
BRITISH COLUMBIA | Ministry of Mental Health and Addictions

# What we heard

## Dialogue with Rural & Remote Service Delivery & Service User Communities

Terrace, May 22, 2018

On May 22, the Honorable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, met with 29 direct providers of mental health and addictions services from communities across northwest B.C.

This dialogue was part of the Ministry's engagement process for developing a strategy for a seamless, coordinated mental health and addiction system that is free of discrimination and stigma, culturally-safe and focused on a path forward. The initial stages of the process included engagement with a broad spectrum of individuals, communities, Indigenous peoples from across the province. In addition, we are encouraging people to share their feedback on mental health and addiction services on the B.C. Government Engage website. What we learn from this engagement process will help inform the mental health and addictions strategy and be incorporated into a final report.

The Ministry recognizes that B.C.'s mental health and addictions service system needs reform in spite of the best efforts of service providers who are working hard every day to serve people's needs. Hosted by the Honourable Minister Darcy and facilitated by Simon Fraser University's Morris J. Wosk Centre for Dialogue, the roundtable provided an opportunity to listen and learn from the experience of those who live and work in rural and/or remote communities — so we can build from the strengths and approaches that are successful.

Following opening remarks from Minister Darcy, participants were invited to introduce themselves and to share what brought them to this dialogue. After the opening circle, participants met in small breakout groups supported by a table facilitator to discuss what—based on their experiences or observations—has worked or is currently working in the mental health and addictions system; what the key challenges are and what changes would make a difference. To close off the breakout discussion, participants were asked to identify their priorities for action. In a closing circle, participants shared what gives them hope and what more needs to change in the mental health and addictions system.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.[1] This report summarizes participants' input and suggestions by themes, illustrated with selected individual responses recorded in participants' own words. The themes listed in this report are ideas or suggestions mentioned in at least two participant worksheets. This means that the list does not indicate an order of priority.

[1] The testimonies and suggestions recorded in this report do not necessarily reflect the views of the Ministry of Mental Health and Addictions or its staff. Individual statements reproduced in participants' own words are identified as such through quotation marks.

The most frequently prioritized changes were around dedicating resources to preventative and upstream solutions and services, with a focus on catching mental health and addiction issues before they develop into crises, emergencies and chronic conditions. Providing resources to increase recruitment, education and retention of direct service providers and clinicians were clear priorities. According to participants, the rural and remote communities across B.C.'s northwest benefit from close connections and partnerships between health care providers and non-profit or community organizations, and participants prioritized a "hub" approach to mental health and addictions services that would unite efforts in a similar fashion, including a centralized intake system. One focus area for participants was reflected in multiple categories and responses: an emphasis on providing trauma-informed practices, training and support services to address the number of people and communities in the Northwest living with intergenerational trauma.

The full list of priorities for change includes:

- More resources dedicated towards upstream prevention and intervention services
- Improved recruitment, education and retention of frontline workers
- A comprehensive service model that includes more government-funded, long-term treatment and transition support, as well as support for care-givers
- Housing solutions
- A hub approach to mental health and addictions services
- A centralized and consistent intake system
- Accessible service, including after-hours
- Consideration of needs of Indigenous people living off-reserve

# 1. What is working

- **Strength of relationships, trust and people**
    - The network of support and services can be very strong in rural and remote communities Collaboration, partnerships, trust between services and coordination of services are cited as key strengths
    - In these communities, there are very passionate and knowledgeable people who do great work, who connect with peers and other service providers, and they are willing to do more if the support and funding are there
    - These relationships of care and trust extend to people seeking help with their mental health and addiction issues
    - Familiar faces and consistency increase the quality of service delivery
    - Mental health workers in these areas are open to partnerships and attending meetings with other agencies when they have time

- **Co-location and close proximity between programs**
    - In rural and remote communities such as the Northwest, there is a clear emphasis on partnerships and working together
    - Clinicians working out of Mental Health and Addictions (MHA) offices in Terrace and Kitimat are enabling people to access multiple services closer to home
    - Enhanced communication and support for service providers and for patients – knowing that "any door is the right door"
    - Inter-agency wraparound care gives people an opportunity to choose how they access services
    - Some organizations are using group work, which is allowing them to see more clients, thereby reducing wait times. The benefits clients experience from engaging with their peers are resulting in improved outcomes

