Listen, Learn and Act



What We Heard

Recovery Community Roundtable Dialogue

New Westminster, March 28, 2018

On March 28, 2018 the Honorable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, met with 21 members of the recovery community for a roundtable dialogue in New Westminster, representing organizations and treatment centres in the region.

This dialogue was part of the ministry's engagement process to develop 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 include meeting with a broad spectrum of individuals, communities, as well as Indigenous peoples from across the province. In addition, we are encouraging2 people to share their feedback on mental health and addiction services on the BC 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 our mental health and addictions system needs reform despite the passion and dedication of service providers who are working hard every day to care for others. Hosted by 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 experiences—both of individuals and families who have accessed services and of those providing direct service to people in recovery—so we can build upon the strengths and approaches that are already successful.

Following opening remarks from Minister Darcy, roundtable participants were first invited to introduce themselves and to share what hope and healing means to them in the context of recovery from mental illness and addiction. In a second step, participants discussed what supported their journey, or the journeys of others, to recovery in terms of what works in the system of care. In a third step, participants identified specific difficulties they encountered or observed in their own recovery or that of their clients, and what would have made a difference, i.e. suggested changes and improvements to the system of care. In a closing circle, participants shared what they considered to be the most powerful action that can be taken to support the journey to recovery and wellness and what they would like the Minister and her staff to take into account when developing the new strategy.

¹ Because the suggested changes and improvements mirror the difficulties that participants identified, the latter are not listed separately in this report.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.² 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 by at least two of the participants in their worksheets. This means that the list does not indicate an order of priority chosen by participants.

Most frequently, participants called for better integration and collaboration among services that cover the entire continuum of mental health and addictions treatments. Similarly, many suggestions related to improved referral processes and support for clients navigating the system. Also, commonly mentioned were calls for better education and de-stigmatization, increased funding for treatment options, better access to treatment (including extended opening hours and outreach efforts) and holistic approaches that address people's broader needs, including housing, life skills and belonging. The full list of themes includes:

- Integration and collaboration along the continuum of care
- Increased funding for treatment
- Education and de-stigmatization
- Improved referral processes and support for clients navigating the system
- Holistic approaches
- Improved access to treatment
- Connecting people to land and culture
- Trauma-informed treatment
- Sufficient and accessible benefits & welfare
- Decriminalization
- Prevention
- Respecting all evidence
- Aftercare

Addressing inequity between rural and remote services

² 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.