Let's Talk About Addictions and Mental Health

Community Consultation Full Report

October 2007

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Summary of Consultation Findings

Introduction

Northern Health conducted its first broad community consultation – *Let's Talk About Health* – in 2004. The purpose of the consultation was to obtain input from the public in order to understand Northern residents' health values, priorities and expectations – and then to use this in the strategic planning undertaken by the Northern Health Board of Directors. After the 2004 consultation reporting process, a public commitment to hold community consultations every two years was made.[1] The focus of the 2007 consultation was: *Let's Talk About Addictions and Mental Health.* For the first time, meetings were also held specifically for Aboriginal people across the north.

While each meeting was unique, the questions that guided the consultation (meetings and written comment forms) were the same:

- What addictions and mental health services are currently available in your community?
- What is working now for addictions and mental health services?
- What needs to be improved and what are the current opportunities for improvement?
- How can families, friends and communities help someone on the healing journey?
- What can Northern Health do?
- Do you have other feedback for Northern Health?

Input on addictions and mental health was received from 36 public meetings across the north – including 16 meetings for Aboriginal people – and from e-mail, voice mail and written comment forms. More than 700 individual voices are represented in the pages of this report.

The aim of the report is to improve supports to people living with mental illness or addiction and their communities. It will assist the Northern Health Board in setting strategic priorities. The report will also be used by Northern Health staff, particularly in Mental Health and Addictions Services and in Aboriginal Health Services, as they set priorities, make plans and work to meet peoples' needs.

This document provides an overview of the consultation process, a list of the key themes that arose and describes suggested strategic priorities for Northern Health. An Executive Summary and a report on each community were also written. These reports are available on the Northern Health website www.northernhealth.ca, by telephone request to (250) 565-2649 or email request to hello@northernhealth.ca.

[1]This consultation, originally planned for 2006, was rescheduled to 2007 due to potential scheduling conflicts with the Premier's Consultation on Improved Cancer Care for Northern BC.

What are the themes that arose from the consultation?

These themes listed here are described in more detail later in the report.

General themes (applicable to all areas, including Aboriginal people)

- Housing
- Services for youth and men
- Creating a complete system of treatment care
- Access to mental health and addictions services
- Education and prevention
- Reducing the stigma
- Leadership role for Northern Health
- Working in partnership with others
- Community development
- Training and development in the north
- Communication and further consultation

Aboriginal specific themes

- Historical context related to addiction and mental health
- Services for youth
- Cultural and traditional healing practices
- Aboriginal staff
- Jurisdictional barriers
- Enhancing the relationship with Northern Health

What are the key recommendations?

There are many comments and recommendations in the full report. Some are general, some are specific to one community or First Nation. It's hoped that Northern Health staff and their partners across the North will benefit from these findings and use them in planning, setting priorities and in community development.

In order to identify a critical few areas in which strategic improvements can be made in the near term, the following have been brought forward as priority recommendations.

Access

As with many other health services in Northern BC, access to addictions and mental health services is a huge issue. Access means different things to people in different locations. For purposes of this recommendation, it means timely access to needed services in the most reasonable location, without bureaucratic barriers or other obstacles.

One common message heard across Northern BC is that people would like services and supports to be as close to their home community as possible and as flexible as possible in terms of where, when and how they access them.

Strategic Recommendation	***Possible Action Items – Northern Health to lead***	***Possible Action Items – NH partner with or support others***
1. That Northern Health work with communities and service partners to bring services as close to people as possible and make urgent services	➢ Develop community-based treatment support models, involving training and support for all those in the system (including volunteers). ➢ Review the Northern Connections transportation schedule in light of what was learned in many	

Strategic Recommendation	Possible Action Items – Northern Health to lead	Possible Action Items – NH partner with or support others
available for more hours.	locations about the challenges of attending appointments with psychiatrists and other counsellors. Consider reviewing appointment scheduling as well. ➢ Consider having more mental health and addictions workers (Northern Health or partner agencies) shift to non-regular hours (evenings and weekends). ➢ Provide training and support to physicians and hospital staff to ensure the skills and understanding are in place to be confident in treating patients during difficult episodes. Integrate this training with the improvements being made to observation units across the region.	
2. That Northern Health assist with smoothing out policy barriers to services.	➢ Work with Aboriginal communities, federal agencies and provincial ministries (such as the Ministry for Children and Family Development) to map services and access issues. Harmonize policies where possible and improve ongoing case coordination and communications.	

Developing the continuum of services

A strong theme across the North is that of ensuring the system works smoothly and meets people's needs in a timely way. Particularly compelling were the voices of those on the healing journey themselves, who came to the meetings or wrote on comment forms, describing their personal experiences. The challenges of working with an incomplete and somewhat fragmented system are particulalry difficult for someone with an addiction or mental illnes. It should be relatively simple for the person in need of the services to be able to understand how to access and navigate the system, and to see how they might be helped.

In developing a continuum of care for addictions services, specific attention needs to be paid to the historical and cultural context for Aboriginal people. Participants spoke of the importance of integrating culture and traditional healing into services, supports and processes when serving Aboriginal people. Because many people have lost their cultural and historical identity, and this is an essential part of their journey to wholeness, it needs to be recaptured in the healing process. As people recover their identity through the fostering of a sense of belonging with their families and community, and families are engaged in the healing and acceptance, a circle of support is created.

There are detailed descriptions of the continuum of care for addictions and mental health in the full report. Key elements to consider are described here.

Continuum of Care for Addictions

There are several stages of support for someone who wants help recovering from addictions. For each of these, clear suggestions for improvement have been made and are represented in this table.

Stage	Suggestions for Improvement
Pre-detox	Once a person identifies a need and he or she is willing to access help, timely access to detox is critical. If timely access is not possible, then safe housing or shelter is imperative. The window of opportunity is often small and, if missed, the individual may not seek help again.
Detox	Adequate capacity to provide detox is essential as the first stage in the recovery journey. Currently detox is seen as not being available when needed, or as being ineffective.
Post-detox and pre-treatment	Once a person has completed the detox stage of the journey they are at high risk of returning to the addiction lifestyle upon discharge. Discharge planning, safe housing, crisis support (beyond business hours) and transportation to treatment programs are issues that need to be addressed.
Treatment	Treatment programs need to be available close to home, avoid having waitlists, be culturally relevent, and be flexible.
Post-treatment and recovery	Post-treatment recovery, and specifically local recovery support, seems to be one of the most significant gaps in a continuum that has many gaps. The research quoted is clear that without recovery support, treatment will not be successful. This stage of the journey seems to be less about a location and much more about supporting mechanisms that serve the person through re-integration into the life of family and community.
Post-recovery and pre-wellness	There is a need to develop a better network of support for people ready for ongoing post-recovery support. This may range from creating affordable living spaces and safe houses for those in recovery to looking at employment and transportation challenges. Suggestions include developing a community-based model of support for those in various stages of recovery and building on the development of strong support group networks.

Continuum of Care for Mental Illness

The current system of care for people with mental illness also has gaps and improvements that can be made, including:

- the visiting psychiatrist program;
- discharge planning and communications;
- crisis support around the clock;
- a need for more counselling and life skills support;
- family counselling; and,
- services for men.

Continuum of Care Recommendations

Strategic Recommendation	*Possible Action Items – Northern Health to lead*	*Possible Action Items – NH partner with or support others*
3. That Northern Health provide leadership and work with others to improve the addictions treatment journey.	➢ Map the continuum of services (or lack thereof) in each community and support efforts to eliminate the most pressing gaps. ➢ Develop a long-term plan that includes: o reorganizing detox options; o moving treatment resources closer to communities; o stimulating the growth of pre- and post-treatment options at the community level; and, o developing more ongoing recovery supports.	➢ Explore creating a single helpline for people to access information on services. ➢ Explore ways to improve out-of-town transportation options.
4. That Northern Health introduce innovative approaches to the addictions and mental health service continuum.	➢ Provide more cultural awareness training for Northern Health staff and community partners. ➢ Explore and initiate alternative health treatments, including Aboriginal traditional healing, where appropriate. ➢ Develop models of community-based support for people needing help with post-treatment and other recovery support.	➢ Be an active resource for communities by facilitating communications, bringing information and knowledge of creative programming options forward, and by committing new Northern Health resources where appropriate.

Services for men

It is significant that the need for addictions and mental health services for men was such a consistent theme heard throughout the consultation. Areas of need include both serious gaps in the continuum of care and an overall lack of capacity in existing services. Needs vary by community; however, the gaps in services were generally identified as:

- the lack of shelters providing basic safe housing for men awaiting detox and treatment programs;
- the lack of supportive recovery programs and settings to help the individual complete the recovery journey after detox and treatment; and,
- the lack of shelter or transition housing for men returning from treatment.

These gaps contribute to the high recidivism rate – and an inherent ineffectiveness within the system as men repeat detox and treatment programs without breaking the cycle.

Two other significant issues were raised that limit the effectiveness of the system:

- a perception of prejudicial attitudes towards men within the system; and,
- a lack of treatment services for assaultive men – men who act out in violence towards their families – which is an important and necessary support in communities as families struggle to move beyond the cycles of abuse.

Strategic Recommendation	***Possible Action Items***	
5. That Northern Health develop targeted programs for men.	➢ Create locally-based services and supports to help prepare men for treatment and help integrate men back into the community after treatment. ➢ Improve the timely delivery of detox and other services for men.	
6. That Northern Health participate in the development of residential supports for men with addictions and/or mental health issues.		➢ Work with local non-government agencies, BC Housing, Aboriginal communities and others to develop safe supportive housing for men – short term shelter as well as treatment, post-treatment and long term housing.

Developing partnerships

Much that is successful within communities in the area of mental health and addiction services is a result of the strong collaborative relationships between agencies, service providers, and families. It is because of these relationships that there is a willingness to jointly solve problems and to share resources, skills, and knowledge. In this positive situation joint case reviews and planning for clients take place, education sessions are shared, referrals are frequent, boundaries are erased or adjusted to meet client needs, work on health promotion and prevention (rather than just treatment) tends to take place, and there is a strong sense of determination and pride in this work in the community.

Conversely, when the work is more segmented or fragmented, there are often disconnects between acute care and the rest of the system, services and connections may depend on individual worker knowledge, and clinicians and families often express a sense of frustration with the system. It's clear that effective collaboration takes time and energy and someone has to coordinate the efforts. In an already strained system, this is difficult in some communities.

Housing

One area that relates strongly to partnerships is the need for accessible, appropriate, safe, and quality housing by people with mental illnesses and addictions. This was raised frequently in the consultation, with comments about the lack of housing options, and how, for people at risk of addictions and mental illness, this is a basic life need that, if left unfulfilled, is a barrier to wellness and recovery.

A significant pressure associated with housing is market forces (growing economies force higher real estate prices, reducing rental stock availability and increasing rents). Many areas with slow economies have a

limited availability of affordable housing stock to begin with. The situation is worse when coupled with an often all-too-apparent discrimination against those struggling with addictions and/or mental health.

A few communities did not raise basic housing availability as an issue, but these communities did raise the need for specialized housing and programs. The Aboriginal housing story is different as it arises partly from the historical colonial approaches. However, the issues are similar – every person needs suitable housing.

Northern Health is well-positioned to contribute significantly to building and improving partnerships and collaborative efforts, related to housing and other areas.

Strategic Recommendation	***Possible Action Items – Northern Health to lead***	***Possible Action Items – NH partner with or support others***
7. That Northern Health support efforts to find housing solutions for people with addictions and/or mental illness.	➢ Be a broker of information in the North – sharing data on housing and other determinants of health and providing examples of successful community-based models of housing development (from basic affordable units to treatment or recovery facilities).	➢ In select situations, partner with other organizations and agencies in developing housing alternatives. (This might occur in a variety of ways – for example as in-kind services.) ➢ Be at the table when solutions are being discussed for broad social issues that underlie healing and good mental health – things such as housing, employment and community development. ➢ On a community by community basis, participate with local partners in assessing housing needs, in planning together and in working to increase the availability of needed housing. This would likely include other agencies such as the BC Schizophrenia Society, realtors/developers, consumers of services, service providers, BC Housing, municipal and regional governments, Aboriginal leaders, Friendship Centres, and others.
8. That Northen Health look for opportunities to take a leadership or facilitation role in communities.	➢ Identify the staff and skills required to play a more facilitative role – and support developing this capacity further.	➢ Take a more deliberate approach to networking and getting organizations and people together to share information (including appropriate client information). ➢ Create ways for organizations, agencies, support groups and community members to work more closely together in identifying priorities and building solutions.

Strategic Recommendation	Possible Action Items – Northern Health to lead	Possible Action Items – NH partner with or support others
9. That Northern Health look for opportunities to work with specific partners to advance mental health and addictions work.	➢ Work with support groups to share information on services and to assist with promotion of their meetings.	➢ Build an ongoing partnership with the RCMP, who have identified aboriginal youth as a national priority and have an interest in a preventative approach when people with mental illness and/or addictions come in contact with the criminal justice system. ➢ Respond to the strong interest (in some locations) to formally enter into joint planning.

Addressing the needs of Aboriginal communities

In addition to common themes that arose in most or all communities in Northern BC, the report also highlights specific themes that arose from the Aboriginal community meetings. It is hoped that Northern Health will integrate this learning into Mental Health and Addictions Services, Aboriginal Health Services and other areas of its work such as Primary Health Care.

