



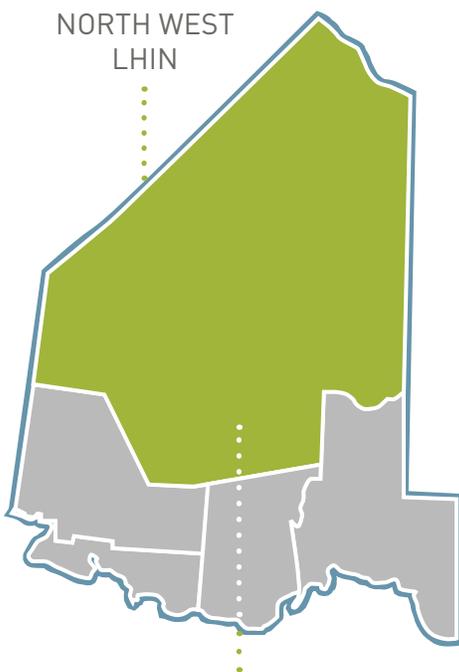
# Towards a Northern Centre of Excellence for Addiction and Mental Health

Engagement Results for:

**NORTHERN DISTRICT**

Northwestern Ontario Engagement Nov 2017 - Mar 2018

Northern District Engagement Sessions



## NORTHERN DISTRICT

21 461 people | 290 859 km<sup>2</sup>

77% rural  
83% Aboriginal\* Identity  
48% Children and Youth (0-24)

1 major town, 27 First Nations

Thunder Bay to Sioux Lookout:  
4.5 hours drive

(Source: Statistics Canada, 2016 Census)  
\*“Aboriginal” is used to reflect census terminology

1

### FACE-TO-FACE SESSION

Sioux Lookout: Dec 2017



2

### TELECONFERENCE SESSIONS

Rural and Remote First Nations EAST:  
Jan 2018

Rural and Remote First Nations WEST:  
Jan 2018



3

### VIDEOCONFERENCE / TELECONFERENCE SESSIONS

Northwestern Ontario WEST: Jan 2018

Northwestern Ontario EAST: Jan 2018

Northwestern Ontario WEST 2 : Mar 2018



39

**PARTICIPANTS FROM 26 ORGANIZATIONS** serving Sioux Lookout, surrounding rural communities, and 27 First Nations

Of these, 25 participants were affiliated with Indigenous organizations and organizations serving Indigenous people

### SECTORS

Addiction, Mental Health, Hospital, Emergency Medical Services, Primary Health Care, Public Health, Social Services, Housing, Education, Health Administration, Justice & Peer Support

### ROLES

Front-line workers and Managers in Indigenous-specific and non-Indigenous organizations including Physicians, Nurses, Police, Policy Makers, Social Workers, Counsellors, Guidance Counsellors, Community Leaders, Outreach Workers, People with Lived Experience, Youth

## INSIDE:



► What are the mental health and addiction priorities in Northern District?

► How could a Northern Centre of Excellence for Addiction and Mental Health help?

► What should a Centre of Excellence for Northwestern Ontario look like?

## 1. EMERGING TRENDS

- While there is less tobacco use, **alcohol** and **cannabis** use seems to be increasing; some clients combining alcohol, pills, IV drug use
- Opiate addiction not as common but psychoses diagnosis for those addicted increasing
- Suboxone clients sometimes “**bartering**” their medication for other drugs
- Police report that two-thirds of calls are alcohol and/or mental health related; justice system does not have the resources to address these needs
- **Self-harm** seen more often (cutting, etc.) and **suicides** increasing; “during past year, 30 so far in Northern district”
- **Trauma** is multi-generational, undiagnosed and untreated; clients deal with PTSD due to abuse, grief, and other forms of violence
- **Children** having more mental health problems and becoming **addicted earlier** (seeing 6-7 year olds with anxiety and 11 year olds with addiction)
- Youth have more **substance** use issues; viewed as “bandage” that many youth use to cope with problems; seeing 15-16 year old youth with mental health issues ending up in the justice system

## 2. LIMITED LOCAL ADDICTION AND MENTAL HEALTH SERVICES

- **Aftercare** “to address root causes” of addiction and mental health issues not available in small towns, rural areas, and remote First Nations; lack of qualified mental health and addiction counsellors, limited knowledge of how to deal with issues and where to access resources

