

1 **June 8, 2015**

Afternoon Session

2
3 Honourable Felix Collins:

4 (Recording not turned on) ... collaborative effort in
5 dealing with the whole issue of mental health and
6 addictions in the province, and we're hoping that
7 through this effort and consultations that we're
8 having across the province, such as the ones we're
9 having right here in Happy Valley-Goose Bay, will
10 help us to formulate some policies and discussions
11 and recommendations going forward for the government
12 in order to improve, to act on our mandate which will
13 try to improve the health and mental addictions
14 systems in the province.

15
16 This is the third consultation or third set of
17 consultations we've had. We've met with three
18 regional health authorities now. We have one more to
19 go. But we had some interesting and informative
20 discussions, and we've asked people to be open and
21 frank and tell us exactly how they feel and what they
22 think about the system and how it can be improved and
23 the difficulties and challenges. And we're getting
24 some great input and great feedback.

1 So thank you for coming today and we really hope
2 that you want to share your experiences with us. We
3 have a number of presenters and they have different
4 times to present. Some people have 30 minutes; some
5 people have 15, depending on the nature of their
6 topic. But I would like to acknowledge all the
7 stakeholders and the families and individuals who
8 have joined us here today.

9
10 So without further ado, I think we have four
11 presenters and if we're finished on time then we can
12 certainly open up the floor to anybody else who wants
13 to make a commentary.

14
15 Having said that, we introduce our first presenter
16 this afternoon, and that is Ms. Denise Cole, is a
17 resident of Labrador, a resident of this region. So
18 we asked Ms. Cole if she will make her presentation.
19 She has 30 minutes to sit up here, so we can all hear
20 you and see you, Ms. Cole, Denise.

21 Gerry Rogers:

22 Denise, if you feel you want to stand and do it,
23 that's fine too. Whatever you want to do.

24

1 Denise Cole:

2 No, sitting is good. It's really good to see so many
3 people here. It's sort of puts the nerves up a
4 little higher but.

5 Honourable Felix Collins:

6 We're not using microphones because it's a small
7 room, so hopefully we'll hear.

8 Denise Cole:

9 I got a good voice.

10 Honourable Felix Collins:

11 Well, that's good. That's good. You got a good
12 voice and I got a bad ear, so, then, a good
13 combination.

14 Denise Cole:

15 I guess, first I would like to say thank you for
16 being here in our territory of Labrador that
17 represents Innu and Inuit and settlers. This will be
18 a little bit a, most people know me in my work hat.
19 The work hat is off for this presentation. So you're
20 going to hear from Denise on a personal level and
21 hopefully I'll fit it all in a half an hour.

22

23 First, I guess, I want to acknowledge why I
24 brought my feather. It's an eagle feather that was

1 gifted to me when I first moved back to Labrador as
2 part of my healing path and a part of my recovery. I
3 did a fast in honor of my brother who passed away
4 here in 1993, who drowned in Grand River. And at end
5 of that fast we went to the place where he passed and
6 we had a feast, and the elder who was working with
7 me, well the warrior who was working with me
8 presented me with this feather. It's a
9 representation of -- and I'm shaking since it's a
10 different experience for me. Usually I'm pretty
11 confident and comfortable. But I felt it was
12 important to bring this feather with me because I
13 speak not only for myself but for generations of
14 Labradorians who have been through trauma, who have,
15 and we call it mental health and addictions now, I
16 call it the realities of colonizations. They have
17 been passed down to us and our people. So this
18 feather helps to give me strength and also to send a
19 message of the level of importance when I come and
20 speak to you with this feather in hand.

21
22 When I first -- my mother used to refer to it, she
23 used to say to me when I was younger that she was
24 sort of worried about us kids because there was bad

1 nerves that ran in my family. She also told me to
2 stay away from alcohol because an uncle had told her
3 alcohol doesn't do good in our family.

4 Unfortunately, I didn't listen to her on the last
5 point. But it was interesting to me that the more I
6 become aware of colonization and to generational
7 trauma, that these things have also ran in my family
8 and many families and I wonder sometimes which came
9 first. My mother went to a boarding school in St.
10 Anthony. She went for a year and she always says I
11 am one of the lucky ones that only one for a year.

12
13 We, within Labrador, have lived in a colonized way
14 for a very long time and we're used to outsiders who
15 come in and set up our education system and set up
16 our healthcare system and told us how things were
17 going to be. And I think the impacts of that are
18 felt even today. That's why you're here, because you
19 hear it on a provincial level of where we are in our
20 mental health and addictions services.

21
22 I, myself, I'm on a sobriety path. I like to call
23 it my own, my life path now but there's different
24 words to get used so I will use some of this in this

1 discussion so that they can be applicable. But I
2 moved back to Labrador because I was working with
3 Migma (phonetic) elders who recognized that I was
4 going through a lot of trauma from childhood abuses,
5 violence by family. What I see now has been
6 intergenerational trauma. And they told it was time
7 for me to come home, and I did. And many times I
8 hear from different professionals who say did you get
9 sober by going to a treatment centre? Did you go
10 away to a rehab? I went to the land and that was my
11 treatment centre. That was my detox, my rehab. I
12 came home to find my culture, and in finding my
13 culture I started to find my healing.

14
15 I've been in and out of the mental health system
16 since I was diagnosed with depression about 10 or 11
17 years ago. And throughout that time it's been the
18 land-based healing and that work, combined with
19 western medicine practices. I seen a counselor, seen
20 the counselors here, have been to a couple of
21 different ones for three or four years, and it's been
22 that combined effort that has made the difference in
23 my path and why I'm able to function to the level
24 that I have and to be here to present today. And I

1 realize through my work and my volunteer and my
2 personal experiences, there is many people who do not
3 have the strength to be here today or the sobriety to
4 be here today and those are the voices that are
5 missing in this room and in the reports that will
6 come from this. But I know as I look around a lot of
7 the service agencies are here and you'll be the
8 voices for the people who can't come and sit and in
9 front of you.

10
11 So, colonization. The impacts of residential
12 trauma not just, including, certainly, the
13 residential school experience but many, many
14 different experiences on how we were told we had to
15 resettle. We had to now be in communities. We had
16 to now go to a certain education system. Our
17 spiritual values were no longer considered the way to
18 do things, and religion became the forefront, and
19 then our health care sectors were developed.

20
21 And I certainly, because I have great respect and
22 I know some of the amazing, you are in the room
23 today, amazing workers that we have today through
24 Labrador Grenfell Health that's here, but I also see

1 a gap. I see that the land-based activities that can
2 be happening, the healing that happens through
3 culture. For some people it's very difficult for
4 them to find that outside just their everyday lives,
5 and when you go into an institutionalized setting
6 like a hospital for mental health appointments that
7 can become a trigger for individuals who have
8 experienced institutionalized trauma. And I
9 certainly encourage that we look at that and we start
10 to talk about how do we combine both? How do we
11 apply balance in this and ensure that our healthcare
12 professionals have been educated just as much in
13 philosophy and in psychology and sociology? That
14 they get as much training in cultural for the people
15 of Labrador to understand the history, to understand
16 the impacts of colonization and what kind of direct
17 effect that's happened over generations for that.

18
19 I have a close friend of mine, I'm a part of her
20 supportive circle, and she's always told me I have
21 freedom to share her story. And one of the things
22 that struck me is that she had been going through the
23 health care system for a length of time for suicide
24 watches and then would be in the hospital for a

1 length and then she would be back out again. And one
2 of the big things that she disclosed to me that she
3 struggled with is as soon as that counselor's door
4 closed, she felt like she was back in residential
5 school. She was back in that place; those four white
6 walls and the florescent lights. And how was she
7 supposed to trust this individual in front of her to
8 disclose some of the most horrific things that have
9 happened to her in her life to look for healing? So
10 we have to figure out how we're going to balance
11 that. For this individual we printed off pictures
12 from Coastal Labrador and they were able to go up
13 into that office before she would have her sessions
14 and that would help to make her feel more safe. So
15 there are ways that we can find a balance in this.

16
17 There is a project that I'm involved in, both
18 partially through my professional world but also as a
19 personal volunteer, called the Kindness Connection
20 Project. And we do mobile outreach to individuals
21 who are in need, whether they're homeless or hidden
22 homeless or just struggling, and we connect them with
23 a backpack full of supplies and a hot meal and a
24 service card and at least four individuals who truly

1 care and are there to help them and listen and try to
2 bridge the gap because there's a lot of individuals
3 who don't come into our service centres for whatever
4 those reasons are.

