

Resolutions

RESOLUTION #1 - PROVISION OF ESSENTIAL SERVICES EDAM 49ers SENIORS CLUB

Moved by Barb Johnson

Seconded by James Carmichael

BE IT RESOLVED THAT SSAI encourage the Government of Saskatchewan and the province's regional health authorities:

- **to recognize and address the growing lack of essential services for seniors in rural Saskatchewan through immediate and sustained action**
- **to develop and implement a comprehensive provincial seniors' strategy that ensures equitable access to critical supports and services for seniors in all Saskatchewan communities**
- **to include in this strategy sufficient and sustainable financial resources for basic necessities, including affordable and nutritious food, prescription medications, vision and hearing devices, mobility supports, housing, and home care services**
- **to address the urgent need for accessible public and community transportation, expanded Meals on Wheels programs, enhanced food security initiatives including food banks, and other community-based supports for seniors who are isolated or without family assistance**
- **to work collaboratively with municipalities, Indigenous communities, health authorities, community organizations, and seniors' advocacy groups to ensure rural seniors receive the services and supports necessary to live with dignity, safety, and independence in their own communities.**

Many seniors in rural Saskatchewan face significant barriers in accessing essential services required to maintain their health, independence, and quality of life.

The absence or reduction of critical community supports, including public transportation, food banks, Meals on Wheels programs, home care services, and other essential lifelines, disproportionately affects seniors who lack family or caregiver support.

Rising costs for food, housing, utilities, prescription medications, vision care, hearing devices, mobility aids, and other necessities place increasing financial strain on seniors living on fixed incomes; and

Equitable access to health care, social supports, and community services is essential to ensuring dignified, healthy, safe, and fulfilling lives for seniors throughout Saskatchewan, regardless of geographic location.

Rural communities continue to experience shortages of health professionals, limited transportation infrastructure, and inadequate coordination of senior support services through provincial and regional systems.

RESOLUTION #2 – RSV VACCINE
CUT KNIFE SUBMISSION OF RESOLUTION 2026

Moved by Jean Lawes, Cut Knife Senior Club
Seconded by Lorie Paziuk

That the Saskatchewan Seniors Association encourage the Minister of Health and the Minister of Seniors to provide the Respiratory Syncytial Virus (RSV) vaccine to older adults at no cost in a similar way that the flu shots are administered.

THAT the Saskatchewan Seniors Association encourage Saskatchewan Seniors Mechanism and other senior advocate groups to encourage government agencies to provide the RSV vaccine to adults at no cost.

RSV is a common and highly contagious respiratory virus, causing infections of the lungs and breathing passages.

RSV can infect people of any age. It usually causes mild, cold-like symptoms but can also cause more serious respiratory illness, as well as make some illnesses and conditions worse in older adults.

Those who are at higher risk of severe outcomes from RSV include:

- Older adults
- Adults with underlying chronic conditions, including asthma, lung disease, heart disease, diabetes, and advanced liver or kidney diseases
- Adults with weakened immune systems

In severe cases, RSV can lead to pneumonia and trigger new symptoms or worsen the symptoms of chronic illnesses, such as asthma, chronic obstructive pulmonary disease (COPD), and congestive heart failure. RSV complications could result in the need for hospital stays, as well as increase the risk of heart attack, stroke, or even death.

Older adults are at increased risk of severe outcomes from RSV because the immune system weakens with age, making it harder for the body to fight off infections.

RSV is contagious and can spread through coughs and sneezes. People infected with RSV are usually contagious for 3 to 8 days. However, people with weakened immune systems can remain contagious for as long as 4 weeks — even after there are no visible symptoms. Since RSV can result in expensive hospital stays when the situation could be prevented through the use of vaccines, we feel the need for free vaccinations for older adults.

RESOLUTION #3 - WELLNESS CLINICS ROSTHERN SENIOR CITIZENS CLUB

Moved by Susan Parks
Seconded by Diane Fehr

THAT the SSAI approach the government and all influencing bodies such as MLAs, MPs, municipal councils and health authorities, to establish WELLNESS CLINICS in all Saskatchewan communities at which health services such as, but not limited to, the following be made available:

- **Nurse practitioner services**
 - **Mental health counselling**
 - **Addiction support**
 - **Diabetes and chronic disease programs**
 - **Prenatal and family wellness**
 - **Seniors' wellness checks**
 - **Nutrition and exercise guidance**
 - **Telehealth access**
 - **Foot care**
 - **Physiotherapy**
1. Preventative care costs less than emergency care. Wellness clinics help catch problems early before they become expensive crises. They reduce ER visits, hospital admissions, ambulance costs, and long-term disability costs saving provincial healthcare dollars over time: Examples:
 - Managing diabetes before hospitalization
 - Mental health support before suicide attempts or addiction escalation
 - Blood pressure screening before strokes or heart attacks
 2. Rural and northern communities lack nearby healthcare. Many Saskatchewan residents must travel long distances in a province that lacks public transportation. Wellness clinics would reduce the travel burdens, missed appointments, delayed treatment and would offer a solution to isolations for seniors and vulnerable residents especially in northern and remote communities.
 3. Mental Health and Addictions need Local Support: Saskatchewan continues to face challenges with: addiction, suicide, depression, anxiety, family stress and trauma. Local wellness clinics could provide: counselling, peer support, crisis intervention, and addiction recovery support. People are more likely to seek help when services are nearby and familiar.

