PROVINCIAL
MENTAL HEALTH AND
SUBSTANCE USE

NETWORK

DIALOGUE + ACTION

Session Summary

INTERIOR REGION | KELOWNA, BC
MARCH 14, 2023

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TERRITORIAL ACKNOWLEDGEMENT

This Dialogue + Action session was hosted in Kelowna, BC. We would like to acknowledge the traditional, ancestral, unceded territory of the Syilx Okanagan People, whose historical relationships with the land continue to this day.

Thank You

The Provincial Mental Health and Substance Use Network team, with BC Mental Health and Substance Use Services (BCMHSUS), would like to acknowledge and thank all those who helped in the planning and participated in the Dialogue + Action session in the Interior Health region, especially the Interior Health Mental Health and Substance Use Network. This session could not have taken place without the valuable contributions, including time, effort, and support, of all those involved.

PROVINCIAL MENTAL HEALTH AND SUBSTANCE USE NETWORK TEAM

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The team also extends its appreciation to Elder Marion Radawetz, who opened and closed the session; Hafsa Sadiq, who supported meeting planning and logistics coordination; April Furlong, who led the service navigation dialogue and session evaluation; and, Valerie Hruschak and Renée Cormier, who supported the development of this report.

Funding support was provided, in part, by Health Canada's Substance Use and Additions Program (SUAP).

*The Provincial Mental Health and Substance Use Network or "the Network" is referred to as "Provincial MHSU Network" in this report to differentiate from the main Dialogue + Action partner, the Interior Health Mental Health and Substance Use Network.

Background

About the Network

In 2016, the British Columbia (BC) Office of the Auditor General reported that longstanding system-level barriers prevent people with complex mental health and substance use (MHSU) from having their needs met. The Provincial MHSU Network was created in response to address these challenges and gaps.

As part of its mandate, the Provincial MHSU Network facilitates connections among a wide range of stakeholders to work together to co-design solutions for system improvements.

Dialogue + Action sessions are one way the Provincial MHSU Network brings people together to discuss and collaborate to better support people with unmet needs related to complex MHSU issues.

GENERATING INNOVATIVE SOLUTIONS REQUIRES:

- Understanding the problem from a 360-degree perspective, which necessitates the engagement of a range of people with lived/living experience, service providers, sectors, disciplines and experience level along the continuum of care in BC; and,

- Incorporating the perspectives and preferences of people with lived and living expertise (PWLLE).

The Provincial MHSU Network intends to dynamically connect and facilitate information and knowledge sharing with new groups and individuals. The Dialogue + Action sessions create opportunities for dialogue, exchange, reflection, and synergy. They accelerate access to new knowledge and understanding to foster innovative solutions.

Objectives

THE MAIN OBJECTIVES FOR THE DAY INCLUDED:

- Learning about regionally-relevant system-level gaps and issues in MHSU services to improve care for people in BC with complex MHSU needs;
- Elevating the voices and perspectives of PWLLE to better learn about and address system-level issues;
- Facilitating and sharing knowledge and information among members of the Provincial MHSU Network and related organizations to co-develop innovative approaches to better support people with unmet MHSU and other needs;
- Creating opportunities for collaboration across different groups including PWLLE, service providers, planners and others; and,
- Introducing and promoting the Provincial MHSU Network.

See Appendix A for a copy of the invitation that was sent to the attendees.

Photo: In addition to participating throughout the session, Westbank First Nation Elder Marion Radawetz opened and closed the session in a good way.

Photo: Participants discussing MHSU service navigation within the Interior Health region.

Summary of Session

THIRTY-EIGHT PEOPLE PARTICIPATED IN THE DIALOGUE + ACTION SESSION

- Westbank First Nation Elder Marion Radawetz opened the session with a welcome message and similarly closed the session.

- Krista English, senior lead, provided an introduction to the session, including the purpose, objectives, and an overview of the planned activities for the day.

- Anita David, lived experience strategic advisor, led participants through an icebreaker exercise.

- Krista provided an introduction to the Provincial MHSU Network describing its mission, purpose, proposed activities, and intended outcomes.

- Ashok Krishnamoorthy, physician lead, described the Provincial MHSU Project ECHO, a key initiative supported by the Provincial MHSU Network that brings together diverse perspectives along the continuum of care to learn from one another. ECHO aims to improve services for people with complex MHSU needs.

- Anita David spoke about her lived experience, which led to her work as a lived experience strategic advisor with the Provincial MHSU Network. She shared that being integrated into the work is part of her wellness journey as she found her way from darkness to discover her passion and purpose.

