Winnipeg Regional Health Authority — Office régional de la santé de Winnipeg
Caring for Health — *À l'écoute de notre santé*

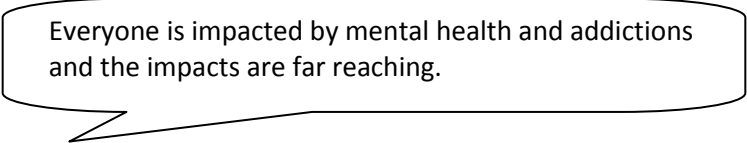# *Mental Health and Addictions: Public Perspectives*

Local Health Involvement Groups
January 2019

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Mental Health and Addictions

Local Health Involvement Groups explore topic of Mental Health and Addictions
- Over 80 members of the public explored and provided input about mental health and addictions through their participation on Local Health Involvement Groups.
- Mental health program leadership and specialists planned the sessions with LHIG staff. The LHIG input will be used by planning groups looking at integrating mental health and addictions services and developing a new strategic plan for the Winnipeg health region and a provincial plan as well.

> Everyone is impacted by mental health and addictions and the impacts are far reaching.

Public Perspectives of mental health – "What does mental health mean to you?"
- Feeling good about yourself and your circumstances.
- Mental health is a spectrum – from healthy to feeling stressed to struggling to crisis.
- Effectively coping with stressful life events.
- Equally as important as an individual's physical health.
- Mental health/wellness is seen as a gift by most elders in the Indigenous community.

Public Perspectives of addictions – "What does the issue of addictions mean to you?"
- Addiction signals that something is wrong with your mental health.
- It is a condition that impacts the entire family. It broke my family apart – I lost my brother to addiction. It is not a moral defect in a person, it is an illness.
- It means being lost and seeking escape until it takes you over and you lose all that you are.
- A coping mechanism for trauma when you do not see other options.
- People in my community are in pain and using substances to mask their pain.

Mental health and addictions in my community (The populations I see impacted, the challenges that I see, what I feel is working well, and the resources that I am aware of.)

> *Seeking care for a mental health issue should be just as simple as seeking care for a physical health issue.*

Downtown/Point Douglas

> The challenges to addressing mental health and addictions in my community are funding, stigma, poverty, and access; getting the help when you're ready for it, especially addictions treatment.

- It doesn't just affect a specific demographic, although some populations may be more impacted than others. It is prevalent – poverty is increasing, abuse and violence in families, intergenerational trauma, and homelessness. There is a lack of capacity to be a community for each other.
- It is not just something that goes away – especially if it is acute. Not a lot of support for the long term for families.
- What's working well – Morberg House, Manitoba Adolescent Treatment Centre, and the PACT (program for assertive community treatment) which provides holistic care and activities of daily living
- Resources available – university services, Klinic, faith community, harm reduction clinics, education in schools, AFM, MATC, Seneca House, Morberg House, Sara Riel, A and O, "Mental Health Resources" by the Canadian Mental Health Association

River East/Transcona

> Families are left to navigate the mental health system on their own.

- Everyone can be impacted, especially those disenfranchised and those with no support network. Young adults, university students stressed from pressures of school, and immigrant families.
- The challenges are – not enough funding for mental health. Cultural diversity and cultural expectations sometimes aggravate one's mental health situation. It is hard for someone to ask for help and then get help on that day. They'll give up if no one listens immediately.
- What's working well – having someone you trust that you can be in a state of vulnerability with, reduced stigma compared to past years, education and more community services available.

- Resources available – AFM, CMHA, Klinic, Mood Disorders, mental health initiatives at university, access centre, and the crisis response centre.

River Heights/Fort Garry

> If you can get a community mental health spot that works do whatever you can to keep it.

- Seniors who experience the loss of a spouse, large population of youth, everyone if we are really honest. It's not just one person per situation as family is impacted. Mental health and addictions know no socio-economic boundary. Young people addicted to video games.
- The challenges are – stigma, a negative that still exists and stops people from getting help, lack of available resources, relapses, difficulty in accessing care and navigating system.
- What's working well – treatment facilities, AA, NA, and other self-help approaches.
- Resources available – community centres to engage youth and kids in healthy activities, outreach programs, help lines, counselling, new initiatives regarding rapid access mental health and addictions, and Bruce Oak Foundation.

