

St. John's Session 2 – Question 1:

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

Why is a psychiatric unit in the basement of a hospital (HSC), this is not conducive to the recovery model. Possibly makes mental health condition worse.

Out-patient triage started in the 1970s and has not changed since. There is no one there for the patient to bond with or to try to understand what brought them there.

Psychiatric unit's purpose is to keep psychiatric patients away from rest of patients in case they hurt other patients, no insight in terms of how care is given to patients with mental illness. If you treat patients like this it becomes a self-fulfilling prophecy.

Hospital's psychiatric units are not conducive or equipped for patients to get better. They are just put in the basement.

Everyone has some form of mental condition. We need to deal with this and the government needs to be more responsive to this.

If Waterford hospital is on hold, look at HSC as a starting point. How are things being done? What can we do to change and make things better?

We cannot wait for the building of a new Waterford, things need to change now.

Could be located next to St. Clare's because it is central, most of people with mental illness live close to downtown.

Problems with the way the hospitals are located now. Having to go from HSC to Waterford is an issue. (e.g., transportation between hospitals for some patients)

Allocate the money and build the Waterford, rather than using the conversation/promises for political gain.

Not enough psychiatrists here – my psychiatrist passed away but I was not referred to colleague within the same clinic so left without a physician. I am seeing a nurse practitioner now for my mental health issues and having a great experience with her. She sees the whole picture with my health. But this may not be the case with everyone left without a psychiatrist.

Should be a one stop centre – peer support, research education, social recreation instead of everyone having to go throughout the whole city looking for supports.

Institutional stigma – if people say we need a new “cancer centre” it’s built why not a “mental health” centre. It seems as though mental health is not taken as seriously as physical illness.

Mental health consumer came to me through facebook – psychiatrist recommended therapy for illness to help her cope.

It doesn’t always take drugs – need to learn how to cope with the after effect of a situation without drugs

MUN has med school – we are lucky if they have 3 days education on mental health (not enough). They are the first people we meet in the health care system and they don’t know what they are talking about with mental health, they just hand out drugs. When I had a mental crisis situation a group of volunteers was there to save my life, not the health care system (peer support is very powerful).

Why can’t we build a mental health wing onto the HSC?

If someone under care of psychiatry and has a relationship with the doctor but now feels better and does not need to keep seeing the doctor, they are put back to the bottom of the list for when they need help again. They should be put on the wait list to see that doctor again rather than putting at the bottom of the list.

Janeway – seems to be only residents working in the emergency room at the Janeway.

Triage at the Waterford done with a resident – patient constantly asking to see doctor but are not getting to see him/her and are getting more and more frustrated. There is a need to get the on call physician to come in but for some reason they are not coming in.

For more and more patients it appears that the mental illness is a co-morbidity of the physical illness not being appropriately diagnosed and dealt with and vice versa.

If we don’t have good mental health our physical health will suffer quickly – it is all connected, more than we think.

Family experience with drug addictions but feel no further from when started.

Lack of services as well as no services for family.

Frustrations with the system.

Family members who are involved with system - not enough services.

2 year waitlist to see a psychiatrist.

Personal experience - there have been good and bad experiences.

Poor treatment and judgment with services including wait lists, lack of consultation with those receiving the service.

There is nothing available in French for mental health services.

Services are not developed or delivered with people who need help with living with addictions.

Long waitlists.

Not enough attention paid to the recovery model.

Having to wait 24 hours to have someone translate in French when you have a mental health issue is problematic.

Western Health Crisis Model working very well and should be adopted in all RHAs.

Her son is really ill but she doesn't know how to help him. She fears for his safety.

Personal experience with family member - spent time dealing with Waterford and found there were a lot of holes. Was able to get private psychiatric services because waitlist was too long. He needed services immediately and not waits and as a result has been successful. One of the contributing pieces was family support.

Lived experience - long wait times, positive experiences once you get in.

Advocating for improving services. Mental health issues are complex and need to be considered within a broader context considering housing, income, education etc.

Waterford - emergency looks like a holding cell - when I am in a crisis I do not want to go to the Waterford psychiatric assessment area - type of environment does not allow you to feel comfortable to open up and get the help needed.

There are things that need to be done, lack of services and wait times are the biggest - need to meet the needs when they are needed.

Refugees Association, trying to make connections with mental health.

Asking for help, who is screening, who is looking at the issues.

There used to be a diversity committee, what happened to it? It was helpful and a nice mix of people.

Waterford - not reflecting bad on staff but they are burnt out. Need the new building.

There is a big impact when French language person understands perhaps 60% of English language. There is a need for interpreters.

Professional and personal experience with the system.

There are no translators in Port aux Port for mental health services.

No data available for refugees accessing the mental health system.

Housing is a big issue for individuals with mental health issues.

Waterford - patient referred by medical doctor to go immediately because of self-harm and major concerns so was sent to Waterford and did not get to see a psychiatrist - patient left there to be admitted - admitted for a week.

Data on usage of the system needs to be gathered.

There have been some shifts for the good (treatment centres in Grand Falls-Windsor and Paradise).

Many individuals using Wiseman Centre suffer with mental illness.

In crisis situations the doctor decides if you need a translator then calls in one.

