

# Current and Past Roles

Metis Housing Tennent Relation Officer-3 yrs

Completed a coordinated homeless estimation with 21 other communities

Run an addiction program every week at PRCC (Peace River Correctional Center)

Board member of Stepping Up (Prevention of Domestic Violence 5 yrs

Board Member Rural Development Network (National Homelessness) 2yrs

RCMP Advisory Board Member 4 yrs.

Alberta Health Committee Peace Region Board Member 2019

ICare –Homeless Advocate , Sagitawa, Woman's Shelter 5 yrs

North Zone Patient Advisor for Mental Health and Addictions AHS

Primary Care Neighborhood AHS (Vulnerable and Unattached)

Poverty Reduction Committee

Out of the Cold Emergency Shelter Board Member

Rural Mental Health Project-Community Animator

Town Council Member



There comes a point where we need to stop  
just pulling people out of the river  
We need to go upstream and find out  
why they're falling in

Desmond Tutu

Trying to pull someone out

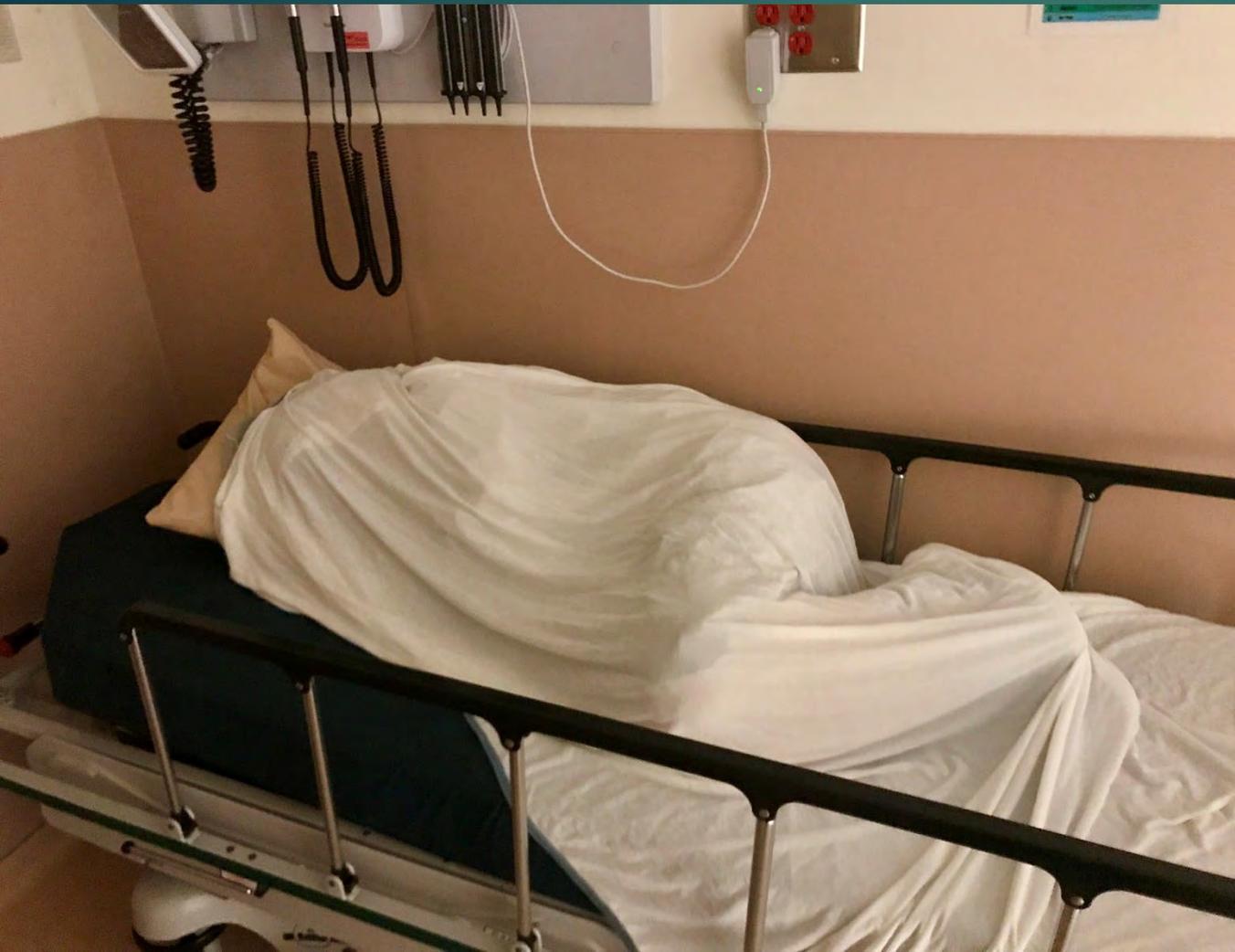


# What is community safety?



Who are we trying to keep safe?

