

What happened to the results of previous community consultations?

Northern Health conducted its first community consultation, *Let's Talk About Health*, in the spring of 2004 and its second, *Let's Talk About Addictions and Mental Health*, in 2007¹. As well, in 2008, community stakeholders provided ideas on Northern Health's strategic plan – its blueprint for the coming years. In all three sessions, participants offered valuable feedback, which was appreciated, considered carefully, and for the most part, acted upon.

1. Results of 2007 Consultation: *Let's Talk About Addictions and Mental Health*

More than 700 people across the North gave us their input on this issue. Some came to one of the 36 public meetings, 16 of which were held at First Nations communities. Others sent comments by e-mail or in writing. We heard the following themes across the North:

Themes applicable to all areas, including Aboriginal people:

- Housing
- Services for youth and men
- Creating a complete treatment system
- 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 of addictions and mental health
- Services for youth
- Cultural and traditional healing practices
- Aboriginal staff
- Jurisdictional barriers
- Enhancing the relationship with Northern Health

Broad strategic directions arising from the 2007 consultations

Actions taken by Aboriginal Health Services

Northern Health's Aboriginal Health Services listened, then developed plans for a series of follow-up consultations with Aboriginal communities and leaders. These will further explore the feedback gained in 2007 to ensure Aboriginal residents in urban, rural and remote communities have better access to the full range of services, including primary care, prevention, screening, diagnosis, treatment, and follow-up services.

Actions taken by Mental Health and Addiction Services

Many of the themes in the community consultation report speak directly to Northern Health's Mental Health & Addiction Services (MH&AS) strategies. The report includes a number of recommended strategic directions and short-term actions.

¹ Northern Health was also involved in the Premier's Consultation on Improved Cancer Care in Northern BC in 2005.

Strategic Directions: The MH&AS Leadership Team is developing a strategic plan to guide MH&AS over the next few years that addresses key themes, such as housing, that were identified during the consultation.

The team was recently restructured to improve its ability to provide leadership to programs, develop program standards, strengthen staff skills, and ensure quality and equity of services. Mental Health and Addiction Services realigned its reporting structure in the Northern Interior to provide management leadership for regional services, and to support Northern Interior Community and Rural Services. The team identified a leadership position specifically for planning for housing needs across the continuum of care (youth, adult, and elderly), as well as for mental health and addiction services.

Specific short-term actions arising from the 2007 consultations

Note: **Ab** indicates Aboriginal meeting

Location	Short-term action	Comments
Northeast		
Chetwynd	<ul style="list-style-type: none"> Pilot a clubhouse or drop-in program to assess offering these to the community. 	A mental health nurse was recruited for Chetwynd / Tumbler Ridge. To pilot more services, the clubhouse needs more staff.
Dawson Creek	<ul style="list-style-type: none"> Publicize contact numbers for Northeast services and for supportive services in Prince George. 	During Addictions Awareness Week, several news articles with contact information were published. This information is also now on the Northern Health website, and in pamphlets available at NH facilities.
Fort Nelson (Ab)	<ul style="list-style-type: none"> Formally involve Aboriginal elders in planning. Review and/or revise visitation protocols for clients detoxing in hospital. 	Local team leaders, health service managers, and the NE area director are developing advisory councils that will include elders. A review of detox protocols was recently completed and a follow-up meeting was held with acute care representatives. A client information handout was also developed.
Fort St. John	<ul style="list-style-type: none"> Expand hours of operation beyond 4 p.m. Test evening and lunch-hour sessions. 	Hours of operation were expanded to provide lunch hour coverage. Evening groups are offered, such as cognitive behavioural therapy groups in conjunction with GPs.
Fort St. John (Ab)	<ul style="list-style-type: none"> Northern Health should consider a more mobile service, meeting clients where they are. 	Youth addictions case managers and adult mental health case managers have visited Aboriginal communities and are involved in community planning activities.
Northern Interior		
Fort St. James	<ul style="list-style-type: none"> Provide "Mental Health 101" education to laypersons and health professionals who are interested in helping. Create opportunities for clients and families to provide input into services – develop input mechanisms. 	<p>A new team leader joined Lakes Omineca on April 14, 2008. Because this position has no clinical caseload, it allows for the building of community relationships and the facilitation of education and program building.</p> <p>The NI Area Director and Team Leader have met with community members and are determining what type of input mechanism is required for each community.</p>
Mackenzie	<ul style="list-style-type: none"> Expand services available to the community. Lead and participate in local networking luncheons. 	A full-time clinician was hired in Mackenzie (July 2008). The NI Area Director is working with MCFD and Ministry of Community Services on other service enhancements to deal with the economic crisis in this community.
Prince George	<ul style="list-style-type: none"> Develop protocols to involve family members in planning and decision-making (with clients' consent). 	The MH&AS Advisory Group is reorganizing to reflect family and consumer representation. The monthly meetings are attended by NI managers.
Prince George (Ab)	<ul style="list-style-type: none"> Take a leadership role in bringing the system together through communication and collaboration to work toward a common goal. 	The new Director has met Aboriginal Health, city councillors, community agencies, the Central Interior Native Health Centre, Carrier Sekani Family Services, and the PG Friendship Centre Society Exec. Director, Director of Housing in planning for Friendship Lodge services, and met representatives at the new Aboriginal Health Improvement