There are also some reasons to consider addressing the needs of Aboriginal communities as a strategic priority. This is the first time the organization has included Aboriginal-focused meetings in its broad Board-sponsored consultation process, although these communities have been consulted in the past through the Aboriginal Health department of Northern Health. The current consultation was received positively, albeit with a certain level of skepticism, by the Aboriginal communities. Some community members noted that they have been consulted many times in the past by organizations or government – with little followup or action to show for it. The hope that this is the beginning of an ongoing relationship was expressed often.

Aboriginal peoples make up a significant portion of the population in Northern BC and it is the most rapidly growing population (by birth rate) in the region. There are some jurisdictional differences in how health services are funded and delivered and there is a trend for First Nations communities to manage their own health services. In spite of this, Northern Health services and provincially-funded services, such as physician care and acute care, are provided daily to Aboriginal people. There is a need to remove jurisdictional barriers and adapt policies so that every person receives the support and care they need.

Strategic Recommendation	Possible Action Items – Northern Health to lead	Possible Action Items – NH partner with or support others
10. That Northern Health integrate the unique aspects of Aboriginal cultural views and input into its planning and programs.	➢ Invite Aboriginal people to play a meaningful role on Northern Health Addictions and Mental Health planning committees and working groups. ➢ When launching a consultation process, ensure Aboriginal communities are included. ➢ Adapt consultation materials, methods, languages and	➢ Ask local Aboriginal partners to organize future consultation processes at the local level.

Strategic Recommendation	Possible Action Items – Northern Health to lead	Possible Action Items – NH partner with or support others
	approaches to be most useful to Aboriginal people. ➢ Ensure followup after consultations via reports or face-to-face meetings so that people know they were heard and what has taken place as a result of consultations.	
11. That Northern Health develop and implement a significant Aboriginal cultural training/ learning program for its addictions and mental health staff and associated service providers.	➢ Choose a proven model of learning and implement it in chosen locations to test and adapt it. (This may be part of a larger Northern Health initiative or specific to Mental Health and Addictions Services.) ➢ Include physicians and other service providers (partner agencies for example) in the training/learning opportunities. ➢ Ensure the Aboriginal Liaison positions in health centres and hospitals are filled and that the workers are well-versed in mental health and addictions and the related continuum of services.	
12. That Northern Health seek opportunities to partner on specific projects with Aboriginal people.		➢ In collaboration with Aboriginal people, choose one or more significant projects to commit to as partners. Use the project(s) to learn and to develop capacity as a health organization (and to succeed in the task). Examples might be projects related to staff and volunteer training, housing, treatment, or developing cultural/recreational programs.

Introduction

Northern Health conducted its first broad community consultation – *Let's Talk About Health* – in 2004. The purpose of the consultation was to obtain input from the public in order to understand Northern residents' health values, priorities and expectations – and then to use this in the strategic planning undertaken by the Northern Health Board of Directors. Through community meetings across Northern BC and through submitted written comment forms, participants communicated a great deal on health and health services.

After the 2004 consultation reporting process, Northern Health made a public commitment to hold community consultations every two years.[2] The focus of the 2007 consultation was: *Let's Talk About Addictions and Mental Health.* For the first time, meetings were also held specifically for Aboriginal people across the north.

This report describes the findings from *Let's Talk About Addictions and Mental Health*. Participants at every community session spoke passionately and personally from their knowledge and often from their own journey with addictions and mental health services. Their experiences and recommendations are reflected in community summary reports available from Northern Health.

Feedback was received from 36 communities visited across the north – including 15 Aboriginal communities – and from e-mail, voice mail and written comment forms.

The purpose of this report is to improve access and services to all residents of the North living with addictions and mental illness and to strive towards full inclusion for all in every community. It presents the Northern Health Board with the input of Northerners to assist them in setting addictions and mental health strategic priorities for Northern Health.

This report will also be used by Northern Health staff, particularly in Mental Health and Addictions Services and in Aboriginal Health Services, as they set priorities, make plans and work to meet people's needs.

How is the report organized?

After the background and consultation process are briefly described, this report describes a short list of priority strategic recommendations. These are "the critical few" that may provide direction for Northern Health on the first steps for moving forward based on what people in Northern BC have said is important.

A description of general themes that were common across the region and Aboriginal-specific themes follow. There is much to consider here – with suggested actions in some cases.

[2]This consultation, originally planned for 2006, was rescheduled to 2007 due to potential scheduling conflicts with the Premier's Consultation on Improved Cancer Care for Northern BC.

Background

Addictions and Mental Health

As in other parts of Canada, people in Northern BC experience mental illness and addictions. When we think of mental illness we may not realize that all age groups can experience mental illness and addiction – including children, teens and the elderly.

As well, mental illness knows no gender barriers. In the past, it was often assumed that women experienced a higher incidence of mental illness. However, the gender gap among people with mental illness is much narrower than was once suspected. In Canada, the StatsCan Canadian Community Health Survey on mental health and well-being found that 10 per cent of men experienced symptoms of mental health disorders and substance dependencies, compared to 11 per cent of women.

Mental illness defines a broad array of conditions, including the following:

- Mood disorders, including depression, bipolar disorder, and seasonal affective disorder;
- Anxiety disorders, including obsessive compulsive disorder, phobias, panic disorders, and post-traumatic stress disorder;
- Eating disorders;
- Attention deficit disorders;
- Schizophrenia;
- Suicide;
- Psychosis.

Sometimes mental illness will be expressed by withdrawal, violence or substance abuse.

Drug or alcohol dependence – also known as substance abuse or misuse – occurs for various reasons and can affect any member of society. As with mental health issues, people with addictions issues can be helped to reduce or eliminate the negative impacts of dependence.

Northern Health believes that services need to be made available early; that they need to be close to where people live; that they need to be responsive to clients; and that they need to be preventive and educational in nature. Northern Health is committed to meeting client needs earlier in the cycle of health and wellness to prevent or lessen the need for help due to a crisis or the need for institutional care.

Northern Health Mental Health and Addictions Services (MHAS) has been examining the state of services in the past year or so, even before the 2007 consultation process. This included the conducting of an addictions survey. The organization is investing in services that are community-based and focused on preventing illness in order to improve each person's experience and success. Guiding principles and some key direction from this work are outlined below.

Northern Health Addictions and Mental Health Guiding Principles

- *Equity* – enhance and develop service capacity to ensure quality services for all;
- *Access* – local, flexible and culturally-responsive services with minimal wait times;

- *Respect for communities' local authority/autonomy* – work with communities to plan service needs;
- *Communication* – engage communities and stakeholders through listening;
- *Engage in ongoing, pro-active partnership/joint planning* – commit to ongoing partnerships with stakeholders;
- *Trust/transparency*– make realistic commitments and follow through on them;
- *Commit to planned change process* – changes are planned and implemented with partners and key stakeholders;
- *Commit to learning* – engagement in ongoing learning;
- *Better (best) practices/evidence-based* – services evolving based on information and experience about what is working well in comparable places;
- *Spirit of accountability and ongoing evaluation.*

Where we have come from

Most people with addictions and/ or mental illness don't seek help, and those who do, often don't seek help from the specialized addictions and mental health service system. We know that many social and health-related harms associated with substance use reach well beyond just those people with diagnosable abuse or dependence (e.g., binge drinkers, those who drive while under the influence, etc.)

When each agency sees itself fitting within and connected to the broad range of other supports and services, and works with other agencies and systems – then every door can be the right door for the person living with or impacted by addictions and/or mental illness.

Looking Forward

Accessible, timely, and early access to services and supports have been the focus of public attention and concern. Mental Health and Addiction Services is committed to:

- improving access to and responsiveness of community-based service options;
- building consistent skills across acute and community services;
- developing and implementing a youth mental health and addictions strategy in partnership with the Ministry for Child and Family Development, with special attention to Aboriginal youth; and,
- improving staff retention.

Strategies that address accessibility and that develop a comprehensive mental health and addictions service continuum were the focus for the future, even before the *Let's Talk About Addictions and Mental Health* consultation.

Northern Aboriginal Health

In 2006 Northern Health held three conferences that brought together Aboriginal health care managers and staff, health service administrators, Northern Health leadership, and Aboriginal leaders and health personnel. These gatherings took place at Kitsumkalum, Prince George, and Fort St. John. An Aboriginal planning committee defined the purpose, goals, and activities for these important gatherings.

These first-time conferences featured opportunities for Aboriginal health workers to:

- network with Aboriginal health agencies and Northern Health managers and staff;
- showcase their most promising practices;
- learn about Northern Health programs and services;
- have access to Aboriginal health information and resources; and,
- share "best thinking" concerning Aboriginal structure for strategic planning.

Discussion at each conference was guided by four questions concerning Aboriginal health:

- What is Aboriginal health?
- What are major issues/barriers to Aboriginal health and wellness?
- What are your best advice/solutions to improve it?
- What are next steps to address it?

Participants agreed that Aboriginal health is holistic. It encompasses health determinants, is supported and fostered by Indigenous knowledge and know-how, and is community-based and driven. It includes health/mental health and addiction needs that call for accessible solutions and services for all ages and stages of life.

The issues and barriers to Aboriginal health go back to the historical treatment of Aboriginal peoples and the lasting effects as reflected by present life conditions in Aboriginal communities. Working together, governments and local communities can improve these conditions with a focus on building community resources, including capacity building.

Recommended steps to address barriers ranged from decision-making structures at the top of Northern Health to incorporating input from the communities. They included the importance of a strength-based approach and use of health determinants as a framework for planning and implementing change.

The results from the 2006 meetings were brought forward in the Aboriginal-specific community meetings in the *Let's Talk About Addictions and Mental Health* consultation.

How was the consultation conducted?

The consultation took place in May, June and July. Four methods of participation were made available to people.

Facilitated Open Meetings

Municipal and Aboriginal meetings were held in 36 communities across the north and open to all interested in attending. (In addition, there was one teleconference with residents of Atlin.) These facilitated sessions were the main way to gather input from Northerners. The meetings were advertised in advance and two or more hours were set aside to hear what was on the participants' minds. A standard set of questions were used to guide discussion:

- What addictions and mental health services are currently available in your community?
- What is working now for addictions and mental health services?
- What needs to be improved and what are the current opportunities for improvement?
- How can families, friends and communities help someone on the healing journey?
- What can Northern Health do?
- Do you have other feedback for Northern Health?

Discussion Guide and Comment Form

Discussion guides and comment forms were made available at the meetings, at local health service locations, and on the Northern Health website at www.northernhealth.ca .

People could complete the comment form at the open sessions, online, or at home and fax or mail them into Northern Health. People attending the sessions were also encouraged to invite others to complete the comment form – or to hold a discussion with a group of people who wanted to be heard. The questions in the comment form were similar to the questions that were asked at the open sessions.

Email and Voice Mail

An email address was provided and a voice mail box made available for people who preferred to leave comments using either of these communication tools.

What are the priority strategic recommendations to Northern Health?

Common themes became evident during the consultation. These themes are detailed in this section of the report ,along with recommendations for action where appropriate. As well, Appendix 1 contains all of the community reports, which have even more detail.

However, in order to identify a critical few areas in which strategic improvements can be made in the near term, six themes have been brought forward as priority areas of action: access, houisng, developing the continuum of care, services for men, developing partnerships, and addressing the needs of aboriginal people. If these are addressed, a great impact will be felt and many other improvements will follow, including following up with other recommendations made throughout this report.

Access

As with many other health services in Northern BC, access to addictions and mental health services is a huge issue. Access means different things to people in different locations. For purposes of this recommendation, it means timely access to needed services in the most reasonable location, without bureaucratic or other obstacles.

One basic principle that is clear across the region is that people would like services and supports to be as close to their home community as possible and as flexible as possible in terms of how to access help and what hours help is available.

The following examples might be useful:

- In Prince George and many other places, access to emergency mental health and addictions support is limited to mostly regular business hours.
- In Southside, access to appointments in Burns Lake or residential treatment in Prince George is difficult because there are so few transportation options for someone without a vehicle.
- In New Aiyansh, access to emergency hospital care is limited because there is no ambulance, leaving the RCMP as the default "health care transportation", which means it becomes a police issue.
- For some Aboriginal people, access to services is confused by the fact that various agencies and jurisdictions have different policies on providing service.

Strategic Recommendation	***Possible Action Items – Northern Health to lead***	***Possible Action Items – NH partner with or support others***
1. That NH work with communities and service partners to bring services as close to people as possible and make urgent services available for more hours.	➢ Develop community-based treatment support models, involving training and support for all those in the system (including volunteers). ➢ Review the Northern Connections transportation schedule in light of what was learned in many locations about the challenges of	

Strategic Recommendation	Possible Action Items – Northern Health to lead	Possible Action Items – NH partner with or support others
	attending appointments with psychiatrists and other counsellors. Consider reviewing appointment scheduling as well. ➢ Consider having more mental health and addictions workers (Northern Health or partner agencies) shift to non-regular hours (evenings and weekends). ➢ Provide training and support to physicians and hospital staff to ensure the skills and understanding are in place to be confident in treating patients during difficult episodes. Integrate this training with the improvements being made to observation units across the region.	
2. That Northern Health assist with smoothing out policy barriers to services.	➢ Work with Aboriginal communities, federal agencies and provincial ministries (such as the Ministry for Children and Family Development) to map services and access issues. Harmonize policies where possible and improve ongoing case coordination and communications.	

Developing the continuum of services

A strong theme across the North is that of ensuring people with addictions and/or mental illness are able to access a system that works smoothly and meets their needs in a timely way. Particularly compelling were the voices of those on the healing journey themselves, who came to the meetings or wrote on comment forms describing their personal experiences. The challenges of working with an incomplete and somewhat fragmented system are particulalry difficult for someone with an addiction. For the person needing the services it should be clear how to access the system, how to navigate between the parts of the system, and they should know that the interventions received will assist them to their desired outcome of healing.