- April Furlong, consultant, initiated the dialogue about challenges with MHSU service navigation by describing a project focused on developing recommendations to improve information and service navigation supports for MHSU services in BC.

- The dialogue sessions and Thought Exchange occupied the rest of the day. The approach and summaries of these activities are provided in more detail below.

The full agenda is included in Appendix B.

Photo: Krista English, senior lead, introducing the Provincial Mental Health and Substance Use Network.

Photo: Participants engaging in an ice breaker exercise led by Anita David, lived experience strategic advisor.

Our Approach

Overview

This D+A session was hosted by the Provincial Mental Health and Substance Use Network in Kelowna, BC. It brought together people with lived and living experience of mental health and substance use issues (PWLLE, including families), health care professionals, service providers, and other committed representatives across various sectors and programs within the Interior Health region. The session provided an opportunity for dialogue, exchange, reflection, combination and synergy, thus accelerating the development of creative solutions to address longstanding system-level challenges experienced by people in BC with complex mental health, substance use (MHSU), and other issues.

Dialogues

Participants were invited to break into smaller groups throughout the day to engage in facilitated dialogues. The sessions were designed to allow for dynamic interaction among attendees throughout and to facilitate opportunities for cross-sectoral knowledge translation and exchange.

Individual sessions involved key questions designed to elicit discussion among participants on these topics. The Provincial MHSU Network team pre-determined the question prompts for dialogues 1 and 5. Participants were divided into smaller working groups and all participants responded to the same questions for dialogues 1 and 5. For dialogues 2, 3 and 4, participants contributed questions particularly relevant to the Interior Health region on a flip chart during lunch. Three themes were prioritized and participants self-selected into one of three breakout groups focused on the question of most interest to them. Sessions lasted approximately 45 minutes each and were audio recorded. Members of the Provincial MHSU Network team facilitated the breakout groups, took detailed notes and reviewed transcripts for accuracy. Iterative discussions with additional team members were used to identify, refine, and codify emergent themes.

Attendees were invited to participate in an idea generation exercise using Thought Exchange, an online engagement and survey platform designed to facilitate broader participation, deeper insights, and actionable thoughts, ideas, and/or responses to questions. Participants were invited to anonymously share their thoughts about the most urgent parts of the mental health and substance use system that need to be fixed. Once participants shared their own responses, they were asked to rate other participants' responses on a scale of one to five stars, based on how much they agree with or placed importance on the "thought". The collective ratings were then shared with the group in real time. Thirty-four of the 38 participants (90%) contributed to the Thought Exchange.

Photo: Anita David, lived experience strategic advisor, facilitating a dialogue on stigma.

Inspiration for Dialogue + Action

There are several bodies of evidence from which the concept and design of this Dialogue + Action session emerged. D+A sessions are intended to represent a microcosm of the Provincial MHSU Network and work to connect new groups and individuals.

The following paraphrases or quotes are from thought leaders in the fields of network science, organization complexity, social sciences, organization complexity, social sciences, team dynamics and health services research, among others.

"The existence of connections is not a natural given, or even a social given, it is the product of an endless effort at an institution." (Bourdieu 1986)

"A knowledge user's home organization needs to value the concept of evidence."
(Kothari 2013, LaRocca 2012, Dobbins 2009)

"The whole is more than the sum of its parts."
(Aristotle)

"Social Capital is the collective value of our social networks, emphasizing specific benefits that flow from the trust, reciprocity, information, and cooperation associated with social networks."
(Sander 2015)

"Collective intelligence (c-factor) is strongly correlated with the average social sensitivity of group members (i.e. ability to form quality relationships) and not with average or highest individual intelligence."
(Wooley 2010)

"Critical factors for network success include involvement of a broad range of people - from different healthcare professions to patients and other stakeholders." (Brown et al. 2016)

"The rate at which individuals and organizations learn may become the only sustainable competitive advantage, especially in knowledge-intensive industries." (Stata 1989)

