Implementing the Niagara Mental Health and Addictions Charter

Summary of Focus Area Discussions – June, 2015

accountability best-practice trust knowledge
collaboration listen empathy
compassion family education
empowerment non-judgmental
person-centered integrity
individual engage respect honesty

* Word cloud summarizes November 12, 2014 Charter Implementation Working Session Participants' responses to the question*: "What are the top three values you practice in your work, and why do you consider them essential to your work?"*

BACKGROUND

On May 28, 2014, the community-driven Niagara Mental Health and Addictions Charter was launched. The Charter marks the collective commitment of over 65 diverse organizations, to strengthening the continuum of mental wellness promotion, mental illness prevention and addictions and mental health services in Niagara.

Overall Charter Goal:

Create a common agenda in Niagara where:

- *Optimal mental health and wellbeing for all people is an essential element to be included in the planning as we build a stronger future; and*
- *We take an inclusive, holistic, preventive, individual and family-centered approach across the whole lifespan (prenatal-older adult), so that each community member can achieve their optimal level of wellbeing.*

Charter Principles:

Nine Charter Principles, which are taking the community forward in achieving this goal cover:

1. Promotion and Prevention
2. Holistic Approach
3. Individual and Family-Centered Services
4. Direction of Resources
5. Partnerships
6. Information
7. Inclusivity and Respect
8. Knowledge Exchange
9. Continuous Evaluation

For additional background information and to download the Charter document, go to this link on the Niagara Knowledge Exchange (NKE): http://www.niagaraknowledgeexchange.com/community-blog/may-28-2014-launch-of-the-niagara-mental-health-and-addictions-charter/

A related series of Niagara Community Blog posts on the NKE explores innovative strategies in addictions and mental health that are relevant to our Niagara experience, and our work to create a common agenda for addictions and mental health: http://www.niagaraknowledgeexchange.com/community-blog/part-1-mental-health-in-england-peer-to-peer-exchange/

FOCUS AREAS

On November 12, 2014, fifty (50) people gathered for the initial Charter Implementation Phase working session. As a result of their work together, eight focus areas for examining essential building blocks to construct the Implementation Framework for the Niagara Mental Health and Addictions Charter emerged:

1. Housing and Homelessness
2. Collaboration for Addictions and Mental Health
3. Promotion, Prevention, and Primary Care
4. People with Developmental Disorder/Dual Diagnosis
5. Student and Workplace Mental Wellness
6. Student/Youth Transition
7. Evaluation, Environmental Scan, Communication, Shared Learning
8. Niagara Suicide Prevention Coalition (NSPC)

EXAMINING THE EIGHT FOCUS AREAS

A total of thirty-nine (39) people met on various dates in early 2015, to examine each Focus Area through the lens of the 9 Charter Principles. For each Focus Area, people worked together to arrive at a collective understanding of:

(i) where do we want to be 2 years from now;
(ii) what do we want to learn, describe or find out about best practice; and
(iii) who is doing what (individuals, networks, systems).

Charter Principle #3, in particular is cited as being core to our work together in Charter Implementation: ***Working Together for Individual & Family-Centered Services & Care***

All Niagara residents have equitable access to individual and family-centered, effective mental health and addictions services and care.

An integrated system focuses on shared ownership of an individual's needs, which is respectful of their ongoing and changing requirements as they transition between their home and various informal and formal services. Transition points can be particularly traumatic for individuals, and consequently require sensitivity and cooperation between service providers, families and the individual.

Charter Implementation requires interdependent involvement of people at all levels in the addictions and mental wellness continuum in Niagara:

Level at which people are involved	Actions to support Implementation	Examples
Individuals being served • Agency Board Members with lived experience • People being served by agencies • People with lived experience being involved in service design and delivery	• Govern/lead • Informing quality of program design and service delivery • Providing insights on program design and service delivery	• Parents for Childrens Mental Health • Agencies' client advisory committees • Emerging approach: service providers working alongside individuals being served, who are able to convert their experience to constructive contribution, and are an "actor of care"/part of the care team
First-line workers	• Program Implementation • Best Practice Implementation • Collaboration with Peers • Feed knowledge, understanding and expertise to the Board	Niagara Poverty Reduction Network (NPRN) Inter-Agency Collaboration for Person-Centered Service Delivery Focused on Client Success - *Shared Learning Local Hubs* in 5 areas around Niagara, for first-line workers to: • connect for shared learning • share ideas and best practice information to support client success • strengthen relationships concerning clients' access to services and benefits
Governance • Board Members • Senior Staff/Leaders • Decision-makers • Funders • Collaboration among leadership of all agencies committed to Charter Implementation	• strategic planning • policy-setting • dedication of resources to programs, services • make difficult decisions • lead in best practice	Commitment among agencies to: • Shared Learning • Shared Planning • Strengthened communication pathways (eg. agree to build a Network Map to visualize connections & new partners)

