

St. John's Session – Question 1:

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

System is broken - need to listen to front line people and stop wasting money.

System is not working; family member needed help and felt door was slammed in their face.

Waterford hospital is too old.

Here from a family perspective. Child in hospital and I have concerns with how the system works and I am frustrated with the system.

Working on crisis line and was frustrated having to communicate with callers that wait lists are so long.

Too many people are falling through the cracks I want to support change of the system.

The way the system is set up now you are diagnosed and then prescription given - that is part of the problem quickly administering meds and not looking at the possible chemical imbalance - no education of what the drugs are, how strong they are.

There is more than a prescription to solve the issues being experience - other types of treatments need to be explored.

I have a family member in the system and I keep finding closed doors. I haven't seen any improvements in the system in 10 years.

Only one addictions counsellor at the penitentiary. Have a case load of 140 to 150. Can only do 40 at a time.

Closed box system - when talk to psychiatrist looking into a blank face.

Living with addiction, ADHD, depression since teens - working on GED, has seen psychiatry , family member for support.

There are too many jobs in government. We need to divert provincial government funds into mental health resources.

Frustrations of dealing with doc - not taking into account the experience of individuals seeing family members going through different things.

Coordinate all groups and try to run all groups but can't scratch the service.

In over twenty years of nursing mental health is where I feel the least helpful. There appears to be a revolving door and I want to effect change.

There is a need for education and awareness in the public - it is a tragedy that things have to go public before anything is done or even discussed within society.

Learning much about the mental health system, we have asked for help all along the way. Have asked professionals what tools can the family take home to help our son, professionals will not give the resources to take home to help our son.

Have had negative experiences with the child protection system, mental health system, and judicial system.

House people with mental health and addictions issues - community care homes - funding is an issue - doesn't cover staff or policies attached to the program.

Experience in working in mental health system.

Can't provide the service in community care homes if funding not there. People are chronically ill.

Have had a chance to share input of other departments on need of the deaf community.

There is a missing compassion and violence within the system that people are taught when they enter the system. The people working in the system are not taught compassion for people with a mental illness. The professionals are excluding parents in decisions for their children.

How can we [increase] accessibility to all of province.

Need a plan set up and it needs to be a team approach - years ago medical professionals and those providing care along with family would develop a plan to deal with the issue. Funding has been stripped and as a result what worked of having all parties in the room to solve the problem was diminished.

There is no support for deaf community to access mental health services.

A lot of learning to be done and don't feel it can be done with the old guard in the hospital. Need to teach compassion.

Difficult to get in the Waterford Hospital. Nobody is being supported - everyone is on their own and going in all different directions.

I was very lucky to have support and people who cared about me but the system shouldn't be about luck.

English is like a 2nd language for those in the deaf community.

When there is no space or someone worse than you, you are booted out.

Reference to the primary health care summit and the importance of linking to primary health care.

People needing to see a psychiatrist are only seeing a GP and being sent home.

I have a child with obsessive compulsive disorder. I have been frustrated working through the system. I managed to find others to provide support to us. I had to make sacrifices in my job and career in order to provide support to my child.

We talk a lot about inclusion, but the deaf community is not included at all.

Suicide support.

Lucky enough to get our child help in Ontario, much better system. Parents were included in every decision. Parents taught tools to work with their children so they can bring them home and help.

Putting individuals in homecare who do not have any training to deal with situations and at the same time given a drug to keep the individual under control.

You have to stand up and fight for yourself.

Stigma in the system has been the hardest - the people you turn to in your time of crisis shouldn't be the contributors of stigma.

System is reactive and not proactive.

There's a lot of steps to go through to see a psychiatrist and situations escalate.

Need to go outside the system and talk to community organizations.

I don't suffer from my mental illness I suffer from stigma.

It is hard for deaf people to access services that are only offered in English.

There are not enough nurses per patient.

If we can eliminate the stigma people would feel more supported.

As a parent of a child with a mental health condition, I had great difficulty dealing with teachers and school administrators, many of whom did not understand my child's condition. Many people do not have strong advocates working in their interests.

Here to listen and make things better.

Hard to pay staff in community care homes 11 dollars an hour when people are aggressive.

Deaf community is not well represented because it is hard to access the services.

Youth workers create more work for the parents.

Staffing and funding is a big issue in community care home. Homes only get \$63/day to provide care for an individual.

Should look at how it's working in other provinces successfully.

When the School for the Deaf closed students were mainstreamed and a lot of support and services were needed but there is no support or services for deaf kids with mental health issues, no deaf mental health education.

The Waterford institute still has chains on walls - need to renovate or build new one to have the comforts of home.

The system is inadequate.

Needs to be an integrated approach that does not erode the responsibilities of staff.

As a community care owner, doing the work of 2 people. Worry about balancing the budget and working on the floor.

Discussion on how to support families and guardianship to help families through difficult time.

Anxiety: hard to know where to get help.

No one place.

Issues of stigma talking to family doctor.

Lack of family support.

Families need support too.

Housing issues barriers.

Two years to get housing, need a diagnosis = stigma.

Trying to please families, case managers and everyone else.

Another example is related to the living skills program a wellbeing program is offered in many provinces (BC has 8) NL has none.

Not good experience with the crisis line - suicidal child first thing they do is call the police, then child gets put back in the system.

When you hit 18 things change.

Problem with kids getting mixed up in youth corrections.

Commend the professionalism of people at the Waterford - even though the structure is outdated.

You should not have to leave the system if you are not ready to leave.

Wellbeing program started in 1990 and still isn't here in NL; people are leaving the province to seek support because BC and other provinces provide much more support for deaf people.

You can only stay in the system if you are in crisis or suicidal.

Number of friends in the system. Family have had trouble navigating there is a gap in picking up on mental illness in seniors.

Why do you have to wait until someone is deteriorating under the act and take action to prevent suicide or homicide? Why wait until you have to act under the Mental Health Care and Treatment act when it's almost too late?

I have gone to many meetings with teachers and educational psychologists regarding my child's mental health condition and felt quite intimidated.

Kids get caught up in system.

APC need to really look at the infrastructure.

Ask yourself would you want your child there or family member.

Other provinces have lots of funding and many programs, NL has just one program and just one person providing services (employment).

Care plans for seniors often don't include proper supports for mental illness.

Team support needs to include workers and family.

