Equity in Accessing Community Health Care-Using a GBA (Gender Based Analysis) PLUS Evaluative Approach

Includes:

Final Report

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Equity in Accessing Community Care in the Four Counties Region – Gender Based Analysis Plus

(GBA Plus)

Final Report

By Noah Crawford-Bourke

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Abstract

This research project was conducted in order to assess and identify the most common access barriers to mental health, addiction, and other community services in the Four Counties region, the demographics/groups that are most affected by these barriers, and identify improvement strategies that can be used in the future in the region in order to mitigate some of these access barriers for particular individuals. A literature review was first conducted in order to get an overview of the various access barriers that are present in the community and help to understand who in particular is most affected by them, a survey was also distributed to service providers (45 participants) which looked at their opinions on the prevalence of various access barriers compared to one another, which groups they felt were most affected, and improvement strategies that they think would be good to implement or that their organization has already implemented which help in reducing these access barriers. Additionally, one focus group interview (4 participants) was conducted with service users which looked at what barriers they believe are most prominent/most contribute to their accessibility of services, as well as improvement strategies that they think should be implemented to help mitigate these barriers. It was found that the most prominent barriers include things such as transportation, lack of knowledge, communication issues, and stigma. With the demographics/groups in particular being most affected were those with a low income, immigrants, and people with a disability to name a few. Additionally, it was found that many of these barriers transpire due to other more prominent barriers such as lack of service providers and long wait times. This also effects the implementation of improvement strategies, however some uncommon but notable improvement strategies were suggested by service providers.

1.0 Introduction and Background

1.1 Introduction and Goals of the Project

The Canadian Mental Health Association – Haliburton, Kawartha, Pine Ridge Branch (CMHA – HKPR), is an organization that serves different communities across the HKPR region by providing a wide range of mental health and addiction services and resources to individuals throughout these communities (CMHA, 2023). Mental health and addiction services are any

programs or services that are offered to the community in order to provide support, care, and help develop future strategies for those who are dealing with mental health or addiction related issues (Connex Ontario, 2023). This includes things like counselling, psychotherapy, withdrawal management, crisis support, residential treatment, and mental health, drug addiction, and gambling addiction awareness services. (Connex Ontario, 2023).

Access to mental health related support services is a major issue that affects those living in more rural areas throughout Ontario and Canada. Those who are living in more rural areas and wanting to seek care in the form of these mental health support related services are faced with significant barriers which are much more prominent in these small urban/rural areas compared to larger urban areas (CMHA, 2024).

The purpose of this project was to identify the most common access barriers that exist when individuals are trying to access mental health, addiction, and or other community support services throughout the Four Counties region. In addition to this, the second goal of this project was to identify which demographics/groups are most affected by these access barriers. The final goal of this project was to identify and understand improvement strategies that would help improve the accessibility and inclusivity of services for those who are experiencing different barriers. This was determined by conducting a literature review on rural communities in Ontario (more specifically the Four Counties region) in addition to other rural areas in Ontario and Canada, as well as conducting surveys and interviews with service providers and people who access their services in the Four Counties region. Additionally, the project is significant as this research will hopefully help contribute to the development of more accessible programs and services for these communities. There is also a lack of detailed, readily available information regarding this topic, so this project was also developed in general to support the knowledge of the community as well as the development of future research.

Research Questions to be answered:

The two main research questions that were addressed with this research are:

1. What barriers impact equitable access to mental health, addiction, and or other community support services within the Four Counties region?
2. How do particular demographics influence these barriers?

1.2 Key Terms

Four Counties region: region in Ontario that consists of the City of Kawartha Lakes and the Counties of Peterborough, Haliburton, and Northumberland.

"Other" Community Support Services: in this report, other community support services will refer to services such as housing, employment, and family support services. (For instance housing support services might refer to something like a homeless shelter service), (family support services might refer to services that are used to help support parents with young children and development). The term essentiality relates to any support service that doesn't provide support directly related to mental health and addiction but can be still somewhat associated.

Gender Based Analysis PLUS (GBA PLUS): an analytical tool used to help decipher how different demographic groups are affected by a particular issue (For example, how are men and women affected differently by a particular issue, why, and what can be done). Other demographic groups/factors to consider include age, income, rurality, education, and disability. This analysis was used partially as the framework throughout this report.

Access Barrier: any way in which an individual is limited/affected from doing something in particular such as accessing services in order to acquire treatment because of certain factors.

1.3 Background Information

There are many sources available that provide significant background information involving access to care, which will also help better further illustrate the literature review that is presented later. The majority of these sources involve research done on other rural areas in Ontario and Canada. The first source helped provide general information on what access barriers exist that impact people trying to access services in rural areas in Ontario (McMaster Health Forum, 2021). The source listed all of these challenges that are specific to rural communities as well as what can be done in order to improve this. The source describes how some services are only delivered in a certain language therefore difficult to use for people who do not speak English or French, it explains how many people in rural communities have

difficulty commuting to access different services due to their location (McMaster Health Forum, 2021). Another source also provides some general information about rural areas in Canada and how a lot of barriers that are particular to rural areas stem from long wait times for particular mental health services, as well as poor communication with service providers that leads to a lack of follow up care (MHCC, 2020). The source also explains how stigma and discrimination within rural communities can be more prominent and can make it harder for individuals to access services. It also lists the best practices for services that are currently working and should be used in the future such as offering virtual services to cut down on travel time and improve the user consistency (MHCC, 2020). Another source also examined barriers to mental health services in Canada in general. The prominent barriers to accessing services included things like not having enough time/not being able to leave work to access service, not being able to afford particular services, as well as not knowing where to go or what is offered involving these particular services (Murray and Knudson, 2023).

Other sources that were researched, examined particular demographics in specific communities in Ontario. One source used a study that encompassed various northern rural communities across Ontario to determine what barriers affected youth who wanted to access services regarding addiction (Russel et al. 2019). The information was gathered for the study using a questionnaire and interviews of individuals with problems with drug addictions as well as service providers in general (Russel et al. 2019). A big barrier was that many youth individuals did not want to access treatment for their drug addiction problems, many youth also had a fear of accessing services because they did not want to get in trouble with police for their drug addiction problems, many youth also did not want to be discriminated upon due to accessing services (as many felt that it would be easier for people in their community to find out because of how small it is) (Russel et al. 2019). Many individuals also claimed that services tended to be overcrowded and short staffed and therefore more difficult to access, as well as the fact that a lot of addiction and community services have very limited operating hours which is also not suitable for people in rural communities (Russel et al. 2019). Another similar source that also looked at younger individuals/youth examined the different barriers that black youth face when trying to/accessing mental health service in Canada (Fante-Coleman and Jackson-

Best, 2020). The source explained that some of these barriers result from service providers themselves as they can use language that is more stigmatizing and or discriminatory regarding black youth. Additionally it explains that many service provider also have a lack of cultural understanding which can lead to services not being provided in the correct way, and it also says that black youth have to wait consistently longer in order to access certain services compared to white individuals (Fante-Coleman and Jackson-Best, 2020). Other sources looked at other demographics more in depth such as women in rural communities in Ontario and the barriers that they face when trying to access services for help regarding domestic violence (DASO, 2020). This source also obtained information by mainly interviewing service providers as well as people with lived experience. The source describes that domestic violence occurs more often against women in rural communities and that homelessness affects women more often who experience domestic violence which makes it even harder to access the needed services (DASO, 2020). Many women also are less likely to ask for help because there is less help available to them readily and the fact that some rural communities will have more pronounced gender roles which could deter women for asking for help (DASO, 2020).

