BRITISH COLUMBIA | Ministry of Mental Health and Addictions

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 encouraging 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.[1] 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

Section 3 of this report, provides more details on the range of suggestions grouped under each theme. Section 4 includes the full record of participants' statements during the closing circle, followed by the results of the session feedback forms.

[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.

1. The meaning of hope and healing

Community, connection and belonging

"Hope is that people realize they are not alone and can reach out and get help."

"Healing really is through connection—that is our innate, built-in way."

"Hope, for me, is the fact that people were able to care for me before I was capable of caring for myself."

"Hope, for anyone who is marginalized, is very elusive. Unless you feel that sense of belonging, it's very hard to come by."

"We talk about the housing crisis, the overdose crisis, but really, it's all just one single crisis of community."

Choice, agency and freedom

"Hope is about the ability to choose the pathway that I wish to choose in my recovery."

"Hope means we have the ability to recognize that there is an end to the physical addiction and a freedom to make choices."

"There should always be an option—even if you don't desire to be clean."

Access to support without barriers

"Healing is about having the best support, the right services at the right time when a person needs them."

"It's about accessibility—the message of hope and healing would be accessible to everyone, not just a select group."

"My vision of healing is that we have a continuum of services available, none of which are associated with any kind of stigma. Everybody should be able to access a full continuum of healing."

"Healing is that moment of clarity when a person decides they want to live, and knows that they can reach out without having doors closed."

Respect and freedom from stigma

"When I think about hope, it's that 'I see you. I don't see your referral form, or what people say that you are. I see you as you are and that you're asking for help.'"

"Reduce the stigma and bring awareness that this is a disease and not a choice."

"Respect for myself, for the people I'm helping, for people I work with, and respect for the system."

Living and being whole

"For me, it started with the hope of wanting to continue to live."

"Hope and healing is about the pursuit of happiness."

"It means that we return to the essence of who we were meant to be."

"To me, hope is what is possible and wellness is being whole."

Encouragement

"Hope is having enough people around me who were encouraging. I remember these people."

"It's also about hearing messages of recovery. Lately, we hear a lot about crisis, about the failure of the system. I'd like to hear more about people's successes."

"H-O-P-E means 'Hang On, Pain Ends' – this is the message we need to spread."

2. What has worked/is working in the system of care?

Variety, integration and accessibility of services

- Availability and awareness of a continuum of care that provides people with a variety of options
- Short and long-term care
- 12-step-based programs
- Integration of services and collaboration between service providers, e.g. out-patient clinics that offer a "one-stop shop"
- Accessible services, such as drop-in centres that are open afterhours and on weekends, and close to community
- Active and sustained outreach
- Trained and specialized medical service providers
- Trauma-specific therapy that addresses the roots of addiction

"In Richmond, we have a halfway house that's close to the hospital (Bridgeway House). So, people can get out of the psych ward and go to Bridgeway and then they can come to Pathways. Pathways is also visiting the other two to let them know where they can come when they're feeling better."

"In the last year, access to medical intervention has become easier [...] a year ago it was 'we can't get a doctor.' Access to a doctor who specializes in addictions is so critical."

Community

- Support networks, including peer networks, friends and family
- Sense of safety
- Space for the recovery community to be public without stigma (Recovery Day)
- Collective voice

"The contact Centre (at Main & Hastings) worked really well because they were advocating for people to use safely, to do recovery, to connect you with services based on how you wanted to proceed. A broad referral system where you can refer externally is important."

Client autonomy and empowerment

- Choice of treatment options
- Peer navigators and advocates to help people move through the system

"If I'm a client and my choice is between a professional who's going to judge me, or a drug that simulates the feeling of love and connection (i.e. opiates), what's my choice going to be?"

Sustained care and support

- Availability of long-term care
- Sustained engagement, support and encouragement following treatment

"My family, they did an intervention. Abstinence-based treatment, private recovery and re-connection to my ancestral land and culture - that allows me to have my spiritual connection so that I can maintain my condition."