Although discussion involved nuanced exchange of complex ideas, several key themes emerged across the various Focus Area discussions:

1. Reducing stigma through accessible community education, especially in workplaces and classrooms
2. Utilizing shared measurements across organizations and agencies, and still leaving room for individualized

measurements for purposes such as funding requirements

3. The development of joint partnerships across organizations and sectors
4. Early identification and intervention re: addiction and mental health issues - This theme requires additional work to draw out possible action steps
5. Seamless movement of people through the mental health care system
6. Collaboration between mental health and addictions agencies, particularly a higher level of integration of addictions into the mental health care community

Housing and Homelessness Focus Area

Initial Meeting – March 9, 2015

Present:

- John Osczypko, Gateway Niagara
- Ken Mackenzie, ARID Group Home
- Laura Sauer, Bethlehem Housing & Support Services
- Laurie Skyvington, YWCA of Niagara Region
- Lisa Panetta, Community Addiction Services of Niagara (CASON)
- Rob Cammaert, Housing Help, Community Care of St. Catharines and Thorold
- Mary Wiley, Niagara Connects
- Sara Johnston, Niagara Connects

Round-Table Conversation – Key Themes

All participants were asked to describe the ideal scenario in Niagara two years into the future and best practices to attain that outcome in relation to the nine Charter principles.

1. Significant reduction in mental illness stigma in the community and among front-line staff through early and continuous education programs.
2. A full range of services are brought to the client, directed by the client, and built around their unique needs (client-centered care).
3. The provision of stable housing and other services, as needed, to ensure that all of the client's basic needs are met.
4. Early detection and treatment of mental illnesses through outreach and presence in schools.
5. Organizations have broader scopes and service hubs are developed so that clients have simplified access to care.
6. Continuous partnership-building and collaboration among service providers at all levels, including formalized front-line staff partnerships.
7. Involve families in client care and ensure they are receiving support.
8. All parties have mental health education, including the community.

Second Meeting – April 16, 2015

Present:

- John Osczypko, Gateway Niagara
- Karen Usick, NHS Hepatitis C Clinic
- Ken Mackenzie, ARID Group Home
- Laurie Skyvington, YWCA of Niagara
- Lisa Panetta, CASON
- Jennifer Sinclair, Niagara Community Foundation (NPI Convenor)
- Susan Venditti, Start Me Up Niagara
- Mary Wiley, Niagara Connects
- Sara Johnston, Niagara Connects

Round-Table Conversation – Key Themes

All participants were asked "what would be an indicator that our work is making an impact?"

1. Statistical data indicators, such as the number of people who are interacting with the system and how quickly people are getting into housing.
2. When talking with front line staff, they report that they have sufficient resources and the authority to deliver person-centred care. This empowerment could be accomplished through shared learning and collaboration agreements.
3. The system is designed for the people, rather than having to make the person fit the system.
4. The closing of gaps in service. This can be shown by conducting an analysis of the typical client to identify where people fall through the cracks in the past and in the present.
5. Formal partnerships between agencies that intersect. This will facilitate the creation of a cohesive voice in speaking to funders.
6. The movement away from mistrust and competition, towards collaboration and communication, within the for-social-profit environment.

Considerations Moving Forward

How can we plan to do the following?

1. Increase inclusivity of addictions in our discussions.
2. Leverage the current energy around implementation of the Niagara Region Ten-Year Housing and Homelessness Action Plan (HHAP).

Collaboration for Addictions and Mental Health Focus Area *and* Promotion, Prevention, & Primary Care Combined Focus Area

Initial Meetings – March 9, 2015 (Collaboration for Addictions and Mental Health) March 12, 2015 (Promotion, Prevention, & Primary Care)

After both of these focus area groups held initial meetings, it became clear that the two could be combined, as both conversations revealed similar key themes, and nuances of each group's focus would inform the other. One set of key themes was prepared to capture the round-table discussions of both groups.