Seven Oaks/Inkster

> Resources available? My community does not have adequate treatment for addictions, especially for at risk youth.

- Dysfunctional families, children to teenagers to adults, in university and in high school many students struggling to balance life stressors. End up with unhealthy ways of coping with stress.
- The challenges are – cultural, religious, and language barriers. Stigma. Denial of need to get help. Accessibility – *I know that I should get help, but from where?* This is not as normalized as it should be.
- What's working well – there seems to be an emerging interest in mental health and considering that it is an important factor in providing holistic care to the patient. I think that the stigma is slowly decreasing.
- Resources available – counselling groups, community groups formed so that people have someone to talk to.

St Boniface/St Vital

> What's working well? People are looking out for each other. And, smaller initiatives like Morberg House, Esther House, Next Step, and Art Beat (all in need of funding).

- Everyone is impacted by mental health and addictions – the impacts are far reaching. Isolated seniors, the Indigenous population, new immigrants at risk, high school and university students.
- The challenges are – Not enough beds for addictions treatment, especially for women. Many people are literally dying waiting for help. Crystal meth is changing the entire issue. Access to mental health services that are more than just 8 sessions in length.
- What's working well – family services for addictions and mental health.
- Resources available – see above, Access St Boniface.

St James/Assiniboine South

> The issue of addictions still creates fear in the general population, like the reaction of some community members to the proposed development of the Bruce Oake Treatment Centre.

- Everyone is impacted. It can happen to anyone. Our neighbourhood is middle income – not low enough to qualify for added supports and not high enough to afford private care.
- The challenges are – access for all – it seems that if you don't have insurance you will have a very difficult time accessing service when you have lower level of need (depression, anxiety). You'll be more likely to get a prescription than counselling. It seems like a stroke of good luck to get good care.
- What's working well – depression issues are more acceptable and recognized as an illness.
- Resources available – family doctor, EAP, Klinic, CMHA, crisis centres.

Accessing Care and Navigating the Mental Health and Addictions System

Barriers to care and treatment – What are the barriers to accessing care (when someone has both a mental health issue and an addiction)?

· Blame towards those with an addiction. Stigma within the family.
· Financial – not having insurance to cover costs of counselling and treatment.
· Language barriers
· Refusal to treat mental health concern when addiction is present.
· Prejudice and discrimination experienced by people with Indigenous background.
· The time it takes to get into treatment for addictions.
· In some situations it's not just accessibility of care, there may be cultural barriers. In some cultures there is a denial of mental health issues – lack of acceptance and encouragement of community members seeking help. May feel judged by community.
· Not seen as a priority.
· Not realizing that you are ill.
· Being bounced back and forth between sites.
· Fears of losing job and friends.
· Customer service is really important for all of the professionals involved. People will not go back if they feel like they weren't helped.
· Lack of cooperation from the person with a mental health issue and/or addiction.
· Difficulty accessing culturally appropriate services.

> Sometimes it is the person that you get on the end of the phone – if you get someone who is caring and smart and they help you, that it is a real plus. If they can't for whatever reason, that is a huge barrier.

Are the barriers to getting care related to the severity of mental health?
· If someone is just depressed, they might not seek care right away and then it could get much worse and they end up in crisis.
· If more severe, you usually get care more quickly.
· A very serious mental health issue can serve as a barrier.
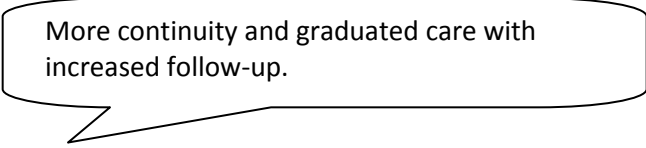· We need more focus on providing care before someone ends up in crisis.

Challenges experienced during transitions in care/treatment -- are there certain transition points where navigation is more difficult?

> When there is a relapse for an addiction and mental health issue, how do you get care? Do you have to start over from scratch?

· When on-going care ends, what happens next?

