

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

Day 3: October 4, 2024

Time: 9:00 a.m. – 2:30 p.m.

Attendees:

Committee Members: John Abbott, John Hogan, Joedy Wall, Jordan Brown, Jamie Korab, Paul Pike, Perry Trimper, Lucy Stoyles and Jim McKenna

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

1. Welcome and introductions
2. Presenter #1: Dr. Aarun Leekha, Adult, Adolescent and Child Psychiatrist, NL Health Services

Introduction:

Successes/Improvements Since Towards Recovery:

- Replacing the Waterford Hospital (but advised that would have liked more beds)
- Providing online information about MH&A services, and access to online/e-mental health services (<https://mha.easternhealth.ca/>)
- New mental health and addictions services are working well, including:
 - FACT Teams
 - Correctional Health provided by NLHS

Suggestion to conduct a review of the benefit status, special authorization criteria and process under the NLPDP for both attention deficit hyperactivity disorder and neuroleptic medications to determine if changes are required to ensure appropriate and timely access.

Current Gaps/Challenges:

- NLPDP
 - Dr. Leekha advised that there needs to be a review of the benefit status, special authorization criteria and process under the NLPDP for certain conditions such as both attention deficit hyperactivity disorder and neuroleptic medications to determine if changes are required to ensure appropriate and timely access.
 - He advised that he currently spends a lot of time doing administrative tasks and paperwork ensuring that his patients get the correct medication, due to NLPDP criteria, noting some things not necessarily required in other provinces.

- Dr. Leekha advised that in certain instances, the generic medication may not be as effective as the brand name but only the generic medication is covered by NLPDP.
- He advised that there are barriers to being able to provide individualized care to his patients based upon their specific needs.
- Lack of Addiction / Detox Services
 - 24/7 access to medical withdrawal management – physicians do not currently have any real time access to detox services if people present to the ER.
 - Advised that involuntary detox does not work
 - Recovery Centre is hard to access, has limited beds.
 - The Grace Centre is difficult to access and is not set up for detox.
 - There are currently waitlists and limited resources for residential rehab; other healthcare providers and addictions counsellors should be able to advocate for out-of-province services.
 - Identified a lack of succession planning in psychiatry in key positions within the system.
 - Need for more services for inmates in Her Majesty's Penitentiary.
 - More addiction counsellors/case managers with harm reduction clinics and medical providers (GPs/NPs) that operate more like FACT/ACT Teams.

Recommendations to the Committee:

- Advocate for better health insurance programs from personal and employer-funded health insurance providers to align the plans' provisions with the individual's needs.
- Encourage and provide opportunities for health care, correctional staff and police to avail of existing education and training models in mental health and addictions, and implement new ones where needed, that include opportunities for networking, mentoring and skill building.
- Require professional regulatory bodies to mandate ongoing mental health and addictions continuing education requirements for their members.
- The Provincial Government must immediately ensure the reduction of wait lists and wait times in mental health for everyone by reducing the wait list and wait times for mental health and addictions services, including for psychiatrists within one year of the release of this report.

3. Presenter #2: Jason Higgins, Deputy Minister Labrador Affairs Secretariat (LAS) and Indigenous Affairs and Reconciliation (IAR) with Sheree Snow, Franca Smith, and Joanne Cotter

Successes/Improvements Since Towards Recovery:

- An Action Team was formed in 2021 to look at supports for the vulnerable and homeless population in Happy Valley-Goose Bay.
- The Labrador-Grenfell Health Zone has been actively involved in providing outreach services to the Housing Hub (shelter) and to the outreach team.
- There is a new six-bed mental health unit in Happy Valley-Goose Bay.
- Medical Transportation Benefits for Income Support (ISMT) and Medical Transportation Assistance Program (MTAP) currently provide medical transportation

assistance to residents who need to receive specific mental health, substance use and addictions services.

Current Gaps/Challenges:

- Challenges exist for people with mental health and trauma with respect to entering Government facilities.
- There is a need to have a direct connect for the homeless and vulnerable populations.

