

2019



Canadian Mental  
Health Association  
Thunder Bay  
*Mental health for all*

**ENHANCED CRISIS  
SERVICES: THUNDER  
BAY AND DISTRICT  
COMMUNITY  
CONSULTATIONS**



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# BACKGROUND

There is currently no place in the city and district, with the exception of Emergency Departments, for a person in crisis to walk-in to, after hours, for immediate service. Several service providers in the city and district of Thunder Bay have reported several walk-in options for people in need of crisis support, but at present, hospital Emergency Departments (ED) are the only providers in the region offering formal walk-in services, 24 hours per day. When communities rely on EDs to manage mental health and addictions crises, EDs become crowded, care becomes costly, and people become at risk of receiving restrictive and inappropriate care (Fleury et al., 2019; Newton et al., 2011).

Early data from the Joint-Mobile Crisis Response project -- a collaborative project between the Canadian Mental Health Association (CMHA) Thunder Bay, Thunder Bay Police Service, and the Thunder Bay Regional Health Sciences Centre -- estimates that one in four people who were taken to the ED during the first three months of the pilot project could have been diverted to a community-based crisis centre, if one was available in the community.

In 2018, the Thunder Bay Mental Health and Addictions Network identified a community-based crisis centre as a service system priority. In order to better understand how such a service could be developed to best meet the needs of the community, CMHA Thunder Bay solicited input from service providers, people with lived experience, and families through a series of consultations. The consultations aimed to identify key community partnerships that could be leveraged to support the development of enhanced crisis service in the City & District of Thunder Bay. Consultations took place throughout the Thunder Bay District.

## References

Fleury MJ, Fortin M, Rochette L, Grenier G, Huynh C, Pelletier É, Vasiliadis HM. Assessing quality indicators related to mental health emergency room utilization. *BMC Emerg Med.* 2019 Jan 15;19(1):8. doi: 10.1186/s12873-019-0223-8. PubMed PMID: 30646847; PubMed Central PMCID: PMC6332534.

Newton AS, Ali S, Hamm MP, Haines C, Rosychuk RJ, Warron L, Johnson DW, Klassen TP. Exploring differences in the clinical management of pediatric mental health in the emergency department. *Pediatr Emerg Care.* 2011 Apr;27(4):275-83. doi: 10.1097/PEC.0b013e31821314ca. PubMed PMID: 21490541.

# PURPOSE

The purpose of this report is to identify prominent themes emerging from CMHA-led community consultations about the enhancement of crisis services in the Thunder Bay District.



## COMMUNITY CONSULTS

Data came from seven (7) community consultations held between September 2018 and February 2019.

### 5 Consultations took place with:

- Members of the Northwest Regional Centre of Responsibility – September 27th 2018 (Virtual Consultation)
- Service providers from the District of Thunder Bay – October 25th 2018 (Virtual Consultation)
- Service providers from the City & District of Thunder Bay – October 30th 2018 (In-Person Consultation)
- Service Providers in Marathon – January 30th 2019 (In-Person Consultation)
- Members of the District of Thunder Bay Sub-Region Collaborative – February 21st 2019 (In-Person Consultation)

### 2 Consultations took place with members of:

- The Parent Advisory Council (Children's Centre Thunder Bay) – November 14th 2018 (In-Person Consultation)
- The People with Lived Experience Advisory Committee (People Advocating for Change through Empowerment [PACE]) – December 6th 2018 (In-Person Consultation)

# WHO PARTICIPATED

# 120

People from the City and District of Thunder Bay participated in virtual or in-person consultations.

Over 40 agencies from the health, justice, education and social service sector, from the City and District of Thunder Bay, participated in virtual or in-person consultations.

24

People with lived experience and families provided input.

96

Service providers in the City and District of Thunder Bay provided input.





# QUESTIONS

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## POSED TO SERVICE PROVIDERS IN THE CITY & DISTRICT

- 1 What three services would be most important for a person in crisis to access at a Crisis Centre?
- 2 From a District perspective, what are some key considerations to providing crisis services to those living in the District of Thunder Bay?
- 3 What systems and partnerships currently exist that could be leveraged and/or would interface with the creation of crisis services for the District of Thunder Bay?
- 4 What is your organization willing to contribute? (selected groups)

## POSED TO PEOPLE WITH LIVED EXPERIENCE, AND FAMILIES

- 1 Where do you currently reach out to access support or services when your, a friend or a family member are in crisis?
- 2 As we move forward with the development of a proposal for enhanced crisis services, what do you believe would be most valuable for you when experiencing a crisis?
- 3 Is there anything else we need to know that we haven't asked?