When picked child up from Waterford, parent picked her up in parking lot....no one spoke to the parent. When picked up person had bruises under her arms. When asked mother was told the workers did that to child which wasn't the worst thing, someone in the middle of the night (a doctor) made the decision that child was a danger to themselves but still sent home with parents with no support.

Services in NL are only in the Avalon area, no support outside of Avalon, no funding for outreach (travel, interpreter, time).

Important to talk to people about their concerns and help people on their level.

As a parent of a child with a mental health condition, I have been asked by parents of other children to help them understand how to deal with their child's condition. Along with some other parents, we created an informal parent support group.

People should be able get residential help whether they have an addiction or not. It seems you need an addiction to get residential care.

Waterford is filled with mice.

Important to help people in crisis.

Fine line to separate patient from family to ensure that there is not a dependency on the family and that the patient is able to heal independently.

Information going from the bottom to the top and then trickles back down, very diluted by the time it makes its way through the system.

Mental Health Care and Treatment act concerns around decertification and how individuals are decertified and falling through the cracks because psychiatrist believes they are competent but the individual is still very unwell.

It can be very difficult for children with mental health conditions to transition to adulthood.

Funding to help the deaf community comes from AES, but the budget is so small, others get much more.

It would have made a difference if someone just took the time.

Need to look at individuals as a whole not just mentally but physically mentally, socially and their soul.

Need to look at what causes it was it traumatic experience.

Need peer groups counseling not just psychiatrists.

A diagnosis takes too long.

Mobile crisis response team was recently expanded to 7 days a week, 12 hours a day - this is a good band aid but need a long term solution.

The system is not made for adult children at home; it's made for 16 or 17 year olds who for some reason are sent out of the home. Not built for parents who have adult children at home, someone has to be home with our child all the time. System not made for this.

LGBT get 240,000 for awareness training and the deaf community gets just 104,000 to offer employment services for the whole province.

Lack of psychiatrists here.

Housing is a huge issue - hard to house people in homes that are suitable.

Once they have a mental illness we find their friends do as well, seems like a feeding frenzy on social media.

Need weekly discussion with everyone involved in the treatment of the individuals - cannot just physically treat individuals with drugs.

Concern raised about psychiatrist not understanding the ACT fully to use it effectively.

A diagnosis should not take so long - people getting diagnosed in mid-late adulthood.

Bed sitting rooms are not the right solution. Meals would be a cheese whiz sandwich, potato chips, pop.

The Pottle Centre is also not well recognized, they do very good work to help support people with mental health issues, but deaf people find it hard to participate because their culture and language are different.

Things get better when you get a diagnosis.

I grew up with a mental health condition. It was very frustrating and angry trying different treatments and methods to deal with my condition, only to meet with no success. Once I became a teenager, my mental health condition was made further complicated by the challenges of the teen years.

3-6 months waitlist for counselling.

Caretakers need support to support others.

Tried to get help thru Friendship Centre - write-up stayed in a file? Some family support that is available don't know enough about it.

People not aware of family support that is available and reluctance to access what is there.

Housing is a big issue in an oil economy = biggest hurdle.

Income support is inadequate - hard to break through the hurdles.

What do you do with kids who are in limbo....waiting for psych assessment...not equipped as a mental health facility...Whitbourne for example, you can be there for a long time waiting for service...a secure facility.

Wait times for younger youth are too long - 8 months for crisis.

Deaf community needs their own resources for support related to mental health and isolation, very hard to rely on mainstream services.

Unless you have a supportive family member, it is impossible for inmates to find suitable housing. Impossible to make housing arrangements while in the penitentiary.

The pressures of youth have intensified due to social media.

Difficulty with RNC to go on case manager's recommendation to bring in client. Belief that RNC don't understand the ACT fully and they will only take direction from psychiatrists.

Child made threatening notices on computer...father called eastern health and was told it wasn't their job due to child's age, call police, police said father breached privacy and told them to call CYFS.

Guidance counselors are dealing with crisis management and not focused on prevention which is where the focus should be.

Deaf community doesn't need space or capital investment, we just need resources to help bring us together and offer services for the deaf.

Get out of the penitentiary, going to bed sitting rooms, people are using makes it almost impossible for inmates when they get out.

Where justice and health intersect.

My mental health condition led me to have to leave home while a teenager. I had to seek shelter through a community group and mental health institutions. This did put me in contact with a fantastic psychiatrist who has helped me with my condition. It seems like I only came into contact with that psychiatrist by sheer luck, which is unfortunate.

Once 14 not allowed doing anything - you are responsible but we can't do anything...parents get blamed.

As a nurse in the realm of mental health it's the first time I felt inadequate. You knew the people you were referring people to services were not going to get the support they needed.

Deaf community hangs out at the mall because it is a place to go and meet and speak.

Not all about the health system but how all systems (and government depts.) connect together to support people (income, housing, etc).

Duplication in government depts. Government creates silos and compartmentalizes things, different budgets - holistic and coordinated approach needed.

Need a pre-service training for teachers to help them identify issues within school system.

Paradise program voluntary.....system is flawed for youth.

Start clinic is waste of time - short term fix. Short stay is of no help. Then two year wait list to see psychiatrist.

Younger children tend to get much more support but once they reach 14 there is no support whatsoever.

CMHA justice program is a really good program. Would be great if a program like that could be expanded. Develop relationships and make plans with them on their release and make all appointments for them.

As a parent trying to deal with a child with mental health issues, I tried to avoid contact with social services/social workers as much as possible. I also tried to keep my child out of the hospital system as I did not think that would be conducive to helping my child.

There are seniors groups that meet and provide support, especially for isolated people, but we can't provide translation for the deaf because we have no money

Dealing with CYFS very difficult - they just tell us to do parenting courses.

First 24 hours after inmates are released is the most critical. Being in the penitentiary almost offers a place of belonging.

Some of the only services for deaf people (related to mental health) are private and many cannot afford them.

Family docs have no knowledge of how to get help. Clients having to arrange out of province themselves.

Not always a safe place for inmates to go when released.

Deaf people have to rely on the mainstream services, but there are challenges given the language barrier.

My child had a copy of human rights printed and over his bed. My thoughts are that the psychiatrists and staff were worried about infringing on their rights and doing something wrong which means child didn't get all the help he needed.

Dealing with mental health conditions within a family unit can cause great stress for the family members, and particularly for other children of the family.

Kids from island get to court faster than kids from Labrador.

Prevention, identification.

There is a need to reduce ratio of guidance counselor to student it was 1:1000 then went to 1:500. Ideal situation is 1:250.

