



# All-Party Committee on Mental Health, Substance Use, and Addictions

July 2025





Dear Newfoundlanders and Labradorians

The All-Party Committee on Mental Health, Substance Use, and Addictions is pleased to present this final report which is based on consultations, review and analysis of the provincial mental health and addictions system, that took place between September 2023 and February 2025.

The All-Party Committee was comprised of elected Members from all parties in the House of Assembly. The All-Party Committee's mandate was to review current provincial mental health and substance use and addictions services, with a specific focus on youth and young adults, to identify what is currently working well and areas in need of improvement.

The recommendations in this report are based on consultation and testimony from individuals and families with lived and living experience, community partners, Indigenous organizations, and subject matter experts in child and youth services, education, health services, housing, and justice.

Achieving these recommendations will require the collective efforts of all with a similar governance and oversight structure as that of Towards Recovery. This includes full engagement by the Provincial Mental Health and Addictions Advisory Council, Provincial Recovery Council for Mental Health and Addictions, the Indigenous Health Team and the Department of Education.

The All-Party Committee hopes this report will be the impetus for further improvements in the provincial mental health and addictions system. The All-Party Committee sincerely thanks every individual who provided feedback during the consultation process. You have provided invaluable insights, experiences and expertise on how we can better support the health and well-being of Newfoundlanders and Labradorians.

Respectfully,

Members of the All-Party Committee on Mental Health, Substance Use, and Addictions

## Introduction

On September 1, 2023, the Provincial Government announced the creation of an All-Party Committee on Mental Health, Substance Use and Addictions in response to the continued need for prevention, early intervention, treatment and support for people living with these issues, particularly those aged 12 to 25 years old.

The All-Party Committee was established under a Terms of Reference, as outlined in Annex A, and builds on the work of **Towards Recovery** and the ongoing work of **Health Accord NL, Our Path of Resilience** and the **Provincial Alcohol Action Plan**.

The All-Party Committee looked closely at the interrelationship between mental health, substance use and other social determinants of health, such as housing, poverty and education, in order to recommend improvements for existing programs and services, and the development and implementation of new initiatives, where necessary, to better serve the needs of Newfoundlanders and Labradorians.

The All-Party Committee met with almost 50 groups and individuals who shared their expertise and experiences related to mental health and addictions practices, programs and services. This included nine community organizations; 12 local, national, and international subject matter experts; and nine government departments and agencies. The All-Party Committee also travelled to Labrador to meet with Indigenous Governments and organizations. Additionally, the Committee met with seven advocates/people with lived experience and also received two written submissions. Participants were asked to share their perspective on current successes, existing gaps, and recommendations for improvements in mental health and addictions services.

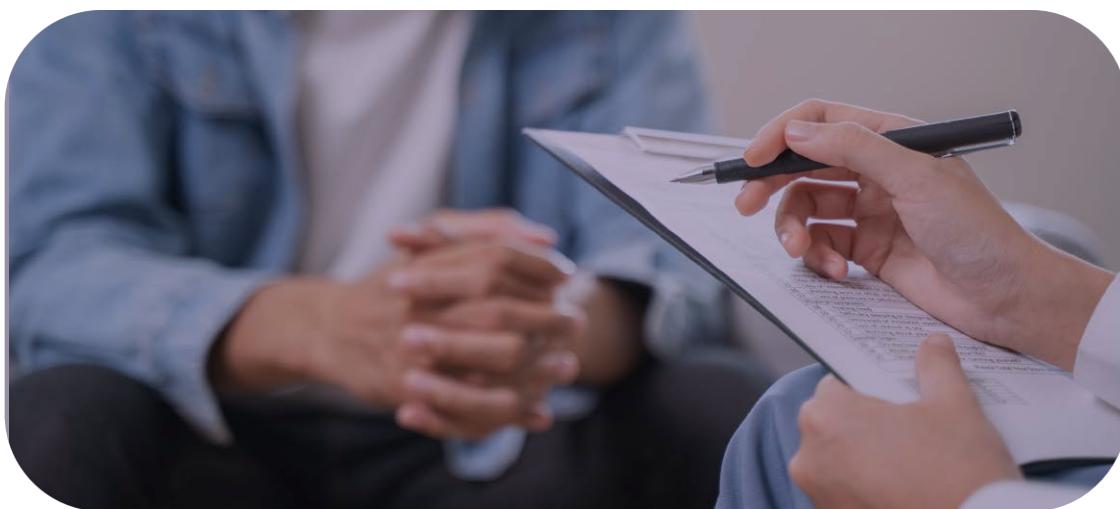
The All-Party Committee conducted an online survey between July 12 and September 30, 2024. The survey collected demographic information, knowledge about services and use; service strengths; areas for improvement, and barriers to accessing services. A total of 421 responses were reviewed for consideration.



The All-Party Committee heard what is working well in the provincial mental health and addictions system. This includes new initiatives, strong community partnerships, and the important role of peer support in delivering programs and services. While significant achievements have occurred, the All-Party Committee recognizes there is more work to do. This includes:

- addressing the social determinants of health;
- reducing wait times and improving timely access to care;
- ensuring consistency and continuity in the delivery of services;
- increasing the focus on harm reduction; and
- increasing support for community-based agencies.