Recommendations to the Committee:

- Continue focus on engaging Indigenous Governments and Organizations, early and often.
- Review Mobile Crisis Response Team policies for Happy Valley-Goose Bay.
- Consider Innu Nation, Nunatsiavut Government and NunatuKavut Community Council cultural awareness training.
- Review waitlist times for addictions treatment and detox for residents of Labrador.
- Engage existing Indigenous fora and leverage existing programs and funding.

4. Presenter #3: Scott Linehan, Assistant Deputy Minister, Department of Education, Dr. Denise King, Manager Student Services

Introduction:

Student Health and Wellness: What are the gains we've made:

- The Education Action Plan and Towards Recovery emphasized the importance of social-emotional learning (SEL) and student wellness in overall student achievement and well-being.
- The Safe and Caring Schools Policy is being revised (e.g., include comprehensive school health framework, RJ).
- The Standards of Practice for Guidance Counsellors and Educational Psychologists are being revised to focus on mental health promotion, prevention and early intervention (Recommendation 22 in Education Action Plan).
- Health Curriculum renewal/revision (K-3 – 2024, 4-9, HL 1200 – 2025).
- Partnership with MUN Pharmacy – DECYDE Program (Drug Education Centred on Youth Decision Empowerment):
 - A collaboration between MUN, EDU, NL Schools and community groups.
 - Creation of digital drug education lesson plans and resource for teachers to use with the new Health curriculum.

Successes/Improvements Since Towards Recovery:

What's going well? What needs to continue:

- SEL is permeating policy, teaching and learning, partnerships and services and the social and physical environment of the K-12 system
- Health curricula being renewed with specific SEL outcomes embedded based on NL's SEL Foundation Document (*2021 draft*) (e.g., harm reduction approach to substance use outcomes, trauma-informed approach, demonstrated access to supports).

- Renewal of curricula across all subject areas to reflect SEL going forward.
- The infusion of mental health and wellness into policy and curriculum.
- Being a member jurisdiction in the Joint Consortium for School Health (JCSH) and benefitting from national collaboration.
- The response from educators regarding SEL professional learning.
- HSHS funding and initiatives to promote student health and wellness.

Current Gaps/Challenges:

- Student access to in-school supports.
- Professional Learning (PL) for teachers/school staff, such as Mental Health First Aid and specific information on substance use and addictions.
- PL opportunities for school counsellors and school psychologists, and more collaboration with them on services and support available to students.
- More collaboration between health and education needed to increase awareness of programs and services available to students and families.

Recommendations to the Committee:

- Consider establishing a 'hubs' model of support for students and families, based on schools.
- Consider establishing a provincial interdepartmental committee model similar to the CSCY structure focused on mental health, substance use, and addictions.

5. Presenter #4: Tracy English, Deputy Minister, Department of Children, Seniors and Social Development

- An overview and outline of the Department's four branches and key services was provided, including Child and Youth Services, Corporate Services and Performance Improvement, Prevention and Early Intervention, and Policy and Programs.
- CSSD reports that it has seen improved collaboration across Departments toward the development of the Provincial Child Health Model.
- This model has the collective goal of ensuring children and youth, particularly those with complex care needs, have timely access to integrated services.
- There is also a recognition that vulnerable children and youth require extra supports to improve outcomes, e.g., the Children and Youth in Alternate Care Clinic (CAYAC), a multidisciplinary, multiagency clinic that aims to address the physical and mental health needs of children/youth in alternate care.
 - The clinic serves as a medical home for patients and provides continuity of care and timely access to services
 - This is especially important in order to keep medical histories up-to-date, even as caregivers change
 - The clinic helps children and youth navigate the various systems from which they require services
 - Clinical staff liaise with other professionals involved in care including staff from CSSD, therapists and other care providers.
 - The clinic is available for any child/youth (up to their 18th birthday) with alternate care arrangements (e.g., foster care, kinship care, family-based care or an independent living arrangement).
 - The CAYAC clinic has recently expanded resources and added positions.

- The CAYAC team provides critical supports to children and youth in care and in their homes.
- Even with services like the CAYAC clinic in place, CSSD identified that there are still challenges to access supports for children and youth in care who have complex mental health needs.
- For example, families receiving support from the protective intervention program have stated that they may not be able to access the supports they require to ensure their children with complex mental health needs can reside safely at home.
- CSSD advised that it will continue to work with its partners, including HCS and EDU to ensure that vulnerable children and youth receive priority access to public services.