5
6 We have been getting incredible numbers coming out
7 to these events so that we go and we find them. We
8 are going to meet people where they are. That's an
9 important message, is going to where people are and
10 finding out how best to help them, without expecting
11 them to come to us. And in that there is an
12 experience that we had, the last one, that has struck
13 and stuck with me ever since, and it was an
14 individual who had a beer bottle in their hand and
15 they asked me, "Do you know why I do this?" "Why do
16 I drink?" I wouldn't answer that because I have no
17 business telling somebody else's story or answering a
18 question like that. And then, she said, "My parents
19 were in residential school and this is what they
20 brought back to us." And now their kids are in care
21 and this is that's all's left. So it's a coping
22 mechanism. So when you look at addictions, let's be
23 clear, addictions are a system of a deeper trauma.
24 So we can have a treatment centre and we can work on

1 the detox and we can have a rehab, but if we don't
2 have a way of wellness and a way of healing and a way
3 of dealing with the root trauma, we are only treating
4 symptoms. And mental health, many times we get
5 diagnosed with depression or other disorders that fit
6 under a criteria in the check box that's done during
7 an intake that are very much trauma based. And
8 that's not to take away from yes, I know there are
9 certainly serious mental health conditions that are
10 there, but we have to acknowledge how many things are
11 trauma based.

12
13 I was diagnosed with depression. As someone who's
14 gotten older and has learned to deal with my
15 depression, I realized that my depression was my
16 trauma. Because I learned to heal and work with my
17 trauma, my depression is now in a place where I can
18 manage that, I can deal with that. I can function
19 quite highly in life.

20
21 But the Kindness Connection Project is a project
22 that's being done completely off the sides of
23 people's desk. There is no budget. We are doing it
24 completely by donations that are given by this

1 community which speaks to this community and the
2 agencies that are here; which will lead me to another
3 point that I have later in my presentation.
4

5 But I want to talk a little bit about the value of
6 land-based healing approaches and the strength we
7 have in our culture here. Inuit and Innu (inaudible)
8 our culture of Labrador is resilient. We are more
9 than survivors. We are more than victims. We have
10 become creators of what Labrador looks like and why
11 we love to be here. And most of us, whenever you ask
12 why do you love Labrador the way you do, we talk
13 about the land and the water, and that there is no
14 other place that we know of that gives us this kind
15 of peace. And when you've been raised, whether
16 you're from Newfoundland as well, that smell of salt
17 water, what that does for you, what it does for your
18 spirit, that's what Labrador is for us. And so, when
19 we are able to incorporate that land and that love
20 for land and what that does for our spirit into how
21 we address mental health and addictions, it's a very
22 powerful tool.
23

24 There's another group that I'm a part of that's on

1 a volunteer basis called a Peer Support Sharing
2 Service. What we've been doing is on a monthly basis
3 we've set up our Labrador tent and we have a boil-up.
4 I'm hoping you're all familiar with what a boil-up
5 is. Yeah. And so, we start with a boil-up and then
6 we lead into a sharing circle. And we've been
7 getting anywhere from a dozen to half a dozen people
8 who come out for that. It's similar to, usually the
9 way for me to explain it is kind of like AA without
10 all the formalities and without a 12-step program.
11 Instead we do what we've done for generations here
12 out on the land, we get in a circle and we share and
13 we talk and we support each other. That's become a
14 phenomenal piece for any of us who have been engaged
15 in that.

16
17 And one of the hear most often when we're in that
18 tent, and this is what's different than what I found
19 in my experiences in other institutionalized setting,
20 that tends to be triggers for trauma that's happened
21 whether in schools or in other white walls, boxed
22 places, is that when we're in that tent we hear about
23 good memories that are triggered by being in that
24 tent. The smell of the boughs; the smell of the

1 fire; the remembering when we were kids and our
2 parents took us out in the tents. All of a sudden
3 we're able to find good memories in amongst all of
4 the heaviness, and that's a really important feature
5 that happens when we get out onto the land, however
6 we get out onto the land. That's just something that
7 has worked really well for us, of having the tent.

8
9 So we've been doing that for the past, this will
10 be our six month this month. We intend to do it for
11 another six months and potentially even longer beyond
12 that. Labrador Grenfell Health, through one of their
13 grant programs, has given us a budget that we're able
14 to offer that service which we're very, very
15 appreciative of. So, again, it shows me, we can find
16 balance. We can do things together in a culturally
17 significant way as well as in a way that works within
18 the mental health system. And I know because I've
19 met with all of the counselors from Labrador Grenfell
20 Health here as well as from Nunatsiavut government
21 and from other agencies and aboriginal groups that
22 are here. They all support however they can help,
23 even for us who are leaders that are organizing this
24 to have a place to be. We always have our mental

1 health and addiction brochures that are available for
2 anyone who's leaving these meetings so that they can
3 know that there's other supports for doing things
4 hand in hand. It can be done.

5
6 I happen to have the honour of doing what I know
7 happens in the Innu communities, and I know it
8 because my niece is there. And I watched her go
9 through intense trauma over the past two years,
10 losing both her mother and her brother. Her father,
11 who is my brother that passed away, so that there is
12 different traumas that she's experienced in her
13 lifetime, and when I asked her what can I do, because
14 what do you say? How do you help when someone is
15 hurting that deeply? The first thing she referenced
16 was a tent. And I also know this from her family
17 have gone out into the country and it's something
18 that, and I'm glad to see some of you here because it
19 is what you do really well, when you go out into the
20 country the healing that happens out there, there's a
21 lot the rest of us can learn. And I know that
22 recently some of her family were able to go out to
23 the country and the difference I saw in her after two
24 weeks of knowing that they were in the safe place and

1 the healing that was able to happen, there's no
2 amount of -- I can't even put words to it what that
3 meant to me as her aunt who's felt very helpless in
4 being able to know how to help.

5
6 So I see these different things and I know that
7 they work. So we need to learn together. So going
8 into the country is a very important piece, and I
9 can't amplify that enough. Now I want to talk a
10 little bit now about how collaboration works in the
11 rural context of Labrador as a whole. It's something
12 that we do really well in all of our communities
13 because we have to. It's the only way that we're
14 able to get things done. I don't believe that we
15 need to always look on the outside and say you need
16 to do this for us, but we need to figure out ways to
17 work together so that we have stronger support
18 services to offer people who are in need. We talk
19 about it all the time, to find censored approaches
20 and I work in nonprofit, so I know all the lingo and
21 that we're supposed to be doing things as a
22 wraparound supportive team. This is the service hub
23 of Labrador right here. This is our St. John's. We
24 are still lacking in the services to meet the needs

1 that come from other parts of Labrador when people
2 come here and for people who live here like myself.
3 We have some of the highest suicide rates in this
4 country; yet, we have a shortfall of the services
5 that could mostly benefit and support. I would be
6 curious to see if there is even any data there that
7 can help answer the question of why we have some of
8 the highest suicides in this country.

9
10 I get a lot of resources from the St. John's area
11 and I see the 24/7 supports, I see the different
12 transition houses, and I see the Emmanuel houses, I
13 see all of the places and I see our people
14 consistently getting sent out to come back and the
15 work hasn't been done within the communities because
16 the supports truly are lacking to be able to work
17 with community as much as individuals can be worked
18 with when they are sent outside. And when you work
19 on an issue outside, like sobriety, and you come back
20 after treatment and you have to stay sober in your
21 home community when those services are longer there
22 is incredibly hard. So we end up having the
23 revolving door clients. We went up having the people
24 who are multiple times back and forth and back and

1 forth for treatment. Reminds me when I first moved
2 back here to work, that I had an individual come into
3 my office and told me that they were going to go kill
4 themselves but they wanted to come and say good me to
5 me first. And so, I knew I had to do something. I
6 knew I had intervene and I knew how the protocol
7 worked so I called the RCMP. And this is no
8 reflection on what agency because I think just
9 different workers are frustrated. We are all
10 stressed to maximum capacity. But when that
11 individual came to pick up the individual who I knew
12 needed to have that extra help, when they saw who it
13 was, they said, oh, sure, that one has been saying
14 they're going to kill themselves for the past 20
15 years. And my response was, then you think by now we
16 change our approach because we consistently are
17 asking individuals to change but yet we haven't
18 changed in how we're looking to deal with these
19 issues. So it becomes that they've burned all their
20 bridges or there's nothing left to help these
21 individuals. I don't believe that. I believe it's
22 us that have to really look inside ourselves, work
23 together and work with the different cultures from
24 the people that are here and find the right

1 solutions.