These recommendations aim to build upon the successes, address challenges, and strengthen the provincial mental health and addictions system in Newfoundland and Labrador.



## Current Successes

Transforming the provincial mental health and addictions system into one that is person and family-centered, trauma-informed, and has a focus on harm reduction, is an ongoing process. This requires continuous collaboration among partners including all levels of government; people with lived and living experience; health care providers; educators; justice and public safety staff; and community-based organizations. This level of collective expertise and commitment has laid the foundation for improved program and service delivery in Newfoundland and Labrador since the work of **Towards Recovery**.

The All-Party Committee heard about several areas of achievement over the course of its consultations. This included:

- reduced barriers through the ability to self-refer to many programs and services;
- overall improved access to new supports, such as same or next-day initiation of opioid agonist treatment at four regional opioid dependence treatment (ODT) hubs;
- treatment and hands-on assistance with daily living activities for people with serious mental illness and concurrent disorders through 13 flexible assertive community treatment (FACT) teams located throughout the province;
- a suite of free, evidence-based online mental health supports on Bridge the gapp website;
- the broad availability of counselling, regardless of issue or severity, province-wide, via Doorways;
- improved collaboration with the Royal Newfoundland Constabulary (RNC) and Royal Canadian Mounted Police (RCMP) when responding to suicide and sudden death;
- the development of a provincial Stepped Care Model;
- the transfer of responsibility for health services for individuals incarcerated from the justice system to Newfoundland and Labrador (NL) Health Services;
- greater harm reduction practices through the increased availability of free naloxone kits and safe injection supplies province-wide and the implementation of the Harm Reduction Team in St. John's;
- increased funding for public education and training in programs, such as Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST);
- enhanced peer support services in several provincial mental health and addictions programs; and
- funding to support the invaluable work of community partners.

## Gaps Remaining

While efforts under **Towards Recovery, Health Accord NL, Our Path of Resilience** and the **Provincial Alcohol Action Plan** have garnered significant achievements in system change, several issues and gaps remain which impact the ability of individuals, families and communities to live healthy and well. The All-Party Committee heard from many individuals and groups about challenges both within and beyond the provincial mental health and addictions system, all of which are discussed further.



## Social Determinants of Health

The social determinants of health, or the conditions where people are born, grow, live, work and age, have significant impacts on one's mental health and well-being. While there are several determinants of health, those heard most by the Committee centred around education, housing, poverty, physical environment, access to health services, culture and childhood experiences.

Access to safe and stable housing has been highlighted as a major concern, especially for vulnerable individuals. There is a pressing need for supportive housing that offers integrated, wrap-around health and community services to help individuals thrive within their communities. The need for more shelters, particularly for women and children fleeing domestic violence, was also identified as a gap. Recent investments by Newfoundland and Labrador Housing Corporation to expand the supply of supportive housing arrangements with others being planned, will greatly assist in this approach. Furthermore, the All-Party Committee heard about people living in poverty with reduced access to health services, while exposed to more hazardous conditions. People living in poverty are also more likely to experience childhood neglect, have poorer nutrition, and limited access to structured physical activity, all of which have a significant negative impact on mental, physical and social health. The All-Party Committee on Basic Income is currently assigned with this important topic.

The importance of culture and connection was also identified as a key concept in determining people's well-being and resilience. The All-Party Committee heard from people with lived and living experience about the healing power of connection to self, family, community and cultural practices, which should be

further understood and supported. Lastly, childhood experiences have also been identified as a key social determinant as it is these early experiences that later impact achievements, health, well-being and longevity. Healthy families create healthy environments for children. Therefore, the All-Party Committee is aware of the need to support positive, active and enriching environments for children, youth and families, beginning with equitable access to quality, inclusive early learning opportunities and the strengthening of school curriculum to include more social-emotional learning, training for educators, and on-site supports. Family resource centres, regulated early learning and child care services, and other community-based resources make a significant contribution to the effort, but more is needed. Focus on creating healthy and supported families and communities must be a priority.

## Indigenous People and Communities

The All-Party Committee met with the Nunatsiavut Government, NunatuKavut Community Council, Miawpukek First Nation and Qalipu First Nation and learned more about the intergenerational trauma experienced by Indigenous people and communities and the profound impact residential schooling continues to have on the mental health and well-being of Indigenous people in the province. The All-Party Committee also heard that access to safe, stable housing, substance use and addiction support is a significant issue in many Indigenous communities. Cocaine addiction was also noted as a growing concern.

Access to health care services, including mental health, remains challenging, particularly for assessment and diagnosis. While wait times are one contributing factor, access to services is further complicated by geographic challenges and the need to travel to access services. These factors can significantly impact individuals, in rural or remote areas, making it harder to receive timely care.

