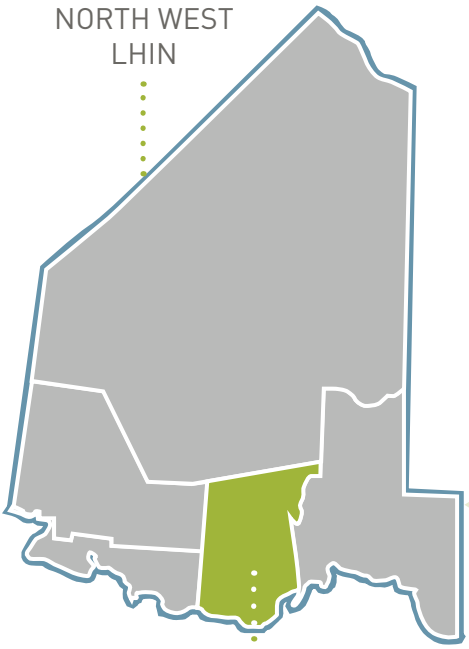
Towards a Northern Centre of Excellence for Addiction and Mental Health

Engagement Results for: **THUNDER BAY CITY DISTRICT**

Northwestern Ontario Engagement Nov 2017 - Mar 2018 > Thunder Bay City District Engagement Sessions



THUNDER BAY CITY DISTRICT

127 975 people | **37 100** km²

56% of Northwestern Ontario's population
27% are youth 0-24 years old
13% Aboriginal* Identity

1 City, 5 First Nations

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

8 **FACE-TO-FACE SESSIONS**
Front-line Workers 1: Feb 2018
Front-line Workers 2: Feb 2018
Managers 1: Feb 2018
Managers 2: Feb 2018
People with Lived Experience 1: Feb 2018
People with Lived Experience 2: Mar 2018
Youth with Lived Experience: Feb 2018
Policy Makers and Planners: Feb 2018

1 **TELECONFERENCE SESSION**
Managers: Feb 2018

1 **VIDEOCONFERENCE SESSION**
Northwestern Ontario EAST: Mar 2018

78 **PARTICIPANTS FROM 38 ORGANIZATIONS** serving city of Thunder Bay, surrounding rural communities, and 5 First Nations; many serve clients from communities across Northwestern Ontario.

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

ROLES
Front-line workers and Managers in Indigenous-specific and non-Indigenous organizations, including Adults and Youth with Lived Experience, Peer support workers, Health Administrators, Physicians, Social Workers, Police, City Councillor, Mental Health Counsellors, Guidance Counsellors, Community Leaders, Outreach Workers, Policy Makers

INSIDE:

A Priority Mental Health & Addiction Issues --Thunder Bay City District

1. EMERGING TRENDS

- **Gangs** from outside the city are "setting up shop" and, once they arrive, drug use "goes through the roof"
- Increase in cocaine, crack, fentanyl, carfentanil, methamphetamines, and ecstasy; also more **trauma** from sexual, physical and emotional abuse
- More youth and more women who are "actively addicted" have long-standing mental health issues; they are especially **vulnerable** to human trafficking
- Seeing more people with fetal alcohol spectrum disorders or brain injuries, and **prior contact** with the justice system

2. LIMITED LOCAL ADDICTION AND MENTAL HEALTH SERVICES

- "After hours" services unavailable and few **detox** facilities in Northwestern Ontario; without beds, people are "detoxing in intake areas"
- **Francophone**-speaking mental health professionals not available; "getting services in French is next to impossible"
- **Holistic wellness** services are lacking; "blanket of care" that acknowledges Indigenous way of life must be developed
- Lack of primary care doctors and **long waitlists** causes delays; without physician, clients don't "get help at the right time, in the right place"
- **Prevention** and awareness programs, as well as harm reduction, required; services for **older adults** with mental health or addiction issues also lacking

3. POOR COORDINATION OF CARE AND UNCLEAR CARE PATHWAYS

- Addiction and mental health services are separate; although organizations collaborate, **referrals** between programs are difficult
- Agencies report some clients put names on **multiple waitlists**, hoping to "jump around" and obtain quicker access; however, this adds to waitlists
- Clients are often "handed off" to agencies without **medical records**; physical health issues and nutritional deficiencies are common
- **Justice** system is acting as "backup for mental health"; once on probation, people no longer have access to addiction or mental health services

4. WORKFORCE ISSUES

- Front-line workers have large caseloads; resulting stress, and low salaries contribute to **turnover**
- **Online** addiction assessment tool is time-consuming and creates a backlog; seen as not appropriate for youth or Indigenous clients
- Police and paramedics need additional **training** in dealing with clients with mental health issues; most new graduates are not prepared for rural practice

5. MEETING NEEDS OF INDIGENOUS CLIENTS

- Indigenous clients often don't **trust** non-Indigenous agencies and service providers; those with addiction feel poorly treated when they seek care
- Need to understand that I**ndigenous cultures** are different; each community has different traditional teachings, ceremonies, and customs
- People moving from rural and remote First Nations into city lose services they have on reserve; **jurisdictional barriers** should be addressed

