

London Dialogue Report Back

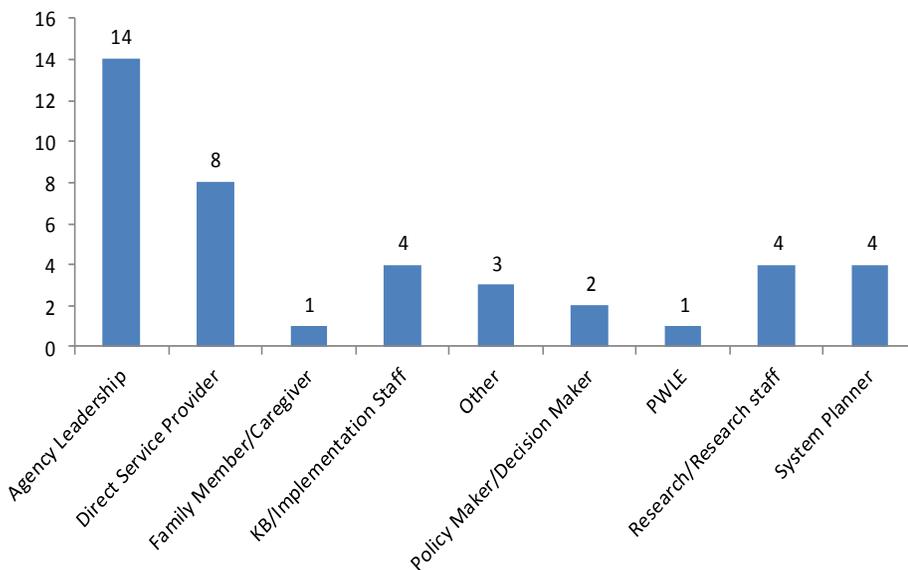
This report back highlights the diverse evidence needs prioritized by participants at the Sharing Together London dialogue held on January 27, 2017. Eight Sharing Together dialogues were held across the province from January to April 2017, and individual high level report backs have been created to share back what we heard from participants at each dialogue.



Through Sharing Together, EENet aims to co-create an evidence priority agenda that reflects regional and provincial mental health, substance use and addictions evidence needs, and includes diverse stakeholder perspectives. EENet and partners will use this co-created evidence priority agenda to shape the types of evidence we make available and accessible to stakeholders in Ontario. By addressing evidence needs, we hope Sharing Together will contribute to a more evidence-informed and connected system, leading to better experience and quality of care, and overall health and wellbeing, for all Ontarians.

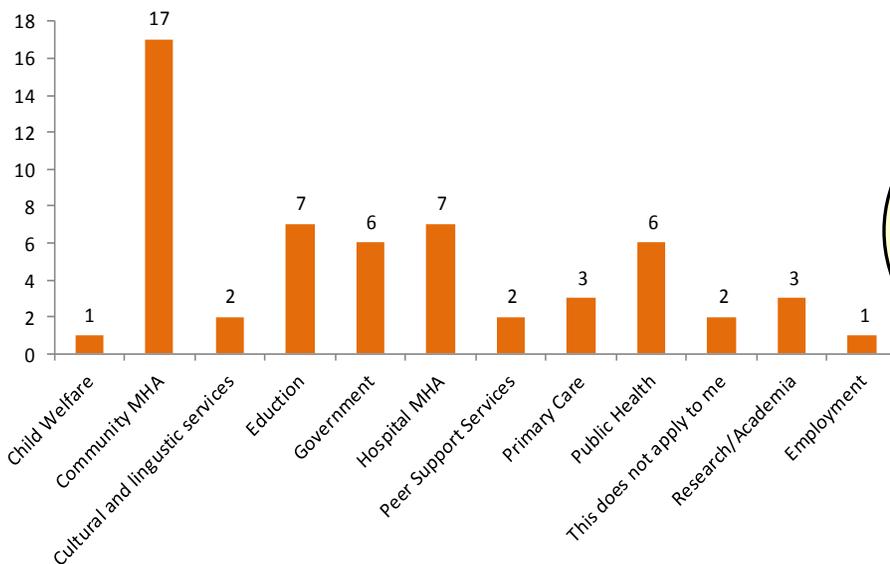
At this dialogue, 39 participants attended and indicated they either have lived experience or have worked with various diverse populations, including low income, children and youth, people living with disabilities, people who have experienced homelessness, women, First Nations, Inuit and Métis, older adults, LGBTQ (Lesbian Gay, Bisexual, Trans and Queer), ethno-racial communities, Francophones, linguistic communities and religious/fait communities. Attendees mainly represented urban and rural areas, and a few represented remote and other areas. Below is a breakdowns of attendees by stakeholder group and sector.