One of the key themes identified by Indigenous governments was the need for more culturally relevant care in the delivery of services as well as cultural training for health care providers. The All-Party Committee clearly heard the importance for government and NL Health Services to work with Indigenous groups in a meaningful way to co-design services, in the appropriate languages, from the outset. As well, land-based programming was identified as an important way to support positive mental health for Indigenous people throughout the province.





## Education and Awareness

The need for stronger communication was heard loudly and clearly from almost every presenter. There is a significant lack of awareness among Newfoundlanders and Labradorians about what mental health, substance use and addictions services are available and how to access them. While **Towards Recovery** laid a strong foundation with many new programs and services available through the Provincial Mental Health and Addictions Stepped Care Model, overall service awareness remains low, among both the public and health care providers.

The All-Party Committee heard how the public want to see an improved understanding of mental health, substance use and addiction issues, and how best to help someone in need. The All-Party Committee also heard issues of stigma, discrimination and NIMBY (not in my back yard) still need to be addressed. This suggests further investments are needed in training and education, including culturally appropriate and trauma-informed training for health care providers. Stakeholders also referenced the importance of substance use and addictions training being added or improved within curriculums for all health professionals, including physicians. In particular, improved provider education and knowledge of treatment options were referenced during consultations in relation to alcohol use disorder.

A strong communications initiative is needed to educate all residents of the province on the services that exist, how to seek help when needed, and our collective responsibility to address stigma and discrimination associated with mental illness, substance use, and addictions issues.

## Navigation Support

The All-Party Committee heard navigating to, and between, services is an ongoing challenge for many individuals and families. While the sole Mental Health and Addictions Systems Navigator position was considered an excellent resource for individuals and families seeking information and navigation support for programs and services, several stakeholders recommended service expansion in this area, with consideration being given to hiring women and gender-diverse individuals.

Other services, such as Doorways, 811 HealthLine, Bridge the gapp, and Lifewise's Peer Support Warm Line, offer service navigation support. As additional navigators are added to the health system, coordination, consistency and clear communication of these services will be critical to support improved access to timely care.

## **Wait Times and Improved Access to Treatment Programs and Services**

The All-Party Committee repeatedly heard that wait times for inpatient addiction treatment were longer than people believed they could wait. The wait time reportedly hindered the ability to capitalize on people's readiness to make changes in their lives. Many presenters noted the importance of having accessible, no-barrier admittance to medical detox and rehabilitation when a person is ready for treatment and recommended rapid access province-wide. The All-Party Committee also heard about challenges with access and wait times in Labrador and other rural areas of the province. Indigenous governments and organizations and individuals with lived experience in Labrador outlined ways that services could be improved such as more resources for peer support, increased community response and improved consistency in counselling relationships.

Consultations highlighted the importance of having more streamlined processes through the Newfoundland and Labrador Prescription Drug Program (NLPDP) to limit the administrative burden on health care providers. Specifically, a review of the benefit status and special authorization criteria process under NLPDP was requested for attention deficit hyperactivity disorder and neuroleptic syndrome medications.

E-mental health and its expansion in Newfoundland and Labrador was praised by national and international partners, particularly Bridge the gapp and the 811 HealthLine expansion. While e-mental health services are available to anyone in the province, internet connectivity is not consistent across communities and the cost of internet service and devices can be an obstacle for individuals living with low incomes or in poverty. The All-Party Committee recognizes the need to minimize barriers and create equitable access to both in-person and virtual care, province-wide.

Doorways, Mobile Crisis Response Teams, the ODT hubs, FACT teams and the Family Care Team model were highlighted as valuable services, with calls for expansion of availability by those consulted.



Recruitment and retention of skilled professionals and peer supporters was also identified as a need. While the province has implemented various initiatives aimed at improving the recruitment and retention of health care workers in the field of mental health and addiction, further efforts will be needed to stabilize this important health sector. Stakeholders also noted the importance of appropriate training in responding to suicide and sudden death for mental health and addictions clinicians and police officers who work on Mobile Crisis Response Teams and the need for postvention with individuals following an impactful event.

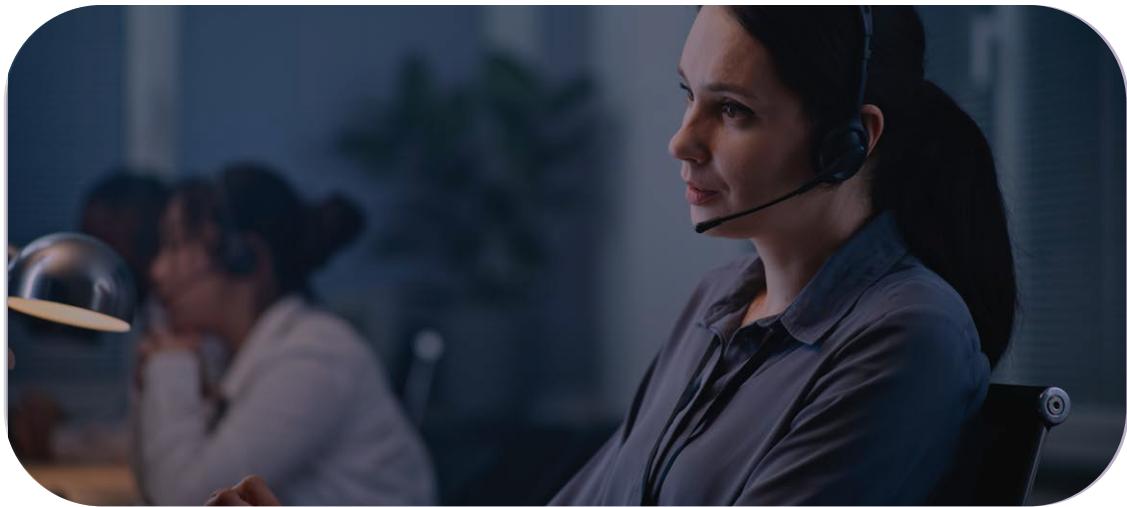
Furthermore, there is a need for additional investment in wrap-around supports and outreach teams to assist individuals transitioning between services, including access to a broad continuum of supportive housing options.

