

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

Date: June 12, 2024

Time: 3:00 p.m. – 5:00 p.m.

Attendees:

Committee Members: Tom Osborne, John Hogan, Sherry Gambin-Walsh, Joedy Wall, and Jim McKenna

Officials: Gillian Sweeney, Niki Legge, Maggie O'Toole, Stephanie Wold

1. Minutes approved from June 5, 2024.
2. Presentation – Patricia Lingley-Pottie and Breanna Pottie provided an overview of the Strongest Families Institute (SFI), their programs, and their flexible and scalable delivery (the App has capability to work without the Internet). Programs include evidence-based practices and outcomes, co-designed with people with lived experiences. Programs centre on well-being, including topics such as age-appropriate child behaviours and fiscal health of families.

Biggest areas of improvement since Towards Recovery included: the alignment with Bridge the gap and E-Mental Health strategies in the province; the importance of self-referral as a tool for people to access and control their own care; and stepped care for accessibility.

Areas for improvement included: increasing referral distribution for the Janeway, CSSD, underrepresented populations, (e.g., LGBTQ2SI+), education, and newcomers to help reduce existing waitlists; supporting parenting of 0-2 years (consulting); and sharing and promoting the SFI programs across the province.

Discussion included how best to promote services of Strongest Families; need to focus on families so that families are well to support their children and youth; focus on evidence-based services and early intervention; and non-electronic options to reach more people and promote programs.

3. Presentation – Angela Crockwell provided an overview of the services provided by Thrive, a non-profit organization that serves those experiencing and affected by poverty and/or substance use.

Biggest areas of improvement since Towards Recovery included: Harm Reduction Team; FACT Teams; and Peer Support workers (through Lifewise) in a variety of programs and services.

Areas noted for improvement included: Need for a culture shift to more harm reduction practices (addiction and trauma-informed) in all health services and the ability to administer naloxone in hospitals; supporting staff; and providing a basic level of care to clients. A need

for gender-based harm reduction services (for 30 years and up) was also identified for women and gender-diverse individuals.

Discussion included how addiction itself is a barrier as people will refuse/decline/leave untreated to use, smoke, etc.; gender based analysis on programming as for women their experiences with addiction make them vulnerable and targeted for exploitation and violence; The timing of admission and entry into detox programs poses issues. As well, poverty has a significant impact on all aspects of health and well-being.

4. Presentation 3 – Laura Winters provided an overview on the programs and services offered through Stella's Circle, which focus on supporting those who experience barriers to housing and employment.

Areas of success since Towards Recovery included: harm reduction team downtown; mobile crisis team; programs building relationships with women who are incarcerated.

Areas for improvement included: the need for connection, community integration and collaboration: two-way communication (follow up on committee work, missing continued expertise and formal evaluation of that work; disconnect between funders and service providers); and more collaboration on health and corrections (appropriate modes of delivery of therapeutic services and housing).

Discussion included a need to provide specific services for women including programming needed for pregnant women who are incarcerated. Information and statistics are collected from all programs and sharing with Government and other community organizations could be valuable, especially for evaluation and future funding.

5. Action Items

- Request for Secretariat to follow up on a directory of services for Members of the House of Assembly (MHAs) and Constituency Assistants (CAs) as well as training for MHAs and CAs about available services (rural and urban)