*"Being able to connect with each other. Getting to know names and faces and being able to call people directly. We work together."*

*"There's a lot of hope out there and some very wonderful people. It gives me hope to be around others who share the common goal of making a difference in the day-to-day and seeing the strength to make the change in these communities."*

*"What I notice works well, I live in Smithers, is I know people I can call personally they know who I am - there is already trust. Same with the women who are at the transition houses. These community relationships are key."*

*"People in the North are so resourceful and creative at working around barriers in the system. The North tends to draw a certain type of person. Attributes of those people include being collaborative, selfless and being able to stand beside pain – not shy about being in somebody else's life at their worst possible moment."*

*"We support each other even if it's not within our job."*

- **Low-barrier harm reduction approach**
    - Low-barrier services can reduce harm and bridge to additional supports once the client is ready
    - Multiple participants expressed an openness to a harm-reduction approach in the communities where they are working
    - Housing first—placing people in housing and then continuing to work with them
    - Harm reduction programs not only provide easy access to services – they build relationships

*"We've seen an increase in harm reduction-oriented services—meeting people where they're at. Thinking about approaches other than abstinence and having sites where people can get clean supplies, naloxone, information. The problem is we don't have enough services to refer people to."*

*"Harm reduction works well, but the system around it is still old school and not integrated."*

- **Diversity of services available**
    - A team approach where clinicians, life-skills workers and other mental health and addictions service providers all collaborate is working well for clients in the North
    - The assisted living services provided by Terrace District Community Services are working well and need to be scaled up
    - Programs with food and meal-sharing built into the model are fighting loneliness. For example, the DUDES Club in Smithers combines drop-in and lunch programs: "Anything with food"

*"People don't know how innovative we are up here."*

*"Necessity is the mother of innovation. We do what we need to survive, but we need money."*

- **Drug & alcohol treatment programs**
    - A new outpatient detox program is working and could be expanded
    - Being able to offer addiction services, counselling, and support, especially free services to those in need and crisis is key

- **Intensive case management team**
    - Intensive Case Management (ICM) is open 7 days a week from 11:00 a.m. to 7:30 p.m. Mental Health Teams, including life-skills workers and nurses, provide acute support to vulnerable populations, as well as referrals to community partners for any follow-up services that clients require
    - ICM teams are able to offer more direct services, including outreach and crisis intervention for high-risk mental health and addictions clients

- **Grassroots community outreach**
    - It works to reach people where they are at: Being able to stop in to meet with patients in community settings. This supports the client's health care team as well as helps to promote stability
    - Clubhouses in communities offer meals, social activities, methadone programs, workshops and life-skills: There are several models in operation, but all are open and inclusive
    - Forming partnerships with families and drawing them in as part of core planning process is key

*"Only 9% of students time is spent in school, the other 91% is with family and peers. We need more of that family participation."*

- **Housing programs/homelessness intervention**
    - Housing has to be dealt with first, before any real treatment can begin
    - Wet and dry shelters offer safety and accessibility for people in crisis and help to reduce stigma while helping people connect to the services they need. As always, cultural sensitivity and trauma-informed care is key
    - There is broad support for new affordable housing projects being led by Terrace District Community Services

- **Trauma-informed practices & cultural competencies**
    - Participants expressed a clear preference for harm reduction-oriented services (i.e. "Toward the Heart") that are trauma-informed
    - Intergenerational trauma group therapies and parenting skills workshops are vital and more are needed
    - *Strong Start* and *Head Start* programs for children and parents geared toward Indigenous populations in smaller communities are working well. With more

*"We can break these cycles, we can do this. I don't want my children and grandchildren going through what my brother, my cousins are going through right now."*

funding support, these programs could see higher participation rates
    - Online educational programs that provide training in Indigenous cultural competency and safety are important