Findings

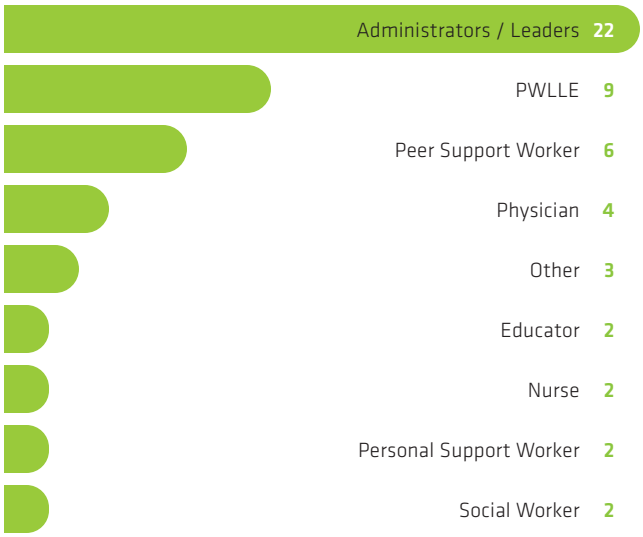
Participants

This Dialogue + Action session aimed to engage PWLLE (including families), service providers, and other representatives across different sectors, regions, and programs that support individuals with complex MHSU needs. In addition to the Provincial MHSU Network team (N=6), 38 people from the Interior Health region participated in the dialogues.

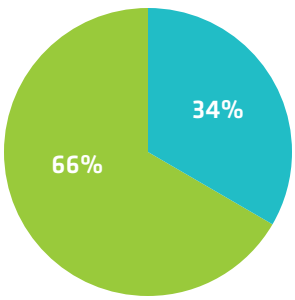
Overall, there was broad representation among participants. 71% (N=22) stated their occupation/role was as an administrator or leader, 29% (N=9) were people with lived and living experience, and 19% (N=6) were peer support workers. In addition, there was significant representation from multidisciplinary professionals, some of whom indicated more than one role. The majority of participants, 71% (N=22), stated that they worked within the MHSU service sector, including acute care, community, housing, and law enforcement. 34% (N=12) identified as Indigenous.

Participants may identify with more than one role and/or one sector.

PARTICIPANT ROLE



INDIGENOUS REPRESENTATION

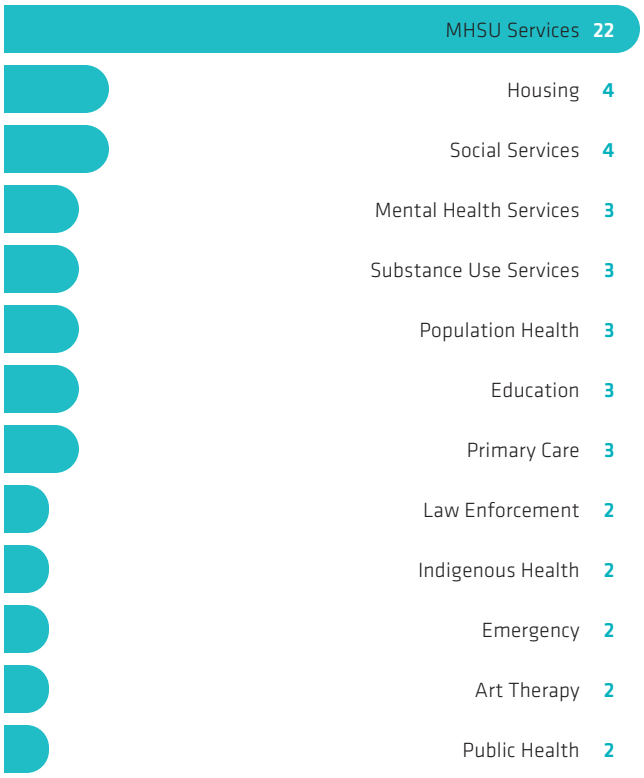


Indigenous 12

Non-Indigenous 23

*4 Missing Responses

PARTICIPANT SECTOR



*2 Missing Responses

Dialogues

What does patient first (person-centered) care mean to you?

"Patient-centered care is about being heard, putting people first, and relationships that are based on trust and respect."

"I want to provide the best care possible but recognize that [the clients] are the captain of the ship. I am here to remind [them] of things [they] need to do but not direct [anyone]."

"A big component of this work is trying to close some of the gaps around who is not represented. It is not only significant to make sure individuals with [lived/living] experience have a seat at the table but also [have the opportunity] to set the agenda. We want to bring that table to those least represented."

Participants shared that the healthcare system is not patient-centered and traditionally has been based on a disease model.

"The health system needs to use patient experience and patient voice as a primary outcome measurement. There is a need to include a patient metric in daily practice with aims of measuring the patient experience."

"[Patient-centered] means whatever patients and families tell us it means. First and foremost, we need people with lived and living experience to help guide our process."

"I just want to know I have a voice in my own care."

There was consensus among participants that people with lived and living experience must be involved in all aspects of service delivery, including planning and research.

What is unique about the Interior Health region that needs to be considered when thinking about system improvements?

"Our system is broken. We have massive gaps in care and especially in areas that are rural and remote. We need more specialized services outside of Kelowna and Kamloops."

"It is challenging because how you access [services] in one region can be completely different in another region... resources and services are not equitably distributed."