6. Presenter #5: Julia Mullaley, Chief Executive Officer, Newfoundland and Labrador Housing Corporation (NLHC), Melanie Thomas, Director, Policy, Planning and Homelessness

Successes/Improvements Since Towards Recovery:

- Public awareness of and investments in harm reduction.
- Provincial roll out of mobile crisis response unit.
- NL Housing, NL Health Services and community-based partnerships at Horizons at 106; supportive housing for individuals experiencing chronic homelessness and mental health and addiction needs.
- Vulnerable Populations Task Force – cut through silos and continued to work together.

Current Gaps/Challenges:

- Health responses within low-barrier shelter environment (access points that create pathways across the suite of NL Health Services programs and services – primary care and mental health and addictions).
- Regulation of Housing First – discharge planning
- Complex Care Housing / supportive housing (inclusive of challenging behaviours).

Recommendations to the Committee:

- Continued focus on integration of health and housing e.g., ACT / FACT / Harm Reduction Teams.
- Strategic approach to minimize discharges into homelessness (Personal Care Homes, Acute Care, ERs, Corrections).
- Investments in housing – embedded supportive services and staff (80% of budget is staffing).

7. Presenter #6: Lorelei Roberts, Deputy Minister, Department of Justice and Public Safety, with Susan Green

Successes/Improvements Since Towards Recovery

- Transition of responsibility for health services from the justice system to the health system
 - Support and guidance from Our Path of Resilience Action Plan.
 - Life Promotion Suicide Prevention Policy drafted collaboratively with NL Health Services in 2023 and launched in 2024.

- Establishment of a Provincial Life Promotion Suicide Prevention Committee.
- Improvements in suicide prevention policy and procedures for people in custody.
 - Support and guidance from Our Path of Resilience Action Plan.
 - Life Promotion Suicide Prevention Policy drafted collaboratively with NL Health Services in 2023 and launched in 2024.
 - Establishment of a Provincial Life Promotion Suicide Prevention Committee.
- Increased engagement and meaningful involvement of people with lived and living experience.
 - New Terms of Reference for Inmate Advisory Committees.
 - Increased collaboration with peer-led organizations such as Lifewise.
 - Increased availability of peer support in the prison system.

Current Gaps/Challenges:

- Mental Health, Substance Use and Addictions Counselling
 - While all institutions offer individual counselling through a combination of Correctional Health Services staff and JPS Community Partnerships, not all institutions have an in-house clinician or offer consistent group-based therapeutic programs.
 - The John Howard Society provides targeted programs for those under community supervision. However, programs are not currently provincially available.
 - Community Corrections does not have an internal mental health, substance use, or addictions program or service.
- Community Transitions and Continuity of Care
 - Some people (particularly people who are remanded) leave the prison system without basic needs being met (housing, food, clothing) and without clear connection to social or health supports.
 - Basic needs being unmet and lacking social support systems continues while under community supervision, often resulting in an inability to meaningfully engage in mental health and addictions services, when they are available.
 - Those who do demonstrate readiness to participate in services often face lengthy wait times which can be a deterrent. This is especially true for those seeking in-patient treatment.
 - Adult Probation Officers are not always aware of what programs and services are available.
- Lack of Opportunity for Community Engagement and Belonging
 - Criminal justice-involved people face multiple barriers to meaningful social and community involvement, and few supports exist to overcome these barriers.

Recommendations to the Committee:

- Ensure trauma-informed individual and group-based therapeutic programs are provided consistently at all institutions through a combination of in-house Correctional Health Services clinicians and community partnerships.

- Using a holistic approach to health, ensure all criminal justice-involved people have opportunities to heal through a variety of therapeutic activities (yoga, meditation, horticulture), find meaning in their daily lives, and to connect with community
- Increase transition care from prison to the community through a combination of in-reach and post-release support in the community (New Day model)
- Increase engagement with Community Corrections to foster continuity of service, and to ensure Probation Officers can actively engage in the clients' recovery and re-integration

8. Adjournment