- **Foundry model**
    - The Foundry model allows low-barrier and timely access to a spectrum of services that are mental health focused and aimed at reducing stigma
    - These one-stop-shops for primary care and MHA services have been very successful at bringing partners together to allow for meaningful service integration
    - Terrace District Community Services is working with Foundry BC to provide child and youth programs

- **Support from specialized service providers:**
    - Youth and family programs such as the Kermode Friendship Society (Terrace) do important and ultimately successful work with young people and their families

*"Being in the hospital, we have a great psych department. A lot of people are coming in and they need a complete overhaul of their meds, which they have been stuck on for many years. We need more clinicians to advise people. Right now, this is 5% of my job, but I could do it 100%. Young physicians in town are helping the push for new, better medications."*

- **Uncategorized approaches:**
    - Counselling services in public schools and enhanced teacher training
    - Supported education and employment programs

### Specific programs and services:

*"Terrace Adolescent Day Treatment Program (ADTP)."*

*"Turning Points in Smithers: Variety of life skills / MHA clients: 'A community program that ties people together and builds community.'"*

*"Salvation Army Treatment Centre for women of all ages."*

*"Choices Program for people with MHA. They are serving all Nations of northern B.C. region: ongoing connections."*

*"Transformations, similar to Choices, MHA: Change has been astonishing. Mainly deal with adults of all Nations."*

*“Terrace District Community Services (TDCS) has very effective alcohol and drug counsellors.”*

*“Kermode Friendship Society has great programs for family services, homelessness, and youth in care.”*

*“DUDES Club in Smithers: lunch and drop-in programs offered by the Friendship Centre.”*

*“Network help from other services providers in Terrace such as mourning dawn for counselling.”*

*“Inner Visions second stage housing model.”*

## 2. Themes for suggested changes and improvements

- **Resources dedicated towards upstream prevention and intervention services**

  *More workers & teams*

  - Increase funding for, and number of, skilled frontline mental health and addictions workers, clinicians and teams, and increase hours of access to ensure timely assessment and intake
  - Provide more psychiatrists (especially for child and youth assessments) and more preventative care to avoid hospitalizations
  - Fund more outreach workers and primary care coordinators for systems navigation and family support
  - Provide first responder teams with a psychiatric nurse available for callouts
  - Employ more nurse practitioners and clinical pharmacists
  - Provide clinicians in Indigenous communities.
  - Create more funded peer support positions. "Nothing about us without us"
  - Provide security officers to protect workers from aggressive clients

  *Early screening*

  - Provide more screening for early psychosis (especially in early adolescence)
  - Improve access to clinicians for support with youth in crisis

*"We have a capacity shortage at every step of the continuum—we're only providing service to people in crisis."*

*"Our main funders (like Ministry of Children and Family Development (MCFD)) want a 75-25% split: 75% of the contract spent on wages and 25% on non-wages. Yet there's all this extra overhead to make your program work. It's a ridiculous formula—not enough funding to cover the basics."*

*"Mental health workers are needed in the hospital, directly in the emergency unit. If we're spending money, this is where we should spend it. Vast people with serious undiagnosed, untreated mental health issues are part of the street culture in Smithers because they have no one to advocate for them, to help them navigate."*

*"Have one day a month where anyone can access a doctor without it being an emergency. I myself don't have a family doctor."*

*"In my First Nations community, we're creating a 24-hour patrol to address the lack of services and to meet people where they're at, and to have more eyes and ears on the street. I created this project off the side of my desk to do that—I get stretched thin. We're also training people in mental health first aid, naloxone, self-defence, women's empowerment, etc. to address the lack of services available to us."*

### *Improved access*

- Provide fast-track options for people requiring immediate access to treatment centres
- Address backlog of services for youth and implement a youth emergency room protocol to ensure appropriate care
- Provide better access to free counselling and assessment services, especially for children and youth, and other free resources such as subscriptions for e-books on cognitive behavioural therapy
- Push for a faster response within the judicial system for repeat offenders who have mental health issues so they can access group homes or centres
- Increase financial support for people having to travel to specialized services and treatment in larger centres, such as Prince George and Vancouver and/or provide accessible ground transportation
- Enhance access to telehealth in remote communities