2

3 So, collaboration becomes really hard and that's
4 just in Goose Bay. Now you go to the smaller
5 communities where we're dealing with food security
6 and overcrowding and higher levels of suicide and
7 just multiple layers and layers and layers of issues.
8 I know when I heard that you guys were coming here my
9 thought was how do we get you into every community,
10 because, again, there are so many voices that can't
11 be heard because they are just not here and with a
12 half hour, 15 minutes, it is really hard for us to
13 speak for all of them.

14

15 So I tried because in the scope of the work that I
16 do, as well as the fact that I'm a Labradorian, I'm
17 from the south coast of Labrador and I grew up in a
18 culture silence, I grew up in a culture where you
19 didn't talk about things that were wrong, you waited
20 till you left and then you hoped to God that you were
21 able to figure it out. I left my home community and
22 swore I would never go back. I was there in such
23 disarray. I had attempted suicide. I had been
24 taking different levels of drugs from a very young

1 age. I grew up in a home where there was alcohol and
2 violence and abuse, and my only answer, at 16 years
3 old to make that all stop, was to leave because there
4 was no one in my community that I felt I could and
5 talk to, to get that help. So I think of myself as a
6 young person and it makes me think of all the young
7 Labradorians who are out there who are feeling the
8 same way.

9
10 And when we talk about youth homelessness and we
11 see the things that are happening within the St.
12 John's area, I wonder many times how many of our
13 Labrador youth have ended up there, or further places
14 in Canada and beyond, who are struggling, wanting to
15 come home but knowing coming home can't be an option
16 because how will I get through that trauma. It took
17 me 20 years to go back to my hometown. Now that I
18 finally done it, I can finally have some healing. As
19 interestingly enough that when I went home, instead
20 of going to all of my relatives' homes, I went to all
21 of the rocks and trails and little brooks that were
22 my safe places. Those were the first places I needed
23 to say hello to. That was my home. That was home
24 for me. And then my next stop was a family who took

1 me under their wing because they saw what was
2 happening. And there I was now as a young woman
3 sitting down with someone who I looked at very much
4 as a mother figure, even though my mother is an
5 incredible strong woman and has gotten stronger over
6 the years, which I can very proudly say. She sat me
7 down and, she said, I understood why you left. She
8 said, I've always been afraid that I'd hear that you
9 had killed yourself and that you had died. And the
10 fact that I was back there, again peace and healing
11 was able to start happening. And I share all of this
12 experience so it's easy for me to share parts of my
13 life, especially in a big crowded room of people, but
14 it's important that you hear these things because
15 I've had the supports, I've had a mother who's been a
16 rock for me who I call in different places in Canada
17 and said, mom, I can't make it, I need to come home.
18 And I was home the next day. Not everybody is as
19 fortunate as that and I know that, so I'm very
20 blessed that I've been able to find that path. And
21 mostly it was when I went to my first powwow, and the
22 first time that an elder and a spiritual person
23 within culture saw that in me and recognized that I
24 could be all that I am today and that I'll continue

1 to be so I'm on a path, and all of us are. It is
2 about how we're able to get the supports so that we
3 can be the best people that we're meant to be on
4 those paths.

5
6 So that's the sort of the capacity issues in
7 Labrador troops is the point that I've written on my
8 piece of paper because that's the capacity that we're
9 at. Now, we know that some of the richest resources
10 are coming out of Labrador and, yet, we're still in a
11 place of (inaudible), and that many of our small
12 communities keep shrinking and shrinking and
13 shrinking. And we talk about population, some of the
14 only places left that have good population is in
15 Labrador. So how are we going to meet those needs?
16 We have young people who are coming up through the
17 systems now, this intergenerational level of trauma
18 again. Now I talked to my mother and we've explored
19 back as many generations as we can find, and all of
20 the women have gone through some form of trauma and
21 we've passed it down. And now my mother wishes she
22 didn't pass it down to me, but she said, and see how
23 it's been passed down into my nieces. And I really
24 wish we could figure out how we're going to break

1 this cycle. I'm involved in the justice project and
2 they asked me how would I know that this is a
3 successful project. And I said when I start hearing
4 more about intergenerational healing, then I've had
5 to hear about intergenerational trauma. That's my
6 goal.

7
8 But we have to recognize this past. We have to be
9 able to acknowledge what has happened. We will at
10 the truth and reconciliation that's happening now
11 across Canada, that Labrador is not included in that,
12 even though our people have experienced just as many
13 of these horrific experiences. So how do we finally
14 come to a place that we're not, as settlers, coming
15 in feeling like we have to wear guilt and shame? And
16 for the people who have experienced it, don't have to
17 deal with the fear and the trauma and everything that
18 comes along with it; when we can finally get to a
19 place of not pointing fingers anymore and looking at
20 how do we collaboratively come together as one people
21 and work together on these things.

22
23 There is another project that I'm involved in of
24 supporting our youth and it's a big piece for me. We

1 have members of our town council here and I have no
2 doubt that they'll bring up the wellness centre that
3 they'd like to have for this community; something we
4 need in all of our communities. But wellness needs
5 to be a holistic view of wellness. So that we
6 consider the physical, the intellectual, the
7 emotional, the spiritual and the cultural all in the
8 same wealth of value, so that our youth coming
9 through, because the youth centre that we have here
10 is at very limited capacity. It's taking cuts year
11 after year after year when, really, if we want to
12 start looking at having intergenerational ways of
13 dealing with a lot of these things, then we need to
14 be starting at a prevention level and starting at
15 them as young as we can. That they feel supported
16 and loved and know that there's healthy ways to cope
17 with the trauma that is happening within our
18 communities and will continue to happen. Because a
19 part of trauma is a reality that we all have to live
20 with, no matter what our background is or where we
21 come from.

22
23 But the coping mechanisms that we have in place,
24 the education and the awareness and the actual

1 support services and the acknowledgement of culture
2 and community, those things we can build on. They
3 used to be involved in youth projects where we used
4 to say as opposed to looking at all of the deficits
5 in our communities, what if we looked at all of the
6 positives. And when you have the positives, you
7 continue to build on them, you will start to address
8 your negatives. It's just a natural thing that
9 happens. And us as adults have that responsibility
10 to ensure that there is enough of those positives
11 options and opportunities so that our young people
12 don't get lost and they have lots of opportunities to
13 get involved in things. How close am I on time? I
14 knew a clock is (phonetic) a requirement here.

15 Honourable Felix Collins:

16 You have a couple of minutes left. I don't want to
17 cut you off because it's a powerful presentation.

18 Denise Cole:

19 Okay, thank you. I appreciate that. But this also
20 means if we're going to work with our youth and with
21 all of our people who have trauma, that we cannot
22 work in silos, and we have to break them down. We
23 have to find ways to have integrated system planning
24 that allows all of us cross agency to be able to work

1 together without all the restrictions. I understand
2 we keep confidentiality but there is moments I wonder
3 do we keep confidentiality to the detriment of the
4 work that we are trying to do for the individual who
5 truly needs it. So finding ways that we have a
6 system that we work together. That will lead me to
7 my last point which is consultations. We have had
8 many of them over the years. We've had a whole
9 gauntlet of them in the past year. (Inaudible),
10 yeah. We need to see action. I understand that we
11 have to do this, we have to talk, but please do not
12 let this become another report that gets put forward
13 and then gets put on a shelf and ten years from now
14 that when we're looking at this issue again somebody
15 says, well, they didn't they write a report about
16 that back in 2015? Let's take collective,
17 collaborative action. Let this not just be the one
18 conversation that we have about this. So come back
19 to our communities, keep working with us, keep
20 listening and allowing us the forum to actually move
21 forward on things. And as much as you hear, learn,
22 because we do share in things but I don't know all
23 the time that we're learning together the way we can
24 and should be.

1 So I want to see true action reflective of the
2 consultation because, if not, we'll just keeping
3 losing faith in the system that we already know has
4 deficits. Now whether it's in justice or education
5 or health or on and on we could list off the entire,
6 every department it's there. We don't take true
7 action that allows all of us, whether we're an agency
8 level or we're a community level or we're a
9 government level, that we actual can at the end of
10 the day go home and say, you know what, we just did
11 the best that we could possibly do as a province, as
12 the regional Labrador. That people like myself and
13 many that I know here around this room who go home
14 with heavy, heavy hearts because you don't know
15 what's going to happen to the individual you are
16 supposed to be able to detach from after you finished
17 your job. You are supposed to be able to say I've
18 done all that I can do, when we all know we can do
19 more. We can do better. So that's my challenge to
20 you, to myself, to everyone else who's in the room.
21 And with that, I thank you for the opportunity.

