

All-Party Committee on Mental Health and Addictions

Themes from Presentation Sessions

Introduction

The following tables present the themes that emerged from public presentation sessions that took place between May 11, 2015, and August 25, 2015, in Corner Brook, St. John's, Happy Valley-Goose Bay, Grand Falls-Windsor, and Marystown; as well as, presentation sessions held with government representatives and care providers (nurses, physicians, social workers, etc.). The tables indicate the major themes and sub-themes, and are presented in descending order, with the strongest themes and sub-themes presented first. The major themes that emerged were *Improving Access to Services, Improving the Quality of Care, Focusing on the Promotion of Positive Mental Health and the Prevention of Mental Illness, Policy and Programming, and Strengthening Community Supports*.

The following sessions are included in this document:

- May 11, 2015 Corner Brook
- May 22, 2015 St. John's
- June 5, 2015 St. John's
- June 8, 2015 Happy Valley-Goose Bay
- June 23, 2015 Grand Falls-Windsor
- June 26, 2015 St. John's
- July 14, 2015 St. John's
- August 25, 2015 Marystown

In addition to the public presentation sessions, the All-Party Committee hosted public dialogue and discussion sessions in Corner Brook, St. John's, Happy Valley-Goose Bay, Labrador City, Grand Falls-Windsor, and Marystown. Information and input from these sessions can be viewed online at www.BeHeardNL.ca.

Methods

A team of health analytics and evaluation personnel from the Newfoundland and Labrador Centre for Health Information were assembled to review the transcripts from the presentation sessions and identify major themes and sub-themes. To facilitate data analysis, each of the transcripts were reviewed and coded according to a common set of codes, which were developed early on in the review process. The team met regularly to discuss emerging themes and revise the codes, when necessary. For the purposes of determining the strength of a theme, or how frequently it appeared during the consultations, excerpts from the transcripts were imported into a software program where they were coded according to the identified themes. Frequencies were produced for each theme to determine those which were most common.

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Theme 1: Improving Access to Services

Major Theme	Sub-Theme	Description of Sub-Theme	Supporting Comments
Improving Access to Services	Increase Investments in Mental Health Resources	<p>An increased investment is needed in the areas of staffing (including recruitment and retention of specialists) and programming (not enough services are being offered or funding is not consistently in place to support these services).</p> <p>In addition, specific populations (e.g., incarcerated individuals, individuals with autism) were noted as being in need of more specialized services.</p>	<p><i>“We have about five to five-and-a-half percent of our health care budget being proportioned to mental health. I believe the majority of the country is now at seven to eight percent...and the Mental Health Commission of Canada, which is the authority on the issue, says we should be at ten percent.”</i></p> <p><i>“We treat the drug, alcohol, the gas sniffing and the whatever it is, but we never treat the trauma. We don't have the facilities. We don't have the resources or the expertise to treat the trauma. And that's what people are asking for. We keep treating the symptom but we're not treating the cause.”</i></p> <p><i>“There is a need for an inpatient treatment facility for eating disorders in the province.”</i></p> <p><i>“...need to increase our efforts in recruiting our difficult positions.”</i></p> <p><i>“We repeatedly hear of families that cannot access occupational therapy, speech language pathology and have to go outside and get engaged personally with their own finances and they cannot afford to do it.”</i></p>
	Address Wait Times	<p>Wait times for many mental health and addictions services are lengthy, posing a barrier to recovery. There is a need for increased investments in strategies to reduce wait times and facilitate a more efficient referral process.</p>	<p><i>“The wait list for counselling and treatment and methadone maintenance treatment, any type of drug treatment, there is a huge wait list. People can overdose before they're ever going to get in to these treatments.”</i></p> <p><i>“Mental health and addictions don't do well on wait lists.”</i></p> <p><i>“If you went to your doctor and your doctor said ‘I think you got cancer, I can get you in to see somebody in 2017’, you'd be on Open Line next morning. And everybody on Open Line would be flipping out right along with you. If you're told that you seem to be having some problems, you might have depression, you might have an anxiety issue, we'll get you in to see somebody in 2017, everybody expects you to suck it up.”</i></p>

