

**All Party Committee on Mental Health, Substance Use, and Addictions  
Virtual Stakeholder Engagement  
Meeting Minutes**

**Day 1: October 1, 2024**

**Time:** 9:00 a.m. – 4:30 p.m.

**Attendees:**

Committee Members: John Abbott, John Hogan, Sherry Gambin-Walsh, Joedy Wall, Jordan Brown, Jim McKenna

Officials: John McGrath, Gillian Sweeney, Niki Legge, Tara Power, David Coffin, Stephanie Wold, Bradley George

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1. Welcome and introductions.
2. Presentation #1: Paul Thomey, Executive Director, Eating Disorder Foundation of Newfoundland and Labrador

Background and current trends presented:

- Eating disorders (EDs) are second highest cause of death, only to opioids. Approximately 20,000 people in NL with disordered eating/eating disorders; NL is 3rd highest in the country.
- EDs impact people mentally, socially and physically. EDs have a high cost to health care system; many presentations to ERs, often results in long hospitalizations
- Often a coping strategy to deal with other emotions; self-harm is prevalent.
- Comorbidity exists with 30-35% of individuals with Autism Spectrum Disorder; Borderline Personality Disorder; up to 50% of individuals with EDs use drugs.
- The Foundation established in 2006 and supports awareness and advocacy for clients and family support; it does not provide treatment services.

Successes/Improvements Since Towards Recovery:

- Increased training and funding models.
- Creation of 4-bed treatment program to treat adults with EDs, instead of sending out-of-province.
- Eliminate stigma.
- Development of a comprehensive school mental health and wellness framework.
- Actions to reduce wait times.
- Support for families and caregivers.
- Transition to person-centered care.
- Increased on-going training in the area of mental health professionals and families.
- Development of adequate multi-year funding models for community agencies.

Current Gaps/Challenges:

- COVID-19 affected the implementation and rate of progress of Towards Recovery.

- Wait times for treatment.
- Need to focus on treating people when they are ready, not when the system can accommodate them.
- Need staffing to acceptable levels (psychologist, social workers and other mental health specialists).
- Families need the knowledge and skills to be a part of the journey.
- Introducing an adequate multi-funding model for community agencies

Recommendations to the Committee:

- Implement day hospital as a component of treatment continuum and introduce more virtual components to support recovery in the community, especially in rural areas.
- Introduce standards and guidelines, as well as formal training for families and caregivers (adaptable to other areas).
- Better equip family physicians and other primary care providers with information.
- Ensure silos between physical and mental health care are removed.

3. Presenter #2: Henry House, Lived Experience

- Shared the personal story of his mother's passing.
- Identifying gaps in circle of care policy
- Feels there are no checks and balancing between dispensing and picking up opioid prescriptions.
- Approached the NL Pharmacy Board to advocate that a review of the Pharmacy Network should also be required at the time of actual dispensing.
- Indicated NL Pharmacy Board says it disrupts workflow and not done anywhere else in the country.
- Opioid Contract – Advised that there is no policy for sharing of such an agreement between providers. The agreement cannot be uploaded to the pharmacy network for pharmacists to review.

Recommendations to the Committee:

- Review of the Pharmacy Network at both the time of dispensing and the time of "fill" and closer attention being paid to drug/drug interactions could have a positive and meaningful impact on the number of drug toxicity deaths in NL.
- Opioid/narcotic contract require regulation to ensure uniform delivery and expectations/requirements/guidelines.
- The sharing of opioid/narcotic contracts among prescribing and dispensing professionals and other required health professionals should be required.

4. Presenter #3: Dr. Chandra Kavanagh, Chief Executive Officer of Canadian Mental Health Association-Newfoundland and Labrador (CMHA-NL)

- Dr. Kavanagh identified that there are not currently enough services located in Labrador and they are working on opening an office there.
- Identified some key successes and projects that are currently underway, including:
  - The development of curriculum for schools, with a focus on turning the school setting into a mentally safe environment. She advised that previously they were

not meeting students where they are. Now, they are co-designing a pilot program and working with the Department of Education.

- Anchor of Hope Program – providing support for suicide/suicidal ideation.
- Focus on Partnerships with other mental health entities, such as Richard's Legacy.
- Harbour Strong initiative, supporting mental health in men, in partnership with Lonley Man NL.
- They are looking at how they can fold in other projects under its organization's banner.