There are some very good programs but there are still many issues to be addressed.

A lot of success with people who utilize the CMHA justice program.

14 month wait for psychiatry - why do people have to wait that long in St. Johns, 500 people on a waitlist - some people have family that can advocate what about those who don't have an advocate.

Need follow-up - someone to check up on people.

A lot of people don't have support.

Family members as advocates.

Continuous cycle of not getting the real support families need.

Many provinces have community support workers for deaf people, they really help when you are dealing with a lot of people who are isolated and cut off.

NL doesn't provide any community support services and it would only need 1-2 people.

Volunteer says she started getting calls at home from people needing help.....because there is no place else to go.

My mother had a mental illness but did not involve me at all. There was no one to talk to. A lot of fear but no one would help.

Have a female who was incarcerated and the female wasn't taking medication and she couldn't stay in the community care home.

Many connections had to be made before getting to the right people. Several visits to start clinic before finally getting to Waterford to be admitted.

It is unfortunate that a person has to be in a total crisis before help is available.

There is nowhere to go.

It's been 8 years and I still feel like my son is in a crisis situation.

If they refuse help, I don't know what to do, I cannot leave the house.

Community support workers could work province wide by using video/ telehealth.

The onus is on the guidance counselor to identify issues but they do not see all the children in the school system. If training was developed and delivered for teachers this would improve this because the other teachers in the school see all kids regularly and more than a guidance counsellor.

Sibling was about to overdose on medications and someone unknown from online reported it to RNC. It was a big shock to family.

People with mental illness released from prison are left completely on their own.

Long waitlists for psychiatrist.

There needs to be a place for those with mental health and addictions issues, a different place for severe mental illness.

I have had to use temporary shelters because my mental health condition has sometimes made it impossible for me to live at home.

Kids with mental health problems should not be sent to Whitbourne - not equipped to deal with it.

Rotating guidance counselors is an issue. If guidance counselor is shared between schools they may not even be in the school when an issue that needs attention happens.

Rooming at Waterford should have more specialized rooms - all in room together so some go to extremes to get out of that room.

LGBTQ issues - people face a double stigma - mental health groups stigmatize them because of gender identity and gender groups stigmatize against mental health issues. People from LGBTQ are much more likely to face suicide.

More recognition now than ever.

Need to get better at communicating with each other.

End stigma - talk about it – people with lived experience sharing.

MUN minds.

"No one brings a casserole" - effective campaign.

Treat like any other health issues, no different and some links like with anxiety and heart disease.

25 years ago people were treated like families. Everything is on a business level. Too many policies. Everything is about business.

Need to teach students about mental health - we have physical activity in the system but not mental.

However the first thing cut when funding reduces is physical activity.

From a Family Physician perspective - trying to follow up with a patient who was referred to the Waterford, but was told he wasn't allowed to see him, could not follow up to see how his patient was doing even though he referred him. Message was we don't want you as part of the team even though you are the family physician. Needs to be more collaboration.

Layers of stigma when people have mental illness and other diversity issues.

Budget for art supplies at Waterford is \$300 and wood working is cancelled. How to pursue a hobby?

Eastern health are always trying to fix things are not broken.

It is easy to talk about prevention - but what do you do with those that have not received the prevention.

People brought in Waterford to be medicated and get them out when they are not ready.

Francophone students face issues but are not able to find anyone who speaks French who can help them. French speaking Canadians lack support.

Medications changed too quickly. There is a process for that.

Safe and affordable housing is an issue. Why treat if they have nowhere to live?

Short stay is blocked.

If you have a mental health system and people working in the system don't know the difference between access 1 or access 2 that is a concern.

Eastern Health doesn't recognize access 2 disorders.

Housing is San Francisco good model with no medication but tranquilizers if requested. Not for everyone but helpful for some and they had no suicides for 10 years. Safe houses. Called Soteria by Loren Mosher.

Mad in America by Robin Whitaker.

Depending on what area you work in people don't have a copy of the DSM.

How do you communicate what illness you are up against if you don't acknowledge a person's illness?

Usually talk more about symptoms than illnesses.

Some have had to push and self-advocate to get to where they are (getting better) but what about those who cannot do the same?

Some have had such a terrible experience at the Waterford they would rather commit suicide than go back.

There's a housing crunch yet community care homes are closing.

Community care homes have been used for 50 years. Nobody is putting enough attention on community care homes.

There's an overall lack of communication about what services are available.

Everyone acts differently to drugs and this has to be considered.

Those who refuse meds are violently subdued and forced meds that they do not agree with or want. Not everyone wants to be medicated. Some will never go back and this is why they encounter the law because they will never go back - would rather commit suicide. This group is growing.

A lot of sick people coming out of hospitals - people are not being kept in until they are well.

Why does Ontario get such great services?

Keep them in the waiting room with their caregiver and people get 'sick' of waiting and decide they want to go home.

Recently turned down by the Waterford for someone who is violent and abusive.

Homeopathic alternatives not supported by doctors but this can work for some. There are other alternatives - we need to think holistically.

Two years to get to where you need to be.

Ontario has human rights policy that protects people.

Cigarettes should be allowed as clients are going through enough with severe psychosis, etc - some should be allowed to smoke. One thing at a time.

I had great difficulty in the school system as a child with a mental health condition.

At Waterford they are so congested with such extremes in client care/need and nurses are run ragged. Some clients are on 24 hour watch and this is too much for them.

We need system navigators who are also easy to access.

We need to upscale physician services. Not just knowledge but they are not billed appropriately for psychiatric care.

People just don't know where to refer.

If we bring Labrador into the picture the picture is even worse. There are no mental health beds in Labrador.

In Labrador situation of a 10 year old in ward with adults and on 24 hour watch.

Stories of people going to emergency room for mental health crisis and sent home after hours and hours of waiting because their issue is not considered crisis vs broken bones, etc.

Once discharged from Waterford, where to go? Then starting at square one. Someone discharged with no discharge plan in place - no connection with community services at all. Cannot get attention until someone says they are going to commit suicide.

The Waterford is a scary place - many are afraid they will end up an involuntary patient and lose their rights.

Waterford is depressing.

Family history of mental illness - large family - sibling frequently taken to hospital in police care = stigma , people looked down.

FoneMed has client base in the US that can utilize an app called Mood Matters - self screening tools that can be downloaded & links directly to FoneMed call center in NL. This is available throughout the US.