Needs to be a shift in program design and delivery - the system and structure is challenging for those that struggle in everyday life - we are delivering services in 1970 timeline - need to be innovative and make shift around doing things differently.

Doctor could decide you don't need a translator when in fact you do.

People that are very sick, are not suicidal, so therefore do not get help at the Waterford.

Her Majesty's Penitentiary does not use medications, very sick people being incarcerated and not getting help.

Interesting how the law perceives or portrays people with mental illness.

Bugs crawling out of the walls at the Waterford, an actuality.

Not psychosis.

Big concern around the prevalence of discrimination of those labelled with mental disabilities.

A lady said she knows people who would rather be dead than go to the Waterford Hospital.

It is very hard to speak up. Individuals don't want to go back. How do you get well in that environment.

People are being degraded.

Similar situation for persons who are deaf or hard of hearing, interpretation services are needed.

Psychiatrist for 17 years, good relationship.

We need a new hospital.

Genetically chance that children will be admitted to the Waterford.

There needs to be a better place for the treatment.

Human Rights Commission when approached with cases of discrimination against a mentally challenged individual make deals with the defendant unknown to the complainant to try and settle outside of court - frustrations with this.

Probably better off in the penitentiary than the Waterford.

We rely on the Waterford to take our issues away. We asked for help. They didn't help.

Entering prison system is problematic. People are cut off their prescription medications when they enter the prison system.

At first we said go back to the hospital.

View that there is corruption in the systems that protect or defend individuals against discrimination.

Need to expand upon the mental health court system.

Food issues at the Waterford.

Volunteer who is concerned about the limited resources available to support the work that they do. Minimal funding. Need to consider role of individuals with lived experience in providing services. Concerned about their capacity to respond to increasing demands given limitations on space and number of volunteers available. Housing is a big issue for individuals with addictions issues.

Parents and community need to embrace the issues as well.

The negative stereotypes that you see broadly about individuals being asked have you taken your meds today.

Many people recover from schizophrenia. Meds are not always the answer.

The side effects of the meds are brutal for individuals - fix one issue and create another problem that needs to be addressed.

When sick, suicidal, very supportive family and friends, but many people do not have that.

Waterford story when the patient committed suicide in the hospital there was a friend suffering - he presented as suicidal, he went home and committed suicide. What happened?

If this person speaking got really sick again, she would not go back to the Waterford. She would rather die.

When people come to John Howard without diagnosis but it is suspected they do, it is critical that inmates get to see someone in a timely order to receive diagnosis.

Reality is that when people are put on meds very rarely that these meds are ever reduced over their lifetime.

Did not want to burden family.

The APA (the President) injected people with Ritalin to cause schizophrenia. We have to watch the research. There is a severe problem. People get addicted to meds. We need a place for people to come off meds. We need to have a discussion about these issues.

Concerns about how Waterford Hospital operates in the treatment of individuals with mental health issues.

Wait list is a year to see a psychiatrist, this is unacceptable.

Housing in rural NL is a big issue. Need for transitional housing. Volunteer services do not have enough funding to hire needed staff. Provide a valuable support.

Waterford Hospital should not be a clinical test site- those going in should be treated as individuals and given the treatment that they require and not be treated as guinea pigs.

Referral to the Trauma Program takes months.

Referral to Start Program also takes months.

Meds that are prescribed or required for long periods of time have an impact or side effect of some sort.

Informed consent and human rights is a concern for mentally challenged individual.

Had bad experiences with Eastern Health and ambulance attendants. The attendant shouted at the client. They were loud and rude and disrespectful in the manner they handled the situation. They could not blend their approach with how to deal with the situation.

Son was taken forcibly and his experience was terrible.

Some people won't take meds when they are well.

Stigma affects this.

Experience with being taken to the Waterford and being sent away and being referred to the start clinic but has not heard anything now in two months.

Personal and professional experience with mental health and addictions - feels NL has a long ways to go.

Someone at the penitentiary was working 21 years before he got mental health first aid training.

Police are the same way: lack of training.

Forced compliancy and informed consent is a major issue of those with mental health issues.

Charges have lifelong impacts.

People are re-incarcerated in the time they are waiting to receive services because they are not receiving services in a timely manner.

There is a need to involve those that are supports for individuals with mental health and addictions issues - there needs to be respect given to their views and perspective in the treatment of individuals.

Waitlist to see nurse practitioner as well for mental health services.

Terrible drug issues in the system, no services.

People use to try to heal what's inside them.

Health Sciences Centre was ok to go to if you were sick, but this has changed.

Unacceptable that person requesting to speak to a counselor, was asked by nurse, for what?

People who have addictions are good people and deserve respect. Emergency responders don't have the training to deal with mental health and addictions clients.

Had a family member that had to use Waterford Hospital. Concerned that the replacement of Waterford is put on hold. Badly needed. Has family members who have experienced MMT and addictions services and has seen those being effective, however, not enough services. Concerned about limited counselling services for individuals dealing with post abortion syndrome.

There should be a one stop shop for mental health services.

The stories and faces of the people will stay with government officials to help guide decisions.

An individual with mental health issues was told once by a boss to just suck it up - felt that is really the option for those that live with mental health and addiction issues because [there is a lack of] supports and services when they are needed.

How do you get through a health care training, without awareness of mental health?

