

# Selkirk Mental Health Centre



*Striving for Excellence in Rehabilitation, Recovery, and Reintegration*

**STRATEGIC PLANNING**  
*2008-2013*

# INTRODUCTION

*The first section of this document describes the environmental factors that influence Selkirk Mental Health Centre (SMHC). The second section describes the overall organizational direction. The final section offers concluding statements and identifies some of the individuals and organizations who contributed to the development of the Strategic Plan.*

## *Section One*

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# BACKGROUND

*Selkirk Mental Health Centre has embarked on a process to fundamentally change how it provides treatment and rehabilitation services to individuals with serious and persistent mental illness and those with an acquired brain injury.*

The catalyst for this change can be attributed to three sources:

## 1 Strategic visioning session hosted by the Centre

In June 2006, Selkirk Mental Health Centre initiated a strategic visioning exercise to determine the future direction and focus of the organization. The process was facilitated by an external consultant and involved representatives from staff, management, consumers, families, and community stakeholders. The purpose of the strategic visioning was as follows:

- ✓ *Create a clear vision/direction for the future that will drive operational plans and the redevelopment of SMHC.*
- ✓ *Determine what kind of organization and community culture is necessary to support the vision.*
- ✓ *Determine the specific actions that will be undertaken to support the vision.*
- ✓ *Address the issues raised in the accreditation survey related to clear strategic direction.*
- ✓ *Align stakeholders around a common vision and synergize their collective energy.*
- ✓ *Support the change management process for redevelopment.*
- ✓ *Create a high-level, long-term integrated plan that can be used as a communication tool.*
- ✓ *Be representative and inclusive of all key stakeholder groups.*

The results of the strategic visioning exercise were summarized into a document that was provided to SMHC management. It was the intent of SMHC management to use this information to formulate a multi-year Strategic Plan including strategic priorities, goals, actions, and measures.

As with the strategic visioning process, the implementation phase of the strategic planning process will require staff, management, consumer, and family participation so that everyone contributes to and is invested in the plan. The strategic planning and implementation process is ultimately the responsibility of senior management of the Centre.

## 2 Recommendations from the Canadian Council on Health Services Accreditation (CCHSA) for the Centre to revisit its strategic focus

CCHSA is the accrediting body for Selkirk Mental Health Centre. Accreditation generally follows a three-year cycle. An organization first collects the required information. The organization then completes the self-assessment process and prepares for an on-site accreditation survey. Once the surveyors' final report and recommendations are received, the organization evaluates the suggestions, and implements the recommendations prior to the next survey. In 2005, the accreditation survey results highlighted the need for the Centre to review strategic planning in a number of areas. The two specific recommendations were:

- ✓ *“Act on the plan to revisit the vision and mission and gather input from the staff, patients, and constituents on its appropriateness for the environment of today and shifting mandate of the organization”.*
- ✓ *“Develop strategic directions that are in keeping with the new mandate. These directions will provide the overall focus for the organization and from which the annual operating plans would take direction. Currently the strategic directions document presented to the surveyors is more of an operational plan”.*<sup>1</sup>

## 3 SMHC Redevelopment

From a service perspective, the intention of redeveloping Selkirk Mental Health Centre was both to add a new program and to fundamentally improve some existing ones. The Centre has, for many years, been without the resources, adequate physical space, and effective information technology solutions to provide optimal treatment and rehabilitation programs.

The initial decision to redevelop SMHC was prompted by the recognition that the structure, function and role of SMHC were outdated, not congruent with the evolution of contemporary mental health practice, and not adequately meeting the needs of individuals who required rehabilitative psychiatric care.

The processes implemented by the SMHC Redevelopment Planning Committee, such as a patient population review and an environmental scan of similar facilities in other provinces, revealed challenges associated with the complex nature of the role currently filled by the Centre as the only remaining provincial psychiatric facility in Manitoba.<sup>2</sup>

*The description below provides a summary of the background of SMHC Redevelopment:*

- ✓ *In 2000/2001, Manitoba Health conducted a broad consultation with community and regional health authority stakeholders regarding the role of SMHC.*
- ✓ *From this process, it was identified that SMHC Redevelopment would prioritize a redeveloped Geriatric Program, and a new Acquired Brain Injury Program.*
- ✓ *In January 2003, a committee consisting of representatives from the Mental Health Branch and SMHC was formed and tasked with the responsibility of developing the overall vision, mandate, and programs for a redeveloped SMHC.*

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<sup>1</sup> Canadian Council on Health Services Accreditation Report (2005). *Accreditation survey report: Selkirk Mental Health Centre*. Ottawa: CCHSA.

