

# *MENTAL HEALTH, SUBSTANCE USE AND HIV/AIDS/HCV PROVINCIAL ADVISORY COMMITTEE*

## **Terms of Reference**

Ratified June 2, 2011

### **Preamble**

The MH WG is an initiative that began in 2008 when the Provincial Health Services Authority (PHSA) of BC retained a consultant (Carlene Dingwall) to conduct a province-wide needs assessment on the mental health needs of people living with HIV/AIDS/HCV. It was a first step response to anecdotal evidence provided by community based organizations working with people who are living with HIV/AIDS/HCV. This initial data indicated that the mental health needs of people living with HIV/AIDS are being compromised by existing gaps and barriers and ineffective services across the whole continuum of mental health support systems. Moreover, knowledge about the scope and range of the mental health conditions was largely unknown on a provincial basis.

The needs assessment entitled *Trap Doors: Revolving Doors: A Discussion Paper* details the prevalence rates of mental health conditions of people living with HIV/AIDS/HCV (PWAs) accessing services from community-based AIDS organizations (ASOs). The report details the burden of care for ASOs and the frustration experienced by community workers at the enormous need for mental health supports and the lack of access to these services.

PHSA distributed *Trap Doors: Revolving Doors: A Discussion Paper* across the province to ASOs, BCMHAS and Public Health as a means to initiate further dialogue. In September 2008, a small strategic working group was assembled to discuss establishing a provincial working group that could identify strategic action items that could be addressed in the short-term and to outline the potential for a sustainable framework to address mental health and HIV/AIDS/HCV at a community, regional and provincial level. This initial group identified potential participants and targeted invitations went out to selected members. In November, 2008 the MH WG had its first in a series of meetings.

The outcome of the MH WG was the development of the five following strategic priorities:

1. To build the capacity of frontline workers in community based ASOs to provide mental health first aid to their clients/members
2. To increase the capacity of Mental Health and Substance Use workers to provide mental health supports to PWAs and those at risk for HIV/HCV
3. Enhance knowledge exchange about mental health and HIV/AIDS/HCV
4. Target research activities toward expanding knowledge in key areas
5. Identifying and targeting resources toward identified priority actions

It is from these beginnings that the current manifestation of this group has arisen. Substance Use was specifically mentioned as being a piece of this group's mandate and the members decided in June 2011 to continue the work as an Advisory Committee as opposed to a Working Group.

### **Vision**

All people living with or at risk for HIV/AIDS/HCV in BC will have timely and appropriate access to a continuum of optimal mental health and substance use services and support.

### **Mission**

To advise and provide strategic direction to address mental health and substance use issues among individuals living with HIV/AIDS/HCV or at risk for contracting HIV/HCV in BC, based on recommendations identified in the 2009 Mental Health and HIV/AIDS/HCV in BC: Strategic Action Report.

### **Goals**

- 1) Establish new or link into existing collaborative networks of consumers, providers, researchers and government policy makers who will champion efforts to address mental health and substance use and HIV/AIDS/HCV issues in BC.
- 2) Support HIV and HCV-serving community based organizations and service partners to better support clients/members living with mental health and substance use issues through knowledge exchange.
- 3) Support mental health and substance use community based organizations and service partners to better support clients/members living with or at risk for contracting HIV/HCV through knowledge exchange.
- 4) Assess and collect current research for evidence informed practice as well as practice informed evidence while identifying gaps and research priorities in order to promote meaningful knowledge exchange.

### **Roles and Responsibilities**

- 1) The Pacific AIDS Network (PAN) and Provincial Health Service Authority's (PHSA) HIV/AIDS Program will take the lead role in facilitating this project.
- 2) The PAN Program Coordinator will look after logistics, meetings, private and public communication, debriefing and introducing new members or guests consultants, and implementation of workplan.
- 3) Advisory Committee members will commit to attending Advisory Committee quarterly meetings, reading meeting minutes and contributing as requested by Program Coordinator.
- 4) Advisory Committee members commit to supporting the workplan and disseminating information within their respective organizations and networks.

### **Membership**

Membership on the Provincial Advisory Committee will be determined and expanded as needed by the Advisory Committee.

### **Appointments**

Each Advisory Committee member may invite an alternate to attend in their absence.

### **Chairs**

The PAN Program Coordinator will assume the responsibility of chairing the meetings. The group can select an alternate Chair or rotating Chair if desired.

### **Sub-Committees**

Sub-committees may be struck by the Program Coordinator on an as needed, time-limited basis, and should report back to the Advisory Committee on the ongoing progress and outcomes of their work. They should be task-focused with clear goals and timelines.

### **Record of Meetings**

Minutes will be kept at each meeting by the PAN Program Coordinator and will be made available on PAN's website <http://pacificaidnetwork.org/provincial-working-groups-2/mental-health/>. Meeting frequency will be on a quarterly basis.

Sub-committee meetings will take place on an as needed basis. The PAN Program Coordinator will attend all sub-committee meetings and report sub-committee activities at the following Advisory Committee meeting.

### **Reporting Relationship**

This Advisory Committee is facilitated through a Shared Leadership Model:

- Shared Information
- Shared Responsibility and Accountability
- Shared Purpose
- Respect
- Embrace Differences
- Valued Partnership

PAN holds the facilitation and administrative responsibility for the Advisory Committee. The Advisory Committee members are ultimately responsible to their respective stakeholders in keeping them up-to-date with the activities and information from the Advisory Committee. The PHSA will take the lead in reporting all Advisory Committee activities to the Ministry of Health and Federal partners.

### **Decision-making**

The Advisory Committee will strive to make decisions by consensus. Consensus means that all members of the group can accept a given course of action. If the group cannot achieve consensus, members must agree on a process to deal with the outstanding issue (e.g. vote, continue discussion, do further research, or table the issue to another meeting). With the understanding that it is important for the work to move forward, members agree that in

order to have feedback included in decisions made, feedback must be given by deadlines determined. This Advisory Committee will work under the philosophy that silence is acceptance.