### *Prepare for industrial booms*

- In rural and remote communities, supports and resources have to be put in place **before** industrial booms take place

### *Adapt Policies*

- Implement cross-organizational agreements to improve the continuity of care (i.e. an emergency room discharge for a person getting a suicide risk assessment or on safety watch includes consistent, seamless bridging to community supports)
- Involve peers as part of any discussions and planning
- Remove bureaucratic barriers to referring clients at highest risk, such as allowing direct referrals from case managers or client self-referrals
- Support decriminalization of drugs and appropriate regulation of substances
- Develop policies to promote successful inter-

*"A lot of our patients have multiple illnesses and disorders. There is a lack of care for people with comorbidity and they have no support when they're home where everyone around them also has comorbidity."*

*"The time it takes for a youth to get assessed through the school board for behaviour issues or any kind of mental health issue is atrocious. They may not get access until they're 12, 13 or 14 years old and this is a big issue. I also work with two other clinicians at an alternative school here in Terrace where we have a backlog of services due to the lack of psychiatric doctors here. You have to go through telehealth to get an assessment through MCFD [the Ministry of Children and Family Development]. I've heard of families waiting up to a year and a half! I think the school system itself has a big responsibility in providing services for youth. The younger services can start the better."*

*"We may never recruit enough professionals to all our remote communities [so we] need to increase access to specialist MHA [mental health and addictions] services remotely."*

*"Our boom and bust economy may be a theoretical theme when you've never lived it. The boom is actually harder on our clients when they go through it. When there's a boom, the people we serve fall off the plate. We could insulate our clients from boom and bust and all these effects of industry if we had more resources. I've been at this for 25 years and I want to see action, I want to see movement. I want to see a treatment centre. It's a systems thing from the bottom up and the top down. We've got the bottom and we need you to take the top."*

*"We need to be able to fast-track people whose lives are at risk so that the*

agency partnerships
- Promote collaboration amongst all ministries and levels of governance to affect systemic change to enhance the overall health and wellness of our communities and workplaces
- Remove barriers in policies regarding text and email communications

### *Improve education and mental health literacy*

- Implement mental health and addictions prevention and early intervention programs in primary and secondary schools
- Promote increased education with younger children and through high school around mental wellness, emotional intelligence, healthy relationships and normalizing accessing mental health services (de-stigmatizing)
- Work cross-ministry, with educational and professional institutions to improve mental health and addictions training for educators at all levels
- Address bullying in schools

*response is immediate."*

*"Often, we get bottle-necked when we are trying to connect a client with services. For example, a lot of places accept only a limited number of clients with legal issues, so they will turn them away. If courts are mandating clients to access services as part of probation, they should not do so in a way that bottlenecks the system."*

*"Many nurses in small hospitals don't have a lot of education about mental health issues. Especially on weekends, there is no one there to help you and the only place you can go are the shelters and emergency units. They are not working well, but they're often the only options."*

*"Soon we're going to need kegs of naloxone—it's requiring more and more to reverse overdoses."*

*"Having education about First Nations history in high schools would provide a sense of validation for young people to understand why they may need help and be more willing to ask for help."*

- **Improved recruitment, education and retention of frontline workers**

  *Improved Training*

  - Improve education and training for people at first points of contact to be able to recognize symptoms, provide trauma-informed care and refer people to appropriate services to find timely help
  - Provide better education regarding addiction versus recreational drug use and how the benefits of harm reduction strategies outweigh those of abstinence-based programs
  - For complex diagnoses such as brain injury + mental health and addictions, provide more education to improve discernment and direction of care
  - Allow for more supervision and support for frontline workers doing client consultations (linked to burn out because people are not qualified to do it)
  - Provide more training for hospital staff on discharge and follow-up (on-going education and support until the patient feels ready to be independent)
  - Broaden the application of the Canadian Triage and Acuity Scale (CTAS) for mental health and substance use
  - Train physicians on how to fill out Person With Disabilities (PWD) applications
  - Create community capacity building programs that offer training and ongoing support to those trained who return to work in remote settings

