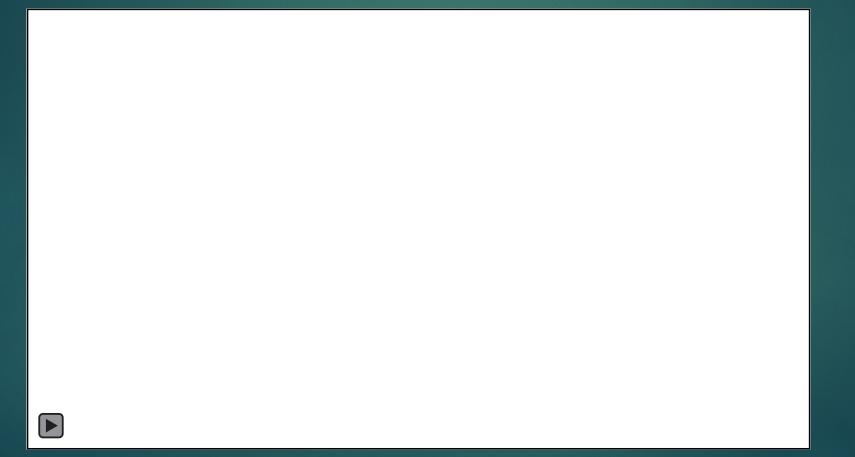
There comes a point where we need to stop just pulling people out of the river We need to go upstream and find out why they're falling in

Desmond Tutu

Every49 minutes

Trying to pull someone out



Are Emergency Rooms the Answer?





The Care Deficit

Although physicians, other frontline workers and community members are doing their best to meet the needs of people who use drugs, there are still roadblocks to overcome

a more toxic drug supply

difficulty in accessing health care and harm reduction services

and the stress and social isolation created by COVID-19, have accelerated the drug poisoning crisis into a state of emergency

The Care Deficit

Compared to previous years, Alberta counted

71 opioid-related deaths in June 2019

110 in June 2020 and

▶ 131 in June 2021

Child Services

In September 2021, there were 10,065 children and youth receiving child intervention services

▶ Indigenous 6,828

► Non-Indigenous 3,464

Children and Youth Receiving Child Intervention Services

They were more likely to have:

- 1. Abused drugs, alcohol, and other harmful substances
- 2. Required medical care, including mental health care, from hospitals and alcohol and drug treatment facilities
- 3. Required placements in facilities that offer specialized services and one-on-one staffing to keep youth safe from self-harm or from harming others

We need to do better

In 2020-21, 115 distinct children were served through the Protection of Sexually Exploited Children Act (PSECA)

45 deaths were reported between April 1, 2021 and Feb. 28, 2022, compared to the average of around 33 in the previous four years

In 2021, Minister Schulz requested an internal review of the deaths of children and youth who were in care or receiving services

The internal report confirms mental health is a key concern for children who have been through difficult life circumstances

What is going on?

We have a mental health crisis. It's a crisis of unmet high needs because our delivery of health care is deeply flawed

Our failure to meet needs is even worse for minorities and indigenous peoples

We are struggling with

- 1. Access
- 2. Availability

Rural Access to Services

• Wait times can be long, especially for children and youth

• About 28,000 children and youth were on waiting lists for mental health treatment in January 2020. This number has more than doubled since 2017

• Average wait times for children and youth are 67 days for counselling and therapy and 92 days for intensive treatment

Are Emergency Rooms the Answer?



Needed Supports

Without the right supports, people with mental illness and substance use problems, their caregivers and their families can experience great suffering

We need a robust mental health care system with a wide range of programs and services

Protective Factors for ACE's

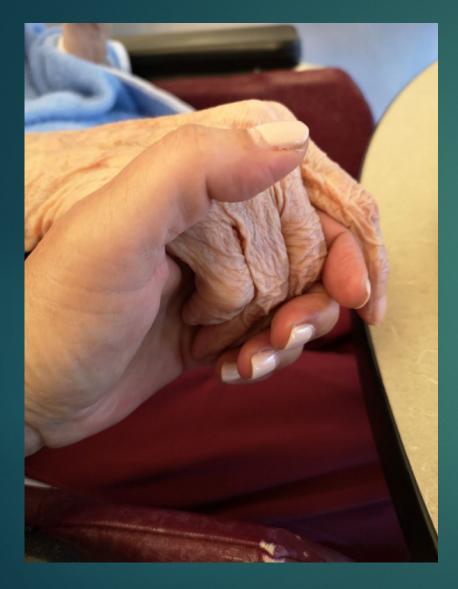
The top protective factor for children who have experienced adverse childhood experiences are;

- 1. Access to mental health services
- 2. Safe engaging school programs
- 3. Initiatives in the foster and social care systems

What is the plan?

Rural Mental Health is a complex problem

Although mental health services are important and necessary, the need to explore other ways of creating community-wide support is becoming more evident Our ability to collaborate effectively has never been more essential For meaningful change to exist, I believe the community must be the owners and directors of local priorities and actions



We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly

Dr Martin Luther King

We Can Do More Together Than Alone

Working together, communities can create new or better pathways to access existing corridors of care, facilitate shared learning, problem-solving and emerging practice

What can we do

About 80% of our health is determined by factors outside of the healthcare system, the so-called social determinants of health

On this basis, when we add up the resources which contribute to health, it turns out that there are more resources outside the healthcare system than inside

Mental health is not a state that it is achieved indefinitely, it evolves and changes within people and communities overtime; therefore, aim for progress, not perfection

Making an Impact

By collaborating, we will accomplish the following

- Bring together all community partners to improve equity of service and meet the needs of the vulnerable
- Determine appropriate advocacy for increased access to services and reduction of barriers
- Make recommendations for local action-focused programs that provide wrap around care leading to improved health outcomes

Approaches to the Issues

A community-based approach that bring communities together:

To set directions

Make decisions

Generate solutions

and tackle implementation of efforts that are meaningful and sustainable to the community

First Steps

There are specific actions that can help to break the cycle and prevent many issues in the first place through upstream work

Funding for new services is critical, but there are also non-financial interventions that can be part of the solution to break the cycle. This can include legislative, regulatory, and policy change

All necessary actions must be considered

Discover together how to make things work better

- Prevention programs to build the case for future investments by provincial, municipal, and federal governments (e.g., health care, justice, social assistance)
- Collect consolidated information on the demand for supports
- Develop strategies to ensure discharges from provincial institutions are into housing, not homelessness (e.g., prisons, hospitals, treatment facilities)

Important Steps

Develop strategies for supports to ensure that exits for youth from the child welfare system lead into housing stability, not homelessness

Advocate for the accelerated development and implementation of a national, Rural, and Northern Indigenous Housing Strategy by the federal government, with funding attached



Stand By Me