#### Current Gaps/Challenges:

- Key issues were addressed to improve mental health in:
  - People in Labrador
  - Youth and men
  - People who live in rural and remote areas
  - Newcomers
  - Elderly/aging population
- Dr. Kavanaugh advised that main focus is on mental health advocacy. Less focus on addictions due to capacity.
- Advised that other provinces are doing things that NL may be able to borrow and that BC and ON have excellent programs. Dr. Kavanaugh advised that she could do some additional research to look at whether what they are doing in those provinces and how it may potentially be transferable for NL.
- She advised that there is currently someone doing a resource map to look at existing resources for mental health and addictions in order to see best where her organization fits in.

#### 5. Presenter #4: Jeff Bourne, Chair, Recovery Council for Mental Health and Addictions and Angela Crockwell, Past Member of Mental Health and Addictions Advisory Council

##### Successes/Improvements Since Towards Recovery:

- The investment in integrated youth services will have a positive impact.
- The stepped-care model is working well as it permits people to move to receive the appropriate services as needed.
- Funding for community organizations to provide services and meet clients where they are. It is also easier to access funds now.
- Expansion of ACT/FACT Teams work, recognizing that they are not yet available in all parts of the province.
- Employment Support Stability Pilot Project which provides incentives to Income Support clients who maintain employment is working well.

##### Current Gaps/Challenges:

- Access to many services is limited outside the Eastern Urban Zone. Some people cannot get transportation and/or lack access to high speed internet.
- People need to be around core family in order to assist family and this option is not always available.

- Housing options in rural areas are lacking.
- Lack of knowledge of available services by the general public and professionals.
  - This can result in front line workers spending their time navigating the health system, which takes away time they spend supporting individuals.
- Communications between systems, such as NLHS and Education

Recommendations to the Committee:

- Monitoring health care spending dedicated to mental health and addictions to ensure that the spending is having the intended impact (Caution not to focus too much on the numbers as this can be impacted by other factors such as Covid 19 response).
- Improving access to better data to inform the decision-making process.
- Having harm reduction and abstinence approaches readily available as options.
- Caution that any examination of mandated treatment must be informed by evidence and extensive consultation, including a review of the legal issues associated.
- Having clear, specific targets for recommendations coming out of this process would be helpful as some of the recommendations arising from Towards Recovery were vague in nature.
- Providing adequate funds for individuals to meet their needs.
- Conducting a review and evaluation of programs and services introduced under Towards Recovery to determine if they are still meeting the needs for which they were designed.
- Improved regulation of the private rental market and expanding housing options outside of the St. John's area.

6. Presenter #5: Brenda Howell, Ray of Hope Association Inc.

The purpose of this organization is to see what the community can offer to support people. They started peer support and focused on youth prevention. It was noted that this organization is still relatively new, having started October 2023; therefore, they were not as familiar with the previous work undertaken for Towards Recovery.

Successes/Improvements Since Towards Recovery:

- Opioid dependence program
- Mental health first aid course
- Social-emotional learning (SEL) in schools

Current Gaps/Challenges:

- Communication is generally seen as a gap and people not being aware of certain services/initiatives.
- Stigma exists, including in healthcare centres (pre-discharge).
- There is a need for ongoing support to occur, when admitted and then when discharged.

Recommendations to the Committee:

- Evaluating programs and reviewing statistics is important to determine effectiveness of various programs to see if people are getting better.

- Not sure whether similar organizations to theirs exist in the Province so it would be helpful to have other organizations identified so that they can all network.

Presenter #6: Michelle Skinner – Provincial Mental Health and Addictions Indigenous Health Team

Successes/Improvements Since Towards Recovery:

- Indigenous Health Team has a forum to bring forward concerns and solutions to address issues in the current system.
- Access to funding for land-based programming funding.
- The recognition that system improvement is an ongoing process.

Current Gaps/Challenges:

- Access to appropriate timely services, especially in remote Indigenous communities (i.e., concerns with fly-in/fly-out model).
- Need for enhanced cultural awareness and sensitivity required within NL Health Services, with careful consideration of the needs of each Indigenous group.
- Lack of system navigation within mental health and addictions, especially communication, continuity of care and aftercare services. Language can be a barrier to service.

Recommendations to the Committee:

- Enhance cultural awareness and competency to reduce stigma, create safety in health care services and to understand how “Culture is healing.” This could include the identification of Indigenous providers within the health system.
- Establishment of culturally appropriate detox facilities, treatment programming and aftercare that incorporates cultural knowledge.
- Improve access to services, especially in remote Indigenous communities.
- Implementation of an Indigenous Administrative Data Identifier.
- Consider looking at British Columbia as they have a framework that looks at wellness, including a view to spiritual health.

## 7. Adjournment