1. Which stakeholder group do you best represent? (Participants selected all that apply)



"It was very helpful to breakdown/reflect on these important topics/issues. The day presented a great opportunity to network and share some different perspectives, which also helps reduce judgments and barriers."
Dialogue participant

2. What sector do you work in? (Participants selected all that apply)



"Being a parent with lived experience, I felt like I was a valued member of the group discussion. I felt like I made a valuable contribution and was listened to."
Dialogue participant

London Dialogue — Evidence Needs

The top three evidence themes were selected by participants prior to attending the dialogue for discussion. At the dialogues, participants then discussed and prioritized specific evidence needs related to each theme. Listed below are the top evidence needs in order of prioritization.



Access to services

- How to effectively **engage and incorporate feedback from persons with lived experience** (including youth and individuals from marginalized populations), family members, and caregivers to improve the system and services.
- Effective **models of system navigation and coordinated access**, including **standardized pathways and information sharing** practices.
- Effective **peer support models** to enable access to services.
- Develop a **service inventory and navigation map** of mental health, substance use, and addictions services across the province (building on work of ConnexOntario).
- Collect data on **individual experiences of barriers to access and unmet service needs**, including access to specialized, short-term (for example, walk-in services), or ongoing care.



Children and youth, including transition-age youth

- Assess the **outcomes and impacts of current mental health education resources**, and determine the best practices for prevention, promotion, and early intervention in schools, including effective suicide prevention models.
- **Build capacity** in service providers, families, and schools **to better support and engage youth** across the continuum of care, including measuring the value of youth engagement to improve the system.
- **Develop developmentally appropriate services** for transition-age youth that are based on capacity and experience, not chronological age.
- Best practices to **increase coordination and collaboration** of service providers and family physicians to support youth transitions.
- Interventions that **integrate mental health, substance use, and addictions**, are informed by a trauma and equity lens, and focus on individual strengths.



Harm reduction

- Demonstrating the **impacts of different harm reduction approaches** to service providers, individuals with substance use issues, and families (for example, health outcomes, crime rates, overdose rates, and emergency room visits).
- **Strategies to reduce stigma** that:
 - are culturally appropriate;
 - focus on different age groups;
 - are tailored for rural and remote communities; and
 - address confidentiality and privacy concerns so individuals are comfortable accessing services.
- **How to set up new safe injection sites, and the benefits** of these sites for substances other than opioids.
- **Effectiveness of harm reduction approaches**, including alternative methods, locations, and settings for service delivery.
- **Collect data on harm reduction services accessed by Indigenous populations**, specifically:
 - Who is accessing harm reduction services; and,
 - How to use existing self-identifying data to create better mechanisms for others to self-identify.

Next steps

We will extend participation in the Sharing Together process through an online survey to stakeholders across Ontario. Following that, we will analyze provincial trends to develop the evidence priority agenda for Ontario's mental health, substance use, and addictions system. The final step will be to disseminate the agenda to support knowledge exchange activities across Ontario. EENet will also collaborate with partners to respond to the evidence needs identified.

Resources have already been posted on the [Sharing Together webpage!](#)

Stay tuned as we gather more evidence and if you have relevant resources, share with us!