- **Long waitlists** and shortage of specialists means “long, long wait for psychologist and psychiatrist appointments”
- No centre for Indigenous mental health in Northwestern Ontario; no inpatient beds locally; (e.g. “youth with suicide attempt sit at local hospital for week waiting for bed to open up”)
- No integrated mental health and addiction services or family-oriented treatment for addiction using holistic approaches
- No local mental health or addiction beds for children and youth; nearest centre for youth under 16 is in **southern Ontario**
- No **supportive housing**, recovery homes or self-care programs for people returning home after treatment
- Only two addiction treatment centres for Indigenous people in northern Ontario; no detox beds available locally, extremely long wait times to **access treatment** elsewhere

## 3. POOR COORDINATION OF CARE AND UNCLEAR CARE PATHWAYS

- Clients return to treatment again and again (e.g. “**revolving door**” – same person sent to treatment in Thunder Bay 10 or 12 times last year)
- **Complex paperwork** and multiple confidentiality forms can restrict communication between local providers and distant specialists; mental health problems reported only when referred from hospital, schools, or Child and Family Services
- Family doctors often recognize **PTSD** but don’t know where to refer

- **System navigation** is needed for First Nations people in Northern district; different time zones, clients who live off reserve for part of the year, and federal and provincial health systems make it difficult to know where to refer clients; people “fall through the cracks”
- When people are hospitalized in Thunder Bay, it is very hard for local providers to follow-up

## 4. WORKFORCE ISSUES

- No opportunity to get staff together to discuss issues and help cope; without debriefing, **stress** leads to high **turnover**
- Lack of **qualified** workers with specialization in addiction and mental health counselling (e.g. grief and trauma counselling, coping with addiction)
- New employees lack knowledge of northern issues; especially important in many places without consistent doctors or nurse practitioners
- Suboxone program staff need more **training** to support physicians and nurses
- Mental health and addiction **training** needed for remote community nurses and front-line workers

## 5. RELUCTANCE TO SEEK ADDICTION AND MENTAL HEALTH SERVICES

- **Stigma** around mental health and addiction discourages people from seeking care
- Clients may not **trust** service providers
- Lack of **cultural sensitivity** from service providers especially undermines youth and makes them reluctant to ask for help
- **Confidentiality** issues in small communities may discourage people from coming forward;

people don't want family to know; some turn to social media for advice and information

- People from **isolated** communities may not feel comfortable leaving their community to **access** treatment in towns and cities; some fear if they leave their community to get treatment, their possessions might be stolen

## 6. COMPLEX NEEDS

- Costly to stay healthy in Northern Ontario and access self-care: fuel, home maintenance, healthy food, and going to the gym is "very expensive"
- Grandparents are parenting grandchildren because parents are addicted; whole families need support
- **Housing** is a major issue; difficult to make appointments for people when they are homeless
- Some families have 5-8 children; without **childcare**, often miss appointments

- **Transportation** barriers to attending appointments; some people don't drive, weather challenges
- **Unemployment** linked to mental health and addiction issues
- Client needs vary in rural and remote communities; there is no "one size fits all" approach

## 7. FUNDING ISSUES

- Applying for **funding** is difficult; lengthy process from proposal to approval to funding received
- Lack of **communication** between governments and communities around mental health funding; political representatives told about issues, but no response
- A client in custody requires 2 officers at hospital for 8 hours if assessment required - significant cost for law enforcement agencies
- Suboxone programs not well funded; additional resources for staff and training needed
- Tribal Councils lack funding to deliver services to First Nations clients in remote communities, small towns, and cities



