forward TOGETHER

An integrated approach to Mental Health and Addictions in Huron Perth

FEBRUARY 2021

Social Research & Planning Council
Operated by United Way Perth-Huron

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Funders

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By the time Canadians reach the age of 40, 1 in 2 have experienced a mental illness.

Mental health and addiction impacts people and their families from all walks of life, regardless of age, education, income levels, or cultures.

INTRODUCTION

In any given year, one in five people in Canada will personally experience a mental health or addiction (MH&A) issue. By the time Canadians reach the age of 40, one in two have experienced a mental illness (Smetanin et al., 2011). MH&A impacts people and their families/caregivers from all walks of life, regardless of age, education, income levels, or culture.

According to research conducted by the Mental Health Commission of Canada (MHCC), the economic cost of mental illness nationally is estimated at $51 billion per year (Smetanin et al., 2011; Lim et al., 2008). This includes health care costs, lost productivity, and reductions in health-related quality of life. In Ontario, the annual cost of alcohol-related health care, law enforcement, corrections, lost productivity, and other problems is estimated to be at least $5 billion (Rehm et al., 2006).

Data from the 2018 Canadian Community Health Survey shows that 18 per cent of Canadians (12 years of age and over) require some level of service from the MH&A system (Statistics Canada, 2019). This equates to over 24,000 people in Huron Perth who could benefit from some level of MH&A services (Cunning Consultants, 2020).

Purpose of the Report

The Social Research and Planning Council (SRPC), operated by United Way Perth-Huron (UWPH), identifies local issues and trends, prioritizes local research directions and collects, collates and disseminates relevant community reports. To date, the SRPC has published two reports on the topic of MH&A: *It Affects Us All: A Report on Mental Illness in Perth County 2008*, and *Starting the Conversation: A Report on Substance Abuse and Problem Gambling in Perth and Huron Counties, 2012*.

The SRPC recognizes much has changed since those reports were published and commissioned this research report with the intended purposes of:

- Gaining a better understanding of the current MH&A system in Huron Perth and the best practice approaches to service delivery (e.g. Stepped Care Model, Stages of Change)
- Informing community leaders of the achievements that have taken place over the past eight years and the collaborative efforts underway to continually improve the MH&A system in Huron Perth
- Identifying outstanding issues and challenges Huron Perth residents face when accessing and navigating the MH&A system and opportunities for collective impact

Since this research report was initiated, there have been significant changes in the social planning environment, including the COVID-19 pandemic, the establishment of the Huron Perth and Area Ontario Health Team (HPA-OHT) and the recent release of the Government of Ontario's *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, 2020*. Accordingly, the SRPC extended the timeline of this research report and pivoted the scope of the project to take into consideration the new developments impacting the MH&A system.

The *Roadmap to Wellness* is a framework for making improvements to the MH&A system ensuring residents in communities across Ontario have access to client-centered, data-driven, evidence-based, high-quality services, when and where they need them. The *Roadmap to Wellness* is currently informing the MH&A collaborative planning and system improvement efforts taking place in Huron Perth.

It Affects Us All: A Report on Mental Illness in Perth County provided an overview of the status of the MH system in Perth.

Recommendations included:

- Creating three acute, inpatient MH beds for children and youth
- Creating and funding a comprehensive eating disorder program
- Attracting one new child psychiatrist and two adult psychiatrists to Perth County
- Providing a widespread education program related to mental illness focusing on the public, employers, and school boards

Starting the Conversation: A Report on Substance Abuse and Problem Gambling in Perth and Huron Counties highlighted some of the challenges in the region at that time including the increased use of crystal meth and the decreased age of use in children and youth. Slot machines and internet gambling were reported as the primary gambling activities. Significant barriers and service gaps included the absence of methadone services and withdrawal management services in both counties.

Research Process

The process for developing this report began in July 2019 and included the following activities:

- Establishing the SRPC's MH&A Research Committee with representatives from local community MH&A and social services organizations, as well as three individuals with lived experience
- Issuing a Request for Proposal for independent research consultants who conducted:
  - An assessment of national socio-demographic and service utilization data
  - Community consultations — key informant interviews (MH&A experts) and a stakeholder survey (i.e. service providers)
- Collating, examining, and analyzing information related to the current funding and planning environment, as well as service issues and gaps identified by consultation participants and members of the SRPC MH&A Research Committee
- Drafting the report and recommendations by members of the SRPC MH&A Research Committee
- Review of the report by experts in the field, community stakeholders, SRPC members, and the UWPH Board of Directors

In addition to the above social research and planning activities, the lived experience members of the SRPC MH&A Research Committee prepared written narratives to describe their personal journeys and experiences with the local MH&A system. These stories appear throughout this report. At first glance, these personal accounts may come across as positive experiences with the service system as they have optimistic endings, which does not reflect everyone's reality. However, it is important to recognize all three journeys have been long and arduous with many ups and downs; and the lived experience members' involvements with the MH&A system are continuing. Special thanks goes to Elaine, Leslie and Caitlin for their strength and courage in sharing their stories.

Current Impact of the COVID-19 Pandemic

The COVID-19 pandemic has created unprecedented changes in daily life. It has shone a spotlight on MH&A, particularly health and social inequities due to income, employment and working conditions, housing and homelessness, and childcare and family life. Many MH&A providers have been rapidly reorganizing to provide care and continue to connect with clients virtually. These developments have been offset by the negative impacts social isolation and loneliness are having on the mental health of the community, particularly for seniors and individuals living alone.

FAST FACTS

(As reported by the Centre for Addiction and Mental Health, 2021)

of mental health issues start during childhood or adolescence

Levels of psychological distress

indicated by Ontario high school students

(symptoms of anxiety and depression)

Men have **higher rates of addiction**

Women have **higher rates of mood and anxiety disorders**

Mental and physical health are linked.

People with long-term medical conditions such as chronic pain are much more likely to also experience mood disorders. Conversely, people with a mood disorder are at much higher risk of developing a long-term medical condition.

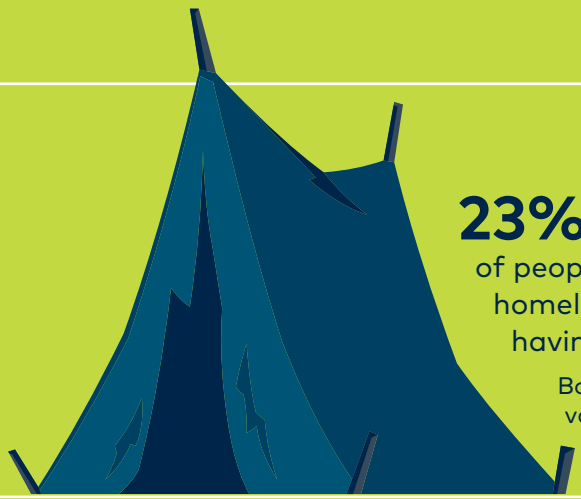
People with a mental illness are **twice as likely** to have an addiction compared to the general population. At least 20% of people with a mental illness have a co-occurring addiction.

People with substance use issues are up to **three times more likely** to have a mental illness.

More than 15% of people with an addiction have a co-occurring mental illness.

The Rural Planning and Development Program at the University of Guelph, in collaboration with the SRPC, conducted a research project in 2020 to examine the experiences of rural residents in light of the ongoing COVID-19 pandemic in Huron and Perth counties. To help identify pandemic-related emergent mental health concerns, a residential survey was distributed and completed by 3,500 respondents across Huron Perth. The preliminary results indicated an overall decrease in respondents' mental health since the onset of COVID-19 (Deacon, L. et al., 2020).

Canadians in the lowest income group are **three to four times more likely to report fair to poor mental health** than those in the highest income group.



23% - 67%
of people experiencing homelessness report having a mental illness.

Based on studies in various Canadian cities.

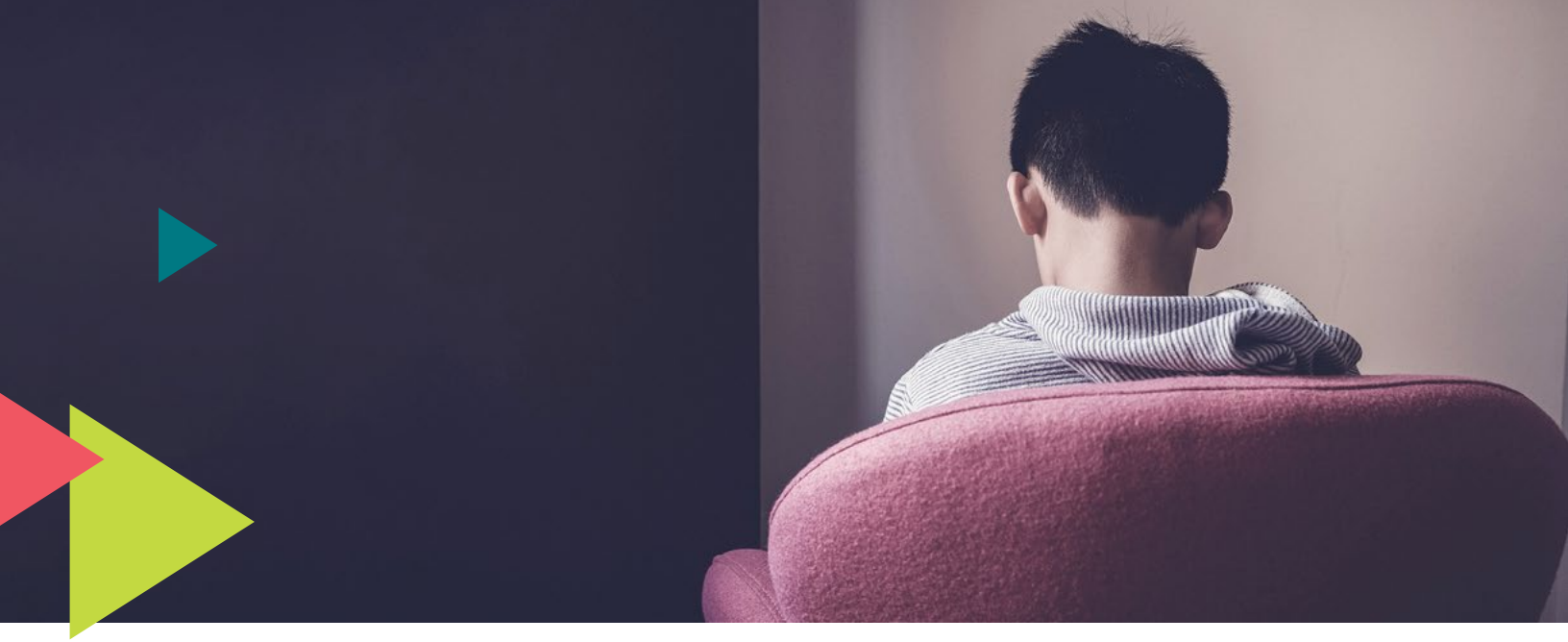
Individuals with a mental illness are much less likely to be employed.

