



Minutes

Family Council Meeting
March 18, 2019 6:00pm-8:00pm
CMHA Guelph

Present: Helen, Teresa, Sonya, Wanda, Angela, Kate, Katrina, Josh, Barb, Holly, Linda, Jayne, Cecilia Marie

Regrets: Eva

Recorder: Holly

Agenda item discussed:	Action Item (including responsible person):
1. Welcomes and Introductions	
2. Approval of agenda	Approved and Seconded
3. Approval of minutes	Approved and Seconded
4. Updates from Helen	<ul style="list-style-type: none">• Premier Doug Ford has disassembled our current health care structure• Helen has been meeting with partners across Wellington, Waterloo to decide what needs to be done (across 4 sub-regions)• Ultimately, we will get an envelop of money from the province to be distributed as a city (Guelph) – keep services local. Rural areas will have their own funding.• Hopefully this will reduce duplication, silos and allow for a less fragmented system• A lot of work is required to carry this out• Is the funding going to increase/decrease? Premier won't fund the city until the new structure is in place. Mental health/addictions is high on the priority list.• We need to ensure the rural areas aren't forgotten.• "Better care for complex people who are vulnerable" – CMHA intends to be endorsed• Money to family counselling, grief groups, public awareness, media

	<p>campaigns, radio spots “mental health Monday” .</p> <ul style="list-style-type: none"> • Staff training to meet the needs of complex diagnosis and opioid crisis • Mayors task force on homelessness – Helen participated • Mayor “had the lights turned” on regarding the impact of mental health/addictions in this homeless issue • Youth Hub – led by Guelph Rotary – a place where youth can come together for anything related to youth (housing, job seeking, mental health, addictions) • New building for Children’s Mental Health – hopefully location will be announced soon. A builder is secured. • Shoppers Drug Mart – Sunday May 5 – run for Women’s Mental Health – 100% of proceeds to local women’s mental health <ul style="list-style-type: none"> ○ Barriers to participants – Shade’s Mills (Cambridge) is a location barrier; registration fee is a barrier • 5,700 calls to Here247 this winter • Do hospitals have dedicated mental health beds in the ER? Generally, yes, once through triage. Calm, quiet spaces are very much needed in an ER. What about giving patients a “beeper” so that people can walk around/go outside and get refuge until it’s their turn. • Mental illness at the hospital often excludes family members – patients are often escorted and “locked away” . Sometimes the hospital isn’t aware of the family dynamics and how that plays into the incident/patient crisis.
<p>5. Cecilia Marie Roberts</p>	<ul style="list-style-type: none"> • Was hired to help CMHA develop a suicide prevention framework • Has been working in the field of suicide prevention for 15 years; bridges the gap between research and clinicians; “community mobilizer” • Used to work for Centre of Excellence for CHMO • Genuinely believe there is an intensity of readiness in this community to make suicide prevention a priority • Approach: <ul style="list-style-type: none"> ○ Internationally the best way to approach this problem is with a whole community approach ○ Accepting/embracing that everyone has a role to play in suicide prevention. ○ Looking to create a framework for preventing suicide and

	<p>preserving life – 6 month period of time</p> <ul style="list-style-type: none"> ○ Prevention – building resilience and promoting life, reducing stigma, pathways to access to services ○ Intervention – how do we support people through crisis services, getting support, risk management, and releasing them back into the community; what are the driving factors for suicide for the individual. ○ Postvention – aftermath of a suicide, how to support those left behind to grieve. ○ Where do System, Community and Individuals fit in each “bucket”? ○ Framework will allow someone to find the resources to access regardless of where they enter the framework. ○ “Collective impact approach” – gathering people together to work through a problem. Need content experts (researchers) to play a role. We have a lot of data for each region, but it doesn’t give us the information we want to guide us in the development of this framework. More important to reach the people in the community that have been touched by suicide. ○ Community readiness assessment – asking for impressions of what people know about suicide, what resources are available, do people think leadership is moving forward on the issue? Do we need 4 different frameworks or just one for Guelph-Wellington. ○ May – community meeting – with System, Community and Individuals present to focus on a few priorities ○ Action plan to follow – how to operationalize and evaluation and communicate this out and engaged/participating if interested. ○ 1-3 year action plan – plan, do, study, act cycle. ○ Has some of this work already been done by Suicide Prevention Council? Possibly. We don’t want to over-plan. ○ Postvention – is a part of the framework that is often overlooked, people don’t know how to help activate and grieve. ○ Suicide prevention is less of an information problem, but is really an implementation problem.
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	<ul style="list-style-type: none"> ○ Breaking down the stigma takes two things: education plus someone with direct lived experience. ○ Suicide isn't a disease – it's a complex behaviour
6. Experience Mapping Brainstorm	•
7. Request for annual report feedback	ACTION: All family council members to email Megan Brady answering 3 questions for the Annual report.
8. Group Photo	
9. 2019 Meeting dates	Monday March 18, 2019 – Guelph Monday May 13, 2019 – Waterloo Monday July 15, 2019 – Guelph Monday September 16, 2019 - Waterloo Monday November 18, 2019 – Guelph Monday January 20, 2020 - Waterloo