There needs to be exploration of looking at alternative ways to provide treatment to individuals and alternatives to prescribing meds.

Youth transitioning to adult system are set adrift.

If there was a coordinated system the transition.

Access to services is a major concern here in the province.

Huge gap in transitioning from child system to adult system.

Central intake is brutal, for example there are too many questions for PTSD as it is not well understood.

Referral for service is complicated, early intervention is required.

There are a lot of community based options with service delivery for mental health within the city and this needs to be considered in any alternatives that are being considered from the delivery of services and supports.

There should be an integration of mental and physical health, mental health shouldn't be segregated.

Province needs to promote adoption instead of supporting abortion as a means of population growth. Housing is important for individuals living with a mental illness. Many people do not want to move out of town to community care comes as there are transportation challenges and reduces access to other services.

People are unaware of the community and provincial supports that are available to them when dealing with mental health/addictions.

Many issues in children's lives affecting the ability to get services.

Lack of communication between entities that provide services.

Language barriers, the interpreter on the phone works well, but not for long term, interpretation for therapy.

Awareness of what is in the system between systems is not great.

Full slate of options need to be available to individuals.

Central intake is using standardized assessment and they are open to interpretation and are often misinterpreted.

Limited support for individuals with autism. Hard on families, Autism seems to be on the rise. What is the solution? What are long term effects of the medications that are being prescribed?

Overmedications a concern as are side effects. Not enough home support available.

There is a difference between having suicidal tendencies and being suicidal.

Culture of mental health not focused appropriately.

Transition from Janeway system to adult system is not working - individuals that do well in previous system and now because they have a birthday are out of the previous system.

People who go to GPs don't get the quality of care to give to their patients. A lot of physicians are not great advocates. Prescriptions are written on self-diagnosis. Is our primary first line health care what it should be? The worst is mental health. Within 5 minutes you get a prescription. We have missed the advocacy part in communities. We are having the wrong approach.

Value that individuals with lived experience can bring. Need to be on same level and meet people where they are. Roots of Empathy is a valuable program in the schools. Has seen big difference in students who are involved in this program. Concerns that some support services in the schools are not

accessible unless you have a diagnosis. Concerned that programs are developed without meaningful input from all stakeholders including people with lived experience.

What supports are available for people with disabilities to live in the community, particularly with aging parents who will not be able to continue supporting them.

Not enough community options.

Concerns that government sponsored methadone program is just a band aid.

There may be enough housing stock; however, there are not enough supports to maintain people in housing. Relevant government departments and stakeholders need to work together to address. Issue with poor housing and impacts on individuals mental health

Close friend, how could they do that to their kids. Re: suicide.

Need education to understand that depression causes people to commit suicide; it is not a choice or conscious choice.

St. John's Session 2 – Question 2:

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

Western Health – Acute Crisis Unit – government needs to get this implemented for the rest of the island. When in crisis – three days of assessment – you create your plan for recovery and they put the people in place to help you – you are in control of your own recovery – physical environment beautiful (flowers, plants) – suicide watch area is beautiful. A program that your recovery plan goes into. Every psychiatrist and other supports are (inside and outside the hospital) aware and working on your recovery plan. Doing all of this with very small number of staff as well.

There is good staff and bad staff – needs to be an incentive for staff to work better, services should be provided to those who are working in the health care system (e.g., massage therapy, house cleaning) so they are more mentally prepared to do a good job.

Pastoral services at the Waterford should be provided with education.

The care we got from our psychiatrist once we found her is wonderful and very accessible.

New Zealand has made it law to practice the Recovery Model.

Humberwood is awesome. Fantastic place (addictions centre).

MUN counselling centre – Step Care approach works very well.

Day Treatment Clinic and Start Clinic at St. Clare's both work very well.

Bereavement centre at the Miller Centre worked very well.

Having someone who has the same experience has healing power. People gradually improve.

St. Clare's program helps you re-frame your thoughts. Drugs help in the short term. The horror stories of the Waterford hospital is a deterrent for me.

The only nice person was the security guard.

Vast majority of staff are good people.

We are missing a point. The first recourse is to see a GP. The payment issues are related to volume. We have deficit within communities our primary health care is GPs. The problem is it is predicated on volume.

Programs like Stella's Circle works really well, it is safe, they have a better understanding, you work as part of the team.

There are good services where people are getting help - things that work well when staff meets the client in a comfortable setting for people rather than client going to staffs location - this happens one off.

Personal relationship.

Nurses at the Waterford, good.

You work in this system because you chose to.

Stella's circle works but they need more counsellors, more housing supports.

Mobile crisis team is a positive.

Treatment centres for young people.

The ads are great.

There are caring people in the system.

Peer support person waiting with individuals in the waiting room.

Behavioural specialists are helpful for working with individuals with autism but there are not enough of them.

All party committee is a positive.

Experience is that Stella's Circle saved life, they don't give up on you, there is no expiry date.

The attention that mental health is getting.

The diversity committee that is no more did work.

Having the all party committee is helping.

Mental health crisis line works well.

Day treatment program at St. Clare's has had a positive impact of an individual who is living with mental health issues.

Stella's started small but has grown to be bigger and more complex which is sometimes seen as an issue.

Community supports and services within the hospital settings is being given more credibility within the system by staff in the system.

Can talk.