This information is relevant to the project as part of the research that is involved with this project involves conducting surveys and interviews on service providers as well as those who have had difficulty with accessing services in order to figure out what access barriers are most prevalent which is the exact same methodology that was used with the first source that was listed in this paragraph. Additionally, part of the research for this project involves using the GBA analysis as a framework to determine how other factors like gender, age, and race affect these barriers and make them more prominent. These sources show that youth and women encounter certain barriers that are more persistent than with older populations and men. Therefore these sources help show the comparing of various demographics.

2.0 Literature Review

This literature review section was developed in order to examine these particular access barriers more in depth with regards to the Four Counties region specifically. However, general information and that from a few other communities is also included in order to make the

literature review as expansive as possible. The literature that was reviewed included community plans, reports, newspaper articles, census data, maps, and scientific studies. The following access barriers to care, as well as some associated demographic groups/factors are identified below.

Transportation

Transportation was identified as a barrier to accessing mental health, addiction, and other related community support services due to multiple different reasons (which are divided into subsections/subfactors further below). Identifying where these services are located is important in helping to understand why transportation could be an access barrier. The official Northumberland County has an interactive map that was used to provide background related to where these services are located (Northumberland County, 2024). Additionally, the official Kawartha Lakes website also has the same interactive map feature for their region, that was used to help identify where the majority of these services are located (Kawartha Lakes, 2024).

The Northumberland County map was described as a social services map, with a list of different check boxes that you could select that indicate the whereabouts of these particular services in the county. Services relating to basic needs, early years, financial support, health, parenting support, special needs, and youth 14+ were selected (Northumberland County, 2024). Overall, it can be seen that the majority of these services are located in Cobourg, with the next highest being Port Hope, and Campbellford, with a small amount being located in Brighton. The sort of central area of the county can be seen to have no service indicators using these features according to the interactive map (Northumberland County, 2024). The Kawartha Lakes map had a list of sliders with categories in which different services could be selected, and their whereabouts were then indicated. Categories relating to health, and community and cultural were selected. Overall, it can be seen that the majority of these services are located in and around the town of Lindsay. The rest of the services were somewhat spread out, however there were still quite a few of these services located in areas like Bobcaygeon and Fenelon Falls (Kawartha Lakes, 2024).

Although these maps are not fully indicative of what areas these services serve (e.g. online services vs in person), this information does help illustrate at least what places these services operate out of. The Kawartha Lakes municipality website also includes sources relating to census information comparing things like the population and the population density of various parts of the region. The population density of Lindsay is identified as being 1436.7 people per square kilometre and more than double that of other places like Bobcaygeon (694.4) and Fenelon Falls (625.7). Comparatively, the population density of all of Kawartha Lakes is identified as being 26.1 people per square kilometer (Kawartha Lakes, 2024). Although municipality published interactive maps could not really be utilized the same way for Peterborough County and Haliburton County it can be assumed from this information that most of these community support services operate out of the most population dense areas in these regions.

Accessibility, Availability, and Proximity of Public Transit and Vehicle Access

Accessibility and proximity to public transit and vehicle access was identified as being one of the subfactor components to transportation being a barrier to accessing services.

In an article in 2022, Targett describes that that there is no effective transit system in Kawartha Lakes or Lindsay (MacTargett, 2022). In this article, Targett notes an interview conducted with a 28 year old woman (Pegg), a resident of Lindsay, in which the author first highlights that the woman claimed she could not afford a car due to her low income. Additionally, Pegg explains that she believes Lindsay is only really structured to suit higher income residents compared to lower income residents. Pegg explains that those who do not have a car exhibit significantly more difficulties in trying to travel between different communities within Kawartha Lakes, and she highlights that improving transportation options in these regions would ultimately be significant in improving the overall health care of residents (MacTargett, 2022). Targett also highlights on statements made by Vosper (a course instructor at Trent University at the time) in which Vosper claims that lack of transportation options in Kawartha Lakes significantly impacts access to health care and additionally mentions that

people that have mental illness or are in a situation of domestic violence are also impacted by lack of transportation (MacTargett, 2022).

In an article in 2022, Rapaport explains that Lindsay and surrounding regions in Kawartha Lakes have a much higher demographic that is over the age of 60 compared to the rest of Canada (36.5% to 25%) and also highlights that this population has been aging over time. Rapaport explains that those over the age of 80 have greater difficulty driving which leads to isolation (Rapaport, 2022). In another article by Rapaport in 2023, the author explains that elderly people are also very much affected as they run the risk of losing driving privileges when they turn 80. Rapaport (2022) additionally highlights that those with a low income and or no access to a car are also affected by lack of transportation options (Rapaport, 2023).

In Targett's article, the author touches on something called TOK Coachlines, a bus service that is able to connect individuals from Lindsay to larger areas such as Toronto which runs very intermittently (MacTargett, 2022). In the other article by Rapaport in 2023, the author similarly indicates that Lindsay has a lack of intercity bus services, and also touches on TOK Coachlines, also explaining that it runs very intermittently and is expected to stop its Haliburton line (which connects to Lindsay) on January 31, 2024 (Rapaport, 2023). On the TOK Coachlines official website, it is explained that the bus line that ran from Haliburton to Toronto will not be run following January 31, 2024. This means that multiple stops will be missed such as at Cameron, Fenelon Falls, Norland, and Moore Falls (which are all areas north of Lindsay). Additionally, it can be noted that many stops will also now be missed in and around Haliburton County (TOK, 2023). Additionally it is noted, that when in operation, the bus service operated three days of the week. In an article by Vanmeer in 2023, the author indicates that this bus line was dropped due to increased operation costs and a shortage of drivers (Vanmeer, 2023).

Similarly, bus programs in other regions of the Four Counties have also been discontinued over recent years. On the Northumberland County official website, regarding public transit, it is highlighted in September 2022, a pilot bus line project was launched called Commuter Connect that was able to connect riders from areas including Campbellford, Brighton, and Colborne (areas east of Cobourg) to Cobourg and Port Hope, which then ran to Oshawa (Northumberland County, 2022). However, in October 2023, an article published on

the Commuter Connect website indicated that this bus line would be stopping due to operation costs because of limited ridership (Commuter Connect, 2023). It is explained that there was a lot of public interest of this service from the community, however it is noted that population density is much smaller in the more rural areas that these stops were in which ultimately contributed to limited ridership. Additionally, the article explains that many residents in Northumberland County rely on vehicles which also essentially contributed to this (Commuter Connect, 2023).

These sources in particular help demonstrate that in recent years, new public transportation options have been developed/used in the Four Counties region in order to connect individuals from more rural areas to more smaller urban/urban areas, however many of these transportation options have stopped mainly due to costs and not because they weren't deemed as needed.

Targett explains that there is also no GO bus or GO train stops that are located in Kawartha Lakes or even Lindsay which could connect individuals to other areas like Peterborough. Targett also highlights that Metrolinx (Government Transportation Agency) has also indicated that there aren't enough people to facilitate the need to place a GO Train stop in Kawartha Lakes or Lindsay (MacTargett, 2022). In an article conducted by Kawartha 411 staff in 2024, the authors note that the mayor of Kawartha Lakes indicated that GO transit connections are needed throughout the region in order to help support the growing community (Kawartha 411, 2024). Information from the official GO Transit website (system map) suggests that, regarding the Four Counties region, there are no GO stops in any of the regions, except for Peterborough County which has four GO bus stops. However these stops are located in/in very close proximity to the City of Peterborough as observed on the system map (GO Transit, 2024).