Advocates at the table say they are supporting people in the community because there are no supports in place for them.

They are not professionals but they have professionals referring to them

St. John's Session – Question 2:

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

There are some very good psychiatrists working in the system. I have been in the Waterford Hospital which was not a pleasant experience, but was effective in helping me deal with my condition. The Waterford Hospital staff does deal effectively with persons with mental health conditions.

The Waterford Hospital is stifling and cramped but was a good place to heal. The care was exemplary - the nurses were friendly and the doctors knew what they were doing.

Nothing.

Nothing for the hearing impaired and deaf community.

NLHC social housing social worker very helpful - checked in to see how we were doing. Checked in when we moved in - tenant relation officer.

There are really good people in the system they go above what they have to do.

Really good team work in the ER dept.

Dedicated staff.

Professionals that individuals are dealing with are very good people - they have a good heart the issue is the resources and parameters in which they have to work with

The Waterford Hospital does what it is supposed to do - it helps people gain perspective. The environment is not welcoming, but it is hospitable. However, it was frustrating at the time and it was only when I got out that I truly recognized the value of it. I do not want to go back but the treatment I received there was quite helpful. It was frustrating, however, when I felt ready to leave but the staff wished to keep me longer.

One of the strongest assets in the mental health care system is the people who work in it. 90 per cent of people want to do well by the people they are working with.

The deaf community has been ignored even though there have lots of meeting with government departments.

Support crisis lines available.

Most of the programs are working well - just don't have the resources to accommodate everyone who needs them.

The Psychiatric Assessment Unit (PAU) is an excellent resource. It would be very helpful if this were available outside St. John's.

People are no longer afraid to speak out about mental health - the stigma is lessened.

There are some programs that are good in Eastern Health, if you can get in them....wait list is high.....day program with eastern health -best use of money... 6 weeks Monday - Friday to sit and talk to people to get you back on your feet, do some activities, get into the routine of getting up in the morning, safe environment. Brought me to a whole new world and helped me get back on my feet once released from Waterford. Trauma Program is also very good but very high wait list - Survivors Group – another.

When you are in a crisis to have services that are there immediately for you are so important.

There are no mental health workers of any type really that can sign.

Heard positive things about the trauma program - long waitlist though.

More dialogue like this - walls of stigma breaking down, more conversations.

Income support system is screwed up, waiting on phone calls, insensitive re family situations - assumes a mother & son were a married couple - degrading attitudes.

Not for profit community agencies are doing great work with limited resources.

It is even more isolating when you are hearing impaired.

People are reaching out for help more than they did in the past.

Stark Clinic and Taming Dragons are great resources for persons with mental health conditions and their families.

Once you can get in the door and connect with the right people, things do come together but it's difficult to find the right people.

Within the school posted sticky notes throughout the school with positive messages.

Peer support movement is slow going but it is going so well.

Stella Burry has a great program at Emmanuel House - people are given an opportunity to turn their lives around. Start program at St. Clare's is an excellent program as well.

DBT Program at the Janeway was a fabulous program.

Advocacy groups are doing good work at raising awareness and trying to address issues.

We are offering one-to-one support in groups and at the hospital for a few hours a week. It's a drop in the bucket but with government support it is making a difference.

As a nurse who has worked in mental health this is the most frustrating areas in nursing, there are few things that are working well.

DBT Program very good for self-harm. Some programs out in the community are also very good but they are expensive.

Movement to have peer support within the system is so helpful and promising.

Those passionate about the topic are all working towards the same positive goal - which is a good thing.

The Janeway programs, resources available at Southcott Hall, and Adolescent House are incredible to work with. There are some excellent people working in the system.

Big recommendation - offer training to families - very costly to have them in hospital - offer training to parents so we can care for our children at home.

Clients with mental illness have very few services; inpatient is chaotic, very little in the community.

Assist Program very good.

Mental health is not like diabetes, very different for each person, can't be put in a box.

There have been positive changes guidance counselor ratio 1:1000 to 1:500 was a positive change.

Identifying issues better.

Individuals are not as resistant when individuals. [sic]

A lot more services available - but still an issue with accessing.

ACT team is great, but not enough.

Assist Program - while helping my child with this program I'm helping myself by asking the questions to myself when I feel suicidal.

There are excellent community resources/groups/associations that have great networks for support and information.

There are pockets doing good work.

We are talking how great is that, lots of media coverage, 1 in 5 people affected.

Under 30 population - at MUN more grass roots initiatives, peer support, communications, new technologies to reach people. Like twitter.

Geriatric day hospital at the Miller Centre - 2 days a week, very good program, nurses do magic, the professionals are like saints.

Case manager and mental health nurses work well, but we need more of them.

Some community associations, such as the Tourette's Association, engage and bring children into the support network at an early age, which is very important.

The Luther Inquiry resulted in some major changes such as case managers which are so helpful. The case manager role is so important but we need ability to work effectively in that role is limited.

We need more teams of mental health workers in the community.

Staff are passionate which is positive.

Deaf people just come to the Avalon, don't bother to try and get services near their community.

Nurses at Waterford hospital are very compassionate.

Some community resources are offered for family members who are dealing with mental health issues and this was very helpful to inform me as to how I can support my loved ones with their mental health conditions.

Deaf people are labeled, and people do not consider the whole person and the multiple issues they might have, like mental health.

Families are a huge support to their loved ones in the system.

I participated in various parenting courses and other programs offered by community organizations. These resources helped me figure out how to help myself, so that I could help my child.

We can learn from bigger centers where they have services tailored to the deaf and blind community.

A staff member and family member sitting at the same table here tonight are working together which is so helpful and monumental to the care of the 'child'.

Hearing impaired people need one-on-one because deaf people feel different and isolated because of the language barrier.

There are a lot of good professionals in the system - but so many people need the help that have limited or cannot get the help when needed.

Since seeing the Neuro Psychologist we now feel hope that our child can be helped. We were always told that they would have condition for the rest of their life.

The Start program is a very good program.

Transitional issues when someone turns 18 - can't access Start?

Strongest Family sounds really promising - telephone teaching parenting - this program has been very promising.

Thank god for parents.

Health professionals need to be trained to better understand deaf people, to understand their needs, they do not know how to sign and they do not have the training they need to properly service deaf community.

Strongest Families for young children up to 17.

There needs to be funding to train health professionals to deal with the deaf community.

There is a clinic in BC where people could get clean needles and there was another level in the build for detox and rehab all in the same building.