# B Considering a Northern Centre of Excellence for Addiction and Mental Health

## 1. WHAT COULD A NORTHERN CENTRE OF EXCELLENCE DO?

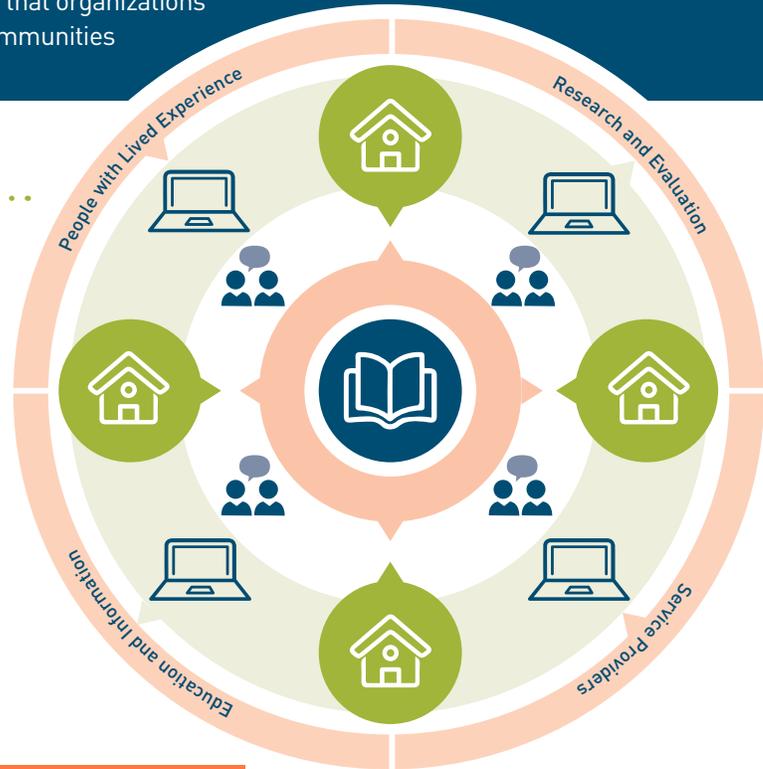
- Advocacy, bring people together to discuss the issues, and create collective voice regarding resource issues and possible solutions
- Assist mental health and addiction organizations with recruiting employees; create list to link potential staff with employers across the region
- Assist with funding applications and proposal writing for organizations and communities; connect communities with government resources; collect cross-jurisdictional data on their behalf
- Conduct research on behalf of communities and organizations; ensure that research and data collection includes Indigenous knowledge and ways of knowing
- Create a regional community of practice and deliver education about best practices developed in the north and for the north: "people have skills to train, other resources, call on them"
- Determine the costs of various services that are currently being used to support clients with mental health and addiction locally (e.g., police, paramedics, hospitals, schools, etc.)
- Facilitate communication and collaboration; help multiple agencies to coordinate services and develop service databases to help providers know where to refer clients
- Make needs of communities visible; ensure that youth and adults with lived experience represented
- Some participants were skeptical that Centre Of Excellence could improve situation, given lack of mental health and addiction services in the north and lack of response from governments

## 2. WHAT SHOULD A NORTHERN CENTRE OF EXCELLENCE LOOK LIKE? FACE-TO-FACE, VIRTUAL, OR BLENDED?

- Blended model preferred, offers great balance and variety of learning opportunities; some people like face-to-face, others virtual (if technology available); could deliver access off and on reserve
- Centre needs close relationship with rural communities and remote First Nations to understand what they need and what will work for them;
- they need to be involved in planning
- Multiple partner sites (e.g. Sioux Lookout, Kenora, Dryden) would support local communication and collaboration; could eliminate costly travel to Thunder Bay
- Sustainability needs to be considered, ensure that organizations and communities
- “buy in” and provide support for the centre
- Use virtual technology (e.g. Ontario Telemedicine Network, E-learning, telephone) to bridge distances and enable communication, and learning across Northwestern Ontario

**BLENDED MODEL**

-  Research, Training, & Evaluation Services
-  Face-to-Face Communication
-  Internet-based and Telephone Communication
-  Partner Sites (participating organizations and communities)



### Northwestern Ontario Engagement: Overall Results

**216**

participants from 5 engagement areas

**35%** city of Thunder Bay

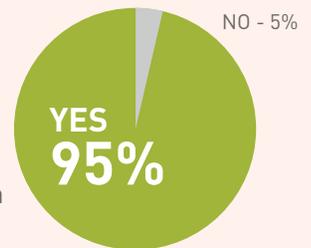
**65%** towns, rural areas, and First Nations

**65**

participants were affiliated with Indigenous organizations and First Nations

#### SUPPORT

Do you support the development of a Northern Centre of Excellence for Addiction and Mental Health?



Face-to-Face Engagement Sessions



Teleconference and Videoconference Engagement Sessions

For further information contact Cynthia Olsen, Coordinator - Thunder Bay Drug Strategy  
807-625-2942 | colsen@thunderbay.ca