"There is a need for core services across all communities, including rural and remote areas."

"We need to be intentional about how we can improve. We don't have to reinvent the wheel. There are lessons learned on things that have worked for others; so, how can we get those ideas and implement them."

Participants stated that the Interior Health region has unique governance around mental health and substance use services, with each area offering an array of different services depending on resources available.

Photo: Ashok Krishnamoorthy, physician lead, introducing Project ECHO.

How does stigma show up in your world and what can we do about it?

"Stigma shows up in so many ways. It surprises me, and yet it doesn't surprise me how many times [providers] say that [clients] need to follow the rules to get services."

"If you are using substances and look put together, like you have money, you are going to be treated very differently going into a facility than someone who lost everything, when both people are being treated for the same thing."

"I see it in conversations that people are having in the lunchroom and other areas of work. It is so prevalent in our health system... it's really sad"

"Working with clients in Forensic Psychiatric Services, they are also in conflict with the law and it is difficult for them to access care and agencies may not want to deal with them because of mental health issues, or that they are possibly violent ... it's hard for them."

Participants shared experiences of stigma in various facets of their personal life and within society, including with colleagues and care providers.

"I think that obviously conversations like this help. I think it is about pushing even when we don't want to push back... If we can all keep fighting [against stigma], each of us, even one tiny step forward at a time, we will get closer to where we want to and need to be."

"Abstinence versus harm reduction: some [providers] think abstinence is the way to go... which can create stigma if that person doesn't believe in an abstinence based recovery."

"If we lose compassion and empathy, that builds stigma. We need acknowledgment that there are different pathways to recovery."

There was discussion among attendees on how stigma can be embedded within recovery-based philosophies and how we need to combat stigma through compassion and empathy.

How do we change wait times for critical MHSU services?

"When people have to wait, they often access the emergency department because they have nowhere to go. If people are having to sit alone, the hospital does not need a nurse or a doctor to sit with them, but a peer or someone with lived experience ... who understands what they are going through can be a support."

"There is a very long wait time for every part of the system. Currently in Kelowna, there is a long wait time to get a substance use counsellor, and you can't get into treatment if you don't have a counsellor, and a long wait for withdrawal management, and a long wait for psychiatrists... If you have a mental health and substance use issue, it is not conducive to waiting for long periods."

Many participants agreed that wait times for the majority of MHSU services were significant. As a result, people often resort to accessing emergency departments for support. PWLLE suggested that having peer support available during long wait times could be advantageous and reduce people's sense of isolation.

Photo: Participants engaging in an ice breaker exercise led by Anita David, lived experience strategic advisor.

How do system-level gaps, including housing, acquired brain injury, and developmental or intellectual disabilities affect length of stay? What do you feel are important actions/next steps to keep the dialogue going?

"Often when we treat this population, we are trying to fit a square peg into a round hole."

"With regard to care planning, it is not just the health authorities that need to be involved, we need to have a full wrap-around service in order to meet this patient population's needs."

Participants reported that individuals with multiple and complex needs do not fit neatly into service boxes. We have to work outside of silos to deliver patient-centered care.

"These individuals often have to access services in the emergency department and unfortunately receive an ALC designation and often have the longest length of stay in acute care."

"ALC is more complex than just housing."

"The emergency department acts as a safety net, typically resulting in poor outcomes."

"One of the significant problems is that there is nowhere to discharge these individuals."

Several participants identified system-level gaps related to alternative levels of care (ALC) for individuals with multiple and complex needs.

"Recruiting and sustaining talent in this area is problematic. We need more opportunities for expert consultation for this population."

"There are no reliable services for the population with ABI. We need more comprehensive care for individuals with multiple and complex needs."

"Staff are typically not trained adequately to serve this population. Typically they are some of the lowest paid employees and do not have the appropriate education or training to provide services [to individuals with multiple and complex needs]."

Many participants stated that workforce capacity is a major challenge in the delivery of effective care for individuals with complex mental health, substance use, and other needs.

"We need to think how we can work collaboratively with our PHSA colleagues, such as the Provincial MHSU Network, and the Ministry to better identify system improvements, specifically in the Interior, to obtain supports and resources necessary to make these changes."

"Innovative partnerships with key stakeholders are needed to provide seamless care."

"We need to understand what is working well outside of our area. What restrictions are we encountering? How can we apply other novel treatment models to our region?"

"We need solutions to better partner with CLBC to serve clients with intellectual disabilities."

When discussing next steps, participants identified the need to conduct a comprehensive environmental scan of MHSU services in the Interior to better understand what is working well and where potential opportunities occur.