Mobile crisis unit works.

Peer workers within the system working with the professionals is positive.

Mental health should have the same process as physical health.

Rowan Centre - allows them to support and observe individuals.

The expanded hours of the mobile crisis [unit].

Central intake should have clinics with health care teams in place.

What is good right now at Eastern Health? Cancer care is good with cancer navigators. There is a need for mental health navigators.

There are walk in clinics for physical health it should be the same for mental health.

Rowan Centre gave a parent practical skills of dealing/supporting child with mental health issues.

Because they observed here had a lot of insight to how she was doing versus being in a hospital bed being cared for sporadically.

Shortage of places to stay with complex mental health needs on an emergency basis.

Fabulous case manager at Eastern Health. The recreation program helps at Eastern Health. They loaned me a bike for the summer it really helps my life.

AA was helpful - do not underestimate the value of community supports.

People need help with navigating the system.

CHANNAL is a good thing.

Shelters are maxed out, there is no barrier free access, if a person is under the influence they can't access.

The Outreach Department at Eastern Health is really good but under resourced.

Individual living with mental health issues for over 20 years felt there was a minimal thing that were working within the system - however there were a lot of community pieces that helped and supported the individual.

People with lived experience is really good. Hearing Voices is really good.

There is desperate need to wheelchair accessible transportation to access service.

Mental illness is in part defined by culture.

Sometimes labelling does help because people begin to know that there is something wrong and now can move to begin addressing it.

Justice project is working well.

There are a lot of good people in the system. If people want to accept it then it is difficult.

Peer groups are the most positive piece within the system.

There is stuff out there but it is not working for my son.

Stella's can't take on housing issues for everyone.

People who are on meds does not mean that they will not be in crisis - people can still have crisis whether or not they are on meds - sometimes you just need to deal with the crisis no different than those not dealing with mental illness experience crisis.

OrgCode report should be followed.

People need to be advised and made aware that there is significant impact of stopping medications.

Mental health crisis line is good.

The statement if you go off your meds something bad will happen - should not be a scare tactic but that it is an awareness.

Mental health addictions centres are good.

The ads that are around now around mental health addictions and illness will reduce the stigma attached to mental health.

People need to understand schizophrenia. How do you help a family to live with it?

Community connections service works well. Re-connects people and open to the refugees. Not much knowledge but open to learning, came to the ESL classes and gave people information and helped them connect.

Central intake is new; it needs more time to figure out if it is going to work.

People are talking more about mental health today than they were in the past this is positive.

Peer program is so good.

Ask for training and support.

It is good that government educating people on mental health issues with the TV ads - every person's opinion you change is a positive little change is good.

More people aware of the stigma.

A program in Halifax that worked uses a Recovery Model.

ACT teams need more money and needs more resources.

Hearing Voices started up and this is very positive - little funding attached to this.

If health and addictions are going to be paired together - see mental health all over the place not really accepted in society but there is a lot of work being done around changing this stigma.

Addictions is also an issue and there is a lot of stigma attached to it - addictions not making same headway as mental illness in changing people's opinions on those with addictions.

Collaborative approaches to housing.

Navnet - a coordinated approach for addressing needs of individuals with complex needs including housing. Agreements that allow service providers to share relevant information in order to provide collaborative response. A cost effective approach. Good model that can be translated to other areas. Not a new service but an improved way of coordinating existing services.

Adult Basic Education program on grounds of Waterford.

Roots of Empathy program.

U-Turn Centre in Carbonear provides support to individuals with addictions.

St. John's Session 2 – Question 3:

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

Rights Advisors should be available to anybody in the Waterford, not just the involuntary. A patient advocate should be added to help with the transition from the Waterford to Health Sciences Centre – this is the role of the social worker (why is this not working).

Western Health – when you leave the hospital they make sure you have the right services outside the hospital.

Government is spending money on the crisis it has created through cut backs.

Anything that is working, funding gets cut.

Fund the stuff that works.

The health care professionals that are good are under attack because they are stressed. Need to support the good workers.

We elect good people, but the minute they get in and elected because six weeks after they get in the bureaucrats get at them.

When people go through programs and they are coming out, there is a lack of after care for everyone. No follow through. A sense of coordination. Improve the aftercare when patients leave hospital.

There needs to be more internal communication.

There are not enough services within the community to be referred to from the hospital.

Many of the services in the community that were working and a patient could be referred to have been cut by government.

There are people on Canada Pension Plan (CPP) that are trying to navigate– streamline the system, anyone who is a CPP recipient only should be automatically an NLPDP recipient rather than having to go through the paper work that they cannot navigate through. Cut out the red tape for the people that need the services the most.

Creating mental illness by making cuts to services within the community.

Workers Compensation system left people waiting for 20 years to get on workers compensation, now have lost their homes.

Fix the Workers Compensation system.

The idea of the relationship with the community NGOs, the work of NGOs and the benefit to government – needs to be an understanding and respect for this. Government needs to think, people just don't have a trust for Government, afraid of what will be cut. They do have a trust for NGOs but finding it difficult to get the respect of doctors and the system.

A lot of non-profits that should not be around, getting money from government that shouldn't be.

Intake and KIV [sic] needs to be reviewed. Simple problem ignored for so long that it now becomes a mental health issue.