<sup>2</sup> Final SMHC Redevelopment Report, 2003. (*Unpublished document*).

- ✓ *The committee's report recommended:*

*Decommissioning the Extended Treatment Unit (ETU) building as a patient care area and the construction of a new facility for geriatric mental health.*

*Development of long-term care options for persons with Acquired Brain Injury (ABI).*

*Planning with regard to replacement of the Central Kitchen<sup>3</sup>.*

SMHC Redevelopment was later expanded to include:

- ✓ *Modernization of information and communication technology systems at the Centre.*
- ✓ *Mental Health & Addictions Branch's initiation and funding of a Program for Assertive Community Treatment (PACT) Team to facilitate patient discharge from the Centre in to the community. This second PACT Team is referred to as PACT-Leila and is operated by the Winnipeg Regional Health Authority. The team became operational in April 2007.*

In June 2004, SMHC Redevelopment was first announced to the public by Health Minister Dave Chomiak. In April 2006, Health Minister Tim Sale officially launched the project. The following commitments were made for SMHC Redevelopment:

- ✓ *An active long-term rehabilitation program for individuals with an acquired brain injury.*
- ✓ *A five-bed transitional, community-based residence for individuals with an acquired brain injury.*
- ✓ *A redeveloped Geriatric Program that provides specialized geriatric mental health services to individuals experiencing persistent mental illness, dementia or progressive cognitive impairment. This program as well as the new ABI program would be located in a new 105-bed facility.*
- ✓ *A psychosocial rehabilitation program that actively assists individuals to return to the community more quickly.*
- ✓ *Information and communications technology (ICT) to assist with the assessment, treatment and rehabilitation of individuals, and to link the Centre to existing and planned provincial health information systems.*

SMHC Redevelopment is currently underway. Capital construction of the new 105-bed facility began in September 2006 and is scheduled to be complete by September 2008.

In addition to constructing a new building, the purpose of SMHC Redevelopment is to make fundamental changes to how the Centre provides treatment to individuals with severe and persistent mental illness. This new approach will place more emphasis on rehabilitation with a view to assisting individuals to return to their communities sooner.

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<sup>3</sup> Recommendations and Implications for the Redevelopment of the Selkirk Mental Health Centre, June 2003, (Unpublished document)

# Program Description and Mandate

*Selkirk Mental Health Centre has existed at its current location (although under different names) since 1886 and has evolved dramatically since that time in terms of the care it provides to people with psychiatric illness.*

Much has changed in the way services were delivered since the early days, with the most significant developments occurring between the 1960s and the present day. New medications effectively stabilized symptoms allowing for the introduction of rehabilitation programs. This led to a return to community living for many people. A change in public attitudes towards mental illness contributed to and supported this direction. These developments resulted in a decrease in population at SMHC from 1,246 in 1959 to 252 today.<sup>4</sup>

Selkirk Mental Health Centre continues to be the designated provincial mental health facility which provides inpatient treatment and rehabilitation services to adults whose challenging needs cannot be met by other services. The Centre also provides acute inpatient services to persons from regional health authorities that do not have acute psychiatric facilities. The Centre also maintains an agreement with the Government of Nunavut to provide inpatient services to residents of the Baffin and Kivalliq regions who are experiencing mental illness. Current SMHC programs are defined as Rehabilitation, Geriatric, Acute, Forensic, and Acquired Brain Injury.

In 1994, SMHC transitioned from a departmental model to a program management model for the provision of inpatient psychiatric treatment and care. This approach ultimately resulted in treatment services in all programs being provided by multi-disciplinary treatment teams. This model continues to be in place at the Centre.

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<sup>4</sup> Selkirk Mental Health Centre - Extended Treatment Unit Role Statement and Functional Program, June 2004. (*Unpublished document*).

# 1 Rehabilitation Program

The Rehabilitation Program incorporates the principles of psychosocial rehabilitation into the treatment and recovery of patients with severe and persistent mental illness. The focus is on assisting patients in developing the skills necessary to live safely and successfully in the community of their choice. The goal is to improve patients' quality of life, which will assist them to function as actively and independently in society as possible.