22 Honourable Felix Collins:

23 Thanks, Denise, for the great information there, a
24 very powerful presentation and a great

1 interest-provoking discussion to start up our
2 presentations this afternoon. We can take a couple
3 of minutes. There's always a danger of these things,
4 you always go over time and whatnot then you're
5 rushed at the end and whatnot. But there are some
6 things that need to be said and some questions need
7 to be answered and so on. And I'm going to give the
8 opportunity for the Panel, if have any questions to
9 direct to Denise before she sits down? Anybody got
10 anything?

11 Gerry Rogers:

12 Sure. Thank you so much for a great presentation.
13 Can you see concrete ways how to do that
14 collaborative work?

15 Denise Cole:

16 The first thing that comes to my mind is we need to
17 get around in circles now, and that's where we start
18 to work because in a circle there's no ahead of you,
19 there's no one behind you. We are together as equals
20 and we start to really brainstorm. What would work,
21 what could work, from what we hear here in the
22 communities to what services we're able to provide.
23 There is a lot of services we can provide, too. Like
24 for myself the speaking that I do, I go into any room

1 that ever asks me to go in, can we share stories.
2 Because our stories are what help us in our healing,
3 so I think there is that.

4
5 I think taking a direct approach to all of the
6 aboriginal groups that are here, which means you go
7 directly to their band councils and their leadership
8 and get in their circles. And so that you're able to
9 look at how do we -- because it's really, we're
10 talking about decolonizing and that's what we need to
11 be doing. So, the concrete measures, I think, is the
12 taking the talking and going a step further and
13 really putting an action plan that has timelines and
14 milestones and outcomes and all of the lingo that we
15 like to use around those things, but, basically,
16 results. So I think there's that, and I think if we
17 start to see that you're truly hearing us and that
18 you're taking some direction that we're providing,
19 we'll start to have faith in the system again. All
20 this is going to take some work on both sides. So
21 the concrete measures I think is that. Be able to
22 roll up the sleeves and let's do the work.

23 Kevin Pollard:

24 I simply want to say thank you so much for your

1 honesty and your openness and your frankness. I just
2 want time for me to just sink this in. Awesome
3 presentation. Thank you so much.

4 Christopher Mitchelmore:

5 I really thank you for putting forward all this
6 information and I think that it's really important
7 that you raise the issue of not all healing happens
8 directly in a hospital, that there are aspects
9 outside of that. And to bring up the land aspect, I
10 think that that's a really important piece.

11

12 In terms of the collaboration, in terms of the
13 information, I guess, around education awareness, I
14 think some of it is the continued dialogue and
15 discussion. As much as people say, well, we've had
16 these consultations but having people in the room and
17 sharing and having this knowledge sharing and
18 creating an awareness is a very important aspect
19 about how we develop, evolve as a society and tackle
20 the problems and issues. And I think you've raised a
21 number of concrete examples of how we can integrate
22 cultural activities and healing aspects but I think
23 that, I'd love to hear more if you had other examples
24 that can be brought forward because I think you bring

1 a really unique perspective that we don't always talk
2 about.

3 Honourable Felix Collins:

4 Thank you, Denise. The one thing that struck me in
5 this report, in this presentation, that in the face
6 of all the challenges your presentation was very
7 positive and that came through to me in ringing
8 tones. And I commend you and compliment you for the
9 presentation. But in regard to a report sitting on
10 shelves, we acknowledge this happened. It happens.
11 The safeguard in this one, hopefully, is the fact
12 that this is an All-Party Committee. So it's not one
13 party that present the report. So that might be
14 taking a bit of comfort in that, that that will
15 ensure that the report gets done.

16 Denise Cole:

17 Well, I'll hold your feet to the fire.

18 Honourable Felix Collins:

19 Thank you so much.

20 Denise Cole:

21 Absolutely. You're welcome.

22 Honourable Felix Collins:

23 Now, our next presenter today is Mr. Jim Learning.

24 Mr. Learning is a resident of Labrador. Mr. Learning

1 here? (Inaudible) when he comes in. Is Mrs. Parsons
2 here, Mrs. Margaret Parsons? Okay, Mrs. Parsons,
3 then, will step up from three to two and we look
4 forward to your presentation. Mrs. Parsons, you have
5 30 minutes as well.

6 Margaret Parsons:

7 First of all, I would like to thank you all for being
8 here today and, also, the people within the audience.
9 I don't have a -- I'm not very good at proposing,
10 like Denise is so mine are mostly questions. But I
11 really appreciate the fact that Denise said that we
12 need to have the strength to be here and I'm so glad
13 that I had the strength to come here today. And
14 another really thing I really enjoyed what you said
15 is that you meet people where they are. I didn't
16 know that before, and I think that's a very good
17 thing, and that gives me great comfort.

18

19 Now, I'm from the baby boomer generation. I'm a
20 mother who's getting older who is dealing with a
21 person with a mental illness. So before I go into my
22 questions I just want to share a bit of my heart with
23 you. And this is what I really feel:

24

1 My mother hands are getting old. My mother tears
2 are many. They trickle down my face. I can't stop
3 them. I'm helpless. My hands are tied. I close my
4 eyes in prayer. It seemed that God doesn't hear. I
5 pick up the pieces and persevere. Never giving up
6 hope for healing, trying my best to understand. I'm
7 futile in reaching out. Is there a way to ease this
8 pain of schizophrenia, to snuff it out, this cycle
9 that never ends? To still the unreal and give peace,
10 give rest to the body and mind. My love doesn't seem
11 to make a difference. Mountains of fears are in my
12 heart, ranging seas on loneliness. True friends are
13 few and varied, not many with real caring. What will
14 happen when I'm gone? Who will be willing to walk my
15 path? Lord, stretch forth your healing hand, help me
16 understand. Give peace, console my mother's heart.
17 Help me cope, show me what to do. Reach out, give me
18 (inaudible) schizophrenia might he healed and ceased
19 by tears. Who will pray when I'm gone for my mother
20 hands are getting old? My mother tears are many.
21 They trickle down my face. I can't stop them. I'm
22 so tired. I cried a million mother tears.

23

24 So that's how I'm feeling dealing with a mental

1 illness with a family member. And my first thing
2 that I want to speak about is the stigma that's
3 associated with mental illness and I think there
4 needs to be a lot of education in this area, because
5 even though we've come a long way and I know there
6 are a lot of things out there better than they were
7 many years ago, the stigma is still there. I hear
8 them. I hear people talking. I hear people saying
9 this. My family never (phonetic) hears it and that
10 don't help the situation any at all.

11
12 And privacy concerns is another thing I think
13 about. Sometimes I think people won't go to get
14 counseling because they feel that you know the people
15 there, I know I've heard it, that it's just a job.
16 There is not a real caring there. I think you almost
17 have to walk in a person's shoes to understand what
18 they're going through. And then when changes are
19 made in the mental illness world, I find that we're
20 not made aware of it very much and the person with
21 the illness don't know if there's any changes that
22 they can take advantage of that would help their
23 situation to be much better than it is.

24

1 And another thing, there's no permanent
2 psychiatrist here. I mean, are we a part of the
3 Province of Newfoundland and Labrador? How many
4 psychiatrists are on the island, and we're the whole
5 of Labrador that are contributing so much to the
6 province politically and financially from all the
7 resources we have here and yet we don't even have a
8 permanent psychiatrist. My family member goes to a
9 general practitioner. So there should be some
10 changes here.

11
12 And also, because I have a family member, housing
13 is a problem. And the problem with housing is if
14 you're going to give your own family member a place
15 to live, rent to him, they will not pay you very much
16 for it. The average rent here now, I don't know, I
17 was speaking to my daughter, I thought she said it is
18 like about a thousand dollars a month. Am I right
19 there anybody? I am.

20 Unidentified Female:

21 About 1200, I'd say.

22 Margaret Parsons:

23 Yeah. Well, anyway, my family member, he is on
24 social services, he has CPP because he's worked a bit

1 in his life when he could. They pay half that to my
2 daughter who's willing to take him in and give him a
3 home to live. And when she applied to even get
4 topped up because I mean that's nothing nowadays.
5 She's paying for the light and heat in there with
6 that as well, and they won't even look at it because,
7 oh, you should look after, it's your job to do that.
8 But if there was somebody with a different
9 disability, I don't think it's looked at the same
10 way. So I think that's really not fair. I think it
11 is really discrimination against the person with a
12 mental illness.