Present:

March 9th:

- George Kurzawa, CMHA Niagara
- Hafsah Shaikh, Niagara College
- Jennifer DeAngelis, Women's Place S. Niagara
- Judy Cassan, Bridges CHC
- Ken Mackenzie, ARID Group Home
- Laurie Skyvington, YWCA of Niagara Region
- Lisa Panetta, CASON
- Melissa Van Tuyl, Women's Place S. Niagara
- Shaun Baylis, Niagara Health System
- Stacy Terry, Distress Centre Niagara
- Mary Wiley, Niagara Connects
- Sara Johnston, Niagara Connects

March 12th:

- Erin Marriott, Powerhouse Project/YCI
- Karen Usick, NHS Hepatitis C Clinic
- Melodie Shick-Porter, Brock U. Health Services
- Rhonda Thompson, Positive Living Niagara
- Mary Wiley, Niagara Connects
- Sara Johnston, Niagara Connects

Round-Table Conversation – Key Themes

All participants were asked to describe the ideal scenario in Niagara two years into the future and best practices to attain that outcome in relation to the nine Charter principles.

1. The establishment of joint services and partnerships among agencies and individuals involved in service provision.
2. Widespread use of the client-centred approach to mental health and addictions care.
3. Increased availability and use of educational opportunities for clients, families, front-line staff, funders, decision-makers, healthcare professionals, and the community.
4. Improved accessibility of services for clients, especially for those who live in remote areas, those with transportation and/or mobility barriers, and those with complex needs requiring multiple services.
5. Reduction in mental illness-related stigma and discrimination in housing, employment, community spaces, and health care (including mental health care).
6. Improvements in research and data collection. Suggestions include developing standardized indicators of success, conducting a complete environmental scan, and identifying underutilized resources.
7. Ongoing support for the families and caregivers of clients.
8. Ensuring that basic needs of clients are met, including safe, stable housing, nutrition, transportation.
9. Early identification and intervention for mental illnesses.

The *Niagara Woman Abuse Screening Project*, successfully tested in the London-Middlesex region of Ontario, was reviewed as a relevant example of collaboration across sectors to develop coordinated, integrated service delivery.

Second Meeting – April 14, 2015

Present:

- Carolyn Dyer, Niagara Region Public Health
- Cheryl Bechard Howe, DSBN
- Erin Marriott, Powerhouse Project
- George Kurzawa, CMHA of Niagara
- Glen Walker, Positive Living Niagara
- Hafsah Shaikh, Niagara College
- Jennifer DeAngelis, Women's Place S. Niagara
- Judy Cassan, Bridges CHC
- Karen Usick, Niagara Health System
- Ken Mackenzie, ARID Group Home
- Lisa Panetta, CASON
- Karen Demaline, HNHB LHIN Concurrent Disorders Capacity Building Strategy Lead, St. Joseph's Health Care, Hamilton
- Shaun Baylis, Niagara Health System
- Mary Wiley, Niagara Connects
- Sara Johnston, Niagara Connects

Round-Table Conversation – Key Themes

"*Collaboration for Addiction and Mental Health Care: Best Advice*", June 2014 is a document jointly published by: Canadian Executive Council on Addictions; Mental Health Commission of Canada; Canadian Centre on Substance Abuse. It presents Canadian and global best practice, and describes service-level collaboration as relating directly to the interface between service providers and their clients, families and supports.

The following discussion points are based on '*essential aspects of service level collaboration'* from this document, which can be downloaded from the NKE at: http://www.niagaraknowledgeexchange.com/resources-publications/collaboration-for-addiction-and-mental-health-care-best-advice/

All participants were asked "if money was not a concern and you had full decision-making power, what would each of the following aspects of service level collaboration look like in Niagara?"

- **Collaborative Assessment**

1. Centralize the system to connect records, reduce red-tape, and reduce the number of times the client has to tell their story.
2. Facilitate warm transfers by building relationships with staff from other agencies and adopting shared language and terminology.
3. Move towards person-centred care, bringing services to the client. This may mean physically bringing services to clients who face transportation and/or mobility barriers.
4. Develop a user- and client-friendly assessment tool.
5. Create one-stop-shops and ensure there are "no wrong door" policies in place among agencies.

