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Promoting Mental Wellness: The Role of the Health Care System and the Community

Local Health Involvement Groups

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Promoting Mental Wellness: The Role of the Health Care System and the Community

Background/Rationale

- Over 80 members of the public explored and provided input about promoting mental wellness through their participation on six Local Health Involvement Groups. This took place over 2 meetings from January to March 2019.
- Program leadership and specialists on mental health promotion, shared information and observed meetings.
- This report will be used by the mental health program to help plan engagement and work with schools and community organizations to enhance mental wellness programming and initiatives across the Winnipeg health region. Community organizations and schools will benefit from understanding what community areas are identifying as strengths to build on, and gaps that should be addressed in order to more effectively promote good mental health.
- Recommendations from this report will also be used to explore opportunities with health programs and sites to better meet the mental health needs of patients, clients, residents, and family members utilizing health services.

Definitions (used in the exploration of this topic)

“Health”

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

World Health Organization 1948

“Mental Health”

The capacity of each and all of us to feel, think, act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.

Public Health Agency of Canada 2014

“Mental Health Promotion”

Building/promoting the capacity of each and all of us to feel, think, act in ways that enhance our ability to enjoy life and deal with the challenges we face.

“Health Equity”

Health is greater than healthcare; conditions and opportunities for good health are not shared by everyone as there is an inequitable distribution of money, power, and resources. Large gaps

exist in Winnipeg between those experiencing the best and poorest health. People living in some areas of Winnipeg have nearly 19 years lower life expectancy than people living in other parts of the city. Many of the gaps arise from unfair, unjust and modifiable social circumstances – like income, housing, education, employment, social connectedness, etc.

Exploring mental wellness for individual and communities

What promotes mental wellness?

- Feeling like you belong; like you have a purpose.
- Being acknowledged
- Relationships with others
- Positivity
- Being secure
- Mindfulness and balance in your life.
- Self-care – nutrition, exercise, sleep
- Knowing when to ask for help and being able to get help when you need it
- Taking a break from life's stresses
- Good housing
- Love
- Feeling seen, heard, and respected

Communities that promote mental wellness have the following attributes:

- Events, activities that encourage people to meet
- Members do not feel judged; they are accepted
- There recreation is affordable (or free) and accessible
- People watch out for each other
- There are public spaces, walking trails, parks, and green space
- There are good resources for children – right from when they are born
- It is safe
- There are grocery stores close by
- Houses are close to each other so that people interact more
- It feels like you are in it together
- It is okay to ask for help
- There are resources like the Community Food Centre
- There are opportunities to take part in artistic endeavours (like Sistema - a Winnipeg Symphony program at Elwick school)
- People are aware of the resources and programs and participate in them
- There is access to medical care
- There are more cultural events open to the community
- There is good access to public transportation
- People are involved and engaged -- taking action in issues that are important to them
- Diversity is appreciated – cultural, etc.
- There are inter-generational activities
- There is a generosity of spirit

Community-based perspectives and suggestions to improve mental wellness

Downtown and Point Douglas

In your community, what attributes and resources do you see that promote mental wellness?

(i.e. protective factors that enhance mental well-being)

- Parks and wading pools – great in the summer, can walk to
- Walkable -- you can get anywhere and there are lots of things to do – like visit museums
- Free bus around downtime that you can take to the library
- Recreational facility at University of Winnipeg is open to the community as well, wellness clinic for students, support groups, counselling services, safe rides, safe walk to your car
- Downtown and Exchange BIZ have safe walks
- Library offers noon hour concerts, talks, etc.
- Yoga in the park, concerts in the park, movies
- Things to do available at no charge – lots of variety
- Food banks, free clothing
- Organizations that provide programs, etc. for newcomers and refugees – like the Immigrant and Refugee Community Organization of Manitoba (IRCOM)
- Great schools – understand that families don't have a lot of money
- Family rooms with social workers at schools

In your community, what challenges do you see that put good mental health at risk? (i.e. risk factors)

- Poverty
- Homelessness
- Issues of substance use and addictions
- Isolation
- Income inequity
- Nothing to do in the winter that is close by so many end up staying indoors in the winter
- Challenges with accessibility – especially for those who use wheelchairs (poor snow clearing of sidewalks)
- Stigma is still an issue – people are afraid of what may happen to them if they share that they have a mental health issue – fears parents have in particular about child and family services
- Lack of understanding and appropriate supports at workplaces
- Caregiver stress and lack of respite care
- Housing that doesn't allow pets

What equity issues do you feel impact access to mental health promotion supports and programs?

