



# **Let's Talk About Addictions and Mental Health**

## **Community Consultation Report Executive Summary**

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**October 2007**

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# Introduction

Northern Health conducted its first broad community consultation – *Let's Talk About Health* – in 2004. The purpose of that consultation was to obtain input from Northern BC residents in order to understand their health values, priorities and expectations. That input would then be integrated into the strategic planning undertaken by the Northern Health Board of Directors. After the 2004 consultations, a public commitment to hold community consultations every two years was made.<sup>1</sup>

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 community 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?

More than 700 individual voices of Northern BC residents were represented through the various feedback channels. Input on addictions and mental health was received at 36 public meetings across the north – including 15 Aboriginal meetings. Northerners were also able to comment through e-mail, voice mail and standardized written comment forms.

The purpose of the consultation and report is to improve access and services for all Northern BC residents living with addictions and mental illness, and their relatives and friends, and to strive towards full inclusion for all in every community. The report therefore presents a record of the input received from Northerners, as well as key recommendations to assist Northern Health 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 people's needs.

This Executive Summary is just that – a summary of the consultation process, with a list of the key themes that arose and suggested strategic priorities for Northern Health.

The full consultation report includes a great deal more information – including descriptions of the major common themes repeated in community after community, and of additional themes specific to Aboriginal people. There is also a summary report for each of 36 community meetings.

The Full Consultation Report and Community Summary Reports will be available on the Northern Health website [www.northernhealth.ca](http://www.northernhealth.ca), by telephone request to (250) 565-2649 or email request to [hello@northernhealth.ca](mailto:hello@northernhealth.ca).

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<sup>1</sup>The present consultation, originally planned for 2006, was rescheduled to 2007 due to potential scheduling conflicts with the Premier's Consultation for Improved Cancer Care in Northern BC.

# What are the common themes?

The themes listed here are explored in more detail in the full report. They arose in answer to the question, “What do people across Northern BC have on their minds regarding addictions and mental health?” The following are the most significant areas of common concern across Northern BC.

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

- Housing
- Services for youth and men
- Creating a complete system of treatment
- 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



# 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.

<i>Strategic Recommendation</i>	<i>Possible Action Items – Northern Health to lead</i>	<i>Possible Action Items – NH partner with or support others</i>
<p>1. That Northern Health work with communities and service partners to bring services as close to people as possible and make urgent services available for more hours.</p>	<ul style="list-style-type: none"> <li>➤ Develop community-based treatment support models, involving training and support for all those in the system (including volunteers).</li> <li>➤ Review the Northern Connections transportation schedule in light of what was learned in many locations about the challenges of attending appointments with psychiatrists and other counsellors. Consider reviewing appointment scheduling as well.</li> <li>➤ Consider having more mental health and addictions workers (Northern Health or partner agencies) shift to non-regular hours (evenings and weekends).</li> <li>➤ 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.</li> </ul>	



<i>Strategic Recommendation</i>	<i>Possible Action Items – Northern Health to lead</i>	<i>Possible Action Items – NH partner with or support others</i>
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 particularly difficult for someone with an addiction or mental illness. 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.

<i>Stage</i>	<i>Suggestions for Improvement</i>
<i>Pre-detox</i>	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.
<i>Detox</i>	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.



<i>Stage</i>	<i>Suggestions for Improvement</i>
<i>Post-detox and pre-treatment</i>	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.
<i>Treatment</i>	Treatment programs need to be available close to home, avoid having waitlists, be culturally relevant, and be flexible.
<i>Post-treatment and recovery</i>	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.
<i>Post-recovery and pre-wellness</i>	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

<i>Strategic Recommendation</i>	<i>Possible Action Items – Northern Health to lead</i>	<i>Possible Action Items – NH partner with or support others</i>
3. That Northern Health provide leadership and work with others to improve the addictions treatment journey.	<ul style="list-style-type: none"> <li>➤ Map the continuum of services (or lack thereof) in each community and support efforts to eliminate the most pressing gaps.</li> <li>➤ Develop a long-term plan that includes: <ul style="list-style-type: none"> <li>○ reorganizing detox options;</li> <li>○ moving treatment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ Explore creating a single helpline for people to access information on services.</li> <li>➤ Explore ways to improve out-of-town transportation options.</li> </ul>