# Are Emergency Rooms the Answer?





Every 49  
minutes



That's how frequently people died of drug poisoning in Canada during one dreadful week last summer.

In one three-day span, the 14th to the 16th, Alberta alone lost 27 people to opioids.

# What should be done?

- ▶ More than a year later, Canada's overdose crisis rages on, minute by minute, coast to coast.
- ▶ National modelling projections, released in June by PHAC, show that opioids could kill up to 2,000 people each quarter this year.

# Are Emergency Rooms the Answer?



# Emergency department visits

- ▶ In the second quarter of 2020, there were 3,028 emergency and urgent care visits related to opioids and other drug use. In the previous quarter, there were 2,472 emergency and urgent care visits related to opioids and other drug use.
- ▶ In the second quarter of 2020, emergency and urgent care visits related to opioid and other drug use occurred among 2,530 unique individuals, of whom 13 per cent had more than one visit.

# Emergency Medical Services

- ▶ In the second quarter of 2020, the provincial rate of EMS responses to opioid related events was 140 per cent higher than the first quarter.
- ▶ There were 1,485 EMS responses to opioid related events in the second quarter of 2020 (the highest ever seen in a quarter), compared to 620 in the first quarter.
- ▶ In the second quarter of 2020, all major Alberta municipalities had an increase in the rate of EMS responses to opioid related events compared to the first quarter.
- ▶ All municipalities, except Grande Prairie and Medicine Hat, had increases of over 100 per cent.

# Child Services

- ▶ In September 2021, there were 10,065 children and youth receiving child intervention services.
- ▶ Indigenous 6,828
- ▶ Non-Indigenous 3,464

# Deaths of Children and Youth Receiving Child Intervention Services

- ▶ During September and October 2021, the Ministry of Children's Services observed a tragic increase in the number of deaths of children and youth receiving services from the ministry as compared to previous months, leading to a higher than average number of deaths year to date.
  
- ▶ The trends over the last 10 years suggested that we needed more specialized placement, especially for young people with complex needs. The data tells us that most of the young adults who died were facing multiple challenges. They were more likely to have:
  1. Abused drugs, alcohol, and other harmful substances;
  2. Required medical care, including mental health care, from hospitals and alcohol and drug treatment facilities;
  3. Required placements in facilities that offer specialized services and one-on-one staffing to keep youth safe from self-harm or from harming others;

# We need to do better

- ▶ In 2020-21, 115 distinct children were served through the Protection of Sexually Exploited Children Act (PSECA).
- ▶ In 2019-20, 33 Albertans receiving child intervention services died.
  - ▶ Six were suicides
- ▶ Forty-five deaths were reported between April 1, 2021 and Feb. 28, 2022, compared to the average of around 33 in the previous four fiscal years.
- ▶ In 2021, Minister Schulz requested an internal review of the deaths of children and youth who were in care or receiving services.
- ▶ The internal report confirms mental health is a key concern for children who have been through difficult life circumstances.

