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Canadian Mental Health Association Niagara is focused on providing mental health supports to adults in the Niagara region.

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On top of mental health counselling support, CMHA also works to connect people with housing and other relevant services they need to lead a healthy life. And it provides crisis help by providing for one thing, safe beds for people who need a short term place to stay. And as well there's a mobile mental health support team called coast which is crisis outreach and support team and that will go to someone's house in in in the event of a crisis. And social workers also ride with some police and that's to help defuse and divert people in crisis from going to the hospital and sometimes from arrest. CMHA Executive Director Tara mackendrick is with me today.

Unknown Speaker 0:57

Hi, Tara, how are you? I'm good. Janice, how are you today? I'm great. I always like to say that because you have to start your day and run your day on on saying that you feel well otherwise, you really start on a downer, which is takes me to Canadian Mental Health Association, Niagara. And we're going to talk about the services that you offer. So you offer some services that are within the organisation counselling and so on that aren't crisis, we're going to talk about your crisis services. And just sort of wrapping up at the end with with

Unknown Speaker 1:36

let's say, I'll ask you for an inspirational message, or something else. Anyway. So a few weeks ago, we saw a documentary at the performing arts century called insanity, the mental health crisis. And it was done by a documentary filmmaker named Wendy Hill tout. And her family and her her brother Bruce, who was schizophrenic disappeared 25 years ago, they haven't seen him in 25 years. And so the documentary weaves her personal story, as well as the story of other families who have had barriers to finding care for their loved one. And then as well, the homelessness and opioid crisis in Vancouver, which we see a lot about on the news.

Unknown Speaker 2:28

What's your reaction to that film?

Unknown Speaker 2:33

Yeah, and I think for the benefit of those who haven't been able to see it yet, I do encourage people to find where screenings may provide that opportunity, because I think it really represented well, the system challenges, and then and then the ensuing challenges for individuals who need care, as well as their family members and people who love them. So the great representation of the under underfunding for mental health and addictions, compared to other countries,

Unknown Speaker 3:04

the complex needs so as people's needs aren't met earlier, how they can be escalates and become worse. So what could be

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provided earlier to prevent homelessness and prevent addiction and prevent a serious and persistent mental illness? I think it really represented all of those struggles and challenges Well,

Unknown Speaker 3:28

a couple of the families they spoke to, and one of the fellows they spoke to who was bipolar, manic depressive,

Unknown Speaker 3:39

he had been able to have at times inpatient treatment when he needed it, and we get on his medication, and then stopped his medication,

Unknown Speaker 3:51

which I think is sort of goes to a little bit of a complex problem.

Unknown Speaker 3:56

He then,

Unknown Speaker 3:59

you know, we found out that he had just started to take his medication regularly, he was in a good place, he had a relationship and he was feeling very good about himself.

Unknown Speaker 4:08

But that

Unknown Speaker 4:11

that discussion was not just the ability to get counselling, or psychiatrist, which an if you can touch on that, but also any kind of inpatient care that someone might need if they're having a severe crisis, and I know that that's a problem here in Niagara. Yeah, for sure. And I know there's interest in my thoughts on whether we need more facilities, more bed base services, etc. And I'm very much a yes and, and both person. I think that at this point, we're at a point in time that people have not been able to access care that they need and again, I'm, I'm going to sound like a broken record early and in a consistent way to prevent

Unknown Speaker 5:00

and maintain wellness when they reach it. So right now I do feel like we've reached a mental health and addictions point where we do need more facilities, we do need more beds, we need to help people get stabilised and

Unknown Speaker 5:18

and find a baseline for recovery before being discharged back into community.