<i>Strategic Recommendation</i>	<i>Possible Action Items – Northern Health to lead</i>	<i>Possible Action Items – NH partner with or support others</i>
	resources closer to communities; <ul style="list-style-type: none"> <li>○ stimulating the growth of pre- and post-treatment options at the community level; and,</li> <li>○ developing more ongoing recovery supports.</li> </ul>	
4. That Northern Health introduce innovative approaches to the addictions and mental health service continuum.	<ul style="list-style-type: none"> <li>➤ Provide more cultural awareness training for Northern Health staff and community partners.</li> <li>➤ Explore and initiate alternative health treatments, including Aboriginal traditional healing, where appropriate.</li> <li>➤ Develop models of community-based support for people needing help with post-treatment and other recovery support.</li> </ul>	<ul style="list-style-type: none"> <li>➤ 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.</li> </ul>

## 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.



<i>Strategic Recommendation</i>	<i>Possible Action Items</i>	
5. That Northern Health develop targeted programs for men.	<ul style="list-style-type: none"> <li>➤ Create locally-based services and supports to help prepare men for treatment and help integrate men back into the community after treatment.</li> <li>➤ Improve the timely delivery of detox and other services for men.</li> </ul>	
6. That Northern Health participate in the development of residential supports for men with addictions and/or mental health issues.		<ul style="list-style-type: none"> <li>➤ 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.</li> </ul>

## 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.

<i>Strategic Recommendation</i>	<i>Possible Action Items – Northern Health to lead</i>	<i>Possible Action Items – NH partner with or support others</i>
<p>7. That Northern Health support efforts to find housing solutions for people with addictions and/or mental illness.</p>	<ul style="list-style-type: none"> <li>➤ 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).</li> </ul>	<ul style="list-style-type: none"> <li>➤ 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.)</li> <li>➤ 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.</li> <li>➤ 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.</li> </ul>
<p>8. That Northern Health look for opportunities to take a leadership or facilitation role in communities.</p>	<ul style="list-style-type: none"> <li>➤ Identify the staff and skills required to play a more facilitative role – and support developing this capacity further.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Take a more deliberate approach to networking and getting organizations and people together to share information (including appropriate client information).</li> <li>➤ Create ways for organizations, agencies, support groups and community members to work more closely together in identifying priorities and building solutions.</li> </ul>



<i>Strategic Recommendation</i>	<i>Possible Action Items – Northern Health to lead</i>	<i>Possible Action Items – NH partner with or support others</i>
9. That Northern Health look for opportunities to work with specific partners to advance mental health and addictions work.	<ul style="list-style-type: none"> <li>➤ Work with support groups to share information on services and to assist with promotion of their meetings.</li> </ul>	<ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ Respond to the strong interest (in some locations) to formally enter into joint planning.</li> </ul>

## 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.

<i>Strategic Recommendation</i>	<i>Possible Action Items – Northern Health to lead</i>	<i>Possible Action Items – NH partner with or support others</i>
10. That Northern Health integrate the unique aspects of Aboriginal cultural views and input into its planning and programs.	<ul style="list-style-type: none"> <li>➤ Invite Aboriginal people to play a meaningful role on Northern Health Addictions and Mental Health planning committees and working groups.</li> <li>➤ When launching a consultation process, ensure Aboriginal communities are included.</li> <li>➤ Adapt consultation materials, methods, languages and</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ask local Aboriginal partners to organize future consultation processes at the local level.</li> </ul>



<b>Strategic Recommendation</b>	<b>Possible Action Items – Northern Health to lead</b>	<b>Possible Action Items – NH partner with or support others</b>
	<p>approaches to be most useful to Aboriginal people.</p> <ul style="list-style-type: none"> <li>➤ 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.</li> </ul>	
<p>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.</p>	<ul style="list-style-type: none"> <li>➤ 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.)</li> <li>➤ Include physicians and other service providers (partner agencies for example) in the training/learning opportunities.</li> <li>➤ 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.</li> </ul>	
<p>12. That Northern Health seek opportunities to partner on specific projects with Aboriginal people.</p>		<ul style="list-style-type: none"> <li>➤ 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.</li> </ul>