# ANALYSIS



Notes recorded by CMHA staff from the community consultations were reviewed and analyzed for themes. Data were aggregated across groups, and overall themes are presented as bulleted lists.

## RESULTS

Where do people go when they need to access crisis services?

### People with Lived Experience (PWLE)

- Local crisis services (CMHA, Alpha Court, People Advocating for Change through Empowerment Inc. [PACE])
- Peer support networks (i.e., family, friends)
- Hospital mental health units (esp. child/adolescent mental health)
- Prefer to avoid the emergency department
- Some don't seek services because of stigma, mistrust or mistreatment from services/providers

### After Hours (PWLE)...

- Lack of knowledge about available services
- Talk with members of personal support network (i.e., family, friends)
- Emergency department is last resort

### Families

- Local crisis services (walk-in counselling clinic at Children's Centre Thunder Bay (CCTB) or workers; CMHA crisis response)
- Community providers (mental health nurses, school social workers, child welfare workers)
- Peer support networks (i.e., family, friends)
- Emergency services (911, Emergency Medical Services, police, emergency department)



# RESULTS

## What services (or types of services) are most important for a person in crisis?

Crisis services should be:

### Located in Appropriate **PHYSICAL SPACE**

- Close by, with offices in the City and District
- Accessible and barrier free
- Equipped with:
  - In-patient (beds) and out-patient spaces
  - Distinct spaces for adults and families with children
  - Secure spaces for people in crisis
  - A sensory-friendly space

### Highly **ACCESSIBLE**

- Open 24h per day, 7 days per week
- No threshold or admission criteria
- No wait time
- Walk-in / no appointment needed
- On public transit route

### Available Through Several **MODES OF SERVICE DELIVERY**



In-person



English, French, and other languages



Telephone



Telepsych / OTN



Mobile to the District







# RESULTS

## CONTINUED...

### Provided by **STAFF** who are:



- Broadly trained
- Work in multidisciplinary teams
- Compassionate
- Diverse

### Organized as a **ONE-STOP-SHOP**

- Addiction (withdrawal management; Rapid Access to Addiction Medicine)
- Mental health (counselling, psychiatry, authority to form, medical directives)
- General medical services (medication management, prescription refills, primary care)
- Referrals and care coordination (warm hand-offs, thoughtful and appropriate treatment plans, timely transport to hospital or other facilities)
- Safety services (victims services, safe house, security)
- Wrap-around services (child care, food, transportation (with support) to and from the crisis centre)

### Setting provides **RIGHT ORIENTATION/CULTURE**

- Culturally sensitive and culturally resourced (e.g., local Elders)
- Discreet
- Family-oriented (i.e., aware of family needs and how to leverage family strengths)
- Prioritize connecting clients to least restrictive settings
- Person-centered
- Recovery-oriented
- Safety-oriented
- Trauma-informed
- Welcoming and non-judgemental



# RESULTS



## From a district perspective, what are some key considerations to providing crisis services to people living in the District of Thunder Bay?

### Keep SERVICES & CLIENTS LOCAL

- Invest in infrastructure to support local crisis management
- Keep people in their home communities whenever possible
- Leverage local resources and partnerships
- Prioritize locally-identified solutions
- Avoid transporting people to the city



### Create CRITICAL SERVICES for the District

- 24h access crisis
- Counselling
- Culturally sensitive services
- Safe house
- (Supported) Transportation to/from Thunder Bay crisis services



### PARTNER AGENCIES in the District must include

- Hospitals
- OPP/Police Services
- Situation Tables
- Victim Services
- North of Superior Counselling Programs



# RESULTS

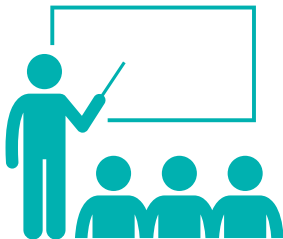


## CONTINUED...



### **MULTIPLE MODES OF DELIVERY** made available

- Face-to-face sessions
- Technology (Ontario Telemedicine Network)
- Telephone



### Local personnel have significant **TRAINING NEEDS**

- Assessment and triage skills
- Mental health and addictions training for police services
- Mental health and addictions training for nursing staff