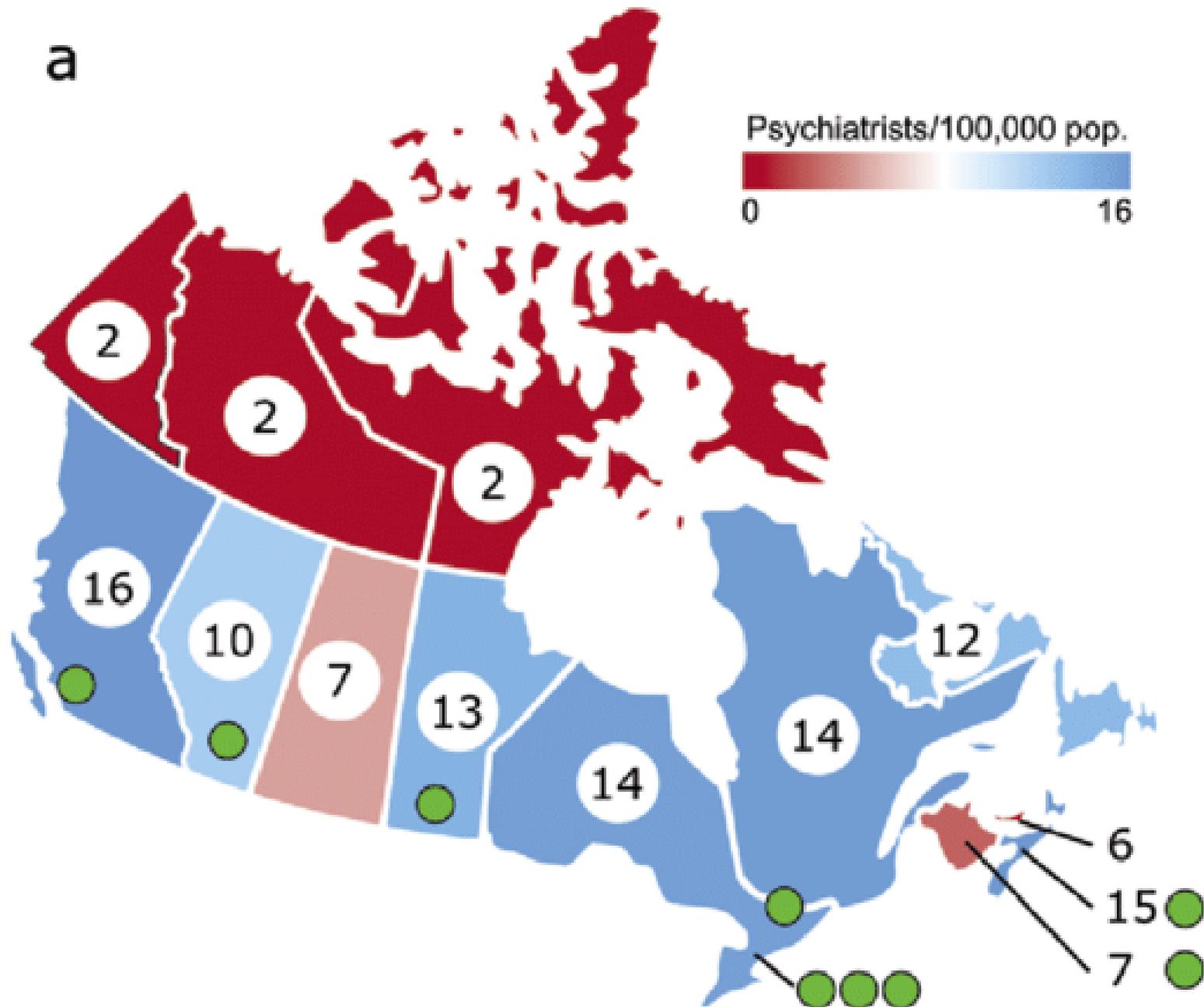
# Going Upstream

- ▶ Youth experiencing homelessness are 193 times more likely to have been involved with the child welfare system than the general public.
- ▶ During the COVID-19 pandemic, one in four adult Canadians has been involved in high-risk alcohol consumption (heavy drinking). At least one third of patients with high-risk alcohol consumption will have liver damage. The prevalence of advanced liver scarring (fibrosis) or end stage liver disease (cirrhosis) among these individuals is 7%.
- ▶ There is no clinical care pathway in primary care to identify patients with high-risk alcoholic consumption and risk stratify them based on developing liver disease.

# What is going on?

- ▶ We have a mental health crisis. It's a crisis of unmet high needs because our delivery of health care is deeply flawed.
- ▶ Our failure to meet needs is even worse for minorities and indigenous peoples.
- ▶ We are struggling with
  1. Access
  2. Availability

a



b

## Ontario

LHIN	Psych./100k
Toronto Central	61
Champlain	22
South East	19
South West	16
Hamilton Niagra	12
Central West	10
Waterloo Wellington	9
Erie St. Clair	8
Mississauga Halton	8
North Simcoia Muskoka	8
North East	8
North West	7
Central East	6
Central West	4

# Access to services Back downstream

- Wait times can be long, especially for children and youth:
- About 28,000 children and youth were on waiting lists for mental health treatment in January 2020. This number has more than doubled since 2017.
- Average wait times for children and youth are 67 days for counselling and therapy and 92 days for intensive treatment.
- Access to these services differs based on geographical area; in some areas, children and youth are able to access services almost immediately, while in others, wait times can be up to 2.5 years
- The Mental Health Strategy for Canada recommends raising the proportion of health spending that is devoted to mental health to 9% by 2022.