In developing a continuum of care for addictions services, specific attention needs to be paid to the historical and cultural context for Aboriginal people. Participants spoke to the importance of integrating *culture and traditional healing* into services, supports and processes when serving people from the Aboriginal community. Because many people have lost their cultural and historical identity, and this is an essential part of their journey to wholeness, it needs to be recaptured in the healing process. As people recover their identity through the fostering of a sense of belonging with their families and community and families are engaged in the healing and acceptance, a circle of support is created.

There are detailed descriptions of the continuum of care for addictions and mental health in the General Themes section. Key elements to consider are described here.

Continuum of Care for Addictions

There are several clear stages of support for someone who wants help with recovering from addictions. For each of these, clear suggestions for improvement have been expressed, represented in this table.

Stage	Suggestions for Improvement
Pre-detox	Once a person identifies a need and he or she is willing to access help, timely access to detox is critical If timely access is not possible, then safe housing or shelter is imperative. The window of opportunity is often small and, if missed, the individual may not seek help again.
Detox	Adequate capacity to provide detox is essential as the first stage in the recovery journey. Currently detox is seen as not being available when needed, or as being ineffective.
Post-detox and pre-treatment	Once a person has completed the detox stage of the journey they are at high risk of returning to the addiction lifestyle upon discharge. Discharge planning, safe housing, crisis support (beyond business hours) and transportation to treatment programs are issues that need to be addressed.
Treatment	Treatment programs need to be available close to home, avoid having waitlists, be culturally relevent, and be flexible.
Post-treatment and recovery	Post-treatment recovery, and specifically local recovery support, seems to be one of the most significant gaps in a continuum that has many gaps. The research quoted is clear that without recovery support, treatment will not be successful. This stage of the journey seems to be less about a location and much more about supporting mechanisms that serve the person through re-integration into the life of family and community.
Post-recovery and pre-wellness	There is a need to develop a better network of support for people ready for ongoing post-recovery support. This may range from creating affordable living spaces and safe houses for those in recovery to looking at employment and transportation challenges. Suggestions include developing a community-based model of support for those in various stages of recovery and building on the development of strong support group networks.

Continuum of Care for Mental Illness

The current system of care for people with mental illness also has gaps and improvements that can be made, including:

- the visiting psychiatrist program;
- discharge planning and communications;
- crisis support around the clock;
- a need for more counselling and life skills support;
- family counselling; and,
- services for men.

Continuum of Care Recommendations

Strategic Recommendation	***Possible Action Items – Northern Health to lead***	***Possible Action Items – NH partner with or support others***
3. That Northern Health provide leadership and work with others to improve the addictions treatment journey.	➢ Map the continuum of services (or lack thereof) in each community and support efforts to eliminate the most pressing gaps. ➢ Develop a long-term plan that includes: o reorganizing detox options; o moving treatment resources closer to communities; o stimulating the growth of pre- and post-treatment options at the community level; and, o developing more ongoing recovery supports.	➢ Explore creating a single helpline for people to access information on services. ➢ Explore ways to improve out-of-town transportation options.
4. That Northern Health introduce innovative approaches to the addictions and mental health service continuum.	➢ Provide more cultural awareness training for Northern Health staff and community partners. ➢ Explore and initiate alternative health treatments, including Aboriginal traditional healing, where appropriate. ➢ Develop models of community-based support for people needing help with post-treatment and other recovery support.	➢ Be an active resource for communities by facilitating communications, bringing information and knowledge of creative programming options forward, and by committing new Northern Health resources where appropriate.

Services for men

While not a surprise that there are service gaps specific to men, it was impressive how the need for addictions and mental health services for men was such a consistent theme heard throughout the consultation. Areas of need include both significant gaps in the needed continuum of care and an overall lack of capacity in existing services. Needs vary by community; however, generally the gaps in services were identified as:

- the lack of shelters for men where basic safe housing is provided while waiting for detox and treatment programs;
- the lack of supportive recovery programs and settings to help the individual complete the recovery journey after detox and treatment; and,
- the lack of shelter or transition housing for men returning from residential treatment.

These gaps contribute to the high recidivim rate – and an inherent ineffectiveness within the system as men "recycle" through detox and treatment programs without breaking the cycle and returning to wellness. Two other issues of significance were raised that limit the effectiveness of the system:

- a perception of prejudicial attitudes towards men within the system; and,
- a lack of treatment services for assaultive men – men who act out in violence towards their families – which is an important and necessary support in communities as families struggle to move beyond the cycles of abuse.

Opportunities for improvement include:

- working in partnership with local community agencies and BC Housing to develop supportive recovery programs and housing;
- creating treatment services locally that can integrate the person back into their community; and,
- improving the timeliness for men when they are ready to access detox and treatment.

Strategic Recommendation	***Possible Action Items – Northern Health to lead***	***Possible Action Items – NH partner with or support others***
5. That Northern Health develop targeted programs for men.	➢ Create locally-based services and supports to help prepare men for treatment and help integrate men back into the community after treatment. ➢ Improve the timely delivery of detox and other services for men.	
6. That Northern Health participate in the development of residential supports for men with addictions and/or mental health issues.		➢ Work with local non-government agencies, BC Housing, Aboriginal communities and others to develop safe supportive housing for men – short term shelter as well as treatment, post-treatment and long term housing.

Developing partnerships

Much that is successful within communities in the area of mental health and addiction services is a result of the strong collaborative relationships between agencies, service providers, and families. It is because of these relationships that there is a willingness to jointly solve problems and to share resources, skills, and knowledge. In this positive situation joint case reviews and planning for clients take place, education sessions are shared, referrals are frequent, boundaries are erased or adjusted to meet client needs, work on health promotion and prevention (rather than just treatment) tends to take place, and there is a strong sense of determination and pride in this work in the community.

Conversely, when the work is more segmented or fragmented, there are often disconnects between acute care and the rest of the system, services and connections may depend on individual worker knowledge, and clinicians and families often express a sense of frustration with the system. It's clear that effective collaboration takes time and energy and someone has to coordinate the efforts. In an already strained system, this is difficult in some communities.

Housing

One area that relates strongly to partnerships is the need for accessible, appropriate, safe, and quality housing by people with mental illnesses and addictions. This was raised frequently in the consultation, with comments about the lack of housing options, and how, for people at risk of addictions and mental illness, this is a basic life need that, if left unfulfilled, is a barrier to wellness and recovery.

A significant pressure associated with housing is market forces (growing economies force higher real estate prices, reducing rental stock availability and increasing rents). Many areas with slow economies have a limited availability of affordable housing stock to begin with. The situation is worse when coupled with an often all-too-apparent discrimination against those struggling with addictions and/or mental health.

A few communities did not raise basic housing availability as an issue, but these communities did raise the need for specialized housing and programs. The Aboriginal housing story is different as it arises partly from the historical colonial approaches. However, the issues are similar – every person needs suitable housing.

Northern Health is well-positioned to contribute significantly to building and improving partnerships and collaborative efforts, related to housing and other areas.

Strategic Recommendation	***Possible Action Items – Northern Health to lead***	***Possible Action Items – NH partner with or support others***
7. That Northern Health support efforts to find housing solutions for people with addictions and/or mental illness.	➢ Be a broker of information in the North – sharing data on housing and other determinants of health and providing examples of successful community-based models of housing development (from basic affordable units to treatment or recovery facilities).	➢ In select situations, partner with other organizations and agencies in developing housing alternatives. (This might occur in a variety of ways – for example as in-kind services.) ➢ Be at the table when solutions are being discussed for broad social issues that underlie healing and good mental health – things such as housing, employment and community development. ➢ On a community by community

Strategic Recommendation	*Possible Action Items – Northern Health to lead*	*Possible Action Items – NH partner with or support others*
		basis, participate with local partners in assessing housing needs, in planning together and in working to increase the availability of needed housing. This would likely include other agencies such as the BC Schizophrenia Society, realtors/developers, consumers of services, service providers, BC Housing, municipal and regional governments, Aboriginal leaders, Friendship Centres, and others.
8. That Northen Health look for opportunities to take a leadership or facilitation role in communities.	➢ Identify the staff and skills required to play a more facilitative role – and support developing this capacity further.	➢ Take a more deliberate approach to networking and getting organizations and people together to share information (including appropriate client information). ➢ Create ways for organizations, agencies, support groups and community members to work more closely together in identifying priorities and building solutions.
9. That Northern Health look for opportunities to work with specific partners to advance mental health and addictions work.	➢ Work with support groups to share information on services and to assist with promotion of their meetings.	➢ Build an ongoing partnership with the RCMP, who have identified aboriginal youth as a national priority and have an interest in a preventative approach when people with mental illness and/or addictions come in contact with the criminal justice system. ➢ Respond to the strong interest (in some locations) to formally enter into joint planning.

Addressing the needs of Aboriginal communities

There are good reasons to address the needs of Aboriginal communities as a strategic priority. This is the first time the organization has included Aborginal-focused meetings in its Board-sponsored consultation process, although these communities have been consulted in the past through the Aboriginal Health department of Northern Health. This consultation was received positively, albeit with a certain level of skepticism. Some community members noted that they have been consulted many times in the past by organizations or government – with little follow-up or action to show for it. The hope that this is the beginning of an ongoing relationship was expressed often.

Aboriginal people make up a significant portion of the population in Northern BC and it is the most rapidly growing population (by birth rate) in the region. There are some jurisdictional differences in how health

services are funded and delivered and there is a trend for First Nations communities to manage their own health services.

In spite of this, Northern Health services and provincially-funded services, such as physician care and acute care are provided daily to Aboriginal people. There is a need to remove barriers and adapt policies so that every person receives the support and care they need, without jurisdiction or segmentation of services preventing this.

There is an opportunity now to build a stronger ongoing relationship with Aboriginal people and to adjust training, services and approaches in order to assist with promoting good health and to assist those on the healing journey.

Strategic Recommendation	***Possible Action Items – Northern Health to lead***	***Possible Action Items – NH partner with or support others***
10. That Northern Health integrate the unique aspects of Aboriginal cultural views and input into its planning and programs.	➢ Invite Aboriginal people to play a meaningful role on Northern Health Addictions and Mental Health planning committees and working groups. ➢ When launching a consultation process, ensure Aboriginal communities are included. ➢ Adapt consultation materials, methods, languages and approaches to be most useful to Aboriginal people. ➢ Ensure followup after consultations via reports or face-to-face meetings so that people know they were heard and what has taken place as a result of consultations.	➢ Ask local Aboriginal partners to organize future consultation processes at the local level.
11. That Northern Health develop and implement a significant Aboriginal cultural training/ learning program for its addictions and mental health staff and associated service providers.	➢ Choose a proven model of learning and implement it in chosen locations to test and adapt it. (This may be part of a larger Northern Health initiative or specific to Mental Health and Addictions Services.) ➢ Include physicians and other service providers (partner agencies for example) in the training/learning opportunities. ➢ Ensure the Aboriginal Liaison positions in health centres and hospitals are filled and that the workers are well-versed in mental health and addictions and the related continuum of services.	

Strategic Recommendation	*Possible Action Items – Northern Health to lead*	*Possible Action Items – NH partner with or support others*
12. That Northern Health seek opportunities to partner on specific projects with Aboriginal people.		➢ In collaboration with Aboriginal people, choose one or more significant projects to commit to as partners. Use the project(s) to learn and to develop capacity as a health organization (and to succeed in the task). Examples might be projects related to staff and volunteer training, housing, treatment, or developing cultural/recreational programs.

What were the key findings from the consultation?

General Themes (applicable to all areas, including Aboriginal people)

The themes described in this section were generally heard across the north, in municipal meetings, Aboriginal meetings and through comment forms received. There were some strong additional themes that were specific to the Aboriginal communities and participants. These are described in the section that follows.

Housing

For individuals who are experiencing addictions and mental illness, the lack of housing in a safe and supportive environment to help people move through the continuum of care that includes detox, treatment and recovery was identified frequently. (One small community conducted a homeless survey and identified that over 250 people were homeless.)

Supportive housing environments must be culturally-relevant, holistic, accommodating of short-term (i.e. shelters) and long-term needs, and be linked to post-treatment care, safe houses, day programs, transition programs, counselling and peer support.

In some communities the lack of housing capacity is related to an overall lack of infrastructure within the community. In other communities there is an access barrier, as landlords can charge high rents and preferentially rent to people who do not have addictions or mental illnesses.

Housing is needed for youth, men and women – aboriginal and non-native people. Many communities want to support their residents to return to the community after they have gone through a residential treatment program. Their experiences and observations tell us that the absence of supportive housing results in a high rate of relapse and failure. Too often people fall back into their old ways and routines and repeat the cycle yet again.

In communities where housing was not an issue, this was attributed to the presence of strong family support networks or the availability of a good stock of housing options.

The need for safe alternative housing for youth was often identified, particularly in a number of aboriginal communities. In one community, the participants spoke of youth who wander the streets rather than return home, and asked for help in creating a safe place for the youth when home is not an option.

Within Aboriginal communities, the need for housing was expressed within the historical context of Aboriginal people in Canada. It is difficult to tackle alcohol and other addictions (and often accompanying mental illness) when it's difficult for many to have good, safe housing, employment, and even enough to eat every day. These are issues that affect wellness and certainly make it more difficult to succeed in healing.