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Major Theme	Sub-Theme	Description of Sub-Theme	Supporting Comments
Improving Access to Services	Ensure Equal Access to Services, Regardless of Region, Language or Ability	A number of barriers to equal access were identified, including physical barriers for those with disabilities (e.g., buildings not being wheelchair accessible), difficulties finding services in one's own language, and the availability of services varying widely by region.	<p><i>"Imagine if French is your first language. Maybe you can get by in English. You're in a crisis situation, you go to the hospital. The translation services are available, for instance, at Health Sciences but only during the regular daytime hours. Then it's the doctor who decides whether or not you get translation services, if they'll call somebody in. It's very, very frustrating trying to be understood and heard in a language that's not your first language."</i></p> <p><i>"How many psychiatrists are on the island, and we're the whole of Labrador that are contributing so much to the province politically and financially from all the resources we have here and yet we don't even have a permanent psychiatrist."</i></p> <p><i>"There are regions in our province where services simply don't exist."</i></p> <p><i>"You have to ensure that you are telling the people of rural Newfoundland [and Labrador] that they are valued just as much as they are in urban."</i></p>
	Increase Awareness of Available Services and the Ability to Navigate Them	Many clients are unaware of the services that exist and become overwhelmed when trying to navigate the mental health and addictions system on their own.	<p><i>"There is a consensus, I believe, just a hunch, that people are desperately navigating a very complex system. And I'm not talking health, mental health/addictions, I'm talking everything. And quite frankly, there is a better way."</i></p> <p><i>"... in CHANNAL's case they actually have peer support workers sitting in the hospital that aren't being utilized."</i></p> <p><i>"And then when changes are made in the mental illness world, I find that we're not made aware of it very much and the person with the illness don't know if there's any changes that they can take advantage of that would help their situation to be much better than it is."</i></p>

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Improving Access to Services	Enhance Coverage for Specialists and Medications	Limited coverage for mental health specialists, as well as restrictions on drug coverage, can limit the treatment options available to clients.	<p><i>“The Federal Government recently increased the coverage for psychological services to \$2,000 per year for federal employees. It was previously \$1,000. In contrast, provincial employees in Newfoundland have the lowest levels of coverage in the country; in particular, Eastern Health has one of the absolute lowest anywhere that we could find.”</i></p> <p><i>“Some of the medications require special authorization, so therefore we find something may work really well in hospital but when we’re getting prepared for discharge, we’re finding that [it’s] no longer covered under their programs. Then we got to switch to something that might not work as well.”</i></p> <p><i>“Medication is so costly...copayment is also costly.”</i></p>

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Theme 2: Improving the Quality of Care

Major Theme	Sub-Theme	Description of Sub-Theme	Supporting Comments
Improving the Quality of Care	Provide Patient-Centred Care	A need exists for health care providers to listen to clients and approach them as people first, each with a unique background, and to make efforts to better understand a client's issues at an individual level. Inclusive, flexible programming is needed that takes into account the unique circumstances and needs of clients living with mental health and addictions issues.	<p><i>"We cannot forget the person behind the illness."</i></p> <p><i>"And in terms of programming barriers, we are dropping people who miss three or more appointments... if I have a significant addiction I'm probably not going to do well with making and keeping appointments, and, so, to drop people is not the answer. The answer is how do we create a service where we're able to connect and reach out to people and serve them in a way that's going to work for them...?"</i></p> <p><i>"We have children fill out things and fill in the blanks, as opposed to listening to them and maybe what might they want to do or what are they good at. 'Do you feel aggressive when you do this, do you feel better when you do this? Yes or no'."</i></p>
	Increase the Education of Health Care Providers	All health care providers should receive adequate and ongoing training to appropriately support and treat clients in a knowledgeable, respectful, and sensitive way. This includes training in social-cultural awareness.	<p><i>"Three days to learn about mental health in medical school is not enough for actually helping people get in through the doors."</i></p> <p><i>"So the reality is most of us have had to learn, one way or the other, how to manage individuals with neurocognitive disorders who have complex neuropsychiatric behavioral-type disturbance...our population is aging rapidly and the prevalence of dementia is going to be a huge burden..."</i></p> <p><i>"There's still a reluctance of non-aboriginal people to come down and work in our community or to accept the way that we do things. I think that there needs to be a lot more education about culture and about the effects that assimilation has had on aboriginal people."</i></p> <p><i>"Access to safe works in hospitals...This should be something that pharmacists should be educated on, that this is part of their responsibility to providing health care to Canadians and drug addicts are citizens. They cannot be refusing to provide needles based on their personal judgements of people who use drugs."</i></p>