Finally, the Committee heard clearly that while some improvements have been made with respect to the health of individuals incarcerated, more work is needed to address the physical and mental health of individuals in the justice system, as well as their families and the staff who work with them. The Committee heard more collaboration is required between health and corrections systems to ensure individuals have access to therapeutic services and housing when reintegrating into the community. In addition, the Committee heard that pregnant women who are incarcerated require services. The Committee was asked to consider a holistic approach to health to ensure individuals in the criminal justice system can find meaning in their daily lives and connect with community through in-reach and post-release supports, building upon existing models.

## **Access to Harm Reduction**

Harm reduction is an evidence-based practice that aims to save lives, enhance outcomes, and uphold the belief everyone deserves safety, dignity, and respect, regardless of their circumstances. Throughout the All-Party Committee consultations, government was commended for its current focus and investments in harm reduction as well as progress made in this area. However, consultations also identified improvements to make these efforts more effective.

Education, developed in collaboration with people with lived and living experience, was highlighted as a priority, particularly to address misconceptions, reduce stigma surrounding harm reduction, and increase awareness of harm reduction principles and available services within community and health care settings.



Furthermore, expanding harm reduction practices across health care settings, particularly in acute care and inpatient treatment environments, was also identified as a priority, with an emphasis on ensuring a consistent and integrated approach. The All-Party Committee heard about the importance of strengthening existing programs that support harm reduction, such as increasing funding for take-home naloxone kits and training, and expanding the harm reduction teams' capacity to improve accessibility and service delivery. There is also a need for gender-based harm reduction services for women and gender-diverse individuals, who may be vulnerable to exploitation and violence due to their experience with mental health and addictions.

Consultations showed the need to broaden harm reduction efforts to address substances beyond opioids, particularly alcohol, which has significant impacts on individuals and communities. This aligns with priorities outlined in the **Provincial Alcohol Action Plan**, further emphasizing the need for targeted strategies to address alcohol-related harms. The All-Party Committee heard men and seniors are requiring more support in the community for alcohol dependency and addiction. Intensive efforts across systems and departments will be needed to make inroads in addressing the harms and costs of alcohol use in the province.

## Consistent Delivery of High-Quality Programs

Traditionally, mental health and addictions services in each of the regional health authorities were delivered in silos with little to no consistency across regions. With the work of **Towards Recovery** and the merging of regional health authorities to one Provincial Health Authority, the need to develop and execute programs and services consistently across the province has become



a priority. While there have been improvements to ensure better consistency in the delivery of services across health zones, the All-Party Committee heard concerns about inequitable access to some programs and services, and inconsistent policies, practices, and service delivery methods that sometimes occur within the same program, but when delivered by different health zones.

This has been further complicated by staff turnover and the resulting loss of corporate history. The need to ensure standardized delivery of high-quality mental health, substance use and addictions programs and services province-wide has been acknowledged as a high priority for the All-Party Committee. In this regard, NL Health Services recently announced a new vice president of mental health and addictions position to operationalize a provincial approach to the delivery of mental health and addiction services.

## **Collaboration and Investment in Community**

The All-Party Committee heard from many community agencies who work in the field of mental health and addictions about the need for improved collaboration and strengthened relationships between community agencies and health service providers. Stakeholders suggested the co-location of health care with services in the community would better support individuals and families. Community agencies also called for continued engagement of people with lived and living experience in completing the recommendations contained within this report.

Better collaboration between community agencies and government to ensure the continued delivery of community-based programs and services was also raised. While the commitment and invaluable work of community agencies was acknowledged, access to multi-year sustainable funding and increases in base funding were highlighted as a necessity for community-based organizations.

A unique perspective was voiced for veterans, noting challenges with integrating back into the civilian community as well as accessing mental health services from Veterans Affairs Canada. It was noted better communication and coordination is needed for mental health services and peer support for veterans.

