

OFFICE RÉGIONAL DE LA SANTÉ  
DES PARCS



# Regional Mental Health Advisory Council Report

## **RMHAC Report to Board**

November 2010



## **MENTAL HEALTH ADVISORY COUNCIL**

### **2010 REPORT TO THE PRHA BOARD**

#### **Executive Summary**

Advisory Councils are a very important part of the PRHA's community engagement process. In late 2009, the PRHA revitalized the Advisory Council structure and process with the intent to enable Council members, to provide meaningful input into a focused health and wellness topic. Council input is meant to assist the PRHA Board in monitoring and strategic planning purposes.

This year the Mental Health Advisory Council was asked to provide input into the strategic planning process. Specifically, the Board requested that the Council recommend criteria that the Board could consider when identifying priorities for the 2011-2016 Strategic Plan.

In order to generate a list of meaningful criteria, the Council reviewed the 2009 Community Health Assessment findings, participated in a SWOT analysis, developed a priority strategy list and then identified the criteria that supported the priorities.

The Regional Mental Health Advisory Council recommends the following criteria for priority setting:

- Equity of Access
  - Preventative is less expensive than acute
  - Bridge geographical and economic access
- Economic Development
  - Poverty, employment in RHA (work with partners to address poverty and enhance employment opportunities)
- Strengthen Family Health/Quality of Life
  - Solid family units reduce mental health impact on system
  - Early childhood support, help now or burden on system later
  - Family resource centres
  - holistic approach to care
  - Awareness and education for mothers
- Preventative Care (focus on prevention- shift from illness model)
- Aboriginal Inequities for Mental health
  - High risk group for many health issues
- Strength of Evidence
  - Special attention to high risk populations
  - Best practice; ensure evidence supports actions
- Community approach to healthcare: community approach vs medical approach
  - Health issues dealt with as a community

## **Discussion and Results**

A year long process was put in place to support the work of the Advisory Council (see Appendix A).

The Advisory Council Chair and Staff facilitators lead the Council through the process. (See Appendix B for a list of Council members and staff facilitators).

The Mental Health Advisory Council met on October 21, 2009 (orientation), and February 10, March 9, and April 20, 2010.

The initial focus of the Council meetings was on the 2009 Community Health Assessment (CHA) findings. Information was presented by the staff facilitators and Council members had the opportunity to participate in focused conversations. Following are the notes of the discussions regarding the CHA findings:

- Advisory Council member noted interpreting education level with caution; skewed re older population in the Region when people had less opportunity for education (*note: the education levels reported is for the age group 25 – 64 years of age*)
- Discussion regarding why unemployment is relatively low in Region: may not be actively seeking employment, people on other social transfers – e.g. welfare, disability, etc.; may have more seasonal industry in Parkland; may not be opportunity to work in PRHA (contrast with Brandon – if people want to work, there are jobs)

*What would you expect health status of PRHA population to be?*

- Expect the health status to be lower than provincial level

*What caught your attention?*

- Income is substantially lower in Parkland; Low income status – lowest in the province
- Aboriginal population particularly hard hit, and should reflect worse health than non-Aboriginal population
- Statistics don't seem surprising; interested to see how health fares in relation to other Regions
- These things tie together; the mobility issue is related to the high unemployment issues – going someplace else for work; may come back because family are here
- Mental health – depression; stress
- Parenting - in lone parent families 81% lead by females; what do we know of the Aboriginal experience? (*note: data regarding Parkland Aboriginal population is limited*)
- Income, females, Aboriginal, children, poor housing, nourishment – this all adds up to stress
- Transience – kids moved in and out of schools, don't have chance to develop peer group; impacts school success
- Early childhood family supports critical; can have disposition for schizophrenia, if living in particularly difficult home, this disorder will surface, if in a nurturing home, doesn't overtly acquire symptomatology of schizophrenia; single moms raising kids, transience, child has a hard time
- Discrepancy between Aboriginal community and larger population regarding health status; discrepancy between physical health and emotional well-being
- More smokers in the Parkland Region