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Improving the Quality of Care	Enhance the use of Multi-Disciplinary Teams	Better coordination of care can be achieved by embracing multi-disciplinary teams as an important element of care for clients with mental health and addictions issues. This includes having a full continuum of supports (e.g., social work, justice system, supportive housing, etc.), that are unique to the client's circumstances and that act together for the well-being of the client.	<p><i>"...it is critical to ensure a comprehensive and wholistic continuum of service. One that will respond to all aspects of a person's life. This will ensure communication between the psychiatrist, the physician, the client, caseworker, social worker, et cetera. Services that are based on best practice are linked and coordinated to allow easy movement from one to another for the long term wellbeing of the client; funding for mental health is ensured and there is continued investment in mental health services..."</i></p> <p><i>"We have to find ways to have integrated system planning that allows all of us cross-agency to be able to work together without all the restrictions. I understand we keep confidentiality but there is moments I wonder do we keep confidentiality to the detriment of the work that we are trying to do for the individual who truly needs it."</i></p> <p><i>"We need to take down the silos and work together."</i></p>
	Ensure Appropriate Follow-Up	Appropriate follow-up refers to continuity of care, i.e., clients not being lost to the system once they are discharged, not losing resources such as access to counselling or medical supplies; it also covers transitioning youth to adult programs and facilities, as well as transitioning back to independence after completing rehabilitation or incarceration.	<p><i>"One of the major key things that I think is missing from almost everything in the health care system is that there is nothing really put in place to help people connect in the community when you go back. So, when you take somebody out of whatever situation they are in and you try to give them the services that they need and help them with their recovery, what often happens is you put them back in and they're in the exact same situation as before and then they relapse. So, it's really important that they are making connections out in the community so that when they finish their recovery in the hospital or in the program that they're in, they can take those tools and still apply it to outside in their regular life."</i></p> <p><i>"The big item for young people is what happens to them when they turn 18. So we have an increasing number of young people 18 years old who have huge needs around mental health and addictions being exited to the adult system. And once there, then it's pretty much a coin toss in terms of what kind of supports and services they get..."</i></p> <p><i>"In a majority of the cases involving hospital admission, the patient is discharged from a psychiatric ward with the attending doctor knowing full well that the discharge plan is going to fail."</i></p>

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Improving the Quality of Care	Increase the Use of Technology as a Means of Improving Services	Technology includes the ideas of implementing the electronic health record to improve care, making use of technology to provide care through telehealth services, and taking advantage of electronic means of communication to enhance peer support and networking. The need for a 211 telephone system to provide easy access to information on mental health and addictions services was also identified.	<p><i>"... if you are dealing with a crisis, you're already overwhelmed with what you're going through, how are you supposed to even start to think about how you're going to find help. You're so swamped with everything going on. So 211 is really important...it's like calling 311 for the City..."</i></p> <p><i>"We certainly think that technology and through various telehealth programs there's an opportunity there to fill that gap and to be able to give people the resources they need at their fingertips. Technology solutions can certainly fill these gaps."</i></p> <p><i>"E-peer support..., that notion of using technology to our advantage. So delivering services through online group chats, through Skype, through texting, through e-mail, through telephone service."</i></p>
	Strengthen the Role of Families in the Care of Mental Health and Addictions	Families should be able to be informed, involved and welcomed in the care of their loved one, and viewed as a valuable source of information and support for the client. Health care providers should view the family as part of a team (circle of care) and be prepared and willing to involve them and give them ways they can help support the health of their loved one.	<p><i>"Parents of adult children with complex needs and severe mental health issues...they need to be able to be really involved in any kind of help or treatment that their son or daughter...make sure that input is there so that they can be part of the healing and part of the treatment."</i></p> <p><i>"...[I asked] what tools can we have to bring home? And they looked at me like I had two heads. Like, oh, you want to know how you can help? Well, they would just want you to administer drugs."</i></p> <p><i>"...the longer a patient with a serious mental illness goes untreated, the chances of recovery lessens. It is so upsetting that the majority of clinicians do not make every attempt to have the unwell client involve their family in their care. The approach of health care workers can make or break the very important connection."</i></p> <p><i>"Parents don't have any rights if child with addiction is 16 years old."</i></p>
	Increase Support for Caregivers	Increased supports (e.g., respite care, counseling) are needed for those who are caring for a family member with a mental health or addictions issue.	<p><i>"...loved one is being released from hospital or discharged and they have no, they have no supports in place because they are going home. Or, because they're an adult...the family members or the primary caregiver isn't given any information with regards to medications, side effects, signs and symptoms of relapse. They are not aware of any community organizations that provide services."</i></p> <p><i>"We try to provide the families with the support, but, also they're hesitant to come into the service as well...need to provide them with, because it is a family disease, basically."</i></p>