## Emerging Issues and Trends

Beyond the gaps and issues noted previously, an emerging issue locally, nationally and internationally is the use and effectiveness of involuntary withdrawal management for individuals with substance use disorder. The **Secure Withdrawal Management Act** was introduced in Newfoundland and Labrador in 2016 for young people, aged 12 to 18, but with mounting evidence indicating significant risks associated with this type of involuntary detainment and lack of evidence to support its effectiveness, the Act has not been proclaimed into force.

The topic of involuntary withdrawal management for both youth and adults arose during the All-Party Committee consultations, with most presenters not supporting this type of mandatory intervention. Some stakeholders suggested expanded use of the current **Mental Health Care and Treatment Act** might be a better approach to help address this issue, while others suggested forced treatment of any kind is in contravention of human rights legislation. Others pointed to the need to fully realize improved access with a focus on more treatment services such as 24-hour detoxification services, inpatient treatment beds, and recovery supported housing.

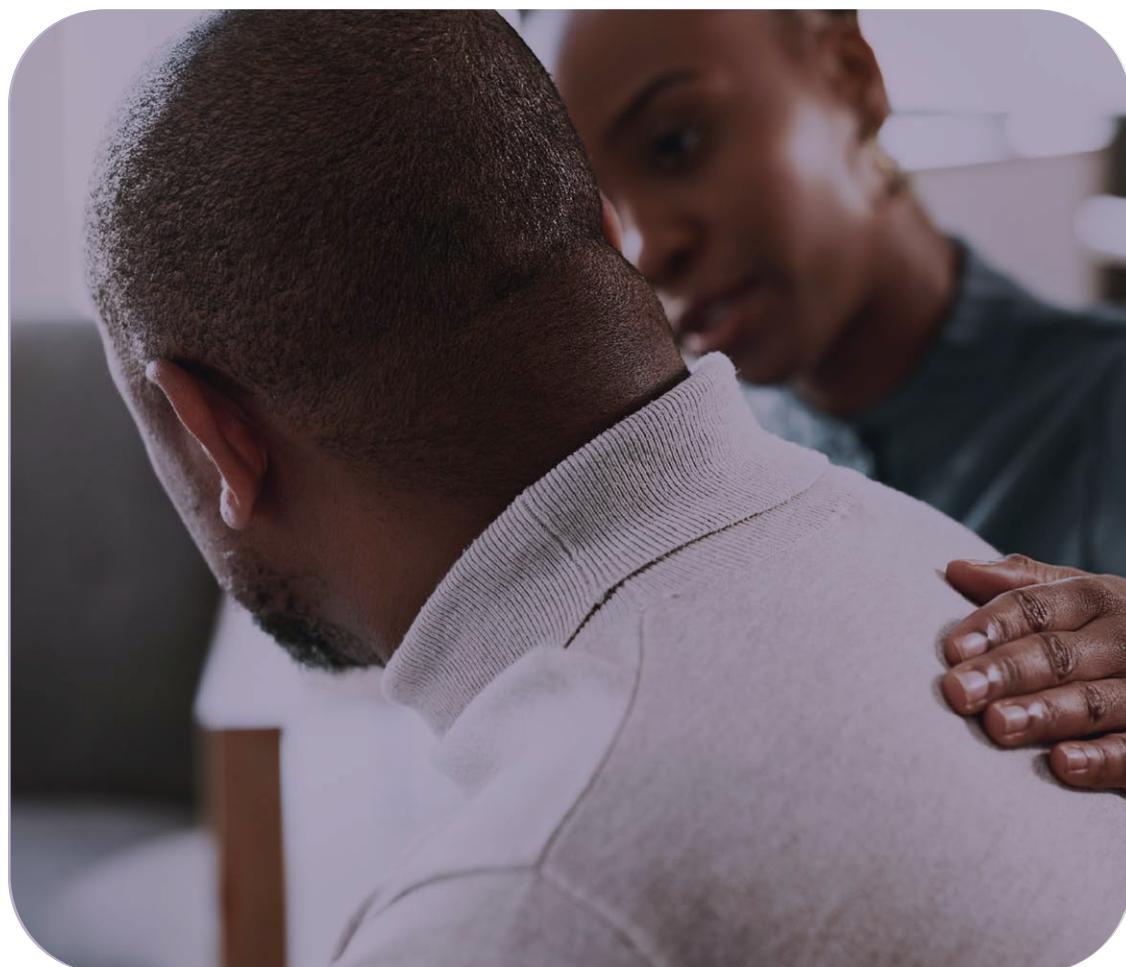
To further explore the evidence related to involuntary withdrawal management, the Department of Health and Community Services commissioned Canada's Drug Agency (CDA) to conduct a review of existing evidence and data related to this topic. The final report was received in August 2024. Consistent with previous jurisdictional scans and literature reviews conducted by the Department of Health and Community Services, CDA concluded involuntary withdrawal management is not likely to be beneficial to individuals using substances and may be more harmful when compared to voluntary treatment options. The report also noted given the limited evidence in Canada, particularly for youth and racialized populations, paired with ethical and practical challenges of implementation, consideration should instead be given to expanding treatment access and enhancing harm reduction practices that respect autonomy, have long-term benefits and uphold trust by individuals in caregivers and the health care system.