6. MEETING NEEDS OF YOUTH

- **Gap** in services for youth between ages of 16 and 18; not safe to have them in adult treatment centres or shelters
- Mental health services for children and youth in **schools** are limited (e.g. only 3 social workers and one mental health nurse for more than 20 schools)
- No services for youth who identify as **LBGTQ2S**; without supports, they are at high risk of self-harming behaviours or addiction
- Youth from **First Nations** who come to city to attend high school need extra support to achieve wellness; without family, they are especially vulnerable

7. MEETING NEEDS OF WOMEN

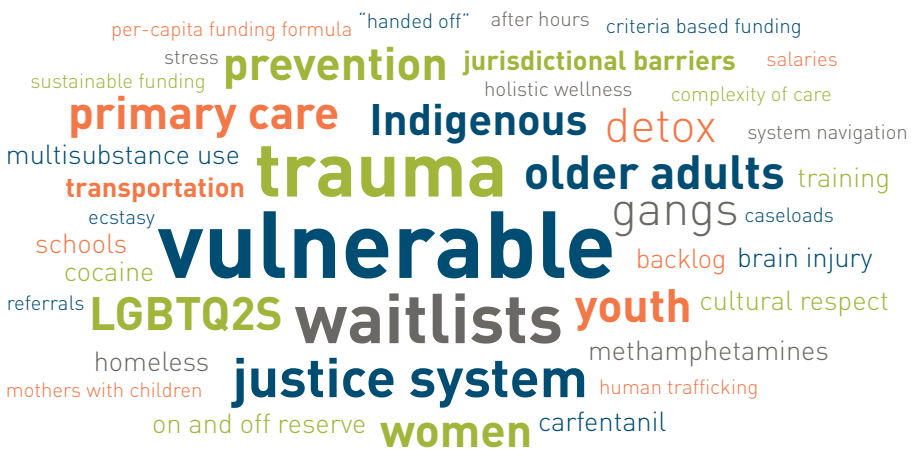
- No women-specific community-based treatment, assisted living facilities, or shelters; **unsafe** for them to go into existing facilities
- No residential detox programs that will accept **mothers with children**; women must put their children into care in order to go to treatment
- Women with mental health or addiction issues who leave their homes are **vulnerable**; they often get caught in the sex trade or drug trafficking

8. COMPLEX NEEDS

- **Basic needs** not being met; lack of safe and affordable housing; social assistance shelter allowances insufficient to pay rents
- **Navigation** supports are needed: people who move to Thunder Bay are unaware of resources available for mental health and addiction
- Shelter space is limited, especially during winter; **homeless** people need assisted living; other than managed alcohol program, services unavailable
- **Transportation** is an issue; bus to food bank or other services is expensive

9. FUNDING ISSUES

- Agencies are frustrated with **criteria-based funding** that restricts types of services delivered; lack of funding for facility renovations is related issue
- Although **complexity** of care and time required to serve clients have increased, funding levels are the same, or lower than before
- **Indigenous** programs are under-resourced; communities need more control over funding to ensure they can meet needs of growing population
- **Innovative** programs, such as the Street Outreach Program for the homeless, intoxicated or otherwise at risk, cannot access sustainable funding
- Per capita **funding formula** does not recognize high levels of need in the north and high costs of delivering services to geographically dispersed areas



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

1. WHAT COULD A NORTHERN CENTRE OF EXCELLENCE DO?

- Advocate and act as a **"champion"** for northern regions, ensure that issues are "pushed forward" and innovations and best practices recognized
- Ensure that people with **lived experience** have a voice in shaping programs; surveys to assess "grassroots" needs would be useful
- Explore creative solutions to address challenges of delivering services in northern cities, towns, and rural communities, including remote First Nations
- Help organizations and communities to build knowledge and skills of front-line workers; **outreach** education would help
- Provide gender- and trauma-informed **training** on best practices for vulnerable clients across lifespan (e.g., women, youth, older adults, Indigenous, LGBTQ2S)
- Work with university and college to ensure that health and human services **curricula** have focus on northern mental health and addiction issues

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

- Blended approach was preferred, combining "face-to-face interaction" with a "virtual network"; however, **Internet** not always available
- A distributed model, with "partner sites throughout northwestern Ontario" was seen as a way of ensuring **equity** in access and resources
- Most participants saw **value** in a Centre of Excellence; they looked forward to further planning and engagement occurring
- 4 of 75 in attendance at sessions, however, expressed a **dissenting** view: they felt Centre was unneeded as expertise is already available

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

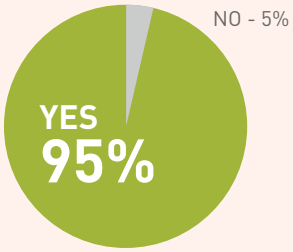
216 participants from 5 engagement areas

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 **14** | **12** Teleconference and Videoconference Engagement Sessions

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

Lakehead University | Centre for Rural and Northern Health Research

THUNDER BAY Drug Strategy