Culturally-sensitive support

- Role of land and culture
- Access to cultural support, healing rituals and ceremony

Personal resources

- Personal funds to access treatment and specialized services
- Long-term income from personal trust

"Small monthly income from personal trust helped me stay long-term."

3. Suggested changes and improvements

Integration and collaboration along the continuum of care

- A clearly identified continuum of care with definitions of specialized types of treatment (e.g. withdrawal management, addiction housing) and appropriate services for the specific circumstances of clients (e.g. Fetal Alcohol Spectrum Disorder, eating disorders, brain injury)
- One system of care
- Collaboration between public and private services
- One toll-free phone number that can direct clients to appropriate services and is properly staffed.
- Central hubs for services (addiction treatment, medical care, psychiatric-informed assessment) – co-location rather than centralization
- Ministry liaisons onsite within recovery organizations to help fast-track clients to services they are eligible for
- Co-locate detox services and residential treatment centres
- Central hubs for intake so someone in recovery does not have to repeat their story over and over
- Collaboration between hospitals and recovery centres with an opportunity to transfer patients both ways
- Medical professionals certified by the American/Canadian Society for Addiction Medicine working at central hub for assessment

"20 years ago, I was able to work with clients to draw out the services a client could access—where they were in their continuum of care and where they could go from there. I couldn't do that today, it's too convoluted."

Education and de-stigmatization

- Training doctors and medical service providers about addiction
- Increase education and awareness about recovery
- Increase training opportunities for substance use counsellors
- Education for criminal justice system professionals
- Cultural sensitivity training (not just with respect to First Nations)

"Oftentimes marginalized citizens won't go to a doctor or hospital because of how they were treated previously: 'That druggie is back again.'"

"Relapse is part of recovery, it's part of our clients' experience – we need to reduce stigma around relapse."

"I'm paying for treatment beds off my personal line of credit (30 beds)."

Increased funding for treatment

- Increase per-diem rates for service providers
- Full funding of residential treatment beds
- Increase publicly-funded beds, including beds for women
- Properly fund accredited/licensed facilities

"Unfortunately, the nature of substance use often means that people referred to residential treatment don't show up for admission. As a result, residential treatment capacity appears greater than the need [...]. It seems that clients-in-beds is how beds get funded. This is like saying if every drop of chemotherapy doesn't go to achieving remission, it isn't worth funding in quantity."

Improved access to treatment

- Increase availability of barrier-free care
- Reduce cost for clients
- Provide, on-demand detox and treatment
- Reduce wait-times
- Increase funding to out-patient clinics so they can open evenings and weekends
- Broaden outpatient substance-use service clinics to provide a greater range of counselling capacity
- Dedicated outreach substance-use counsellors in each community
- Increase the amount of time clients have with their care/service providers
- Provide clients with treatment options/choices

"I run a centre that just closed 50 beds due to lack of funding. Those beds serviced First Nations males who are 5 times more likely to perish in this opioid crisis."

"I had to sell my home to pay for treatment. Treatment support in Fraser Health Authority (FHA) is less than I pay for my dog's daycare."

"If someone has the courage to seek help, don't say 'come back next week' - you gotta say, 'come on in!'"

Improved referral processes and support for clients navigating the system

- One number that directs clients to services at the onset of mental illness and addiction
- One door (Foundry model)
- A "warm handoff", safe transfers from one service to another, including for those who are difficult to place
- Appropriate referrals: matching patients to best service
- Face-to-face interviews when possible
- Provide patients with advocates to help them navigate the system
- Help and advocate for people who can't make calls on their behalf. A person in acute addiction may not be able to call for themselves

Holistic approaches

- Recognize the multi-faceted and intersecting causes of addiction and mental illness
- More focus on mental health challenges that are often co-occurring
- Recognize the importance of social determinants of health
- Inclusion of mental, emotional, physical, spiritual aspects
- Recognize housing as a particularly important determinant of health
- Provide "wraparound care"
- Increase support for healthy schools, psychological support, building resilience and whole health
- Integrated, community-based service models
- Family-focused treatment
- Land-based
- Openness to alternative methods/therapies (e.g. neurofeedback, acupuncture, massage)
- Harm reduction as an option
- Positive approaches: "Fun. Recovery from addictions is a tough road"