### Administrators must **ANTICIPATE CHALLENGES**

- Communication with partner agencies
- Care coordination and care transitions
- Insufficiencies in local services such as detoxification beds, aftercare, step-down services, mental health foster care
- Staff workload and burn-out



# RESULTS



**The purpose of this report is to identify key themes emerging from CMHA-led community consultations about the enhancement of crisis services in the Thunder Bay District.**

**PARTNERSHIPS** that could be leveraged include:

- **OPP collaborative response protocol, the Crime Prevention Council, The Thunder Bay Drug Strategy, the Joint Mobile Crisis Response Project and partnerships with municipalities.**
- **Community meetings, formal and informal.**

**SERVICES** that could be leveraged include:

- Access services (access network, Access point Northwest, after-hours services, Situation Tables)
- Addiction and mental health services (Balmoral Withdrawal Management Centre, Centre of Excellence for Mental Health and Addiction, CMHA District, NorthBEAT, PACE, RAAM Clinic, Thunder Bay District Mental Health & Addictions Network)
- Crisis services (hotlines, local crisis response (e.g., Biidaaben Healing Lodge, fan-out), MHAT emergency department diversion, RAAM/addiction crisis)
- General medical services (family health teams, hospitals)
- Safety providers (police services, victim services)
- Social service providers (Associations for Community Living in City and District, District Social Services Administration Board)
- Services for special populations (women's crisis centres, youth services e.g., Children's Aid Society, Children's Centre Thunder Bay, Thunder Bay Counselling, Getting Appropriate Personal and Professional Supports, Dilico Anishinabek).

# RESULTS

## CONTINUED...

### Agencies willing to offer **DATA SHARING**

- Agency data to assess system capacity and costs
  - Agency SPS / environmental scans to assess service gaps and needs
  - Model MOUs, including CMHA/211 referral process.
- Agencies may also be able to offer **WORKER SERVICES** although no specific services for workers were included in the consultation notes.
  - District agencies further cautioned that **RESOURCE ISSUES** such as staff workload and burnout could preclude agencies from contributing to District crisis services.

## What is your organization willing to contribute?

### Agencies were willing to contribute the following resources to support enhanced crisis services:

- Materials (letters of support for grants; promotional materials)
- Care coordination resources (collaborative care plans, emergency department diversion protocols, feedback loops, links to websites, referrals)
- Client services (hotlines, bilingual child and nursing services, community paramedics, housing, liaison services, psychology, primary care, safe consumption, walk-in counselling, youth residential treatment)
- Program services (data tracking)
- Staff (developmental service workers, mental health nurses, youth outreach workers)



# LIMITATIONS



CMHA Thunder Bay led consultations with limited resources and no external funding. A broader range of key interest groups in the City and District could have been reached with greater funding and dedicated resources. This report does not capture input from some key interest groups in the City and District of Thunder Bay (e.g. youth, older adults, Indigenous communities and service providers, mental health practitioners working in the private sector, etc.).

Two (2) consultations with City and District service providers took place using Adobe Connect. We acknowledge that technological challenges using the virtual platform may have prevented some participants from fully participating and providing input.

# NEXT STEPS



The themes identified in this report will be used to form a proposal submitted to the North West LHIN to support the expansion of CMHA Thunder Bay crisis services. The expansion of crisis services will build upon CMHA's existing crisis infrastructure and the momentum of the recently launched, Joint-Mobile Crisis Response Project. It will also interface with other community-led projects such as the North West Community Mobilization Network (Northwest Regional Centre of Responsibility & Situation Tables).

This report and accompanying recommendations will be shared with the Thunder Bay District Mental Health & Addictions Network, Northwest Regional Centre of Responsibility, Child and Youth Mental Health Community Planning Tables, the District of Thunder Bay Sub-Region Collaborative, and other relevant local/community planning tables.



# RECOMMENDATIONS



1

## **Engage in Further Consultation with Service Providers, People with Lived Experience & Youth in the District of Thunder Bay:**

There are strong partnerships and working relationships between service providers working in District communities. We recommend that further consultation is done within each of these communities to determine if there are existing resources/working relationships that can be leveraged to enhance crisis services and better understand current care pathways, community strengths, assets, barriers and challenges to providing crisis services. Locally-identified solutions that emerge from service providers in the District will reflect the diversity of each of these communities.