70% to 90%
unemployment rate

for people with **severe** mental illnesses

500,000+ employed Canadians are unable to work in any given week due to mental health issues.

This includes approximately 355,000 disability cases due to mental and/or behavioural disorders, and approximately 175,000 full-time workers absent from work due to mental illness.



SETTING THE CONTEXT

Nationally

Prior to 1960, large, publicly funded institutions comprised most of the mental health services available in Canada (Sussman, 2017). Many psychiatric hospitals closed in the 1970s and 1980s in the wake of institutional reform and the deinstitutionalization policies of the 1960s and 1970s (Sealy & Whitehead, 2004). The result was "trans-institutionalization" — a shift of care from specialized hospitals to community-based programs resulting in services that became autonomous and isolated. Since 1959, psychiatric hospital beds have decreased from a rate of 430 per 100,000 to 70 per 100,000 (Sussman, 2017).

In 2006, the Senate Standing Committee on Social Affairs, Science and Technology completed a landmark study on MH&A: *Out of the Shadows at Last — Transforming Mental Health, Mental Illness and Addiction Services in Canada*. The outcome of this report led to creation of the Mental Health Commission of Canada (MHCC) with a mandate to create Canada's first mental health strategy; advance knowledge exchange in mental health; and examine how best to help people who are experiencing homelessness and living with mental health issues. The resulting strategy, *Changing Lives, Changing Directions*, launched in 2012 emphasizing a lifespan approach, recovery, access, and reduction in disparities. The strategy also acknowledged the distinct circumstances of Indigenous peoples (MHCC, 2012).

Provincially

Shifts in policy and funding at the federal level invariably impacted policy and service delivery at the provincial level. Numerous reports have been published in Ontario over the last 30 years that have strongly endorsed the principle of moving MH&A care and resources from psychiatric hospitals into the community where people with MH&A can receive the services they need when they need them. The key provincial policy reports on MH&A have included:

- Towards a Blueprint for Change: A Mental Health and Policy Program Perspective, 1983
- *Building a Community of Support: A Plan for Mental Health in Ontario, 1988*
- *Putting People First: The Reform of Mental Health Services in Ontario, 1993*
- *2000 and Beyond: Strengthening Ontario's Mental Health System, 1998*
- *Making It Happen: Implementation Plan for Mental Health Reform, 1999*
- *Making it Work: Policy framework for employment supports for people with serious mental illness, 2000*
- *Moving in the right Direction: Systems Enhancement Evaluation Initiative, 2009*
- *Every Door is the Right Door, 2009*
- *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy, 2011*
- *Building a better school environment for youth with youth mental health and addiction issues, 2012*
- *Moving on Mental Health: A system that makes sense for children and youth, 2012*
- *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Wellbeing, 2013*
- *Taking stock: A report on the quality of mental health and addiction services in Ontario, 2015*
- *Ontario's Opioid Strategy, 2016*

As mentioned above, the province recently released a new *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, 2020* to address problems that have challenged Ontario's MH&A system for decades:

- **Wait Times** — Demand for MH&A services exceeds available capacity, often resulting in long wait times for services
- **Barriers to Access** — Ontarians do not know what services exist or where and how to get help
- **Fragmentation** — Poor coordination across the system results in inefficiencies and poor client and family experiences as people struggle to navigate between services
- **Funding** — Some of today's funding is based on historical arrangements and is not evidence-based
- **Uneven Quality** — Consistency and quality of services vary from provider to provider and between regions
- **Lack of Data** — Ontarians, service providers and system planners do not have access to the information they need, limiting effective oversight and accountability

With the launch and implementation of the *Roadmap to Wellness*, Ontario is on track to develop a MH&A system that more effectively responds to everyone's needs, whether they have a mild to moderate MH&A issue or are challenged by a serious and significant illness. To enable this plan, the Government of Ontario is investing $3.8 billion over 10 years to improve quality, expand existing services, implement innovative solutions, and improve access. A new Mental Health and Addictions Centre for Excellence within Ontario Health has been established and is responsible for:

- Acting as a central point of accountability and oversight for MH&A care
- Standardizing and monitoring the quality and delivery of evidence-based services and clinical care across the province to provide a better and more consistent patient experience
- Creating common performance indicators and shared infrastructure to disseminate evidence and set service expectations
- Providing support and resources to OHTs as they use the core services framework to connect patients to the different types of MH&A care they need and help them navigate the complex system

A whole-of-government approach is critical to the success of this roadmap. As such, the Ministry of Health and the Mental Health and Addictions Centre of Excellence have begun working closely and collaboratively with partner ministries (e.g. Housing, Community and Social Services, Solicitor General) to better integrate and coordinate supports for the joint populations served.

Locally

In Huron Perth, there are a number of different organizations offering services and supports for individuals with MH&A. Programs and services can be grouped into two types of service providers: direct and indirect.

Direct service providers are provincially mandated and funded to provide core MH&A programs and services. Core services are primarily delivered by hospitals, community MH&A agencies and primary care providers (family health teams). Over time, these service providers may be aligned with OHTs.

Indirect service providers provide a range of programs and supports helping individuals with MH&A needs, however these organizations aren't necessarily provincially mandated to offer core MH&A programs and services. Examples include, but are not limited to, home and community support, long-term care, schools, public health, housing, social assistance and other human services.

Direct MH&A service providers currently receive funding from different sources for a variety of reasons, most of which stem from historical public policy. Provincial funding for core MH&A services comes from the Ministry of Health (MOH), Ministry of Education (EDU) and the Ministry of Colleges and Universities (MTCU). Other provincial ministries, such as the Ministry of Municipal Affairs and Housing (MMAH) and the Ministry of Community and Social Services (MCSS) also provide critical support to MH&A clients living in the community. In addition, many organizations access funding through foundations and grant programs offered by UWPH, the Tanner Steffler Foundation (TSF) and local municipalities.

Whether the funding for services comes from a single source or is augmented through grants, donations, or fundraising, the level of community need far exceeds available resources. Consequently, local human service providers have been working collaboratively for many years to address resource needs and service gaps and to improve system integration and service coordination. The interagency relationships developed through these collaborative efforts (described below) provide Huron Perth with a strong foundation for implementing the provincial *Roadmap to Wellness* at the local level.

HURON PERTH & AREA ONTARIO HEALTH TEAM (HPA-OHT)

OHTs are being introduced to provide a new way of organizing and delivering more integrated care. Under OHTs, health care providers (including hospitals, physicians, and home and community care providers) work as one coordinated team no matter where they provide care. In 2019, over 60 health partners in Huron Perth jointly submitted a successful application and the area was approved to become one of the 42 OHTs in the province. The HPA-OHT has identified MH&A as one of three priority population groups in its initial operating plan.

HURON PERTH MENTAL HEALTH & ADDICTIONS NETWORK

A voluntary community network including MH&A service providers and other community partners who have a vested interest in MH&A service planning discussions regarding service issues, needs, gaps, priorities, and activities to promote and improve MH&A services. There is a formal Terms of Agreement reviewed and signed every two years. This network has become the MH&A working group for the HPA-OHT.

HURON PERTH ADDICTION & MENTAL HEALTH ALLIANCE

Established in 2012, the Alliance is comprised of MH&A service providers across the lifespan of care. The primary purpose of this collaboration is to manage the MH&A system in Huron Perth and address any gaps in service. This group is the core of the MH&A Network (described above) and each partner signs and endorses a legal agreement each year.

HURON PERTH CHILD & YOUTH MENTAL HEALTH (CYMH) NETWORK

Since 2005, the CYMH Network has been responsible for planning mental health services for children and youth in Huron Perth. In January 2019, the group made the decision to join the MH&A Network (described above). Two structures remain in place to complete the detailed planning related to CYMH including:

- The Huron Perth CYMH Leadership Team; and
- The Huron Perth CYMH Stakeholders Network (rebranded from the original CYMH Network).

CYMH specific initiatives (e.g. school-based services, youth suicide prevention, collaborative care, etc.) continue independently from adult services, but are linked to the Alliance/Network to ensure collaborative planning and problem-solving regarding transitional age youth served by both systems takes place.

OTHER COLLABORATIONS

In addition to the above collaborations, MH&A providers participate in related health, public safety, criminal justice, and social service initiatives (e.g. Community Safety and Well-being Plans, 10-year Housing and Homelessness Plans, Human Services & Justice Coordinating Committee – HSJCC, etc.), and have established various forums for people with lived experience to share their perspectives on services and areas for improvement.

In 2019, representatives from all existing patient/client advisory groups were brought together to integrate the voices of people with lived experience regarding MH&A services for the new HPA-OHT. The **Huron Perth & Area Client Advisory Committee** held its inaugural meeting in November 2019. Further committee meetings have been delayed due to the pandemic.