- **Treatment Planning**

1. Communication between agencies about the care of a shared client.
2. Early intervention and support through complex case resolution and collaborative exchange to avoid negative outcomes with lasting effects, such as arrests and imprisonment.
3. Being inclusive of caregivers and the client's other support networks.
4. Focus on broader "support planning" instead of "treatment" in order to involve other interventions, such as harm reduction and self-care.

- **Case Consultations**

1. Create one access point to act as a professional consultation line. Clients and potential clients may call to ask questions, have informal discussions, and determine which door is the right door. This would reduce wait times and allow people to access services efficiently.
2. Develop informal relationships between agencies so that staff can obtain information from other service providers with a simple, quick phone call or email. This would avoid issues involved with sending the client away and having them wait to access this information.

- **Transitions between Services**

1. All agencies use a shared terminology (for example, a common definition of "violent tendencies") to improve the clarity and ease of transfers.
2. Allow input from other agencies and individuals about patient assessment and care.
3. Reduce bureaucratic barriers to communication and collaboration between agencies.

- **Multidisciplinary Community Teams**

1. Community hubs where agencies can creatively partner, providing cohesive support to the client and reducing delays in service access.
2. Groups of providers work together and develop protocols to create a more standardized, consistent system.
3. Share individual collaborations with a network of organizations to reduce the burden of time commitment in collaboration.
4. Horizontal collaboration at all levels, formal and informal, including front-line staff, management, and decision-makers

Karen Demaline, HNHB LHIN Concurrent Disorders Capacity Building Strategy Lead with St. Joseph's Health Care, Hamilton, shared information with the group about the process of building the Strategy. The group discussed ways to leverage the Niagara-wide community's work of implementing the Niagara MH&A Charter to inform the Strategy, and vice-versa.

Dual Diagnosis Focus Area

Initial Meeting – March 30, 2015

Present:

- Lisa Linders, DSBN
- Nadine Wallace, Contact Niagara
- Nancy Hall, Southern Network of Specialized Care
- Ulla Woodard, Pathstone Mental Health (for Bill Helmeczi)
- Mary Wiley, Niagara Connects
- Sara Johnston, Niagara Connects

Round-Table Conversation – Key Themes

Participants were asked to agree upon a working definition for “dual diagnosis” for the purposes of the working group. They agreed that the definition for “dual diagnosis” shall be:

> *“The presence of a confirmed developmental disability (IQ at/below 70, severe adaptive issues) and a diagnosed mental health issue and/or extreme challenging behaviour.”*

The participants were then asked if there were any other individuals or organizations that should be invited to join the working group.

1. Bethesda (Alyson Wilson)
2. Community Living Grimsby/Lincoln
3. Niagara Support Services
4. Canadian Mental Health Association Niagara Branch
5. Niagara Health System

All participants were asked to describe the ideal scenario in Niagara two years into the future and best practices to attain that outcome in relation to the nine Charter principles.

1. Make current mental health services and providers more dual diagnosis-friendly to increase clients’ ability to access a wide range of services. Front-line staff and healthcare professionals should be made more comfortable with these clients through training and stigma reduction.
2. Early identification, intervention, support, and prevention of issues that fall under dual diagnosis using the biopsychosocial model.
3. Increased collaboration and cross-sector training among service providers at all levels to provide more integrated, comprehensive care.
4. Teaching self-care and stress management to clients and caregivers, possibly through workshops or short programs.

Participants agreed to await the release of the Ontario Special Needs Strategy, later in 2015, to see how it can inform our work together, as it relates to this particular focus area.

Student and Workplace Mental Wellness Focus Area

Initial Meeting – April 15, 2015

Present:

- Andrea Bozza, NCDSB
- David Wyllie, YMCA of Niagara
- Les McCurdy-Myers, Brock University
- Lisa Linders, DSBN
- Nicole Rusling, Niagara Region Public Health
- Rayna Laughlin, Niagara College
- Mary Wiley, Niagara Connects
- Sara Johnston, Niagara Connects

Round-Table Conversation – Key Themes

1. A better understanding of the gaps in the system, including the gap between high school and post-secondary school, and the gap between youth and young adulthood. These gaps can result in access-related, financial, and academic barriers for transitioning students. Graduation should not be viewed as an end point for care.
2. More proactive mental health training for workers, especially those working with students and youth. Workplace-specific mental health information and resources should be made available to workers upon hiring.
3. Improve community awareness about available services, as well as how to quickly and easily access them.
4. Increase collaboration between ministries, schools, and agencies to ensure warm transfers and to reduce gaps in care.
5. Reduce stigma associated with accessing mental wellness services. This is especially important for individuals working within cultures that view such access to be an admission of weakness.
6. Implement self-regulation, self-care, and prevention programs within schools.