McIntosh notes that in a Canadian survey in 2019, it was found that younger individuals (aged 18-34) were less likely to have a vehicle that they currently owned or leased (48%). The author notes that this proportion was much higher in older populations, with those aged 35-54 being 69% and those aged 55 and over being 77% (McIntosh, 2019). On another webpage (containing information from Transport Canada and Statistic Canada) that was published in 2023 indicates a large proportion difference between men and women after the age of 65 (as

well as decreases with increasing age groups in general) who consider driving as their main form of transportation (Tests, 2023). For the age group of 65-74, around 83% of males indicated this compared to around 53% of females. For 75-79, this was around 80% for men and around 41% for women. For the age group 80-84, this was around 74% for men and around 35% for women (Tests, 2023).

Peterborough Public Heath published a report in 2020 in which they indicated that people with disabilities are less likely to own a vehicle which is also due to the fact that they are much more likely to be living in poverty than others in Canada. The report also mentions that some disabilities prevent people from being able to obtain a driver's license. It is also mentioned that those who are over the age of 65 account for the people with the highest number of disabilities compared to other age groups (PPH, 2020).

All of these sources indicate that lack of vehicle access/availability, lack of public transportation access, as well as the distance to particular public transit options serves as a barrier for community accessibility. These sources ultimately suggest that demographic groups, including younger people, elderly people, elderly women, low income individuals, and those living in more rural areas are particularly affected by this subfactor barrier for transportation.

Convenience and Ease of Use

How convenient and easy transportation options are to use in order to access community services was identified as being one of the subfactor components to transportation being a barrier to accessing services.

Focusing more on Peterborough specifically, in a 2022 accessibility plan published by the City of Peterborough (survey results collected May 2022 - August 2022), survey participants (which included members of the public) rated Peterborough transit terminal as having the lowest amount of accessibility among city owned buildings (PTBO, 2023). Other buildings included in this survey included Peterborough's Sport and Wellness Centre, Public Library, as well as childcare centres. The highest accessibility rating was 4.21 whereas the transit terminal had an average accessibility score by participants of 3.11 out of 5. Additionally, the transit

terminal in Peterborough had among the lowest rates of improvements compared to the same rating system done on the same buildings in 2017 (PTBO, 2023).

Survey responses from community residents pointed to multiple issues with the public transit system, including that it is difficult to navigate. One individual indicated that they have trouble reading overhead signs indicating which bus is which and therefore have to ask people every time they use the terminal (PTBO, 2023). Another individual indicated that parking is relatively inaccessible and that many buildings do not have parking lots that are close or convenient in terms of accessing a particular building. Additionally, other respondents pushed the need for things such as more benches located throughout the city so that older people and people with disabilities can take breaks when commuting, as well as more ramps to help with wheelchair access (PTBO, 2023).

Other respondents in the survey claimed that the transit system in Peterborough can be overwhelming at times. One individual also believed it would be important to equip all bus stops with cement pads so that people with wheelchairs have easier use. Other individuals claimed that it would be important to equip all bus stops with a bus map as the routes can be difficult to schedule and memorize if you don't have access to technology. One individual who previously claimed they had frequently used public transit ended up stopping due to the fact that buses were frequently late and required them to wait for long periods outside (PTBO, 2023). They claimed that things like this most significantly affect people such as the elderly and people with chronic pain. Additionally they also claimed that buses often have poor air quality which has also served as a deterrent to them to have to stop using public transit. Another survey respondent also claimed that buses are either too early or too late which leads to problems with access. Additionally this respondent indicated that bus transfers are also very difficult due to the fact that they have to walk across many blocks to get the bus transfer which is further complicated by the fact that they have problems with vision loss (PTBO, 2023).

Similarly, in other research, in an article by Pearson and Throop in 2023 in Peterborough, residents were interviewed about their opinion on the Peterborough bus system as well as service cuts that had been proposed. One individual (Menogue) claimed that there are other areas that she would like to visit in Peterborough however is not able to do so

because she finds the bus transfers confusing as well as she finds navigating bus schedules on apps and on her phone to be difficult. Menogue claimed that transfers didn't use to be a problem for her when she lived in Toronto (for many years) as she explained that the routes weren't as complicated (Pearson and Throop, 2023).

All of these sources indicate that in Peterborough particularly, public transportation is deemed quite inaccessible and inconvenient. These sources ultimately suggest that elderly people and those with disabilities are particularly affected by this subfactor barrier.

Safety, Distance, and Cost

How safe one feels when using transportation options as well as the cost/distance it takes to commute was identified as being one of the subfactor components to transportation being a barrier to accessing services.

In the 2022 accessibility plan survey that was previously discussed regarding accessibility in the City of Peterborough, many respondents raised questions related to safety. A female respondent claimed that females including herself typically do not feel safe walking downtown alone which she claims is made even worse if one has a disability which slows people down (PTBO, 2023). Additionally other respondents claimed that people who are elderly and have disabilities still have concerns regarding COVID-19 and or have issues concerning mask wearing (PTBO, 2023).

Similarly, Age-Friendly Peterborough conducted a survey from March 2022 to June 2022 on residents of living in Peterborough County, the majority of which were aged 65-84 (56%) or 55-64 (29%), to help determine how age-friendly Peterborough is. It is noted that one of the biggest barriers to accessing community support and health services is lack of safe and reliable transportation (27% of survey participants) (Age-Friendly PTBO, 2022). Survey respondents also indicated that COVID-19 pandemic concerns (25%) are one of the major concerns/barriers preventing them from accessing community services/activities (Age-Friendly PTBO, 2022). .

Additionally, in the accessibility survey previously mentioned, accessibility ratings were also requested from participants related to public spaces in the City of Peterborough. City sidewalks ended up having the lowest accessibility rating in 2022 with an average rating of 2.44

out of 5 (PTBO, 2023). Barriers related to accessing the sidewalk in the city included the fact that one survey respondent mentioned that snow removal is poor in the winter which makes it a lot harder for her to get around on her mobility scooter. Other respondents also commented on how sidewalks are poorly maintained in the winter and hard to get around and how that in many areas of the city there are no sidewalks available to access. Some survey respondents also claimed that a lot of intersections are dangerous for pedestrians and that they are sometimes afraid of being hit (PTBO, 2023).

In a Health Canada report published in 2022, it is explained that in northern Ontario, winter storms are expected to increase in frequency and severity over time due to increased climate change which affects precipitation rates. It's also further highlighted that this will lead to increases in flooding as well (Health Canada, 2022). The report also comments on the fact that Ontario has a very large Indigenous community, and that around 78% of indigenous communities live in northern Ontario, as well as the fact that the population in northern communities has been aging (Health Canada, 2022). The report evaluates that northern more rural communities in Ontario are disproportionality affected by climate change as it leads to accessibility issues due to icy roads, and also impacts accessibility to health and social services (Health Canada, 2022).

In a journal article published in 2020 on smaller rural communities surrounding Hamilton, Ontario, a survey was conducted on participants aged 65 and over. The majority of participants claimed that they tended to avoid driving in snowstorms and heavy rainfall purely because them driving to access what they needed to was not essential (Hansen et al., 2020).

Adding on to this, in the prior Age-Friendly 2022 survey, it was found that seasonal access challenges was one of the highest reported barriers (34%) among older adults in Peterborough County in regard to transportation (Age-Friendly PTBO, 2023).

Additionally, according to Statistics Canada census data from 2021, populations of those living in the Four Counties Region that are over the age of 65 ranges from 26.4% to 35.95% of the population in each region. This is significantly more than the rate of all of Ontario which stands at 19.8% and also significantly more than large urban centres such as Toronto (17.1%) and Ottawa (16.9%). Additionally, the percentage of those aged 65+ tends to increase

throughout these four regions as they get more northern and farther west from Toronto. Hence, Haliburton County has a population rate of 35.9% for those aged 65+ (Statistics Canada, 2021).

According to the Peterborough Public Health transportation report, people living in the City of Peterborough have a median trip (various forms of transportation) distance of 3.2km whereas people living in the rest of Peterborough County have a media trip distance of 10.9km (PPH, 2020).

