

Happy Valley-Goose Bay – Question 1:

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

It is very difficult to have the family member find help.

Family member with mental illness and very difficult to find help.

Housing and supports that go with it are essential.

Many people are tagged the same.

Lots of strengths – collaboration.

More mental health workers than in past.

Lack of resources.

Enhanced programs.

How do you help a child who will not seek help?

Is there a self-help group for families of people who have mental illness?

Mental health is high on the radar of politicians.

Supportive house; security of having staffing, i.e. communal

Also, they want these, i.e. want own house - not everyone wants that.

Concern for children and early intervention especially as it relates to Aboriginal children who have experienced trauma.

Most people want to go home but may not have supports to do so.

Labrador is not more complex than other places.

Lot of children in Labrador who go into care and have experienced trauma.

Are they getting the services they require?

Early intervention leads to better results for youth.

Labrador needs an access lens.

Government housing vacant and not being used to address the housing issue.

Concern for remote communities that do not have access to the same supports.

Cannot use cost as an excuse for lack of access for Labradorians.

Disappointed that Labrador not the same as other areas.

Experience a lot of frustration in the coastal communities.

Lot of intergenerational trauma addictions and violence.

Lot of children are taken into care.

Collaboration is good among school board health care and Nunatsiavut.

All services are important. Think we're top loading those services i.e. being referred when maybe they don't need to be. Example: Child, Youth, and Family Services involved.

Lack of resources at community level.

Waiting list is a major concern.

Residential schools removal of children from homes.

Early intervention and diagnosis is important.

Tend to refer a lot to the drop in, top, rather than focusing on drop in and outreach, soup kitchen etc.

Isolation should not be a barrier.

Nunatsiavut Government can work more with provincial government to deliver and offer services.

More supportive counselling.

Important to work with children when they are younger.

Are working closer with the partners Nunatsiavut Government and Labrador Grenfell Health.

Supportive housing - finding they are staying out of correctional system longer when staying there.

Funding for mental health services is lacking in Innu communities.

Families struggling with mental health issues and these issues will be passed on to the children.

Highest suicide rate of all the Regional Health Authorities.

Detox services is a big need in this area of the province.

Referrals to mental health and addictions might not be best option for them as they might need something that is more culturally relevant.

People who go out to services do not access services when they return for aftercare services.

There needs to be changes in the communities. People go out for services but come back to the same situation with overcrowding, violence.

Provincial Government needs to broaden its scope of what happens, i.e. in addition to mental health and addictions.

We need to be putting in more preventative measures instead of being reactive.

Mental health workers are stretched to the maximum.

Mandated services not always effective – example: Child, Youth, and Family Services and Justice. Perhaps won't show.

To make things better: more open discussions at the community level, we work well in a crisis but we go away and do not move ahead with issues.

We need to do more work on cultural healing.

A cultural lens is required when working with mental health clients.

We need to work together in communities.

We need to have the services in our communities instead of sending people away for treatments.

How to improve aftercare supports: proper rehabilitative centre in Labrador that is culturally sensitive and has a comprehensive service with strong long term supports.

Would like to be more involved in finding solutions for mental health in our communities.

Need to change thinking about where to locate services, all services are offered on the island.

Differences in language, culture, trauma compounded by taking them out of the province.

There needs to be consistency in care providers.

Adolescents who have to leave the area to go to the island are traumatized.

Telehealth assessments are available for urgent or emergent situations.

Any statistics on how many people have mental health issues in Labrador?

Any line available in this area for mental health?

Currently - longest time the psychiatrist has been here.

Physicians feel that they are providing psychiatric services.

As a consumer I don't feel that the family physicians provide mental health support.

Disconnect from culture for those children in CYFS care who are placed in homes away from Inuit communities.

Data is not providing a true picture of the mental health numbers as there are a lot of people that do not get seen or try to be seen.

Aftercare programming - people who go to treatment may be reluctant to go there.

How do you access information on statistics on mental health and addictions?

Someone should go visit those clients who are post-treatment.

Does the crisis line offer support to families?

We need a system that is more responsive.

Peer support is very important for individuals and families.

There is a large percentage of the population that does not go to the hospital - we need to put more outreach programs in place.

Need to put in programs that reach out to young children.

Correctional centre - thankful that service providers come in and provide programming to inmates.

Peer support circles are important and they work.

Correctional centre - insufficient funding for Aboriginal liaison officers.

I am concerned about where we are for support services for children.

Happy Valley–Goose Bay – Question 2:

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

An improvement is a permanent psychiatrist.

People do not know how to access information.

Collaborative approaches that are in place work well.