Unknown Speaker 5:27

And at the same time, I'm hoping that the message gets out there that we need more of that funding and support so that people can access earlier. Because even in the situation where somebody does go to a facility is able to get bed based risks. There is definitely a place for hospital and acute care levels of service and psychiatry. But what we're missing right now is follow up once once they're not in the facility, and how are we supporting aftercare follow up continued support, so that that level of care isn't needed again in the future. And I think that's where we at CMHA are seeing

Unknown Speaker 6:09

a large gap is people can be discharged from hospital. But without the support and without the connection, then we're really leaving people in a place where the only option is to go into crisis to get to get support right now. So that's where I'm hoping

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we can find a balance between providing with needed now to get ahead of the complexity that we're seeing, but also look more towards earlier intervention and prevention where possible,

Unknown Speaker 6:41

as CMHA definitely comes into the providing support to people before they get into crisis.

Unknown Speaker 6:51

And that's a large part of what you do. And that includes outpatient care, including

Unknown Speaker 7:00

when I say care, it's outpatient, psychotherapy, housing. And so if you can just start and there's a programme called bounce back, which is

Unknown Speaker 7:13

an online Cognitive Behavioural Therapy programme. So can you just give me an overview of what CMHA does, because I think a lot of people don't know, you're like almost one of the best kept secrets.

Unknown Speaker 7:29

I know, it's our constant challenge that marketing and awareness, because the reality is people don't pay attention to what's available until they need it. And then they don't know what's available. So I welcome this opportunity. I always plug our mental health and addictions access line for the 24/7 connection for information and referral around mental health and addiction services. CMHA, but also our other partners in the community CMHA. Specifically, we tend to talk about our services, in terms of immediate and brief and then longer term services. So immediate and brief is really where we're trying to put more effort and more focus right now, around that earlier intervention and prevention. So we do have programmes that offer same day counselling, they're free. Previous to the pandemic, they you didn't need an appointment, but right now we are running on an appointment base, which can be accessed through the access line or by calling our main line. So same day counselling if today's the day are you want to talk call us and we will get you an appointment with a mental health counsellor, as well. And

there's no waitlist for that. So as well, the in our immediate and brief we have our safe beds programme, which is a 24/7 residential programme, where people can stay during a self identified crisis that don't require hospital level of care. So it is an alternative to hospital where that level of care isn't needed. The average stay is three to five days and working with mental health and addictions counsellors through the crisis to be prepared to go home. We also have our coast, which is a 24/7. There's our crisis Outreach and Support Team 24/7 crisis line and they have the ability to do mobile outreach where needed and that is a police partnership with an uniformed police officer in an unmarked cruiser when that team does go mobile

Unknown Speaker 9:40

as well as our mobile crisis rapid response team, which is a 911 response to mental health and addictions related calls. So I I feel like I'm talking a lot so we're just we're just gonna break that down.

Unknown Speaker 9:57

Housing again is another thing so

Unknown Speaker 10:00

So what's your waitlist now to see a counsellor?

Unknown Speaker 10:04

Yeah, if it's not the crisis that the

Unknown Speaker 10:07

you know the the general waitlist I call you I want an appointment to see a counsellor. Yeah, so an appointment just see a counsellor. That's our same day counselling. So there is no waitlist, okay, are same day counselling are safe beds coast, we don't have waitlist for those programmes, okay, for immediate

Unknown Speaker 10:28

and brief. And then when we're talking about housing supports Case Management supports, that's what we refer to as longer term services. And that's where we do find our weightless because they're longer term, which means that with the resources we have,

Unknown Speaker 10:45

you know, the capacity piece, so support within housing, we have staff who support people to maintain housing, as well as we can provide subsidies to find maintain housing for enough from an affordability perspective, our case management or community support team is also longer term and can help people daily living in the community with serious and persistent mental illness,

Unknown Speaker 11:16

as well as our employment teams, we have a whole team to help people with employment barriers, whether it's mental health or other disabilities to find and maintain employment.

Unknown Speaker 11:29

Yes, I know you're trying to break it down. No, no, no. But it's, it's sort of it's like a package. Yes. Right. So it helps someone come from a place where they are potentially living on the street, where they're in a precarious homeless situation, precarious food.

Unknown Speaker 11:52

And then you can help them because we all know you can't get a job. If you don't have a home, it's hard to get a home if you don't have ID or a job and around and around and around it goes.