- Leaving hospital without good information – lack of continuity, insufficient staff to support patients transitioning to community to help with supports, like housing.
- From in-patient to out-patient – when you have an addiction there is AA, NA but there isn't any peer support for someone with a mental health issue.
- Wait times for detox are not too long, but there are huge long waits for treatment. And, you have to go back to the situation that created your addiction.
- No onus on provider/family doctor to follow-up after something like a drug overdose happens.
- Going back to work – there is a stigma if your co-workers know. This is a period of adjustment.
- Lack of cooperation from the person with a mental health issue and/or addiction.
- Transitioning from childhood to adulthood with mental health issues. Poor transition of care leads to disengagement from the system.
- People leave the system before they get help.
- Difficult transition between mental health system and addictions treatment – where neither knows what's going on.
- Affordability of programs, counselling, medication.
- Re-establishing relationships during a period of time that is developmentally and socially stressful.
- Social and environmental factors which are not helpful for recovery and healing.

Ideas for smoother transitions

> More continuity and graduated care with increased follow-up.

- More focus and follow-up when someone transitions from hospital to community.
- Need a clearer path and better process to follow from hospital to community.
- The patient may lack self-awareness prior to discharge – there should be a meeting prior to discharge to assess their ability to care for themselves, etc.
- Need for formal transition program to assist people to move from children/youth mental health system to adult mental health system.
- Assistance from a case manager to move from one point of care to another.
- Support from family and friends.
- Having a clear place to call or go to that has all of your information.
- Getting holistic care and being treated as a person not someone who is mentally ill with an addiction.
- More long term programs after treatment.

Roles to support individuals with mental health and/or addictions issues –
accessing care and navigating care for mental health and/or an addiction

> *It is important to check in on family and friends supporting loved one as they are not trained and will likely experience caregiver burnout.*

> *The more the WRHA and community can do the better.*

Family
- May need to intervene. Support and advocate. Take care of them during set-backs.
- Keep lines of communication open. Listen, be non-judgemental.
- They are a life-line providing care and support. Check in on them throughout the journey. The family should be allowed to be involved if they want to.
- They need to educate themselves about their mental health issue. Be accepting. Work with other family members/friends to help loved one with transitions in care that can be exhausting.
- It isn't right for a family to take on all of the work to support someone with a mental health issue/addiction. Spend time with them, know what is available, help family member learn to explain what they need.
- What if you don't have a family to support you? Should know about family support groups. More education should be provided to families – about nature of mental health issue/ addiction.

Friends
- Might be the family for that person. Provide support and advocacy. Should be given information about patient and support services.
- Be with them and encourage them to get help. Make it safe to talk. Do not enable.
- Help to decrease isolation. Be aware of how they're doing.
- Support them through their journey and find ways to be involved.
- May know them better than their family and be able to provide guidance. Connect with others who have gone through the same thing for peer support.
- Help meet basic needs.

Community

> Advocate for people who can't advocate for themselves and who don't have family/friends able to do that for them. Get to know your neighbours and take an interest in the people around you.

- Responsible for reducing stigma. Provide safe place. Places of worship may be places for people to get support.
- Self-help groups, more education/awareness about resources, role models speak up, integrate with health, employment, housing, and education. Half-way houses, community-based help centres.

➢ Community should play greater role – start initiatives, like supportive mental health talks. Promote volunteerism to provide supportive, positive environments.
➢ Advocate for people who can't advocate for themselves and who don't have family/friends able to do that for them. Get to know your neighbours and take an interest in the people around you.
➢ Talk about it and provide services in diverse communities. Be more accepting and provide programs to help individuals get to appointments, etc.
➢ Be kinder and more understanding and supportive of new services (like the Bruce Oake Treatment Centre).

Role of the WRHA to address barriers to care/treatment and support individuals during their care journey

> Improve communication between hospital, organizations in community, clinics, etc. Simplify the process. Educate the public. Remove barriers for re-entry into the system after relapse. Ensure patients get access in a reasonable time.