13
14 And also, sometimes they have so many -- they're
15 so depressed I can understand what Denise is saying
16 and I've also gone through depression myself. And
17 sometimes when a family member goes through
18 depression, they're to the point they don't even feel
19 like they want to get out of bed. They're not taking
20 care of themselves physically, they're not taking
21 care of their home physically. So then okay, great,
22 I found out they're willing to supply me with
23 cleaning supplies. I can go in and clean up. You
24 know how much they pay? It will probably take you

1 all day to do it? Forty dollars. You don't do that
2 now. You can't even get a cleaner, say, come in and
3 do that today. I had cleaners come into my home. It
4 certainly cost me more than \$40 to clean a house.

5
6 And another thing that I'm thinking about too,
7 transportation. That's another thing. I understand
8 that in St. John's, where you have a bussing system,
9 people get bus passes, because my family member had
10 lived in St. John's before and he knows about this.
11 But here there's nothing. So the family has to have
12 the wear and tear on their vehicle and I mean I'm
13 getting older now, I'm getting different illnesses.
14 I mean I've got to cart him around. I got to be a
15 taxi driver sometimes and also sometimes I'll just
16 give him my car. But still I don't think that should
17 be. He's treated as an adult when it comes to, oh,
18 because you're an adult your family member can't
19 interfere. You have your rights because you're an
20 adult, so we can't come in on his behalf and say this
21 or that. But when it comes to other things, it seems
22 like it's all reversed.

23
24 And also I think there should be work programs for

1 people. Like, we have the Voisey's Bay and Muskrat
2 going on here. Why can't these people in those
3 organizations or businesses, whatever, I don't know,
4 really, what you would call that, why don't they have
5 anything in place there to help people that with
6 mental illnesses that can work, but work it in so
7 that, like, for instance, the person that I'm
8 speaking of his medication knocks him out till about
9 one in the afternoon, so he certainly couldn't get up
10 early in the morning and go to work, but there should
11 be some kind of programs put there where maybe they
12 could work a few hours in the afternoon. That
13 certainly would boost their self esteem. And because
14 they're just sitting there with nothing to do,
15 they're going into those addictions. They are doing
16 street drugs, they are doing alcohol drinking and
17 everything. I think that with all that's going on in
18 Labrador, from Voisey's Bay to the Muskrat Falls,
19 people should be looked at and be able to take
20 advantage of some, should have some kind of program
21 in place there to help them.

22
23 And the last thing I just wanted to mention, and I
24 was really appalled at this. Now my husband and I

1 are getting old. We're thinking now time to do up a
2 will. So, I consulted the Schizophrenic Society of
3 Newfoundland and Labrador to see how this works. But
4 you know how it works? If you have a child and you
5 leave a will and probably leave him a home, the
6 government says, no, he's got to sell that home and
7 live off of that money until it's all gone and then
8 you go back on social assistance. I think that is
9 very, very unfair. And I think there should be a
10 thing in place that that person can keep the home and
11 he could be then exempt from having to pay property
12 taxes, because he certainly would not have the total
13 amount of income that he would be able to pay taxes.
14 But not only that, it's because of the mental illness
15 themselves they probably wouldn't even think about
16 budgeting for it, because it would be just like
17 (inaudible) for them to do it because of the illness
18 that they have. But I thought that was -- and what
19 do you do? What do you do as a parent with getting
20 older, and you can't even take care of your child
21 after you're gone? So there certainly must be
22 something be able to help them, something put in
23 place to just make things work.

24

1 So, I really, really don't know how to present
2 other than that, except to ask the questions that I
3 face every day and I'm sure there's even things I
4 have forgotten. But I'm at the point right now, like
5 I said, I'm just so tired. And you just think you
6 know what's going to happen when you're gone? Who's
7 going to care? So, anyway, that's my questions. I
8 think there should be more services here. Lacking
9 services which Denise is talking about. I think
10 there should be more services here for people, and I
11 just hope this is not just another report either
12 because so many times you call and you feel so up on
13 top of the mountain sometime when you think, oh, this
14 is going to work but then it turns out that it
15 doesn't. It's just another vicious cycle and it
16 keeps going and going and going. So, I don't know
17 where it's going to end, but. As an older person, I
18 really, really think that these issues should be
19 dealt with and not just forgotten about. That's all
20 I have to say today.

21 Honourable Felix Collins:

22 There might be a question for you, Margaret. Thank
23 you very much for your presentation. And you
24 mentioned at the beginning that you didn't seem to

1 have the confidence to make a presentation. You
2 certainly did a pretty good job, as far as I'm
3 concerned. And the passion and the concerns come
4 through. And you raise some very specific points
5 that I think certainly we can address. And you
6 address specific deficiencies of government programs
7 and whatnot, and I think, certainly, these are things
8 that we need to know about and we need to look at.
9 I'm going to let you stay for a minute in case
10 somebody has some questions.

11 Gerry Rogers:

12 Margaret, thank you very much, and I think your poem
13 really encompasses what so many parents of older
14 children with severe mental health issues live. What
15 they live with their adult children.

16
17 When we were in Corner Brook there were a number
18 of parents from the Schizophrenia Society who
19 presented to us, and they presented, they talked
20 about many of the same issues - what's going to
21 happen when I go or I'm tired. And I think when you
22 described how your adult child is considered an adult
23 when you're trying to get information. A number of
24 parents talked about that. When they wanted to get

1 information from the psychiatrist, when they wanted
2 to know, well, what's happening with my child and
3 what can I do, and yet then the flip side of that is
4 they're not treated as an independent adult in terms
5 of particularly around income support and how housing
6 and poverty is such a key for people to be able to
7 stay stable.

8
9 They also talked about the need for wraparound
10 services to ensure that people are taking their meds
11 or if they're having problems with their meds maybe
12 there needs to be a change. Home care for cleaning.
13 Home care to help people cope. The stories were so
14 similar. And we heard, as well, from parents in St.
15 John's, as well, similar stories, similar concerns.
16 It's definitely I think we have to look at that whole
17 issue of when parents leave their house to an adult
18 child. It makes no sense that they have to sell the
19 house and live off that money until there's none
20 left. And I'm not so sure that that's what has to
21 happen, and I think I'll certainly go back and try
22 and clarify that but that it makes no sense at all.
23 And if it's a policy that truly is that rigid, we
24 have to do something about that. You're not alone

1 and so many parents have told us similar stories.
2 And I can guarantee you that we will bring these
3 concerns to the House. Absolutely.

4 Margaret Parsons:

5 There's just one more thing I just wanted to add, I
6 just thought about it. People with mental illnesses
7 too, what I'm finding, and even in my adult child,
8 they are so very talented. It's unreal.

9 Gerry Rogers:

10 Well, the people, like the services like Stella
11 Burry, when they do the wraparound services and I
12 know that there are some supportive housing here in
13 Happy Valley-Goose Bay but I believe that those are
14 full and that there's waiting lists for that. But
15 all the research has shown now when people have a
16 safe place to live, a safe affordable place to live,
17 when they have a job, whether or not it's in the paid
18 work economy, but a sense of purpose and belonging in
19 our community, and have a community and a friend,
20 that they're able to contribute to society and thrive
21 to the best that they can. And we learn that time
22 and time again when we see some of the programs that
23 we do have in the province.

24

1 Margaret Parsons:

2 Yes, and he feels so worthless because there is
3 nothing there for them but just to stay in this old
4 box.

5 Honourable Felix Collins:

6 One of the things that we are realizing as we go
7 through those consultations that there may be areas
8 where we can act quickly on some of these things.
9 Some of it is going to manifest itself in long term
10 policy arrangements and so on, but there may be
11 immediate things that we can address. And you've
12 mentioned a couple of things there, questions,
13 certainly, that can answered at least very quickly.
14 Kevin?

15 Kevin Pollard:

16 Margaret, I just want to say thank you again for your
17 courage for highlighting the specific challenges and
18 offering some specific solutions as well. Thank you
19 so much for a very powerful poem, certainly indeed.
20 It prompts all of us to give it some serious thought.
21 And I would just like to say thank you again and your
22 voice for others by you being here today I'm sure is
23 a catharsis for you today, but just to speak on
24 behalf of the cross section of the people in this

1 region today. Thank you very much.