Connecting people to land and culture

- Connect people to land-based treatment and support
- Traditional activities, e.g. cultural camps, focus on traditional ways of being (food sustenance)

Trauma-informed treatment

- Ensure trauma-specific, not just trauma-informed care – address root causes of addiction

Decriminalization

- Send people to treatment instead of prison
- Turn provincial jails into detox facilities

Sufficient and accessible benefits & welfare

- Provide easier access to welfare programs
- Increase support such as monthly comfort allowance and housing subsidies

"People are forced to go to residential treatment to acquire a roof, bed and food [...] and then find they aren't ready for the treatment and believe that they are the failure."

"Heal the family: one spouse is ready to go to detox and the other is not, this causes marital breakdown. Then kids in these homes end up with trauma."

"Clients with traumatic brain injury/substance use/mental health need more wraparound care. With a brain injury, MH will look at it as a duplication of services if client is with brain injury association. [...] MH will also stop seeing clients if they are seeing us (substance use services)."

"Problem is, very few counselling/social work degrees train people in trauma counselling as this isn't exactly entry-level work. B.C. might benefit long-term from a Master's-level degree program specifically geared to training trauma therapists, in collaboration with health authorities to address the entry-level appropriateness dilemma."

"When I was 19 years old, I turned to crime and using to bury the pain from my adverse child experiences. I was jailed in a federal penitentiary for an opinion of a judge and CJS system that thought I was a criminal not an alcoholic."

"As the working poor, 12 years ago I had to apply for welfare and get denied, so I had to be broke for 3 months to get welfare for a Supportive Transitional Living in Recovery bed. This still happens today."

"People who have schizophrenia often quit their job because a 'voice' tells them to. They therefore lose their disability plan – [They should] have the ability to go back to their employer for the disability plan once their mental illness has been diagnosed."

Prevention

- More focus on prevention
- Early awareness and education
- Need to focus on the pre-treatment space – sometimes people can find support in their own community

"The evidence being referred to is done at a population level and has no respect for an individual's personal pursuit of health. We say that, unless you are an organization that can afford clinical trials, your opinion is not relevant."

Respecting all evidence

- Respect all evidence, including lived experience

Addressing inequity between rural and remote services

- Increased services to rural communities
- Increase capacity of health care teams at the community level especially in rural and remote areas
- Recognize rural and remote challenges and barriers
- Support recruitment in rural and remote areas

"Rural and remote communities don't have the capacity to help people manage their pain, yet they're having to follow the guidelines to not prescribe opioids for pain. Recruitment is very challenging in rural communities."

"Aftercare saves lives. It's easy to stay clean in treatment, what happens after treatment is crucial."

Aftercare

- Focus on transitioning to other supports after treatment
- Include life-skills training in recovery (social skills, budgeting, job readiness, nutrition, etc.)
- Funding to assist people with reintegration and to provide community-based support at home
- Link/bridge multiple resources to support sense of belonging: housing, employment and other resiliency measures to support ongoing recovery

Other specific suggestions:

- "Examine the extent to which a lack of modern software and administrative support results in clinicians who must spend time managing the bureaucracy of medication that would be better spent on generative work with clients."
- "Community care licensing is outdated and is adopted from senior centres. This puts a lot of stress and pressure on agencies to conform to ridiculous, outdated regulations."
- "Overprescribing has to stop. Physicians must be held accountable via PharmaNet. Costly penalties."
- "Support from liability when we take high-risk individuals; every opioid case is high-risk because of toxic drug supply."
- "Assessment protocols in place for level of care. (For example: Edgewood Treatment Centre uses EASI assessment to help determine care placement) EASI=Edgewood Health Network Assessment Supplemental Inventory."