NAVIGATING THE MH&A SERVICE SYSTEM

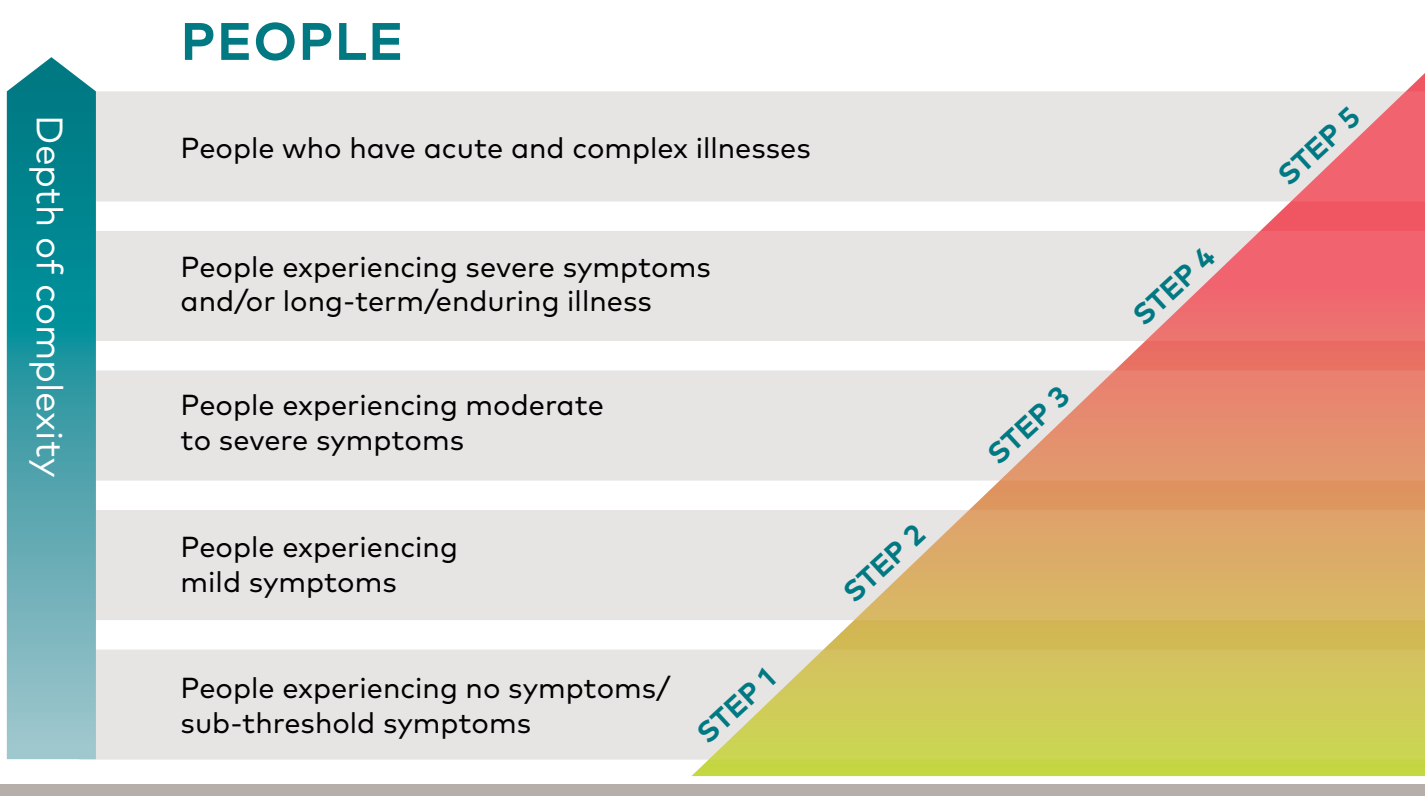
People experience MH&A issues in distinct and varied ways; personal situations, structural circumstances, and systemic factors all impact how someone experiences and addresses their MH&A concerns. For this reason, it is important that a broad range of services and interventions with varying degrees of intensity are available to support people based on their level of need and their readiness for change. Some of these services are available in Huron Perth, while others are delivered by specialized service providers in Ontario.

The services offered in the MH&A sector can be informally framed within two widely recognized models of service provision: Stepped Care Model and Stages of Change.

Stepped Care Model

This model offers a tiered approach to service provision. In order to achieve the best possible outcomes, the Stepped Care model is designed to ensure clients and their families are receiving interventions in the least intrusive way possible and with varying levels of intensity based on their depth of need. The foundation of this model is self-care, encouraging clients to manage their own health and well-being as much as possible. However, service users may be 'stepped' up or down as required and at each step services are matched to specific needs. The model is intended to provide access to "the right service, at the right time, in the right place" (Southern District Health Board, 2016).

Stepped Care Model



STEP 1

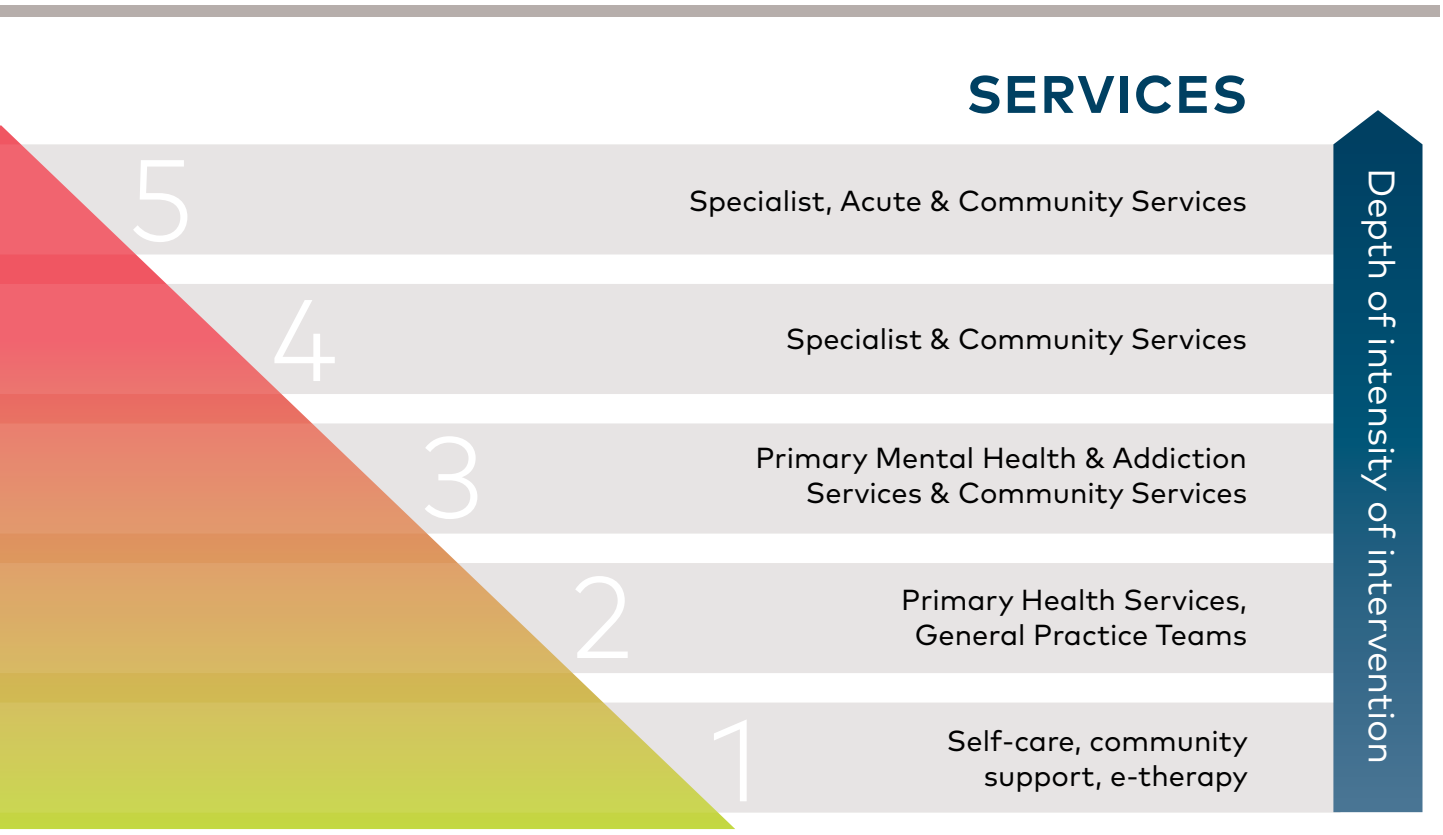
Services include a broad range of informal and formal community supports and resources. A person in this step can **self-manage** their condition or illness by accessing population-based health promotion information and prevention supports.

STEP 2

Services are delivered in primary health and community settings. A person in this step is experiencing a **mild** MH&A issue. Core services in Step 2 may include peer and family supports, counselling and therapy (including psychotherapy), brief intervention, and targeted prevention.

STEP 3

Services in this step are also delivered in primary health and community settings but the person is experiencing **moderate to severe** MH&A issues. Core services in Step 3 may include addictions treatment, supported employment, court supports or diversion, supportive housing, case management, withdrawal management, crisis response and support, counselling and therapy (including psychotherapy), peer and family support, brief intervention, specialized consultation and assessment, and treatment.



STEP 4

Services are delivered in hospital and community settings and the person is experiencing **severe** MH&A issues. Core services in Step 4 may include assertive community treatment, early psychosis intervention, child and youth intensive treatment, specialized consultation, assessment and treatment, addictions treatment, withdrawal management, case management, crisis response, court supports or diversion, supportive housing, counselling and therapy (including psychotherapy), and peer and family support.