2 Honourable Felix Collins:

3 We baby boomers are good people.

4 Margaret Parsons:

5 Yes.

6 Christopher Mitchelmore:

7 You're certainly not alone in what you've stated. I
8 sat at a table in St. John's where parents were
9 dealing with schizophrenia as well with a child. And
10 a lot of things come up around the social
11 determinants of health when it comes to housing, when
12 it comes to income, when it comes to jobs, and you
13 raised some very specific things which is important
14 for us as politicians to hear what are gaps, what are
15 barriers in the system. So this is a big part. And
16 if there is anyone in the room who has something to
17 contribute we do have different ways to outreach in
18 terms of the website, e-mail, telephone number. We
19 want to hear these types of things from all over the
20 province as to how we can improve the system to make
21 sure that people are getting the supports and
22 services that they need. And for sharing your story,
23 you're certainly helping other people who aren't able
24 to be here, as Denise had talked about earlier too,

1 and you're certainly not alone on that.

2 Margaret Parsons:

3 Thank you for listening.

4 Honourable Felix Collins:

5 Thank you very much. Ladies and gentlemen, we're
6 going to have a short break. I understand they have
7 to set some technology for the next presentation. So
8 we're going to have a five-minute break; ten at most.

9 **(Off the Record)**

10 Unidentified Male:

11 (Recording not turned on)... There was some great
12 tragedy was occurring in Davis inlet at the time.
13 The world responded, the country responded, the
14 province responded, okay, let's see what we can do,
15 let's see what we can do to, we need to move this
16 community. The whole physical situation of that
17 island was seen as a great source of frustration. My
18 role was to get involved was to look at the
19 environmental side of the biological and physical
20 effects of the community and what it would mean to
21 relocate it. But I must say there was a great team
22 of very dedicated people at that time. That's 21
23 years ago, 22 years ago, who set up a very
24 comprehensive, a very professional, a very

1 state-of-the-art system of what they call healing
2 measures. It was a program of counseling, therapy
3 and so on. And over, as we move through those two
4 processes we get the permits in place and finally the
5 money started to come and things started to happen.
6 Unfortunately, many years later, as Jim said, the
7 sexy side of what whole relocation, the establishment
8 of the buildings, the putting in the infrastructure,
9 that all moved according to plan. The healing
10 measures, the therapy. For what I saw, I'm frank,
11 unfortunately did not materialize. And I just think,
12 I was into a dialogue with, I was in Natuashish in
13 February helping search for James Poker who
14 unfortunately died out on the ice and so on, and that
15 was bringing up the whole bunch of stories and I
16 found myself talking to the leadership in the
17 community at the time when we said, my goodness, just
18 imagine what could have happened if 21 years ago we
19 had really moved ahead at the same rate those hammers
20 and nails and the bulldozers were doing with that
21 system and healing measures the community was
22 relocated. So again, Jim, I think about temporal
23 elements and, my gosh, if we just get started today
24 we could be that much further ahead. I would hate to

1 think that so many years from now we'll have another
2 panel here listening and hoping to do the best. Just
3 in my short history I've noted that.

4
5 One other story I would like to just bring forward
6 just thinking about this, and I'll draw again great
7 reference to an Innu leader who is no longer with us,
8 and that's Ben Michel. And Ben and I were friends
9 for many years, and I had the great honor of having
10 some very deep chats with him just shortly before he
11 died. And there's one that he told me about that I
12 remember it very vividly. It was during the expo of
13 the Labrador, the Voisey's Bay and Beyond Conference.
14 I think it was 2006, and he was sitting on a bench.
15 It was at the golf course. He was over there by
16 himself and the Lower Churchill Project was coming,
17 and I saw him over sitting by himself and I went over
18 and sat with him. And the crowd was all happening
19 over here and he was in deep thought, as he always
20 liked to be, and we talked about two little points.
21 One he talked about the opportunity for the Innu to
22 move forward, what that would mean for his people,
23 and the opportunity for a partial ownership in that
24 project and financially was that a worth it and so on

1 and he was wrestling in his mind. But what was more
2 important in his thoughts, and I had not forgotten
3 this, I feel I try to do what I can for my community
4 and we have to think about, and these are his words,
5 we have to remember "do not forget those people who
6 are being left behind." And I think about that quote
7 I would say almost every day. And as with Yvonne and
8 her words, people come into my office and I'm talking
9 to people and I find they are very much left behind
10 and I'm not properly equipped, I'm not (inaudible).
11 I don't know who to contact. I found this very
12 useful today. But I listened, I just tried to
13 listen. And I can see that we are leaving a lot of
14 people behind, as we plan these different things.
15 So, we have to figure out how to make mental health,
16 I guess, and its management sexy. Just a couple of
17 observations sitting in the room but I thank you very
18 much.

19 Honourable Felix Collins:

20 Thank you. Anybody else in the audience?

21 Norma Huxter:

22 I would like to say a few words. I'm Norma Huxter.

23 Honourable Felix Collins:

24 Norma?

1 Norma Huxter:

2 Huxter.

3 Honourable Felix Collins:

4 Huxter?

5 Norma Huxter:

6 Yeah. I work with the Innu Nation and have been
7 doing so for a number of years. So, I've seen some
8 shift, some very positive things that are happening
9 but some things that seem to be going backwards. But
10 I have just two points that I'll mention that, my
11 co-worker sent me with a bunch of comments because we
12 were too short staffed at the treatment centre to
13 send a lot of people.

14

15 So, one thing that clients keep coming in and
16 asking for is a trauma-based treatment. So we
17 continuously treat the addiction. We treat the drug,
18 alcohol, the gas sniffing and the whatever it is, but
19 we never treat the trauma. We don't have the
20 facilities. We don't have the resources or the
21 expertise to train the trauma. And that's what
22 people are asking for. We keep treating the symptom
23 but we're not treating the cause. So, there's like
24 one treatment centre out in northern Ontario that we

1 can send people to, and then they come back and
2 there's no aftercare, which is my second point.

3
4 And in talking to the staff at Charles J., which
5 is the family treatment centre, just down over the
6 road, that has very limited beds. That could be
7 really expanded. There's no aftercare. So people go
8 to these treatment centres and then they go home.
9 They go home to the same situation, the same
10 financial stresses, the same family dynamic that
11 wasn't working before, and they're kind of left to
12 sink or swim. And like coming from a healthcare
13 perspective, if someone is diagnosed with diabetes,
14 we don't send them home without a glucometre and test
15 strips and insulin, we make sure they're set up. And
16 then we check in with them and we check their A1C, we
17 check their blood levels, we send them to regular
18 doctor's appointments. But people who go to
19 treatment for something like mental illness or
20 addictions, they're left to their own devices at the
21 end, and I think that the major flaw in the system
22 that kind of really needs to be addressed. Because,
23 yeah, there's services but if there is no
24 follow-through, these services are useless at the end

1 of the day.

2

3 And the other thing that has been brought up, of
4 course, is the cultural component and having services
5 available in the language, especially speaking from
6 the Innu perspective. Language is key and Nympha was
7 right. I was so happy when I saw her get up to
8 speak. Language is key and I don't even go to do a
9 home visit, and I've been kicking around for ten
10 years now, without bringing an interpreter with me,
11 because like language has meaning. And I said to
12 Mr. Pollard earlier, like if I had taken him and
13 dropped him in outpost Labrador in an Innu tent with
14 only Innu people, how long would he survive, not
15 being able to speak the language and all these
16 things? So, to take someone from their community,
17 where their first language is Innu Aimun and put them
18 in an institutionalized white building, how can you
19 function without that connection, without
20 (inaudible). I don't know how we can address that,
21 whether or not it's training for outsiders. We do a
22 lot of cultural training, so we can do our jobs but
23 to sort of try to, when we say we need this big
24 system change, but I really think these leaders need

1 to come within these communities where these skills
2 are developed and we push people to become either
3 counselors or whatever it might be so that they can
4 treat their own people. They don't have to come to
5 someone like me who, yeah, I might be culturally
6 sensitive but I can understand language but I can't
7 speak it. So they need that connection in order to
8 succeed with their sobriety.

9 Honourable Felix Collins:

10 Thank you very much. Somebody else down in the back,
11 I see you had your hand up earlier?

12 Kristen Sellon:

13 My name is Kristen Sellon.

14 Honourable Felix Collins:

15 Kristen?

16 Kristen Sellon:

17 Sellon.

18 Honourable Felix Collins:

19 Kelland?

20 Kristen Sellon:

21 Sellon. S-E-L-L-O-N.

22 Honourable Felix Collins:

23 Sellon.

24

1 Kristen Sellon:

2 I worked for the Sheshatshiu First Nation. I'm the
3 Family Treatment manager, I'm the coordinator of
4 Justice. And I'm wanting to speak to you. I have
5 been very touched by what everyone is saying today
6 and listening, and I'm just going to reiterate what
7 some people are saying. The need for a detox
8 facility in this province, in this part of the
9 province, I'm faced with a situation of a young mom
10 today who has attempted suicide three times in the
11 last month and it is responsibility now of the First
12 Nation to find transportation for her to go to detox
13 in order to get her into a treatment facility.