- Low income, inadequate income
- Ageism – assumptions about your cognitive abilities
- Not feeling like you belong or will be accepted

- Language barriers with limited access to interpreters
- Stigma about mental health in certain cultures
- Unaddressed issues experienced by newcomers – for example, not being able to work in your trained profession and the impacts of that
- Isolation – newcomers, ageism, not feeling safe
- Lack of affordable and nutritious food close by
- Older newcomer youth – take high school classes that do not enable them to get into university or college which causes issues – they feel like they are going nowhere
- Housing – huge difference – really good housing, very expensive – then very poor housing, bed bug issues, security issues
- Community health centres – can't bring children with you to an appointment – that is an equity/accessibility issue

Ideas for enabling people to seek (and access) opportunities to improve their mental health

- Funding to some of the agencies that aren't "mental health" agencies but that promote mental health -- like Art City
- Support bike labs – build own bikes
- Sistema program – Winnipeg Symphony
- Being aware of all of the programs available – schools can share information with parents
- Programs and places that are welcoming for those experiencing homelessness
- Health care providers checking in about your mental wellness – help identify and then support in getting resources, etc.
- Connect physicians to social workers, other resources to promote mental wellness,
- Availability of social workers, psychologists, psychiatrists – need to improve this
- Having more child minding services at community clinics
- Having mentorship opportunities with service providers – bring people from diverse communities who are seeking employment – benefit to the system too
- Better way of collaborating between non-profits and the WRHA and other funding bodies

River East and Transcona

In your community, what attributes and resources do you see that promote mental wellness?
(i.e. protect and enhance mental well-being)

- No fences in front yards, new construction with larger front yards
- Plans for water park
- Libraries
- Nature paths, walking paths
- Community service learning programs to work with individuals facing mental health issues
- Feel safe
- People are outside
- Kildonan Park
- Community centres – many neighbourhood based

- Bronx Park –intergenerational program
- Before and after school programs
- Breakfast/lunch programs
- East Kildonan YMCA
- Dog run parks
- Churches
- For kids – outdoor skating rinks, parks
- Nearby bus stops – allows easy transportation
- Malls, theatres, libraries
- Younger people helping older people
- Block parties
- Diversity
- Community programs – free computers
- Community celebrations throughout the year
- Group challenges – fitness related

In your community, what challenges do you see that put good mental health at risk? (i.e. risk factors)

- Growing population
- Traffic
- Transportation – people dependent on cars
- Most activities in the larger community centres cost money
- Programs are not promoted well – lack of awareness
- Very few bus stops and bus routes aren't practical
- Few mental health resource centres
- Icy sidewalks and cold weather
- Few English language resources for new immigrants – most are downtown which makes it hard to access
- Immigrants without kids are not identified as needing assistance
- Few system navigators
- Inadequate upkeep of community attributes
- Not all neighbourhoods feel safe
- New community members may fail to reach out/make connections with others when entering new neighbourhoods

What equity issues do you feel impact access to mental health promotion supports and programs?

- Gender culture – expectations around roles - shows up in bullying behaviours
- Welfare to wealthy in the space of a couple of blocks
- Community centres become homogenous in terms of who goes and others might not feel welcome
- Programs are expensive
- People from different cultures will gravitate towards specific areas/stick to themselves
- Discrimination, cultural intolerance

- Lack of acceptance outside of the norm
- Low incomes lead to housing issues, can lead to crime, can lead to health issues, fewer opportunities
- Immigrants have system navigation challenges and language obstacles
- Isolation
- Limited finances
- Knowledge about various resources for newcomers

Ideas for enabling people to seek (and access) opportunities to improve their mental health

- Facebook neighbourhood groups to connect people to each other -- people can promote activities, post questions
- Discounts for low income individuals and families at the YMCA and city community centres
- Community leaders that can bring people together to provide leadership on this
- Having programs run out of schools which make it more accessible – don't have to travel far
- Areas that don't have buses – ride share to get people to bus stops, etc.
- Promoting community centres at a local level – could address disparity in incomes
- Focus on getting different groups to set up programs and activities at community centres
- Navigators for immigrants and resources within our neighbourhood – not centralized downtown
- Mental health student bodies in universities
- More senior activities in communities
- More community-driven activities by community members like Hi Neighbour
- Reaching out to those who are isolated
- Promote and improve access to resources for mental health – more outreach and networking
- Educate yourself and recognize when you are well and when you aren't – where to get help – use strategies that work for you!

River Heights and Fort Garry

In your community, what attributes and resources do you see that promote mental wellness?

(i.e. protect and enhance mental well-being)

- Social prescriptions – tickets given out for free to get out of the house and take in an event, theatre, etc. (including bus tickets)
- Facebook page for neighbourhoods to promote community activities – get to know each other
- Spending time with people that can relate to you and understand you – that gives you a sense of belonging and acceptance
- Health clinics that promote mental health (access to WRHA programs and supports)
- Doctors that do more than just prescribe medication, ask you what's happening, how you're doing
- Supports that get people out of the house when they are isolated and need encouragement to get involved

- People acknowledging each other

In your community, what challenges do you see that put good mental health at risk? (i.e. risk factors)

- People drive their cars directly into their garages – more difficult to get to know your neighbours, neighbours are isolated from each other
- People are not connecting with others when out in the neighbourhood
- New developments don't have enough resources or places for people to gather and do things together
- Not being acknowledged, being fearful of acknowledging another person
- Processes for community change, people fearful of community changes
- Vacant, derelict buildings

What equity issues do you feel impact access to mental health promotion supports and programs?

