be funded and people enjoy this group. Central Housing and Homelessness. All organizations need to work together.

Try to understand mental health issues. Workers are taxed!

Parents don't want to talk to children about drugs or mental health.

Staff are excellent. They stay; dedicated individuals make up dedicated teams which makes the work get done.

Public/clients/family doesn't realize that mental health and addictions staff is frustrated with the systems as well.

Need to teach people how to budget/life skills.

Should be more psychiatry doctors for children.

Sometimes parents are giving child alcohol and cigarettes.

Need GPs to be more open to mental health and addictions.

Collaborate care.

Inpatient care at the hospital and outpatient care at the hospital - needs follow-up. Community care also.

Had the experience of support workers not wanting to talk to each other. Client had meds changed and no psychiatrist to see.

Some GPs are excellent with MHA.

1 doc, 2000 patients.

Hard to access psychiatrist.

Psychiatric doctor not taking any more patients.

Not enough connection with other service providers.

Some children don't want their parents to know and if under 16 have to get consent.

Psychiatrist won't return calls.

Hours of operation need to be looked at.

More resources are needed.

Losing to private practice because of hours.

Emerging adults. No skills no coping strategies.

Support networks need to be identified.

Need more help getting the word out about mental health and drugs.

Nobody has brought up seniors.

Government needs to research best practices. Incentives for mental health professionals for rural NL. Doctors to be given bonuses.



If program exists, need the stability.

Train people that work for the system already!

Need more resource centers.

More youth treatment centers.

**Question 4 answers transcribed from attendees' written notes:**

Drug program needs to recognize that specialist give best drugs for condition. Need to be covered in Provincial Drug Plan.

Housing.

Social Worker in schools.

Training – front line.

Support/case management close to peoples' home towns where their support networks are (especially rural areas).

Better client-centered approach to collaboration among all members of the client's care team.

More follow-up care after crisis when discharged from health centres.

More training for individuals working with clients, children, families etc.

Easier access to services.

24/7 access to professionals to deal with crisis issues.

Professionals to assist with transitioning and living well in the community after receiving treatment.

More family resource centres needed.

More community youth networks/youth centres needed.

Help for individuals to begin to solve problems/issues before it turns into a crisis or it is too late. (Reach people before in emergency departments/jail or dead).

High drug use with little or no supports/treatments available. High drug use leads to higher crime rates in our communities as well as other issues.

The care must be offered by competent professionals in a team approach.

Every teacher needs guidance counselling training and then there should also be a clinical psychologist in the school setting.

The number one thing, in my opinion, is to educate people about mental health starting in primary/elementary school. The youth of our time are the ones who will change our future.

We need more funding for mental health services. Non-profit organizations, like the Canadian Mental Health Association – NL and CHANNAL are doing awesome work across the province. We need this work to #BEHEARDNL.

More counsellors with experience not just textbook.

Detaching an individuals' past from present to get those who have been through the system, helping others in the systems.

Wait times between doctor and mental health staff re: drugs.

IQ 70 gone, adaptive functioning assessment for supports.

More ASD (autism) training.

More info about Sinclair Method amongst Doctors.

Big bag of money.

Family Resource Centres should be utilized for mental health education and support and consider adding Family Resource Centres to areas that don't have one.

Physicians and other health care professionals should be required to spend time with patients to discuss mental health issues. (Fee for service does not support this)

All RHAs should adopt Eastern Health's Strengths Model for Case Management Services. (The Strengths Team). This post-modern approach to mental health and addictions is working extremely well, yet not recognized elsewhere.

We need more strength-based, recovery-focused alternative resources implemented across the province. Medications are not always the answer. We need change as soon as possible.

Create a link between health care system and RCMP to improve the transition of patients from acute to community.

How can community groups help people transition from mental health treatment to functioning in society?

Work! Pay taxes.

We need 3 levels of care:

- 1) Inpatient – ICU and ER
- 2) Outpatient
- 3) Community

More resources for “less severe” MH issues (i.e. mild anxiety & depression) - easy access.

CHMA-NL’s Think Twice program works extremely well for our young people. There are many programs that are implemented, such as the Justice Program by CHMA-NL. We do recognize funding as being crucial for services.

I would like to see more support groups for mental health, transportation.

One positive initiative in Twillingate/New World Islands are (and other areas) is the Community Wheels Project providing transportation for seniors and persons with disabilities & people with no access to transportation. Why not have a resource like this in rural areas? Little funding goes a long way.

It’s important to look at rural challenges and issues with a different lens than urban. Though all services/resources are related, the issues faced are very different.

Transportation in rural areas remains a challenge. Programs like community bus helps provide access to services.

Lutherwood in Ontario has an awesome program.

Need for more prevention resources for mental health staff.

More promotion and create awareness of mental health crisis clinic.

Need for health promotion – more resources for mental health/mental illness.

Need for more guidance counsellors throughout the region.

More focus on mental health in the school curriculum.

Training for front-line staff.

Need for more specialized services in the Central Health region, i.e. mental health social worker, psychiatrist.

Gaps in services for individuals with complex issues.

Lack of programs for teens who transition into adulthood.

More support for FASD prevention work and diagnostic support.

Public alcohol policy.

More aware of dangers not only drunk drivers.

Lack of mental health support in schools. Guidance counsellors need more support (training).

Program – Mental Health Assistance i.e. social worker assistance.

We are tired of talking.

Let the skin hit the road.

Need more education for new moms on “baby blues.”

More family support networks/services.

Employee and Family Assistance Program (EFAP) – mental health workers often need help – should not be internal to our own HA.

Children – one does not work alone with children, working with parents, school, etc. Yet expected to carry same caseload as social worker working with adults. Because there are two people (for the most part) working on the community team with children.

High caseloads with more complex needs for mental health clinicians.

Need for needle exchange program – almost due with secret if access with person. [sic]

Condoms – not distributed. Barriers to even getting item purchased let alone distributed.

Workers willing but system barriers cause stumbling blocks/barriers.

We are doing some work with seniors re: neuropsych issues (i.e. dementia) but it is mostly assessment based, not much intervention in our own outpatient counselling program. We are not seeing high numbers of seniors (I don't believe but I don't have exact numbers). In my experience, the seniors approach multiple issues quite differently – they are sometimes less likely to admit to the extent of their multiple concerns, feel they are burdening you with problems that are unimportant and “taking up your time.” Again, we do not have specific education/training to approach seniors' multiple issues in the most effective way.