Unknown Speaker 12:05

So safe beds.

Unknown Speaker 12:10

I've had people call me and say, Where can I go, you know, my sister, my brother, my husband is having

Unknown Speaker 12:18

a drug, you know, drug use substance use problem. They seem to be in crisis, we don't know where to go. The hospital didn't have space for them or didn't see it, as you know, on and on it goes. And so I say safe beds go a lot of people, when you hear the word safe bed, you think Oh, that's only for someone who doesn't have a place to sleep. Right. But that's not what safe beds is. It is not safe beds is for self identified mental health needs where for whatever reason, where somebody is currently staying isn't therapeutic, and they need somewhere as an alternative to stay to work through their current mental health concerns. So it can be self identified. We don't need a mental health diagnosis. We don't need a physician referral. Self referrals can be made through the mental health and addictions access line. But I

think what you also are identifying is the mental health and substance use or mental health and addictions.

Unknown Speaker 13:27

And I think it's important to note that we're co located with Niagara health, withdrawal and management, as some in the community may recognise recognise detox. But withdrawal management we are co located. So I always say in those situations to call. And again, I'm going to sound like a broken record, the mental health and addictions access line because they can really help somebody sort through what is the best service for them so that they're not running into barriers or closed doors and can really get connected with the service that is best for them in the moment.

Unknown Speaker 14:06

And just to clarify safe beds is not like a dormitory for people are a, you know, a drop spot. I've been through your new facility. And the and the safe beds are, are set up for privacy and

Unknown Speaker 14:23

to keep people safe and and a sense of dignity. I mean, you're not just saying hey, come in here and we're going to throw you over there. So it's, it's quite the programme. Now, the other ones you talked about coast. The other one that you have is the mobile crisis response team and I'm missing something in there because it's a two Cs mobile crisis, rapid response team. You got it. And that is a really interesting programme that we're in where that does Team

Unknown Speaker 14:57

A CMHA counsellor

Unknown Speaker 15:00

With a police officer and are going to calls that might involve

Unknown Speaker 15:07

serious overdose risk of overdose, a 911 type mental health crisis or a threat of violence in a situation. And that programme has been going for a number of years, and started as a pilot project and the the numbers of people who have been diverted from hospital and importantly, diverted from jail, who didn't necessarily have to go to jail. Because before, if someone was having a mental health crisis and say violence was involved, the only option was jail. Correct. So how is how is m cert working, that so many

people are being diverted? And it's over 1000, I think unique people. Yeah. So thank you for that in 2022, mobile crisis, rapid response teams served 1738 unique individuals, which means that those are individuals that we haven't had previous contact with.

Unknown Speaker 16:14

And within that, there were 3505 visits, which means that of those 1700 Plus individuals, there would have been follow up or some other connection. And from those 70% of those individuals were diverted from hospital in the criminal justice system. So what you're identifying is previously, our police officers aren't mental health workers, their safety, their protection, their public order.

Unknown Speaker 16:45

So they didn't necessarily have the knowledge or the skills and the ability to intervene in a different way. So now our mobile crisis, rapid response teams, have a social worker so that we are providing that mental health and addictions assessment connection in the moment during the 911 situation, so that we can really assess what the needs are and get people connected earlier and more appropriately, for what their needs are. And out of those individuals 80% were connected to a community service of some sort. So our teams only connect people to CMHA services, that really, they really rely on and connect and refer to any service that is relevant to the situation of the individual at the time. And this is a response to a 911 call for someone who wants to or feels they may at some point in time, because they're living again, and I keep using the word precarious. But that's, that's the word.

Unknown Speaker 17:54

I don't know if you can answer this question. But

Unknown Speaker 17:59

they the word defund the police, which I also don't like, because I have no idea what that means when I hear that. And I don't think it's a realistic way at all of describing what the what would be happening if the defund the police was put in place. But it seems to me that answer to the mobile crisis, rapid response team, M cert. And Coast addresses some of that.