Given existing evidence to date, supported by the CDA report findings, and in alignment with approaches taken by other jurisdictions, the Provincial Government must keep this issue in view, continue to monitor emerging evidence and work with stakeholders and partners on identifying additional evidence-based harm reduction approaches to supporting individuals with substance use disorders.

Reported drug trends by stakeholders and health professionals reveal more use of illicit pills, increased cocaine and crack cocaine use, increased intravenous use, use of non-prescription opioids and the use of Fentanyl in particular, as a drug of choice due to its cost. There has also been reported increased experiences of contaminated drugs.

The Committee also heard that gaps may exist in policies and procedures in the prescribing and dispensing of opioid medication. A review of the Pharmacy Network was requested to explore this issue as well as potential drug interactions, which may be contributing to drug interactions and drug toxicity deaths.



## Recommendations

The following recommendations are the result of the dedicated and collective efforts of members of the All-Party Committee based on consultations, review and analysis of the provincial mental health and addictions system.

### **1. Address Social Determinants of Health (e.g., Housing, Poverty)**

- Invest in wrap-around supports and expand the continuum of supportive recovery-focused housing options (e.g., recovery homes)
- Foster activities that build connection to self, family, community and culture
- Identify, address and report on specific actions taken to address social determinants of health

### **2. Focus on Children, Youth and Families**

- Implement the Child and Youth Community Health Model
- Strengthen school curriculum with social-emotional learning content
- Provide educators, families and caregivers with training and support
- Update and expand evidence-based drug and alcohol education in the school curriculum (e.g., DECYDE)
- Support social programming among communities so children, youth and families have access to no-barrier healthy spaces for active and enriching experiences (e.g., Icelandic Model, Integrated Youth Services, land-based programming, etc.)

### **3. Focus on Indigenous People and Communities**

- Expand mental health and addictions treatment service options in Labrador and in Indigenous communities
- Support Indigenous health and well-being by continuing to fund land-based activities and culturally appropriate services
- Work with Indigenous governments and groups to co-design services and programs tailored to meet local context, languages, and needs
- Require cultural awareness training and competencies for all staff working in health, social services, education, and justice and public safety sectors



#### 4. Improve Education and Awareness

- Invest in a provincial mental health and addictions communications strategy to:
  - improve public understanding of mental health, substance use, and addiction, how to seek help early, and address issues of NIMBY, stigma, and discrimination;
  - improve awareness of existing programs and services and how to access them;
  - Promote the navigator service;
  - Promote the Provincial Stepped Care Model and its access points (i.e., 811 HealthLine, Doorways and Bridge the gap) to foster improved access to services; and
  - Provide regular education on key access points to support improved system navigation (i.e., 811 HealthLine, Doorways, Lifewise Peer Support Warm Line, 211).
- Continue to offer Mental Health First Aid and ASIST training to the public
- Consider adding reference to addiction in the **Mental Health Care and Treatment Act**
- Work with regulatory bodies to incorporate mental health and addictions medicine continuing education requirements for health professionals

## 5. Enhance Navigation Support

- Expand the mental health and addictions systems navigator service

## 6. Reduce Wait Times and Improve Access to Treatment Programs and Services

- Reduce wait times for children and youth assessments and services
- Focus on recruiting and retaining health professionals and peer professionals in the mental health and addiction sector, with a special emphasis on recruiting more psychiatrists and psychologists to practice in the province
- Improve access to medical detox services, starting with individuals presenting with addiction and substance use disorders at Emergency Departments
- Increase the number of addiction inpatient treatment beds available in Newfoundland and Labrador, with an emphasis on new beds in Labrador
- Expand addiction medicine and integrate it within primary care
- Train and support family care teams and family practice networks to offer treatment for substance use disorders
- Increase access to e-mental health services, mobile outreach and follow-up supports
- Increase the number of harm reduction teams or primary care teams that deliver harm reduction services throughout the province
- Develop assertive outreach and case management services for individuals experiencing substance use disorders and addictions to strengthen connections to services across the continuum
- Explore postvention programming in the event of suicide or sudden death in communities
- Explore programs for alcohol dependency and addiction, particularly for men and seniors
- Review the benefit status and special authorization criteria process under NLPDP for drugs related to mental health and substance use treatment (e.g., attention deficit hyperactivity disorder and neuroleptic syndrome medications)



- Consult with NL Health Services and the Board of the College of Pharmacy of Newfoundland and Labrador regarding leveraging digital health solutions to avoid harmful drug interactions and support better decisions about medications, diagnoses and treatments
- Improve access to trauma-informed individual and group-based therapy programs at all correctional institutions in the province offered by either in-house correctional health services staff and community partnerships
- Improve programming specifically for incarcerated women and gender-diverse individuals including pregnant women who are incarcerated
- Increase engagement with community corrections to foster continuity of service and ensure probation officers are aware of recovery and reintegration services and supports
- Support the transition for individuals incarcerated to living healthy in the community

