Ottawa's Guiding Council for Mental Health and Addictions
Conseil d'orientation sur la santé mentale et les dépendances d'Ottawa

WHAT WE HEARD FROM COMMUNITY & SERVICE PROVIDER CONSULTATIONS

SUMMARY OF ANALSYSIS FOR FEEDBACK

In this document you will find a summary of the responses and themes based on analysis of specific groups. The recommendations provided will be used to develop potential solutions for Ottawa's mental health and substance use crisis response system.

SUMMARY OF ALL PARTICIPANTS

Who do you call for a mental health / substance use crisis?

- Below is a combined list of services or supports across all consultations and interviews of where people would go for help in a mental health/substance use crisis:
    - Community health centre (e.g., Somerset West Community Health Centre, Osgoode Youth Association)
    - Community outreach team (e.g., Drug Overdose Prevention and Education (DOPE), Assertive Community Treatment Teams (ACTT)
    - Crisis lines (e.g., Youth Services Bureau crisis line, Ottawa Distress Centre, The Ottawa Hospital crisis line)
    - Friend/family member
    - Helplines (211,311)
    - Hospitals (e.g., self-admit or paramedic transport to emergency departments)
    - I don't know
    - Mental Health Unit within Ottawa Police Services
    - Mobile crisis team (e.g., The Ottawa Hospital mobile crisis team, Mental Wellbeing Crisis Team)
    - No one
    - Peer workers
    - Places of worship (e.g., church, mosque, synagogue)
    - Health professionals (psychiatrist, social worker, psychologist, family doctor, CMHA worker)
    - 911 for ambulance
    - 911 for police

- Across all participants, people reported most frequently that they felt comfortable contacting a friend or family member when in crisis.
- Following friends/family, the most frequent answer was split between peer workers, hospital (emergency departments), mobile crisis teams, 911 for paramedics, community health centres and outreach teams, and professionals.
- After that, crisis lines and helplines, and places of worship were somewhat frequently mentioned.
- The least frequent answers were 911 for police, 'I don't know', 'no one', and the Mental Health Unit (from Ottawa Police Services).

Positive experiences with mental health / substance use crisis services

- Trust in professionals, peers, and friends/family because they often advocate and listen to the person in crisis.
- During a crisis, some staff demonstrate empathy, compassion, and active listening when responding to the person in crisis as well as the caregivers/family with them.
    - "Liked crisis line – they are good communicators – they are trained"
    - "Paramedics were helpful one time – more recently. Took their time, made sure that the person was going to be okay"
- Responses that involve community-based and collaborative teams. In these responses, de-escalation and sometimes a calm space can be provided to individuals in crisis.
- Social workers, community outreach, and frontline responders that provide service navigation and supports via community health centres, crisis lines.
    - "The mobile crisis team does good work and know more resources than many emergency services."

Negative experiences with mental health / substance use crisis services

- Many participants from ACB, Racialized, Street-Involved, Newcomer communities faced discrimination and racism by first responders and service providers. As a result, these participants are scared of harm or criminalization, which prevents them from asking for help.
    - *"When I called the crisis line, I felt like because I have an accent with my English, the person kept cutting me off to ask me to be more clear. I know it was not her fault. But English is my first language, it ticked me off."*
- Almost all groups experienced frustration and distress when told they would have to wait a long time to get help. Sometimes, they were not even given a chance to receive help from a crisis response service.
- When being seen at a hospital or calling a crisis line, people experienced hopelessness and dissatisfaction with the help given (e.g., no follow up; made things worse). This was also seen as a barrier to recovery, as when a crisis does not get resolved, it is more likely that the same crisis will happen again.

