

*“Really excellent conference -
it was professional and extremely well
organized and facilitated, allowing for both
learning and opportunities to
discuss and build upon what we learned,
as well as make new connections amid a
community dedicated to mental health and
substance use services.*

Really, really well done.

*Also a great call to action at the end for
people wanting to continue the conversation
by joining the working groups.*

Thank you!”

~ Participant Feedback



Introduction

Navigating our local mental health and substance use (MHSU) system can be overwhelming for those seeking help. Service providers spend resources and time creating their own navigation tools so individuals and organizations can find them.

A South Island Navigation and Referral system could be client centred, more cost effective and connect the dots across government, community and private sector - giving users one stop access to information.

How do we get there from here?

In February of 2021 the Navigation Working Group of the PSR Collaborative invited all those with an interest in improving system navigation to a virtual conversation and 180 people showed up from across the region representing families, people with lived experience, government and professionals! It was clear that this was a conversation whose time had come.

In the closing poll (109 participants) there was unanimous support for a collaborative effort to improve MHSU navigation services and 20 participants indicated an interest in supporting the work directly.



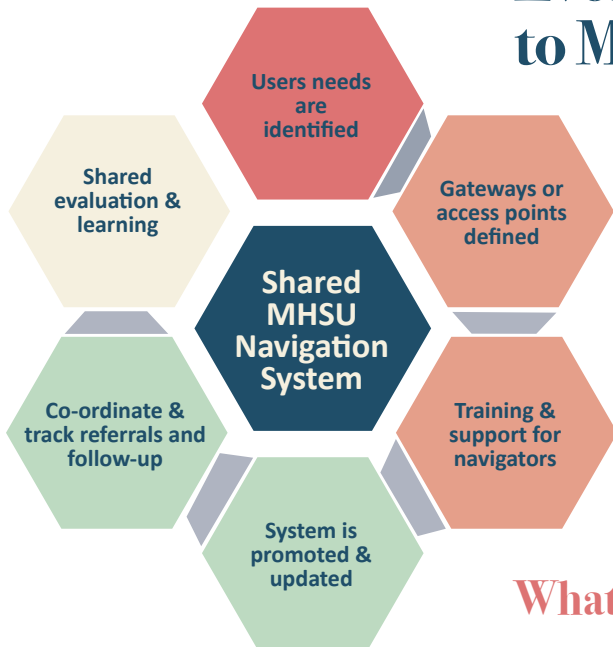
PSR Collaborative Partners work together to improve connections for adults living with mental health and substance use challenges:

- **Mental Health Recovery Partners,**
- **Island Community Mental Health Association,**
- **Victoria Cool Aid Society,**
- **Family Voices,**
- **People with Lived Experience,**
- **Canadian Mental Health Association,**
- **Connections Place,**
- **Island Health**

In addition to this report, the slides from the event are being shared. This report summarizes the background and conversations that participants had in break out groups during the event. It also lays out suggested next steps. The appendices contain a list of organizations that registered and break out group notes sorted by theme. What follows is a summary of highlights.



Evolving a Shared Approach to MHSU Navigation



This model of navigation elements was proposed as a starting point for common language and learning more about the different experiences in the system. It is not intended to be limiting or final.

The complexity of the challenge means that collaboration is essential: none of us can do this work alone. Together we can ground solutions in users feedback, build on existing assets and services and co-create ways to fill gaps.

What's the problem?

- Families, service users and professionals all express frustration with access to information and the lack of consistency and follow up around referrals.
- The diversity and complexity of needs, of entry points into the services and services themselves is a core challenge. Information is out of date, hard to understand and not consistent.
- While more and more information and service entry points are being moved on-line there is a large segment of folks who do not have internet access or phones and who have become further marginalized by this shift.
- Participants expressed that navigation resources are designed for professionals and not for service users. The language itself stigmatizes and pathologizes people leading to increased trauma.
- Lack of sensitivity of "the system" to the trauma people are experiencing and rigid rules that do not meet people where they are. (For example, when people are treated as their diagnosis and no one sees below the surface to the person.)
- Navigate to what if the services aren't available? Lack of resources and services result in waitlists, lack of timely supports and increased trauma and crisis.
- Several groups discussed the irony of the lack of GPs and yet people still need a doctor's referral or letter to get basic benefits and access to services.