In a Haliburton County survey published in 2023, which was conducted on mainly full-time (81%) and temporary residents. Notably from the results, it can be evaluated that the vast majority of participants (that are working either full-time or part-time) are currently working inside of Haliburton County (e.g. Haliburton, Minden, Algonquin Highlands) (EHQ, 2023). However, a later question in the survey asking participants about where they buy most of their gas found that 15% of participants buy their gas outside of Haliburton County due to reasons including the fact that many find that it is cheaper. Many claimed that they would buy gas in Curve Lake (area north of the City of Peterborough) because of this (EHQ 2023).

All of these sources indicate that those living in more rural areas as well as those who are elderly are particularly affected by these barriers due to things such as high gas prices, and greater distaste towards seasonal road conditions which also tend to be more severe in rural areas.

Operation Hours

The hours of operation of service was identified as a barrier to accessing mental health, addiction, and other related community support services due to multiple different reasons.

In one article it is indicated that regarding community services, the operating hours of a service can serve as a barrier due to the fact that a service might not have evening or weekend hours which is unaccommodating for people with full time jobs (Community Tool Box, 2024).

In another article in 2022, the authors similarly highlight that mental health services that operate on a 9-5 schedule can lead to problems with accessibility. Additionally, the authors

mention that some individuals might live much farther away which in turn impacts this (Brown et al., 2022).

In another article involving a qualitative study in 2020, the authors discuss barriers to accessing mental health care services for refugee women in Canada. The authors found that many of the women did not work in their old country however felt obligated to work since coming to Canada due to income (Newax, 2020). It is emphasized that childcare along with working full time or part time, in addition to being a widow, contributed to significant problems with accessibility. The authors found that some of the women were working multiple jobs which also impacted this. Additionally, it is found that these women encounter barriers accessing language support services due to the fact that they need to take of their children instead. Improvement strategies from the women suggest the want for more flexible hours for language services as well as more childcare facilities (Newax, 2020).

In addition to this, another article involving a study conducted on youth and parents in Ontario with regard to their opinion on mental health and addiction services found that accessibility involving hours of operation is an issue since parents and caregivers have to take unpaid time off work and or also make sure that they get access to childcare which is not accommodating (Kourigiantakis et al., 2023).

In the Four Counties region specifically, in the previously referred to article by Kawartha 411 staff (2024), the authors claim that parents in Kawartha Lakes and Haliburton with young children are restrained from going to work or finding new employment due to the long waitlist for licensed childcare services in these regions. The authors highlight that a total of 645 children were on a waitlist at this time (Kawartha 411, 2024). In another article in Kawartha Lakes 2019, a similar problem was referenced by Hutchinson. The author claims that in Kawartha Lakes, barriers to employment include factors like lack of childcare, or a sick family member. Hutchinson evaluates that childcare is not affordable or flexible in Kawartha Lakes, indicating that this significantly impacts women in regard to employment (Hutchinson, 2019).

Social Isolation and Lack of Knowledge

Social isolation and lack of knowledge were identified as barriers to accessing mental health, addiction, and or other related community support services.

According to Statistic Canada data, in the Four Counties region the immigration status of individuals ranges between 8% - 10.6% (across the four regions). However, in large urban centres such as Toronto and Ottawa the immigration statuses are respectively 45.6% and 25.9% (Statistics Canada, 2021). In Toronto for example, Duarte explains that because of the large immigration status, it has multiple different ethnic communities that are occupied by immigrants from numerous different countries. These areas include places like Chinatown and Little Italy (Duarte, 2023).

In an immigrant needs report containing a survey conducted in 2023 on new immigrants and immigrants in Peterborough, it was found that the second highest reason why they did not access community services is because they were not aware of the service (32%). The research also indicates that 43% of the immigrants surveyed indicated either some or a lot of isolation over the past year, and that isolation was further affected if an individual was a temporary resident compared to a permanent resident (NCC, 2023). It was found that temporary residents are less likely to access community services compared to permanent residents. The research also shows that 32% of the participants indicated that making friends or social connections was one of the top challenges that they have faced in the past year whereas 50% of participants also indicated that friends and family members was the main way that participants learn about community services (NCC, 2023).

In 2023, an article by Davis, claimed that intimate partner violence (IPV) was declared an epidemic in Peterborough County. Data showed that in Peterborough County, around 80% of those who experienced IPV never reported it to police. Additionally, in the article it is noted that abusers who live in more rural areas are more likely to be able to cut off an individual/victim from friends and family members (Davis, 2023). It is also mentioned how women who are victims tend to be more isolated in regions of lower population density throughout Peterborough County and that this ultimately affects their ability to want to reach out to services due to how isolated they are (Davis, 2023).

Long Wait Times and Lack of Service Providers

Long wait times and lack of service providers were identified as barriers to accessing mental health, addiction, and or other related community support services.

In a report containing a survey on multiple communities in Ontario in 2020 related to youth mental health services, it was found that Northumberland was one of the communities with the longest wait time for service at 792 days, with average wait times for counselling and therapy overall at 67 days (CMHO, 2020). The report highlights that many required services are not available for youth who are living in more rural areas in Ontario. The report additionally highlights that many youth tend to age out of the youth system for mental health services due to long wait times claiming that this leads to more problems as then they have to get on an adult wait list. Peterborough was also recorded as having the longest way time amongst the surveyed communities (in a region) which stood at 668 days (CMHO, 2022).

In Peterborough in 2022, a report was published by the Peterborough Regional Health Centre (PRHC) indicating that they had experienced major staffing shortages over the past year which has resulted in longer wait lists (PRHC, 2022). Additionally, an article was published a year after in 2023 indicating that the caseload for the mental health crisis response unit at the PRHC has further increased. The author explains that service providers at the PRHC who are dealing with mental health and addictions have claimed that wait lists are too long and there are not enough workers to support the high demand (CHT, 2023).

In the 2023 immigrant needs assessment survey that was previously mentioned, it was found that the highest reported barrier with regards to what affects participants in receiving quality community services is long wait times (25%) (NCC, 2023).

In a report conducted on the experiences of the unsheltered population in Peterborough in 2021, using a point in time count, it was found that almost all of the shelter organizations that participated in the survey indicated that they were currently at maximum capacity meaning people would have to wait for shelter (United Way PTBO, 2021). Additionally, in the report it is said that a total of 27% of the participants indicated that they were Indigenous. Comparatively, it is mentioned that Indigenous people overall only represent 4% of

the population of the City of Peterborough, therefore indicating that Indigenous people are overrepresented in the homeless population in Peterborough (United Way PTBO, 2021).

In an article by Sweeney in 2023, looking at One City Peterborough (shelter), the article explains that they claim that their services are what they would describe as low barrier services. The article explains however many aspects of this shelter service system that exists that the organization describes as not being low barrier including the fact that some require the need for things like having relevant ID and citizenship/permanent residency documents (Sweeney, 2023).

General Stigma in the Community and Language Used by Service Provider Workers

In an article by Davis, the author notes that Peterborough County had the highest rate of police reported hate crime in 2020 compared to other metropolitan areas, with rates of 19.4 people per 100,000. This rate was reported to be higher than areas including Ottawa, Guelph, and Vancouver in 2020 (Davis, 2022).