Respite Care – diagnosis of child impacts whole family – where do we find someone to care for our child so we can go to work. At risk of losing our jobs because we need someone to care for our child. People are given eight hours of respite care but can't find the appropriate people to work, people are scared.

The social services system has to be audited by an independent auditor, to make sure they are helping those who need it the most.

I see the need of NGOs but there are more and more of them, do we need all of them. They are all competing for funding. What's the difference between Better Days and CHANNAL? A lot of times their mandates overlap. Instead of all the agencies, why not streamline them more. One that is research and education, one on peer support. Get rid of the duplication. Get rid of unfairness and give everyone the same amount. NGOs are fighting each other and not working together.

Small pools of money should be given to parents so they can find the support they need.

Streamline how to get information in specific areas.

Look at whole population and take into consideration the postal codes and understand the needs in that targeted in area know what is needed in the area based on the population in that targeted area.

Ropewalk Lane – community health centre should be open 24 hours.

Less exclusionary.

In each school there should be a nurse, occupational therapist, psychiatrist and done within the school system. Wait times are created because these services don't exist.

NGOs should be more connected and play a very strong role in terms of helping consumers. If consumers want to come to the organizations that is something that needs to be respected. Working with consumers so they can empower themselves to support themselves. Advocate can get services in 15 minutes but someone without an advocate can wait years. Why is that? That's a problem. More referrals need to be made to the community.

Advocacy can work.

No one can live on the amount of social services that is given, impacts mental health.

Housing system – needs to be regulated in some way. Eastern Health are taking and putting people in these homes and some of the situations are more harmful to a patient's mental health. Need to look at the tenancy act, look at the boarding situation so that mental health staff can be more accountable for homes they are placing residents in.

Mental health clinic should be established within community.

Mobile crisis team and a peer advocate should be on this team.

The mobile crisis [unit] and the mental health crisis line needs to be 24/7.

Consider the townie/bay discrepancies.

Mobile crisis unit is good but others should be able to contact them not just access through the crisis line.

A new mental health hospital.

A team to transition youth through the system.

Mental health services need to be wheelchair accessible.

Team care: Doctor, Social Worker, Psych etc.

Community Navigator for mental health and addictions would be most helpful.

Accessible services (not at Majors Path).

More MH training for professionals. Healthcare, police, prison.

Partners in the community.

Think past the overpass.

Wait times need to be improved to access programs like START program.

Communication between areas, and services.

More help and education in the schools, more awareness.

If person is in the hospital for any reason and want to go for a cigarette they will be allowed to go for a smoke.

For someone is in detox if you do this then you are gone - they should be allowed to go for their cigarette - make a spot on the grounds.

The best thing is having enough money to life comfortably. A safe place to live. If one works part time, you lose money.

Steady employment is helpful but not if you lose money by working.

Basic necessities of life need to be covered.

Access to psychiatrists need to be more timely.

Stable housing changes lives.

If you worry about where you are living, you can't get well.

More community involvement, partnering between services.

Allow people to have a cigarette during detox - do not try and deal with the addiction and then also tell them that they are not allowed to smoke.

System is so overwhelmed you have to be an assertive consumer to access services and when you are sick it is not easy to do the follow up, not easy to direct your own care.

Policy around no smoking on Eastern Health property for those going thru detox needs to be removed.

Letting a guidance counsellor refer directly to services.

Harm reduction mechanisms need to be embedded in the system.

The professional organizations need to talk and work together.

Need to have places available for individuals to smoke within the locations that are providing services /supports.

People are refusing services because they can't have a cigarette.

Government needs to provide incentives for developers to build appropriate housing. But we can go back to commercialism to rely on the response; it is a basic human right.

Recovery model has just been adopted by Eastern Health based on the idea that people can recover from mental illness.

Government departments need more collaboration.

Taking away things like cigarettes away when it is the coping mechanism for those in crisis.

Homelessness: it is impossible to try and navigate the system without a home.

Recovery model has a patient centered focus.

Inpatient treatment for people with eating disorders - there is no option for those that are critical.

Improvements in education for parents.

No one wants to rent to a person with a mental illness. This needs to improve.

Slum lords need to be addressed and you should not lose your house while hospitalized.

K-12 education about drugs and mental health.

Have availed of services for eating disorder in another province because wasn't available here - however did good while there but when came home to NL there was no supports to support the rest of the recovery period.

People with addictions need safe transitional places to live. Recovery homes are an example.

24 hour support. Not 9-5.

Parents need to be more aware and educated.

Supports financial need to be made available to individuals who have to access outside support because there is nothing in the province to assist with illness.

Hope Centre at George Street United Church, they have counsellor services.

Accessibility is an issue.

Should be a transition plan put in place from child system to adult system - needs to be better transition planning for moving people between systems.

Gathering Place has lunch, recreation, social worker and outreach mental health.

Wait lists are an issue. People are ready but they have to wait. That has to improve.

Mental health coalitions need to be across the province.

The experience on the ground is that there is no transition between child and adult system.

Had trouble accessing psych services because of refusal to take meds, had to say they would agree to meds just to gain access.

Internet access is an issue. Needs to be expanded. Issue in this day and age.

There have been some good investments in supportive housing, however there needs to be continued and increased funding.

The accountability piece is missing - the reality is that supports are not working.