Youth outreach worker located at schools.

Outreach worker can direct children on where they need to go for further services.

Would like to see land based events, rich in cultural food.

Mix of professionals and community people.

We need to do more outreach work instead of the workers being in offices.

Focus on mentoring, positive role mentors.

Peer support is very important.

Youth in Innu communities need to go to outpost.

New counsellors at the community level are working well and they work closely with our organizations.

The collaboration among the various agencies is working well.

Dialogue and having conversations is helpful.

The health and wellness liaison position is working well - we need to put this type of position in place for working with mental illness.

There has been growth with the referral system for youth - crisis brought us there.

Open studio in community for children 8 – 18.

The Community Youth Network open studio captures those children who do not go to school.

Outpost treatment is very important for the Innu to practice the culture with their family.

Nunatsiavut Government does offer some land based treatment programs.

Outpost is expensive and there is no funding designated for this as a program.

Children who participate in outpost are the most healthy and happy.

When people are going out on the land they are totally different people.

It is very expensive.

Outpost is the best intervention instead of sending them to treatment centres.

There are resource people in the community who can run land based program.

ACT teams, lack of in Labrador.

Psychiatrists that we have here - more community minded.

Doctors taught to have a broad scope.

Psychiatry in local area now - not having to send out of Labrador.

Case management meetings re: those living in supportive living.

Good model - ensuring people get the services they need.

Happy Valley-Goose Bay – Question 3:

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

Stigma is still such a big issue.

A real face to be the voice of mental wellness.

No ability to diagnose Fetal Alcohol Spectrum Disorder for adult population.

Need Occupational Therapist in the Labrador region, to assess life skills, teach life skills, and teach skills needed for a job.

Work program for person with mental illness to raise self-esteem.

Barrier of moving to the workforce.

It is important to have mental health workers who are trained to be culturally sensitive.

Need to be engaged in society.

Can implement programs in schools where we provide a circle of support where youth feel safe.

Communities in Schools is an excellent program that is in the western district.

Transportation is a barrier, how to access.

Peer support circle is a good initiative.

Harvesting program in Nain should be expanded to other communities.

General practitioners not making referrals to psychiatrists.

Mental Health Aides are also a good support.

Need to be more consistency in psychiatric services for those who are incarcerated, i.e. maintain same psychiatrist.

We need to educate members of the Aboriginal communities in areas of mental health.

More information around programs and services.

Need more ongoing supports that create healthy living.

We need more trauma informed training - for counsellors, other service providers.

Self-care for service providers.

Lack of housing, unemployment.

Need to have space for youth to go.

Staff needs to be more knowledgeable about intergenerational trauma.

Need to have more collaborative plan across the various government agencies.

More money for training.

The needs of caregivers need to be recognized.

Integrated systems planner invited to come to Labrador.

Navigator - knowing where to go to for services.

We need to break the cycle. Need to have the early Intervention and support.

The education system needs to be more attuned to the needs of youth affected by mental health.

Decolonization.

A wellness centre in the community so that people have a safe place to go to practice their culture.

A gap in the 16 to 18-year-old for support services, housing, food.

18-30 year-old males - need more services.

Example: traumatized, homeless, victims of violence.

More family services to support young mothers, positive role models.

Jordan's Principle of Adults – governments came up it with so that whoever encounters child first is one to fund needs - needs to be put in place for adults.

Happy Valley-Goose Bay – Question 4:

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

Family services needs to be added to Child, Youth, and Family Services.

More money for early intervention, family services before child is removed from the home.

There is a need to make change in the system so that we can respond to individual needs.

Document to explain the services that are available with descriptions.

We tend to work separately as we all have different funding.

There are too many levels of government to navigate.

Service providers are all working in silos - not working together to find solutions.

We need to get back to the basics. Start with housing.

We need to have a place where people can go and feel safe.

Outreach is the way to connect.

The dominant culture that has set up mental health services is focused on the professionals and on numbers (wait lists). We try to put everything through one system, when we could be doing these more cost-effectively through support services.

We need to end homelessness.

Seniors is another area where we need to focus.

Need cultural sensitivity training.

We need stop focusing on individual needs and look at more group focused areas.

Question 4 answers transcribed verbatim from attendees' written notes:

Work programs for people with mental illness, to give them self-worth.

Funding and Education.

Make a commitment to continue discussions following these sessions. In order for continued success these discussions need to be a priority.

Please allow for more "family services" in the Department of Child, Youth, and Family Services; More concentration on early intervention strategies; and a Labrador Rehab/Wellness Centre to support those with mental health challenges.