14

15 I'm not going to sit here and say that our staff
16 are burnt out because my staff are the most resilient
17 people that I've ever worked with. I have had the
18 fortune of being raised in the community of
19 Sheshatshiu, so my children are Innu. And I sit here
20 as a mom of a young man who's struggles with
21 addictions and what are the services that we can give
22 to them? And for some people in this room it's a
23 nine-to-five job, but for those of us that work and
24 live in our communities these are our children.

1 These are brothers, our sisters and our immediate
2 family members that we don't just deal with on a
3 nine-to-five basis. We do our job and then we go
4 home and we see these struggles that our neighbors,
5 our family members are dealing with. So when Nympha
6 was talking about burnout, this is a 24-hour a day
7 state for us. The supportive services need help. We
8 need assistance. We note protocols. We need to know
9 that when we call at four o'clock in the morning
10 because we need help -- there was someone that spoke,
11 Denise spoke today about the RCMP saying, well,
12 they've been threatening this for 20 years, that's a
13 common occurrence, or they're only Innu, we're not
14 going to respond. It's five in the morning, we don't
15 cover the area at that time.

16
17 We have seen so much tragedy in our community that
18 it's a wonder how people are walking around and yet
19 our workers come to work every single day. So
20 there's something to be said for that, the strength
21 and resilience. But I think that the fundamental
22 needs of services closer to this area that we don't
23 have to fly to, if I was living in St. John's or
24 Corner Brook I could walk in and I would receive

1 services. I was told today by mental health and
2 addictions counselor there is an eight-week waiting
3 list for me to get someone into the provincial
4 treatment centre. When someone has a mental health
5 issue or an addictions issue, they don't have eight
6 weeks to wait. They might have eight hours to wait.
7 So the services need to be on this side of the
8 province as well.

9
10 And it's a very personal issue to me. I believe
11 it was 2005, because my daughter was a year old, when
12 I presented to the Human Rights Commission on the
13 rights of a child. And I'm thinking now as a foster
14 parent and as a parent where, really, have we gone.
15 So when Mr. Learning spoke about where have we gone.
16 As a foster parent of two young children, I wonder
17 what are we doing for them and what will we be doing?
18 Will we be in ten years, in twenty years, saying we
19 need this in Labrador?

20
21 But again, I just like to reiterate that the
22 strength of the people of Labrador, the resilience
23 that is our greatest asset, and I felt that that was
24 needed to be said here. Thank you.

1 Honourable Felix Collins:

2 Thank you very much. Do we have anybody else who
3 would want to present today?

4 Gerry Rogers:

5 Also, if people want to speak from where they're
6 sitting, that's totally fine. Or if you have any
7 questions for us or for any of the presenters that
8 would be fine, too.

9 Unidentified Female:

10 (Inaudible). But I just wanted to put it out there,
11 when the list came out for the All-Party Committee, I
12 know certainly for myself as a Labradorian who's
13 active and keeps an eye on these things, (inaudible)
14 other people, there is no one on your All-Party
15 Committee who is a representative of Labrador. So I
16 guess I give you the opportunity to speak to how did
17 that happen?

18 Honourable Felix Collins:

19 I don't know if I can answer that or not. The
20 Committee was set up representative of all parties.
21 They wanted to keep cabinet ministers off as much as
22 possible. And I'm only here because I'm a halftime
23 cabinet minister. But the idea was to get
24 representation from all parties. I don't know if the

1 geography played part in it, quite frankly. It's not
2 a very good answer for you but I really don't know.

3 Unidentified Female:

4 Well, there's how many members? I counted I think it
5 was

6 Honourable Felix Collins:

7 Well, there are three members on this Committee, if I
8 recall.

9 Christopher Mitchelmore:

10 Yeah, there's one member from the NDP, two members
11 from the official opposition, four members from
12 government. With the official opposition, I sit on
13 the All-Party Committee as an alternate. The leader
14 of the official opposition is on the Committee and
15 our Health and Community Services critic are the two
16 members that serve on that Committee. Logistically,
17 and we had a discussion within caucus as to
18 availability and for the meetings in our schedules.
19 So, I had the ability to be able to attend a number
20 of meetings that would come up. So when the leader
21 and our health critic is not available, I can fill
22 that role. And it's not lost on anyone that when it
23 comes to the caucus, when it comes to dialogue we're
24 all bringing this back to all members of the House of

1 Assembly in our respective caucuses and the views of
2 Labrador as well, as all the island and the province,
3 will be represented and will be reflected. I have
4 taken extensive notes and we're all here to listen.

5 Kevin Pollard:

6 I can't answer your question but probably it's a good
7 thing because your Labrador minister is there or your
8 representatives here know this area inside out. Me,
9 I'm educated today. Now you got one more person
10 educated of your issues, you see. So, I'm ashamed to
11 say this is my first time I've ever been in Labrador.
12 I'm proud today. Who took a picture of me when I got
13 off the plane? Bruce, you did. Hey, take a picture
14 of me, first time in Labrador. So for me to be here
15 today, it's super, not only hear the issues but just
16 to experience, I heard the big land. So for me it's
17 an opportunity. So I'm glad I was named rather than
18 say Russell or McGrath which is your representative.
19 So they already know all the issues, I presume. I am
20 sure they do. So for me going back now and my
21 counterparts that's even more of us now to know the
22 issues and aware of your culture. That's my
23 perspective. That's the way I would think. But to
24 answer your question, a thought process, I don't

1 know. I was just appointed as Parliamentary
2 Secretary. I just said yes, why not. I'll go. So
3 that's my honest opinion.

4 Gerry Rogers:

5 I think it's unfortunate in that there's a gap, the
6 fact that there isn't somebody from Labrador on our
7 Committee. I think that we have to acknowledge that.
8 Unfortunately, we don't have an MHA from Labrador in
9 our particular party, so we weren't able to provide
10 that. But I think we have to register your concern
11 that there isn't a member from Labrador on the panel,
12 on the Committee.

13 Honourable Felix Collins:

14 But I think, too, as you pointed out that the purpose
15 of the Committee is to try to get input from all
16 around the province, from one end of the province to
17 the other. And I don't think any thought was given
18 to people from any one particular geographic district
19 than the other. It was a provincial committee,
20 all-party, that will travel all parts of this
21 province and get all the input. It wasn't a matter
22 of having one area represented more so than an
23 another or anything else. I really don't think that
24 entered the discussion. And with all due respect --

1 Unidentified Female:

2 I appreciate and respect certainly, yes, having more
3 advocates from the island who actually can recognize
4 and get it, how uniquely different that Labrador is.
5 I think there's also value to, if there's two other
6 representatives from Labrador, there's Lisa Dempster
7 and Randy, who both know and deal with those small
8 community dilemmas around mental health and
9 addictions. I think that they could have also given
10 an insight or a look at how it looks in rural
11 Newfoundland, how it looks in the rest of
12 Newfoundland, that comparative view.

13

14 So while I think that yes, it wasn't done out of
15 geography, for us in Labrador that's a common thing
16 we hear. That now we have people representing all
17 parties, we have the province represented. Labrador
18 continues to be a part of that province that is
19 grossly underrepresented around numerous tables. So
20 it's part of our due diligence to continue to bring
21 that up so that maybe it will change. Because I
22 think there should have been someone who took a
23 review of the list and went, wow, have we noticed
24 that we don't have not one person who actually is

1 from the mainland part of this province who can speak
2 on this matter when you guys have your debriefs
3 afterwards, which can sometimes be just as valuable
4 as what you hear in communities. So it's just as a
5 point to note. I know there is no real answers to it
6 but I felt it was important to have it noted.

7 Honourable Felix Collins:

8 In response to you too, I think it would be fair to
9 say that certainly people like Randy and Nick and
10 Keith will have input from the Labrador perspective.
11 I'm almost sure they will.

