

What we heard

Dialogue with Rural & Remote Service Delivery & Service User Communities

Terrace, May 22, 2018

On May 22, the Honorable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, met with 29 direct providers of mental health and addictions services from communities across northwest B.C.

This dialogue was part of the Ministry's engagement process for developing a strategy for a seamless, coordinated mental health and addiction system that is free of discrimination and stigma, culturally-safe and focused on a path forward. The initial stages of the process included engagement with a broad spectrum of individuals, communities, Indigenous peoples from across the province. In addition, we are encouraging people to share their feedback on mental health and addiction services on the B.C. Government Engage [website](#). What we learn from this engagement process will help inform the mental health and addictions strategy and be incorporated into a final report.

The Ministry recognizes that B.C.'s mental health and addictions service system needs reform in spite of the best efforts of service providers who are working hard every day to serve people's needs. Hosted by the Honourable Minister Darcy and facilitated by Simon Fraser University's Morris J. Wosk Centre for Dialogue, the roundtable provided an opportunity to listen and learn from the experience of those who live and work in rural and/or remote communities — so we can build from the strengths and approaches that are successful.

Following opening remarks from Minister Darcy, participants were invited to introduce themselves and to share what brought them to this dialogue. After the opening circle, participants met in small breakout groups supported by a table facilitator to discuss what—based on their experiences or observations—has worked or is currently working in the mental health and addictions system; what the key challenges are and what changes would make a difference. To close off the breakout discussion, participants were asked to identify their priorities for action. In a closing circle, participants shared what gives them hope and what more needs to change in the mental health and addictions system.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.¹ This report summarizes participants' input and suggestions by themes, illustrated with selected individual responses recorded in participants' own words. The themes listed in this report are ideas or suggestions mentioned in at least two participant worksheets. This means that the list does not indicate an order of priority.

¹ The testimonies and suggestions recorded in this report do not necessarily reflect the views of the Ministry of Mental Health and Addictions or its staff. Individual statements reproduced in participants' own words are identified as such through quotation marks.

The most frequently prioritized changes were around dedicating resources to preventative and upstream solutions and services, with a focus on catching mental health and addiction issues before they develop into crises, emergencies and chronic conditions. Providing resources to increase recruitment, education and retention of direct service providers and clinicians were clear priorities. According to participants, the rural and remote communities across B.C.'s northwest benefit from close connections and partnerships between health care providers and non-profit or community organizations, and participants prioritized a "hub" approach to mental health and addictions services that would unite efforts in a similar fashion, including a centralized intake system. One focus area for participants was reflected in multiple categories and responses: an emphasis on providing trauma-informed practices, training and support services to address the number of people and communities in the Northwest living with intergenerational trauma.

The full list of priorities for change includes:

- More resources dedicated towards upstream prevention and intervention services
- Improved recruitment, education and retention of frontline workers
- A comprehensive service model that includes more government-funded, long-term treatment and transition support, as well as support for care-givers
- Housing solutions
- A hub approach to mental health and addictions services
- A centralized and consistent intake system
- Accessible service, including after-hours
- Consideration of needs of Indigenous people living off-reserve