# 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 addressed.

<i>Location</i>	<i>Short-term action</i>
<b><i>Northeast</i></b>	
Chetwynd	<ul style="list-style-type: none"> <li>➤ Pilot the operation of a clubhouse or drop-in program to assess feasibility of offering these to the community.</li> </ul>
Dawson Creek	<ul style="list-style-type: none"> <li>➤ Publicize the contact numbers for various services in the Northeast area and for supportive services in Prince George.</li> </ul>
Fort Nelson	<ul style="list-style-type: none"> <li>➤ Share proceedings of these consultation sessions and demonstrate how they were acted upon.</li> </ul>
Fort Nelson (Ab <sup>2</sup> )	<ul style="list-style-type: none"> <li>➤ Formally involve Aboriginal elders in planning.</li> <li>➤ Review and/or revise visitation protocols for clients detoxing in hospital.</li> </ul>
Fort St. John	<ul style="list-style-type: none"> <li>➤ Expand hours of operation of services beyond 4 p.m. Test some evening and lunch hour sessions.</li> </ul>
Fort St. John (Ab)	<ul style="list-style-type: none"> <li>➤ Northern Health staff should consider offering a more mobile service, meeting clients where they are.</li> <li>➤ Seek opportunities to learn traditional healing practices and alternative treatment options.</li> </ul>
Tumbler Ridge	<ul style="list-style-type: none"> <li>➤ Increase hours of operation at the Diagnosis and Treatment Centre.</li> <li>➤ Improve web-based information on service availability and access.</li> </ul>
<b><i>Northern Interior</i></b>	
Burns Lake	<ul style="list-style-type: none"> <li>➤ Facilitate communication and coordination among the various groups involved in health care in the community.</li> <li>➤ Communicate the results of information sharing efforts such as these consultations.</li> </ul>
Burns Lake (Ab)	<ul style="list-style-type: none"> <li>➤ Better communicate what services and supports are offered now and how to access them.</li> </ul>

<sup>2</sup> (Ab) Aboriginal meeting



<i>Location</i>	<i>Short-term action</i>
Fort St. James	<ul style="list-style-type: none"> <li>➤ Provide “Mental Health 101” education to laypersons and health professionals who are interested in helping with mental health and addictions issues.</li> <li>➤ 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.</li> </ul>
Fort St. James (Ab)	<ul style="list-style-type: none"> <li>➤ Explore options for residents awaiting residential treatment admission.</li> <li>➤ Review transportation links currently available and modify to improve times and routes.</li> <li>➤ Participate in discussions with RCMP who have identified aboriginal youth as a national priority.</li> </ul>
Mackenzie	<ul style="list-style-type: none"> <li>➤ Expand services available to the community.</li> <li>➤ Lead and participate in local networking luncheons.</li> </ul>
McBride	<ul style="list-style-type: none"> <li>➤ Be more involved in prevention and promotion activities to educate residents on mental health and addictions issues.</li> <li>➤ Deliver services to youth and other populations in settings that reduce barriers (e.g. at schools).</li> </ul>
Prince George	<ul style="list-style-type: none"> <li>➤ Develop protocols to involve family members in planning and decision-making with client consent.</li> <li>➤ Clarify policies and procedures for dealing with at-risk individuals and with confidentiality issues.</li> </ul>
Prince George (Ab)	<ul style="list-style-type: none"> <li>➤ Clarify models of service delivery, including who funds and who delivers.</li> <li>➤ 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.).</li> </ul>
Quesnel	<ul style="list-style-type: none"> <li>➤ Ensure counselling services are available when needed, and coverage is provided for staff when they are away from work.</li> <li>➤ Bring back some form of advisory system, such as Program Advisory Committees.</li> </ul>
Quesnel (Ab)	<ul style="list-style-type: none"> <li>➤ Participate in planning for the development of a detox service in Quesnel.</li> <li>➤ Provide advice, support and information from other jurisdictions for the community to consider in developing a more community-based withdrawal and recovery service.</li> </ul>
Saik'uz (Ab)	<ul style="list-style-type: none"> <li>➤ Support Northern Health staff in getting training in how to work with Aboriginal communities, including orientation in Aboriginal ethics.</li> <li>➤ Review the Northern Health budget allocation to Aboriginal residents.</li> </ul>
Southside (Ab)	<ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ Provide clear information on how to access Aboriginal health grants.</li> </ul>



