

ORAL QUESTION—KEVIN O'REILLY, MLA FRAME LAKE

QUESTION 691-19(2): SUICIDE PREVENTION AND AFTERCARE

March 30, 2021

MR. O'REILLY: Merci, Monsieur le President. My questions are for the Minister of Health and Social Services. In my statement, I outlined some of the good work her department is doing on suicide prevention, but I also pointed out some issues around after-care as highlighted by a constituent with personal experience. Can the Minister tell us whether it is normal practice to develop an after-care plan for individuals who have attempted suicide, how such plans are monitored, and what support is available for affected families? Mahsi, Mr. Speaker.

MR. SPEAKER: Thank you, Member for Frame Lake. Minister of Health and Social Services.

HON. JULIE GREEN: Thank you, Mr. Speaker. Thank you to the Member for Frame Lake for the question. Once a suicide attempt has taken place, the first step is to assess whether the person requires medical treatment and, as part of the medical treatment, whether the person would benefit from being certified under the Mental Health Act. That would be hospital route. The non-hospital route is to speak with the individual, determine that admission to the hospital is not necessary, and then do a risk assessment with them.

When it is deemed safe for the person to leave the hospital, they take with them a safety plan that includes community-based supports as well as a referral to follow-up services, such as the Community Counselling Program and/or psychiatry. Psychiatry wait times for urgent cases are one to two weeks.

These plans are individualized based on need, but it is important to know that it is up to the person to follow through with these plans and access the supports and services. If the person has not been assessed and in need of hospitalization, then there isn't a way for the Department of Health and Social Services to impose treatment on that person. It needs to be driven by them, and our role is to make sure that they have a full understanding of the supports that are available to them. Thank you.

MR. O'REILLY: I want to thank the Minister for that. I am just not sure that someone who has attempted suicide is always in a place where they can accept that kind of advice. There doesn't seem to be, I think, enough support for families, and that is what my constituent has said. Regarding the implementation of the stepped care element of the mental wellness and addictions recovery plan, can the Minister say how the proposed measures will emphasize follow-up on suicide attempts to really improve after-care and support for families?

HON. JULIE GREEN: The stepped care approach is not specifically focused on suicide. It's about providing a seamless pathway of care to individuals who are looking for it. There is focus, of course, within this particularly on mental health and addictions. What this approach has enabled us to do is to eliminate waiting lists for care. The care is

provided as needed, so it's possible to get a same-day appointment. If you need another appointment tomorrow, you can come back tomorrow. There isn't this old-fashioned way of making a block of appointments once a week for several weeks. The other thing that the stepped care approach does is link the individual with other supports within the system. As I say, the idea is a seamless pathway approach to care where the person is hooked up with both formal and informal supports, traditional and non-traditional supports, so that they can take advantage of those.

The other part of this is an online presence. It has to do with apps. We have a relationship with the Strongest Families Institute, which provides care for families who have children and young people. There's also another app coming right away which is for young people where they can text and email to the service provider and obtain support that way. What we're trying to do here is provide a spectrum of supports. We recognize not everyone wants to use an app, but then again, not everybody wants to sit in a counselling office. We're trying to provide a variety of supports here to support people to obtain and maintain their good mental health.

MR. O'REILLY: I want to thank that Minister for that. In the Minister's replies to some email questions that I had sent, the Minister mentioned development of a suicide prevention and crisis response network in partnership with the Northwest Territories Health and Social Services Authority. Can the Minister explain how this partnership will be brought to bear to support communities when a crisis occurs, where these resources will come from, and how communities can initiate the process themselves?

HON. JULIE GREEN: It all starts with a critical incident, and the community reaching out to the health authority to ask for help. Once that step has been accomplished, then there's a conversation about what kind of help is required. Then the authority engages with finding those additional supports, whether they come from inside the community, inside the region, from Yellowknife, or from outside of the territory. They try to meet the goals that the community has. Maybe those are one-on-one counselling. Maybe they feel like they need critical incident debriefs or other outreach supports or outreach supports to help them cope with the critical incident that's happened.

This system is in place now. I know it was recently used in connection with an incident in Tuktoyaktuk. What happened there was that a counsellor flew in from Paulatuk to assist the community, and there were people who flew in from Yellowknife to assist the community. The idea is to try and bring together a group of supports who can work at the community's request on healing from the incident that has taken place.

MR. SPEAKER: Thank you, Minister. Oral questions. Member for Frame Lake.

MR. O'REILLY: Merci, Monsieur le President. I want to thank the Minister for that. I know the Minister recently announced a community suicide prevention fund at \$225,000 total, and up to \$45,000 per project. That would really only help maybe up to five communities. Can the Minister say how this program will be further rolled out, especially in collaboration with our existing staff and counsellors, and how the initial projects are going to be monitored and evaluated? Mahsi, Mr. Speaker.

HON. JULIE GREEN: The community suicide prevention fund was announced earlier

this month, and that's a very short window for spending the money in this fiscal year. There was a commitment to work with communities to fund their projects early in the next fiscal year so that they would get a jump on this. What I do know from the department is: there's been a lot of interest in this fund. I know that there are groups who have been able to finalize proposals and offer their own suicide prevention and intervention programming.

The Member mentioned that \$45,000 is the cap. That doesn't mean that every group will apply for that amount of money. Some of the proposals that have come in are for significantly less money than that, so our hope is that more than five communities will benefit. Having said that, this is a brand new fund, and we need to test it out to see if it is the right amount of money. If it needs more money, then we're going to need to talk to Health Canada about more money. It's important for the community-based organization, whether it's an Indigenous government or a non-profit or a community government, to work with local counselling teams to plan the activity that they want funded and to make sure that there is support and connection there for the most effective program delivery. What the department does is focus on the uptake, how many people participated and what did they themselves report as outcomes. Because these are community-based projects and each one can be different, the department is not planning to formally evaluate each of the projects. What we know about suicide prevention is to increase protective factors and address risk factors, and my hope for this fund is that the money will do both of these things. Thank you.