		Committee.
Valemount	<ul style="list-style-type: none"> Take a lead role in exploring how to share resources to fill "difficult to recruit" positions (e.g., school counsellors). 	The Team Leader for Robson Valley provides service in Valemount twice a week. This person works with MCFD to provide youth services and is currently reviewing caseloads and travel requirements. Waitlists have decreased.
Northwest		
The Hazeltons	<ul style="list-style-type: none"> Review the local observation unit in the hospital and improve service delivery by training staff. Seek ways to ensure the integration of Aboriginal culture. 	Improvements to the observation room were completed, and local training was also provided. Each month, Northern Health staff meet with community members and service providers. The Area Director and Team Leader for Bulkley Valley have implemented a liaison between the First Nations Action Support Team community initiative and other service providers.
The Hazeltons (Ab)	<ul style="list-style-type: none"> Lead discussion and actions to improve the treatment journey, including ways to help clients returning from out-of-town treatments. Include people from Aboriginal communities in training. 	The Team Leader in Bulkley Valley is working with communities to ensure discharge planning is occurring after hospital admissions. First Nations Action and Support Team members and other community partners were invited to join Youth Services education in February 2008. MH&AS is funding a contracted family support recovery service for Aboriginal communities.
Kitimaat Village (Ab)	<ul style="list-style-type: none"> Arrange a meeting with the First Nations and Inuit Health Branch to discuss collaboration and bridge-building. 	The Area Director is working with the Gva Wa Tiaab Healing Centre Society to discuss partnering to provide services.
Masset	<ul style="list-style-type: none"> Increase staffing and enhance access to life skills support. 	Positions for a Life Skill Worker and a Clinical Specialist (RN) were added to Masset staffing and hired.
New Aiyansh (Ab)	<ul style="list-style-type: none"> Work with physicians and hospital staff in Terrace to improve support given to patients brought in by the RCMP. Clarify the Aboriginal Health funding process. 	The Observation Unit Project Lead and Team Leader at Mills Memorial psychiatric in-patient unit provided education on observation room training and ongoing in-services appropriate for clients brought to Mills Memorial. The Northern Health Aboriginal Health Team and the Area Director are working to clarify the Aboriginal Health funding process and sharing information on services for the continuum of care. Mental health outreach services are in New Aiyansh. The Aboriginal liaison at Mills Memorial is working with the in-patient team leader and discharge planner to ensure comprehensive discharge planning.
Old Massett (Ab)	<ul style="list-style-type: none"> Provide information and support to develop a clubhouse. 	See Masset regarding Life Skill Worker position. As well, the Queen Charlotte Island team leader developed a clubhouse service.
Prince Rupert	<ul style="list-style-type: none"> Review the local office layout and consider ways to make it more welcoming and more respectful of confidentiality. 	Public Health, the HSA, and the NW Area Director for Home and Community Care met to discuss this with managers responsible for programs in the building.
Prince Rupert (Ab)	<ul style="list-style-type: none"> Showcase (in local Aboriginal communities) the Aboriginal workers who work for NH. Ensure more secure funding for Aboriginal health programs. Ensure the Aboriginal hospital liaison position is filled. 	MH&AS is partnering with Northern Health's Aboriginal Health department to work on these issues.
Skidegate (Ab) / Queen Charlotte	<ul style="list-style-type: none"> Offer more life skills support for people living with mental health and/or addictions challenges. 	The team leader for the Queen Charlotte Islands has been working with First Nation communities to provide support, and ensure adequate supports are in place.
Terrace	<ul style="list-style-type: none"> Take a leadership role to move forward on locally-offered detox services. 	Area Director is monitoring community responses to the damp shelter that is currently in place; there has been positive responses from the community to date.

2. Results of Community Meetings in 2008: Northern Health's Strategic Plan²

Using input from Northern Health staff and from community stakeholders, the Board of Directors revised its Mission, Vision, Values, and Strategic Direction for the period 2009 to 2015.

Mission: *Through the efforts of our dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for Northerners.*

Vision 2105: *Northern Health leads the way in promoting health and providing health services for Northern and rural populations.*

- Northern Health is known for our strong primary health care system. People experience seamless and coordinated service. The “Primary Care Home” is the foundation for multidisciplinary health care and helps people navigate across services.
- Northern Health involves people and their families in their own health and health care. Individuals and families feel respected and are treated compassionately.
- Northern Health provides high quality health services, using evidence and innovation, to meet the needs of our Northern and rural populations. We are known for the creativity of our staff and physicians and for our innovative use of technology to care for people as close to home as possible.
- Northern Health is recognized as an outstanding place to work, learn, and grow. We foster a safe and healthy work environment. Education and development of people in the north, for the north, attracts and retains staff and physicians.
- Northern Health works with communities and organizations to support Northern people to live well and prevent injury and illness. The health status of Northern people is improving faster than the rest of BC.

Organizational values:

We treat people with:

- Respect: honouring diversity and treating people fairly
- Compassion: caring genuinely
- Empathy: understanding and earning trust

We demonstrate:

- Integrity: ensuring open, honest, ethical behaviour
- Stewardship: showing transparent, responsible and effective use of resources
- Quality: providing exceptional service guided by evidence

We work in a spirit of:

- Collaboration: working together to better serve the people of Northern BC
- Innovation: learning and finding better ways to deliver health care

Our strategic directions:

1. Integrated Accessible Health Services
2. A Focus on Our People
3. A Population Health Approach
4. High Quality Services

² A full version of the plan is available at www.northernhealth.ca/about