· Provide more direction for service providers – like family doctors. Integrate counsellors with primary care. Oversee transitions between services and programs for patients.
· More connection and cohesiveness with cultural communities (educate about mental health and addictions issues). Establish clear pathways for resources once patients leave hospital and other WRHA programs.
· Develop community liaison positions to build relationships with cultural and faith communities. Work with other sectors to integrate supports for patients. Develop an integrated and coordinated transition of care to support youth and families transitioning to adult mental health services.
· Family doctors and primary care providers – clear role in identification of mental health and addiction issues and have this be part of general check-up and other appointments. Case management to assist with access and navigation.
· Be more welcoming, less scary. Follow-up after discharge from hospital and have a plan for patients to reach out if there's a problem/set-back.
· Better communication between hospital, organizations in community, clinics, etc. Simplify the process. Educate the public. Remove barriers for re-entry into the system after relapse. Ensure patients get access in a reasonable time.
· The WRHA needs to more strongly advocate for additional funding from the provincial government. If Manitoba's funding is less than that of other provinces, I think that the government of the day has to answer for that.

What is essential in a journey through mental health care and addictions treatment?

LHIG members were given 3 different scenarios of individuals facing a mental health and/or addictions challenge and charted patient journeys. A number of themes for patient journeys came out of this activity. These are listed below.

> Make sure that people can access health system programs and services alongside those available from community and self-help organizations.

> Look for ways for community to be involved and for treatment and services that are culturally appropriate

- Look at immediate, short term, medium term, and long term needs of the individual – and create a care/treatment plan accordingly.
- Ensure access to both mental health and addictions services immediately.
- Importance of getting to the root cause of an individual's issues when providing therapy, treatment, etc.
- Involve the family – for therapy and to understand the mental health and/or addiction issue faced by their loved one.
- Access health system programs and services alongside those available from community and self-help organizations.
- Have a navigator/case manager who oversees the patient journey and whatever services and supports family members require as well.
- Continuous communication between mental health services and addictions treatment.
- Importance of primary care provider/family doctor being involved – may play central role.
- Ensure that the individual is aware of next steps, has crisis/relapse plan in place (and family knows this as well), and is connected to on-going peer support.
- If appropriate, connect the individual to basic needs support, life skills training, vocational training, and assist with housing as well.
- Avoid breaks between parts of their journey.
- Look for ways for their community to be involved and for treatment and services that are culturally appropriate.

The formal health care system and community organizations working together to provide care and treatment for mental health and addictions

> The role of community organizations is to know the stories of families, to provide support, and more specialized emotional care. Supportive services are integral to the health system, without these the system would collapse.

Role of organizations that deliver supportive services – in relation to the health care system – in providing programs, supports for individuals with mental health and/or addictions issues

- They complement and enhance the role of the health care system. They are more accessible (less scary). They can come up with innovative approaches that take community needs into consideration. They are tailored to their community, know their neighbourhood, provide safe and comfortable environment. The health care system provides more complex care, coordinates services, provides funding, and can do more research.
- The role of community organizations is to know the stories of families, to provide support, and more specialized emotional care. Supportive services are integral to the health system, without these (AA, AL-Anon, Mood Disorders, CMHA, etc.) the system would collapse.
- Health care system determines needs of individual and they can then refer to supportive services that are provided by community organizations. Health care system can ensure that standards are maintained. Community organizations can engage communities to get more buy-in, to decrease stigma.
- Community organizations can ensure that there is continuity of care for individuals (advocacy) and provide support through transitions. They can flag individuals that do not have supports and identify someone for them to go to – like their family doctor.

How can the role of community-based mental health and addictions organizations be enhanced?

> Communicate with the formal system. Continuous learning about best practices, etc. so that staff is up to date on current practice, etc. Work with the health care system on the population that you know best to discuss and address challenges in most appropriate way.

- Improve accessibility – hours of service, child care – the key to success is that people can access these programs and support.
- Better networking and communication between health system and community organizations – so they will be better informed and know what is available in the community.

- Funding for positions to assist individuals with accessing and navigating the system. Regional health authorities should have information about all of the programs, services available from community and self-help organizations.
- They could connect with cultural groups and provide support and address isolation. Their role could be enhanced and be more consistent if more funding is provided – like funding for training volunteers. Use a team based approach with the formal health care system – meet together with the individual to set goals and develop care plan.
- Communication with the formal system. Continuous learning about best practices, etc. so that staff is up to date on current practice, etc. Work with the health care system on the population that you know best to discuss and address challenges in most appropriate way.
- Collaborate with the health system. Assist individuals with self-referral to the formal system when needed.