  *Robust Recruitment & Retention Strategy*

  - Focus on recruiting culturally safe and competent providers
  - Develop innovative recruitment campaigns and strategies for rural and remote communities
  - Promote transition house and non-profit staff positions as meaningful careers, not just entry-level jobs
  - Bolster recruitment and capacity for mental

*"There is an increased level of understanding around what trauma is and its affects, but there needs to be more support/training so clinicians can provide treatment."*

*"Cultural safety training for providers to be trauma-informed and understand the histories and legacies of colonization. To also understand how to integrate that knowledge into case conceptualizations and client treatment plans that address root problems."*

*"Don't say that person is an addict, this person is a residential school survivor."*

*"People are often triaged to less-intensive support services as opposed to more-intensive support (especially in hospital) and this is related to stigma."*

*"We need more competent providers. People who are really able to get at the root causes. Many providers don't understand the intergenerational trauma that people experience. We need to move the onus of understanding from the client to the provider."*

*"The labour pool for qualified people is thin in our community. We've been recruiting for mobile response team for months without any success."*

*"We get funding contracts from MCFD [the Ministry of Children and Family Development] and if you can't get a person with the right qualifications you can write an education plan and they get their training covered. So, we hire them, get them trained and then MCFD recruits them."*

*"Positions are available but people don't know they're there."*

*"The system needs to change in order to stop continuing to perpetuate the cycles of violence from one generation to another."*

health providers in remote areas by forming strong partnerships with educational institutions – have strategies in place to draw workers back to their home communities when they've completed their educational programs
    - Strengthen focus on employee retention to ensure enough staff/support for the population area

- **A comprehensive service model**

  *More government-funded sobering, assessment and treatment centres*

    - Create trauma treatment centres that follow the group home model for people with mental health challenges
    - Increase capacity and access to treatment, recovery and second stage centres
    - Fund more detox beds and more clinical workers to support outpatient detox throughout the week, including weekends
    - Health authorities should offer sobering and assessment centres 24/7 and year-round

  *Comprehensive range of services*

    - Increase support for land-based / community-centred detox and harm reduction services
    - Fund recovery centres specifically for women
    - Create more treatment centres with the resources to provide follow-up support in communities, for clients and family members.
    - Create an addiction facility specializing in youth
    - Create a trauma treatment centre to directly address the initial trauma
    - Provide trauma counsellors for residential school survivors

*"We need more treatment centres. We have 16 detox beds from Prince Rupert to Prince George. That's just one family."*

*"We need to be able to offer help when people need it."*

*"I want to see a treatment centre and recovery houses for every community. Long-term care and support, not six weeks and then we send them back to the communities."*

*"We currently refer people with substance use and mental health issues out of the community to help them get sober; however, it's when they come back, trying to reintegrate into the community that the supports are needed—particularly, funding for second stage housing, etc."*

*"We need one detox/treatment centre where you go first and then go to recovery house and then eventually go back to community where the community has the support to help a person in their recovery. Failure to do so has a knock-on effect: if someone is sent back to community and relapses, others in the community will say: why would I go if it didn't work for you?"*

*"Often the one visibly struggling within a family is not the only one who needs support."*

- **Housing solutions**
    - Provide a safe place for people to go when intoxicated 24/7
    - More affordable housing with wraparound supports
    - Recovery homes located in Indigenous communities
    - Low-barrier youth shelters
    - Provide all-season housing solutions
    - Address the ongoing shortage of beds for those needing extra support that has worsened with the push towards shorter hospital stays
    - Provide halfway homes for people who have completed treatment centre programs, so they can stay for a month or longer and stabilize

- **Hub approach to mental health and addiction services**
    - Create hubs: Treatment centres, recovery houses, supportive communities with adequate resources and an interdisciplinary, integrated approach to allow for supportive transitions
    - Support a model for a centre that provides low-barrier services to people with low incomes, but is also sensitive to common barriers associated with hub models (e.g. court house right next to MCFD office is problematic)
    - Bolster supports available for LGBTQ2S+ community (most are online and not everyone has the tech skills)
    - A holistic approach reduces the duplication of services

- **Centralized and consistent intake system**
    - Develop a one-stop place/system for intake with one form
    - Address issues with information-sharing and levels of access to electronic medical records