In another article by Pearson (2021), the author notes that at an Opioid Summit held in 2019 in Peterborough, one of the community's needle disposal boxes was spray painted with some very aggressive and discriminatory language. Additionally, the article also discusses an organization called PARN, which is an organization that offers a harm reduction program for people who use drugs in the Peterborough area (Pearson, 2021). It is noted that in 2020, PARN was more or less removed from the building that they were renting and operating out of in Peterborough, forcing them to move. In the article, the executive director of PARN commented on the fact that this wide range of stigma around substance use affects the organization's ability to rent or lease properties due to the fact that they feel many landlords look down upon their method of service and are in fear of something going wrong (Pearson, 2021). The resource coordinator of PARN also commented on the fact that stigma can also exist in the form of language that people are more or less not thinking of which can affect people's ability to reach out for help when in need. For instance, the individual claims that people shouldn't use words like overdoes but should instead use terms like drug poisoning when referring to drug users (Pearson, 2021).

Continuing with the theme of focusing on Peterborough, in an article indicating data generated from 2022, it has shown that the City of Peterborough ranks among the highest among cities in Ontario in terms of opioid-related mortality rates per 100,000 people. The rate in the City of Peterborough was 49 whereas the rate in Ontario as a whole was 17.6 (Dufour and Migneault, 2023). Other information such as that from Peterborough Public Health (PPH) indicates that in 2021, over the course of a 3 month period, over 2000 naloxone doses were distributed by the Peterborough Overdose Prevention Program. PPH also indicated that the majority of people using their services during this time tended to be young males (PPH, 2021).

Additionally, PPH and a student under the support of the Elizabeth Fry Society of Peterborough in recent years have both published anti-stigma guides to be viewed by members of the public and utilized by service providers. In the PPH anti-stigma guide, the importance of using certain language when dealing with people with addictions is emphasized (PPH, 2024). The anti-stigma guide explains how the use of stigmatizing language from service providers can lead to people not wanting to come back to use services as well as it affects the quality of care that these individuals do receive. Additionally the guide mentions that language is rapidly evolving and changing so what is acceptable now may not be acceptable in a few years. Therefore service provider workers need to constantly be up to data with this kind of information (PPH, 2024).

In the other anti-stigma guide by the Elizabeth Fry Society, the importance of using person-first language is emphasized so that individuals don't feel like they are being stereotyped by their addiction (Aitchson, 2023). The guide listed many different alternative terms that could be used for service providers when focusing on substance use, mental health, and sexuality, however the guide lists the most terms that should be used with caution/avoidance and alternative terms for focusing on substance use, which indicates just how many factors service providers have to consider when speaking to those with addictions specifically (Aitchson, 2023). The guide goes through many terms that can be used alternatively by service providers and others in the community in order to evoke less discrimination and stereotyping of individuals. For example, the guide explains that terms such as user, detox, and relapse should be used with caution or not at all and the alternative terms that should be used

include terms like person in active use, withdrawal management, and resumed substance use (Aitchson, 2023).

In the previously mentioned immigrants needs 2023 report in Peterborough, it was found that 26% of participants (immigrants) that responded to the survey indicated that they had experienced discrimination in the community within the last year. The top three reasons why participants claim they received discrimination is because of their colour, accent, and language.

3.0 Materials and Methods

3.1 Survey

The first method that was used for this research was a survey. The survey was developed to target service providers of mental health, addiction, and other community services throughout the Four Counties region. The questions on the survey were made to examine the service providers experiences and opinions on their organization and the services it offers as well as other services in the community. It was intended to look at the service providers opinions on the prevalence of the access barriers identified in the previous sections as well as their opinions on what demographic groups are most affected by these access barriers. Additionally, the survey questions were also developed to assess the service providers opinions on what they think could be done to further change their services/develop the community in order to mitigate these access barriers. The questions were both quantitative and qualitative, mostly consisting of check boxes and open-ended questions and the surveys were developed on an online platform (Qualtrics). In order to find potential participants a list was generated of possible organizations that distribute services (either mental health, addiction, housing, employment, and family support related). Potential participants were also developed using potential contacts in the region that the host supervisors (CMHA) were familiar with. An email with a link to the survey was then sent off to these organizations and distributed to the various service providers who were working there and willing to participate. The survey opened on February 9th 2024, and closed on March 8th 2024, and a total of 45 responses were collected. In addition to this, the survey did not ask for the name of the participant or the name of their

organization in order to help encourage participation. The data was analyzed using statistics as well as examining common themes or notable information that was reported among participants.

3.2 Focus Group Interview

The second method that was used for this research was a focus group interview. The focus group interview questions were developed to target service users of mental health, addiction, and other community services throughout the Four Counties region. The questions for the focus group interview were made to examine the service user's experiences and how certain access barriers have impacted them. It was also intended to look at improvement strategies that the services users thought would be suitable in trying to mitigate these access barriers. The questions that were asked were largely open-ended and intended to facilitate discussion in a focus group type setting. In the previous emails that were sent out to service providers regarding the survey, organizations and service providers were also informed about setting up a potential focus group with some of the users of their services. Unfortunately, many organizations that replied stated that they were not able to facilitate and type of focus group discussion at the time. The original aim was for the project was to set up and conduct 3 focus group interviews with approximately 10-15 participants total. 1 focus group interview with 4 participants was able to be conducted on March 15, 2024. The participating organization was first contacted, and one of the supervisors was distributed the consent agreement (a document containing information about what the focus group is for and the rights of participants). This consent agreement was then distributed to service users throughout the organization informing them of the time and place that the focus group would be commencing.

The focus group interview was then conducted in the afternoon in a private room (at the participating organizations facility) with a table in the centre for everyone to sit. The consent agreement was first read off to all participants to further make sure that they had a clear understanding of the project and following this, the consent agreement was signed by the participants. The questions were read off to participants by Melissa O'Donohue (a member of the CMHA) and notes on what was being said was recorded by Noah Crawford-Bourke who was

also sitting at the table. Only 3 questions from the developed interview questions were asked due to the fact that these 3 questions were able to facilitate discussion amongst the group for around 45 minutes. Following the focus group interview, participants were also provided with contact cards in case they wanted to reach out in the future to ask any questions about the research. The focus group interview was then analyzed by examining common themes as well as noteworthy comments made by participants.

3.3 Ethics and Safety

This project was approved by Trent's Community Research Ethics Board on February 5, 2024. The ethics application that was submitted contained information including details about the project, as well as attachments for the survey questions, interview questions, information document (service providers), and the consent agreement (service users). An amendment was made to the ethics application later on after it was approved. This amendment to the application was approved by Trent's Community Research Ethics Board on March 13th, 2024. This amendment form was used in order to add Melissa O'Donohue (CMHA service provider) as part of the research team, indicating that she would be the one reading out the focus group interview questions due to her training and experience. This amendment form was also made to change how the focus group interview would be recorded. Previously, the application form had detailed that the focus group interviews would be audio recorded, however this was changed to notetaking. Both of these changes were done in order to enhance the quality of the focus group interview and help participants to feel less pressured. Participants were also informed that they were free to leave the room at any time during the interview.

Additionally, concerns came up from the researcher over what could be included in the results section for the focus group interview in this report. In the consent agreement that was distributed and read to service users, they were informed that no identifying information from the participant would be used in the final report. Due to concerns about how this might have actually been interpreted, the researcher decided to not include information that they deemed to be relatively identifying. This includes things such as the age, gender of the participant,

anything that specifically identifies their organization etc. This was purely done to maintain the confidentiality of participants.

4.0 Results and Discussion

4.1 Survey Results

The survey results are further divided below into both quantitative and qualitative results for simplicity/understanding purposes. Again, the survey had a total of 45 participants (although, some questions were skipped by participants). Questions that were assessing quantitative data averaged around 42/43 participants per question.