STEP 5

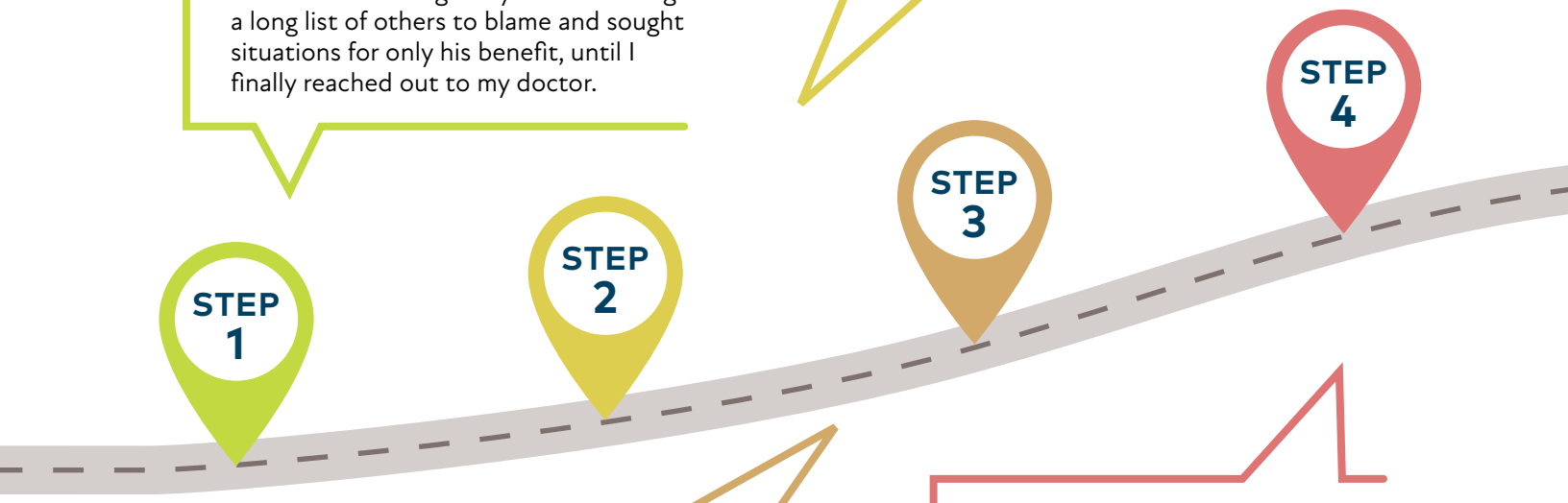
Services are delivered in hospital and specialized settings. A person in this step is experiencing **severe, acute and complex** MH&A issues. Core services in Step 5 may include emergency and inpatient psychiatric services, forensic services, psychotherapy services, withdrawal management, and peer and family support.

A Lived Experience of Addictions

Every journey is unique and individual, framed within the Stepped Care Model is Leslie's journey of addiction and recovery.

1 The stigma of an alcoholic is not for me...I don't have a drinking problem...I am a 'functioning' drunk. I have a successful business, manage my customers and staff on a daily basis. I pay my bills, etc. What happens if I reach out? Am I committed forever? Who can I trust? How do I learn just a bit? My husband (of two years) told me I was an alcoholic and I needed help and therapy because my family is toxic... another whole long story. I went through a long list of others to blame and sought situations for only his benefit, until I finally reached out to my doctor.

2 I finally reached out to my doctor — who I have been with for many years. Seeking direction and 'a pill' to fix my disorganized life and mind! She had previously warned me about my drinking and its ill health effects. Anti-depressants and counselling to start. She referred me to a psychologist for further options to my mental health. This referral was not as much help but it got me medicine for depression and sleeping and I was in the system.



3 My doctor also referred me to Qualia Counselling. I spent, invested $ and time, for a year and a half with her. We connected nicely and I felt for the first time I had someone to talk with since my father's passing 2010. She was very good. We went through the CBT model. She was very understanding and compassionate to my story. While I was seeking therapy with her, I had a few major transitions too. I had to close my business of 45 years, let go of 30 staff and thousands of customers. My estrangement from my biological daughter, my brother and his family, and my mother. All of which seemed to rack up both anger in my husband and legal bills. Needless to say we covered a lot of topics and emotions.

4 It became apparent that I wasn't to make any more improvements in my life and situations until I dealt with my drinking first...went to a few AA meetings with a friend of my husband. I had been in two very alcoholic relationships and my last partner was in AA on and off for 20 years, so I had some familiarity. Both with AA and alcoholic battles. I also had his contacts, to whom I didn't reach out until after residential treatment. Both my doctor and counsellor suggested inpatient treatment.

5 I knew I would need the inpatient option to remove myself from my troubles on the home front. Trying to do some of my own research as to what, where, and when proved overwhelming. Fortunately, I had the resources and time to put Homewood at the top of my list and was in within two weeks (unfortunate that $ talks in this field too). Homewood was my saving grace. I crossed the threshold August 9th, 2016 at 9 am and haven't looked back. Three meals a day, exercise, and special interest-hobby sessions along with addiction-related working groups suited me well. This is when I learned that my drinking was a disease of alcoholism; the first 10% (plug the jug) dealt with the physical excessive consumption and the next 90% was mental, emotional, and spiritual — mostly a thinking problem!

6 After treatment, my husband and I went to the aftercare programme provided — for a cost — at Homewood. Monday date night!! Following that 36 weeks, I called Choices for Change (CFC), as a referral from my ex, for continued counselling and support. I was surprised how quickly I was received into their program. My counsellor there was the best thing that has ever happened to me!! He helped map out where I was and how to progress to a better person — mind, body and soul. I began to recognize much of the terminology and conversation points from my prior sessions at Qualia. We connected well and I felt safe and cared for as a person with addiction issues and then some. I became involved in more services and programs at CFC and I am now volunteering with them.

7 Since then, I've embraced the change to a new way of living. Using the tools provided at Homewood, a sponsor in AA who guided me through the suggested 12 step program of Alcoholics Anonymous, and weekly sessions at CFC, kept me on a path to not just sobriety, but also recovery. It has taken time, as I've needed time to comprehend and integrate each step into my life and daily routine, but the supports I had encouraged and prodded me to keep moving forward. I still had to deal with all the 'stuff' that surfaced while at Qualia.

8 AA and CFC helped to fill that void and my continued interactions with both have been a godsend: Sharing the message of AA in the women's jail in Kitchener and being of service within AA, speaking at meetings and participating with my Home Group.

Stages of Change

Change is a part of life. People adjust to life circumstances or make a change in different ways and for different reasons, some by choice and others by circumstances. For those experiencing MH&A, the decision to make a change to better care for themselves is not easy and not always evident.

The Stages of Change model was developed to understand the different stages people go through in their journey towards change (Prochaska & DiClemente, 1970). These stages include precontemplation, contemplation, preparation, action, and maintenance. Regardless of the type of change, everyone experiences these same five stages in making decisions and taking action. This journey is not linear and a person may move in and out of these stages, possibly multiple times, before sustaining the change.

Sustainable change can only really happen when people are ready. Understanding a person's readiness and what stage they are in helps determine their ability and willingness to engage in support services and treatment.

1. PRECONTEMPLATION

People start from the belief that change is not necessary. Someone in the precontemplation stage sees no reason to change because the positive aspects of their behaviour still outweigh any negative impacts.

2. CONTEMPLATION

At this point, the person is considering a change. Maybe the cons are now starting to outweigh the pros of the behaviour. The person may be excited to make a change but also unsure and ambivalent.

3. PREPARATION

The person has decided to make a change and is putting things in place to do so; for example, setting a date to quit smoking or making an appointment at a counselling centre. It is in this stage that someone finally believes they can make the change and are deciding to make it a priority.

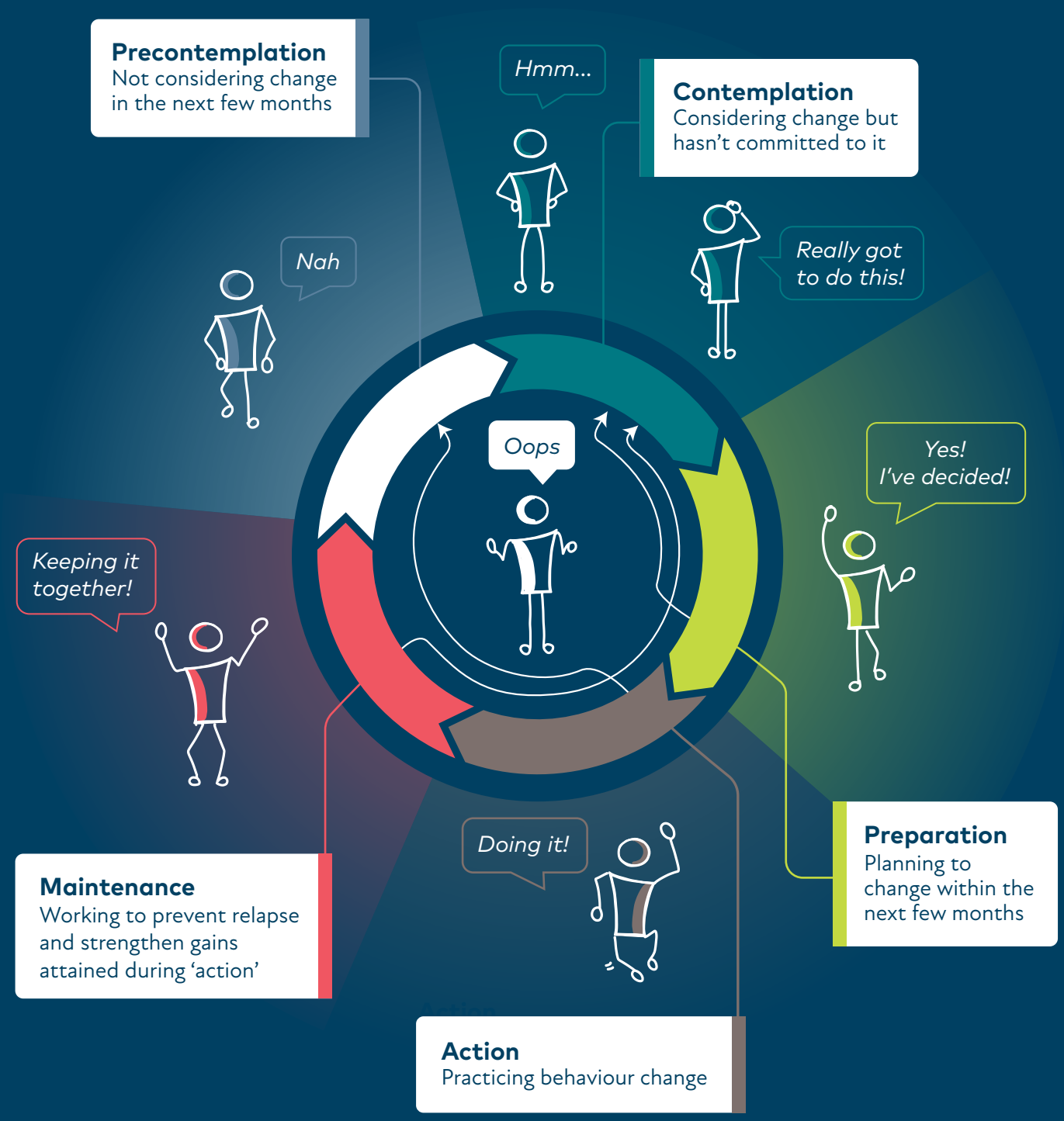
4. ACTION

The person is acting on making the change. They are taking deliberate steps in their social or home environments to support the change and may be involved in activities such as counselling or other forms of treatment.