<i>Location</i>	<i>Short-term action</i>
Valemount	<ul style="list-style-type: none"> <li>➤ Take a lead role in exploring the possibility of sharing resources to jointly fill “difficult to recruit” positions (e.g. school counsellor positions).</li> </ul>
Vanderhoof	<ul style="list-style-type: none"> <li>➤ Improve communications and connections between services/service providers.</li> </ul>
<b>Northwest</b>	
Atlin	<ul style="list-style-type: none"> <li>➤ 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.</li> </ul>
The Hazeltons	<ul style="list-style-type: none"> <li>➤ Conduct a review of the local observation unit in the hospital and improve service delivery through staff training.</li> <li>➤ Seek ways to ensure the integration of Aboriginal cultural views.</li> </ul>
The Hazeltons (Ab)	<ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ Invite and include people from Aboriginal communities in training opportunities.</li> </ul>
Houston	<ul style="list-style-type: none"> <li>➤ Review the outreach psychiatry model and revise with the intent of improving access to psychiatry services.</li> <li>➤ Implement the observation unit, and training, at the health centre.</li> </ul>
Kitimaat Village (Ab)	<ul style="list-style-type: none"> <li>➤ Develop an alternative to the RCMP as an after-hours responder.</li> <li>➤ Arrange a meeting with the First Nations and Inuit Health Branch to discuss collaboration and bridge-building.</li> </ul>
Kitimat	<ul style="list-style-type: none"> <li>➤ Convene discussions about developing a safe house, in partnership with the Haisla people, unions, city council, companies and service clubs.</li> <li>➤ Problem-solve access issues related to services offered at Mills Memorial Hospital.</li> </ul>
Kitsumkalum (Ab)	<ul style="list-style-type: none"> <li>➤ Facilitate training for health care staff in Aboriginal culture, history and society.</li> <li>➤ Support more traditional healing methods for those ready to use them, such as Talking Circles.</li> </ul>
Masset	<ul style="list-style-type: none"> <li>➤ Increase staffing and enhance access to life skills support.</li> <li>➤ 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”).</li> </ul>
New Aiyansh (Ab)	<ul style="list-style-type: none"> <li>➤ Work with physicians and hospital staff in Terrace to improve the reception and support given to patients brought in by the RCMP.</li> <li>➤ Clarify the Aboriginal Health funding process.</li> </ul>
Old Masset (Ab)	<ul style="list-style-type: none"> <li>➤ Provide information and support to develop a clubhouse.</li> <li>➤ Participate in improving access to detox, treatment and follow-up services (whether through a treatment centre or improving existing services).</li> </ul>



<i>Location</i>	<i>Short-term action</i>
Prince Rupert	<ul style="list-style-type: none"> <li>➤ Review the local office layout and consider ways to make it more welcoming and more respectful of confidentiality.</li> <li>➤ Develop a Program Advisory Committee representing the broader community.</li> </ul>
Prince Rupert (Ab)	<ul style="list-style-type: none"> <li>➤ Showcase (in local Aboriginal communities) the Aboriginal workers who do work for Northern Health.</li> <li>➤ Ensure more secure funding for Aboriginal Health programs.</li> <li>➤ Ensure the Aboriginal Hospital Liaison position is filled.</li> </ul>
Skidegate (Ab)/ Queen Charlotte	<ul style="list-style-type: none"> <li>➤ Participate in planning to prepare for the residential school compensation payouts expected later this year.</li> <li>➤ Offer more life skills support for people living with mental health and/or addictions challenges.</li> </ul>
Smithers	<ul style="list-style-type: none"> <li>➤ Provide additional training and education for staff at acute care sites on caring for people with mental illness and addictions.</li> <li>➤ Explore ways to maintain access to services on holidays and after hours, including 24-hour emergency service.</li> </ul>
Terrace	<ul style="list-style-type: none"> <li>➤ Take a leadership role in getting the right people at the table to move forward on locally-offered detox services.</li> </ul>





## Appendix 2: Participation in the Consultation – by Location

<i>Community</i>	<i># attended meeting</i>	<i># comment forms, phone and email</i>	<i># represented on comment forms</i>	<i>Total # represented</i>
<b><i>Municipal Community Meeting Locations</i></b>				
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
<b>Total</b>	<b>322</b>	<b>90</b>	<b>109</b>	<b>431</b>
<b><i>Aboriginal Community Meetings</i></b>				
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



<i>Community</i>	<i># attended meeting</i>	<i># comment forms, phone and email</i>	<i># represented on comment forms</i>	<i>Total # represented</i>
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 <sup>3</sup>	22	0	0	22
Southside	14	3	3	17
Stony Creek	8	0	0	8
<b>Total</b>	<b>231</b>	<b>17</b>	<b>17</b>	<b>253</b>
<b><i>Locations Without Meetings</i></b>				
Atlin <sup>4</sup>	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
<b>Total</b>	<b>7</b>	<b>18</b>	<b>33</b>	<b>40</b>

**Total individuals contributed to findings: 724**

<sup>3</sup> Skidegate and Queen Charlotte participants in one meeting

<sup>4</sup> 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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