How can people's culture, religion, and values be included as part of their care?

"They will not take the word of our Elders and/or community members when it comes to our own wellbeing, so they always know better... comes from lack of education; lack of recognition of what the medical system has done to Indigenous people."

"MHSU providers need to recognize Indigenous knowledge, expertise, and authority: We don't want to reinvent the wheel; [Indigenous people] have already done incredibly good work."

"Aboriginal Cultural Safety is a healthcare approach for MHSU that takes into account how social and historical contexts, as well as structural and power imbalances, shape patient experiences."

A significant theme among participants was the need for an ongoing commitment to the inclusion of Indigenous histories, culture, language, and knowledge within MHSU services, as well as a need to engage in ongoing cultural safety training and education.

"For somebody who might be reconnecting with culture - have somebody from their community and culture to lead them into that."

"Kelowna General Hospital has a sacred room [where patients] can smudge, take part in their own religions and values. It is very new, there are liaison workers that have been effective in bringing in other faith groups. This is what we need: diversity... we need to honour all cultures."

Participants suggested that it would be advantageous if MHSU systems could incorporate cultural advisory groups to provide insight and guidance to enhance cultural dimensions of patients' experience when engaged with services.

"[We need a] cultural assessment where in the first stage of MHSU care, we ask: 'are you interested in accessing traditional cultural resources as part of care?', and if they say 'yes', the expectation is there would be effort to connect them."

"There is a need to acknowledge the value of First Nations medicine."

"Intake questionnaires/forms should include questions regarding how your belief systems impact your care and how to incorporate them into your care."

"Connecting people before discontinuing services; following through to make sure that connection happens; when you are connecting someone to cultural services."

Participants expressed that cultural practices must be integrated into all levels of care and should be addressed at the first point of contact, with appropriate assessment, referrals, and follow through.

Photo: Krista English, senior lead, introducing the Provincial Mental Health and Substance Use Network.

What is helpful and what are some of the challenges in accessing MHSU services in the Interior Health region?

"What's most helpful? Navigator roles that are actual people helping to navigate and access the system, not just a directory of services."

"[Métis Nation British Columbia and KUU-US Crisis Services] have recently launched a toll-free number that offers immediate crisis intervention, and also provides non-crisis support related to depression, anxiety, interpersonal relationships, etc."

Participants provided several suggestions to support access and navigation of MHSU services, including immediate access to crisis services and navigators offering one-on-one support.

How can we make it easier for people to find out about MHSU services and how to access them?

"We need to recognize intake as a model of care, it's not a program!"

"Access and intake services require our best clinicians. It's a specialized skill set: assess risk, quickly screen, triage, and yet too often they are staffed as entry level positions."

"We need to redefine what each community needs and replicate this in ALL communities. We need to develop a framework of core services and examine how to impact upstream, influencing change based on what we feel like the needs are."

"Services are centralized, but there are not enough services, which is why it is so hard to navigate services. Simply put, the problem is not navigation, we just do not have a full continuum of care... we do not have enough services."

"We need fully competent and trained intake workers to assess what people's needs are and to make proper recommendations. Patients do not know what our services are and it should not be [the client's] responsibility to figure out what they need... often people are on long waitlists (bottleneck) for services that they don't even need."

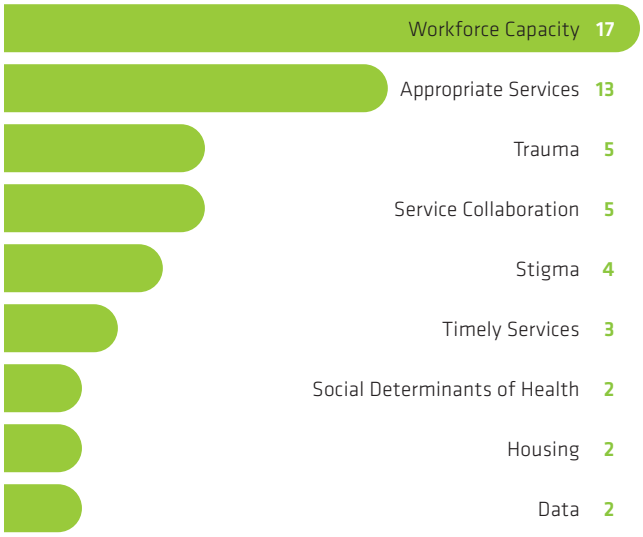
Common challenges identified for individuals needing to access MHSU services included the lack of available services, long wait times, and lack of coordinated care.

How are people currently finding out about MHSU Services in the Interior Health region?