Student-Youth Transition Focus Area

Initial Meeting – April 21, 2015

Present:

- Ellis Katsof, Pathstone Mental Health
- Celine Parent, Mainstream Services
- Nadine Wallace, Contact Niagara
- Mary Wiley, Niagara Connects
- Sara Johnston, Niagara Connects

This group discussed ways to strengthen supports for people in Niagara who are transitioning from receiving mental health services through the child and youth system (funded through the provincial Ministry of Children and Youth Services, for people up to the age of 18 years), into receiving adult mental health services (funded through the Ontario Ministry of Health and Long-Term Care, for people 18 years of age and older).

There was acknowledgement of the TAY Protocol for transitional aged youth in Niagara with developmental disabilities. The group decided that a concrete outcome from the Charter Implementation Phase would be to facilitate development of a collaborative table where service providers in the child and youth system and those providing service in the adult system in Niagara could intentionally plan together, to strengthen supports for young people not covered by the TAY Protocol, in making the transition between the two service systems.

Evaluation, Environmental Scan, Communication, Shared Learning Focus Area

Niagara Connects team members and people on the Reference Group for the Niagara Mental Health and Addictions Charter held meetings on May 23rd and June 01, 2015 to examine best practice evidence gathered, and overall themes emerging from all of the Charter Implementation Focus Area groups. Their discussions inform the overall work plan for the beginning of the Charter Implementation Phase. "*Informing the Future: Mental Health Indicators for Canada*", a 2015, Mental Health Commission of Canada document is a guiding resource; it can be downloaded from the NKE at: http://www.niagaraknowledgeexchange.com/resources-publications/informing-the-future-mental-health-indicators-for-canada/

Niagara Suicide Prevention Coalition Focus Area

The Niagara Suicide Prevention Coalition (NSPC) is a self-organizing group already in existence for about ten years. Their ongoing work aligns with that of the Charter.

On January 14, 2015 the NSPC and Niagara Connects hosted a webinar entitled "*Making Niagara a Suicide-Safer Community*" to raise awareness about the impact of suicide and suicide behaviour, describe six action steps proposed in NSPC's 2014 Community Review, and extend an invitation to the community to join the NSPC. Ninety-nine (99) people participated in the webinar; they exchanged ideas, discussed ways to make our community a suicide-safer one, and considered opportunities to strengthen suicide prevention work already being done in Niagara. The Webinar Archive can be downloaded at: http://www.niagaraknowledgeexchange.com/community-blog/do-you-have-what-it-takes-to-help-make-niagara-a-suicide-safer-community/

Suggested action steps for addressing suicide in the Niagara context include:

1. *Collective Data Sharing* – to have a community with open, consistent and available date that helps us understand the prevalence of suicide and self-harm behaviours in Niagara.
2. *Maintaining Partnerships and Increasing Collaboration in Niagara* – provide opportunities for open communication between agencies in order to reduce system barriers to issues related to suicide and self-harm.
3. *Prevention work around SafeTALK and Health and Safety Policy Development* – evidence from research on the SafeTALK project will inform and assist health and safety policies for workplaces in Niagara.
4. *Community Protocol and Standardized Risk Assessment* – to use the framework of the Niagara youth protocol to inform construction of one which includes adults.
5. *Crisis Services and Agreed-upon Protocol for Mandatory follow-up* – with consistent marking of available resources, people will find the agency that suits their needs, thereby preventing them from having to rely on emergency services. In addition, the community response urges a mandatory follow-up.
6. *Support for Postvention Services* – we will work together to advocate for more postvention services available to Niagara residents.

SafeTALK training in Niagara will be the focus of a second webinar presented by NSPC and Niagara Connects, on September 2, 2015.

CONTACT

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