

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

Date: June 26, 2024

Time: 3:00 p.m. – 4:30 p.m.

Attendees:

Committee Members: Tom Osborne, Sherry Gambin-Walsh, Lucy Stoyles, Paul Pike, Joedy Wall, Jim McKenna, Lela Evans

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

1. Minutes approved from June 19, 2024.
2. Presentation – Major Steven Barrett, Melissa Noble, and Carolyn Reid provided an overview of the Salvation Army Ches Penney Centre for Hope's services, which includes different levels of housing (shelter, supportive) and community outreach through meal service and a food bank. There is also a small health clinic operating on the property and individual mental health counselling, as well as group counselling. Most clients are attached to the ACT/FACT teams with NLHS. Also discussed was the prevalence of undiagnosed ADHD in men and ASD in women.

Biggest areas of improvement since Towards Recovery included: the success of the ACT/FACT teams; and the Mobile Crisis Team.

Challenges include the gap that exists between childhood/school age and adulthood services; and the absence of a permanent health clinic on site.

Areas for improvement included: continuation and expansion of counselling services to help maintain regular contact with clients and allowing them to have continuous access to services; strong partnerships with programs offering harm reduction strategies; a managed alcohol program, particularly for men, as there are more seniors presenting with mental health and addictions issues.

3. Presentation – Tina Davies and Jill Hammond provided an overview of Richard's Legacy Foundation, a non-profit organization that supports those affected by the loss of suicide. They are associated with CAMH and offer ASIST and SafeTalk training to individuals and groups in communities across the province.

Biggest areas of improvement since Towards Recovery included: Doorways; and a strong partnership with the RNC and RCMP responding to suicide and sudden deaths.

Areas noted for improvement included: Increasing the Mobile Crisis Unit to 24/7 and attaching a member who can help deal with suicide and sudden death; adding more people with lived experience; reaching smaller communities to help train more peer support workers

to help alleviate burden on the health care system; and more community engagement and awareness of available resources. Discussion included the need for postvention, especially with people after impactful events.

4. Action Items

- Request to add Ray of Hope (New-Wes-Valley) to the list of presenters.
- Secretariat to explore potential for a full day of virtual engagement in the Fall.