4.11 Quantitative Results

The three demographic groups that were identified as being the most underserved/missed by participants (in terms of their services) included people with a below average income (left open to interpretation) (45% of participants), immigrants/new immigrants (43% of participants), and people dealing with any kind of disability (39% of participants). (Table 1)

Total Responses: 163 (Participants asked to provide maximum 3 answers)	Demographic/Group	Number of Participant Responses (%)
	People with a below average income	45%
	Immigrants/new immigrants	43%
	People dealing with any kind of disability	39%

Table 1. Highest responses for Q2: Of the demographic groups you are aiming to serve which ones do you feel are underserved/missed? – allowed limited answers (maximum 3 requested)

The largest increases reported by participants regarding who uses their services most often and who they think is most underserved/missed for their services that they are aiming to serve was of immigrants/new immigrants and people who are indigenous. (Table 2)

Total Responses: Q1: 255 - (45 participants) Q2: 173 - (44 participants)	Q1 (Who uses your services most often?) – allowed multiple answers	Q2 (Of the demographic groups you are aiming to serve which ones do you feel are underserved/missed?) – allowed limited answers (maximum 3 requested)
Demographic Group	Number of Participant Responses (%)	Number of Participant Responses (%)
Immigrants/new immigrants	29%	43%
People who are Indigenous	13%	32%

Table 2. Biggest increases in demographic group responses from question 1 to question 2.

The groups labelled "people suffering from mental illness" and "people who have a drug and or alcohol dependence" also ranked very highly for the questions regarding who uses your services and which demographic/group the services providers think are most underserved at their organization. However these were more taken as baselines to see how many participants believed their organization was targeting these groups as the whole basis of the study is around mental health and addictions. 71% of participants claimed people suffering from mental illness use their services most often, and 44% of people claimed people who have a drug and or alcohol dependence use their services most often. Comparatively, these results regarding who participants believed was most underserved/missed regarding their services that they are aiming to serve were 61% and 39% respectively.

The top 4 biggest barriers overall that were identified by participants in regard to the service(s) that they administer includes transportation barriers (62%), knowledge/people not

knowing where to look for your particular service or what is available (52%), long wait times (33%), and lack of service provider workers (26%). (Table 3)

The top 4 biggest barriers overall that were identified by participants in regard to other community services in the surrounding community includes long wait times (81%), lack of service provider workers (55%), knowledge/people not where to look for the particular service (55%), and transportation barriers (52%). (Table 3)

Total Responses Q7 121 Q8 176	Q7 What are the biggest barriers to accessing your services? (select 3 maximum)	Q8 What are the biggest barriers to access mental health, addiction, and or other related community services in general in your surrounding community? (select 3 maximum)
	Number of Responses (%)	
	Transportation barriers (62%)	Long wait times (81%)
	Knowledge/not knowing where to look for particular service (52%)	Lack of service provider workers (55%)
	Long wait times (33%)	Knowledge/not knowing where to look for particular service (55%)
	Lack of service provider workers (26%)	Transportation barriers (52%)

Table 3. Results of the highest responses (in %) for question 7 and 8.

Stigma also ranked very highly (however was split up into two different sections to be ranked by participants - stigma from service providers, and stigma from peers). The combined results for stigma for question 7 was (34% of participants), and the combined results for questions 8 was (48% of participants). Net promoter scores (NPS) were used in some questions. A promoter result is when participants respond with a score of 9 or 10. A passive result is when

participants respond with a score of 7 or 8. A detractor result is when participants respond with a score of 0 to 6 (Bunker, 2024). Participants were later asked if they think that there is a high degree of stigma related to things like mental health and addictions within their community as a whole (0-10 scale, 0 being very low degree of stigma and 10 being very high degree of stigma). Overall, 85% of participants gave a response score of 7-10 and 15% of participants gave a response score of 0-6.

The two highest ranking transportation barriers (indicated by service providers) included public transportation not being closely available (70% of participants) and lack of vehicle access (67% of participants). When participants were asked if they think that public transportation is adequate, accessible, and or available for people trying to commute to access services in your surrounding community (scale of 1 to 10, strongly disagree to agree), 93% of participants gave a response score of (0-6), whereas 7% of participants gave a response score of 7-10.

The three highest ranking psychological, emotional, and social factors in terms of contributing to users' access of mental health, addiction, and or other related community services were work/family interferences (74% of participants), users feeling like they are not being listened to be service providers (64%), and attitudes and beliefs of the use of these services by the user (52%)

Although supplementary, the survey results also show that the top indicated methods of how service providers offer their services included in-person (98%), virtual (84%), by appointment (96%), and 1 on 1 (91%). Compared to this, the least indicated methods of offering services indicated by participants included drop-in (56%), group (51%), outreach (47%), and residential (29%).

4.12 Qualitative Results

The qualitative results from the survey were arranged below into access barrier as well as improvement strategies. The results contain both common and notable statements made by the service provider participants. The first section contains a list of the access barriers and why service providers felt like that was an access barrier to people trying to access their services and, in the community, as well what contributes to it. The second section contains a list of

common and notable improvement strategies proposed by participants on how to improve their services in addition to others in the community, as well as it contains some information on what some of these services are doing currently or have done that the service provider participant thinks importantly contributes to accessibility. In addition to all of this, demographics/groups that were identified were also reported in these lists in conjunction with the associated access barrier.

Long wait times and Lack of Service Providers
- Wait times are long due to demand
- In many cases, demand is higher than the number of staff and funding available which leads to long wait times
- Wait times long mainly due to a lack of staff and funding
- Majority of service providers claimed to be understaffed at the time and or not having the required amount of providers that they think would be suitable
- Too busy to offer same day appointments
- Participants indicated that wait times range for weeks to months for some services
- Some claimed lack of service providers has contributed to less outreach in rural communities
- High staff turnover in recent times leading to a lack of consistency and more work for service providers leading to burnout
- Some services/programs at particular organizations have much longer wait times than others
- Long wait times contribute to further problems seeking help (puts them in a worse place)

Operation Hours

- The most common hours of operation/service noted among participants was Monday to Friday, 9am – 5pm (80%) (this percentage includes people who responded with a variation of this, e.g. 8:30am – 4:30pm, Monday to Friday) (was not noted in quantitative data since somewhat qualitative). However, 4 participants did indicate that their hours of operation were still somewhat flexible despite this.
- 20% of the participants indicated their hours of operation/service to be more extended than the regular 9-5 schedule. With either more extended hours during the week or weekend hours. A total of 3 participants indicated that their service had some form of weekend hours.
- Many participants claimed that their services are only offered within the 9-5 workday
- Many participants claimed that their services are not offered in the evening or any sort of schedule over the weekend
- They cannot meet with service users outside of standard operating hours
- Participants commented that those with inflexible work requirements (strict hours) are underserved, full-time employment, caregiving duties, and those who have children who are in school are most impacted.

Lack of Knowledge

- One participant claimed that vulnerable populations are not always open or aware, and that knowledge usually depends on word of mouth throughout the community
- One participant claimed that living in rural community means not as much education around addictions and mental health compared to larger areas
- Participants claimed people don't usually look for or remember services until they need it themselves
- Lack of marketing (advertising), and poor marketing was a common comment
- One participant noted that there is a lack of education provided to newcomers to Canada on what services exist therefore making it much harder for newcomers to find services.