## **7. Increase Access to Harm Reduction**

- Expand harm reduction across settings, with an emphasis on hospitals
- Apply a gender-based analysis to existing and future harm reduction programming
- Continue to expand publicly funded naloxone kits and training
- Make training on harm reduction and trauma-informed practices mandatory for health care professionals
- Explore addiction management through safe supply, safe consumption sites and overdose prevention services and/or sites
- Consider after-hours or 24-hour availability of harm reduction supplies

## **8. Ensure Consistent Delivery of High-Quality Programs**

- Standardize all provincial mental health and addictions programs to improve service quality, consistency, and outcomes across health zones
- Integrate clinical care into community spaces, where possible

## 9. Increase Collaboration and Investment in Community

- Provide adequate and sustainable funding to community-based agencies to support existing and effective programs and services
- Continue to partner with people with lived and living experience in the development of new programs and policies
- Further invest in peer support across the mental health and addictions system
- Advocate to the Federal Government for improved coordination of services for veterans
- Support collaboration between government, community agencies and municipalities to identify emerging issues and solutions

## 10. Improve Data Collection and Evaluation Practices

- Identify consistent indicators to be evaluated across all program areas
- Ensure programs and services are evaluated on a regular basis

## Implementation and Accountability

The successful implementation of these recommendations requires ongoing performance monitoring, evaluation and public reporting. Current accountability structures in place include the Provincial Mental Health and Addictions Advisory Council, the Recovery Council for Mental Health and Addictions and the Indigenous Health Team. These groups will be engaged to provide direction and advice to support the implementation of recommendations outlined in this report.





Actions will be tracked to ensure timely progress towards achieving the recommendations in this report. A transparent evaluation approach will support continued improvements and maintain accountability to the people of this province. The Provincial Government is committed to substantially completing the recommendations within five years (2025-30). To that end, the Provincial Government will report annual updates to the House of Assembly on the progress of recommendations.

## Concluding Remarks

In response to growing concerns about the mental health and well-being of youth and young adults in Newfoundland and Labrador, the All-Party Committee on Mental Health, Substance Use and Addictions was established in September 2023 to further review the provincial mental health and addictions system and identify what is working well and where improvements are needed.

The All-Party Committee heard from many individuals and families with lived and living experience, experts in the field of mental health, substance use and addictions, health care providers, community partners and government departments and agencies. The themes were consistent. Many new programs and services implemented since **Towards Recovery** are working, and working well, but there is still room for improvement.

More specifically, there is a need to address social determinants of health, focus on Indigenous people and communities, improve awareness and education, enhance navigation support and access to programs and services, further support harm reduction, ensure consistent delivery of high-quality programs and increase community collaboration and investment.

The input received from the public and experts has been invaluable. There is a shared commitment by all Members of the House of Assembly to strengthen the provincial mental health and addictions system. Building on the momentum of **Towards Recovery, Health Accord NL**, the **Provincial Alcohol Action Plan** and **Our Path of Resilience**, the province has never been better positioned to positively impact the lives of children, youth and families and change the mental health trajectory for future Newfoundlanders and Labradorians.

# Annex A

## All-Party Committee on Mental Health, Substance Use, and Addictions

### Terms of Reference\*

#### 1.0 Mandate

The All-Party Committee on Mental Health, Substance Use and Addictions is convened in response to the continued need for promotion, prevention, early intervention, treatment and support for youth living with mental health, substance use and addiction issues, and the interrelationship between these issues and other social determinants of health, such as housing, poverty and education.

Building on the work of **Towards Recovery** and the ongoing implementation of the Newfoundland and Labrador Health Accord, the All-Party Committee will review mental health, substance use and addictions services within the provincial mental health care system with the goal of providing recommendations on improvements to existing programs and services, and the development and implementation of new ones where necessary, to better serve the needs of people in Newfoundland and Labrador with an emphasis on young people.

The Committee will consist of members from all parties of the House of Assembly.

#### 2.0 Purpose

1. To review current provincial mental health, substance use and addictions services, with an emphasis on youth and young adults;
2. To consult and receive testimony from individuals and family with lived and living experience, community partners, and experts in child and youth services, education, health services, housing, and justice on best practices in mental health care delivery and service integration across the various systems; and
3. To submit a report of its findings and make recommendations to the Provincial Government with the goal of improving mental health and substance use and addictions programs and services for youth in the province.



### 3.0 Key Principles

- **Collaborative:** All members will follow generally accepted rules of collaborative work, such as respect, active listening, tolerance of differing views, etc.
- **Consensus-seeking:** Although consensus may not be possible on all points, best efforts will be made to reach consensus on as many key points as possible with the ultimate goal of presenting a consensus report.
- **Open and transparent:** Information, analysis, and feedback received throughout the process will be made publicly available.
- **Accountable:** Committee members commit to consider and respond to all major points made or ideas proposed, even if they disagree with or are not supportive of them.
- **Accurate and thorough:** Best efforts will be made to capture the views of all those interested in the topic and ensure full analyses of available data; analysis and summary efforts will strive to keep the 'voice' of the presenters intact.
- **Shared learning:** All involved understand this is a complex topic and there is always more to learn about it; they accept that they can learn from experts, individuals and families with lived and living experience and one another.