12 Christopher Mitchelmore:

13 And Lisa served on the Labrador Grenfell Health board
14 for a number years in that capacity and has quite a
15 bit of knowledge in that particular field. We talk
16 within our caucuses but I think it's more important
17 that we actually were here on the ground, we're
18 listening to the issues that are here, and like Kevin
19 had said, I think if we have the opportunity to get
20 on the north coast, to get to experience firsthand
21 the issues it's how we can formulate and bring back a
22 whole pile of recommendations. And your point is
23 well taken and I'm glad that it's brought up, and I
24 think that in the future those are certain things

1 that need to be looked at.

2 Honourable Felix Collins:

3 There is no doubt that the issues raised today, from
4 the very first meeting this morning, are a lot of the
5 same issues that have been raised in our other
6 consultation. No doubt about that. But it has a
7 different bent in Labrador, no doubt about that too.
8 If the cultural (inaudible) and whatnot makes it a
9 little a different but the issues of homelessness and
10 treatment and resources and that, they're coming up
11 everywhere we go.

12 Unidentified Female:

13 How long should we expect this report for it to be
14 put together with recommendations? Like the
15 (inaudible) was done two years ago and we're just
16 getting it a couple of months ago.

17 Honourable Felix Collins:

18 I can't respond to that because I don't know how much
19 more work has to be done. There is more
20 consultations have to be done. I know the intent is
21 to do it sooner rather than later, and because it's
22 an all-party committee that increases the pressure to
23 get it done because one party will want to keep the
24 other party's feet to the fire in case they gets --

1 Unidentified Female:

2 You're going back to St. John's now, we're still
3 dealing with people here that are not, like Kristen
4 said, eight-week waiting lists. Like it's got to
5 improve. It's frustrating for us frontline workers
6 when we have clients that are coming in and saying I
7 need help or I'm going to die and you send them to
8 the hospital, when they're telling them eight weeks
9 and meet a counselor once a week.

10 Honourable Felix Collins:

11 And there's certain issues, there's certain things
12 we've come across we can deal with specifics and you
13 can deal with sooner rather than later. Other things
14 are going to take longer to formulate. And, but with
15 regard to when the report will be ready, I only can
16 tell you there's going to be an election in November,
17 so I would assume it would be ready before that.

18 Gerry Rogers:

19 And one of our sessions somebody who works on the
20 frontline said mental health and addictions don't do
21 well on wait lists, and it was just that it is such a
22 clear statement.

23 Christopher Mitchelmore:

24 But I think whatever comes of the recommendations and

1 the report from the Committee, as Minister Kent has
2 stated as past meetings, as well, is that this is not
3 the end of a process and the conversation doesn't
4 stop after the meetings end here today. And if
5 anybody has anything throughout and wants to
6 contribute, there's the BeHeardNL website, the
7 e-mail, the telephone numbers. Call your MHA. Call
8 your Labrador representatives, fill them in and make
9 sure that anything that's put forward is heard. Call
10 us as MHAs. I mean, we're open, we're available,
11 we're accessible. It's an important issue and the
12 conversation is going to evolve, it's going to
13 continue.

14 Honourable Felix Collins:

15 And we realize that it can't all be said and
16 discussed in short sessions such as this. So we need
17 as much information as you can get. That's why, as
18 Chris says, that there's a BeHeard Newfoundland
19 website that we urge you to participate in. If you
20 want to fax in something, write a letter, make a
21 phone call, any information that you got we want to
22 hear it. And we want it to be open, frank, whatever
23 you want to give us.

24

1 Kristen Sellon:

2 (Inaudible) because you are the one that was sitting
3 up there, and the Innu have taken a real initiative
4 with the Innu round table forum and we started
5 collecting our own data because I think that for
6 years it was just feelings that we had and we now
7 have a health information management data collection
8 tool and we're able to prove now that depression is
9 on a steep increase in the Innu communities as well
10 as self-harm. We already have one of the highest
11 suicide rates, but the levels of self-harm and
12 hospitalizations for depression and self-harm. So
13 there are some systemic issues going on, and without
14 the ability to avail of emergency services, we're
15 having high rights of recidivism in the justice
16 system; one of the highest in the province. So I
17 think that there needs to be some real on-the-ground
18 activity that happens to even stop gaps, some of this
19 before it becomes an overwhelming gush that the
20 community workers can't.

21 Honourable Felix Collins:

22 And again, any data like that, that you have, I don't
23 know if we already have it or not, but any data like
24 that you have we would certainly want you to share it

1 with us.

2 Gerry Rogers:

3 And Kristen, is there any analysis of why that
4 increase? Like, it's the increase has been a huge
5 one quickly, hey?

6 Kristen Sellon:

7 There's been a staggering increase in --

8 Gerry Rogers:

9 What's going on?

10 Kristen Sellon:

11 Well, I think we have the community of Natuashish
12 move. That was a systemic tragedy that happened
13 right there, because there wasn't like, someone spoke
14 earlier, the supported services aren't even there
15 yet. We have a high, high turnover rate on staff.
16 So the social services, they're constantly in and
17 out, the teachers are in and out. So there is no one
18 that's really learning the way to work with the
19 community. Everyone wants to work for and at the
20 communities, no one wants to come and work with us.
21 These great developments that are happening in
22 Labrador are causing, the impacts are higher than any
23 benefits that are being received. And then you have
24 two communities, I can't speak for Nunatsiavut, I can

1 only speak for two Innu communities. These are very
2 young communities when you talk about assimilation
3 with nonoriginal culture. Sheshatshiu was only a
4 community since 1952. We still have a generation and
5 Natuashish probably even later in the '60s. We still
6 have a generation of community members that were born
7 on the land and spent their formative years living on
8 the land. So it's just now that we have a generation
9 that was forced to live in the community, that were
10 introduced to alcohol and didn't learn how to parent.
11 So we have this gap and then you have people that are
12 the elders. And even my stepfather, before he died,
13 was born at the rapids and he spent the first ten
14 years of his life in the country. And his children
15 and his grandchildren, we know are working with iPads
16 and iPods and everything is videoconferencing. That
17 was something totally foreign and still is totally
18 foreign to the nature of the Innu culture.

19
20 Just last September/October, end of September, the
21 Chief of Sheshatshiu decided that there needed to be
22 a call to get the community back to the land, and
23 there was a gathering planned at Gull Island which is
24 right in the midst of this Muskrat Falls deal and

1 construction. And when you saw that gathering happen
2 of hundreds of people, people came from Natuashish,
3 Innu people came from Quebec and people got connected
4 again. So there's something to be said about
5 land-based treatment, that when you fight with the
6 government on a regular basis, an annual basis to get
7 funding for it, we fight to get our measures
8 recognized as viable treatment options. But if
9 people could see, and there is going to be a report,
10 I think it's almost finished about that gathering, we
11 just completed a draft safety plan for children for
12 the Innu community of Sheshatshiu. What does safety
13 look like, because it's very different in the minds
14 of the elders and the community members? What deems
15 a child to be safe in the minds of an Innu person
16 versus an (inaudible) person?

17
18 So we're taking these strides but I can certainly,
19 I have physical data that I can send that is numbers,
20 and we're working very closely. We have people, but
21 I think that that's a big thing is just there's still
22 a lot of stigma. I know that my son, and my daughter
23 is ten years old and she doesn't want to be Innu.
24 And she's a visible minority because of the way that

1 people still talk about Innu people. There's still a
2 reluctance of non-aboriginal people to come down and
3 work in our community or to accept the way that we do
4 things. I think that there needs to be a lot more
5 education about culture and about the effects that
6 assimilation has had on aboriginal people. But I
7 will go on that website and I will upload the data
8 that we have for the depression and the self-harm and
9 suicide.

10 Honourable Felix Collins:

11 Thank you. Anybody else? So I want to thank you for
12 the presentations and the discussions this afternoon.
13 The information you provided is most insightful and
14 informative and will be very helpful to the Committee
15 in formulating (inaudible) and in going forward. We
16 got a lot more work to do, a lot more consultation to
17 hold. Tonight here in this hall the All-Party
18 Committee will be post hosting a public dialogue and
19 discussion session, and if you're available come
20 back, by all means come back and join us tonight.

21
22 I want to extend a couple of thanks you for the
23 work so far today. I want to thank the Grenfell
24 Health Authority for all the cooperation and the work

1 they've done. Tony Wakeham down in the back and CEO
2 and Sandy Penney here in front. Mary Sheppard is
3 down in the back, too. They've all been great. And
4 I want to thank the Salvation Army and Brent they've
5 done yeoman's service for us today and will again
6 tonight, I would assume. So thank you so much so
7 much for all your help and support, and it's been a
8 great day in terms of getting information, and if you
9 can join us tonight, by all means do so. Again,
10 thanks very much for coming out.

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