Communication

- One participant claimed that it is sometimes hard to find an interpreter for those who come to use their services and speak a certain language.
- Another participant claimed that accent is seen as a barrier to service
- One participant stressed the importance of assessing the client based on their education, English level, and mental state so that they are better able to understand, another participant also claimed that it's important to assess people based on literacy level
- Not having different ways to communicate between appointments was commented on by one participant as a potential cause of leading to lack of motivation

Format of Services

- Many participants claimed that they had virtual services but that it was not always ideal for clients and leads to issues communicating effectively, building rapport, and conveying tone.
- Those who are low income and unable to pay for a phone or afford phone communication were identified by the participants as being most affected.
- One participant also claimed that very little of their services and others are offered at the location of the client's choice leading to difficulties

Transportation

- Multiple participants claimed that many clients do not have adequate financial means (low income) in order to be able to access transportation.
- One participant claimed that there are a lot of immigrants that live in rural areas meaning if someone from this area wanted to commute to their events then they won't be able to go.
- Another participant claimed that fees for parking at their organization could also serve as being a barrier regarding transportation

Stigma
- One participant claimed that some people think that those who are using their services are just abusing the system and wasting away tax money. They also claimed that stigma also makes it hard for workers to provide services as they feel like they are contributing to this.
- Many claimed that shame was a factor regarding stigma, either shame around not being able to provide for their families or not being good enough, as well as belief from people thinking they should fix the problem on their own, or that the service won't make a difference and are therefore unable to admit they need help.
- One participant claimed that stigma is not equal culturally and that in some cultures (which could be associated with culture or origin they say) there is a lot of stigma on getting support for mental health.
- Not being treated the same by employees, and viewing employees as an authority figure was also identified as being a cause of stigma from one participant. One participant additionally commented that negative experiences even with just one worker is likely to affect their trust overall.
- Some participants claimed that some clients are embarrassed to go to their organization, and some people worry about seeing seen accessing certain services (as don't want to be seen as low income).
- Some participants commented that some clients do not feel their situation is bad enough to access their particular services at a certain time, which leads to concerns about being seen, and or appearing to others that they are worse off than they are

Other Barriers
- The topic of referral and paperwork came up from a few service providers: - One participant suggested that some of their services require a referral from a doctor which can affect accessibility as some individuals do not have family doctors, another participant claimed that their organization was self-referral in which they claimed that some individuals may be restricted still due to things like family culture. One participant claimed that some of their services only allow for certain people with specific criteria, and additionally another participant claimed that paperwork can be an issue as many individuals just want to get support as quickly as possible. Adding on to this, another participant claimed that those without a valid ID can also be denied access to particular services. The participant comments on the fact that maintaining valid ID can be very difficult for those with a disability in addition to those who are low income and youth because of reasons like not having a place to keep the ID safe or not having access to internet/technology in order to figure out how to renew an ID.

What service providers claim their organization is already doing/What can be done in order to address access barriers and make services more accessible

- Participants commented on the fact that their organizations were currently providing coverage for travel and or thought it would be a good idea to provide coverage for travel for things including bus tickets/passes, gas cards, and taxi fares.
- However many participants commented on the fact that the extent of how they accommodate for transportation barriers is also very limited by funds.
- Having more hubs and outreach visits was also suggested as an improvement by service providers in regard to format of service and transportation.
- One participant claimed that they currently help clients to navigate bus routes due to the fact that understanding the bus system can be challenging for many.
- One participant claimed that their organization works in part with other organizations in order to make their services more culturally accommodating, and another individual suggested the development of more client centred approaches would also be important. Another participant suggested the need for more culture related education throughout services
- One participant claimed they have a no wrong door policy and therefore helps others navigate and find the right services if there's are not the right fit
- Many participants commented that they offer services in multiple different formats in order to help accommodate those with no digital access
- Participants also provided several solutions for operating hours to be more accessible:
- Giving providers the option to start earlier and leave earlier or vice versa, and having one day a week with extended hours such as a couple hours after 5pm were both suggested as improvement strategies

- A couple interesting/notable suggestions made by participants include one participant claiming that maybe have the staff work Monday to Thursday or Tuesday to Friday with longer days (and an extra day off therefore), and another participants claimed that shifting from a Monday to Friday 9-5 schedule to something like a Tuesday to Saturday 9-5 schedule could also better suit users.
- It is important to note that a few couple service providers suggested the need for more after hours and weekend support but they were lacking staff to do so. In addition, one participant claimed that they used to provide more after hours and weekend related support but it was unsustainable to staff. Additionally, one participant claimed that their hours of service had currently just extended by 1 hour per day and that their organization is currently analyzing the effects and results.
- More education in schools was also said to be how stigma and knowledge can be improved specifically,
- Additionally, multiple people suggested consulting more people that have lived experience when developing services as well as having more media coverage of people real life stories throughout the county so that people understand leading to less stigma and empathize
- More activities and events in the community for those who are low income or homeless was also seen as an improvement strategy from one participant
- Education on services in the community in multiple different languages, better access to translators, and more multilingual staff was also suggested as an improvement strategy

4.2 Focus Group Interview Results

As previously mentioned, 1 focus group interview was conducted with 4 service users. Some of the information had to be omitted from the final report in order to help maintain confidentiality of participants. Participants are further identified as participant 1, 2, 3, and 4. Common themes as well as notable points are described below.

In the focus group interview there was a total of 3 questions that were asked. These questions were:

1. What are the top 3 reasons that prevent you from accessing services?
2. How have transportation related issues impacted your ability to access services?
3. Are there programs or services that would be helpful to you, but you don't believe are out there?

In the focus group interview participant 3 claimed that many services that they have tried to access seem like they are being run as private companies which limits communication. Participant 3 stressed the need for there to be some sort of middleman in order to help individuals in reaching out to support services as a lot of things are too much for one person to handle. All of the participants also generally claimed that there was a lack of communication and that support services seemed to feel very one sided. Participant 1 claimed that even accessing support services in other regions is difficult as some providers aren't willing to help out if you are not living in that particular region. Both participant 1 and participant 2 claimed that some organizations seem to just expect them to be able to drive and access them and are generally not very accommodating in terms of time. Additionally, participant 1 claimed that many services that they have tried to access have limits on how long you can use the service for. Participant 1 also highlighted other minor barriers to service such as not being able to/not having the required paperwork available when attending a particular service. Participant 2 noted that its difficult both not accessing services as well as trying to start accessing services in the first place due to things like the number of services available in the area. Participant 3 also later highlighted that some people don't know how to ask for support and that some people need someone to speak for them which leads to limits with accessibility. Participant 3 claimed that friends and connection have played an important role in them being able to access certain services in the past and has additionally commented that themselves and others have found it hard to make connections in the community. Participant 2 similarly suggested that personal connections are needed compared to the services themselves. Participant 3 suggested improvements of a one day bus pass which would make commuting more convenient and

less expensive. Participant 3 also suggested the need for organizations to communicate and network together more. All participants generally suggested the need for more providers that are wanting to listen to service users and are able to hold staff accountable.

4.3 Discussion

From research done involving the background information and the literature review, multiple different access barriers to mental health, addiction, and other related community services was identified. These barriers included transportation (which was further divided into subfactors), operating hours, social isolation and lack of knowledge, long wait times and lack of service providers, and stigma.

The results from the survey on service providers of mental health, addiction, and other community support services indicates that long wait times are a very significant barrier to accessing these types of services throughout the Four Counties region. The results suggest that this is mainly due to lack of funding as well as lack of staff. Additionally, it appears that many service providers in the region do believe there are accessibility issues in their organization that they could and want to improve upon, however many of these improvements appear that they are not able to be made purely due to things like lack of funding and understaffing. This was found to be similar involving the literature review although it was noted that youth in particular had very long wait times. Similar statements can also be seen in the comments made by service providers in the survey regarding referrals as although required by some organizations, getting these referrals can lead to longer wait times for services.

From the survey it was found that groups such as immigrants/new immigrants, people with a below average income, and people dealing with any kind of disability were the most underserved/missed meaning that these groups are potentially some of the groups most affected by access barriers to mental health, addiction, and other community services in the Four Counties region.