- Life expectancy – low for Aboriginal population
- Roads into FN communities poor; hard life; may be poor water supply; access to emergency medical care, transportation, access to food, adequate housing - all poor
- Education – Campus Manitoba within the Region; just recent that Parkland people had easier access to post-secondary education

#### Life satisfaction:

- North and Central highly satisfied doesn't align with the other information we've seen; recommend we check it out.
- Life satisfaction: Curious that the MB average for satisfaction higher than all the others (*note: Life satisfaction measures compared MB to Parkland and Parkland districts*)

#### General mental health:

- East & West higher general mental health
- Hard to analyze in absence of the survey tool
- Looking for correlation between life satisfaction and general mental health – difficult without knowing what the questions are (*note: SF-36 General Mental Health Scale was tool used within CCHS to measure general mental health*)

#### Healthy child development

- Correlation between low birth weight and smoking;
- School readiness (EDI): started with Head Start program; Babies First – both of these are making a difference
- Language and thinking skills sub-par – consistent with experience in Education sector; also consistent with what we hear in Children's Therapy Initiative management committee
- Difference between school readiness (good rating on 5/6 areas) and the high school pass rate experience (poor rating)
- Effects we talked about may not take effect until children are older (socio-economic problems may not demonstrate themselves until children are a bit older)
- Risk factors for children and healthy development – maybe accumulate over time to create the effect
- You teach to the needs of the group in your room; teaching that is sensitive to classroom needs may not be reflected on the provincial exam
- EDI pretty accurate; not much room for subjectivity on the part of the tester; language and communication - language ability lowest of the indicators; could be related to the education level of the parents.

Hypertension – discussion related to 1) reasons for high rates of hypertension: factors may be related to fast food, lifestyle; 2) why men are treated less; 3) why women in low income brackets treated more; #'s 2) and 3) are “curious factors”.

This slide may be related to a different definition of hypertension – BP in earlier time frame needed to be higher than in more recent time frame to qualify as Hypertension, and to be treated.

Respiratory illness – are the public policy changes regarding where people could smoke related to the improvements in respiratory illness; these occurred within the past decade.

Rates of depression – would expect this to be higher because mental illness lines up with poverty; may be an issue of people not being diagnosed

- Parkland has one of the strongest mental health support networks in the province between the RHA and the non-profits
- The demographics may be that people in Parkland don't seek care at as high a rate as Winnipeg or other parts of the province
- Aboriginal people may not want to take medicine – take either no medications or rely on traditional medications/healing.

Ambulatory visits – does this include visits by Telehealth? May be difference with more use of Telehealth and more Telehealth access (*Note: Ambulatory Visits include almost all contacts with physicians excluding inpatient contacts and visits for prenatal care*).

Access to specialist services: Limited bus service impedes access for people who have no vehicles; economics – if you live in Dauphin, you have to find your own way and pay your own way vs if you live in Winnipeg you take a bus downtown to get to the specialist. Proctor program – increasing # of people needing escorts to specialist appointments where people don't have the means – struggle in the program regarding use of proctors to escort clients; proctors mandate is to support work on recovery.

Cataracts – specialist comes to Region – seeing someone here then going to Winnipeg for surgery; maybe more people are getting diagnosed and therefore the numbers are high.

Parkland Hospital beds – discussion related to what causes more hospitalizations and longer stays:

- Demographics – more seniors – older population, greater health need (*note: statistics are age and sex adjusted*)
- If you have beds, you're going to fill them; no incentive to move people along
- There are people in the hospital hallways here; appears to be a shortage of beds
- Does hospitalization have any relationship to seeing specialist more often
- We are less well; if struggling with physical health, more hospitalizations
- Remoteness - prefer to stay in hospital and not be discharged as quickly
- Geography – people living 1 hour away; access to after care; staying in a day or more longer
- Lack of long term care available when needed; lack of supportive housing
- Waiting for placement in PCH
- Needs to be lots of different levels of care available; this is a problem in a place with smaller population and fewer options
- Gap where people do not need long term care or don't qualify yet, but don't have adequate services to support in community
- People with mental illness may go to hospital for safety reasons