- Costs for programs and recreation
- Low incomes
- Transportation
- Housing – impacts ability to recover from mental illness, infestations, broken elevators, bed bug infestation – leaves people with no energy to spend time on good mental health – all energy on getting ready for spraying, etc.
- Not knowing how to access resources
- Language barriers – can't read/write in English or French
- Stigma – keeping it together until it gets to be too much. When you ask for help, having the gate slammed in your face.
- Gender inequality can impact access
- Any kind of discrimination – racial, sexual, gender, LGBTQ, accessibility
- How resources are allocated

Ideas for enabling people to seek (and access) opportunities to improve their mental health

- Asking for help and getting help – please tell us how I/we can help you
- Initiatives for housing
- Guaranteed income – to increase incomes
- Bringing back more community, neighbourhood-based clinics
- Promote social justice and acceptance
- Having leaders who are from different groups speak
- Initiatives like the Winnipeg Jets True North Foundation – bringing kids together from different communities
- Employers giving time for their employees to volunteer for activities that promote good mental health
- Men's resource centre
- Address social inclusion – like coffee networking mornings – led by young professionals that get people together (promoted on Twitter)

- Inviting neighbours for shopping trips, out to different programs that might be helpful/valuable for them
- Seniors centre without walls
- For children/youth – encouraging our children to get to know other kids – free play
- More affordable public transportation
- Better training for police, health care providers – in terms of dealing with diversity, racism

Seven Oaks and Inkster

In your community, what attributes and resources do you see that promote mental wellness?
(i.e. protect and enhance mental well-being)

- Access Nor'West
- Seven Oaks Wellness Centre – promotes a lot of programs
- Maples community centre
- Many schools and lots of activities – after school – kids and adults
- Garden city complex – free track
- Library (Sir William Stevenson)
- Seven Oaks resettlement program (immigrant friendly) – adult learning centre and computer learning, etc.
- Day cares
- Settlement services for newcomers
- Elwick Village Centre
- School outreach – way finders, SISTEMA
- Hospital
- Community centre – Maples/Garden City/Sunova
- West St Paul neighbourhood get togethers
- After school activities at Maples Youth Activity Centre
- Supportive housing in Maples
- Playground, parks
- Good transportation
- Accessible services – groceries, schools, housing
- Safe neighbourhood – low crime rate
- Middle income households
- Higher income – have the ability to do more things – kids are more able to participate in more programs if they have access to money, able to go to daycare

In your community, what challenges do you see that put good mental health at risk? (i.e. risk factors)

- Drugs and alcohol
- Cultural stigma (differences, immigrant hesitance to discussing mental health) Some cultures afraid to talk about issues – fear, shame, living in denial
- Violence (family, car thefts)

- Housing – high income versus low income – housing inequity
- West St Paul – isolation and poor access to transportation – having to pay for leisure activities
- Cultural misunderstandings/lack of knowledge
- School overcrowding/daycare overcrowding
- Less leisure activities for the elderly
- Low income households
- Not everyone can afford recreation
- Busy schedules – too busy to make use of the services
- Lack of facilities like art galleries, cinema, etc.

What equity issues do you feel impact access to mental health promotion supports and programs?

- Poor transportation – having a car or access to a bus increases chances of attending support programs
- Housing – high income versus low income – some areas are stigmatized -- housing inequity
- Low income
- Cultural perspectives and understanding about mental health
- Language barriers
- Lack of stable and good housing
- Manitoba Housing
- Housing – restrictive rules
- Discrimination – racial, age, people living with disability
- Cultural barriers

Ideas for enabling people to seek (and access) opportunities to improve their mental health

- Outreach for health and social programs
- Beneficial to post information at community centres versus paid programs, schools, and use social media
- Immigrant friendly programming and services
- Public health working in community development
- Advertisement/promotion about outreach programs
- Improve outreach to different cultural groups
- Promote mental health services and decrease stigma
- Increase accessibility of public events – no cost
- Discount on facilities
- Resources that allow people with cultural/language barriers to interact
- Basic community education about cultural diversity

St Boniface and St Vital

In your community, what attributes and resources do you see that promote mental wellness?

(i.e. protect and enhance mental well-being)

- Design of neighbourhood – access to green space, location of schools
- Community centre with services for all ages
- Bus service
- Communication strategies – website, newsletter, volunteers
- Well-established communities
- Libraries
- Pools
- Parks
- Bike paths
- Access St Boniface – one stop shop with easy access (hours and services)
- Fitness facilities – family membership - YMCA (daycare and many activities for adults and families)

In your community, what challenges do you see that put good mental health at risk? (i.e. risk factors)

- People working/school – so less time for social interactions
- Decks in backyards and attached garages – barriers to interacting with neighbours
- Fear of strangers
- Fear of change
- Single parent families
- Increasing use of technology – decrease of social interactions and physical fitness – impact mental health
- Stigma about mental health
- Access to services (transportation, affordability, health centres – access centre in St Vital would be good)
- Ageism
- Weather impacts mental health – mobility issues, lack of proper winter clothing
- Homelessness
- Drugs
- Crime
- Few resources in St Boniface and St Vital

What equity issues do you feel impact access to mental health promotion supports and programs?