Better promotion now of crisis line (one person didn't find it helpful though)

Combining harm reduction services with treatment so that people can go to one place for many services.

Budgetary reductions in some areas will help free up resources for mental health supports.

People on social services should be able to avail of private services, particularly services for the deaf (community).

It is not fair that deaf people can't avail of public services because providers are not trained, but there is no funding for deaf people to go to private service that is available.

Many community groups do fantastic work. Youth treatment centers are now up and running in the province so we can now help support some of these youth within the province rather than having to send them all out of province for treatment.

Recovery center is always booked.

Expansion of the mobile community response teams is a positive move.

Some things in the education system are working well. There is a district school near the Arts and Culture Centre which helps children transition back to regular school. This district school and the Murphy Centre are fantastic.

The Murphy Centre has great staff that are always willing to listen. Unlike the regular school system, staff at the Centre are knowledgeable and open-minded. They never brushed aside any of the concerns I raised and they went out of their way to find answers when needed.

Colleen Simms' (Eastern Health) vision for driving system change over past number of years.

Memorial Minds - support group on campus.

Various other options besides doctors people don't know about this (SWS, nurses, etc) peer support - not everyone needs a psychiatrist.

Central intakes for adults and children.

There have been improvements over the year - can see improvements in RNC.

Justice program CMHA – doing good work.

Think Twice is another.

ASSIST – Facebook page for trainers.....NL chapter of the assist program.

Mental Health First Aid another program that is working really well.

Everyone working in front line should be trained in MHFA. (Mental Health First Aid)

AES, RNC there are good people but they are burning out.

Treatment Centre in Grand Falls is working well.

Social Workers for intake at Waterford are good.

AES Liaison Social Workers are good but nobody knows about them.

There needs to be more flexibility in accessing psychologists - it is difficult to switch if you are having difficulty.

Eastern Health Go To line is an improvement.

There are people with mental illness living in the community with case management vs having to institutionalize them.

St. John's Session – Question 3:

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

The demand for the work of professionalism is unrealistic.

There used to be gaps in the system but now they are craters.

Some of the people working in the mental health system are nice, but not very helpful.

Wait lists to access resources are too long.

Full integrated model where individuals go - individuals get what they need when they need it.

Need for individuals to feel empowered to try things they think will help them - has to be a broader approach but if not covered by medical or MCP people cannot avail or try this on many occasions.

Need more education, sensitivity training.

Drug education in schools.

Need to talk about the holistic approach not just the medical component.

Many of the courses offered for parents are good but do not provide supports for dealing with children's specific issues.

Need to build better connections.

Better to advertise the services available.

Training from all aspects and time for training is needed.

Psychologists.

Need to give a sense of hope and community.

Need for professional development in school system.

NL underspends in mental health services.

Mandatory recovery training for all staff.

Need supports for people with mental illness to get and keep employment.

Home support - people are better off at home than institution. Could be possible if enough supports put in the home.

Get rid of code 58 housing need a community based housing with supervision.

Need to look at readmission rates.

Code 58 is home and board lodging.

Training provided in another province has provided us with tools to keep her home but these tools need to be provided here.

Housing is a major issue - without a home/house to go to causes poor mental health.

No regulation for code 58 housing.

Family supports and housing is necessary.

New policies for community care homes are too difficult.

IQ under 70 is not a dropping point.

Mental illness is a lot different than other disabilities; programs do not work for those with mental illness.

A home, a job and a friend works.

Social workers are behind desks why is there such a long waitlist?

Need NPs that specialize in mental health?

Can help with shortage of family docs.

Need better access to meds - NLPDP (can't access certain meds when turn 18 have to switch to Ritalin), can only give 1 month supply for mental health reasons, BP can get 3 month supply - NLPDP policies need to be looked at - problem if someone travels out of province more than 1 month.

Peer support by way of a warm line for people who just want to reach out for support.

The respite here we received through an agency was more of a hindrance - they would tell us when we were allowed to go out to get free time - had to go from 2-4 tomorrow. This was more trouble so we gave up the respite with the outside agency.

CHANNAL has about 130 calls a month now but they need to build the infrastructure to maintain this growing need for peer support via phone.

Money is put into Waterford, welfare and to control and manage issues for people, but this does not solve issues in the long run.

Set up a mental health service for the deaf in NL.

1-800 number warm line to support individual and families.

It is far too difficult to find resources. Improvements need to be made to help people navigate the "system" to know where to find various resources. People need help pointing them in the right direction.

Hoping that where the new prison is officially on hold that there will be more resources put in place in the existing building.

Needs to be a cultural shift within the Waterford and the rest of the health care system when dealing with mentally ill patients - violence seems to be used a lot with mentally ill patients in the hospital - need to be taught compassion and treat these patients like human beings.

Individuals need to get the supports when they need it and no wait times for housing.

Improvements need to be made at the point of first contact with the mental health system. Many people dealing with mental health issues are not living very well and may not have access to computers, financial resources, or otherwise.

Mental health care act needs to be properly implemented, and coordination of the communication of professionals working within the ACT.

It is very hard for deaf people to communicate issues related to mental health, anger, depression, even with a translator.

Penitentiary is a horrible place in terms of mental health - there is a mental health committee that meets once a month that is struggling to get things in place like a piece of exercise equipment in segregation.

Education, sensitive training, staff need to be trained better. Within the hospital they are producing trauma in the hospital and then the patients need to deal with the trauma when they get home.

Segregation is doing a great injustice to inmates' mental health.

You need services that are actually tailored to deaf people, so that their issues can be clearly understood.

People without strong advocates for them in the school system suffer. Supports in the school system are better at the earlier grade levels but not as good in the higher levels.

Code 58 housing is not money well spent -- money is thrown out.

Social determinants of health are key.

Deaf people are isolated and that can lead to a lot of anger, but there is not enough to help with this.

Staff needs to change, however staff are focused on the new building and feel they won't change until moving into new building. Culture needs to change no matter what building they are in.

Reform of the Mental Health Care and Treatment act. CMHA - making it happen program, Ontario has been doing this since 2010. Its family focused and we need to follow this approach. Their approach says family is very important and must be included in their care. Everyone works together.

People need purpose - everyone needs a home, job and friends. Need to find some way to give our children this purpose.

Improvements need to be made to create continuity in the school system for supports for children with mental health issues. Transitions from one school to another are difficult and support workers lack background and history related to a specific child's mental health issues.