There is a willingness within many communities to create partnerships through which the housing needs can be tackled to both overcome barriers and to address unmet needs. Landlords, non-profit agencies, BC Housing, RCMP, the justice system, Aboriginal Family Services, MCFD, and Northern Health can work together to develop pilot projects that address the housing needs of people with addictions and mental illness to keep people safe until they get to treatment. The lack of safe housing or programs for people when they are between services perpetuates the cycle of addictions and illness.

Housing strategies need to include the establishment of men's shelters or shelter networks, including support for employment and housing transition.

Northern Health's role can include:

- working through local partnerships to solve local housing issues; and
- being at the table when solutions are being discussed for broad social issues that underlie healing and good mental health – things such as housing, employment and community development.

Services for youth and for men

Services for Men

The need for addictions and mental health services for men was a consistent theme heard throughout the consultation. Specific areas of need include both significant gaps in the needed continuum of care and an overall lack of capacity in existing services. Needs vary by community; however, generally the gaps in services were identified as:

- the lack of shelters for men where basic safe housing is provided while waiting for detox and treatment programs;
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These gaps contribute to the high recidivim rate – and an inherent ineffectiveness within the system as men "recycle" through detox and treatment programs without breaking the cycle and returning to wellness.

Two other issues of significance were raised that limit the effectiveness of the system were raised:

- a perception of prejudicial attitudes towards men within the system; and,
- a lack of treatment services for assaultive men – men who act out in violence towards their families – which is an important and necessary support in communities as families struggle to move beyond the cycles of abuse.

Opportunities for improvement include:

- working in partnership with local community agencies and BC Housing to develop supportive recovery programs and housing;
- creating treatment services locally that can integrate the person back into their community; and,
- improving the timeliness for men when they are ready to access detox and residential treatment.

Services for Youth

Children and youth need access to service providers who will work with them and their families to mitigate the impact of living with parents and family members suffering from mental illness and addictions – and to deal with their own mental illnesses and addictions.

In Aboriginal communities, the increase in addictions and suicides is alarming to everyone, and the healing process must address the legacy of residential schools, the high incidence of sexual abuse and the sense of

hopelessness that is prevalent in many communities. Solutions must also include a re-establishment of the role of elders in the community and reconnections to culture and traditional healing practices.

Participants from all communities spoke passionately of the need to address the mental health and addictions needs of youth. There is deep concern for young people and a desire to support them to live well now and into the future. Addressing the mental health and addictions needs of youth is clearly connected to prevention and early intervention and to the establishment of good partnerships between families, youth, Northern Health, Ministry for Children and Family Development, RCMP, school districts, and the justice system.

Current gaps were identified as:

- the lack of youth treatment and transition services, after-care programs, and services for families;
- a lack of services for youth that are located in the North;
- a lack of follow-up services for youth getting out of detention;
- a lack of culturally-relevant services for Aboriginal youth;
- a lack of funding assistance to help families access behavioural assessments for their children – families find themselves in no-win situations because treatment plans can't get developed until assessments are done; however they often don't have the resources to pay for the assessments;
- a lack of timely access to residential treatment – currently youth wait six to eight weeks for treatment, making it difficult for them to make it through this time period without falling off the wagon again; and,
- poor discharge planning from Prince George Regional Hospital.

Services that support infants, children and youth through trauma, prevention and other services are also missing. Many children live in families experiencing mental illnesses and addictions and these children are at high risk for mental illnesses and addictions and require supports to mitigate their risk.

Services for youth have also been impacted by recent changes to MCFD's mandate. The change to treating only children has created gaps in services for families who need services for the children and counselling for the parents. Previously, MCFD had adult mental health workers in communities who were able to provide counselling for families. Now, if counselling for parents is required to address concerns for children, these services are not available to the adults and they risk losing their children from the home. The revised mandate has also caused a fragmentation of addictions services for youth.

Suggestions for strategies to address the needs of youth include:

- increasing suicide prevention work that is culturally-relevant;
- providing addictions services that specialize in the addictions of youth;
- starting drug and alcohol awareness teaching earlier in the schools;
- providing education and prevention to address risky activities and behaviours that impact health;
- increasing the training for recognizing suicidal behavior and acting to intervene;
- developing safe housing for youth that could be used for early intervention, prevention, and pre- and post-treatment;

- deploying street workers;
- hiring prevention workers who can work alongside of school counsellors;
- partnering within communities to increase recreational and alternative activities;
- creating local resources, including training people who could go one-on-one with youth;
- improving access to child and youth psychiatry; and,
- providing outreach where youth congregate.

Creating a complete system of treatment care: pre-treatment, transition and post-treatment supports and services

In every community visited, people spoke passionately and eloquently about the difficulties a person with addictions faces in the journey to full recovery and wellness. While the consultation addressed both the mental health and addictions needs of people and communities, the challenges for people with addictions that arise from an incomplete system of care were persistent and compelling. The current addiction services are not a system. A system of care has a number of characteristics that include: a clear statement of purpose that links all parts of the system, all elements of the system to achieve the purpose are in place, clarity of the flow between each part of the system, clearly identified outcomes to be achieved, and feedback mechanisms that allow the system to learn, evaluate and improve. For the person needing the services it should be clear how to access the system, how to navigate between the parts of the system, and a hope that the interventions received will lead them to their desired outcome of healing. Many people who attended the sessions and who had personal experiences with addictions were well on the recovery path However; also present was the memory of many people who had not been able to complete the healing journey. Often the failure to recover was attributed to significant gaps in the system of care that the person required.

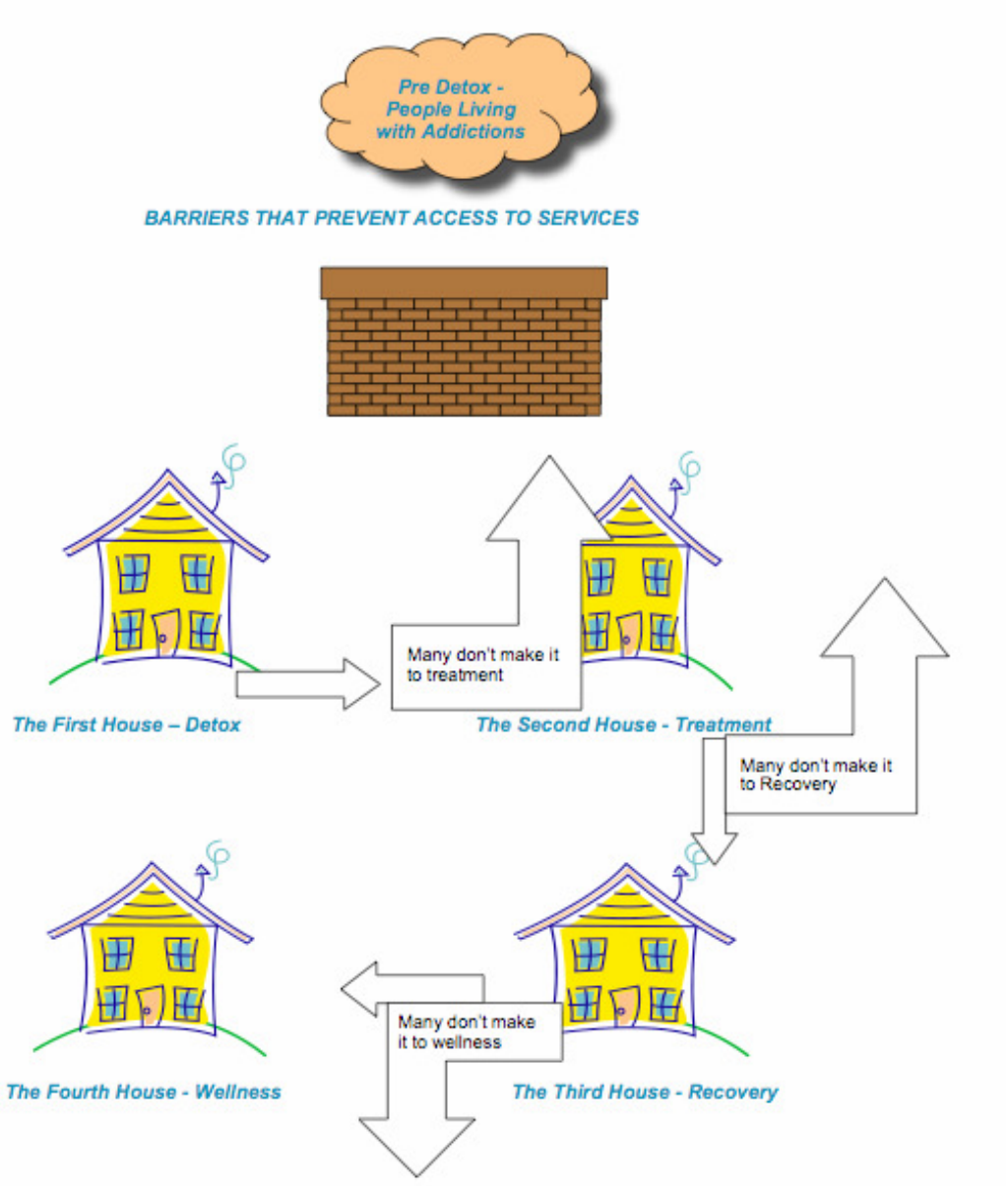
The following principles and guidelines were articulated by participants as being important to improving the system of care for people with mental illness and addictions:

- Transitions between services need to be planned for and supported;
- All services and programs need to be culturally relevant and holistic;
- Maintaining the dignity of people needs to be core value in all services;
- The paradigm of services needs to acknowledge the long term nature of the journey – a life span approach is needed as well as longer treatment programs because the recovery journey takes a long time;
- Services need to be individualized and client centered in their approaches;
- A range of supports are needed that connect an individual with services and that support them in the journey to recovery
- Traditional healing practices need to be embedded into services;
- Recognition of the additional needs of families who have addictions issues - services and education available to help them so that all the family members have recovery opportunities;

- There is a need for services that are offered on a 24 hour 7 days a week basis and for services that come to where the client is (including when a family member needs help).

Continuum of care for addictions

The diagram below is adapted from a story told by one of the participants in the consultation to describe the recovery journey. The four houses mark the steps on the journey – and the gaps in between represent the challenges people face that keep them from the recovery path. The picture demonstrates the complete continuum of care. There are four stages to the journey of recovery for a person with addictions. Each house in the diagram represents a stage of the journey and both the stages and the spaces in between are critical components to the continuum of care as described to us.



Note: the journey may include multiple visits to the First House: Detox

Pre Detox

For people living with addictions, it can be very difficult to reach out for help, let alone find to the right services.

- More outreach is needed to connect with people who need help and people who want help. This includes having people who are able to provide navigation and meet people where they are.
- Once a person identifies a willingness to access help, timely access to detox is imperative and if timely access is not possible, then
- safe housing or shelter is imperative – the window of opportunity is often small and if missed the individual may not seek help again, and;
- Transportation to and back from detox can become a barrier.

Currently these elements are missing in almost all the communities visited.

House 1 – Detox

Adequate capacity to provide detox is essential as the first stage in the recovery journey. Currently detox is seen as not being available when needed, or as being ineffective, because of:

- Insufficient numbers of detox beds;
- Lack of detox capacity that is available locally or nearby;
- Transportation barriers;
- The lack of culturally relevant and holistic programming.

Post-Detox and Pre-Treatment

Once a person has completed the detox stage of the journey they are at high risk of returning to the addiction lifestyle once discharged from detox. To support the person at this stage of the journey a number of suggestions were made:

- Improve the discharge planning from acute care/ detox
- Have housing and safe places for people who are trying to get help or are on the journey of recovery;
- Have timely access to residential treatment centres – services need to be there when needed and when people are ready (no waiting lists);
- Have help for people in crisis after regular business hours
- Treatment programs need to be locally accessible or transportation needs to be available to get to and to return from residential treatment;
- Have culturally relevant pre-treatment support that integrate with traditional healing practices, such as sweats and healing circles;
- Coordinate between all the services (i.e., health, social, housing) that a person accesses while between detox and treatment;

- Have options for financial assistance (if needed) while the person awaits treatment and for when they return from residential treatment;
- Preparethe person going for residential treatment better so that they know what to expect when they are sent away for treatment and if possible, having somewhere for them to be just before leaving; and,
- Prepare families for what to expect when someone returns from residential treatment.

House 2 – Treatment

Treatment programs need to:

- Be available locally;
- Have the capacity to eradicate wait lists;
- Be holistic and culturally relevant in their approach
- Have flexibility in the programs offered (i.e. healing centres, spirituality)
- Have opportunities for the family to be involved in counseling that includes the entire family

Post-Treatment Pre-Recovery

Post treatment recovery, and specifically local recovery support, seems to be one of the most significant gaps in a continuum that already has many gaps. The evidence is clear that with out recovery support, treatment will not be successful. This stage of the journey seems to be less about a location and much more about supportive mechanisms that serve the person through re-integration into the life of family and community. The following input was provided on the supports and improvements that are important at this critical phase of the journey:

- People who leave the community for residential treatment seem to be even more vulnerable to returning to the addictions lifestyle;
- Support to families and support networks in this stage are very important, including knowing what resources are there and how they can help;
- Access to support in times of crises needs to be available 24/7;
- Training to enable the community to better deal with the crisis;
- Comprehensive care planning is needed for people returning from residential treatment and;
- Access to housing and safe places is imperative;
- Integration with traditional healing practices, such as sweats and healing circles
- Coordination between services and clarity on overlapping or confusing policies and mandates;
- Employment support and programs that support re-integration into the community;
- Financial assistance (going to residential treatment has impact on employment and loss of income)
- Help to develop a network of support for people returning from residential treatment,
- Supports need to be available for longer periods of time – at least three to six months.