# Access



Even though accessibility is one of the five pillars of the Canada Health Act, many Canadians still face significant barriers to accessing the healthcare that they need.

Rural communities have limited access to most medical specialists. However, the past decade witnessed an emphasis on psychiatry, with numerous calls to improve rural access to addictions and mental health services.

This shift in healthcare priorities has been driven by persisting negative mental health outcomes, namely suicide, in rural Canada combined with a lower availability of rural mental health workers.

# Access



People in these communities must often travel great distances to get the help they need.

Where services do exist, they are frequently stretched thin, with long wait lists, high turnover rates, and poor communications infrastructures (despite the increased dependence on telepsychiatry, tele-counselling, and other internet-based services).

Smaller communities also experience higher levels of mental health stigma,

# Availability



Digital Therapeutics delivered to people on their smart phone

One-on-one digital communication, i.e. through video or telephone call, between rural patients and psychiatrists through platforms.

Digital support for rural primary care physicians who provide mental health care.

Primary care physicians have expressed feeling ill equipped to manage more complex psychiatric illness, and psychiatrists are not readily available in many rural communities

# Needed Supports



- ▶ Without the right supports, people with mental illness and substance use problems, their caregivers and their families can experience great suffering.
- ▶ We need a robust mental health care system with a wide range of programs and services
- ▶ Including health promotion and wrap-around supports like housing and employment services, to ensure that people receive the preventative care, treatment and the supports they need to recover and thrive.

# What is the plan?

- ▶ Rural Mental Health is a complex problem.
- ▶ The Government of Alberta's Valuing Mental Health report (2015, p.15) highlighted the need for specialized attention to mental health in rural and remote areas due to barriers such as scarcity of resources, cost of services and effectiveness (e.g., no long-term follow up) of services.
- ▶ Although mental health services are important and necessary, the need to explore other ways of creating community-wide support is becoming more evident.

# What can we do?

- ▶ There is a clear need for communities and agencies across the province to collaborate on solution-focused promising practices related to rural mental health and wellness, as well as identifying local priorities and potential collective approaches.
- ▶ For meaningful change to exist, I believe the community must be the owners and directors of local priorities and actions.

# What can we do?

- ▶ Working together, communities can create new or better pathways to access existing corridors of care, facilitate shared learning, problem-solving and emerging practice.
- ▶ When we do this, we all are challenged to think differently about how we each can play a role in working together to support improved mentally healthy communities.

# What can we do



- ▶ No single person, organization, or community can build better mental health for all within communities and across systems alone; therefore, meaningful processes that include diverse perspectives and partners is essential for healthier systems and people.
- ▶ A broader understanding of mental health, mental illness, and community wellness is necessary to create the conditions that generate wellbeing and system innovation, which includes and goes beyond improvements to treatment services.

# What can we do

- ▶ Better mental health happens through a combination of formal and informal approaches, where medical and community pathways are contributors.
- ▶ Mental health is not state that it is achieved indefinitely, it evolves and changes within people and communities overtime; therefore, aim for progress, not perfection

# Words to Action

- ▶ Our region formed a Mental Health and Addictions Task Force to examine the challenges residents face gaining access to treatment for mental health and substance misuse and the consequences around these lacking services.

By collaborating, we can accomplish the following.

- ▶ Bring together government and non-government health and community partners to improve equity of service and meet the needs of the vulnerable.
- ▶ Determine appropriate government advocacy for increased access to services and reduction of barriers.
- ▶ Make recommendations for local action-focused programs that provide wrap around care leading to improved health outcomes.

# Purpose of the Task Force

- ▶ The Task Force was created to support our rural communities in their journey to identifying local priorities and creating action plans to promote mental health and wellbeing.
- ▶ To advocate as one voice for our region to have a designated mental health facility and supports, to eliminate the high cost of transporting mental health patients in distress out of our community.
- ▶ Promote equitable access to support rural mental health, because often smaller communities do not receive the same access to training, support, funds and resources as larger urban centers.

# Approaches to the Issues



- ▶ We believe in a community-based approach that bring communities together to set directions, make decision, generate solutions, and tackle implementation of efforts that are meaningful and sustainable to the community.
- ▶ We believe that all communities have assets – people and environments. Every community has people with valuable experiences, ideas, and talents. Every community has physical, natural, social, and digital spaces. These assets are opportunities that can be celebrated and built upon.