4. Closing circle: Most powerful actions and advice to the ministry?

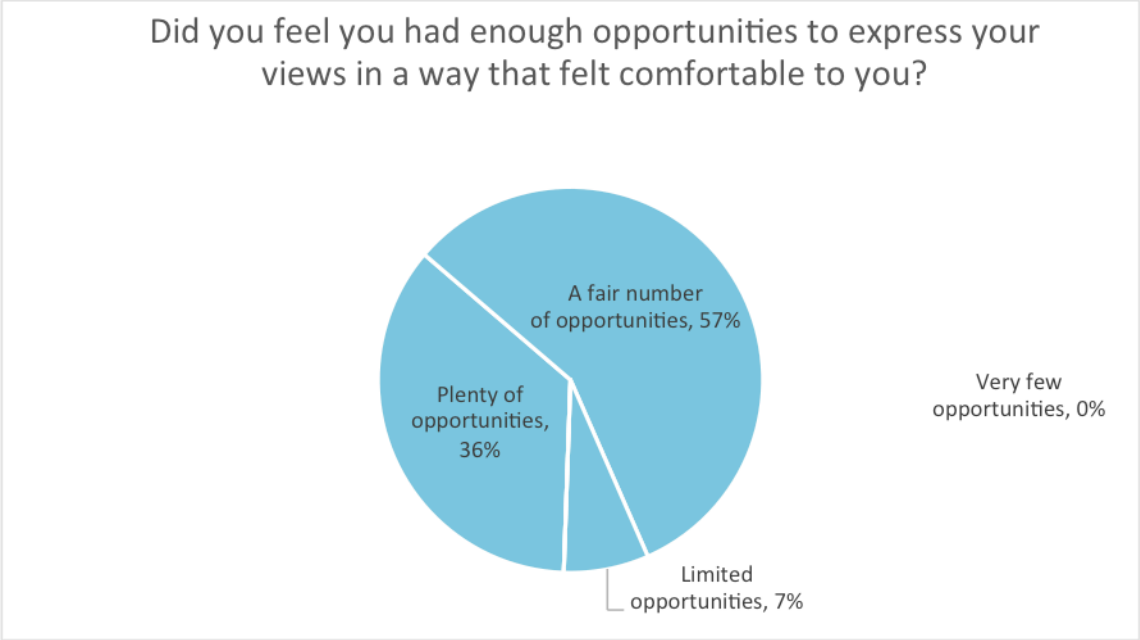
- "We need more trauma training and support – nothing devastates a recovery community more than a dead person on the floor. I had to beg for support for my staff."
- "Taking away the need for a per diem for residential treatment. The system continues to be fractured because of this—it's the amount of work that goes into connecting people with this that is so problematic."
- "Avoid the use of activist lexicon within the Ministries. Saying things like, 'we only follow evidence base' and 'dead addicts can't recover' are dangerous hyperbolic rhetoric."
- "I felt saddened during the moment of silence, running through the people I know who have died, treatment workers are front-line workers, and we need to recognize that every life saved is a ripple that is sent out.
- "Relapse is part of recovery, it's part of our clients' experience. We need to reduce stigma around relapse."
- "The danger today is the toxic drug supply."
- "Keep the passion alive within the recovery community—let us know we're supported."
- "We need attention, research and financial support for recovery systems of care because we are a part of harm reduction. We reduce a lot of harm to families. We're an important investment."
- "One of the things that burns me out the most in my job is the amount I need to fundraise to keep doors open."
- "Integrated service. A full continuum of care. Phoenix is a success model, getting large share of patients into gainful employment."
- "As long as harm-reduction services are available in the DTES, people will continue to die."
- "20 years ago, I was able to do groups with clients to draw out the services a client could access—where they were in their continuum of care and where they could go from there. I couldn't do that today, it's too convoluted. It's not all treatment-we've lost sight of what treatment actually is."
- "The Ministry of Social Development and Poverty Reduction does not work. It's completely fractured. Centralized line for service user and providers—it's a disaster. We used to have a liaison; that was so useful."
- "More funded beds (especially for women)."
- "Access to detox on demand. The number of people who are being turned away because of waitlists, when there are other people who have not showed up to take their bed, this is directly contributing to the fatalities."
- "Promote the message that recovery works. Bring the heart, the caring into the conversation."
- "Having the presence of people with lived recovery experience at the policy level, problem-solving."
- "More emphasis on trauma resolution (acknowledge that trauma can be healed)."
- "Have a central phone line that people can call to get connected to services (staff it properly with people with lived experience; run it properly)."
- "Implement a program for family members – I know I caused a lot of mayhem, chaos and pain for my family. This is a family disease. It affects everyone."