Without training the deaf community is left alone to deal with issues.

Only one addictions counsellor at penitentiary - Decades of Darkness Report - not all recommendations have been implemented.

There are so many rules and regulations in place that it sometimes limits the supports to be provided when needed.

Gender sensitive mental health care training.

Need two facilitators at penitentiary.

Rules keep people in the places they are. eg: social assistance, mental institution.

Deaf community is left to deal with issues with no support or training

Communication among staff – Mental Health Care and Treatment Act example. Nurse or case manager has difficulty speaking to psychiatrist.

While it is good to encourage inclusion in the school system, some children need alternative schooling arrangements, even if only for a short period if that is adequate.

Need a new Waterford hospital - most important thing you can do to help mental health. Need more supportive programs - people need follow up services - smaller waitlists.

A service designed for employment support is the only outlet for deaf people, it's not right; it's the only place to go.

Need to learn from other provinces. Ontario has very good programs. Suggest getting them here to ask what we are doing and what they are doing. Find out from other jurisdictions what they are doing it well and what their best practices are and adapt them here in NL. Youthdale Ontario has some of the best staff in the world.

Lack of access causes people to stay where they are.

Technology should be able to link up across the province.

We have 40-50 clients, but we have to offer everything - not just employment services.

Peer support in hospitals has been very helpful.

Better communication when people are released from Waterford or the penitentiary.

In Ontario we were consulted on everything, doctor sat with us and worked with us. Needs to be more family involvement. It is a family issue, needs to be more family involvement.

We need more things like the ACT team, more community services, case management in community

Better use of technology especially among younger population.

Apps can be connected to Fonemed.

Anxiety disorder using twitter, facebook for support, tech to support this generation.

Need to get better at communicating amongst providers and services.

Can't get people to work in volatile situations like community care homes for minimum wage.

Starting earlier with children and youth and integrating mental health within schools to eliminate stigma within schools.

Mental Health Care and Treatment Act must be reviewed - not being fully utilized.

For Francophone patients, need to have more people identified who speak French to patients can get the appropriate help they need.

Advocates are critical, especially in the school system. Advocates should be available in the school system and this should begin very early in school and continue through later years.

Money needs to go into the community.

Mental Health should be common place topic in schools and community. We need to start at schools in terms of educating youth.

We are putting money into acute care but it must go into the community.

Need more supportive housing.

Government accepting and addressing mental health will probably get individuals and community to latch on to dealing and addressing.

We need to invest in mental health promotion and prevention, not just acute care when it is too late.

Celebrate those that have received supports at the right time.

Owners of community care homes are doing everything in the homes - not enough staff because not enough funding.

Education and awareness of mental health coming in all forms.

We need more mental health services in isolated communities.

Schools should have a life skills course around mental health issues, finance, resume writing. There is time wasted in schools that could be devoted to practical life skills.

Families of people with mental health issues need greater supports to help deal with the frustration and challenges of dealing with the system.

Mental health is like other diseases in the sense that prevention, promotion, and community management save money and help people stay well.

What about private services? Not everyone has insurance; \$150/hr is too much.

Multiple waitlists - frustrating don't know how it works.

Community is very important - inmates leaving don't have sense of community, don't have a safe place to live, and don't have a lot of hope.

Patient Navigator for the mental health system as long as it is all inclusive. In Ontario there was more collaboration, when there was a meeting with Social Worker, Psychiatrist and everyone else is involved, It all gets done at the same meeting rather than separate meetings. Very important the patient be at the table. Everyone should be involved at every step.

Need support when on a waitlist, connection to someone.

Everyone needs to be in the loop - in particular the parents need to be involved every step of the way. Too many silos.

Even when deaf people do get support or medication there is a lack of communication and education so they do not know what to do - video conferencing would help.

Enhancements are needed in the school system. Placing social workers in schools would help reduce wait times and would provide on-site supports to children with mental health conditions and their families.

If we address stigma and mental health as a normal piece of day to day living then we can eliminate stigma in future generations.

Barriers are discouraging and add to the illness (like waitlists).

Better awareness is needed in the school system. Stigmas need to be continued to be broken down.

Don't want inmates to fear leaving the penitentiary - need a community support service.

We could use telehealth to use interpretation services from St. John's to help deaf people from all across the island. Right now we are sending interpreters out at a very high cost and there is limited access and appointments are postponed.

Early detection is critical.

Early intervention in the school system is key. Additional supports are also needed to help deal with bullying.

People are left waiting in hospital are waiting for home care because there is not enough support in the community for these people to be cared for.

You need to look at how we can use telehealth services not just for deaf people but all people getting mental health services.

Better supports are needed in the lower grade levels to help children deal with anxiety and other mental health issues.

Hughes Inquiry was cited - need to look back at the recommendations from that.

Early detection and prevention.

Should provide care so that alternate level of care beds are better utilized.

Repeat assessments when a person missed a call - only did them on Thursday? Had to go back on waitlist again.

Time wasted when multiple places to call.

Too many decisions being made outside of the parents and the patient - first thing is to put the patient on social assistance and taking away their empowerment.

Mandatory training for psychiatrist on anti-stigma efforts.

Collaboration approach - connecting people and organizations that are out there supporting individuals.

Funding for supporting organizations is key.

Look at models of care in other provinces. Community rapid response teams -short term programs but bridging the gap.

More people who think outside the box, more diverse thinking professionals.

Not enough long-term funding for the community approach creates instability and recruitment and retention of employees and when they leave the relationship they had with clients leaves with them and start all over again.

Code 58 housing is expensive and inefficient. Residential facilities are what is needed - like community care homes.

When children are transitioning from the school system (but still adolescents), moving to an adult system is challenging. Many people may be working with a good child psychiatrist but then need to find an adult psychiatrist. In the adult system, they turn into "just a number." The financial part is also a challenge since there are better supports available for children than for adults.

International Hearing Voices Network - so quick to diagnose people when they are hearing voices and give them drugs - why can't we just accept those people and the voices they are hearing.

Need to not reinvent the wheel - look at other places and see what we can incorporate here.

At Iris Kirby house they have a mental health nurse. All community agencies should each have one. This would be helpful for accessibility.

Financial supports are needed, especially for adults with mental health conditions.

A mental health nurse and/or social workers would also help in primary care clinics. This would alleviate wait lists.

The adult mental health system is a whole different world from the children's mental health system.