5. MAINTENANCE

The person is continuing activities begun in the action stage (e.g. treatment, support services) in order to maintain this change. They know they are vulnerable to the pressures of returning to previous behaviours and they continue making changes in their lifestyle to support their goals.

THE STAGES OF CHANGE

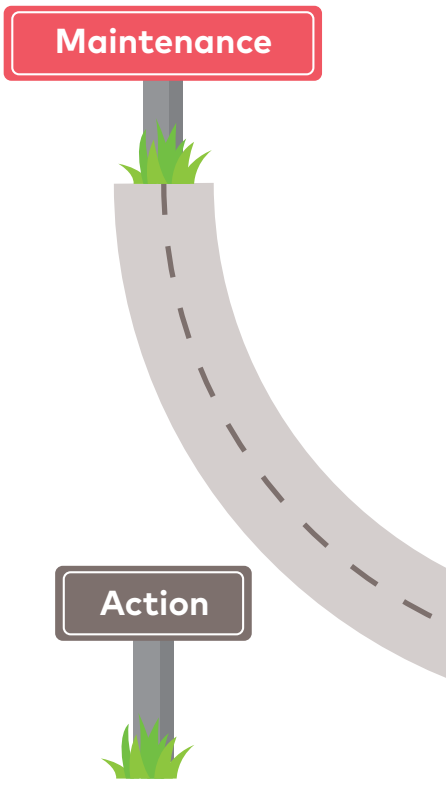


A Lived Experience of Mental Wellness

Elaine's road to mental wellness illustrates the five stages she experienced in her journey towards positive change.

> *The journey towards mental wellness has been a long bumpy road and the journey continues. The difference is that now I know I'm not on the road alone. Sorry, I'm starting at the ending. Let me go back to the beginning.*

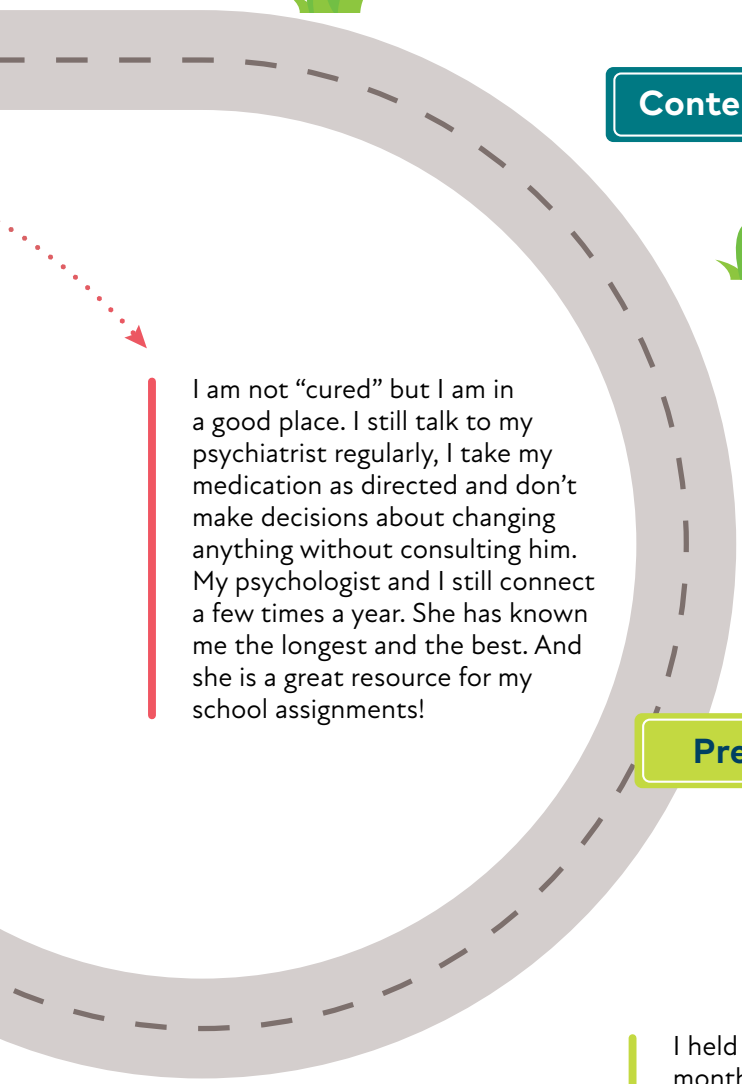
I was reluctant to take medication and kept weaning myself off my drugs, the result of which would be another hospitalization. The hospitalizations weren't always a positive experience. I had one psychiatrist who was more concerned with how many days I was in the hospital than whether or not I was feeling better. Of course, he sent me home too soon and two weeks later I ended up back in the hospital. The hospital times were a mix of programs, psychotherapy, reading, boredom, and unhappiness but gradually transformed into a place where I felt stable. It took time and patience for my psychiatrist and I to find the right combination of drugs which would help me feel like my best self. We were a team working together for my mental health. I was bothered for a long time by the hospitalizations; I was embarrassed by the suicide attempt that lead to my last hospitalization. The stigma is still there but by talking about it, by being open and honest, I have discovered that people can be quite supportive if I just give them the opportunity.



We had a lot of work to do. I was hesitant to share anything until I got to know her better. It was expensive—$100 an hour—so that limited the times I could go, but the reality is there are lots of good therapists out there who are covered by government health plans or connected to Family Health Teams and hospitals. I even gained access to a therapist through an EAP connected to my school when I lived in another province. It took several hospitalizations and consultations with several different psychiatrists before I received a diagnosis and some deeper work could begin. I had depression, anxiety, and PTSD from a home invasion.

For many years, since I was 18 in fact, I knew something was not quite right. I often felt an overwhelming sense of sadness, would cry for no apparent reason, and would often isolate myself from friends. I figured it was nothing I couldn't handle so I carried on like this for many years. Friends tried to be supportive in the down times but there is only so much support untrained but caring friends can offer. I knew I needed more help but was reluctant to seek it.

Precontemplation



Contemplation

Finally, I realized that something had to change. The down periods were becoming longer and deeper and some friendships were breaking down. I stopped sleeping and the symptoms of depression worsened. It was time to start looking for professional help.

Preparation

I sought the help of my family physician—I had a relationship with her—surely she would be the one to get me through this "rough patch". She had access to medication and she was a doctor. But, as she made clear, she was not trained for the help I needed. She offered me names of psychologists, recommending one in particular.

I held on to that piece of paper with those names for several months, riding the roller coaster that is depression. Then, on a "good" day, when I was thinking a little more clearly, I picked up the phone and dialed the number. That was twenty-four years ago. She is still my psychologist today.

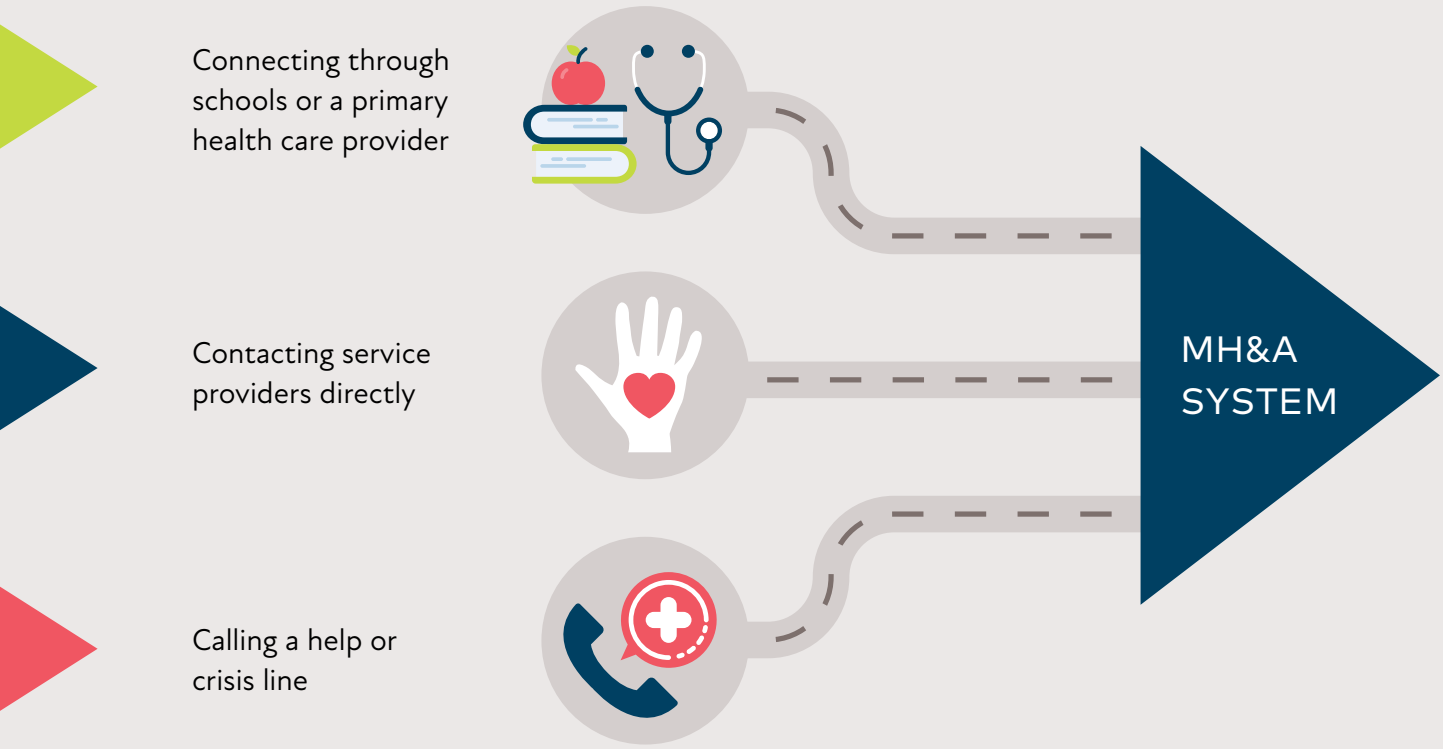
Action

I am not "cured" but I am in a good place. I still talk to my psychiatrist regularly, I take my medication as directed and don't make decisions about changing anything without consulting him. My psychologist and I still connect a few times a year. She has known me the longest and the best. And she is a great resource for my school assignments!