*"We need to address the housing crisis in the North."*

*"We have a minimum-barrier shelter with nine beds and there's one person there per shift to manage all the beds, as well as whatever is happening outside where other people gather."*

*"There is only one centre with 10 beds in the Northern Health Authority catchment that provides services targeted towards youth."*

*"Transition homes should have emergency space available for people to come in the middle of the night if something happens."*

*"We need a variety of different forms of housing – safe housing for women where they can take their teenage sons. Transition home with services in middle of night."*

*"The structure of our health system in the North needs to be considered differently because we don't have the same economies of scale."*

*"In other locations services are co-located with police but Elders don't want to go there because they were beaten up there or they watched their parents being beaten up."*

*"We need a Foundry for adults."*

*"We need to look at the whole family – can't just take people out of family and bring them back – it doesn't work. We have to bring this wraparound support in."*

*"A mental health provider may not be privy to info about a client on their case load who's been hospitalized. A school counsellor may not be made aware that one of their students was hospitalized the day before for suicidality."*

*"A lot of times it feels like we are swimming upstream trying to place clients."*

- **Accessible service, including after hours**
    - Increase availability of person-to-person care: for some telephone care isn't as effective
    - Provide funding for more staff: A 24/7 approach to drop-ins and inclusive services (especially for detox and counselling)

- **Consideration of needs of Indigenous people living off-reserve**
    - Ideally, integrated services, accessible from anywhere in a region, that are culturally-safe and "validating of Indigenous holistic wellness"
    - Connecting people with their culture
    - Residential school survivor supports

*"We could really use some help, especially on the weekends. If you have a crisis after 4 p.m. on a Friday, nobody's going to see you until Monday. Even if we could have that as a goal, that would be fine — for people to be able to have a crisis on the weekend."*

*"Change our service model to meet the needs of clients, as opposed to business hours that meet the needs of workers."*

*"80% of Indigenous people live off-reserve, yet governments like to make deals with Nations who have their own priorities that may not reflect the needs of non-land-based First Nations people. Landless people's needs are not addressed."*

## 3. What gives you hope? And what more needs to change?

*"The gathering of different perspectives and voices is what gives me hope. We find that the best ideas come from our community. We engage often and we check back and make sure we got it right, and then we adjust. So, I hope that this process will be the start of that and that we'll see that process unfold."*

*"It gives me hope that we have a Minister of Mental Health and Addictions, and it also gives me hope to see how quickly this group came together and was very solution-focused. The diversity of experience in the room was also very inspiring."*

*"Whether it's a lay person or a person down South, I see that people are very ignorant to life in the North. It's easy to forget about us. Everything we're talking about is a Venn diagram--there needs to be focused work between ministries—it's too much for just one Ministry."*

*"I'm hopeful for some money coming our way. There's a lot of work to do and not enough help. I'm expecting something will come out of this (and you'll probably get an e-mail from me if it doesn't!)."*

*"Treating people from a holistic perspective—treating the spirit in things and people. We've missed the boat on this. Really understanding people from a trauma-informed perspective. I hope you do implement a new policy around this within mental health and addictions in B.C."*

*"Hope begins with me. I have 15 siblings and their children and my children. When a child makes a mistake it's the responsibility of the parent to make it better. That's why I say 'hope starts with me'. Even though policies bind us, I hope that we're able to move together in a good way."*

*"I believe in what you say and you said something that would be considered a verbal agreement so I'm going to hold you to that (i.e. more money from the government). We need a suggestion from the Ministry about how to get more funding. I think there should be a top-up, especially for children and youth services."*

*"I'm inspired to know that there are different levels of change that can be made in this room."*

*"I'm looking forward to the action part—that the three hours in here is not wasted."*

*"I feel inspired because I see a lot of heart that's being expressed here today, also from yourself [Minister]."*

*"I'm hopeful based on the great ideas around solutions I heard from everyone today. There's been a lot of talk around treatment and service, which is very important, I would just put a pitch in that more needs to be done around prevention—what can we do to build resiliency and what can we do to support people with the social determinants of health? And I know that the Ministry of Mental Health and Addictions can't do it by itself. You're going to need a lot of other cross-Ministerial support. The need for that intersectoral collaboration is so important."*