It was importantly noted that service providers indicated that some people do not want to attend their services due to the fact that they don't think their situation is as bad as what is required to access the service. It is also mentioned by numerous service providers that people

don't seem to remember or gain the knowledge about their particular services until they are in need. Therefore marketing to more people who are not in desperate need might also be a significant improvement strategy as this could help more people to access services before their problem starts developing and affecting them even more.

It was importantly found that participants in the survey indicated that those with strict work hours, full-time employment, caregiving duties, as well as those who have children in school are most affected by hours of operation (considering the 9-5 sort of schedule). Similar demographic/groups were also identified in the literature review. It was interesting and important how service providers talked about strategies to improve hours of operation and indicated things such as having longer days but a 4 day week for service providers, and or extending a couple hours on one of the days of the week. It is clear that obviously improving hours of operation depends highly on the amount of funding and service providers working at the location. Therefore it seems that minor changes and shifts that wouldn't too greatly affect service providers and their work seem particularly important in assisting this barrier as some of these suggestions seemed quite feasible.

`In the survey it was identified that many vulnerable populations only really hear about stuff through word of mouth throughout the community and another participant suggested the need for more community events in order to facilitate connections throughout the community. A similar thing is identified in the focus group interview as participant 1 claimed that friends have played an important role in helping them to access services in the past, as well as the fact that participant 2 also suggested that personal connections are needed compared to the services themselves. All of this in turn is important, as it supports the idea that more community activities and events in order for people to connect and make friends/connections would not only help people to better be able to access services because of increased knowledge but it would also help provide people with more connections and comfortability in the community which in turn could also help lead people to feel the need to access services less.

In the literature review through a couple of sources it was found that some individuals (including those of older ages and those with disabilities) find the bus system in Peterborough

difficult to navigate and confusing at times. Adding on to this, one respondent from the survey (results) indicated that they currently help clients to navigate bus routes due to the fact that understanding the bus system can be challenging for many. Although this transportation related barrier isn't the most common, it can still have multiple effects on different populations in their ability to be able to commute to access services. Multiple participants from the survey suggested that they were already helping service users regarding transportation through the use of measures such as providing bus tickets and gas cards. However, more indirect strategies like assisting in bus route confusion appears to be a very useful strategy in helping service users understand, be less stressed, and feel like they have a more reliable form of transportation to commute. Additionally, this improvement strategy is not costly to organizations which is also a big benefit, as stated before since many service providers in the survey did indicate that improvements to accessibility were important and necessary but unfortunately many of them did not have the required funding/staffing to implement them.

From the research it can be seen that communication was seen as a big barrier from both service providers and service users. Service users in the focus group interview essentially referred to effective communication from service providers/organizations as the steppingstone for people being able to access a service or being able to continue to access a particular service. This is notable as comparatively, communication wasn't highlighted as much throughout the survey and literature review.

In terms of focusing on immigrants/newcomers, in the literature review in Peterborough it was found that many immigrants have feelings of social isolation and that in Peterborough, temporary residents are much less likely to access community services compared to permanent residents. Similarly, in the survey one participant noted that there is a lack of education on services that are available to newcomers. This is also supported by the quantitative results of the survey as immigrants/new immigrants were identified as being one of the highest ranked demographic groups in terms of ranking those who most miss out on using services by the service providers. Immigrants and newcomers appear to be quite disadvantaged when it comes to particular access barriers in these regions compared to other demographics. This is also supported by the fact that in the literature review it was found that the immigrant population

in the Four Counties region was quite small compared to larger urban areas which also contributes to isolation, less knowledge, and more barriers. Multiple improvement strategies were suggested in the survey that although might not be specific to immigrants/newcomers, they can still very much benefit. This includes how one participant in the survey claimed that their organization has a no wrong doors policy and helps to navigate service users to the correct service/organization if they are not the right fit. This strategy is not only cost effective but also can very much help support people who aren't as educated or knowledgeable on the services that are available to them (like immigrants).

Regarding stigma, it was found through the literature review that there has been a large amount of hate crime in Peterborough (located in the Four Counties region) in recent years. Additionally, as found in the literature review, PARN (a substance use help organization) was more or less removed from the building that they were renting and operating out of in Peterborough, forcing them to move. This all mainly resulted because of stigma. Adding on to this it is indicated in the survey by multiple service providers that stigma is a major barrier in terms of inducing feelings such as shame and embarrassments which leads people to refrain from using services, as well as there being external factors such as culture differences/beliefs.

An important improvement strategy that was noted in the survey by a participant related to stigma included consulting more people that have lived experience when developing services as well as having more media coverage of people real life stories throughout the county so that people understand leading to less stigma and empathize. It appears that the Four Counties region (Peterborough in particular) has a lot of problems with stigmatization which can be linked to not enough education being provided to the community. Publishing stories of people with lived experience will not only help with education but seems like a good strategy to help catch people's attention and provide them with more care towards particular issues in the community. Additionally, consulting people with lived experience when developing/improving services is also very important as many demographic groups have different preferences on what suits them best/makes them more likely to access services which helps reduce stigma as service users can really feel like they are being listened too.

5.0 Conclusion

Overall, this research helped to provide an introduction and overview of prevalent access barriers to mental health, addiction, and other community services throughout the Four Counties region as well as other rural areas in Ontario. This research helped demonstrate how particular demographics/groups are affected differently by certain access barriers to these services and which demographic/groups are affected most overall by these access barriers. The survey that was distributed and analyzed was important in helping to obtain opinions from service providers themselves and understanding their viewpoint on access barriers specifically in regard to their services in the Four Counties region as well as other services. Additionally, the survey was important in assessing and portraying potential strategies that service providers feel could be utilized in order to mitigate these access barriers. This research was also important as it provided us with the focus group interview that was conducted and analyzed which was important in acquiring firsthand from service users their opinions on what access barriers most prevent them from accessing services as well as understanding their opinions on strategies or things that could be implemented or need to be changed in order to mitigate these access barriers.

Limitations

Limitations for the research include the fact that the survey was distributed to a variety of different organizations who specialize in different things (whether that's mental health services, addiction services, housing support services, family support services etc.). Certain organizations that are administering services in slightly different areas might have much different viewpoints on the prevalence of access barriers and who they affect (demographics/groups) leading to possible potential bias depending on what organizations were contacted and participated. Additionally, only one focus group interview was conducted since no others could be arranged within the time window of the project. The focus group interview only contained 4 participants from one organization additionally. This is a limitation as a larger sample size would have been much more important in explaining the point of view of multiple different service users. Additionally, service users and service providers can have

very different viewpoints on access barriers to the services in question. Therefore there is potential bias from this route as well. For instance, it is potentiality possible that some service providers in the survey refrained from saying things that could be viewed at as negative about their organization and/or the services it provides in particular in regard to access barriers. Additionally, those who participated in both the survey and the focus group interview might have been more obligated to confirm the presence of certain access barriers in order to maybe help support the overall work of the project (to help contribute to future improvements) which could have contributed to bias in the research.

Future Steps and Recommendations

The information from this research paper will be presented to the leadership and management team at the CMHA following the conclusion of the project. Following this the researcher and team will decide on the best way to provide these results to the public as well as other organizations throughout the region. Another research project is also planned to be conducted under the CMHA using the same process but applied to their services in particular with plans to start that research later this year (2024).

Future recommendations for study include using a similar sort of analysis but instead aimed at a particular type of service so that results can be more specific. Additionally, conducting the same sort of research but on more people who have not used services before would also be important. There are many people that organizations have not seen altogether, however a way to account for these people needs to be identified. Additionally, conducting more research on service users is also very important for this type of research so that people with experiences can be heard, and so that all potential barriers and prominent barriers can be accounted for and understood. This would also be very useful in applying the GBA analysis more specifically/directly and less as sort of a framework since specific demographics and factors can be identified compared to what is in the memory of service providers.

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