Surprised at mental illness rates – PRHA rates are lower than expected  
Heart attack rate is high in Parkland region

### *Anything concerning?*

- Poor school experience for lots of kids
- High risk behavior of pregnant women – smoking; public generally educated about the risks of pregnancy and smoking
- Age 6 readiness and low birth weight, teen pregnancy, risk factors in pregnancy – are adolescents in the Region stressed?
- What are we doing in the Region/province to support teens, young moms, female main caregivers in lone parent families; what are we doing regarding promoting their physical and mental well being ?
- Worrisome if people are not seeking help if they are depressed or anxious  
Are rates lower because people are not screened well, or are individuals ignoring their symptoms? There are a number of reasons why rates may be low.
- May be stigma related to seeking help in a small town where everybody knows each other's business – going into office where mental health services offered – may be an issue here; in larger centre, it is anonymous.
- People in PRHA may be more inclined to turn to people outside the health system – like other volunteer organizations – may be good news; medical system not the only way people seek care. Therefore those numbers are not captured here.
- People in larger centers may not be connected in their communities; therefore, may turn to medical community for assistance; lots of support systems (non-medical) in Parkland and therefore people may not need to seek medical help.
- High bed usage in the Region compared to the provincial rates
- Comforted by the availability of hospital beds (#/population) – people are being cared for; people getting better care potentially
- Degree of access to specialists - any way this can be addressed? Not the critical mass to have specialists move to region; is there any mechanism other than Telehealth; could specialists divide their time, have office hours in Region; for some things, the specialist needs to see people in person; some specialists do come – face time preferred over Telehealth; in some cases, there has been a decrease in specialists involved in the Region; use of Telehealth may be a deterrent to getting specialists here; even Winnipeg struggles with specialists
- Mental health lens – people get frustrated because they are waiting for psychiatrist; when experiencing mental health problems, this may add to the frustration
- Dr. Sandhu is pushed to the limit because of the #'s of clients he sees;
- Some people can't get to see specialists because they can't afford it.

### *What are we doing well?*

- Immunizations
- Well-being – would have thought this would be worse, with all of the issues (low income, low employment, etc.); Explanation – the generation before had it a whole lot worse

- As people get older, they tend to get happier; people who are retirement age may be skewing the overall rating
- Programs: Head Start, Babies First - these programs have a positive impact, will it even be better 4 years hence
- Smoking – ban on indoor smoking; what effect do smoking restrictions have on % of people who smoke; exposure to second hand smoke?
- Fetal alcohol – there is a push with MLCC, AFM; hope that this will make a difference for people having children now; will it make a difference on birth rates, etc.
- Social connections a buffer in rural communities
- Within Parkland, there are many nice places it is easy to get out to do recreation
  
- Emotional wellness
- Children generally well-prepared for kindergarten
- Programs in place for kids

After discussing the findings from the Community Health Assessment, Council members participated in a **SWOT** exercise. Bob Curle led the process, having members identify strengths, weaknesses (internal to the organization), opportunities and threats (external to the organization). The Council listed the following:

Strengths and Opportunities are positive aspects and should be used to enhance the future of the organization.

#### Strengths (internal to the organization)

24 access for people who are in trouble – 24 hour mental health crisis service  
 Good nursing care in hospital  
 Filipino nurses (more nurses in region)  
 Established services in each of our areas; Personal Care Homes in a number of communities  
 Improvements in working relationships with physicians, consulting with physicians on organizational issues.  
 Ability to take service to people in isolated places – niche specialists (Telehealth);  
 Role of RHA as a teaching facility; opportunity to introduce physicians to rural health  
 Office of Rural & Northern Health located in this area  
 LPN program in Swan River and Russell – this is what we need; need to educate people in their own communities instead of bringing people in  
 Partnerships - Friendship Centre, Canadian Mental Health Association  
 Adult education expanded in high school in North – building program in high school  
 HCA course in North – lots of people have completed the course

#### Opportunities (external to the organization)

Political:

With the high number of Aboriginal people in the Region, there may be an opportunity to access money for research; could partner with Aboriginal groups to access government dollars for research and services that might strengthen the general health of the

population, noting that many health indicators for Aboriginal people are low; could approach Western Diversification, Health Canada for funding, depends on proposal.