*"I find we all are so empathetic and caring up North. Even with limited resources, we just go out and do what we can. I do have a recommendation from the Mental Health Conference two weeks ago. It would be great to have something between Prince Rupert and Prince George—to bring everybody together so that we can keep working together."*

*"I've been to three of these sessions where a Minister has come, and I'm really hopeful that this new government will result in some real change."*

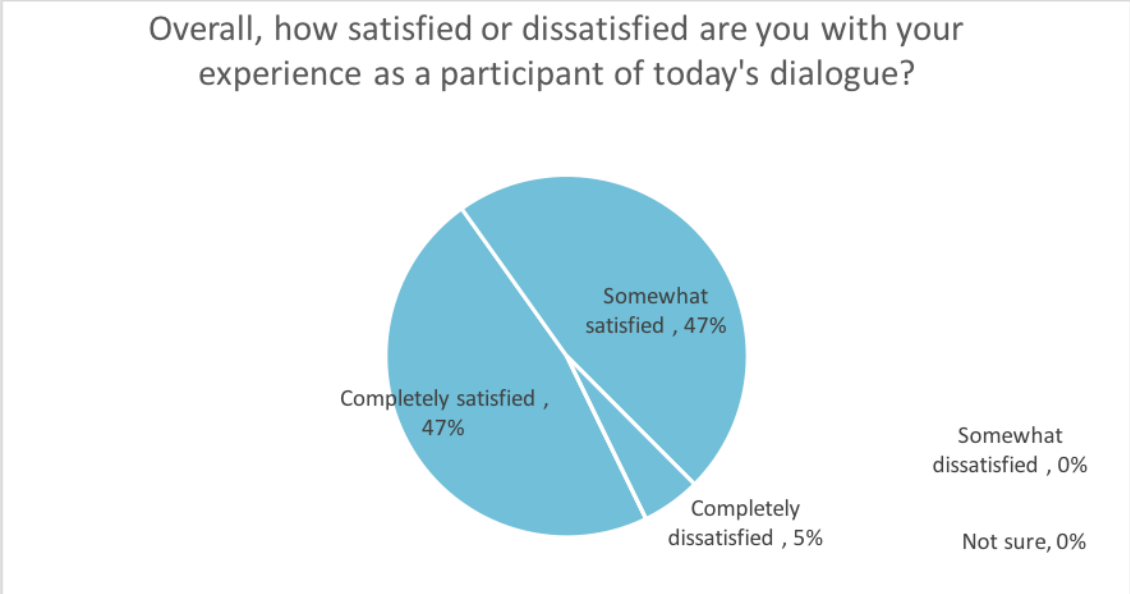
*"I'm hopeful that we can create a model where we have supports for people in the communities where they live once they come home." [Told story of a woman in northern Ontario in 1983 who had a very successful opportunity in a women's recovery home, only to return home and ended up taking her own life because the supports weren't there.]*