Population is aging and needs for mental health services is expanding.

Needs to be more awareness about what resources are available.

Having a place for people to sleep when they have nowhere to go. Don't meet criteria or there are no beds.

Drug and addictions centre.

Example: psychiatrist develops a plan for individual and GP would follow the individual - this is not working.

Experience from community is that there is a power struggle between the 2.

There needs to be accountability of the GP to follow up, accountability, evaluation.

Does the theory of this program work in practice?

People should not have to live in tents because they have nowhere to go.

CHANNAL needs to be expanded.

Broader range of housing options that include supportive services.

Still need drug and addictions treatment center in St. John's.

Need respite houses as well.

CPP gives an increase of cost of percentage, social assistance reduces the amount.

Continue to address the stigma.

Expand CHANNAL into Labrador.

More education on many topics.

Ensure inclusion for persons with disabilities.

Community housing especially for Youth. Housing with supports.

More education, start the conversation.

Cannot be taking out \$1 for \$1 when money from CPP increases then social assistance or Eastern Health gets reduced.

Need to take into account inflation and cost of living increase. There has not been an increase in years and still does allow people to live.

Should be mindful of all disabilities and accommodating of all disabilities.

Should be more housing support workers.

Earlier intervention is needed. Navigation is challenging.

Mental health issue addressed at much earlier age. If you could help someone there. Integrate with education system.

Teach meditation in Kindergarten.

Housing support worker should be available every couple of weeks, not every couple of months.

Individual was at risk of causing fire because of short term memory issues - as a result individual spent months while suitable accommodations were being sought for the individual.

Mental health training for educators.

Should be early supports in place so that every issue does not escalate to crisis.

Putting people out in situations where they cannot do things for themselves.

In Ontario early diagnosis helps with addressing problems.

Early supports are critical.

Need to address income support rates. Not sufficient.

Nurse Practitioners - have more in the system.

Proper supportive housing with right supports attached to it.

Opportunity to introduce a 211 service within the province to help address navigation issues.

Not everyone needs a psychiatrist, not everyone needs medication but if you have one you have a full dental access.

Long way to go, but helping people understand.

Can only have 10 minutes with a GP.

Decrease in wait times, not enough options.

Medical should not be based on volume but rather care. This is hard with mental health.

Systems navigator was announced in budget but how will one person help with that?

After care for people with addictions - there is a continuum of care needed for those experiencing addictions. Being dropped back into same circumstances when come out of rehab - there is no after care or continuum of care.

Dental issues often impact person's state of mind and you shouldn't have to go to psychiatrist to access dental care.

Government needs to look at what we do within communities.

People gravitate to St. John's because the services are there.

Instead of investing all of the funding in research initiatives, it would be better to fund community services.

There is a need for day program for addictions or reinforcement-based therapy after people get out of glorified detox facility.

A drug addict has a hard time to see a GP because you get branded. The same with mental health.

Value of peer workers is undervalued with respect to professional experience vs lived experience.

Should be more long term planning to provide supports.

Mainstream medicine is allowing people to slip through the cracks.

A 211 information and referral service could be all inclusive and provide valuable reports.

Recovery model important.

Have to know who to call to get around policy issues.

Talk about it. Answer questions, share accurate information.

There was a RAFT program years ago no longer in existence - need to bring this back or portion of it.

Need to learn how to make lifestyle changes, live healthier and make the transition.

Doctors need to listen to the people they are serving. Education in the medical school.

Needs to be more community engagement and seek input from people working on the front lines.

Need mental health professionals.

There is only one sober living arrangement is Jess' place - but only has four spots that will provide support to those leaving rehab.

What does mental illness looks like?

The ad campaign works, ramp it up.

Labels need to be overcome.

Need to consider unique needs of rural NL.

The amount of clients that professionals are dealing with.

Need more psychologists, psychiatrists.

Add concrete services that reduce caseloads.

Need a radical shift in how services are delivered - ex. those struggling with addictions do not keep appointments and if don't make appointments get kicked out of programs.

Putting people in close proximity and going to individual's places of residence much more effective.

There is a 30% no-show in Pleasantville for addictions - need to be more creative in delivery of services and supports.

Example of situation: individual comes to community organization high and suicidal, brought individual to Waterford they wouldn't take the individual due to addictions issue, brought to detox place and they wouldn't take them because they were suicidal. Community org was left with nothing other than hope that the individual would be around on Monday.

The recovery approach is critical to transforming the system.

Incorporating mental health and addictions not about separating these into different segments.

Recovery approach should encompass everything.

Warm line is a good thing - it is peer support.

Individuals able to talk to those with lived experience.

Peer support in the hospital - this is volunteer for 2 hours a week the outcomes for families and individuals are great.

Cost of private services on families.

Assessments and transporting individuals from health science to Waterford are being done in the back of a police car or taxi - individuals feel like criminals.

Parental rights when individuals turn 18 with mental health issues.

Individuals treated like an adult as of 16 and not in right state to make decisions on their own well being.

Hospital should provide consent forms from individuals to release information regarding child even when adult age.

Family members not given any info about side effects of meds, things to look for in relapses.

What about those that don't have the family supports?