Wouldn't necessarily have to access funds for research; could be for programs; e.g. sexual abuse counseling, access \$ funding from Justice; have to look broader than through MB Health

Strong political connections in the area, Ministers Wowchuk and Struthers

Partnerships:

PRHA has lots of partnerships regarding Mental Health promotion activities, suicide prevention, at risk teen; most potential funders want to know how you're partnering; rather than research, refer to them as pilot projects

Partnership with Friendship Centres in areas such as diabetes education; lifestyle; community kitchens

Suicide prevention work – learn how to present material in a way that is culturally relevant

Education/awareness/preventative to provide wellness, so not always working on illness

Regional economic development – innovative things; work together with Aboriginal partners on innovative ideas – this group might come up with idea/concept and worry about the funding afterwards; great opportunity to work with Indian and Northern Affairs Canada, Assembly of Manitoba Chiefs.

Partnerships with Addictions Foundation Manitoba

Opportunity for partnering with people who have niches in cultural or service areas  
opportunity for pooling transportation in a more coordinated/efficient way; towns have handivans; smaller van to take # of people in one trip; could be better coordination (e.g. patient for cataracts – if looked at allotting time per Region, could look at some car pooling or joint transportation arrangements.- communication; link through web site, for example

Small population in Region supports opportunities for partnership – tend to know each other – non-profits, Tribal Councils, RHA, easier to develop links than in larger area; can go further down partnership road

Having specialist come from larger centres to PRHA in greater numbers; can improve on that;

What about graduates coming out of Physician Assistant program - might use Physician Assistant to help specialist do job via Telehealth – may be other opportunities to use physician assistant

If there was a cataract surgeon in Swan River, would work much better

Traditional healing expertise of Aboriginal people and elders and overall health – should be working together and tapping into that

Develop articulation agreements between high schools and community colleges – child care, health care aide, like high school apprenticeship program

Dauphin Friendship Centre – programming; single parent initiative – one of the best contacts; seem to know everybody who is in need; at a grassroots level; they are there for the people; people go there; information they could get out to the single parent is phenomenal; Friendship Centre positive impact on Aboriginal people; open to all

Assiniboine Community College located in the Region

University College of the North – asset to the North; will bring Aboriginal people into the labour force, improve income levels, creating better health

Weaknesses and Threats should be considered and strategies developed to reduce their negative impact.

### Weaknesses (internal to the organization)

Impending retirement of baby boomers, and replacement of staff

Need to work with Aboriginal community

Some retired nurses want casual and are working full time

Exodus of experienced staff (losing the experience)

More than 50% of mental health workers near retirement age

Need to start with grade 8 to 10 – into the schools sooner; create options (reduce drop out rate) for credits toward something; don't wait until grade 12

How much is physical plant a weakness in Dauphin – life of the building without significant renovation? Refer to Dauphin Regional Health Centre role study - generally physical plant seen to be well maintained, but issues with the emergency/SCU area/ambulance bays regarding layout

Lack of cultural awareness - how we "welcome" Aboriginal people, how we present our service to them; how we involve them.

Lack of educating/informing public of the importance of preventative services vs focus on hospital/personal care services; need to do better job at promoting healthy lifestyle.

### Threats (external to the organization)

5<sup>th</sup> lowest poverty level in all of Canada; poverty and its relationship to health

Not enough skilled labour to assist with issues; i.e. surgeons, counselors

Depopulation of rural areas

Aging population

Shortage of dollars for health from provincial government could become a problem

Geographical location – although could be an opportunity; e.g. combining with The Pas (Norman Region) may mean there is the population to support some specialties

Employment programs – in 2036, estimate Parkland population to be lower than it is now provided status quo prevails; a significant economic development opportunity in Region would change the situation (opportunity)