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Theme 3: Focusing on the Promotion of Positive Mental Health and the Prevention of Mental Illness

Major Theme	Sub-Theme	Description of Sub-Theme	Supporting Comments
Focusing on the Promotion of Positive Mental Health and the Prevention of Mental Illness	Address the Social Determinants of Health	Factors such as housing, employment and income need to be addressed so that individuals have a place of their own and are not living in poverty.	<p><i>“My clients are living a secondhand life. They can't help it, they're sick. They're on income support. They got to sleep on a secondhand mattress. They got to have secondhand clothes...living in poverty and feeling like you're never going to get out of it.”</i></p> <p><i>“We don't have any supportive employment programs. So many of my clients tell me ‘I don't have anything to get out of bed for in the morning’.”</i></p> <p><i>“... housing options that need to meet the needs of an individual that are not standardized or targeted just at families, but that are both supportive and meet the needs of individuals in their own circumstances.”</i></p>
	Support Schools in the Promotion of Positive Mental Health	Schools can take on more of a role in promoting positive mental health and becoming more aware of and involved with mental health issues within the school environment. This theme also includes the importance of embedding mental health professionals within the school system and training educators to recognize mental health issues and to work with students with mental health needs (e.g., autism).	<p><i>“A real hesitancy with the Department of Education, for example, to allow service providers into schools to give the youth what they need there...the outreach workers have wanted to do a lot of work and they've struggled to make those connections, build those relationships between the Department of Education and Health and Community Services and the providers who provide these services.”</i></p> <p><i>“Our public school system could play a big part by introducing mental health curriculum dealing with these issues...I believe this would go a long way in stamping out stigma before it has a chance to cause any more needless suffering. Let it become common practice in the school system to be able to discuss the many aspects of mental health and not be uncomfortable talking about any problems they may be facing at an early age.”</i></p> <p><i>“So what we would like to see is staff, educators, whoever, have the opportunity to take mental health first aid training within the school system, and that includes ASIST training as well.”</i></p>

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Major Theme	Sub-Theme	Description of Sub-Theme	Supporting Comments
Focusing on the Promotion of Positive Mental Health and the Prevention of Mental Illness	Address Stigma through Education and Awareness	Educating individuals and communities about mental health issues to try to eliminate the stigma associated with mental health and addictions.	<p><i>“There is a lot of stigma in small communities when it comes to mental health and addictions issues.”</i></p> <p><i>“Services are available...whether or not they are accessible are two different conversations...if my first experience with your health care, with your hospital, I was faced with stigma, discrimination, judgment, I will not access any of your other 28 programs. So, again, it's that barrier of how do we get past the stigma? How do we move forward in accessing services, if the individual I'm meeting front and centre is not recognizing me as a human and recognizing my rights to dignity?”</i></p>
	Increase the Focus on Early Intervention	A need to work with clients when they are first identified as requiring assistance so that it does not progress to a critical point and the health system does not become overburdened.	<p><i>“We need to be intervening early. It's critical. Emotional-behavioral responses are formed in the early years. They became more resistant to change.”</i></p> <p><i>“We also have quite a number of people for whom if they could receive timely, early intervention for, before things develop into a chronic level...If we can get them 10, 12 sessions early on when symptoms are first presenting or when issues are first emerging, we can prevent them ever needing to be seen within the health care system.”</i></p> <p><i>“... often putting out fires. Instead of, you know, the program is about identifying clients early.”</i></p> <p><i>“Screen all children for autism between 30 and 36 months of age through the public health system.”</i></p>
	Promote Psychological Resilience	Through outreach and proactive education, helping individuals to develop strong coping mechanisms, ideally before problems develop.	<p><i>“Resilience is another topic that's probably not spoken enough about, and we need to talk about it. We need to find ways to strengthen our population, strengthen our children, our families and our communities, so we have a stronger province. We hear about economic resilience. We hear about physical resilience. It is also important to be talking about psychological and emotional resilience.”</i></p> <p><i>“Increasing numbers of teenagers and young adults being referred to our services seem to have no ability to cope with daily life. So we need a better understanding of why and how we're going to address that issue.”</i></p>