Service Navigation and Coordination

Having a broad range of services available to people is vital to the overall service delivery system. Equally important is the capacity for the system to support users' ability to navigate the system in order to understand which services are most relevant and appropriate for their needs and circumstances.

There are currently several pathways into the MH&A system:



At present, a number of local providers offer single service navigation (e.g. the Tanner Steffler Foundation funds a service navigation program for youth ages 12–24 in Huron County). However, Huron Perth lacks a systems-wide access and navigation mechanism across the lifespan, like Here 24/7 — the front door to MH&A programs and crisis services provided by 11 agencies across Waterloo Wellington region.

As identified in community consultations held by the *2010 Select Committee on Mental Health and Addictions*, the lack of a systems-wide coordination mechanism contributes to inefficiencies and poor client and family experiences, particularly for individuals transitioning from one type of support or sector to another, for example:

- Hospital to community
- Residential treatment to community
- Criminal justice system to community
- Youth to adult MH&A systems

With the release of the *Roadmap to Wellness* and the establishment of the HPA-OHT and the Mental Health and Addictions Centre for Excellence, work is underway to improve service navigation and coordination locally.

Tripping Hazards: A Lived Experience

A crack is seemingly innocuous — a mere marring of the surface. In this system, such a benign thing belies the structural damage that wreaks havoc on those who need it most. Over the years, the word "crack" has become absorbed into an everyday descriptor, a normalized facet of the child and youth mental health system. I've used it myself on multiple occasions when advocating for a better, more transformed system. "We must improve to prevent kids from falling through the cracks".

Is it still a crack if you never stop falling?

Gaining momentum, hurtling past optical illusions of "rock bottom", thresholds that can only truly be defined by the individual. Left blind in this weighted darkness, you cannot even see yourself, let alone any hope for the future.

It's indescribable, how painfully different the experience is from the description. Once below, you never really look up to consider how it happened in the first place. Everything becomes disorienting, turned topsy-turvy and all sense of direction is lost. Without context, can you even be certain that you're falling? Or is this absolute stillness?

When you can't understand what it is, there's a comfort in nothingness. Suspended in time and space, emptiness can be the only safety from everything that fills and threatens to drown you. That is what the world was, that is what living meant to me — an inevitable consumption.

There is good in this system, for all of the shortcomings of the thing itself. Even while everything was falling apart, I had counselors who gathered the scattered pieces, and held them on my behalf.

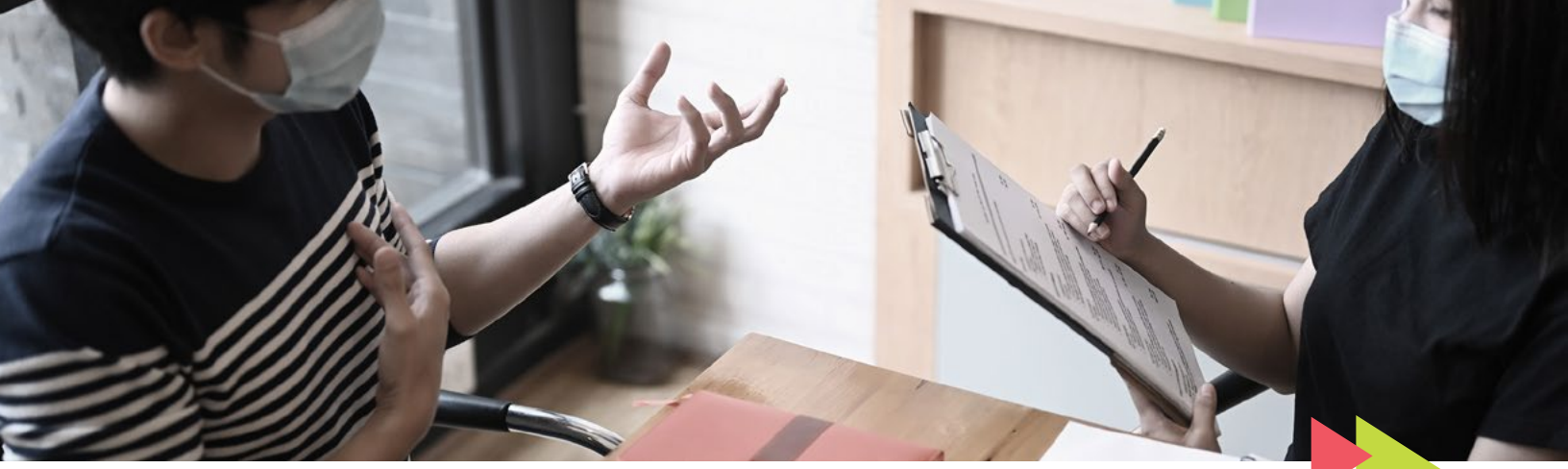
Then I turned eighteen and the rolling over of the clock revealed the crack — like the stuttering of the second hand.

It is a stark contrast between the youth and adult mental health systems and I found myself in the shadows. I didn't know anything about the adult system — who to call, where to go, what was offered. There were no faint traces of outline that could have once been a map.

As I sat in a room, curled up in a stiff, generic chair as unforgiving as the overall environment, my one constant, my only trusted support, was left in the waiting room — denied entry. After all, I was an adult now; it was time to stand on my own two feet and navigate the underground tunnels of this new system on my own. This left only the tightly coiled fetal position as any sense of familiarity, trying to make myself smaller — as close to invisible as possible. You're less likely to be hurt if you can remain unnoticed. It was my only defense in the face of such fear. The conversation offered little comfort, best measured by its brevity. With clipped words in a brisk tone, options and processes were fired out. Walls felt too close, the air constricted by this abruptness; a sentiment of practicality that demands responsibility but stung like accusations, as though I'd been shirking my duty. While I do not dismiss this perspective, this tone filters out the notes of compassion that invites a much needed sense of safety.

Somehow, in the midst of all of this confusing change, it becomes the expectation that you know "how things work." You're left alone in an overwhelming sea — far out of your depth. This rigid expectation of self-advocacy scratched at my throat as I choked on glass shards meant to be words. What a strange concept — self-advocacy from the voiceless. How do you ask for anything when you feel you deserve nothing at all? When you deem yourself worthless?

The experience left me wrapped in the cold arms of isolation, face to face with a terrifying alienation. It would be years before I attempted to reconnect with those supports, strewn haphazardly across the community. But this was only after the acceleration of my downward spiral, careening towards self-destruction.



COMMUNITY ISSUES AND NEEDS

In order to better understand the local MH&A landscape, a series of community consultations were held by Cunning Consultants (Dr. Sandra Cunning and Daria Parsons) and were intended to:

- Assess community awareness and local perceptions of MH&A
- Identify community assets, needs, challenges and opportunities

These consultations targeted three key stakeholder groups: 1) individuals with lived experience; 2) primary service providers (i.e. direct MH&A service providers); and 3) secondary service providers/stakeholders (i.e. indirect service providers providing enabling contexts for MH&A services, as well as funders and policymakers).

The community feedback was reviewed and analyzed by representatives of the SRPC's MH&A Research Committee, with the following questions in mind:

- What progress has been made in these areas since the original 2008 and 2012 SRPC reports?
- What would help moving forward?

The findings are grouped into eight themes:

1. Service Capacity
2. Awareness and Understanding
3. Crisis Response
4. Access
5. Service Coordination and System Navigation
6. Specialist and Acute Care Services
7. Housing Stability and Homelessness
8. Diversity, Health Equity and Social Inclusion

1. SERVICE CAPACITY

ISSUES

- In any given year, 14–20 per cent of the population will personally experience a MH&A problem or illness. Taking the conservative estimate of 14 per cent, this equates to 20,580 of the total rostered patient population for the HPT-OHT (including children and youth).
- Rising community needs and the increasing profile of MH&A issues related to the pandemic are resulting in a greater expectation and demand for services.
- There is insufficient capacity to respond to all those who have service needs. For example, the Huron-Perth Centre (HPC) has the capacity to serve approximately 1,250 children and youth per year. The actual estimate of the number of children and youth needing MH&A support is closer to 4,000.
- Most publicly funded services are required to focus on moderate and severely ill clients, leaving little or no capacity to support prevention and early identification activities. This can leave primary care providers to respond to the full range of need.
- High demand for MH&A services, coupled with limited resources (both human and financial), has resulted in long waiting times and, in some cases, restricted service offerings (e.g. short stay/ transitional housing, numbered counselling sessions).
- Personal situations and severity of illness can quickly deteriorate without appropriate and timely interventions, resulting in undesirable consequences such as family breakups, job losses, and residential evictions.

