

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

Date: October 9, 2024

Time: 10:00 a.m.- 4:00 p.m.

Attendees:

Committee Members: John Abbott, Perry Trimper, Joedy Wall, Jim McKenna, Jordan Brown
Officials: Niki Legge, Gillian Sweeney, Bradley George

1. Presenter #1: Nunatsiavut Government (NG) officials Michelle Kinney, Vianne Anderson, Jessica Lyle, Denika Lyle and Lorne Montague

NG officials raised the following issues:

- More community response is needed (e.g., increase FACT and MCR Staffing with MCR-ER staffing preferred as opposed to out in the community).
- More community treatment beds needed, as recommended in Towards Recovery.
- Doorways is a good resource but needs more consistency; same individual relationships are key to Indigenous Governments and Organizations.
- There are human resource challenges at NL Health Services (e.g., inconsistency of staff and high turnover).

NG officials noted the following successes:

- New unit in Happy Valley-Goose Bay.
- Plans for community treatment beds.
- Land-based programming is valuable but needs improvements in how the funding can be spent (e.g., potential legislative exemptions related to snowmobiles, type of boats that can be used).
- NG acknowledged their success in recruiting staff for in community-focused mental health and addiction services, mobile team and trauma program.

NG noted potential solutions:

- More resources are needed for peer support models and outreach.
- Changes are needed in university education of health care professionals and consideration should be given to programs such as the one in Cape Breton. It was noted that targeted recruiting and outreach is key.
- Given that NG is a custodian of personal health information, more training on the circle of care would be beneficial.
- An improvement in communication with RCMP is needed.
- NG officials also noted that there needs to be improved services for children and families and more full-time counsellors. Consistency in service delivery is essential.
- NG offered to help with community support beds and noted that a social worker position could be devolved to NG.

2. Presenter #2: Nunatukavut Community Council (NCC) Present Todd Russell and Amy Battock

NCC noted that good mental health means feeling secure, safe, happy, supported at home. In terms of successes, NCC noted that land-based funding has been very helpful.

In terms of issues, NCC noted that there needs to be culturally appropriate, trauma informed approaches to mental health care services. NCC also noted that the social determinates of health are important to their communities. Need to take care of basic needs. NCC also noted that they have challenges with funding and resourcing services.

For solutions, NCC noted that it has asked for a joint meeting with the Federal Government regarding funding. NCC is also working with NL Health Services on a Memorandum of Understanding and needs to work together with the Provincial Government and other agencies.

3. Presenter #3: Scott Pynn

Mr. Pynn indicated that he brings the voice of lived experience. In terms of issues, Mr. Pynn noted challenges with health care professionals understanding addictions care from the perspective of the patient. Some health care providers view people with substance use issues/addictions as “junkies.” Mr. Pynn also noted that there is a big gap between the 12-step program and mental health care and that wait times are too long. Services are needed for patients when they have hit rock bottom, and patients should not have to go to an emergency department to get a referral for a rehabilitation program.

Mr. Pynn acknowledged that rural communities are different, and that crack cocaine is prevalent. There are concerns about harm reduction approaches.

In terms of solutions, Mr. Pynn indicated that the health care system needs to bring in staff who have been through Alcoholics Anonymous and Narcotics Anonymous programs to bridge the gap for patients. Mr. Pynn noted that patients need a treatment centre where they can do 12 step program and that the Alberta Model is interesting. Mr. Pynn spoke of increasing communications about AA meetings and noted that spirituality is important to treatment.

4. Presenter #4: Keith Fitzpatrick

Mr. Fitzpatrick noted that he brings the voice of lived experience. While Mr. Fitzpatrick is thankful for the local services, he indicated that there is a need for an inpatient treatment unit in Labrador and that every hospital should have beds for mental health admissions when someone is ill. He said that work still needs to be done on decreasing stigma and that patients need love, respect and support to recover. He also emphasized that wait times for treatment are still too long.

Mr. Fitzpatrick noted that peer support is key to addictions treatment and FACT is a good program. He also highlighted that Doorways needs more consistency in providers to be less re-traumatizing. He emphasized the hiring people in mental health and addictions that have lived experience would be very beneficial. He highlighted concerns with forced treatment while trying to ultimately save lives. Mr. Fitzpatrick also spoke of potential to use land-based programming for detox.