- Creation of clubhouses in more communities;
- The development of more drop-in centres; and,
- the development of an after care service that would support people in their recovery following treatment

House 4 – Post-Recovery and Pre-Wellness

There is a need to develop a better network of support for people ready for ongoing post recovery support – this may range from creating affordable living spaces and safe houses for those in recovery to looking at employment and transportation challenges. Suggestions included developing a community-based model of support for those in various stages of recovery and the development of strong support group networks.

Aboriginal People

In developing a continuum of care for addictions services, specific attention needs to be paid to the historical and cultural context for Aboriginal people. Participants spoke of the importance of integrating *culture and traditional healing* into the services, supports and processes when serving people from the Aboriginal community. Many people have lost their cultural and historical identity and this is an essential part of their journey to wholeness. It needs to be recaptured in the healing process. As people recover their identity through the fostering of a sense of belonging with their families and community and families are engaged in the healing and acceptance, a circle of support is created. These approaches may require:

- mediation with family and communities;
- having an understanding of the effects of external colonizing forces on their community, especially their effects on interpersonal relationships; offering `Loss of Identity' workshops; and,
- offering alternative treatment options that engage the person in owning their healing journey

FIve specific barriers to effective treatment and healing for Aboriginal people were identified:

- The first is very significant and involves addressing, within a community, the historical and current sexual abuse. It is difficult to get funding to access the counseling needed to deal with the sexual abuse and this prevents addressing one of the underlying root causes of addictions.
- The second involves a lack of trust that, within the system, information will be kept confidential. Within Aboriginal communities, there has been a loss of valuing the confidentiality of information, and within small communities' addictions and mental health staff may share information with other family and community members;
- The third barrier is fundamental to the interactions between Aboriginal people and western cultures. Aboriginal people have learned to accept what westerners have said they need – as a result a person may not have the confidence to speak of their own needs. As well their lack of command of the English language and the fear of retaliation from Chiefs and Council may also contribute people not expressing what they really want to say;
- The fourth barrier is the hereditary, sacred and secret nature of Aboriginal healing knowledge. This prevents this knowledge from being shared beyond the individuals who are entrusted with it.
- The fifth is the relative absence of true communication or dialogue between Western trained leaders and practitioners and Aboriginal people who rely upon a different education and worldview. Until a

shared means of communication is developed and implemented between these two communities, teaching of one another will continue to be challenging.

Gaps in the continuum for people with Mental Illness

The current system of care for people with mental illness also has gaps:

- Some communities spoke of the absence of Electro Convulsive Therapy (ECT) service locally, requiring patients to make a difficult and costly trips out of the community
- The visiting psychiatrist program can be improved. Clients reported frustration with the gaps in care that result from turnover in psychiatrists and the difficulty in accessing timely psychiatric services;
- Discharge planning from the acute care unit in Prince George can leave patients without support when they return to their own communities (this exists in other community health facilities as well);
- Situations where a person requires hospitalization are sometimes not handled smoothly, with police being the 'frontline' health care for patients and physicians and acute care facilities not able to provide the care needed;
- The lack of capacity in existing services, specifically for crisis and transition needs, family counseling, and services for men.
- More services that provide a non judgmental, integrated and `wrap around' services

Northern Health Role

People had many suggestions for improvements that could be made and for the role Northern Health could play to improve services across the north. Service providers are willing to work together and to solve problems to meet the needs of the client. Agencies are keen to share resources and support one another with the limited resources they each have. Specific suggestions included:

- Exploring ways to improve out-of-town transportation options for people;
- Providing more cultural awareness training for Northern Health staff and community partners;
- Northern Health can provide leadership in facilitating communication and coordination among the various groups involved in health care in the community;
- Explore and initiate alternative health treatments, including Aboriginal traditional healing approaches. There is interest in communities to explore culturally different approaches to healing;
- Providing leadership to look together at improving the treatment journey, including ways to help men, women and youth when they return;
- Providing information on models of community-based support for people needing help with post-treatment and other recovery support
- Looking into ways to offer services after business hours, including a helpline
- Supporting the development of a local detox services, including providing advice and support for the community to consider developing a more community-based withdrawal and recovery service.

Access to mental health and addictions services

Accessing addictions and mental health services and supports that are needed to regain health and wellness remains a challenge to people across the north. Many examples were given of difficulties in accessing services and a number of access barriers were identified including a lack of knowledge about services, a lack of a welcoming environment, a lack of personal capacity and resources to access services, jurisdictional, policy, and bureaucracy barriers, waitlists, and hours of operation.

A lack of knowledge about services and where to find the services could be rectified by;

- creating hyperlinks between Northern Health's web site and the local municipality web site,
- having one information and referral number for mental health and addictions services,
- collaboration between agencies to ensure information (i.e., pamphlets) is on hand in each office, and
- for more remote and isolated communities that don't have a presence of any health or social services it would be helpful to have some service locally that could serve as an information and referral centre.

Many offices that provide services are seen as unwelcoming to the clients. Clients shared that they often feel judged and uncomfortable when they enter the physical environment where the service is offered. Even physical barriers between clients and reception staff can often be intimidating.

In some situations and for some people there is a lack of personal capacity and resources to access services including a lack of financial resources or access to basic housing.

A lack of alignment across jurisdictional mandates and policy creates access barriers and is evident between acute care and community care and between federal and provincial responsibilities. Policy barriers also happen for specific groups of clients, including Aboriginal people and people with IQ's less than 70 (or those slightly over). Over time, individual programs may have developed inclusion and exclusion criteria based on assumptions of other agencies providing services; however artificial access barriers can result. For many people the myriad of forms can create a significant barrier, particularly when they may also have literacy or learning challenge.

The geography and geographic location of some communities create access barriers. Some communities are separated by rivers or other bodies of water making it difficult for parts of communities to access locally provided services. Additionally there may be limited or no services provided locally, and travel outside of the community is required for services. If services continue to be offered outside of the community, then there is a need for improved transportation to get to the services.

The wait time to access services is viewed as being too long – particularly when the service needs to be accessed outside of the community. For mental health and addictions services, timely access to services is a standard that was articulated in almost every community. In particular, many participants expressed views that access to detox and addictions treatment should not involve a wait time at all. The wait times for most services are attributed to the service being out of the community, limited capacity within the services, staff vacancies and the inability to recruit specialists. It's assumed that if services were available locally wait times would decrease, as currently people believe that they are competing for limited spaces with Prince George and other communities in the North.

In several communities, the access to psychiatry services poses significant challenges. The visiting psychiatrist program has been an improvement, however many people still cited difficulties with timely access and that the time between visits is too long.

Services for addictions and mental health also need to be available outside of the normal Monday to Friday, 9 to 5 hours of operation. When a crisis occurs, access to services is critical as the generic health services are often not able to address appropriately the emergent and urgent needs of the person with mental illness or addictions.

Suggestions to improve access and reduce barriers included:

- Create welcoming safe environments, particularly for that first point of contact when a person decides to seek help;
- Improve hospital discharge planning, communications, and follow-up;
- Coordinate assessments and decrease forms and paper work;
- Offer family and support networks post discharge communications about care plans;
- Improve local access to psychiatry;
- Stop reorganizing – too much ground is lost when mental health and addictions services are reorganized;
- Bring residential treatment centres closer to home
- Work with communities to develop primary care centres similar to the one that is operating in Prince George
- Improve access to psychiatry services – including the perceived blocks in service at local hospitals
- create more detox and addictions treatment capacity and bring it closer to home

Education and prevention

Participants at the sessions spoke about the importance of education and prevention programs. There is a strong desire to prevent the behaviors that can lead to addictions and mental illness and to increase the opportunities for early intervention with people who are engaging in or at high risk for engaging in activities that can lead to addictions and mental illness.

Focusing prevention programs to children and youth is seen as a `first line of defense' for stopping young people from engaging in activities that can lead to addictions and mental illness. People are concerned about their youth and want to prevent addictions in the first place to help pave the way to a better future. Prevention is complex and involves not just education and information, but an engaged community – there is real interest in providing support to young people to help them avoid addictions and other problems. Suggestions to do this included:

- offering more preventive programs to children, including life skills programs and interactions with healthier families;
- engage in more prevention work in the schools;
- helping people (including children and youth) identify the warning signs for addictions and mental illness;
- developing engaged communities that takes ownership of the activities within their community and are committed to offering healthy alternatives;

- link addictions and mental illness prevention work with other population health and health promotion initiatives like obesity, tobacco use reduction;
- increasing awareness and understanding of Fetal Alcohol Syndrome Disorder (FASD);
- working to identify and address the root causes for addictions and change the demand for the substances;
- increasing the counseling support for children with behavioral issues;
- continuing to build strong cultures based on traditions, language, foods, and community events.

Public education about addictions and mental illness needs to be targeted to the broad public and employers, to people who have family members with addictions and/ or mental illness and to people who are at risk or who have an addiction or mental illness. People identified that the education initiatives need to address a range of topics including;

- broadening the awareness of the scope of the problem and the underlying causes;
- broadening community awareness and ownership of the problem;
- developing strategies that create community solutions for building capacity to support the individual with the addiction or mental illness;
- challenging myths about mental illness, addictions, and the availability of services;
- learning how to identify the signs and symptoms of addictions and mental illness;
- learning and understand how to start the healing process
- clarifying where to go for help;
- availability of services locally and provincially;
- clarifying the processes and supports that are available so that they can help people with MH issues
- understanding how to access services and navigating the system of care;

Education and prevention are areas in which Northern Health can partner with communities and school districts. Specific roles for Northern Health included more engagement with students in the schools, particularly with younger children and providing more education and training to people from the local communities so that they can work with local residents to help them do what needs to be done to help communities heal.

Reducing the stigma

Many of the challenges that people with addictions and mental illness face are made more difficult by the negative attitudes other people hold about addictions and mental illness. These negative attitudes were called `stigma' by consultation participants and it was stigma that was thought to contribute to many of the barriers and lack of services. Stigma can be defined as *the severe social disapproval of personal characteristics or beliefs that are against cultural norms* and it stands as barrier for families, friends, neighbors, communities and service agencies to see their roles in helping a person with a mental illness or an addiction. Stigma also prevents the person with the mental illness or addiction from seeking help. They often feel ashamed and don't want others to see them and this is reinforced when they feel the judgmental attitudes of others.

Work is needed in all the communities to address the stigma that exists about both the mental illness and the addictions and about the person with the mental illness or addiction. Generally the societal understanding of mental illness and addictions is poor and, when combined with stigma, results in addictions and mental health issues having a diminished importance in the community. A fundamental question in this process could be, "Who *does not* have a family member or friend who is living with an addiction and/or mental health problem?"

Suggestions to address stigma included:

- Examine available research for best practices in addressing stigma at a community level;
- Provide education on Mental Health and Addictions to help communities and families have a greater awareness and better tools to address the needs, and to reduce the stigma often associated with addictions and mental illness;
- Increase understanding of the underlying hurt behind addictions and mental health issues and how to offer traditional or cultural ways more on the healing journey;
- Improve the ability and attitudes of health care staff, including physicians, Acute Care and Health Centre staff, when interacting with people with addiction and mental health problems;
- Develop specific strategies to address stigma about addictions and mental health when working to create a more supportive support network for an individual as well as when encouraging a person with mental health and/ or addictions to seek help (i.e., intentionally engaging the family in the healing and enlarging the support circle to also include friends and coworkers); and,
- Provide public education on common addictions and mental illnesses (i.e. seasonal affective disorder, Fetal Alcohol Syndrome), so that there are fewer myths in peoples' minds and a greater understanding of what people are going through. This might help families and friends identify when someone is struggling and they would be better equipped to help them access services. (The BC Association for Community Living is currently running television spots that are a good example of public education.)

Leadership role for Northern Health

Northern Health plays a significant leadership role in health care as well as in supporting and creating action on many of the deep rooted issues within its communities. People want to see Northern Health involved. The community consultation processes have generated goodwill on behalf of Northern Health and there are many invitations for the organization to step into a more influential role. This expanded leadership role includes fostering partnerships, creating community capacity, advocating for the needs of the north and the needs of individual communities and leading the education of communities and organizations about the needs of people living with addictions and mental health. Significantly, Northern Health is also looked at to play a leadership role in supporting community healing within Aboriginal communities and in the integration of Aboriginal culture and traditional healing with western health care services.

Communities across the north want Northern Health to continue to lead the development of health services across the north. In this leadership role, communities are looking at Northern Health to:

- Demonstrate improvements in the understanding of acute care staff and physicians about mental health and addictions and in the utilization of best practices within the acute care and emergency room environments;

- Support cross pollination on health care ideas by providing communities with examples and contacts from other locations, i.e., communities that have developed community based detox and treatment supports in small rural locations;
- Clarify and resolve policy issues that create barriers to good care, i.e., the BC *Freedom of Information and Protection of Privacy Act* (FIPPA) and *Personal Information Protection Act*. This act is perceived to be a barrier to coordinating care planning for people across agencies and people are looking for ways to address it;
- Facilitate communication across the region through clear structures and processes about health care services and planning;
- Partner locally and be at the table when health issues that are important to the community are being discussed. Northern Health is seen as a partner – one that is valued, but one that could also be more involved. One way is to simply continue the dialogue and listen to the people. This will help bring about suggestions for improvement that come from people's experience in their community and with the health care system
- Demonstrate continuous improvements in the current health care system. For example the connections and integration between services - participants identified that there is a sense that the systems keeps breaking down
- Support the development of health innovations within individual communities. This can happen in many ways however examples of supporting community development and providing project funding that extends longer than one year were two examples provided.