PROGRESS

- The HPA-OHT has identified MH&A as a priority population in its initial workplan.
- With the release of the *Roadmap to Wellness*, the Government of Ontario has pledged additional funding to enhance the capacity of the MH&A service system.

RECOMMENDATIONS

- Support the work of the HPA-OHT to improve quality, expand existing services, implement innovation solutions, and improve access.

2. AWARENESS AND UNDERSTANDING

ISSUES

- The stigma and discrimination attached to MH&A presents a serious barrier to diagnosis, treatment and acceptance in the community.
- The MH&A system is complex. Although there are a number of available programs and services in Huron Perth, many patients, families, caregivers, and referring organizations do not know what services exist or where and how to get help.

PROGRESS

- Since 2010, *Bell Let's Talk* has engaged Canadians to take action and create positive change around MH&A. Providers across the lifespan have run anti-stigma and awareness events during May, the designated month for MH awareness across Ontario.
- A philosophical shift in the understanding of MH&A has occurred, resulting in new evidence-based, client-centered approaches to treatment that are trauma-informed, focused on harm reduction and use a Stages of Change framework. This has led to:
  - New programs such as Needle Exchanges and Addiction Medicine Clinics and
  - Better alignment with the criminal justice system (e.g. Court Support Programs) and the Violence Against Women (VAW) sector.

RECOMMENDATIONS

- Support the recommendations of the region's Community Safety and Well-Being Plans and other local efforts (e.g. Tanner Steffler Foundation) to increase community awareness, reduce stigma and promote understanding of evidence-based approaches (e.g. life stabilization, harm reduction, trauma-informed care, Stepped Care, Stages of Change).

3. CRISIS RESPONSE

ISSUES

- There is a lack of understanding of what constitutes a "crisis" and meets the criteria for psychiatric evaluation under the Ontario *Mental Health Act, 1990*. As a result, individuals often present at hospital emergency departments (ED) with expectations of admission to care who do not meet the criteria for inpatient care and treatment.

PROGRESS

- The Huron Perth Helpline and Crisis Response Team provides 24/7 service to all Emergency Departments in Huron Perth and in the community.
- The Huron Perth Healthcare Alliance's (HPHA) Mobile Crisis Rapid Response Team (MCRRT) provides a continuum of crisis services to police partners, including 24-hour, seven day a week telephone access, telephone crisis de-escalation, and mobile community response where a worker will meet with police in the community as needed. In 2020, the MCRRT expanded from one designated worker to three. Plans are underway to implement weekend and afterhours ride along support.
- The Huron Perth Situation Table helps front-line staff from local police, health and social services work collaboratively to identify and rapidly connect vulnerable people to services before they experience a negative or traumatic event (e.g. victimization, overdose, eviction, etc.).

RECOMMENDATIONS

- Train non-health community partners about the powers and obligations under the *Mental Health Act, 1990*, to understand the circumstances in which someone who is a risk to themselves or others may be involuntarily admitted into hospital or assessed (e.g. Form 1, Form 2).
- Educate the public about "What is a MH&A emergency?" — when to call 911, when to call the Helpline & Crisis Response service, and when to take someone to the hospital.

4. ACCESS

ISSUES

- The health status of a population is inversely related to the remoteness of its location. In rural areas of Ontario, the basket of MH&A services is less comprehensive, available, and accessible (CMHA, 2021).
- Residents of rural areas are required to travel to more populated urban areas (Stratford, Listowel, Goderich) to gain access to MH&A services. Geographic barriers to accessing services in these locations include:
  - Lack of public transportation outside of Stratford
  - Travel distances and times
  - Weather and road conditions, particularly in winter
- Connectivity and limited internet access remain an issue in many rural parts of the region and creates challenges for the deployment of digital health resources and virtual care offerings; a key priority throughout the pandemic and a cornerstone of the OHT system.
- There are a lack of services offered outside the conventional Monday to Friday work week, creating barriers to clients who are employed, the consequences of which include increased absenteeism rates and lost productivity in the local economy.
- Private counselling, therapy options and Employee Assistance Programs augment publicly funded services, but are limited to those who can afford to pay privately or have access to work benefits.
- Some residents are still not connected with a primary care physician.

PROGRESS

- In 2012, the Huron Perth Helpline & Crisis Intervention Team expanded its service to include 24/7 access to a MH clinician for general MH&A inquiries. In addition to responding to crisis calls, the Helpline also provides referrals and service information for non-crisis related services and supports across the lifespan.
- In 2015, the Huron-Perth Centre for Children and Youth (HPC) established the Timely Access Service, providing easy access to CYMH services within the HPC as well as the broader community regardless of the acuity of the concern.
- Perth County Connect launched in November 2020. The five-year pilot project offers affordable transportation options for residents in Perth County including Stratford, St. Marys, Kitchener-Waterloo, and London.
- The HPA-OHT plans to roll out digital health care platforms and virtual care offerings (e.g. e-consultations) as part of its implementation plan.

RECOMMENDATIONS

- Support the work of the HPA-OHT implementing initiatives in the *Roadmap to Wellness* to reduce barriers to access. This may include:
  - Centralized intake
  - Digital health and virtual care offerings
  - Co-locating services, community hubs and satellite locations in smaller population centres (e.g. Milverton, Listowel, Goderich, Exeter, and Vanastra)
  - Mobile and outreach service delivery

5. SERVICE COORDINATION AND SYSTEM NAVIGATION

ISSUES

- With no single funding source or level of accountability, many clients, families, caregivers, and providers find the system challenging to navigate, the outcome of which can be fragmented client experiences.
- In addition to better system integration and coordination, there is a need to improve transitions, specifically between hospital to community, criminal justice to community, and youth to adult systems.
- Disjointed access to and sharing of health information among providers.

"The hospital treatment team is able to access diagnostic tests, view radiology reports and yet is still not able to see work that is being done by MH&A professionals."

Penny Cardno, former Manager, Mental Health Program, HPHA

PROGRESS

- Ontario's MH&A strategies, including its most recent *Roadmap to Wellness*, call for a tri-ministerial approach involving the health, education, and social services sectors. To date, this has resulted in new funding, the identification of a lead agency for child and youth MH services (HPC), responses to all service requests accomplished within approximately five business days (often same day for urgent needs), and a new coordinated access system for children and youth (i.e. Timely Access).
- The Crisis program entered a formal protocol with the HPC in 1999, extending 24/7 crisis services to children from birth to age 18.
- In 2020, the Tanner Steffler Foundation provided funding to the Huron Community Family Health Team (HCFHT) to pilot a centralized navigation system for youth ages 12–24 to access MH&A services.
- Collaborative relationships between local health and human services providers have improved. For example,
  - The Huron Perth MH&A Alliance has restructured to include a focus across the lifespan
  - Sixty-two organizations collaborated on the successful HPA-OHT application

- MH&A has been identified as one of three priority populations for the HPA-OHT. The Year 1 plan calls for:
  - Increasing the coordination and integration of MH&A services
  - Developing an inventory and gap analysis of MH&A programs
  - Reducing ED re-admissions
  - Increasing communication between primary health care providers and MH&A providers
  - Continuing to improve transitions from youth to adult services

RECOMMENDATIONS

- Support the work of the HPA-OHT implementing initiatives in the *Roadmap to Wellness* to better coordinate services and improve experiences of transitions. This may include:
  - Adopting standardized processes for referrals
  - Immediately enhancing system navigation for all users
  - Using collaborative care plans, coordinated discharge plans, ED/hospital diversion and digital health records, etc.

6. SPECIALIST AND ACUTE CARE SERVICES

ISSUES

- There are limited psychiatry and other MH&A specialties (e.g. children, seniors, addiction medicine, trauma counsellors, acquired brain injuries, etc.) in Huron Perth.
- There are limited MH beds in the region (35 adult), with no local beds for individuals under age 16. Access to inpatient programs in regional centres (e.g. London) is inconsistent at present.
- Hospitals are not resourced to manage substance use withdrawals.
- Recruitment and retention of psychiatry and other specialists is a challenge.
- There is insufficient access to psychology assessments for children and youth.
- There is insufficient capacity for respite services for children and youth with MH needs.

PROGRESS

- A Psychiatry Working Group was established in 2020 in response to discussions at the HPA-OHT. Led by the HPHA, this working group is examining improving access to psychiatry for both youth and adults.
- Established collaboration between Nurse Practitioners, Community Para Medicine, and Internal Medicine at HPHA and Alexandra Marine & General Hospital (AMGH).
- There is a new MH unit at Stratford General Hospital (SGH), but with fewer beds (15 of the 35).
- Inpatient care for children and youth under 16 is provided through the London Health Sciences Centre and work is underway to make significant changes to the service.

RECOMMENDATIONS

- Advocate to provincial funding bodies for an increase in resources so the following services can be expanded/established locally:
  - Adult and child psychiatry
  - Addiction and withdrawal management treatment facility
  - Local specialized dietician support for those with eating disorders
  - Services for individuals with acquired brain injuries
  - Services for individuals with concurrent disorders/ co-morbid conditions
- Support the work of the HPA-OHT implementing initiatives to address health human resources planning and recruitment efforts.

7. HOUSING STABILITY AND HOMELESSNESS

ISSUES

- The cost of housing, both rental and ownership, has risen significantly in recent years. As a result, there is high demand for the creation of more affordable and subsidized (rent-geared-to-income) housing options.
- Individuals with MH&A needs are vulnerable to homelessness and are at greater risk of losing their housing due to social, economic, and systemic factors.
- There is a lack of 24/7 permanent supportive housing units for individuals with complex MH&A needs to live independently in the community.

