**Group discussion** Working Together: Towards a cross-sectoral urban approach

**Mental Health & Cities Summit**

Breakout Sessions Facilitation Frame - April 9, 2018

Scribe:

| **Discussion Stage** | **Session Outputs/Notes** |
| --- | --- |
| **Defining the problem**   * + *Outline 1-3 salient issues that most need to be addressed* | Generate new knowledge in communities  City needs to consider underground, informal groups that provide support to vulnerable Torontonians  How can we transfer knowledge from one group to a vulnerable group  Internal silo structures  **Bureaucracy creates barriers**  Need to eliminate frustrations people are experiencing due to complicated referrals  Activist and collaborative approach can be slow  Difficult to maintain resource databases  Marketing, using technology to reach people, many people don’t know about resources  Educating frontline workers  Cannabis education for frontline workers- is there training, what are we going to do?  Are we doing work collectively ?  What happens at frontline should be brought to policy – inform policy  Connecting the actual experiences to policies being made  Access to mental health services  There is no long term mental health services- most are short—not enough resources to ensure long term services  **Funding is precarious**  Centralized process is great but until we can reduce wait times  We need to work on wait times  Gap in services  Core outreach  Increasing collaboration and increasing resources are both important but not the same thing  Fix things upstream |
| **What’s worked, what’s promising? What might we consider?**   * + *Outline some innovations you’re aware of that show promise in addressing the issues outlined.*   + *They can be solutions that have been widely or narrowly tested, or ones that have compelling evidence behind them – the key is items that show promise* | * FOCUS- collaboration is amazing- Police services find it very useful- they are the first to be called but are not equipped to deal with crisis, need a lot more tables like this * Parkdale queen west- safe injection site, work with police very closely, can depend on them in situations * TESS- Management job is to create partnerships with agencies in the community, “get in each other face and get in each other’s space”- Trying to make city more navigable * People are referred too much referring, without followup and things are hard to navigate. Needs to be more taken on by management – intentional, keep track of what happens to people * Intentionality is so important   Yonge street BIA- A safe community is a good place to do business, Business can never loose sight of this -consider businesses in our work- drop in resource booklet- fold out map of all services in 2 km radius – someone needs food, here’s a map of where to go   * Street outreach- engaging with individuals in not enforcement way * Need to find people who are light hearted and like minded but not in the same sector |
| **Solution work – how do we move forward?**   * + *Outline 3-5 key learnings or practical solutions or considerations for Toronto/the GTA and other municipalities* | Look at existing strategies and enhance current resources  Need voices of lived experiences  Municipality provides services 24/7 but human services are 9-5 m to f  Start to rethink when services are provided  TCHC- midnight basketball  Crisis- many issues leading to this, need planning to help fix issues we are seeing today  Motivate self learning, take away some pressure from overburdened providers |
| **Into Action** *(bonus round!)*   * + *What concrete steps would be needed to move forward in Toronto/the GTA and could be scaled to other municipalities?* |  |
| **Support from Other Levels of Government**   * *What actions, if any, could provincial and federal governments take to support municipalities? Policy changes, financial support etc.* | Refugees coming with untreated trauma  Settlement services – mental health services  4 year attention span- change this idea- look at global budget, spend money more intelligently  Splitting of the funding at provincial/ federal – multiple ways things are funded, needs to be a more coordinate, need to have a provincial mental health strategy  Burden on community agencies- funding is not coordinated  Need a mental health lens  How can you have a housing strategy with mental health lens?  If they aren’t going to create a mental health strategy they should at least have a lens  Multiple pressures- where should the money come from  Need to have a plan not just a strategy  Lots of coordination and then an election  Things are not coordinated between different levels of government  Emphasis on agencies working collaboratively- but different levels of government need to be doing this |
| **Take-away messages from today’s discussion**   * + *Outline 2-3 key messages or take-away points (ie what should someone who missed the most need to hear?)* | -Training in mental first aid  -Hope- everyone that is here today, there is movement towards change |

Whats working?

FOCUS- collaboration is amazing

Police services find it very useful- not equipped to deal with crisis but they are the first called

Need a lot more tables like this

Parkdale queen west- safe injection site, work with police very closely

Having relationship with police- can depend on them in situations

TESS- to get in each other face and get in each others space- Toronto so many different players

Trying to make city more navigatable

Management job is to create partnerships with agencies in the community

People are referring people and they are referring – too much referring, and hard to navigate. Needs to be more taken on by management – intentional, keep track of what happens to peoplew

Intentionality is so important

Yonge street BIA

Downtown Yonge street

How to share information

They are business- no community agencies- but they can bring them together

Drop in resource booklet- fold out map of all services in 2 km radius – someone needs food, heres a map of where to go

Change the conversation-

Police involved, Ryerson

Street outreach- engaging with individuals in not enforcement way

A safe community is a good place to do business

Business can never loose sight of this

Police and outreach worker- 22 referals to housing

Need to find people who are light hearted and like minded but not in the same sector

Whats not working?

Generate new knowledge in communities

City needs to consider underground, informal groups that provide support to vulnerable torontonians

How can we transfer knowledge from one group to a vulnerable group

Internal silo structures

Bureaucracy creates barriers

Need to eliminate frustrations people are experiencing due to complicated referrals

Activist and collaborative approach can be slow

Difficult to maintain resource databases

Marketing, using technology to reach people, many people don’t know about resources

Educating frontline workers

Cannabis education for frontline workers- is there training, what are we going to do?

Are we doing work collectively ?

What happens at frontline should be brought to policy – inform policy

Connecting the actual experiences to policies being made

Access to mental health services

There is no long term mental health services- most are short—not enough resources to ensure long term services

Funding is precarious

Centralized process is great but until we can reduce wait times

We need to work on wait times

Gap in services

Core outreach

Increasing collaboration and increasing resources are both important but not the same thing

Fix things upstream

How can the municipality help (even though its not health provider)

Look at existing strategies and enhance current resources

Need voices of lived experiences

Municipality provides services 24/7 but human services are 9-5 m to f

Start to rethink when services are provided

TCHC- midnight basketball

Crisis- many issues leading to this, need planning to help fix issues we are seeing today

Motivate self learning, take away some pressure from overburdened providers

Other levels of government

Refugees coming with untreated trauma

Settlement services – mental health services

4 year attention span- change this idea- look at global budget, spend money more intelligently

Splitting of the funding at provincial/ federal – multiple ways things are funded, needs to be a more coordinate, need to have a provincial mental health strategy

Burden on community agencies- funding is not coordinated

Need a mental health lens

How can you have a housing strategy with mental health lens?

If they aren’t going to create a mental health strategy they should at least have a lens

Multiple pressures- where should the money come from

Need to have a plan not just a strategy

Lots of coordination and then an election

Things are not coordinated between different levels of government

Emphasis on agencies working collaboratively- but different levels of government need to be doing this

Reflections from today? Is there anything you can take from today and do something tomorrow

Example if someone falls in the street you know what to do, but if someone is talking to themselves you run away--

Want to take a Mental health first aid- more people should be trained in this

Usually entrenched in your silo but this talk shows us that we shouldn’t be so entrenched and talk to other

Take away is hope- all the people that are here today, mayors from everywhere,