[1 – ATIPPA s.40]

St. John's Session 2 – Question 4:

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

Why can't we keep psychologist or psychiatrists not staying in this province - should be attracting people with these packages pay them what other provinces be comparable in what is being offered elsewhere that is taking them away.

People want to be able to access what has been said and what is going to be done about it.

All government departments need to be aware and realize mental health affects everyone and every organization.

Mental health first aid for all.

Once you present for psych services if one person was assigned to follow you, to support you, to explain things to you it would make a huge improvement to quality of life.

Need to provide incentives and work out deals to get people to stay in the province.

Understand the person as a whole.

Addictions - reducing stigma, good housing, safe housing.

Barrier free shelters.

Would like to see what comes out of these consultations; accountability and transparency is important. Need increased opportunities for public to submit information/research that can be shared with everyone. Does not need to be left to a few researchers.

When you leave the province for supports you lose all supports here, when you return you have to fight to get services back.

Look at new models to do things.

Other adjunct therapies yoga, meditation, etc.

If you are incarcerated for more than three months you lose your housing and come out with nothing.

Check to see if programs actually work: evaluations.

Cuts to funding in last couple of years have hurt some community services. Was not consistently applied across all services and this caused a split between services that used to work collaboratively.

Waterford has highest re-admission rate in the county - why?

People now do get to keep their housing if they go into treatment centre but you do have someone advocated for you.

The people training the teachers need to truly teach inclusion.

New Waterford is needed.

Nurses need to be trained in Mental Health and Addictions.

Need for more transitional housing options, supports for individuals transitioning out of Hospital. How to link with Habitat for Humanity?

Inclusion is required regardless of the issue.

Teachers have power.

Government fully funds abortion so they have to realize the associated mental health issues that arise from that and provide appropriate services.

We need more understanding that mental illness is not the person's fault.

Primary health care clinics should be accessible and have social workers and counsellors available to them.

Global training of mental health issues for all health professionals.

Mental health and addictions don't waitlist well.

Inclusion is very important.

ACT team has been effective for a family member. Provides support to individuals in the community and keeps them out of hospital.

Housing is important but a roof over your head is not going to solve your problems.

A department within Executive Council to advise all other departments on mental health issues. A mental health advisory council within Executive Council.

Teachers need to be provided opportunities to be trained.

Perhaps teachers could be working beyond the calendar school year to get the training as to not take away from actual teaching days.

Interpretation services for French speaking should more accessible and easier to access.

People need the basic necessities of life to get well.

Services need to be individualized. What works for one, may not work for others. Need to be flexible with range of options that provide support.

You need an MCP to access the food bank. That needs to change.

Navigator type service should be available for mental health services.

Like the women's policy office, a mental health policy office to also review all policies with the mental health lens.

More attention to needs of those individuals with autism and associated behavioural issues. Need more supports/programs in the community besides medication.

You can't volunteer at a place and also get food at the place (Gathering Place).

Shouldn't have to phone crisis line for supports.

Need for more supports in the school system.

Language is crucial, a person with, not the illness or the label

Crisis intervention/line is based on script, over the phone, need to access same service face to face.

System needs to be better coordinated between child and adult systems with improved transitioning.

AES funding - supportive allowances coming from the dental program?

One time mental health crisis centre was a drop in centre, could drop in and talk to someone, just helping to refocus.

Many of the population in jail have mental health issues, we need more support for these people.

Improvements in dental service offerings.

Increased support for families so that they can access needed service such as child care, transportation.

Sustainability - especially if the government changes hands.

If we all agree what we need in the future, it doesn't matter what political party is in power.

Needs to look at the need for mental health in the justice system.

Walk in clinic needed.

The Friends for Life program in some of the schools, needs to be expanded across the entire school system.

This addresses anxiety.

Question 4 answers transcribed verbatim from attendees' written notes:

Mental health and addictions need more people who are experienced (been there) to be a part of the circle of care as paid employees. There are educated people who has been there.

Recovery from mental health and addiction is not rocket science. Let's "keep it simple".

Needed: In-patient eating disorder facility.

Ground services in community – deconstruct the system.

Needs a transition house where daily living skills are taught so persons can live independently eventually.

Go “all-in” (including appropriate funding) on “Housing First” for people requiring housing solutions.

Mental health and addictions don’t waitlist well.

Mental health and addictions need a “case manager” to help them navigate the system. Someone to follow them through the system, start to finish.

Il serait important de s’assurer qu’il y ait des services disponibles aussi en français ou bilngues. Dans une situation de crise, le langage deviant très important. [Translation: It would be important to ensure that there are services offered in French or bilingually. In a crisis situation language becomes very important.] Health, it’s also a question of language!

Share the responsibility – online collaborative research doc.

More resources for children/youth with autism and behavioural issues.

The need for mental health services doesn’t end at 4pm.

Include people with experience with mental health issues in consultations and planning.

Allow teen challenge to set up. Speak with Dr. Francois at MUN.

More support and training for families.

Hearing Voices Network – self-help approach.

Meditation, Windhorse approach, Tai Chi, Yoga, spiritual emergency wellness recovery action plans, open dialogue, helping homes.

Stop the power imbalance between providers and those looking for help.

Look at long-term effects of drugs. Early death, chronic kidney disease, cancer causing, etc.

Housing – clean and safe – now.

Early identification and help – Kindergarten. Recovery model. CHANNAL expanded.