Boarding houses - residents are sent out in the morning and told not to come back until evening.

Community care homes are providing a family.

Families are often left out of programming but family members can be the greatest supports to persons with mental health conditions. Family members need to be included.

Early access and early assessment is required. Two year waitlist is unacceptable.

A vacant building should be bought with one unit apartments.

If personal care attendants were better paid - they would be more inclined to receive training.

No education training.

Need better early intervention programs.

For each individual you have triage - this can prevent some issues from arising.

More physician supports and awareness.

Money being wasted on the community care center operated by Eastern Health.

There is more flexibility in working with the Department of Justice as opposed to working with Eastern Health.

Doctors and public are not aware of the services and community supports that we have here.

Take national mental health strategy and use it locally.

Kids with mental health needs should have access to services-they should not be caught up in justice system - having to stay at Whitbourne.

If someone falls away from psychologist they should have the first right to get back to that psychologist.

Sometimes a psych [sic] is a very good fit to an individual.

Within Eastern Health there are non-medical staff making diagnosis (Social worker for example) as opposed to Mental Health training professional - there needs to be more training.

During the intake process family should be engaged in the process - because the person is an adult the system does not need to involve family - the family should be involved....they are the caregivers...they are the support.

Patient should complete document including all of their information and their rights and that should be adhered to by the system...if they assigned someone to speak on their behalf that should be recognized.

Continuity of care is so important...relationship building in the system is critical.

Health care system is very much a journey.

There are not many kids out there who are mature enough to say I need help...not volunteering...it's the kids who are out there, on their own who have nobody to tell them.

Referral times have to improve.....kids referred to system.

Wait times need to be tighter.

Early intervention is key to support kids and they have to wait way to long.

Cool kids program...teaches them to stay cool.

Replacement of Waterford hospital needs to be more emphasis on getting that done.

Define what is a crisisjust because you are not in crisis does not mean you don't need immediate service.

What happens when there is not a good fit between the patient and the therapist ...there is a process in place but perhaps it is not followed?

More group work might be more effective.

Mental health advocates to ride along with patient on appointments.

Training programs for teaching people how to be an advocate....could go a long way.

Navnet....coordinate systems approach for people who have complex issues.

Stella Burry is an excellent model...a huge success story.

St. John's Session – Question 4:

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

Do our physicians get kick back for giving prescriptions?

Why do doctors rely on drugs over the counter or prescribed? We have become a society dependent on drugs to solve everything.

Focus too much on hospital care and not mental care.

Goal in society is to keep community and institution and keeping more at the community level.

How many repeat patients do we have?

Need a place to put their head at night - this is key for an individual whether they have mental health issues or not.

Social services have on many occasions been going in taxis to watch individuals to see whether or not they are cheating the system.

Putting people back in the situation where they came from needs to be addressed. Example: child taken from home and put in foster care and then eventually goes back home to the environment that they were taken from.

What's important is not a corporation or oil - people's health and wellbeing outweighs that.

This is a great opportunity for MHAs to hear from people.

Change needs to happen sooner than later.

Usually after one-on-one meetings with government and MHAs nothing happens, here tonight there are so many people with different perspectives and have so many people from government.

Need more student mental health services at MUN, critical age, needs to be more, 20,000 population, and international students have special needs.

Mental health is isolating enough on its own, but when you're deaf it is way worse, and there are no services.

Roundtable discussion needs to continue.

There are deaf people who have died because they could not communicate with health professionals and avoided their issues.

Curriculum changes.

If there are presentations given it should involve lived experience is a best practice for reducing stigma.

I know a young person who was deaf and didn't want to access services and ended up dying. Part of this is because of the barrier of getting help.

Changes are made in the system by people who know very little about the systems that they are changing.

Need someone to come in and deliver presentations on mental health every year like MADD.

Needs of students from different cultures.

End stigma, keep it going.

More normalization of mental illnesses - so people aren't afraid of coming out.

If you use a case management model and follow the person with mental health issues it improves continuity of care and would help deaf people find the resources they need.

It is important to make the distinction between mental illness and mental health - they are different.

We need better continuum of care.

Presentations once a year is not enough. Mandatory information within schools.

There needs to be continuity of care, people with mental illness need to have a single person they can rely on.

One end of the spectrum has good mental health and the other end has mental illness and then everything else in between. Need to take that into consideration when looking at recommendations.

We can't limit to a mental health system - there are so many organizations that need to be aware and informed on mental illness, police, CYFS, RHAs. Police first reaction is to protect people from someone who is acting irrationally, they cuff them throw them in jail and then person is more agitated when they get out, turns into a vicious cycle. More sensitivity training for police, teachers, mayors - every public figure so they understand how to deal with an individual with mental illness.

Everyone is reacting not being proactive to look at long-term benefits.

Real change is needed in the health care system. More focus needs to be placed on front-line supports.

Autism Society, very good example staff very well trained in sensitivity.

Change can happen when we talk openly.

There are significant supports for families of children with physical disabilities and similar supports need to be made available to families of children with mental health conditions.

We cannot get into specific in dealing with mental health - we need to break it down into steps/categories.

Staff support is important. Who helps the helper?

Deaf and hard of hearing are what you should call it. Hearing impaired is not right - you can't fix being deaf.

We need to make sure we do not forget about addictions issues, both physical addictions and psychological addictions.

More money is needed - it is all our money.

If you don't take care of your staff your staff will become the patients.

The entire government system needs to work together: housing supports, social assistance supports, and all of the levers of government. Supports need to be offered holistically rather than in silos.

Don't just hear us - fill out a report and put it away - you need to do something about it and don't let it take 10 years.

Recovery and how to build recovery into you as a provider support.

New mental hospital to replace Waterford.

Review of policies and programs.

Physical activity is very important but it can be difficult and expensive to access them.

We are fed a lot of information that mental illness is chemically based which leads to over use of prescription drugs. Children grow up thinking they can't be helped other than using drugs.

There are just 4 fulltime and 2 part time interpreters in NL.

Youth with mental health issues requiring them to be remanded into custody should not be detained at the NL youth center in Whitbourne and treated as a criminal.

Provide interpreters for Innu and Inuit residents from Labrador who speak their native language first and use English as a second or third language.

I would like to reiterate the support of the successful ACT team program

Walk in mental health center/clinics.

Recognition of recovery model.

Question 4 answers transcribed from attendee notes:

Investments in social programs & community supports. Community based agencies like Stella's Circle. Affordable and accessible housing. Competitive minimum wage.