Communities are also looking to Northern Health to help in fostering partnership across agencies and ministries to work on broader issues that affect the mental health of their community. They want Northern Health to be part of the discussions and to participate in examining what is working, how to build on what is working and to look at what the needs are to see how NH can assist with money, staff, information and convening people to work on problems. Agencies that need to come to the table in many communities include: landlords, non profit agencies, BC Housing, RCMP, Justice System, Aboriginal Family Services, MCFD, and municipalities. Northern Health can be a leader in pulling cross jurisdictional groups together. With the right leadership, there could be an appetite to work on broad solutions together. A number of municipalities have identified mental health and addictions to be a priority and are looking to Northern Health for assistance and leadership on specific initiatives. Examples given included:

- The development of a primary care centre;
- Improving the treatment journey including ways to help men, women and youth when they return;
- Initiating projects by cost-sharing with other organizations;
- Providing advice and support for the community to consider developing a more community-based withdrawal and recovery service;
- Working with communities to develop a generic mental health plan; and,
- Joint housing solutions.

Communities want Northern Health to take leadership in advocating for the unique needs of communities and for the needs of people with mental illnesses and addictions, and to not accept a standard template approach to services. This can include taking a public health approach to mental health and addictions and advocate for increases to the budget, ensuring that other ministries are at the table and that they recognize the need for improved services and supports around mental health

A leadership role is needed in providing education and training to people from the local communities by offering a "Mental Health 101" education.

Northern Health is also being asked to take a leadership role in regards to the mental health and addictions needs of Aboriginal communities. This role can include:

- Facilitating training for community members so that they can work with local residents to help them do what needs to be done to help communities heal;
- Exploring and initiating the use of alternative health treatments, including Aboriginal traditional healing approaches, into Northern Health programs and services;
- Ensuring that attention is paid to cultural sensitivities and working to ensure Aboriginal people feel welcome and respected in all Northern Health locations;
- Learning more about aboriginal healing centres and promoting their use broadly;
- Taking the lead to convene partners around the table in an ongoing way, for example schools, municipalities, RCMP, Aboriginal and provincial organizations;
- Considering the concept of healing centres and cultural healing camps – places with support for detox and treatment as well as a range of supportive and health promoting services;
- Partnering with other agencies (i.e. the RCMP) and participating in social events and activities to help get to know the residents better – focus on building relationships in the community.

Working in partnership with others

Much that is successful within communities in the area of mental health and addiction services is because strong collaborative relationships between agencies, service providers, and families. It was highlighted over and over again that because of these relationships there is a willingness to jointly solve problems and to share resources, skills, and knowledge. Where collaboration between services is something service providers have been working on for awhile there appears to be:

- An absence of a "that's not my job" attitude;
- A willingness to hold joint case reviews and proactively plan for clients who might escalate so that all partners can respond appropriately and be more knowledgeably about the client;
- A strong community commitment, dedicated community workers, and support and communication with the RCMP;
- Great communications with all the service providers;
- Opportunities for sharing educational sessions;
- Good follow-up on inter agency referrals;

- A willingness to erase boundaries between services and care models that prevent recovery for the individual, staff that are willing to `go the extra mile', and agencies that help each other out;
- Agencies within the community that partner to provide services to Aboriginal people;
- Good coordinated leadership in the social and health programs in the community;
- Good liaison and working relationship with the RCMP;
- A group of dedicated people in the community, both workers paid to assist with counseling and other community residents, who care and there is communications between these people; and,
- Pride in their community's ability to come together and tackle issues.

Where there was a history of collaboration, examples can be provided of good collaborative practices. Here are some examples:

"In our community staff working at the hospital and with Mental Health and Addictions (MHA) work well together and work quickly to meet the needs of people when the person is in a crisis situation. The local MHA staff respond based on need and try to avoid putting people on a waitlist for appointments."

"Providing education training and support to staff has been important to helping us work through differences in philosophies that can impede partnerships."

"Landlords, non profits agencies, BC Housing, RCMP, Justice System, Aboriginal Family Services, MCFD, and Northern Health can work together to develop pilot projects"

"Because there is already a history of organizations sitting around a table to solve problems (even for individual clients), with the right leadership, there could be an appetite to work on broad solutions together. Interest has been expressed in a community-based approach to detox and post-treatment support. This could include information and support for families, a network of 'foster' homes with people supported by training and improved communication and networking between those in recovery, health care workers, organizations and those needing support"

"A number of agency representatives and interested individuals meet regularly to explore actions that can be taken to address needs in the community. Local businesses are also supportive and have created programs like the Blue Bike program that makes bikes available to people on an as-needed basis."

Even in communities where there has been a history of collaboration, improvements are still desired. These hopes for improvements included:

"There has been a history of agencies working well together in our communities, and there is a sense that more partnerships are possible to address the needs of people with mental illnesses and addictions"

"We need to be able to tie together all the groups and service providers who are involved with an individual to coordinate consultation and treatment plans. By sharing information the service provider knows more about their clients. We want to have a coordinated plan for the first 90 days of recovery"

"Collaboration between agencies and professionals can still be improved. When clients have to retell their story they stop going back for additional help"

Many communities, however, are still working towards having truly collaborative relationships between service providers and with clients and families. People know that better networking and planning will provide

more effective supports to people and allow for the sharing of resources. They also see too many examples of how poor partnerships negatively impact the people being served, including;

- Disconnects between the acute care sites and the community services;
- A provider's ability to get a client to treatment becomes dependent upon their own experience in the community and their own personal networks. For new clinicians in the community it is very difficult to find and access resources needed by a client;
- Evidence of a value in play that consumers and families can't have input across the whole continuum and of being `shut out' of their family member's care and therefore being excluded from being able to provide help to their loved one

These challenges of getting to working in partnerships were often attributed to:

- The time, energy and resources that it takes to coordinate services- it's not seen as realistic to expect people who already work beyond normal expectations to take on more in order to solve cross agency problems;
- The number of agencies that need to be involved;
- The existing lack of coordination and the overlapping and confusing policies and mandates;
- The barrier presented by confidentiality restrictions that keep us from being able to help clients thorough our partnerships; and,
- A lack of communication between agencies (i.e., between Northern Health and the Aboriginal community and Inuit Health Branch FNIHB).

Based on the many communities that have experienced the benefits of working in partnerships, a number of opportunities and suggestions for building and improving partnerships were made:

- Build partnerships between Northern Health and the RCMP who have identified aboriginal youth as a national priority and have an interest in taking a preventive approach when people with addictions and mental illness come into contact with the criminal justice system;
- Work with the justice system to explore more options for people with addictions and mental illnesses encountering the police and the courts;
- Take a more deliberate approach to networking and getting organizations and people from the community together to share information (including client information when done appropriately) and build on good work;
- Build on the strong interest amongst the participants in the consultation sessions to formally enter into joint planning and solutions generation. Groups identified to participate included: Northern Health, Media, RCMP, the faith community, Municipalities and Regional Districts, professionals including General Practitioners, clients and their families, schools, Robson Health Association, Probation and court system, and alternative justice. The outcome to work towards is a coordinated response to people with mental illness and addictions and the creation of community leadership;
- explore the importance of retaining a diversity of approaches while building collaboration to ensure there is a balance in focus on both western approaches and traditional healing methods;

- Create ways for organizations, agencies, support groups and community members to work more closely together in identifying priorities and then building solutions;
- Be sure self-help organizations such as Alcoholics Anonymous have information and that their information is widely distributed;
- Include family members in the care planning and discharge planning process;
- Jointly invite clients to talk about what can be done to change services for the better;
- Pool resources and share technology and information;
- Spend time in another agency and job shadow; and,
- Clarify models of service delivery including who funds and who delivers services.

Community development

People living in communities across the north have experience and knowledge of what is needed to help people living with mental illness and addictions. The discussion in the consultation focused on the services that are needed, the role of Northern Health in providing those services and the role of families, extended families, neighbors and communities in supporting people in their journey to wellness. Participants recognized that families and communities had a role to play in addressing many of the health determinants that reduce the incidence or prevent mental illness and addictions, as well as a role in creating supportive communities in which a person can be helped along the healing journey.

Community development is an approach to creating strong and supportive communities that seeks to empower individuals and groups of people by providing them with the skills they need to effect change in their own communities.

Many communities are well on the way to incorporating community development practices into the fabric of their community. In these communities there is a willingness to work together and a 'can do' attitude among the agencies and individuals represented. With increased resources and some support (i.e., skills and time) for leadership, there are many opportunities to improve things for those on the healing journey.

Other communities need some assistance in getting started. Based on the participation at the consultation sessions and submitted comment forms, there are individuals (not necessarily representing organizations) who are keen to see improvement and are willing to put themselves forward to speak out and help. Local and provincial politicians also expressed commitment to improvement. There is positive energy in many of the communities to work together.

Northern Health can play a role in helping communities become stronger. While the role varies by community, there is a need in many communities for facilitation support for the community development process.

There is not a lack of ideas for community action. Some examples of the ideas shared included:

- helping to reintegrate people into the community including helping to provide work placement and volunteer opportunities;
- coming together as a community to acknowledge and address the main addictions that are present;
- building on work in the community around some existing important mental health and addictions issues;

- taking responsibility for individuals who are suffering (needing basic food and shelter); and,
- helping youth engage in healthy recreation activities (i.e., developing a skateboarding park or encouraging use of a the bike path that is now built).

Aboriginal communities were passionate about seeing their communities strengthened. Of primary importance is the need to heal from the historical loss of their culture and their ways of being in community – including the role of their elders and the traditional practices. Some of the ideas shared included:

- taking actions that are needed to heal as a community;
- enabling the community to address their history including their experiences with sexual abuse;
- strengthening the traditional and cultural approaches to healing (i.e., more get-togethers for happy occasions; sharing stories with children and youth; healing circles; holding 'sober dances'; lunches with elders; offering the option of traditional medicines and simply building the cultural connection);
- hold more community events that involve food, cultural activities and are appealing to young people to participate in;
- developing a community that is supportive of a person's recovery journey;
- developing local resources, including training people who could work one-on-one with youth, and adults and elders;
- proactively anticipating the impact of new industry coming in and developing plans and strategies that could be in place so that they are not playing catch up on social issues;
- accessing more funding by writing proposals for grants and other sources of money;
- using peer pressure, as family members and neighbors, to stop the drug dealing;
- encouraging volunteer community members to step up to work with local issues in some ways, instead of always relying on the health region or the RCMP to do everything;
- developing block watches on the Reserve;
- developing a follow up network of support for people who return from residential treatment, to give them a better chance for recovery;
- increasing the support for recreation activities, including during the hours when young people are active (at night) including asking the band to contribute vans for transportation and space;
- supporting parents and grandparents to work through the issues arising from the residential school experiences and help them move forward;
- sponsoring projects that build strength and support youth and elders to live a good life – things such as recreation programs, cultural programs and school based programs;

Strengthening communities through community development can result in:

- Finding partnership solutions between Northern Health, other government agencies, private companies (employers), non-profit agencies, the justice system and families would help to create local solutions;

- Finding work for clients: this would provide advice to employers, problem solving support and help the individual make the transition back into a positive role. Employers are afraid to hire someone with mental illness because of how it might affect their bottom line;
- Addressing things that need to improve related to the health of the people, such as poor housing, a lack of opportunity, the experience of racism and the ongoing results of the trauma experienced through colonialism and the residential school system;
- Local town council establishing committees where perspectives are shared about what is working well in the community and what improvements are needed;
- An increased sense of commitment to improve health in the community, in this case around mental health and addictions;
- Becoming a community that accepts and supports every member, without judgment;
- Developing events and promotions for the community that would reduce the stigma placed on people living with mental health and/or addictions issues;
- developing a network of help offered through support groups - groups such as Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous;
- Beginning a 'supportive movement' to help the community know that people living with mental health problems their are friends and neighbours (and often family members) and that discrimination and judgment are not helpful in the healing process or in the struggle for a good life;
- Communicating more regularly among service providers and finding time to plan for improvements; and,
- Obtaining more resources so there is the ability to put plans into action.

There are many opportunities for improvement and many can come from the community within existing resources. Some will require new developments and some will require partners from outside the community (such as Northern Health) to be involved.

Training and development in the north

Throughout the consultation there was praise for the staff working with people living with addictions and/or mental illness. The compassion, skill and dedication were acknowledged along with a concern for the staff who are seen to work long hours and to go over and above the requirements of the job. In many communities the staff member's knowledge of the community and commitment to the people in the community has a benefit to the client that can not be quantified. There was often a fear of what would happen if this key individual was to leave.

In smaller communities the mental health and addictions worker is the face of Northern Health and as they work to build personal relationships with physicians, RCMP, school districts and other key groups, they become more than counselors – they are community capacity builders. Participants asked that these staff be provided with opportunities to network with other addictions and mental health counselors in other communities so that they can feel supported and gain perspectives through these connections.

Participants also shared their frustrations and concerns about the lack of knowledge by other health care workers of mental illnesses and addictions. The negative experiences and the personal setbacks that

resulted from this lack of knowledge deeply concerned people. For people from Aboriginal communities these experiences were further exacerbated by health care workers who demonstrated little insight in to the personal histories and cultural needs of the person with a mental illness and/ or addiction. From these experiences a number of observations and recommendations were made that addressed the training and development needs of Northern Health staff and physicians.