- Variation in income - inequity
- Less education means less informed, increased fear
- Both parents working – sign of the times with increasing housing costs
- Lack of transportation
- Disparity in recreational options – Jonathan Toews complex versus Norwood pool
- Higher incomes = increased access to centres

- Lower incomes = decreased access to recreation
- Inability to access services results in increasing isolation
- Lack of supports for caregivers
- Language barriers
- Literacy
- Lack of empathy
- Ignorance or stigma about mental illness

Ideas for enabling people to seek (and access) opportunities to improve their mental health

- Increase community awareness about resources
- Innovative ideas to address challenges for high school students graduating -- kids volunteer to help pay for their graduation -- change the currency – community involvement = access
- Volunteering – get kids out, become part of community, school to be part of community – sets the tone to decrease inequities
- Develop forums to have conversations to find out what the issues are in your community
- Subsidies for recreation and other programs
- Affordable and accessible public transportation
- Community safety
- Empathy
- Better signage
- More mental health workers to improve access
- Improve supports for people coming out of prison (like Morberg House) and kids aging out of care
- Create supports like safe spaces where people experiencing homelessness can go

St James-Assiniboia and Assiniboine South

In your community, what attributes and resources do you see that promote mental wellness?
(i.e. protect and enhance mental well-being)

- Block parent program – parents less anxious means that kids have more freedom
- People stay in the same community
- You know your immediate neighbours but still have privacy and confidentiality
- Assiniboine Park
- Feel safe
- Places to walk
- Shops
- Lots of community centres
- Tennis courts, 17 Wing , Civic centre, 55+ centre
- Lots of clubs and programs
- Good transportation
- Active faith-based facilities
- Health facilities, resources

In your community, what challenges do you see that put good mental health at risk? (i.e. risk factors)

- Not universal neighbour experience – where people feel welcome and connect with one another
- Bad working environments
- People are retired or unemployed or in jobs that they hate
- Weather conditions, snow and ice -- sidewalks not being cleared
- Lack of communication getting out about available resources

What equity issues do you feel impact access to mental health promotion supports and programs?

- Stigma – lack of awareness of mental health, discomfort with issues of mental health
- Distance to programs – issues/struggles with transportation
- Education
- Illiteracy – spoken/written English and electronic illiteracy

Ideas for enabling people to seek (and access) opportunities to improve their mental health

- Programs to help people network – keep them from being lonely
- Sidewalks
- More green spaces
- Social work and outreach targeted to those who are isolated
- System Navigators to assist those without family/friends to assist
- Neighbourhood Help Desk

Across the LHIGs -- equity Issues that impact mental health promotion

- Low incomes and poor housing
- Ageism
- Language barriers with limited access to interpreters
- Stigma – lack of awareness of mental health, discomfort with issues of mental health
- Isolation
- Any kind of discrimination
- Poor transportation – having a car or access to a bus increases chances of attending support programs
- Cultural perspectives and understanding about mental health

Across the LHIGs -- ideas to enable everyone to participate in activities that promote mental wellness

- Funding and supporting the agencies that aren't "mental health" agencies but that promote mental health -- like Art City
- Programs and places that are welcoming for those experiencing homelessness

- Facebook neighbourhood groups to connect people to each other -- people can promote activities, post questions
- Discounts for low income individuals and families at the YMCA and city community centres
- Navigators for immigrants and resources within our neighbourhood – not centralized downtown
- Improve outreach to different cultural groups
- Develop forums to have conversations to find out what the issues are in your community
- Programs to help people network – keep them from being lonely

The role of the health care system in promoting mental wellness

- The long standing belief in the division of mind and body needs to change.
- When someone is seeking health care it means that there is some kind of vulnerability going on. There needs to be a whole person approach.
- Caring for patients as human beings involves not only looking after physical health issues but considering if there are mental health issues as. These need to be attended to as well and without judgement.
- Mental health care/follow-up after life changing injuries or diagnosis
- Team approach to health – you'll be asked questions about your life – how your physical health issue will impact your well-being and your life
- Mental health should be one of the vital signs (i.e. life situation)
- Important role that pets and therapy animals play in promoting mental well-being
- If you can catch a mental health issue early you can avoid something more serious
- For people using the system who have an on-going mental health issue, staff need to treat them like any other patient but be aware of triggers.
- Importance of good communication to ensure that extra patient support is delivered
- System needs to ensure that people know what resources are there, how and where to access the system and services depending on the issue
- Look in the wards. The overall environment does not promote good mental health.
- All staff should be trained in basic mental health support.

Examples of what this looks like

- Caring for patient as human beings involves not only looking after physical health issues but considering if there are mental health issues as. These need to be attended to as well and without judgement.
- Rehabilitation from knee surgery and other major surgery should include social and mental health component not just physiotherapy otherwise the patient's mental health will deteriorate.
- Must consider how an injury will impact someone's life, like a broken wrist. Injuries impact a patient's ability to work, enjoy hobbies, sports, etc. and can be life changing. People are unable to do routine things that are important to them and this should be talked about.
- Having employee wellness programs to promote the mental health of staff.
- Should consider the impact of the environment of health care facilities (especially hospital wards) on patients' mental health.
- Should be qualified people to deal with issues of trauma, etc.

Integrating mental health promotion across the health care system

(What would this look like?)