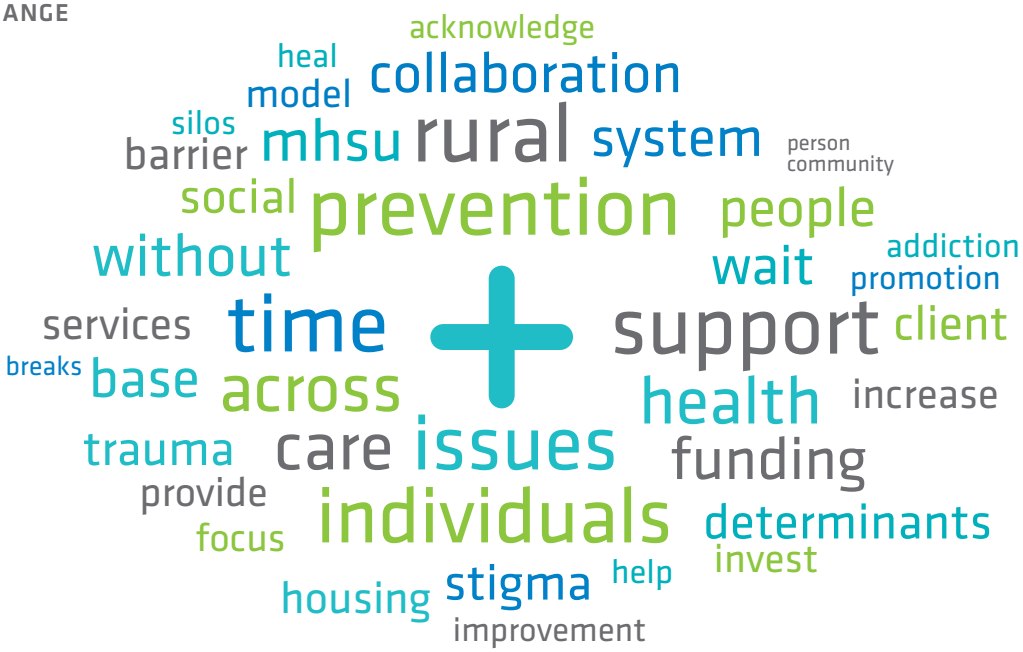
- 310-MHSU telephone number
- Friendship Centre
- Google
- Indigenous liaison navigators
- Internal and external search engines
- Word of mouth
- Outreach services
- Pathways of BC
- Provider referral
- Peer support workers
- Self-referral
- Street survival guide

If you had a magic wand to fix the MHSU system, what would you fix first?