- Health care staff and physicians need to demonstrate an understanding of the underlying hurt behind addictions and mental health issues and how to offer help that is supportive and integrated with traditional or cultural ways.
- Northern Health staff need to have a better understanding of Aboriginal culture and how to put this into practice. Examples of a lack of sensitivity would be the lack of traditional food; the need to recognize family visiting patterns and some basic communications skills (if someone does not understand a doctor, for example, they might say 'yes' rather than ask for the doc to speak slower).
- Participants spoke to the importance of integration *culture and traditional healing* into the services, supports and processes when serving people from the Aboriginal community. Many suggestions were made for improvements, starting with the need for more Aboriginal people to be trained to support those with addictions and mental health issues – including training people who can provide support, but who may not have the formal educational background
- The attitudes of staff when dealing with people who are living with addictions and mental illness is sometimes perceived to be judgmental and non-caring. This contributes to creating environments that are unwelcoming and can become a barrier to people who want to seek help but are afraid of how they will be received.
- Physicians at all sites need support through education and training so that they have more confidence when treating patients with mental health and addictions issues. Often it feels to the client and their family members that the physician seems to be thinking 'liability' and is putting the mental health client on the backburner.
- Physicians can also improve other aspects of their practice with this population. Too often doctors don't listen to the families, they just listen to the client and therefore they don't see what happens when the client leaves their doctor's office.
- Frequently raised throughout the consultation was the need to improve the knowledge and skill of health staff in the acute care environment with regards to addictions and mental illness. Specifically there were comments about the need for sensitivity training and education on caring for people with mental illness and addictions for the acute care sites, including the Psychiatric Units. Suggestions ranged from hiring more psychiatry nurses at the acute care site to ensure the expertise is present and providing training for Emergency Department (ER) staff – to conducting environmental safety reviews (i.e., keeping the sharps room locked) and hiring more security for evenings and night time.
- Specific mention was made of the need for education in the emergency rooms. Local ER staff and physicians need support and information to help them be better able to work with the clients presenting with mental illnesses and addictions. This will assist in times of crisis and in communications with the RCMP and other frontline partners appearing with clients in the emergency room.

- All health care staff (including first responders) require education, however for staff who work in smaller communities, there needs to be training in the values and ethics of working and living in a Aboriginal culture that can only come from spending time to become known and getting to know the community.

Broader education was also identified as being needed by family members and community members. This is needed to address stigma that exists and also to equip people to be better able to create support networks for their family member and community member. Northern Health can provide:

- "Mental Health 101" education to laypersons and health professionals, including Aboriginal people, who are interested in helping with mental health and addictions issues;
- More resources and more training to enable the community to better deal with crisis;
- Education to help with earlier recognition of issues; and,
- More cultural awareness training for Northern Health staff and community partners.

Communications and further consultation

A final question posed to each of the communities that participated in the consultation was about Northern Health and the process of gathering input from communities. Overall people were pleased with the effort that Northern Health makes. Consultations in this format are seen as positive and people think they should continue. However people also want to receive the results of the consultation and regular follow up information so that they know that action has been taken and that changes are being made. In some communities, people were clear that it often feels as though input is sought, but no follow-up is ever done.

"…More assessments and consultation, like this one, help to identify what is needed to address addictions and mental illness. These sessions help to increase a greater awareness of the scope of the program. Consultation with communities needs to be ongoing…"

"…Northern Health should endeavor to communicate the results of information sharing efforts such as this…"

Suggestions for providing feedback from the consultation included:

- Share the notes from this consultation with the community and keep in touch. Don't just meet once and not come back for two to three years and keep the meetings in the communities – don't only meet in Prince George. People want this consultation to continue on a regular basis as things can get lost pretty easy when health regions change or management changes; and,
- Provide accountability through simple updates and timelines so people can see their input has results.

Suggestions for ongoing communications included:

- Creating more opportunity for clients and families to influence services (i.e. through advisory groups such as the previous NH Regional Mental Health and Addictions committee);
- Holding more meetings like this and be at the table to look at improvements needed;
- Continuing to consult directly with people in the area using a range of approaches including online, meetings, workshops and continue to listen to the people;

- Always include Aboriginal people in the consultation processes; and,
- Return in the future to consult further on mental health and addictions issues.

Aboriginal-Specific Themes

As noted above, some themes that arose in Aboriginal meetings were specific to those communities' interests – or at least generated more discussion than at other meetings.

The information in this report, including the Strategic Priorities that are proposed, should build on existing initiatives and not be seen as an add-on. This consultation should add to and build on the work done through the Aboriginal Health Conferences in the fall of 2006 (described in Section 3 in this report, Background).

Historical context related to addiction and mental illness

It is not possible to understand and address addictions and mental health issues (or general personal and social well-being) in Aboriginal communities without appreciating the historical context. In the Aboriginal community meetings, many people, from mental health workers to respected elders, spoke articulately about this.

Many things contribute to the feelings and state of mind that lead to substance abuse and often-related poor mental health. The "hurt" or displacement that often leads one to seek comfort in substance use or another state of mind is the underlying condition. The modern history of relations between Aboriginal people and non-Aboriginal people in Canada involves actions, generation-to-generation, resulting in death, grievous loss, trauma, and loss of personal and cultural identity that continue to impact life today. The reserve system and removal of children from home and community to residential schools were two major sources of destruction of indigenous culture.

Before contact with Europeans, First Nations people enjoyed relatively good health and knew cures for many illnesses. Many things occurred with contact with newcomers that contributed to the decline in health of Aboriginal people. These include infectious diseases, loss of land and natural resources, implementation of the reserve system, destruction of culture (by government design), and forced attendance of children in residential schools. Much needs to be done to rebuild culture, self-determination and the fundamental units of family, extended family and community. This context is essential to understand and respect in order to address current issues such as depression, suicide, injury prevention, addictions, lateral violence and the growing involvement of indigenous people in grieving and healing activities for personal and social wellness.

Well-being for individual, family, and community includes health care, adequate housing, good food, education, literacy, access to cultural and recreational activities – and a feeling of inclusion. Historical developments have not only eroded the natural access to these health determinants, but have fostered a system which often perpetuates this erosion. As well, the worldview and approach to wellness of Aboriginal people is different from that of Western society.

Against this background, and in spite of it, there are stories of success in Aboriginal communities. The consultation learned of programs that strengthen families, counselling that is supporting victims of residential schooling, school outreach workers reaching young people in positive ways, and use of cultural activities to build community-of-care. The consultation team met Aboriginal people in positions of leadership and community care and noted that in the Aboriginal meetings, women played the major roles.

Themes specific to Aboriginal people in Northern BC are described in this report. As relationships between Northern Health and these communities develop and efforts at improvement are made, it is important for

Northern Health to continue to listen, to offer help and resources as indicated, and to build upon the culture and other strengths of family and community.

Services for youth

In every Aboriginal community, there were comments and concerns expressed about how young people are doing. It was noted that young people are vulnerable to addictions and mental health problems, including suicidal behaviour. For many Aboriginal young people, addictions are a symptom of the hopelessness they feel. Day-to-day challenges may include people in their families with addictions (and related issues around abuse or neglect), a shortage of opportunity for work or meaningful activity, easy access to alcohol or drugs, experiences of discrimination, and other social and cultural challenges.

People want to see more attention put on prevention and early support for young people (in the community reports there are many good examples of this happening). While this includes education and counselling support in schools, it also includes healthy community activities. This is especially true in the summer, when school is out. Examples would include:

- First Nations cultural teaching in schools, such as that described in the Quesnel-Tillicum community summary (available from Northern Health);
- recreation programs, such as the All-Native Basketball Tournament in Prince Rupert, and the previously-run RCMP recreation programs for youth in the Southside-Lakes District;
- youth centres, such as the drop in centre in Masset;
- traditional activities, such as the canoe-building project in Prince Rupert; and,
- family-oriented programs, such as the Strengthening Families program in the Hazeltons.

An issue raised often is that these programs often fade due to a loss or lack of funding.

Suicide and attempted suicide are huge mental health concerns related to youth. There are many challenges in providing support to young people who have suicidal ideas. There is a need for prevention, detection and intervention. An example of this in action is the Carrier Sekani Family Services youth suicide program provided for the Saik'uz First Nation.

In some communities, it was suggested that there be street workers or youth workers who are at work during "youth hours", which means evenings, nights and weekends. This is when help is often needed.

When a young person needs detox and treatment, it is important to have the right program available without delay. There is also a need for safe houses or shelters for youth.

Fetal Alcohol Spectrum Disorder (FASD) is a growing concern. There are multiple generations affected in some cases. There must be more awareness and learning about this condition and more done to prevent it.

Put simply, there is a strong need (and interest) to focus on young people, both in preventing poor health and behaviour and in providing the right services to those with problems. This means assessing needs community by community, building on the positive examples of action (and there are many), engaging young people in solutions, and working to fill gaps in services – from education to safe housing to treatment support.

Cultural and traditional healing practices

Another recurring theme in the Aboriginal (and some other) meetings and comment forms was that of the importance of culture and traditional ways – in building strong families, communities and nations, and in

healing. This begins with a different traditional world-view than the modern view. Aboriginal health is seen to be holistic and is fostered by indigenous knowledge and know-how – from the clan system of support in some nations to the use of food and natural medicines.

The importance of elders and their influence was noted again and again. In some meetings, elders told their stories and shared their wisdom around what might be helpful in healing.

Some community members described active programs and activities, such as the Healing the Healers program in the Saik'uz First Nation and the clan system's crisis team in the Fort St. James area. The list of what is possible and helpful is long – including language, song, dance, drumming, canoe-making, using traditional foods, community meals, sweats, talking circles, ceremonies and more.

The consultation team also heard, in some communities, that there is not a lot of support or understanding about using traditional practices for healing – and that the government and church discouraged Aboriginal culture for so long that the residual reluctance has become internalized for some. Another barrier is fundamental to the interactions between Aboriginal and western cultures. Aboriginal people have learned to accept what westerners have said they need – as a result a person may not have the confidence to speak of their needs.

When looking at services and supports directly related to addictions and mental health, many suggestions were made, including:

- Ensuring that all programs are culturally-relevant and offered in a holistic manner (family support during hospital stays, for example);
- Looking for funding to bring in programs and workshops that use traditional approaches to healing and wellness;
- Learning about and using traditional medicines;
- Increasing support for and interaction with elders (an elders day centre was proposed in one community);
- Building on the community justice circle to help keep youth out of the government system;
- Holding community events that focus on good times and wellness, such as sober dances, lunches with elders, picnics, ceremonies, recreation and sporting events and traditional dances and music (food is important in all); and,
- Continuing to employ Aboriginal Liaison workers in hospitals and health centres and developing Aboriginal culture training/learning opportunities for mental health and addictions workers (and others such as doctors).

Aboriginal staff

There are two issues that arose related to mental health and addictions (and related) staff. The first is the need for increasing staff in Aboriginal communities and programs and the second is related to Northern Health employees.

In Aboriginal communities and in Friendship Centres and other off-reserve programs or agencies, there is a need for more staff (ideally with Aboriginal heritage). This was heard from many communities and relates to a range of roles. Some of these include:

- Life Skills workers
- Mental Health and Addictions counselors
- Aboriginal Healing counselors to support those working through the legacy of residential schools
- Recreation and youth support workers
- Community program developers
- Shelter workers

Two things related to staffing were also clearly understood. First, when Northern Health or other funders offer money for services and programs, it must be long-term funding to sustain staffing. Examples of successful programs being lost because of funding timelines were heard many times, such as a youth activity program in Kitsumkalum. The second is that there are training needs for Aboriginal staff and that these might be met in partnership with others, such as Northern Health.

As for Northern Health and its employees, the messages are clear: continue to place Aboriginal Liaison staff in health centres and hospitals and implement training programs for mental health and addictions staff. Training programs should provide a deeper cultural understanding of Aboriginal people (including the historical context and underlying values and ethics) and could also assist staff in knowing how to support a more holistic approach to treatment and healing – an approach that facilitates the use of traditional knowledge and culture. (Note: many Northern Health Mental Health and Addictions staff requested this as well.)

In addition, whether staff working with Aboriginal communities are Northern Health staff or employed by other agencies, there is a need for people to spend the time to become known by people and to get to know the community they are working with.

Jurisdictional barriers

There are many organizations and agencies involved in supporting individuals and communities around mental health and addictions issues. In addition to the community or First Nations own health services and governance systems (traditional and/or elected) – some of the involved groups include:

- Northern Health
- First Nations based health organizations (such as Carrier Sekani Family Services)
- First Nations and Inuit Health Branch
- Public and private residential treatment facilities
- Groups such as AA, CA, Alanon and NA
- Non-profit agencies such as Northwest Addictions Services
- School Districts
- Religious organizations
- Ministry of Children and Familiy Development
- Friendship Centres (services and programs)
- RCMP
- Ambulance and paramedics
- Physicians and psychiatrists
- Non-profit societies such as the BC Schizophrenia Association and the Alzheimer Society of B.C.
- Elders
- The Justice system (standard and restorative)

Jurisdictional difficulties arise in several ways. There are differing policies for program access, record-keeping, confidentiality, funding and duration of service. This affects the individual who is wanting help and must navigate a system that by its nature puts up roadblocks. There are gaps in service because information and supports are not designed to flow easily, but are designed in isoloation of one another often. People

who are ready for help with an addiction or a mental illness can be easily discouraged when these blocks or delays appear.

Perhaps the biggest loss due to this 'silo' approach is that solving problems and community development don't happen easily when there are a large number of players who must get together and do this. Communities that are working together, planning together, sharing resources and taking control of building what is needed will tend to be more successful in service provision … and will be stronger due to the very process of working together.