Respite houses with peer workers.

Why is it said that up to 80% of inmates in penitentiary are really suffering from mental health issues?

Mental health is a human rights issue. We are humans not diagnosis.

Garden at Waterford. Kitchen at Waterford that people can use.

Centre to come off/lower antipsychotic and other meds.

Patient should have a social worker for them specifically, not the psychiatric team.

Cancel NL Government funder commercials that tell people they have a chemical imbalance. There is no proven bio-chemical imbalance.

Don't lock doors and give handcuffs to those with mental health issues.

Part of teaching degree – understanding – mental first aid for teachers.

Early identification.

Decisions made with people who have with mental illness and addictions.

More supportive and safe housing for mentally ill. Parental rights after children turn 18. Understanding and compassion for people with mental illness.

Making sure medication is stabilizing patient before releasing from hospital. Ending back at hospital after being discharged in a day, and their discharging hours [illegible], something seriously wrong.

More training for medical personnel – Nurses, etc in mental health issues.

More education for students in junior and high school. How many kids that have been bullied and killed themselves. Been suffering.

How many of these kids were suffering and the kids doing the bullying had no idea the kid they were bullying had mental health issues.

Earlier detection – we really also need something in the schools.

Why is Choices downtown. Where there is low-rent housing. Lots of drug addicts and prostitutes soliciting themselves right behind Choices. Also bars everywhere.

Stop the acceptance of violence as a form of care.

Education is key. Education starting in early grades through to grade 12. Education for first responders, penitentiary guards, nurses, teachers. Education that teaches: mental illness is not the person's fault!

More genuine collaboration inter-disciplinary – partnering with and between government departments.

More involvement of medical community to be involved in addictions/mental health issues.

We need a new Waterford hospital.

It is good that we have patient's rights adviser for psychiatric inpatients involuntarily committed but there should be patient advocates on mental health patient advocates who are independent from

medical/psychiatric staff and can help people who have mental health issues and problems during hospitalization and after being released from hospital.

Create a new department under Executive Council to advise and connect all other government departments on issues related to mental health and addictions. This department can act as central agency and conduct research such as what is cost analysis for 1 individual to stay within criminal justice system vs preventative mental health and addiction care, \$118,000 (federal penitentiary) vs \$60,000 addictions care.

New Waterford Hospital.

Mental Health Department on Executive Council (like Women's Policy Office).

Better communication between different services and programs eg. Health, Education, Justice.

No clinical drug trials within provincial mental health care due to impossibility of "informed consent."

Change education system from K-12 and beyond to include respect.

More peer counsellors.

Psychologists.

ACT (Assertive Comm. Treatment)

Post hospitalization in-home followup

New modern leadership in mental health care.

New teams multi-disciplinary.

End ECT ASAP.

Increased and consistent consultation with lived experience – for example: Community Leadership Committee.

Continuum of care after rehab. (Reinforcement-based day programs/sober living house).

Smoking should be allowed at recovery centres.

Value and respect for lived experience. Good pay and more peer workers.

More funding for needle access programs.

Funding for a drug users consultation and advocacy group.

More outreach mental health and addictions workers.

Exercise has been proven to improve depression/anxiety/S.A.D. Why can't we introduce some sort of subsidy for the YMCA or other place where people can benefit from this. And/or learn how to use this to their benefit.

No smoking in a recovery (detox) centre is not reasonable. A cancer patient who is in the hospital can go out and smoke. Why if having the right to smoke? Will encourage and help recovery it should be allowed.

There should be some sort of monitoring in place for people who get prescriptions for narcotics/opioids. You can go to any NL/city house block in this city and buy these prescriptions illegally. So if they have a scrip make them do a blood test to ensure they are taking the level of drug they are prescribed not selling them. Too many unneeded people getting these prescriptions.

When your child has been diagnosed with a rare neuro-psychiatric condition, where do you get practical support in your home, so you do not have to go back to the emergency department; burnout as a caregiver, lose your job, or find yourself (as a parent) in a mental health crisis.

How can we improve emergency services for children who are in a mental health crisis and parents are concerned, scared.

Eastern Health community supports group should include all people with mental health and addictions issues.

The Janeway is featuring 2 children with mental health in the Telethon. First time ever.

No parental consent for abortions, yet others need consent for different medical procedures. An outrage.

Deaf community needs to have ASL interps [interpreters] hired by health care full-time.

Emergency room accommodations: training for triage nurses, shorter wait time for those with anxiety.

Give people the tools to be their own navigator.

Fill the gaps for referrals for healing and working with solving health issues.

Shorter wait lists for psychiatrists.

How much emotional strain we have had to endure to give you insight into these needs that are unmet for those elected. Not to implement improvements...to fill gaps.

Waterford. And we should get the acute care crisis centre in Corner Brook everywhere. Why do we have to navigate a system? It should be working for us!

Adoption should be publically encouraged to help increase our population.

Independent audit done on social services weekly to ensure accountability, responsibility to empower victim/survivor to be inter-dependent in society functionally.

2-1-1.

Advocacy, navigator, data analysis, report, gaps tracking, and much more.

Government entered the abortion issue by fully funding abortion. They should recognize there are mental and physical issues resulting from abortion and provide education and help for these victims of abortion.