SUMMARY OF THEMES FROM THOUGHT EXCHANGE



POPULARITY OF THEMES FROM THOUGHT EXCHANGE



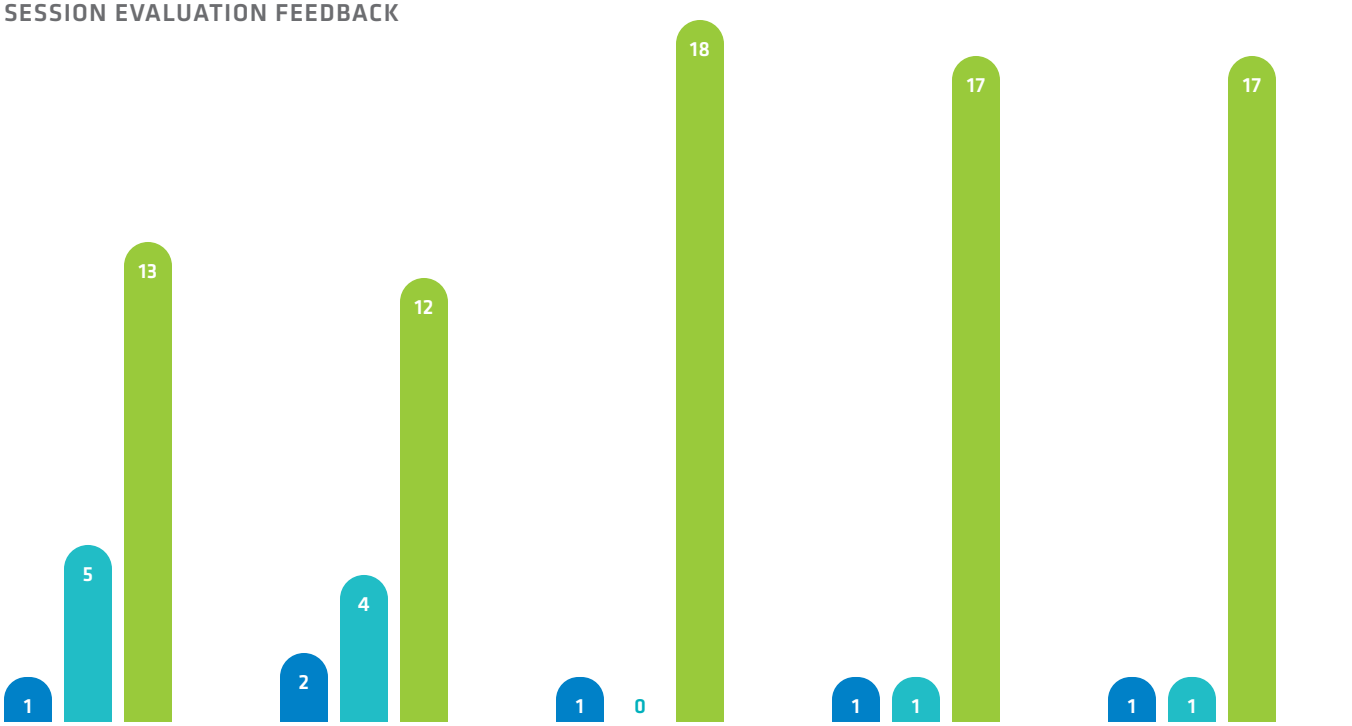
Post Session Evaluation

Participants were invited to complete an evaluation at the end of the session asking for their feedback about whether the session:

- Increased their understanding of the Provincial MHSU Network;
- Created opportunities to better understand unmet MHSU needs in the Interior Health region;
- Improved connection between sectors and disciplines; and
- Fostered opportunities to engage in dialogue with diverse partners.

Nineteen of the 38 participants (50%) completed the evaluation, with 95% of participants agreeing or strongly agreeing that the D+A session provided an opportunity to discuss system-level issues (see graphs below for reference).

SESSION EVALUATION FEEDBACK



Participants shared the following feedback:

- Appreciation for information sharing and providing a safe space for discussions;
- Desire for more opportunities for connections with different participants (e.g. mixed tables, time for chatting);
- Request for more information regarding the role and scope of the Provincial MHSU Network (particularly in relation to the Interior Health MHSU Network); and,
- Seeking more clarity regarding the objectives of the session (including how results will be used).

Attendees provided recommendations for future D+A sessions:

- More clarity regarding objectives of meeting and integration with local networks
- Summary of the 'now what?'
- More facilitated discussions
- More break time
- Smaller groups

"I will be kicking and screaming until I am ninety. I have been doing it for so many years. You know what really makes me happy? Finally, after all these years, people are actually listening and are doing something about it. It brings me such joy. Thank you everyone for all the work you do and all the places you come from. Thank you."

(Participant reflecting on the importance of this work, March 14, 2023)

Action

This report highlights perspectives shared by diverse participants at the Interior Health region Dialogue + Action session hosted in Kelowna on March 14, 2023, by the Provincial Mental Health and Substance Use Network. The session's main goal was to learn more about system-level issues relevant to the Interior Health region to improve support for individuals with complex MHSU needs.

The evidence (e.g., Rathert & May 2007; Fremont, et al. 2001; Meterko et al. 2010; Swift 2018) indicates that incorporating the preferences and perspective of end users leads to better outcomes. The Provincial MHSU Network aims to ensure meaningful engagement and participation of Indigenous people and people with lived and living experience so these perspectives can inform the larger context of MHSU services and providers along the continuum of care. This type of collaboration creates opportunities for dialogue, exchange, reflection, and synergy and accelerates the creation of new knowledge and understanding toward innovative solutions.

Next steps include:

- This report will be shared among those (particularly decision makers) with an interest in narrowing system-level gaps for people with complex MHSU needs in a way that aligns with the evidence and includes diverse perspectives along the continuum of care and service user preferences.
- The Provincial MHSU Network will host Dialogue + Action sessions across the province in the Fall 2023 and Winter 2024 to explore regionally-relevant system-level gaps. Feedback from the evaluations will improve subsequent sessions.
- The Provincial MHSU Network will continue to facilitate and accelerate knowledge translation and exchange among Network members and related organizations to promote innovative approaches and share resulting knowledge products with relevant stakeholders.
- The insights in this report will be collated with those from future regional Dialogue + Action sessions to provide a provincial picture of regionally-identified unmet needs and the potential for co-created solutions.

Appendix | A

Invitation

PROVINCIAL MENTAL HEALTH AND SUBSTANCE USE | NETWORK

Dialogue + Action

Background

In 2016, the Office of the Auditor General's (OAG) Report indicated that there are longstanding system-level barriers, preventing certain groups of people from having their complex mental health and substance use (MHSU) needs met.