Place for people to get off meds, lower meds, change meds.

Peer-run respite centres.

Funding for a peer-run, 24-hour “Warm Line” – a line to reach someone with lived experience before your crisis begins.

Mandatory training of the Mental Health Act. Please review the Act and its purpose, and especially the third part of the criteria for certification – deterioration – educate – all staff psychiatrists justice on the importance of it.

When a patient is treated with a professional they need to make sure that relationship is working. If a patient leaves a professional they should have the opportunity to reconnect to that professional if they feel it was working good.

Comprehensive supports (including medical, education, financial) for those with mental illness and their families from childhood to adulthood.

That the different agencies work together to provide supports for mental health sufferers and their family or caregivers.

Horizontal policy analysis: a mental health and addictions strategy must connect with other strategies and initiatives [..?..], primary health care renewal, poverty reduction, education, early learning and child care.

Enhanced mental health support in schools. (benefit of having social workers in the K-12 system to complement and enhance services to youth.

Gender-sensitive mental health care system.

Needed in NL: A clinic where people with addictions can go obtain clean needles with an on-site doctor, detox space and access to rehab, similar to BC’s clinic.

Funding.

To see the curriculum in the schools changed to include mandatory training on mental health to reduce stigma for a young age.

For people in government to “listen”.

Funding match policy. Don’t blindly make policy without understanding the costs involved.

Funding to go along with our own policies.

Replace Code 58 Housing / Supportive Board and Lodging with standardized living arrangements supportive of patients, persons with mental health issues.

New Waterford hospital.

New Waterford hospital, please.

More addictions counsellors at HMP. (Her Majesty's Penitentiary)

"Life skills" course instead of career education that discusses mental health in schools.

The awareness campaign (TV commercials) should include more focus on addiction.

Please review the Mental Health Care and Treatment Act. Please create more community support for people with mental illness such as ACT team and case managers.

Reorganize functionally workers compensation.

More counselors. (Lower counselor:student ratio)

New Waterford Hospital.

More training.

Peer help.

More welcoming environment (Waterford).

Education in schools regarding mental health/illness.

More respect from the people in the system. Ask us the questions.

Give me the 2.8 billion budgeted for health care, to reorganize.

Happy new Waterford hospital, where you feel you can get better.

Increases in accessibility and communication among health care providers.

Recommendation: communicate better with one another within the health care system.

Access to housing.

Faster access to psychiatrists/diagnosis.

Access to medications.

Just wanted to take a moment to recognize the department and their stigma awareness campaign.

Ex-offenders need more community support when leaving HMP. (Penitentiary)

Support not just for the mentally ill, but also for family and any others directly affected by the mentally ill.

One thing I would like to see implemented is the introduction of a course to be offered in the public school system that deals entirely with mental health with the same importance as math, science, etc.

A recovery-focused system where all policies, procedures, and practices are reflective of the individuals' needs and training for such is mandatory and involves people with lived experience.

Need to focus more upstream through mental health promotion, illness/addiction prevention and early intervention. That is the only way to sustain [the] system in longer term.

Build a network of peer support and trained front-line staff. This is happening, this is the only way to build the capacity needed for this overwhelming issue.

Deaf mental health services and well-being program in province of NL.

Navigators.

Dignity.

More psychiatrists.

Different levels of care.

Access.

Honour human rights for women and children to live without violence so they can soar and follow their bliss.

Identify therapist/psychiatrist speaking French for the francophones. Or, having at least one therapist/psychiatrist speaking French in the province.

Find out if what is happening is working – over the long term. Follow patients.

Treat people as human beings, not diagnosis.

Have a safe drug reduction drug change facility.

Government provide funding and/or services to families to allow adult children to remain in the home. It must be cheaper and more beneficial than institutions.

Family involvement in the planning and implementation of treatment.

Invest money in to a standardized Provincial Information and Referral System and service.

Informcanada.ca

Continued and improved support to both community advocacy/support organizations such as CMHANL and the proliferation and support of “successful and working” organizations such as Stella Burry and Choices for Youth to grow and develop in more communities both in the city and throughout province.

Mental Health Care Act needs to be improved/enacted. Do: Review the act.

Supports need to be in the community. (Continuous support)

Video relay at health centers across the island.

More case managers; more ACT teams, a health care professional to follow the person, continuum of care.

Department of Employment and Health [sic] met previously to provide input from the deaf community – NL Association of the Deaf. No resources for mental health for persons who are hearing impaired, and he is wondering why. Many problems they face, even visiting a doctor is problematic. Communication for deaf people come across multiple barriers. Their first language is ASL, not English, and trying to figure out English, something gets lost.

Government is big on inclusion, but the deaf community is anything but included, less inclusion than anyone else.

No living skills program for adults and seniors.

School for [the] Deaf closed; kids were mainstreamed; it required a lot of support services, but mental health has yet to be looked at – frustration and depression no one has provided services in this manner.

Well-being program – another program not provided for hearing impaired. (Such a program exists in BC.) BC has and NL has none. All I want is one. (Started in 1990)

A lot of hearing impaired have moved out west because of these barriers. (BC \$1,227,000)

NL: One office for hearing impaired to address employment. (Job at the Hub only). Only for the Avalon. No resources to outreach across the province (ie travel, interpreter). AES provides small budget (\$104,000). In contrast, LGBT gets \$209,000 just for awareness. They get half and have to provide employment services, really not fair.

Pottle Center: not really recognized. Involved with mental diseases. Get funding from government to help persons with mental illnesses to engage in activities and support each other. Deaf people still isolated there. They have no center for activities/meeting; would like to see a Pottle Center for hearing impaired – lonely and isolated.

Where do deaf people hang out? At the Avalon Mall. Only not to feel isolated.

We don't have psychologists who know sign language. There is "Connect" but it is a private service which is not affordable for low income people because income support does not cover private services. Feel Eastern Health should reimburse for that service. Other provinces have community support services, we have nothing here in NL for the hearing impaired.

Ask: support workers for Avalon. Video relay for province-wide.

Nothing happening (for the hearing impaired). Been in this discussion for 6 years and we've been ignored. No one is listening. Government stresses inclusion, but there is none for us. Mental health is the most frustrating area of nursing. Not much working well at all.

Mental illness patients often discharged with no supports.

ACT team: is working well.

Set up a mental health service for the deaf in NL.

Set up for employment services, but deal with everything (40-50 clients).