- Participants as well as their caregivers are frustrated with the inability to choose the appropriate crisis response option for themselves. The lack of choice is due to the limited options available 24/7, being banned or restricted from certain services, and stigma from civilians who witness the crisis when it is in public.
    - *"[Paramedics] will do everything to convince you that you are not crazy enough."*
- During and immediately after a crisis, it was felt by some participants and caregivers that they carry a burden of responsibility to manage the crisis and prevent the crisis from happening again. Participants mentioned the cost of counselling and well-being services, as well as the responsibility of caregivers to manage the mental illness or substance use disorder of their loved ones.
    - *"[Hospital] released [loved one] with no proper gear under sedation with no winter clothes."*

Your recommendations for an ideal crisis response system

Recommendations for the ideal crisis response system	
Mental health / substance use specific response	• The spaces, services, and staff are dedicated 24/7 to responding to these crises only. • The service is staffed by peer workers, and mental health professionals. • The response would be carried out through several avenues such as phone/text lines, websites, mobile crisis teams and outreach workers connecting people to services. • There needs to be a crisis centre and services that are dedicated to the ACB, Francophone, and Somali communities.
Culturally safe *"When you are in a mental health crisis, it is too much to manage your emotions and try to translate what you are experiencing into your second language."*	• Services, staff and approaches attend to the specific needs of each cultural group. • Services need to have more representation from diverse cultures. ○ *"We need more mental health professionals who are from the same community – they will understand better how to meet [client] needs and expectations."*

Accountability *"The way people speak to me is in a condescending manner – comes down to accent – they think they can mistreat you because of that."*	• Tired of having so many options without any follow through and long waitlists. • Services are not distributed equitably across different sectors, and it stays this way. ○ *"Its concerning that there are no resources in schools."* • Want to have access to services instead of being denied because of not meeting criteria. • Systems need to hold service providers accountable to carrying out empathetic, compassionate, and non-judgemental service delivery approaches.
Collaboration	• Increase connections, coordination and information sharing when it comes to hospitals vs. community vs. police responses. • Invest in existing community-based resources.
Relationships *"It makes it worse to fight people to do what you want – you will benefit much more from building rapport."*	• People want to have a human-centered approach to crisis response. • They want service providers to acknowledge trauma, and the validity of their experiences while in crisis. • Participants want to feel heard, trusted, safe, and not left alone. ○ *"When you're in crisis, you just need to feel heard by someone, not solutions".*
Awareness	• First responders need to learn more from people's lived experiences and implement research/best practices. • Certain communities and age groups need to become more aware of mental health/substance use symptoms as well as where to go for help. • Awareness can be increased through: training and contact-based education for service providers, targeted communications so people know where to get help.

Reduction of stigma
 	
"*People have the same right to be helped as anyone, regardless as their situation.*"
	• Concerted targeted efforts to decrease stigma and its resulting discrimination among service providers who respond to mental health and substance use crises.
	  ○ *"They said they'd find reasons to arrest me and called me a junkie piece of shit"*
	  ○ *"A crisis service devoid of discrimination with equity in care."*

Supports for service providers	• Service providers need supports during and after responding to crises, such as opportunities to debrief, emotional supports, discuss lessons learned.
Investment *"People are calling the police because there are no social workers available – the police are the ones who pick up the phone."*	• Funding or reallocation of resources, sharing of resources needed to address the lack of human resources. • More staff are needed to provide a 24/7 community-based crisis response in French, English and other languages commonly spoken in Ottawa.
Other recommendations	
Prevention efforts across the lifespan and across the city *"…service that consists of "a peer to console you, a counselor to say how can we continue, and a social worker to organize supports."*	• Wraparound supports (e.g., counselling, housing supports, financial supports, respite, caregiving support) for individuals who experience mental health/substance use crises.
Evaluation and monitoring	• Need more evaluation on how to unify case management, information sharing, and adapting processes and approaches to effectively address mental health/substance use crises.

Policy development	• Change systems to address crises. ○ "Put proactive solutions in place that address systemic issues, not just responding to crises by using "band-aids". • The roles and responsibilities of first responders need to be clearly laid out within each institutions.