# RECOMMENDATIONS



**Engage community partners responding to people in crisis (ie. Balmoral Withdrawal Management, Police Services, Thunder Bay Regional Health Sciences Centre, Superior North EMS, Dilico Anishinabek, etc.) in continued conversations to support development of enhanced crisis services:**

"Step Down" protocols were mentioned as being critical to enhanced crisis services, and the above community partners were noted as being critical assist/support with transitions in care.

- Host an informational session/collaboration day with Service Providers currently providing Crisis Services in the City & District of Thunder Bay: There are several service providers that provide crisis services in the City and District. An informational session/collaboration day is with both Indigenous and Non-Indigenous service providers providing crisis services is recommended to determine what services each organization provides and how they can complement one another.
- Explore current need for crisis services "After Hours" in the City & District of Thunder Bay: "After Hours" services were noted by several services providers in the City and District and are a key theme in this report. It is recommended to look at data from the City and District (ie. MHA Apprehensions, Calls to Police for Service, MH&A Emergency Department Visits peak hours, Crisis Walks-In hours, etc.) after 4:30 pm ("After hours") to determine the community need for services "After Hours" and what these services could look like.

# RECOMMENDATIONS




3

## **Provide Crisis Intervention Training to Service Providers in the City & District:**

The consultations identified crisis intervention training and education needs are high for service providers working in the health and justice sector (e.g. nursing staff, police services).

## **Explore the feasibility of Joint-Mobile Crisis Response model in the District of Thunder Bay:**

The concept of a Joint-Mobile Crisis Response model emerged during consultations with District Service providers. In the Northwest region, the City of Thunder Bay and Sioux Lookout currently have operational collaborative joint-response protocols. However, limited resources and the vast geographical landscape of the Northwest may impact the feasibility of a joint-mobile crisis response model in the District of Thunder Bay.



4



5

## **Utilize local/regional community planning tables and committees for ongoing consultation during the planning and implementation phases of enhanced crisis services:**

Ongoing consultation with people with lived experience, youth, families, and service providers will be important during continued discussions about the concept of enhanced crisis services. Community planning tables such as the Northwest Regional Centre of Responsibility, Thunder Bay District Mental Health & Addictions Network, District of Thunder Bay Sub-Region Collaborative, Child/Youth Mental Health Community Planning Table, Thunder Bay Drug Strategy, Crime Prevention Council, PWLE Advisory Committee, Parent Advisory Committee etc. convene key stakeholders groups and should be leveraged throughout planning and implementation phases.

2019



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Health Association  
Thunder Bay  
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**Many thanks to the front-line staff, management, or senior leadership from the following agencies for their input into the consultations:**

211 North  
Anishinabek Police Service  
Brain Injury Services of Northern Ontario  
Canadian Mental Health Association - Kenora  
Canadian Mental Health Association - Thunder Bay  
Catholic Family Development Centre  
Centre for Addiction and Mental Health  
Centr'Elles  
Children's Aid Society of the District of Thunder Bay  
Children's Centre Thunder Bay  
Crime Prevention Council  
Crossroads Centre  
Dilico Anishinabek Family Care  
Geraldton District Hospital  
Greenstone Area Victim Services  
Greenstone Family Health Team  
Greenstone Victim Services  
Lakehead District School Board  
Lakehead Public Schools  
Lakehead University  
Lutheran Community Care Centre  
Marathon Family Health Team  
Nipigon District Family Health Team  
North of Superior Counselling Programs

North of Superior Health Care Group  
North West LHIN  
NorWest Community Health Centres  
Ontario Provincial Police  
People Advocating for Change through Empowerment  
Santé Manitouwadge  
St. Joseph's Care Group  
Superior Greenstone Catholic District School Board  
Superior North Catholic District School Board  
Superior North EMS  
Thunder Bay District Health Unit  
Thunder Bay District Social Services Administration Board  
Thunder Bay Drug Strategy  
Thunder Bay Police Service  
Thunder Bay Regional Health Sciences Centre  
Wilson Memorial General Hospital

**And members of:**

- People with Lived Experience Advisory Committee (PACE)
- Parent Advisory Council (Children's Centre Thunder Bay)