There are some things Northern Health could consider as an organization with long reach in the North, with many resources and with the ability to bring others together. Some of these include:

- Reach out to other government organizations (federal and provincial) and engage in identifying problems and solving them. Two examples would be the issue of transporting patients to Whitehorse from the far Northern communities and ensuring the transition for youth to adult services is smoother (working with MCFD).
- Be at the table when Aboriginal communities or organizations engage in community development projects – convene and support these meetings if it is appropriate.
- Be a source of information to partner organizations – providing data as useful and being a clearinghouse for good ideas and successful program models from across BC and further.
- Consider projects that will break down the barriers, such as co-locating offices or working with larger health organizations, such as Carrier Sekani Family Services, to map out access to services and the best way to provide them.
- Address blockages that impact Northern Health directly, such as inadequate hospital discharge procedures or improving communications and support with the RCMP and emergency room staff and physicians.

Enhancing the relationship with Northern Health

This is the first time Northern has included Aboriginal-focused meetings in its broad Board-sponsored consultation process, although communities certainly have been consulted in the past through the Aboriginal Health department of Northern Health. This was received positively, albeit with a certain level of skepticism. Some community members noted that they have been consulted many times in the past by organizations or government – with little follow-up or action to show for it. The hope that this is the beginning of an ongoing relationship was expressed often. As one participant noted, "Don't over consult…take action as well."

Aboriginal people make up a significant portion of the population in Northern BC and it is the most rapidly growing population (by birth rate). There are some jurisdictional differences in how health services are funded and delivered and there is a trend for Aboriginal communities to manage their own health services. In spite of this, Northern Health services and provincially-funded services, such as physician care and acute care are provided daily to Aboriginal people. There is a need to remove barriers and adapt policies so that every person receives the support and care they need, without jurisdiction or segmentation of services preventing this.

There is an opportunity now to build a stronger ongoing relationship with Aboriginal people and to adjust training, services and approaches in order to assist with promoting good health and to assist those on the healing journey. Some approaches that will be useful include:

Ensuring Aboriginal voices are heard

- Invite Aboriginal people to play a meaningful role on Northern Health Mental Health & Addictions committees and working groups (and other decision-making or planning bodies).
- Include Aboriginal communities in future consultation processes and contract the local leaders to assist in promoting and organizing the meetings. Be sure there is feedback after consultations, to explain what has happened with the learning.
- Find ways to hear from Aboriginal people in remote locations – perhaps one or more could be added to each consultation process – face to face is the best.

Enhancing Northern Health learning about Aboriginal culture

- Develop and implement a significant Aboriginal cultural training/learning program for addictions and mental health staff and associated service providers.
- Ensure Aboriginal Liaison positions in health centres and hospitals are filled and supported.

Developing good work together

- In collaboration with Aboriginal people, choose one or more significant projects to commit to as partners. Use the project(s) to learn and to develop capacity as a health organization (and to succeed in the task). Examples might be projects related to staff and volunteer training, housing, treatment, or developing cultural/recreational programs.

Appendices

Appendix 1: Proposed Short-Term Actions

During the consultation, some suggestions for improvement that were raised will require long-term effort and/or systemic change. Others may be implemented by Northern Health in the short-term – over the next year for example – the success of which may set the stage for longer-term success in other areas.

The following are some of the short-term actions identified (some are already underway). Resources and capacity will place limits on when these can be adddressed.

Location	***Short-term action***
Northeast	
Chetwynd	➢ Pilot the operation of a clubhouse or drop-in program to assess feasibility of offering these to the community.
Dawson Creek	➢ Publicize the contact numbers for various services in the Northeast area and for supportive services in Prince George.
Fort Nelson	➢ Share proceedings of these consultation sessions and demonstrate how they were acted upon.
Fort Nelson (Ab[3])	➢ Formally involve Aboriginal elders in planning. ➢ Review and/or revise visitation protocols for clients detoxing in hospital.
Fort St. John	➢ Expand hours of operation of services beyond 4 p.m. Test some evening and lunch hour sessions.
Fort St. John (Ab)	➢ Northern Health staff should consider offering a more mobile service, meeting clients where they are. ➢ Seek opportunities to learn traditional healing practices and alternative treatment options.
Tumbler Ridge	➢ Increase hours of operation at the Diagnosis and Treatment Centre. ➢ Improve web-based information on service availability and access.
Northern Interior	
Burns Lake	➢ Facilitate communication and coordination among the various groups involved in health care in the community. ➢ Communicate the results of information sharing efforts such as these consultations.
Burns Lake (Ab)	➢ Better communicate what services and supports are offered now and how to access them.

[3] (Ab) Aboriginal meeting

Location	Short-term action
Fort St. James	➢ Provide "Mental Health 101" education to laypersons and health professionals who are interested in helping with mental health and addictions issues. ➢ Find ways to provide more opportunity for clients and families to provide input into services through the development of Program Advisory Committees or other input mechanisms.
Fort St. James (Ab)	➢ Explore options for residents awaiting residential treatment admission. ➢ Review transportation links currently available and modify to improve times and routes. ➢ Participate in discussions with RCMP who have identified aboriginal youth as a national priority.
Mackenzie	➢ Expand services available to the community. ➢ Lead and participate in local networking luncheons.
McBride	➢ Be more involved in prevention and promotion activities to educate residents on mental health and addictions issues. ➢ Deliver services to youth and other populations in settings that reduce barriers (e.g. at schools).
Prince George	➢ Develop protocols to involve family members in planning and decision-making with client consent. ➢ Clarify policies and procedures for dealing with at-risk individuals and with confidentiality issues.
Prince George (Ab)	➢ Clarify models of service delivery, including who funds and who delivers. ➢ Take a leadership role in bringing all parts of the system together through communication and collaboration to work toward a common goal (mental health and addictions staff, agencies, educators, families, communities, etc.).
Quesnel	➢ Ensure counselling services are available when needed, and coverage is provided for staff when they are away from work. ➢ Bring back some form of advisory system, such as Program Advisory Committees.
Quesnel (Ab)	➢ Participate in planning for the development of a detox service in Quesnel. ➢ Provide advice, support and information from other jurisdictions for the community to consider in developing a more community-based withdrawal and recovery service.
Saik'uz (Ab)	➢ Support Northern Health staff in getting training in how to work with Aboriginal communities, including orientation in Aboriginal ethics. ➢ Review the Northern Health budget allocation to Aboriginal residents.
Southside (Ab)	➢ Review the scheduling of Northern Health Connections buses, as there may be a better way to link people from Southside to services in Burns Lake and Prince George. ➢ Provide clear information on how to access Aboriginal health grants.

Location	Short-term action
Valemount	➢ Take a lead role in exploring the possibility of sharing resources to jointly fill "difficult to recruit" positions (e.g. school counsellor positions).
Vanderhoof	➢ Improve communications and connections between services/service providers.
Northwest	
Atlin	➢ Facilitate better communications with the hospital in Whitehorse, particularly in developing clear discharge and communications protocols, and working on improving inter-provincial treatment and transportation policies.
The Hazeltons	➢ Conduct a review of the local observation unit in the hospital and improve service delivery through staff training. ➢ Seek ways to ensure the integration of Aboriginal cultural views.
The Hazeltons (Ab)	➢ Lead the discussion and actions to improve the treatment journey, including ways to help men, women and youth when they return from out-of-town treatment. ➢ Invite and include people from Aboriginal communities in training opportunities.
Houston	➢ Review the outreach psychiatry model and revise with the intent of improving access to psychiatry services. ➢ Implement the observation unit, and training, at the health centre.
Kitimaat Village (Ab)	➢ Develop an alternative to the RCMP as an after-hours responder. ➢ Arrange a meeting with the First Nations and Inuit Health Branch to discuss collaboration and bridge-building.
Kitimat	➢ Convene discussions about developing a safe house, in partnership with the Haisla people, unions, city council, companies and service clubs. ➢ Problem-solve access issues related to services offered at Mills Memorial Hospital.
Kitsumkalum (Ab)	➢ Facilitate training for health care staff in Aboriginal culture, history and society. ➢ Support more traditional healing methods for those ready to use them, such as Talking Circles.
Masset	➢ Increase staffing and enhance access to life skills support. ➢ Provide the community with examples (and contacts) from other locations that have developed community-based treatment supports in small, rural places (including the concept of "travelling detox").
New Aiyansh (Ab)	➢ Work with physicians and hospital staff in Terrace to improve the reception and support given to patients brought in by the RCMP. ➢ Clarify the Aboriginal Health funding process.
Old Masset (Ab)	➢ Provide information and support to develop a clubhouse. ➢ Participate in improving access to detox, treatment and follow-up services (whether through a treatment centre or improving existing services).

Location	Short-term action
Prince Rupert	➢ Review the local office layout and consider ways to make it more welcoming and more respectful of confidentiality. ➢ Develop a Program Advisory Committee representing the broader community.
Prince Rupert (Ab)	➢ Showcase (in local Aboriginal communities) the Aboriginal workers who do work for Northern Health. ➢ Ensure more secure funding for Aboriginal Health programs. ➢ Ensure the Aboriginal Hospital Liaison position is filled.
Skidegate (Ab)/ Queen Charlotte	➢ Participate in planning to prepare for the residential school compensation payouts expected later this year. ➢ Offer more life skills support for people living with mental health and/or addictions challenges.
Smithers	➢ Provide additional training and education for staff at acute care sites on caring for people with mental illness and addictions. ➢ Explore ways to maintain access to services on holidays and after hours, including 24-hour emergency service.
Terrace	➢ Take a leadership role in getting the right people at the table to move forward on locally-offered detox services.

Appendix 2: Participation in the Consultation – by Location

Community	# attended meeting	# comment forms, phone and email	# represented on comment forms	Total # represented
Municipal Community Meeting Locations				
Burns Lake	9	9	9	18
Chetwynd	8	0	0	8
Dawson Creek	16	12	12	28
Fort Nelson	6	0	0	6
Fort St. James	9	1	1	10
Fort St. John	13	10	19	32
Hazelton	1	0	0	1
Houston	2	0	0	2
Kitimat	13	2	2	15
Mackenzie	9	1	1	10
Masset	7	0	0	7
McBride	14	0	0	14
Prince George	55	17	24	79
Prince Rupert	16	2	2	18
Quesnel	55	13	13	68
Skidegate	23	0	0	23
Smithers	17	4	4	21
Terrace	20	3	6	26
Tumbler Ridge	6	0	0	6
Valemount	7	0	0	7
Vanderhoof	16	16	16	32
Total	322	90	109	431
Aboriginal Community Meetings				
Burns Lake	29	7	7	36
Fort Nelson	21	0	0	21
Fort St. James	24	0	0	24
Fort St. John	17	0	0	17

Community	# attended meeting	# comment forms, phone and email	# represented on comment forms	Total # represented
Kitamaat Village	15	0	0	15
Kitsumkalum	6	0	0	6
New Aiyansh	6	1	1	7
Old Hazelton	19	2	2	21
Old Masset	6	0	0	6
Prince George	18	2	2	20
Prince Rupert	7	0	0	7
Quesnel	19	7	7	26
Skidegate[4]	22	0	0	22
Southside	14	3	3	17
Stony Creek	8	0	0	8
Total	231	17	17	253
Locations Without Meetings				
Atlin[5]	7	2	5	12
Charlie Lake	0	1	1	1
Grassy Plains/ Southback	0	4	4	4
Hudson's Hope	0	1	1	1
Kitkatla	0	7	7	7
Kispiox	0	1	1	1
Lower Post	0	1	13	13
Port Edwards	0	1	1	1
Total	7	18	33	40

Total individuals contributed to findings: 724

[4] Skidegate and Queen Charlotte participants in one meeting

[5] Facilitated teleconference

Appendix 3: Agencies and Organizations Participating in Consultations

Representatives from a wide range of organizations and groups attended meetings and submitted comments. In addition, many community members came out to express their thoughts. Some of them acknowledged their own experiences with mental illness and/or addictions. The list below is representative of the voices heard.

- Aboriginal Elders
- Aboriginal Justice Society
- Alcoholics Anonymous
- Ambulance/Paramedic
- BC Schizophrenia Society
- Carrier Sekani Family Services
- Cocaine Anonymous
- First Nations Band Administrators
- First Nations Band Chief & Counsellors
- Aboriginal Community Nurses and Community Health Reps
- Aboriginal Health Directors
- Friendship Centres
- Gya' Wa' Tlaab Healing Centre
- Housing advocates
- Labour movement
- Media (print, radio, TV)
- Ministerial
- MLA
- Municipal Mayors and counsellors
- Narcotics Anonymous
- NH Acute Care staff
- NH Addictions and MH staff
- NH Administrators
- NH Home & Community Care staff
- NH Public Health staff
- Northwest Addictions Services (NWADS)
- Occupational therapy
- Physicians
- Psychiatrist
- RCMP
- Regional District Directors
- Representatives of Women's Shelters
- Residential School counselling program
- Restorative Justice Legal Advocate
- School counsellors
- School District Administration
- Youth activities coordinators

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withinsight services

ockenden@netidea.com
Gary Ockenden, Penny Lane, Cam McAlpine and Jennie Rowlands

Bill Mussell – Consultant & Chair of the Native Mental Health Association of Canada
bill@salishan.ca

northern health

hello@northernhealth.ca
Suzanne Johnston, Joanne Bezzubetz, Lisa Tabobondung, Sonya Kruger and Lisa Martinson