### 4.0 Membership and Meetings

#### 4.1 Membership

Minister of Mental Health and Addictions, Chair

Minister of Health and Community Services

Three (3) Government MHAs

Two (2) Official Opposition MHAs

One (1) Third Party MHA

If a member cannot attend a meeting, that member may be represented by an alternate Member of the House of Assembly.

#### **4.2 Meetings**

- Meetings will be scheduled monthly, or more often as needed, at the call of the Chair.
- Meetings may be held virtually or in-person. If necessary, travel, accommodations, and per diems will be reimbursed for members as per Government of Newfoundland and Labrador's travel policy.
- Administrative support will be provided by the Department of Health and Community Services.
- Any public communications will be approved by the Committee.

#### **4.3 Role of Chair**

The Chair will convene and manage committee meetings in accordance with the terms of reference and will facilitate requests made by committee members in collaboration with administrative support.

The Chair will be the public spokesperson for the Committee.

#### **4.4 Voting**

Decisions are made by consensus. If consensus is not possible, majority voice voting is used with the minority view documented.

### **5.0 Timeline and Committee Wrap-Up**

The Committee will convene from the day of official announcement to when final recommendations are finalized at which time the Committee will dissolve. The anticipated time frame is six months.

\*Revised July 23, 2024, to reflect the addition of Minister of Mental Health and Addictions as Chair.

# Annex B

## Stakeholder Engagement - List of Presenters

<b>Community Organizations (15)</b>	
U-Turn	Thrive
Choices for Youth	Mental Health and Addictions Advisory Council
The Gathering Place	The Salvation Army Ches Penney Centre for Hope
Recovery Council for Mental Health and Addictions	Aids Committee NL (ACNL) / Safe Works Access Program (SWAP)
Ray of Hope Association (Substance Use Family Peer Support Group)	Richard's Legacy Foundation for Survivors of Suicide Loss
Guardians of Recovery	Eating Disorders Foundation of NL
Stella's Circle	LifeWise Mental Health Peer Services
Indigenous Health Team	
<b>Local, National and International Experts (12)</b>	
Canadian Mental Health Association - NL Division (Dr. Chandra Kavanagh)	Strongest Families Institute
Canadian Centre on Substance Use and Addiction (Dr. Alexander Caudarella)	Canada's Drug Agency (Chris Kamel)
Private Practitioner - ODT Hubs and Home-Based Alcohol (Dr. Lesley Manning)	DECYDE - Drug Education Centred on Youth Decision Empowerment (MUN)
eMental Health International Collaborative (Professor Anil Thapliyal)	Mental Health Research of Canada (Michael Cooper)
Mental Health Commission of Canada (Michel Rodrigue)	Endeavour Family Practice Network
Dr. Aarun Leekha - Psychiatrist	Dr. Todd Young - Addictions Medicine

### Government Entities (9)

Mental Health and Addictions Division, Department of Health and Community Services	Department of Health and Community Services
NL Health Services	Department of Justice and Public Safety
Department of Children, Seniors and Social Development	Department of Education
Labrador Affairs Secretariat	Indigenous Affairs and Reconciliation
NL Housing Corporation	

### Indigenous Governments and Organizations (4)

Nunatsiavut Government	Miawpukek First Nation
NunatuKavut Community Council	Qalipu First Nation

### People With Lived Experience / Advocates (7)

Glenn Roil	Kristi Allan
Henry House	Keith Fitzpatrick
Scott Pynn	Grace Shears
Carolyn Hapgood	

### Written Submissions (2)

Fédération des francophones de Terre-Neuve et du Labrador (FFTNL)	City of St. John's (Mayor Danny Breen)
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# Annex C

## Definitions

### Addiction

Addiction is a neuropsychological disorder characterized by a persistent and intense urge to use a drug or engage in a behavior that produces natural reward, despite substantial harm and other negative consequences.

### Harm Reduction

Harm reduction refers to a range of intentional practices and public health policies designed to lessen the negative social and/or physical consequences associated with various human behaviors, both legal and illegal. Harm reduction is used to decrease negative consequences of recreational drug use without requiring abstinence, recognizing those unable or unwilling to stop can still make positive changes to protect themselves. Harm reduction is most commonly applied to approaches that reduce adverse consequences from drug use, and harm reduction programs now operate across a range of services and in different regions of the world

### Involuntary Withdrawal Management

Involuntary withdrawal management is the placement of individuals, without their consent, in a secure health facility for a short period of time to help manage their withdrawal symptoms.

### Postvention Programming

Postvention is an organized response in the aftermath of a suicide to best facilitate the healing of individuals from the grief and distress of the loss of a loved one to suicide and prevent suicide among people who are at high risk and mitigate other negative effects after exposure to the event.

### Substance Use/Substance Use Disorders

Substance use disorder (SUD) is the persistent use of drugs despite substantial harm and adverse consequences to self and others.