- Team approach to health – you'll be asked questions about your life – how your physical health issue will impact your well-being and your life
- Have more accessible supports that help people maintain their mental health – referred to in different points in the health care system
- Not seeing just a body part or an illness
- Need to think about the health care provider's own health – if they're exhausted they won't have the energy or time to see the patient as a human and acknowledging mental health aspects of their health
- Doctors wouldn't be quick to medicate, refer to counselling, connect to mental health team – this would be timely
- Regular part of getting care – past history of physical but also asking how you are doing (emotionally/mentally).
- If health care providers think about using the time that they do have to tune into the patient it wouldn't be take more time.
- You wouldn't be rushed when wanting to ask questions (someone who has the time to answer your questions) – provides a lot of comfort
- People would feel more comforted, less anxious
- Being invited to share how you're doing, how you're feeling – could be an important first step for someone who is suffering
- Build a more trusting reputation that you can get care/help when you need it
- People wouldn't feel dismissed when they come into an emergency department with a mental health issue or in crisis
- Need to pay attention to the mental health needs of staff – needs to be part of mental health promotion
- Whatever ideas we come up should be supported by evidence/research
- Health care aides sometimes have a better handle about who needs help on hospital wards. They can pick up on what the needs are and they are essential. They can be very positive, looking after basic needs, giving personal encouragement.

Touch points within the health care system where promoting mental health is a priority

In Primary Care, mental health check-in and promotion is a priority:

- After a significant diagnosis
- First time visits to doctors for new patients (especially newcomers)
- At annual physical exams
- At each visit for a physical health issue

Mental well-being – vital sign

- Mental health should be one of the vital signs (i.e. life situation)
- Checklist for mental health/well-being at doctor's appointment
- Find risks to mental health through questions (risk factors vs. protective factors)
- The idea of triage for mental health issues – then supporting and referring to appropriate treatment

Mental health walk-in care

- Needs to be more entry points in the system for smaller things/issues of mental health or more significant issues that a family doctor can't deal with
- Same day counselling at walk-in clinics

Environment and approach

- Create an environment where people feel comfortable to ask for and get help
- Family doctors work within a team where patient can be referred to counsellors, nutritionists
- Non-drug prescriptions – 1 hour walk outside, go to a dog park daily, go to a museum, sight-seeing, etc.
- Checking in with people is very important. Experience with isolated and fragile 90 year old mother. She received a phone call every day from a volunteer. The doctor set this up.
- Ensure continuity of preventative care, mental health education, and routine check-ups
- Encourage individuals and families to talk about mental health on their own -- help families have a more accurate understanding of the determinants of mental health

Health Links-Info Santé

- “Dial a psych nurse” – use Health Links-Info Santé
- Getting follow-up call from Health Links to see how you're doing – made her feel heard and valued

Community Health Services

- Collaborating with community organizations that work with marginalized populations
- Anti-isolation services – visiting services so that people aren't alone
- Provide training to recognize signs of mental health issues in others

- Provide awareness of where to go for help for different issues
- Campaign that mental health and physical health should not be viewed as separate issues.
- School visits from mental health staff
- Cards mailed out – DUE for emergency – but come up with something related to mental health – when, how, where to access when health services are needed

Home Care

- Better discharge planning – should not assume that family members can or want to look after a family member
- Holistic approach
- Regular assessment of clients with respect to mood, activity, and engagement.
- Find ways to tend to mental health issues in a similar fashion to physical health needs – make it a practice
- Build time for home care workers to talk to clients into task sheets
- Daily check-in calls, monitor mental well-being
- Consider the workload to preserve mental health of caregivers
- Getting patients back to daily functions.
- Home care – have mental health consults when needed
- Viable options for alternative/respice care so that regular caregivers can take a mental health break

Assisted/Supportive housing

- Re-evaluation of capabilities of residents and potential contributions to society to increase residents' drive to thrive and to be better -- occupational therapy
- Buddy systems to check in on one another
- Creating a spirit of hospitality in dining room
- WRHA could review/address policies that create barriers to promoting mental health of residents (i.e. no pets policy, lack of places to exercise and interact, etc.)
- Ensure that housing that meets needs of older, vulnerable population that has access to services and builds social connections

Long Term Care

- Music therapy
- Social and recreational programming
- Volunteers to come into read or just chat with residents
- Monitor progress and keep track of mental health following an illness
- Creating a spirit of hospitality in dining room
- Occupational therapy

Ambulance and Emergency Departments

- Physical trauma equals emotional/mental trauma. Providers always need to be sensitive to this.
- Check-in re: stress, anxiety, mental health issues in each interaction
- Mental health triage -- mental health should be part of intake
- Debriefing for patients, family members, and staff after traumatic incidents/accidents, etc.
- Make mental health a priority as it can be just as life threatening as acute illness and injury
- 24-7 social work and psychiatric nurses in emergency departments and urgent care
- Refreshment, checking on patients in waiting room
- More volunteers in emergency departments to give out water, etc. – a sign that someone cares

Hospitals – wards, surgery, out-patient, etc.

- Positive attitude at registration desk
- Link family doctors with hospital doctors to give patients personal care and direction
- Empower health providers to talk freely and ask the right questions
- Hospital staff refer patients to counsellors that they observe are having problems

Surgery/treatment

- Surgery and other hospital stays – ensure patients are well and prepared before leaving
- Doctors need to talk to patients and family post-surgery about what happened and not leave the family wondering
- Any surgery should have mental health component – to check in with patient and watch for mental health issues.