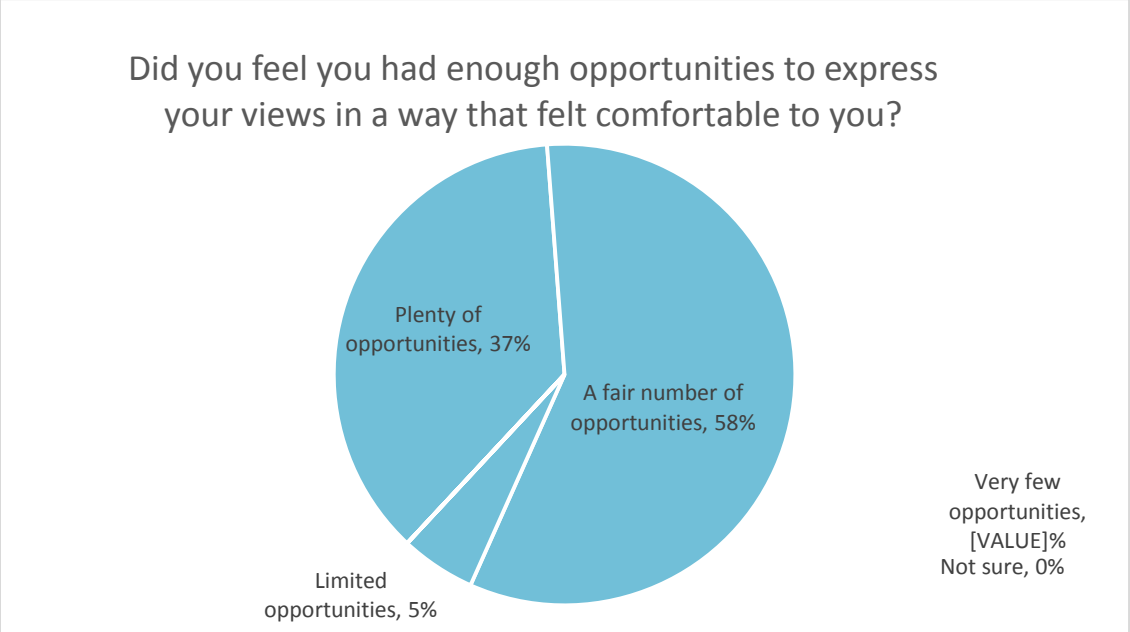
*"I'm grateful for transformative change because it means my children will not have to grow up with the same resistance that I had. What I see today is that we are changing the settler-colonial ways. Our communities are decolonizing and we ask that of your communities, too. We can't do that for you, you can't do that for us, so we've got to figure it out. We're not dealing with broken systems, these were built this way. Settler-colonial culture succeeded because of how these systems were built."*

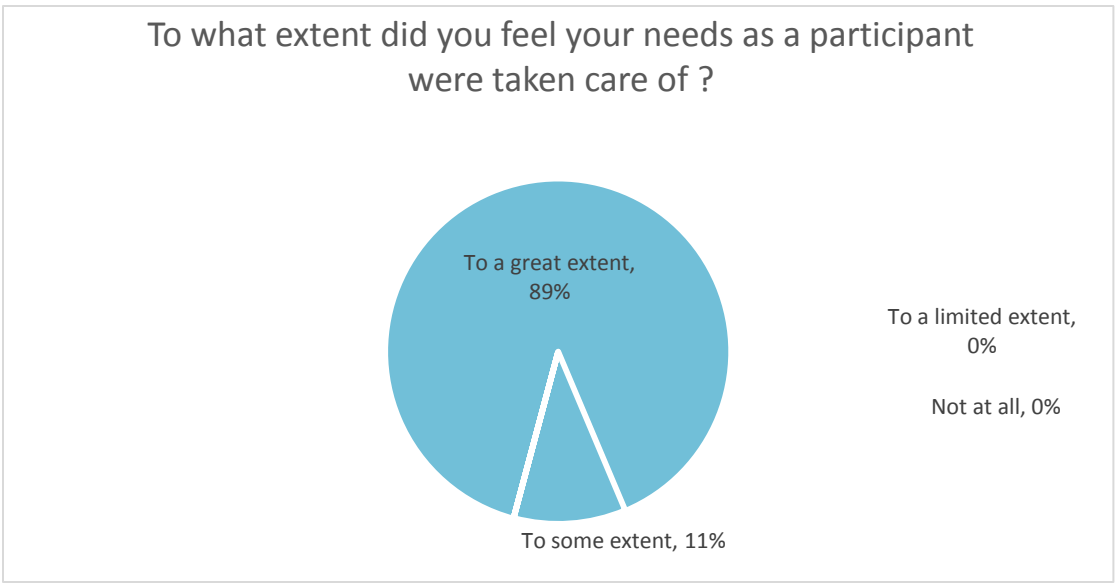
*"I hope that you remember us up North when you go back home to Victoria."*

*"I hope that you'll be thinking about us up North all the time because we do have rights and we matter."*

## 4. Participant feedback about the session




To what extent did you feel your needs as a participant were taken care of ?
To a great extent, 89%
To some extent, 11%
To a limited extent, 0%
Not at all, 0%