Examples of Our Current MHSU Navigation Services

Five short presentations were intended as examples of the diversity of entry points and current services in the system. The slides are being shared with this report. The presentations were intended to kick start discussion and provide a snapshot of some of the challenges as well as the assets that we have to work with; they were not intended to represent all the current navigation resources - there is more!

The presentations included three virtual directories, one phone in service, one example of in- person navigators and one example of an assessment and intake service:

BC 211: Provincial phone help line and on-line resource directory covering multiple topics/resources such as crisis supports, housing, food security, etc. (United Way)

PATHWAYS: On-line directory originally designed for MDs/health professionals now being expanded to serve public and NGO's. Live time waitlist, updates and backend that tracks referrals and user data. (South Island Division of Family Practice)

MIND MAP: A new app being designed specifically for the public that includes resources sorted by gender, age and location appropriateness and a tool for creating safety plans. (Greater Victoria Mental Health Society)

OUTREACH WORKERS: Umbrella provides counselling for families and people with lived experience. Outreach workers meet people where they are (literally), support resource, referral, connection and accompany them on their journey if requested. Work in hospital, clinics, coffee shops. (Umbrella Society)

VIHA INTAKE CLINIC: The clinic is open to walk-ins however due to Covid, they recommend that people phone for an appointment.

In the chat and post event survey many participants identified that they learned something new and that the information shared was helpful to them. This has reinforced the need for a scan or map of the current services and building shared understanding about who does what. Some participants also asked about service quality or impact assessments and noted that user feedback about these services needs to be considered in our work to improve the system.



“If we were buying a service we could go and see customer reviews and ratings before we decided.

We should at least be asked for our input on the quality of navigation and services.”

~ Participant Comments





What do we want a shared navigation system to do for us?

Ultimately, the navigation system is a means to an end: improved outcomes for people struggling with MHSU. Along the way to achieving that long term outcome, there are a variety of intermediate results that participants identified such as more personal navigators integrated into the system and the creation of a centralized and updated source of information.

Participants and break out groups were fairly consistent in their vision of a navigation system for the region and the priorities for achieving that. In addition to the summary below, the break out group notes are in the appendix and organized by theme.

- 1 Ideally there is a one stop shop directory that centralizes and updates information including referring people to other sub directories, apps or resources.
- 2 In person navigator support and accompaniment was a strong priority for participants, in addition to the on-line, print and phone directories. This includes peer support and outreach workers, designated navigators, potentially MDs, counsellors or other staff and sometimes family members who are accompanying people through the system.
- 3 Navigation directories and in person navigators need to offer comprehensive resource and referral across all aspects of people's lives from housing to financial aid, food security, medical issues, recreation and mental health/substance use services. Collectively, a regional system should respond to the unique needs of families, people with lived experience and professionals.
- 4 Navigators and directories need to be trauma and diversity informed and Navigators need ongoing training and support.
- 5 There is a need for proactive promotion and education about MHSU issues and resources in order to raise awareness of the resources, normalize conversations and reduce the stigma of seeking help.
- 6 In order to accomplish this we need to co-ordinate our efforts and resources including how we update information, make referrals, track the results and support ongoing adaptive improvements to the system.
- 7 Evaluation of the navigation system and the quality of services was also named as an important gap to address. This includes for example tracking referrals to learn about their impact as well as longer term impacts of the service themselves. If we can implement tracking and reporting, that information alone could be a catalyst for learning and change in the system.

What will it take for this to happen?

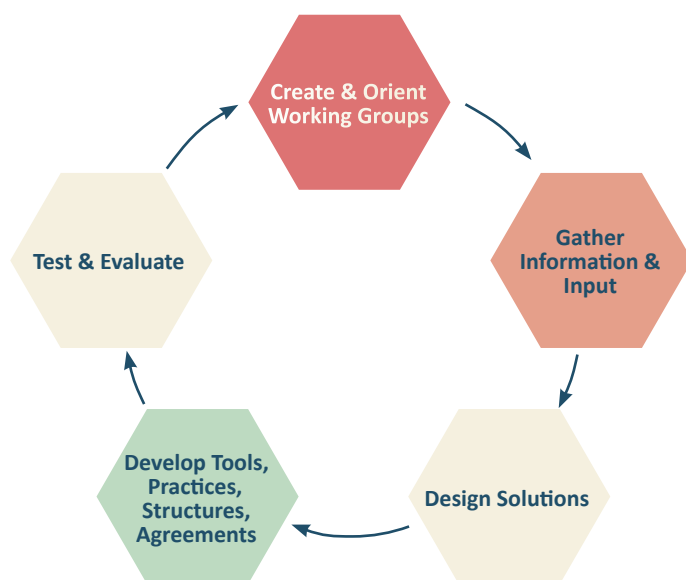
Participants agreed that collaboration was important to the success of this effort and that involvement of people with lived experience was key. The system needs to be user informed both in design and in an ongoing way for continual improvements.

