



Fairfield United: Feedback GVAT Research Action Teams Reports:

The following is a report of the feedback we received from our community at Fairfield United, as we reviewed the two documents produced by the Mental Health Action research Team and the Housing Affordability Action Research Team. On January 10th, 2020

Mental Health Action Research Team:

1 What recommendations did you like?

- a. Theme 1, Bullet 2: Using **Foundry's Victoria Youth Clinic as a model**. It provides a central access portal, plus brings outside experts into schools. They help provide a safe setting and sense of confidentiality to enable honest airing of concerns and practical ways of following up. The benefit of working with children and youth as a preventative strategy was noted.
- b. Theme 4, Bullet 3: **low barrier access points and help navigating/accessing resources**.
- c. Theme 2, Bullet 1: **Indigenous led solutions**: extremely important. There is a **model for this in the UBC Indigenous module for interns, which** could be made more broadly accessible for doctors and nurses.

2 What recommendations did you not like?

We found all of them good. / All recommendations were equally significant. There was consensus generally that #4, was the foundation upon which There was a concern that by separating out Indigenous Programs did not contribute towards a unified, accessible program delivery response, however; it was noted that having a holistic approach to healing could be better integrated within the entire system to support mental health initiatives.

3. Where are the gaps? Any further comments.

- a. Education (both school based and for adults): to **reduce the stigma** felt by those experiencing mental illness and/or addiction, and the stigma projected by the general public. Incorporate mental health into curriculum.
- b. **Help for parents** to develop skills to identify Mental Health problems in their children, and to respond in helpful ways.
- c. More funding needed to **expand the Addiction Medicine Consult Service**. This is another model for integrated service delivery.



- d. Current fee-for-service model of funding is obstructing the building of integrated, multi-disciplinary provision of care for mental health, addiction, and family practice. **Salary Payment and Clinic Payment models of funding** would encourage improved integrated service delivery.

Other General Themes:

There was a suggestion that rather than using the term mental health, that it should be broadened to include emotional, physical and spiritual health. This would have an impact on the stigma associated with mental health as it is currently defined within the health care system.

Housing First: Shelters for the homeless are only a temporary measure, but subsidized housing is an essential first step to address mental health and homelessness. The supply of permanent housing for those who are marginalized needs to be addressed. Also noted, people living in their cars are often one step away from homelessness and need to be identified and supported as part of the continuum for putting in strategies for housing first.

Themes we would like to address as a community of faith:

1. *How should we as members of this community interact people who are homeless?*