Communication and support on wards

- Incorporate check-ins (mental well-being) in all interactions
- Ask people if they need someone to spend time with them
- Ask people how they are coping
- Have mental health information, mindfulness tools, comforting objects, activities, people to talk to
- Pets, musicians not just in palliative care but in other wards as well.
- Provide head phone and cd players with favourite music to boost the spirit and relieve loneliness and boredom
- Need to deal with the issue of staff not knowing how to talk when someone has experienced a loss

Discharge – hospital to home/community

- At transition points – hospital to home – make sure adequate support is in place
- Post discharge from hospital have a social worker check in on the patient
- Follow-up phone-calls after release from hospital to check in
- Out-patient psychiatric nurse contact after discharge from psychiatric unit
- Outpatient groups – in person or by phone

- Volunteers who call people who after they are discharged to see how they are doing

Rehabilitation

- Example of programs like stroke recovery with a focus on occupational therapy, mental/cognitive rehabilitation. This approach should be used in all rehabilitative care.
- Mental health programs need to be incorporated into rehabilitation so that patients can progress both physically and mentally.

Palliative Care

- Every patient should be offered spiritual care, mental health care
- Priority for mental health support - death of child, spouse.
- At point of discharge – often confusing about what to do next
- Provide head phones and cd players with favourite music to boost the spirit and address loneliness and boredom
- Staff to work with families or palliative patients – support groups, etc.
- Need to deal with the issue of staff not knowing how to talk when someone has experienced a loss

Other:

- Have animal visitors across the system
- Mental health follow-up after and before long term/life changing injuries

Times across our lifespan when mental health promotion is a priority

Mental health support is vital at each of these lifespan transition points due to important changes in life circumstances. It is a shared responsibility of the formal health system, educational system, community recreational services, employers, family, friends, and the individual (self-care).

Pregnancy/post pregnancy

- Have resources available for marginalized segments of the population who are pregnant
- Sensitivity training and education especially for delivery nurses, as well as doctors, etc. to assist deliveries of women with mental health and addictions issues – have advocacy available
- Recognition that the birthing process significantly affects mental health of the mother and hence, the baby as well as the family
- Pregnancy diet and how to take care of mom - include at home consultations.
- Facebook “connect” groups organized around pregnancy, post pregnancy
- Parents who are expecting need to know about resources in the community
- Checking mental health at every visit about how they are coping
- Watch for risks around breast feeding, sleep deprivation, colicky baby
- Home visits – increased awareness of post-partum depression needs to be balanced, separated from judgement of parents
- Have more places that talk about it and allow mothers to get access to services, without shame or guilt
- Specific health issues – e.g. for moms with children who have down’s syndrome
- Support groups for new moms

Early childhood

- Develop partnerships and collaborate with education system to establish mental health standards and strategies
- Daycare/early childhood education that promotes recognizing and understanding emotions
- Play groups delivered in community and at home – access centres, community centres
- Promote friendships, team play, learning about cultures, different lifestyles
- Availability of child care is key -- parents can work, income is there, less stress for parents
- Educate children when they are young about mental health and well-being
- Educate parents about early childhood behaviour
- Sharing information about kindness, not bullying -- if a child is bullying others, staff need to figure out what’s going on at home
- Communication with parents if there is a problem early on
- Have wrap around programming for after school hours and the entire family
- Promote finding solution for struggling family other than taking children away – especially Indigenous families

Youth-schools

- Include mental health education in the curriculum
- Healthy team interaction and conversations
- Provide facilities for intergenerational activities
- Teenagers need more resources to access safe places, drop-ins, resources
- Promote friendships
- Talk about feelings
- “Stress release” room – like in China – where kids can go to when they need to
- Teachers and school staff – training them to recognize early signs of mental health issues
- Resources in the schools
- Healthy diet and exercise programs
- How to deal with low self-esteem
- Adding classes for spiritual practices – yoga, meditation, gi gong
- Have comprehensive programming for children who are struggling, rather than just sending them home
- Introduction to good mental health practices (In service for teachers)
- Evaluation of risk factors
- Guidelines for mental health
- Teach about relationships and life skills
- Have services other than youth mobile crisis
- Removing stigmas around depression during major changes in your life
- Teachers and schools trained to recognize bullying and emotional outbursts
- Access to more skilled psychologists through schools – above guidance counsellors
- Peer mentors for one-on-one support
- Young people need to know where to go if they detect issues with their caregivers or educators

Post-secondary

- Programs like dog visitors
- Eliminating myths about mental illness through workshops, information sessions, community engagement, etc.
- Helping to shape perspectives to eliminate personal barriers to talking about mental health
- True north foundation, Bombers, Jets – funding for mental health initiatives
- Tax credits for membership at gyms or school credits for healthy living
- Regular mental health promotion activities rather than just for mental health awareness week – like weekly pet therapy days
- Exam anxiety resources and peer support groups
- During health care visits, mental health should be included
- Someone to talk to about stress of exams
- Student programs with counsellors on staff
- Student insurance included in tuition that provides access to psychologists