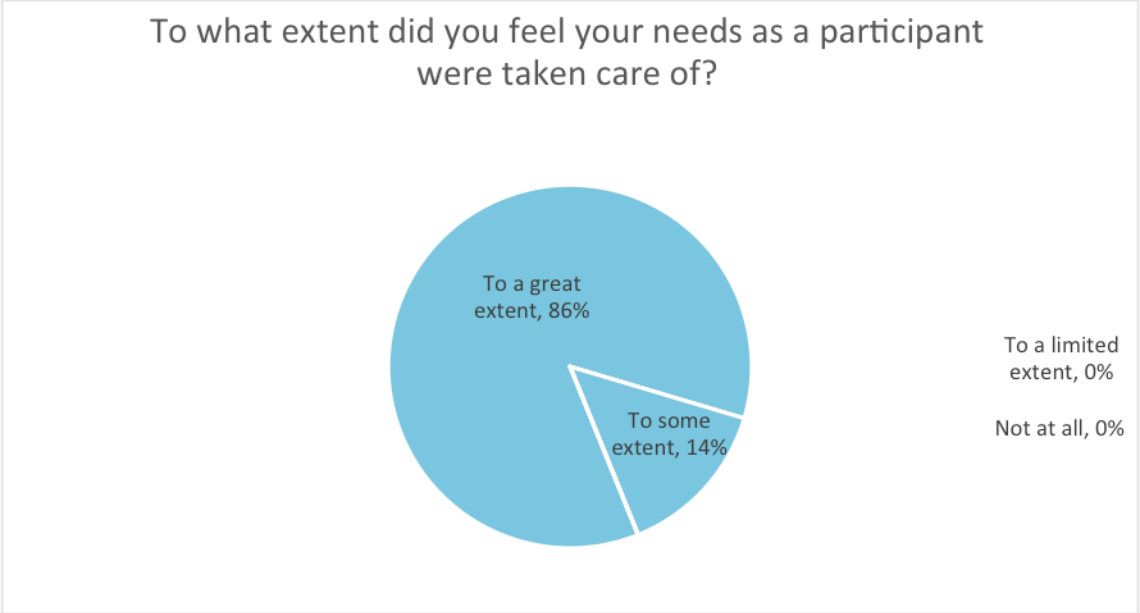
- “To support families, also fund afterhours programming, specialized school-based programs, etc. (these are the things that are not currently funded).”
- “Think outside the box: we’re not alone.”
- “Create a commission in British Columbia, a provincial model. This would destroy the discrimination and lack of equity within the health-care system. Right now, it’s based on who you are, who you know, and where you walked in.”
- “We are part of the opioid response. We are saving lives!”
- “We have our own little piece of the puzzle, but there is so much more that we can work on together.”
- "What we're doing today is the action that is needed. We need to get together to solve this problem."

5. Participant feedback on the session

“In 20 years, this is the first time I’ve experienced a shared conversation at this level. Thank you.”

“I appreciate the connection today.”


Did you feel you had enough opportunities to express your views in a way that felt comfortable to you?
A fair number of opportunities, 57%
Plenty of opportunities, 36%
Limited opportunities, 7%
Very few opportunities, 0%


To what extent did you feel your needs as a participant were taken care of?
To a great extent, 86%
To some extent, 14%
To a limited extent, 0%
Not at all, 0%