I. CREATE A GROUP(S) AND A PROCESS FOR DOING THE WORK.

The current Navigation Working Group (WG) will have some follow-up conversations with other navigator initiatives and continue to gather information about navigation resources. We have been successful in securing funding from United Way to support this work over the year ahead. Twenty people expressed an interest in working on this initiative. The current Navigation WG will invite all those who expressed interest to a kick off meeting April 27th and share information updates and a proposed structure for Working Groups going forward.

THE FOCUS OF THE APRIL 27TH MEETING WILL BE:

- Starting to get to know each other.
- Agree on the priority focus areas for the next 7 months (to end Nov 2021).
- Agree on a structure for doing the work and maintaining lines of communication. We are currently envisioning the work being divided across several sub groups.
 - The work of each sub group could involve: research, engaging other stakeholders, securing funding, etc.
- Discuss resources.



*“Coming together
is a beginning.*

*Keeping together
is progress.*

*Working together
is success.”*

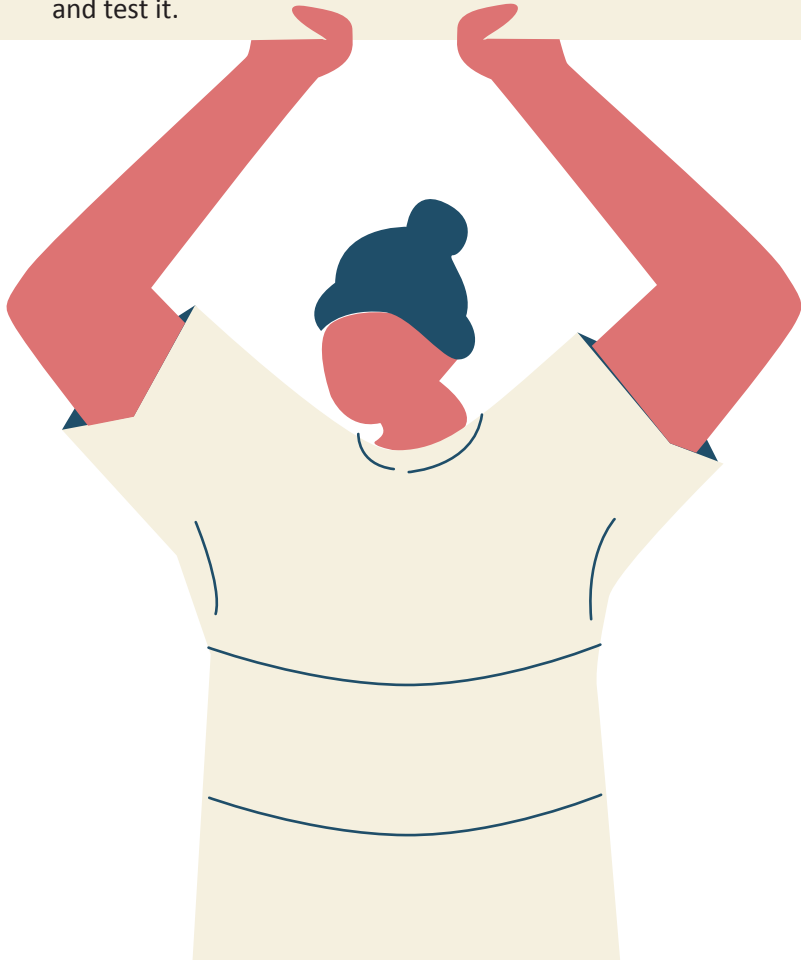
~ Henry Ford



II. WHAT'S THE WORK AHEAD OF US?

The priorities identified by participants suggest the following four “projects” or focus areas for the expanded Navigation Working Group. Stakeholders have given clear input that this work should be advanced **with the participation of existing service providers and users** of the system. At this time we envision the work over the next year culminating in testing some discrete “navigation solutions” by January 2022.