PROGRESS

- A growing body of evidence indicates emergency shelters are not effective in ending people's homelessness (De Jong, I., 2019; Gaetz, S. et. al., 2014). Rather, a Coordinated Access System — a standardized and coordinated process for accessing, assessing, prioritizing, matching and referring households experiencing homelessness for housing and other services across all agencies and organization in the community — has proven highly effective (Employment and Social Development Canada, 2019).
- Building on the National Housing Strategy and Provincial Policy Statements, both of the local Service Managers — City of Stratford and County of Huron — released updated Housing and Homelessness Plans setting ambitious targets for ending chronic homelessness, including the establishment of coordinated access systems:
  - *Stratford, Perth County, and St. Marys Housing and Homelessness Plan (2020-2024) 5-Year Update*
  - *A Long-Term Affordable Housing Plan for the County of Huron (2014-2020) 5-Year Review*
- In 2018, the City of Stratford, in partnership with Optimism Place, Choices for Change, Shelterlink, John Howard Society, and Little Lake Residential, launched the Supported Housing of Perth Program (SHOPP) — a Housing First collaboration providing housing assistance and intensive wraparound support services to people experiencing homelessness.
- In Huron County there has been recent investment adding six professional staff in partnership with CFC and CMHA.

- UWPH made investments in Huron Turning Point Residence and the hiring of the Housing Advocate.
- In 2019, the City of Stratford established and achieved a quality By-Name-List (BNL), providing real-time data on households experiencing homelessness in Perth. Huron County is currently in the process of establishing a BNL.
- The City of Stratford is currently implementing the Homeless Individuals and Families Information system (HIFIS 4) in collaboration with local homeless services providers to improve data management and community planning.

RECOMMENDATIONS

- Support the work of the local Service Managers (City of Stratford and County of Huron) in establishing and implementing By-Name-Lists and Coordinated Access Systems.
- Leverage federal and provincial funding opportunities to expand supportive housing options in Huron Perth.
- Support local plans (i.e. Service Manager Housing and Homelessness Plans) and research for affordable and supportive housing that may include SRPC Goderich and Exeter feasibility reports on supportive housing, and UWPH feasibility study exploring a Community Development Corporation.
- Expand the membership of the HPA-OHT to include human services providers such as the Service Managers.

8. DIVERSITY, HEALTH EQUITY, AND SOCIAL INCLUSION

ISSUES

- Social isolation and loneliness can have a major impact on MH&A. The impact of COVID-19 and physical distancing requirements have highlighted the negative effects social isolation can have on mental health (Deacon, 2020).
- Groups who have long experienced health and social inequities (e.g. Indigenous and racialized peoples, LGBTQ2+, victims of domestic violence, persons with disabilities, low wage workers, individuals living in poverty, youth, seniors, etc.) have been hard hit by the pandemic (CAMH, 2020).
- The changing diversity of the community requires a MH&A system able to serve individuals from multiple backgrounds with a culturally proficient, inclusive, and affirming approach.
- There is a growing recognition that first responders are often called upon to respond to non-criminal, complex situations related to MH&A because they operate on a 24/7 basis.

PROGRESS

- Recent collaborative efforts between police, MH&A and social service providers and municipalities have resulted in:
  - Joint programming (e.g. Mobile Crisis Rapid Response Team)
  - Cross-training of police in MH&A (e.g. the Human Services & Justice Coordinating Committee — HSJCC — has provided MH&A training to 200 police officers in Huron Perth)
  - The development and implementation of local Community Safety and Well-being Plans
  - The establishment of the Stratford Police Services' Community Equity Action Team (CEAT)

RECOMMENDATIONS

- Expand the MH&A training provided by the Human Services & Justice Coordinating Committee to include other emergency responders, as well as primary care, long-term care, home and community care providers.
- Provide more opportunities for social inclusion, including MH&A peer and family supports and seniors' programs.
- Build on community diversity, equity, and inclusion strategies.

Key Stakeholder Roles and Responsibilities

Over the past few years, much work has been done to lay the groundwork for a more coordinated and integrated MH&A system in Huron Perth. With the recent launch of the Province's *Roadmap to Wellness*, Huron Perth has a framework within which to continue this work. While all service providers, clients and their families/caregivers and citizens of Huron Perth have a stake in a more coordinated MH&A service system locally, the following stakeholders will take a lead role in implementing the recommendations identified above:

Issue	Lead Stakeholders
1. Service Capacity	▶ HPA-OHT ▶ MH&A Network ▶ HPA Client Advisory Committee
2. Awareness and Understanding	▶ HPA-OHT ▶ CSWB Steering Committees ▶ SRPC
3. Crisis Response	▶ HPA-OHT
4. Access	▶ HPA-OHT ▶ MH&A Network ▶ HPA Client Advisory Committee
5. Service Coordination and System Navigation	▶ HPA-OHT ▶ MH&A Network ▶ HPA Client Advisory Committee
6. Specialist and Acute Care Services	▶ HPA-OHT ▶ MH&A Network ▶ HPA Client Advisory Committee
7. Housing Stability and Homelessness	▶ Service Managers
8. Diversity, Health Equity, and Social Inclusion	▶ CEAT ▶ SRPC

CONCLUSION

The COVID-19 pandemic is contributing to and magnifying MH&A issues in Huron Perth. It is likely this impact will be serious and long-lasting, placing additional strains on a MH&A system where demand for care has dwarfed service capacity for years. Fortunately, the provincial government has recognized it must make an immediate investment in MH&A resources, supports and care. The *Roadmap to Wellness* provides a systems-wide framework for improving quality, expanding existing services, implementing innovative solutions, and improving access. Locally, this work is being championed by the HPA-OHT and the MH&A Network. These efforts will require the support of community leaders and collaborations with funders/providers from multiple sectors to better integrate and coordinate supports and should include upstream investments in the social determinants of health.

The impact of the COVID-19 pandemic will likely be long-lasting and will place additional strains on a MH&A system where demand for care has dwarfed service capacity for years.

Glossary

Addiction

Addiction is a complex process where problematic patterns of behaviour interfere with a person's life. Addictions can be broadly defined as a condition that leads to compulsive engagement with stimuli (e.g. a substance or behaviour) despite negative consequences. This compulsive engagement leads to physical and/or psychological dependence. Treatment options include self-help, counselling, residential treatment, withdrawal management, medications, and replacement therapy.

Concurrent Disorder

This term refers to co-occurring addiction and mental health issues. It covers a wide array of combinations of problems (e.g. anxiety disorder and an alcohol problem, schizophrenia and cannabis dependence, borderline personality disorder and heroin dependence, bipolar disorder and problem gambling). It occurs in one individual at the same time.

Harm Reduction

Harm reduction is an evidence-based, client-centered approach that seeks to reduce the health and social harms associated with addictions, without necessarily requiring people who use substances to abstain or stop.

Housing First

Housing First is a recovery-oriented and consumer-driven approach to ending homelessness that centres on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services that match their need. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed (City of Stratford, 2020, p. 39).

Lifespan

The concept of continuous, coordinated care developed and implemented by cross-organization partnerships from birth to death.

Mental Health

Mental health is a state of well-being. It is enjoying life, having a sense of purpose, and being able to manage the highs and lows of life. Good mental health includes a sense of purpose, strong relationships, feeling connected to others, having a good sense of self, coping with stress, and enjoying life.

Mental Illness

Mental illnesses are health conditions involving changes in emotion, thinking or behaviour (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work, or family activities.

Service Manager

Service Manager, or Consolidated Municipal Service Manager (CMSM), is the provincially designated level of municipal government responsible for administering human services within a specific area, including social assistance and life stabilization, community housing and homelessness programs and subsidized childcare and children's services. A Service Manager can be a regional government, a county or a separated city, depending on local circumstances. The City of Stratford is the Service Manager for all of Perth County (including Stratford, St. Marys and Perth County) and the County of Huron is the Service Manager for all of Huron County.

Trauma-Informed Care

Trauma-Informed Care (TIC) is an approach in the human service field that assumes an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life.

Acronyms

ABI	Acquired Brain Injury
ACTT	Acute Community Treatment Team
AMGH	Alexandra Marine & General Hospital
CAMH	Centre for Addiction and Mental Health
CEAT	Community Equity Action Team
CFC	Choices for Change Alcohol, Drug, & Gambling Counselling Centre
CMHA	Canadian Mental Health Association
CSWB	Community Safety and Well-Being
CYMH	Child & Youth Mental Health
ED	Emergency Department
EDU	Ministry of Education
HcFHT	Huron Community Family Health Team
HPC	Huron-Perth Centre
HPHA	Huron Perth Healthcare Alliance
HPA-OHT	Huron Perth & Area Ontario Health Team
HSJCC	Human Services & Justice Coordinating Committee
MCRRT	Mobile Crisis Rapid Response Team
MH	Mental Health
MH&A	Mental Health & Addictions
MHCC	Mental Health Commission of Canada
MOH	Ministry of Health and Long-Term Care
MTCU	Ministry of Training, Colleges and Universities
OHT	Ontario Health Team
SRPC	Social Research and Planning Council
TIC	Trauma Informed Care
TSF	Tanner Steffler Foundation
UWPH	United Way Perth Huron
VAW	Violence Against Women

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A helpline and online directory that helps you navigate the network of human services quickly and easily, 24 hours a day, 7 days a week, in over 150 languages. It's Perth-Huron's most comprehensive and reliable source of information for government and community-based health and social services.

WHO IS 211 FOR?

Anyone facing life's challenges

211 serves all people and is particularly useful for those needing help for the first time.

Agencies and frontline workers

211 helps service providers understand community needs and get accurate information about their programs to the public.

Frontline workers—agency staff, health professionals and teachers—can use 211 to connect people they help with resources.

HURON PERTH
Addiction & Mental Health
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Prevention and Early Intervention for Psychoses
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Exeter Office
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519-440-0450
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THERE ARE OTHER WAYS PEOPLE ACCESS SERVICES

Through your family doctor: Community Health Centres and Family Health Teams in Huron and Perth counties provide a range of services based on the needs of patients. Contact your family doctor to access services.

Through your school: Both the Avon Maitland District School Board and the Huron-Perth Catholic District School Board have school-based services made available through a range of partnerships with community agencies. Contact your school principal to access services.

Social Research & Planning Council
Operated by United Way Perth-Huron

About the SRPC

The Social Research and Planning Council (SRPC) — operated by the United Way Perth-Huron — is comprised of community representatives who are dedicated to the collection, analysis, and distribution of information relating to social trends and issues in Perth and Huron Counties.

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