Adulthood

- More resources for different mental health programs
- Adults need more supports for mental health and be okay with it
- Social prescriptions for mental well-being – art gallery, museum, Forks
- Make sure to check in about mental health
- Coping strategies to cope with stress
- Program to recognize staff going through depression
- Supports for pre and post-divorce
- Programs to help hard working families in the community

Workplace

- Employee assistance programs – confidential and independent of employer
- Sponsored wellness initiatives – gym/health spending account
- Personal days/mental health days – without having to worry about loss of income
- Team building activities encouraging positive emotional well-being
- Training in dealing with stressed clients
- Have external investigation unit to investigate harassment and other incidents
- Being able to talk about workplace stress
- Encourage every employer to have child care facility
- Mental health training for employers and managers

Older adults

- Free programs for retirees/low income older adults to encourage mental well-being
- Mental health and other issues – like osteoporosis
- Promote opportunities for socialization
- Planned outings for seniors to get out of their homes periodically
- Check in, groups to talk and interact with each other
- Linking them with someone in the community to visit them if they don't have family
- Supports for retirement transition
- Health care providers should make regular appointments with elderly patients – follow-up with those who live alone and are isolated, encourage them to go out on a monthly basis and be seen
- Newcomers – ASL classes/conversation group/socialization – many elders/grandparents didn't learn English because their children wanted the grandchildren to learn their own language – this has isolated the grandparents

Those living with mental health illness

- Ensure that the public is aware of where to go for treatment for mental health issues
- Health care providers should make automatic follow-up appointments to provide contact and security
- After diagnosis – stream-lined supports

- Whole family involvement
- Testimony – share process of how they were able to move forward

Other comments

- More funding and importance placed on mental health training and careers
- Representation matters especially in front-line health workers
- Improve access to mental health workers – reduce wait times
- Stream-lined access to mental health supports
- In general, more access to mental health services, regardless of age
- Subsidies or more ways to pay less for counselling - - for incomes less than \$10,000 – it is not affordable for most people. Private insurance covers minimal amount (tax deduction?)
- Don't forget about staff, don't forget about caregivers and other family members

The role of education system (from daycares to universities) in mental health promotion

We can teach individuals certain things for themselves and we also need to teach a system.

Approach to mental well-being in the curriculum

- Age appropriate – part of the curriculum material – not just focusing on what mental health is, self-care, what it might look like if someone has mental health issues – should also address the issues that cause mental health issues in youth – those at risk for mental health issues – newcomers with little English, students who are LGBTTT
- Need to teach kids as young as possible to be able to talk about feelings – and make sure that they still talk about feelings when they are adolescents
- Opening up conversations about mental health – kids being encouraged to speak about things that they are feeling – younger generations are better at this – talk about feelings, what's upsetting you, etc.
- Normalizing mental health issues
- Tools – that are appropriate to the age level and social/emotional development – get peer groups to normalize and support
- Teach them different strategies – mindfulness techniques
- Normalize gender issues
- Accepting differences – a lot comes from family – school has a role to build this acceptance
- Mindfulness – in schools now, yoga – parents had to support this
- Conflict management resources – teachers should have access to these resources
- Importance of resilience, coping methods

Support and other resources offered in school settings

- Need better counsellors at schools – need to help with changes in their lives
- Asking teachers to do things differently, not to do more – the approach that you take with a student who is struggling
- Advocacy – schools first to see problems that a student may have, and they have direct contact/link to doctors, MATC – role as advocate solidified
- Early years behaviour coach – position in RE school division - -help families navigate if there are problems at home
- Community liaison workers at schools to connect to families in community
- Teachers identifying if behaviour changes of a student – to understand what is behind it – tough with few resources
- Alternative methods to learning and testing should be considered – stress of tests and exams – not everyone learns the same way
- Getting kids involved in groups that promote caring, positive interactions, etc. – outside of school
- Promote mental health of family – send information home from school
- Provide programming for families outside of school hours

High School

- Adolescents – might feel like they can deal with things on their own – need peer group to support them in going for support
- Guidance counsellors - -focus on kids with challenging backgrounds but ignore those kids that seem to be well – who may be experiencing difficulties
- Take the stigma out of mental health issues – especially for youth
- High school – create safe place for kids to hang out – info about mental health there too

Post-secondary school (university and college)

- University – counselling available for students for free – needs to be timely, when you need it
- Added to university curriculum for education program
- Mental health commission of Canada – working on developing mental health standard for post-secondary students – in terms of available resources – there are consultations happening on this
- Youth mentorship program – university students visiting personal care homes

Resources in the community

- NEEDS centre – great work for newcomer, immigrant population – supporting mental health and sharing info about pro-social behaviour

The role of the WRHA

- WRHA and school divisions – learning about each other roles, supporting one another – public health and educators
- Should have nurses in schools – educators are stretched to the limits
- Introducing careers related to mental health promotion – where to get trained, different options for working in health care