# Approaches to the Issues

- ▶ We believe that setting direction and decision-making is done best when it is done through collective leadership, as no single person or organization can improve wellbeing alone.
- ▶ This involves all voices being valued and contributing to setting direction and making decisions, while collectively designing, implementing, and learning community-based actions.

# First Steps

- ▶ There are specific actions that can help to break the cycle and prevent many issues in the first place through upstream work.
- ▶ There is a need to understand the root causes of poverty, crime, addictions and substance abuse disorders, what interventions work, and what changes and contributions are needed by municipal, provincial, and federal governments.
- ▶ Funding for new services is critical, but there are also non- financial interventions that can be part of the solution to break the cycle. This can include legislative, regulatory, and policy change.
- ▶ All necessary actions must be considered.

# First Steps

- ▶ Develop a joint vision statement with agreed upon definitions and outcomes identified and an accountability framework.
- ▶ Coordinated data, research, and evaluation strategy to inform evidence-based decisions that are aligned with other data collection and reporting, including consistent methodology and knowledge translation
- ▶ Collection and dissemination of leading practices for mental health supports
- ▶ Risk avoidance/return on investment (ROI) study to quantify savings to other provincial and municipal service systems in the cost of transportation , wait times and suicide attempts.

# First Steps

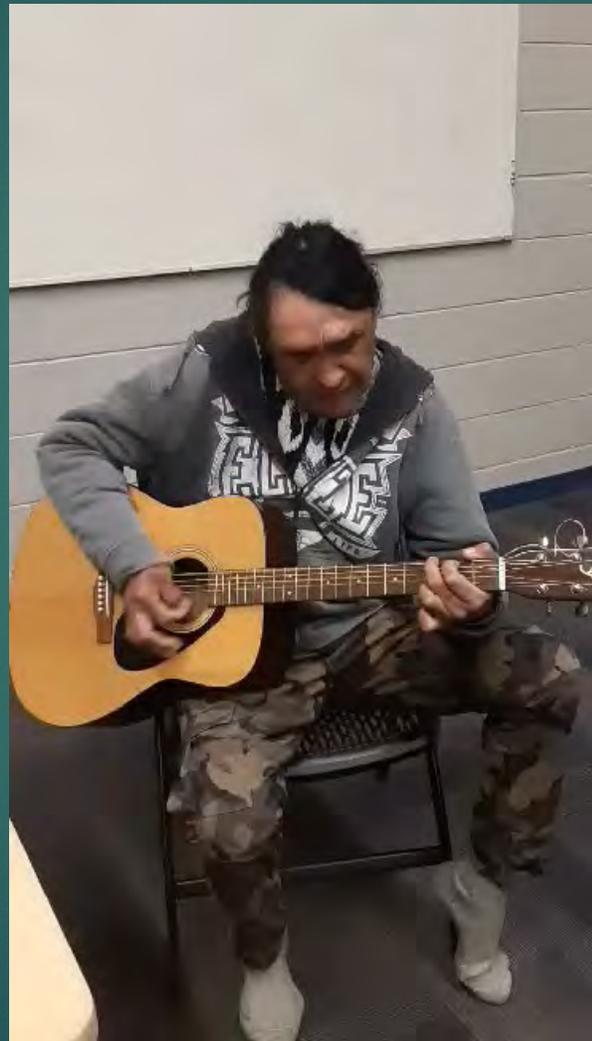
- ▶ Prevention programs to build the case for future investments by provincial, municipal, and federal governments (e.g., health care, justice, social assistance).
- ▶ Collect consolidated information on the demand for supports
- ▶ Develop strategies to ensure discharges from provincial institutions are into housing, not homelessness (e.g., prisons, hospitals, treatment facilities).

# First Steps

- ▶ Develop strategies for supports to ensure that exits for youth from the child welfare system lead into housing stability, not homelessness.
- ▶ Advocate for the accelerated development and implementation of a national , Rural, and Northern Indigenous Housing Strategy by the federal government, with funding attached.



# Stand By Me



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- ▶ Alberta COVID-19 Opioid Response Surveillance Report Q2 2020
  - ▶ [www.macleans.ca/longforms/opioid-crisis-canada/](http://www.macleans.ca/longforms/opioid-crisis-canada/)
  - ▶ Rural\_remote\_mental\_health\_evidence\_brief\_eng.pdf
  - ▶ Friesen\_UTMJ\_2019