- 1 Develop (if needed), deliver and evaluate comprehensive, updated, sustainable directory services and create shared agreements for tracking, communication and sending/receiving referrals.
- 2 Expand and evaluate a shared and co-ordinated approach to increase personal navigator services (that are trauma and diversity informed and responsive).
- 3 Develop and implement a shared evaluation framework to learn about what is working, not working and the quality of connections being made, not made. Apply developmental evaluation approaches for live, learning and adaptive action/improvements.
- 4 Promote and orient agencies, user groups and navigators to the system and test it.



APPENDIX I: SMALL GROUP DISCUSSION NOTES BY THEME

WHAT DOES A MHSU NAVIGATION SYSTEM NEED TO DO FOR US?

(Numbers indicate groups (14/25 reported), not individuals, and input was also summarized from the chat and closing survey).

- 1 The Navigation System is a continually updated, comprehensive, centralized database of programs and services (x 11)**
 - Build on the navigation systems we already have, share the information (x4)
 - Have a paid team designated to keeping the information updated (x4)
 - Have a mechanism through which various agencies, community organizations, and programs can give current information on the length/time of their wait lists (x2).
 - Have information/clarification about what each of the services is. Example: differences between what a counselor, therapist, social worker can do for you.
 - Transparent information. A rating system for each of the services listed (Did it actually help? Was it accessible?)
- 2 The Navigation System is accessible for folks who face various barriers (x 7)**
 - Is accessible for individuals who don't have a phone, the internet, or access to electricity, or who are computer illiterate, who have hearing, sight, and/or language barriers and who are unhoused/unsheltered
 - Include outreach to youth/schools, provide teacher training, school counsellors; partnership with ministry of education for consistent training. (x2)
 - Normalizing MH in as many ways as we can - eg: put information on mall digital information stands
- 3 The Navigation System is sensitive to the perspectives, personal resources and level of traumatization of the people seeking help. (x3)**
 - Trauma sensitivity is especially important (x3)
 - Involve folks with lived experience in the structure and formation of the system (x3)
 - Incorporate a harm reduction lens: awareness around pathologizing language, stigmatization, exclusionary practices, aware of and actively dismantling our current structures and systems of oppression (x2)
 - System is safe for Indigenous and LGBTQ2S+ folks
- 4 The Navigation System includes options for human connection (x 6)**
 - Need for clients/service users to be able to connect with a person and not be left to navigate the system alone (meet people where they are at). (x3)
 - Individuals in crisis have a personal navigator/case manager who follows-up and/or does weekly check-ins to ensure the individual is getting their needs met (x3)
 - More places to connect with a person – build relationships
 - Primary care providers should be closely linked to this service



APPENDIX 1 CON'T: WHAT DOES A MHSU NAVIGATION SYSTEM NEED TO DO FOR US?

5 The Navigation System is holistic: from crisis intervention to PSR services and beyond (x 4)

- Mental Health issues and addiction should not be treated as separate issues.
- Include service listings that are outside MHSU-specific services. (I.e dietitians, food banks, housing (emergency or otherwise), financial assistance, etc). (x2)
- Immediate crisis support should be prioritized and most visible when anyone interacts with the navigation service.
- More prevention/early intervention services needed.

6 There is a general need for more MHSU services (x 4)





- A need for more “on-the-ground” MHSU services (x2)
- Waitlists and accessing services in a timely way is an issue. (x2)
- Managing referrals. If the waitlists grow, pressure falls on the navigators in the system to support through that process.
- Greater involvement from GPs and physicians
- Children’s mental health is a clear gap in the system.
- More connections/ support are needed for the street workers who work with the ‘nomadic’ groups such as un-sheltered people to help this ‘hard to find’ population so the individual can access the available care.
- More peer navigators and crisis response teams are needed.

7 The Navigation System is built and maintained through collaboration (x3)

- Organizations involved pool financial resources
- Build better connections and awareness among organizations
- Establish connection with government and policy makers (x2)
- Train staff from all agencies in system usage
- Agencies are able to update their service information in the system to keep it current.
- I notice that presenters did not speak to collaborating with others and I think a group like PSR Collaborative is essential to lead on bringing people together.
- Maybe this is an opportunity to involve GPs more actively in promoting and using such a system
- There is an opportunity to collaborate with the Mental Health Concierge Project that is working with PWLE of in-patient care and their family/supports to research and strengthen family education and ability to support their loved ones. Contact taylor.hainstock@viha.ca for details.