The Provincial Mental Health and Substance Use Network (the Network) was created to address the system-level challenges and unmet needs of people in British Columbia (BC) with complex mental health and substance use (MHSU) and other issues. Generating innovative solutions for these challenges spans regions, sectors, programs, and providers within and beyond the healthcare system.

Dialogue and Action Session

The Network facilitates connections among a wide range of stakeholders to collaboratively identify issues and innovative solutions toward the co-creation of system improvements that better serve people in BC with complex mental health and substance use needs.

This Dialogue + Action session strives to include people with lived/ living experience (including families), health care professionals, service providers and other committed representatives across various sectors, regions and programs related to supporting care pathways for people with complex MHSU needs. The Network promotes non-hierarchical, equitable and representative collaboration.

March 14, 2023
10:30-3:30

Delta Hotels by Marriott Grand Okanagan Resort

Kelowna BC

Objectives of the Dialogues and Action Session

1. Learn about regionally-relevant system-level gaps and issues in MHSU services to improve care for people in British Columbia with MHSU needs
2. Elevate the voice and perspectives of PWLLE with MHSU to better address system-level issues
3. Facilitate and accelerate knowledge translation and exchange among Network members and related organizations to promote innovative approaches to MHSU
4. Create opportunities for cross-sectoral collaboration
5. Introduce and promote the Network

Co-creation | Creativity | Dialogue | Diversity | Engagement | Evidence | Innovation | Partnership | System Improvement

Get in touch

Appendix | B

Agenda

PROVINCIAL MENTAL HEALTH AND SUBSTANCE USE | NETWORK

Dialogue + Action Session Agenda

March 14, 2023 | 10:30am - 3:30pm | Kelowna, BC

Time	Item	Lead
10:00am	Registration & Light Refreshments	
10:30	Opening & Welcome from Westbank First Nation Elder	Marion Radawetz
10:45	Dialogue + Action: Introduction, Purpose, & Objectives	Krista English
11:00	Ice Breaker	Anita David
11:20	Introduction to Provincial MHSU Network	Krista English
11:30	Introduction to Provincial MHSU ECHO	Ashok Krishnamoorthy
11:35	The Voices of Lived/Living Experience	Anita David
11:45	Dialogue 1	Krista English
12:30pm	Lunch	
1:00	Dialogue 2	Debi Morris
2:00	Thought Exchange	Krista English
2:10	Break	
2:30	Service Navigation and Access Review	April Furlong
2:45	Dialogue 3	April Furlong
3:20	Dialogue + Action Session Evaluation	Krista English
3:25	Closing from Westbank First Nation Elder	Marion Radawetz

Thought Exchange Table

PROVINCIAL MENTAL HEALTH AND SUBSTANCE USE | NETWORK

Average Star Rating (1-5)	"If you had a magic wand to fix the MHSU system, what would you fix first?"
Timely Service	
4.4	Shorten wait times between first contact and initiation of services
4.2	Funding for services would be available immediate, not long wait times
4.1	Core funding is nimble and responsive (not targeted)
Stigma	
4.2	All patients treated with respect and dignity regardless of race, substance use and other judgements
4.0	Societal stigma: if there was no stigma people would feel safe to access care and more people would want to work in the area
Appropriate Services	
4.4	Have sufficient staff/people to deliver timely care meeting people where they are at, at a time that they need
4.2	Create a rural model of care for MHSU
4.2	Equitable access for all when its needed
Data	
4.2	One electronic record that is actually functional and effective
3.9	Documentation reform: IT is cumbersome, stigmatizing and not conducive to providing good care
Housing	
4.3	Have safe places for individuals to live with supports
3.8	Have residential open market housing at reasonable rates
Social Determinants	
4.1	Increase action for prevention and address social determinants of health
4.1	Invest in social determinants of health: upstream prevention
Trauma	
4.3	More trained clinicians in trauma
3.9	More trauma therapy and counselling
Service Collaboration	
4.2	Collaboration across agencies: MHSU is not just a health issue
4.2	Increase capacity, coordination, and collaboration across all sectors
3.8	Break down silos within services, from community to acute, for MHSU patients
Workforce Capacity	
4.2	Focus on the frontline and meaningful support and engagement
4.2	All patients are treated with respect and dignity regardless of race, ethnicity, substance use, and/or other judgements

Appendix | D

References

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Questions, Feedback, or Interest in Participating?

If you are interested in participating in future Dialogue + Action sessions, have suggestions for ways to engage current and future participants, and/or want to join in Provincial Mental Health and Substance Use Network activities, please get in touch!

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