If more services for those seeking care for mental health and addictions were located in the community, what could that look like?

> Use technology to reach people – like texting youth in crisis. Develop culturally appropriate approaches to care. Utilize Health Links/Info Santé for links to counselling, where to go, etc. Build awareness about mental health and addictions in schools.

- More places for people in crisis (including children and youth) to go to across the city with resources and programs. More residential treatment in community settings. Use "Getting Better Together" model for mental health issues. More activities that promote good mental health. Locate services in community centres.
- Community organizations involve their surrounding communities – build relationships, understanding, and support. Places for youth to meet each other and find support.
- Expanded services within access centres with more mental health services and supports. Having the ability to communicate on-line for support – for those who may be unable to communicate verbally or may prefer to communicate in a different way.
- Use technology to reach people – like texting youth in crisis. Develop culturally appropriate approaches to care. Utilize Health Links/Info Santé for links to counselling, where to go, etc. Build awareness about mental health and addictions in schools.
- Places in community centres for people to go and talk to one another. Use schools as hubs for families.
- Get care the same way for a mental health issue as I would for a physical health issue. Supports and services in libraries.

How can the general public help with issues of mental health and addictions?

> We need to be more understanding, empathetic, and supportive of the development of community resources for those with mental health and/or addictions issues. We need to understand the significance of mental health issues in peoples' lives.

- When people reach out to you for help, encourage them to seek help and support them. Need more people coming together to develop community groups where you can talk and share.
- More community involvement. A lot of families are still in denial about mental health and addictions; there is still shame. Need to build awareness and understanding in some cultural communities as well.
- We need to be more understanding, empathetic, and supportive of the development of community resources for those with mental health and/or addictions issues. We need to understand the significance of mental health issues in peoples' lives. We should challenge peoples' preconceptions about mental health and addictions – educate people when and where you can.
- Care about each other – don't just do your own thing. Provide training for people in recovery who are re-entering society. Businesses, human resources should be open and have supportive environments to work in.
- Reduce stigma so that people can come forward and share – the community has to shift its gears in thinking. The people around you should be the first level of support. Address issues of loneliness in your community – for every age.
- There will always be pushback until people feel that individuals with mental health and addictions issues are not a threat; that it would be okay to have them in your community. Speak up and support the development of services in your community.

Recommendations:

1. That the WRHA works towards the goal of simplifying the process of accessing care for a mental health issue and/or addiction to the point that it is as simple as seeking care for a physical health issue.
2. That the WRHA advocate for increased funding for mental health services (WRHA) and for community-based organizations.
3. That the WRHA in collaboration with addictions treatment organizations work to address long waits for addictions treatment in the region.
4. That appropriate care, treatment, and supports for people with both a mental health issue and an addiction are provided simultaneously. Continuous communication between the staff in the mental health and in the addictions treatment occur is critical for good outcomes.
5. That communication and collaboration between the formal mental health system and community-based system be enhanced and that the role of navigator to support individuals be considered.
6. That the community-area specific feedback is reviewed and considered by community mental health teams and community.
7. That the Mental Health Program Leadership look at the following issues brought up by several LHIGs:
   a. Difficulty for those who do not have an acute mental health issue to access care and supports. Their mental health issue could become acute if not addressed early on.
   b. Importance of friendly and helpful first contact for those seeking information or care.
   c. Look at the issue of accessing care when a relapse occurs.
   d. Importance of a warm hand off, support, follow-up, and check-ins to improve transitions in care.
   e. Cultural issues related to stigma and the resulting barriers to seeking and accessing care when needed.
   f. Importance of the availability of culturally appropriate services.
   g. Issues related to family education, burnout, and engagement.
   h. Explore potential role of community (geographic, cultural, etc.) in supporting those with mental health and addictions issues in their community.
   i. Support the development of community based programs and supports – i.e. schools, community centres, etc.