APPENDIX II

SAMPLE OF RESOURCES FOR DIGGING DEEPER INTO NAVIGATION ELEMENTS AND INNOVATIONS:

-  The Sooke Navigator project: using community resources and research to improve local service for mental health and addictions (2009)
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2777592/>
-  Evaluation of the Community Navigator Pilot in 5 BC Communities (2012):
<https://cmha.bc.ca/wp-content/uploads/2017/07/CommunityNavigator-FinalReport-2012.pdf>
-  Care Navigation Competency Framework (2016)
https://www.hee.nhs.uk/sites/default/files/documents/Care%20Navigation%20Competency%20Framework_Final.pdf
-  Progress report of Social Prescribing Project in Ontario (2019):
<https://www.allianceon.org/sites/default/files/documents/Rx-Community-Progress-Report-EN-June2019-web.pdf>



APPENDIX III: LIST OF REGISTRANTS BY ORGANIZATION

(83 Organizations; 180 Individuals)

1. Action Committee Of People with Disabilities
2. AIDS Vancouver Island
3. Alcoholics Anonymous Victoria Steering Committee
4. Anawim Companions Society
5. AVI Health and Community Services (Victoria)
6. AVI (Westshore)
7. BC Association of Clinical Counsellors
8. BC Housing
9. BC SUPPORT Unit Vancouver Island Centre
10. Beacon Community Services.
11. Burnside Gorge Community Association
12. Camosun College - MHCJ
13. Canadian Mental Health Association
14. Capital City Volunteers
15. City of Victoria
16. Connections Place Society
17. Cool Aid - REES Support Services
18. Cool Aid Health Centre
19. CRD - Healthy Communities Planner
20. Canadian Institute for Substance Use Research
21. Douglas College; PSR BC
22. Esquimalt MFRC
23. Family support
24. Family Voices for Mental Wellness
25. FOM Music Society
26. Foundry Victoria
27. Glenlyon Norfolk school
28. Greater Victoria Acting Together
29. Greater Victoria Coalition to end homelessness
30. Greater Victoria Police Victim Services
31. Esquimalt High School
32. Sooke School District, Healthy Schools
33. Island community Mental Health Association (ICMHA)
34. ICMH Board and Victoria Primary Care Network
35. Island Health - MHSU Intake Team Lead
36. Island Health - Community Access
37. Island Health - Primary Care Network
38. Island Health- Addiction Medicine Education Coordinator
39. Island Health - Victoria Mental Health Center
40. Island Metis Family & Community Services Society
41. LifeRing Canada
42. Lifetime Networks
43. Men's Therapy Centre
44. Mental Health Recovery Partners South Island
45. Moms Stop The Harm
46. NEED2 Suicide Prevention Education & Support
47. Osanis Counselling and Consulting Inc
48. Our Place Society Victoria
49. Pacific Centre Family Services Assn.
50. Pacifica Housing
51. Pathways BC
52. Peers
53. Pender Islands Health Care Society
54. Provincial Health Services Authority
55. PSR Collaborative
56. Multiple individuals without an organization attachment named
57. Salt Spring Island Community Services
58. Salt Spring Community Health Society
59. Shoreline Medical
60. SJ Burnside Education Centre
61. Sooke Family Resource Society
62. Sooke Primary Care Network, Island Health
63. Sooke Region Communities Health Network
64. Sooke School District
65. Sooke Shelter Society
66. Surrounded by Cedar Child and Family Services
67. The Cridge Centre For The Family: Brain Injury Services
68. The Salvation Army Victoria ARC
69. United Way Greater Victoria
70. University of Victoria
71. Vancouver Island Crisis Society
72. Vancouver Island Mens Therapy Centre Society
73. Victoria Cool Aid Society
74. Victoria Cool Aid Society- Downtown Centre
75. Victoria Disability Resource Centre
76. Victoria Division of Family Practice
77. Victoria Foundation
78. Victoria Native Friendship Centre
79. Volunteer Victoria- Access Program
80. West Coast Family Medical Clinic
81. Westshore CHC MHSU Shared Care Project
82. WorkLink Employment Society
83. Youth And Family Counselors Association