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Theme 4: Policy and Programming

Major Theme	Sub-Theme	Description of Sub-Theme	Supporting Comments
Policy and Programming	Apply a Harm Reduction Lens to Policy and Programming in Mental Health and Addictions	A requirement that policy and programming in mental health and addictions be developed and delivered with a focus on harm reduction.	<p><i>"...take into consideration the lifesaving qualities of harm reduction and how it really needs to be implemented right across the board."</i></p> <p><i>"I think we need to address the 'No Smoking' policy and again harm reduction. So, we see a lot of people who will not or cannot access detox services because they want to be able to smoke while they're there. So that is a real barrier. That makes no sense in terms of denying people access to detox facilities."</i></p>
	Apply a Mental Health Lens to all Policy and Programming	A requirement that all new policies and programs be considered within the framework of whether or not they will contribute to, or affect, the mental health of the population.	<p><i>"...mental health lens isn't always there...we have a Chronic Disease Strategy and we're not talking about mental health within that strategy."</i></p> <p><i>"...a central agency similar to the Women's Policy Office that would look at all new legislation from a mental health perspective."</i></p>
	Increase Opportunities for Community Engagement in Policy and Programming for Mental Health and Addictions	Create opportunities for community members, and particularly those with lived experience in mental health and/or addictions to advise on the development of new policies and programming.	<p><i>"One of the big sticklers for a lot of family members is they don't have a voice in the system."</i></p> <p><i>"So there's also a research exchange group involving policymakers, researchers and users and ex-users in the works for beginning in the city...the users and ex-users group could be like a very powerful tool for consultancy for the government and for policymakers in implementing new services. So hopefully that's something, I don't know, that the government could look into possibly funding."</i></p> <p><i>"Reach out to the band and other councils to find out 'what are some of the challenges?'"</i></p>
	Apply a Recovery-Focused Lens to Policy and Programming in Mental Health and Addictions	A requirement that policy and programming in mental health and addictions focus on the potential for recovery, and the client's unique recovery journey.	<p><i>"Continued support and advancement of the recovery approach is certainly how we move forward in this province."</i></p> <p><i>"Think of the recovery model as the...overlay, if you will, that defines all the programming. The recovery model says that a person has to be developed to the maximum of their individual potential to operate in society."</i></p>

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Theme 5: Strengthening Community Supports

Major Theme	Sub-Theme	Description of Sub-Theme	Supporting Comments
Strengthening Community Supports	Build Relationships with Community Partners Offering Mental Health and Addictions Services	Develop working relationships with partners (e.g., non-profits, community groups) who offer community-based services, such as peer support groups, supportive housing programs, etc.	<p><i>"People specifically brought up the community supports that are out there doing a great job. We [government] need to find a way to expand their role and help them in what they do."</i></p> <p><i>"I think there is a real role for peers, a huge role for peers because they've been through this."</i></p> <p><i>"We need to continue to develop and grow programs that build on partnerships, and I touched on DBT, but even the programs around community inclusion and making people feel like they really indeed are part of this community and we need to do that together"</i></p>
	Embed Mental Health and Addictions Services within the Community	The importance of delivering services within the community in which the client lives and works.	<p><i>"I really do believe there is an opportunity to embed people in community where people already have the relationship, have the trust...one of the examples is if we look at how Public Health nurses have been embedded into community centres and what positive outcomes have come from that."</i></p> <p><i>"...need for a radical shift in how services are delivered, and grounding them more in community."</i></p> <p><i>"... need for trauma-informed practice in all areas to go out to community."</i></p>
	Strengthen the Financial Commitment to Community Partners Offering Mental Health and Addictions Programming	Ensure that community groups are funded so that they continue to have the ability to provide services from year to year. This helps to ensure continuity of care for the clients that they serve.	<p><i>"Stabilizing the core funding that is being provided is critical and key."</i></p> <p><i>"Our organization is highly dependent on government funding, despite our efforts at fundraising. So any arbitrary cutbacks do hurt our ability to deliver on our mandate."</i></p>