4. Healthcare Staffing Shortages require New Models: Wellness clinics can use multidisciplinary teams which reduces the pressure on physicians and emergency rooms. Teams can include nurses, mental health therapists, social workers, dietitians, indigenous wellness workers, and community health navigators.
5. Indigenous communities and communities with a cultural flare benefit from culturally safe care. Historical trauma, racism and inappropriate services can be taken into account depending on the location of the wellness community. Community wellness clinics could integrate elder wisdom, traditional healing, land-based wellness and culturally-led programming. This would support reconciliation and improve trust in the healthcare system.
6. Healthier Communities Strengthen Local Economies: Healthy people can work, attend school, care for their families and participate more in community life. Productivity increases, disability claims decrease and dependency on social assistance lowers.
7. Seniors can Age Safely in their Communities: Saskatchewan has many aging rural populations. Wellness clinics can help seniors with mobility support, fall prevention, chronic disease monitoring, social connection and home wellness checks. In the end, this delays or reduces costly long-term care placements.
8. Community-based Care improves trust and Participation: People are more likely to use services when they are: local, familiar, non-judgmental and easy to access. Small community wellness clinics can become trusted hubs for healthy living rather than distant intimidating institutions.
9. Saskatchewan already spends heavily on crisis response: We already pay for illness, addiction, homelessness, and crisis care — but we pay at the most expensive stage. Wellness clinics shift spending toward prevention and stability instead of repeated emergencies.

“Every Saskatchewan community deserves access to basic wellness and preventive healthcare close to home. Investing in local wellness clinics would reduce pressure on hospitals, improve mental health outcomes, support rural and Indigenous communities, and save healthcare dollars through prevention rather than crisis response.”

RESOLUTION #4
RESPECTFUL ALTERNATIVES TO MAID
FOR PEOPLE SUFFERING SOLELY FROM MENTAL ILLNESS
SHELLBROOK SENIOR CITIZENS' COOPERATIVE CLUB

Moved by Linda Greba

Seconded by Patricia Radchuk

On February 29, 2024, legislation to extend the temporary exclusion of eligibility to receive MAID in circumstances where a person's sole underlying medical condition is a mental illness received royal assent and immediately came into effect. The eligibility date for persons suffering solely from a mental illness is now **March 17, 2027**.

We advocate the following:

- **THAT in light of March 17, 2027 being the date to remove the exclusion of eligibility to receive MAID in circumstances where a person's sole underlying medical condition is a mental illness, THAT SSAI advocate to the government that this exclusion be retained, and**
- **THAT meaningful access to evidence-based treatment, housing, financial support, and long-term psychiatric care be advocated and ensured.**

1. Mental illnesses can fluctuate and improve - Many psychiatric conditions are episodic, treatable, or responsive to new therapies over time. For example, severe depression can remit after years of treatment resistance. People experiencing suicidal crises often later report gratitude that they survived. New medications, therapies, trauma treatments, social supports, and neurostimulation treatments continue to emerge. Because prognosis in psychiatry is less predictable than in many terminal physical illnesses, the threshold for declaring suffering “irremediable” should be especially cautious.

2. Lack of access to treatment may distort “choice” - A major concern is that some people request MAID because they cannot access timely psychiatric care, affordable therapy, housing, disability supports, addiction treatment, trauma care, income security, and/or community support.

A person is not making a fully free choice if the alternative is untreated suffering caused partly by social neglect. The government should ensure people are offered meaningful access to treatment and dignified living conditions before concluding that death is the best available option.”

3. Suicide prevention and MAID may send conflicting messages - Governments invest heavily in suicide prevention campaigns that emphasize that suicidal thoughts can pass, that help is available, and that people deserve support and intervention. Some critics argue that offering MAID for mental illness alone risks creating a contradiction:

- one suicidal person is prevented from dying,
- while another with similar symptoms may be approved for assisted death.

We need clearer ethical distinctions and stronger safeguards.

4. Decision-making capacity can be difficult to assess during psychiatric illness - Certain mental illnesses can affect hopelessness, judgment, impulse control, self-worth, and future outlook.

Clinicians may struggle to distinguish a settled, enduring wish to die from a symptom of illness, especially during severe depression, psychosis, trauma, or personality disorders. We advise caution rather than denying autonomy altogether.

5. Vulnerable groups may be disproportionately affected - Disability advocates and some mental health advocates have expressed concern that poverty, isolation, homelessness, chronic trauma, Indigenous inequities, and disability discrimination may result in increased MAID requests among people who feel abandoned by systems rather than inherently untreatable. Governments have a duty to reduce suffering through support before facilitating death.

6. “Irremediable” is harder to define in psychiatry - In many physical illnesses, prognosis can be more measurable. In psychiatry, recovery trajectories vary widely, diagnoses can change, and treatment responses are highly individual. Because there is no objective test proving a psychiatric condition is permanently untreatable, safeguards should err on the side of preserving life and expanding care options.

7. Our focus should be on expanding care which may reduce MAID requests – We propose practical alternatives such as:

- guaranteed rapid-access mental healthcare,
- publicly funded psychotherapy,
- peer support,
- intensive trauma programs,
- supported housing,
- respite centres,
- substance-use treatment,
- social prescribing,
- and long-term recovery programs.

8. Public trust in mental healthcare could be affected - Some people fear patients may become reluctant to seek psychiatric care if they believe the system may eventually regard death as a therapeutic outcome. Governments should prioritize hope, recovery, and support in mental health systems.

9. A cautious approach can still respect autonomy - People with mental illness deserve dignity and autonomy, but governments should require exhaustive access to treatment and social supports before MAID is considered.