Unknown Speaker 18:30

An area where it's the idea of defunding the police's the idea that mental health professionals would go to calls as opposed to police. Correct? Yeah. And I agree the the word defund, I think it comes with many connotations and different understandings. Because the reality is right now, our 911 services are a go to for mental health and addiction. So I believe this stat from our Niagara Regional Police Service is their



mental health and addictions calls have increased, going to make it up but I'm pretty sure it's accurate, like 238% In the last in the last few years, that's significant. And they're not.

Unknown Speaker 19:16

They're not that's not what they're meant to say. I think when people are talking about defund police, it's around looking at innovative and creative ways to do that differently to meet the need. And I I, our partnership with our Niagara Regional Police Service is stellar. And there's been great effort there and we're seeing those results through our coast and our mobile crisis, rapid response. And I think it's similar to the facilities bed based service conversation like right now the reality is 911 is getting an increase in mental health and addictions calls we need to be responding to those concerns and those needs while also looking

Unknown Speaker 20:00

He had opportunities to, to fund and support people in different areas so that those calls to 911 will start to decrease eventually. And I think of things like making sure people are properly housed and have affordable housing, food security, access to education. In inclusive communities, people need people place and purpose. So how are we building a community that helps people so that we're less reliant on crisis? But the reality is, right now, the police are who is getting the calls, that they need the resources to be able to respond in a in a safe manner? Yeah, I mean, there's so many things that go into the issue of increased calls, there's, there's

Unknown Speaker 20:49

more economic stress on people, and that's continuing, substance use has increased, which is all part of partially, you know, stress or mental health issue, which there's some sort of trauma in the person's life that leads them to substance use. There's so many

Unknown Speaker 21:09

parts to all of this. And can you just talk a little bit so access line is what's in and I'll put up the phone number for that. But access line is a direct place that people can call, they don't have to be in crisis, to talk to a person who can help them direct them to the correct services they need. And they follow up. And so it's not just a hey, how are you hanging up here some information? Don't call us again. But you do work closely with other organisations in in Niagra,

Unknown Speaker 21:43

who are not directly involved with mental health, but are in that sort of broader umbrella of problems that people are facing right now? Correct? Yeah, we have so many partnerships, I'm always hesitant

because I'll miss somebody. But for example, our safe beds we are in partnership with community Addiction Services of Niagara and Quest Community Health Centre to provide addictions counsellors and registered nurse nurses in that programme, as well as Bethesda which is a developmental service. So we have behavioural consultants that work in that programme. And then, beyond safe beds, with our case management team, we partner with the Niagara region, mental health, their act teams and integrated collaborative care. Within the homelessness sector, we are our support within housing, we do have a transitional home that's in partnership with Niagara region, start me up, which is in St. Catharines. We have mental health counsellors who are on site there several days a week.

Unknown Speaker 22:58

Going to forget people, Janice, but we have so many Well, that's a lot. I think we get an idea of pretty much. I don't think he needs to name all of the organisations, it sounds like we can assume that everybody is working together to try on and help people and be there for people. And hopefully in the end, Dara, thanks for coming on and talking about cmeg Niagra. I've known you for quite a long time. I don't know if you remember. But the show has been on for just over three years. So I'm in my fourth year. And you were my second interview way, way, way back in February of 2020.

Unknown Speaker 23:40

Wow. And, and I've talked to brandy sand and a few people from CMHA since then, but it's great to chat with you again. And I hope that people will have a really good idea of what it is that you do and as well as the other connections within the community. Yeah, thank you, Janice. And I know originally you said you may ask me for an inspirational message as a close out. And I would like to close out with just encouraging people to reach out I think we hear so much about lack of and how the system is broken, then it can be discouraging for people to reach out for help. So I do appreciate you helping me with the access line information.

Unknown Speaker 24:24

As well as just reach out there is same day counselling there. There are options available even if you end up on a waitlist for longer term those those services are available to you while you're on the waitlist. So just encouraging people to reach out and don't be discouraged from what we hear about lack of. There is a lot of good people doing a lot of good work so please reach out for help.

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