Lack of awareness of Parkland residents of employment opportunities that do exist – e.g. PRHA and Mountain View School Division alone, lots of employment opportunities, e.g. physician, nursing, plumber, Health Care Aide; maybe the Region doesn't need a big economic engine, as there are lots of employment opportunities here – is there a role that the RHA can play in that; for example, working with young people to recruit into health professions

Recruitment is more difficult because we are missing the entertainment value; urban world; people don't move here until they're >30

Set up recruitment fair at a "baby show" – young families want to relocate from larger centres (recruitment opportunity)

Housing – if someone is moving in, where are they going to live? Not a lot of rental housing; Dauphin starting to look at this; a major barrier

Graduated housing for various levels of disability – barrier to getting people out of hospital beds; has other negative impacts as well

Because of lack of community resources, such as housing, there is a bounce back effect; a person may be in the hallway opposite emergency department in a cubbyhole because there is no bed upstairs

CMHA involved in housing – 2 housing projects, can already see need for more; need assisted living housing

Use political leverage for the housing that is needed

Who should approach the politicians – it is easier for smaller non-profits to approach for political funding; for RHA to go after specific funding, it may be more difficult; if the issue is housing, would probably go through Canadian Mental Health Association

Lifestyle issues in PRHA that represent threats to health – addictions, diet, sedentary lifestyle, teenagers stressors, drinking, drugs, stresses, adult pressures have moved to youth, live fairly adult lives at 16

Kids struggling with mental illness; on the Mountain View School District youth survey, 39% expressed hopelessness; need to work with kids at a young age; need to get into schools and places where youth are

Need physical activity programs for mental health clients

High incidence of single parent families; children have a harder time getting the supports they need to compete in school – opportunities in terms of the school system – impressed by quality of teaching and conditions for kids in elementary schools; # of EA for kids who need 1:1 work; 80% female head of single parent households (opportunity) Manitoba Education stopped adult education program at high school (MVSD)

Mental Health Advisory Council members then began discussions regarding potential criteria that would inform the Boards selection of priorities. In order to identify the criteria, members went through a process of identifying priorities from the CHA and SWOT exercises and then identifying why these were priorities; this resulted in groupings and naming the supporting criteria:

Priorities:

- Family health
- Equity of Access (geographical)
  - Concern safety vs. community outreach worker/mental health educator
  - Cost to get services to remote communities
- Economic Development
  - Mentoring programs along with proctors
  - Housing and life support
- Telehealth Promotion of service
  - Specialists refusing to use service, why?
  - Opt out of care due to cost of care for self or family member
  - Those that use it are doing well
  - Use it to train staff
  - Efforts to recruit specialists and educate them on the use of tech.
  - Pay back program for specialists
- Partnering for comprehensive strategy for community health
  - Vital role of not for profit groups/self help groups
  - Government, education, aboriginal communities,
- High risk client's housing/transience
  - Housing concern (black list)
  - Problem with children going to many schools and foster homes

Maintain from previous Strategic Plan:

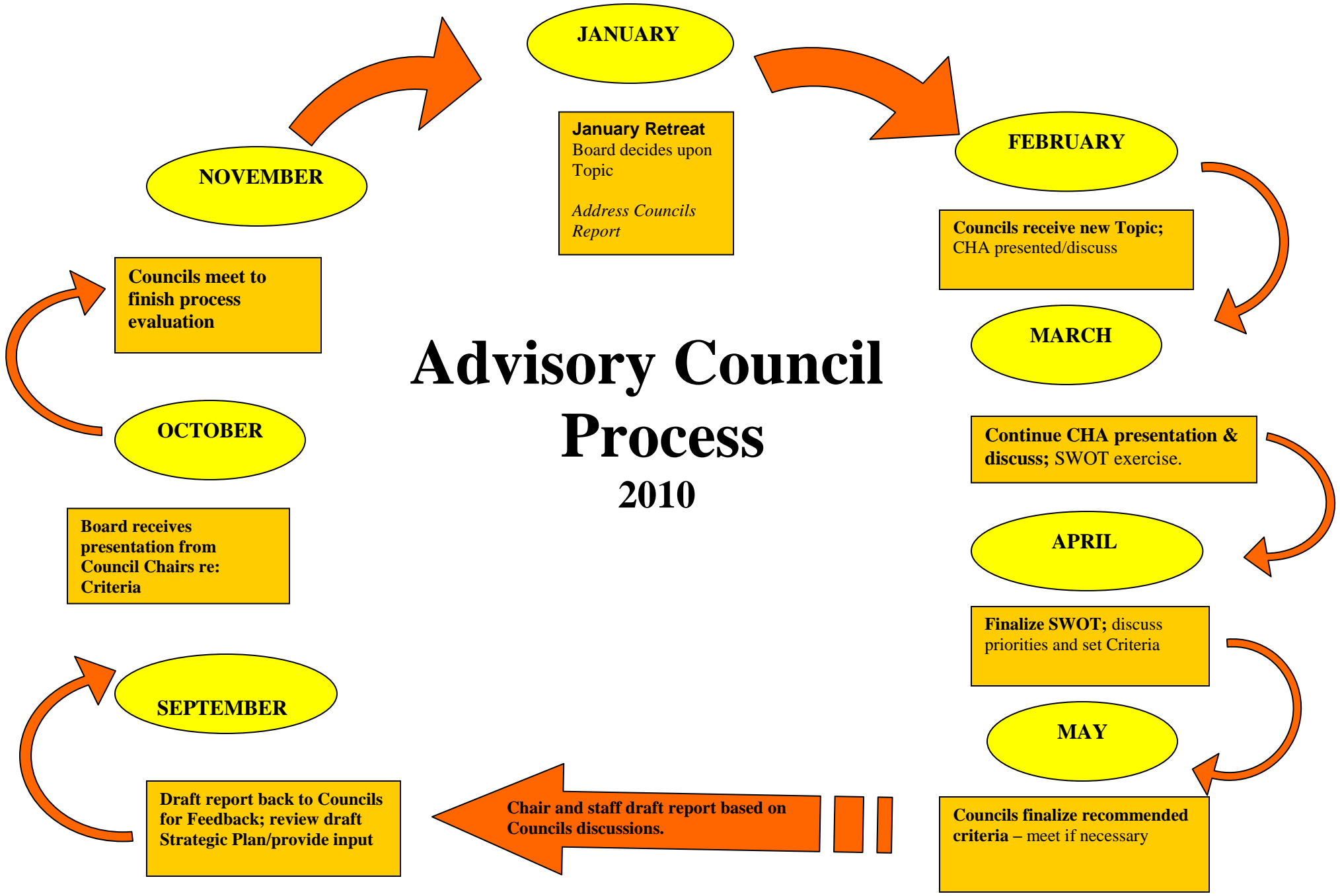
- Healthy Living

- Awareness, education
  - Family therapy and housing
- Aboriginal Health

The regional Mental Health Advisory Council recommends the following criteria for priority setting:

- Equity of Access
  - Preventative is less expensive than acute
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  - Poverty, employment in RHA
- Strengthen Family Health/Quality of Life
  - Solid family units reduce mental health impact on system
  - Early childhood support, help now or burden on system later
  - Family resource centres
  - holistic approach to care
  - Awareness and education for mothers
- Preventative Care
- Aboriginal Inequities for Mental health
  - High risk for many things
- Strength of Evidence
  - Special attention to high risk populations
  - Best practice
- Community Approach to healthcare: medical vs. community approach
  - Health issues dealt with as a community

Appendix A: Advisory Council Process



## **Appendix B: Regional Mental Health Advisory Council Members**



### **Regional Mental Health Advisory Council Membership**

Bob Curle – Chair  
Lindsay Rubeniuk  
Brenda Neuhofer  
Lillian Houle  
Ron Flower  
Wanda Beaudry  
Deborah Burnside  
Debra Church  
Marvin Fried  
Loretta Thompson  
Bob Bettson  
Donovan Dvorak  
Garry Meadows  
Wes Rumak  
Eleanor Snitka

Gerald Shewchuk – Board Liaison  
Brenda Slobozian – Staff Liaison  
Dan Knight – Staff Liaison