The role of the individual and the community in promoting mental health

Role of the individual

- Look after the basics for your family – provide a safe place to live, healthy food, etc.
- Look after your own mental health -- figure out what works for you – what activities make you feel better and provide balance in your life and then keep doing that.
- Don't be over protective (parents), allow children to become independent. It's good for their mental health.
- Open your mind to education and challenge your own beliefs.
- Show empathy and listening to friends and family when they need us.
- Check in with each other; be open to talking about different things.
- Talk about mental health in whatever situation you're in to normalize it and decrease stigma around it.
- Sharing personal stories – enable people to share stories that they want to hide, that they are ashamed of
- Seize opportunities to influence and suggest ways to promote mental health, like therapy dogs.
- Don't judge others who have severe mental health issues.
- Volunteer to share your experience of getting through challenging times with a mental health issue.
- Important to assure people from other cultures that it's okay to share, it is confidential, it's okay to get counselling
- Don't spend too much time on social media – don't compare your own life, live your own life
- Acknowledging when you or someone else needs help before it gets too severe
- Connect to others like those who are homeless. Acknowledge them.
- Go to the positive in sharing – as we tend to go to the negative.

Role of community

- Educate the public in mental health first aid so they some skills and awareness of how to handle different situations.
- If there is an opportunity to speak up for people who have mental health issues, like co-workers, promote awareness.
- Volunteer in your community, schools, personal care homes, etc.
- Look out for each other; help each other.
- Take care of your neighbourhood. Community clubs should involve neighbourhood, get community members to help with activities.
- Could use the AA model for mental health issues - -community based, volunteer driven.
- More places for kids to go that are open 24/7 that kids can go to when they really need to.
- Wherever people gather, healthy living/mental health habits need to be fostered – like in a church – acknowledging that people may have mental health struggles

- More positive signage/messages about that promote mental health in the community, in the public
- Support groups in community centres
- Community centres --- promoting activities for kids – where they can be safe
- Needs to be safe environment

Partnerships that the WRHA should explore to support mental health promotion

Education

- Schools
- Post-secondary
- Globalized, integrated approach in which schools, community centres, and health care work together to promote mental health of students and community members
- Scholarships and research about mental health.

Social Services

- Child and Family Services
- Employment Income Assistance

Housing

- Manitoba Housing
- New Journey Housing
- Housing and tenants organizations
- Landlord Tenants Branch
- Manitoba Rental Network
- Private housing
- Housing partnerships to look at issues so that when someone has a mental health crisis they don't lose their housing
- Housing that meets needs of older, vulnerable population that has access to services and builds social connections
- WRHA could look at policies in place that create barriers to programs that promote mental well-being in different housing. For example – no pets policies.
- Partnerships with assisted living facilities to promote well-being

Justice/law enforcement

- Work with police to support families who have experienced trauma, or serious accidents
- City services, like fire and paramedic
- Correction facilities

Workplace/employment related organizations

- Workplaces
- Manitoba Workers Compensation
- Unions – on mental health for employees
- Employee wellness programs

Community Organizations

- Non-profits like the Needs Centre
- Religious and cultural organizations

- Immigrant and Refugee Community Organization of Manitoba
- Food security organizations and food banks
- Other important volunteer organizations for street involved people
- Bear clan, BIZ control
- Partnering on initiatives to address loneliness
- True North Youth Foundation
- Newcomer organizations
- Cultural associations
- Mood Disorders Association
- Organizations for people living with disabilities
- Community organizations that offer programming but don't have training to deal with different mental health issues of their clients/participants. (Those experiencing panic attacks, or displaying severe anger). WRHA could help by providing training to staff and volunteers.

Media

- Get media involved about promoting mental health by increasing visibility and normalizing
- Media like CBC to destigmatize mental health by having people share stories, etc.
- Ace Burpee and others that younger people listen to
- Celebrities who share their stories about mental health

Other

- Addictions centres – private ones

Recommendations:

1. That the community area specific information about strengths, challenges, equity issues, and ideas related to mental health promotion in communities be shared with the mental health team, community organizations, and community facilitators to assist with planning of mental wellness programs and initiatives.
2. That WRHA leadership understand and look for ways to support the important role of accessible recreation and arts and culture in promoting mental wellness – especially in communities experiencing health inequities.
3. That WRHA staff utilize LHIG recommendations of partnerships in carrying out mental health promotion work in communities.
4. That the mental health program staff partner with cultural and faith communities to begin the work to decrease stigma of mental illness and outreach into those communities.
5. That senior leadership champion the work of integrating mental health into all programs and service delivery.
6. That the holistic approach to care be enhanced across the entire system – ensuring that providers and staff consider both the physical and emotional needs of both patients and their families.
7. That ideas for integrating mental wellness check in's and support be shared with primary care, community health services, home care, supportive housing, long term care, paramedics, emergency, and hospital-based programs.
8. That mental health be considered as a vital sign. This could be part of a communication strategy to integrate mental health across the system.
9. That opportunities for training on mental wellness be provided to all staff from receptionists to health providers and health care aides.
10. That the mental health and well-being of staff be paid attention to and valued. And, that activities and policies that promote mental well-being be supported by leadership.

11. That the importance of environments at health care sites be considered in terms of how they impact mental wellness and recovery. The LHIGs have identified hospital wards as a priority.

12. That mental health program staff utilize ideas from the report in their work with daycares, schools, and post-secondary to promote mental wellness.

13. That mental health program staff utilize LHIG input on the role of the individual and community to promote mental wellness in their materials.