# 2 Geriatric Program

The Geriatric Program provides specialized geriatric mental health services to patients who experience persistent mental illness, dementia, or progressive cognitive impairment. The program focus is to maximize independence and quality of life through the empowerment of patients. The goal is to provide services aimed at rehabilitation and safe reintegration into the community of their choice.

# 3 Acute Program

The Acute Program provides inpatient treatment and rehabilitation for patients with acute mental illness requiring clinical and functional assessments, diagnosis, and multidisciplinary treatment. The program also serves patients who require a secure environment due to behaviours which may be harmful to themselves or to others. The goal of the program is to address patients' acute and immediate psychiatric needs and to provide support and assistance in returning patients to their community of choice as quickly as possible.

# 4 Forensic Program

The Forensic Program offers an integrated and comprehensive range of forensic mental health services for individuals who have been deemed, by virtue of their legal status and psychiatric condition, to require long-term psychiatric treatment and rehabilitation in a secure facility. The goal is to provide services that are aimed at rehabilitation and safe reintegration into the community.

# 5 Acquired Brain Injury Program

The Acquired Brain Injury Program will consist of a 30-bed inpatient program and a 5-bed transitional residence. The inpatient program will become operational in the fall of 2008 and the 5-bed transitional residence will begin operating in the summer of 2009. Both of these components of the program will be located in new facilities which support brain injury rehabilitation. The program will serve patients with a non-progressive brain injury, who are between 18 and 65 years of age, and who are medically stable. Using an interdisciplinary approach, patients will participate in active rehabilitation to address physical, cognitive, behavioural, and social challenges the patient may have. The goal of the program is safe reintegration into the community.

# Major Trends Affecting Selkirk Mental Health Centre

*There are a number of trends that impact the future of SMHC. Some trends are driven by demographics while others come from trends within health care and within mental health care, specifically.*

## **1** Health Care Trends

- ✓ Patient Safety
- ✓ Health Workforce
- ✓ Information Systems Development

## **2** Mental Health Care Trends

- ✓ Prevalence of Mental Illness and Brain Injury
- ✓ Role of Consumers
- ✓ Recovery
- ✓ Community Partnerships

## **3** Demographics

- ✓ Aging Population
- ✓ Aboriginal Population

# Health Care Trends

## **Patient Safety**

*Patient safety has been prioritized nationally and provincially.*

In addition to conducting hazard analyses, training, and other proactive strategies, the current approach in Canada to improve patient safety involves learning from mistakes so that they are less likely to happen again. “We can only improve safety by promoting a culture of sharing and learning that breaks the culture of silence that surrounds adverse effects”.<sup>5</sup>

The same philosophy has been adopted in Manitoba. Legislative and policy changes have taken place to improve patient safety by requiring the disclosure, reporting, and investigation of critical incidents. Regular updates of SMHC activities related to patient safety are provided on the Manitoba Institute of Patient Safety website.

## **Health Workforce**

*Health Workforce issues are a challenge nationally and provincially.*

Most provinces, including Manitoba, have a health workforce strategy. “The ability to optimize access to quality care and achieve desired health outcomes depends on having the right mix of health care providers at the right time.”<sup>6</sup> Shortages of nurses, physicians, psychologists, and psychiatrists have had a significant recent impact on SMHC. Workforce planning is important in light of the aging population. For example, “one-half of all RPNs currently employed in psychiatric nursing in Canada will reach the common retirement age of 55 years by 2014.”<sup>7</sup>

## **Information System Development**

*Information System Development is a significant trend affecting health care delivery across Canada.*

Health Canada and Manitoba Health and Healthy Living have prioritized information technology development that will, one day, lead to a province-wide electronic health record. Investment in the electronic health record is a key building block in establishing a health care system that provides improved access, quality, and productivity, resulting in the reduction of wait times.<sup>8</sup>

Electronic health records will tie together a patient's health information from numerous systems to provide one coherent record for an authorized health care provider. Whether the information flows from a doctor's office, a clinic, hospital, or pharmacy, the information will appear in a structured format on the record. That way, anyone who has authorization to view the record will get a complete and accurate picture.<sup>9</sup>

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<sup>5</sup> Health Canada [http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2004/2004\\_patient\\_e.html#1](http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2004/2004_patient_e.html#1)

<sup>6</sup> Manitoba's Health Human Resource Plan – A Report on Supply. April 2006

<sup>7</sup> Workforce Trends of Registered Psychiatric Nurses in Canada, 2006. Canadian Institute for Health Information.

<sup>8</sup> Health Canada [http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2007/2007\\_wait-delai-bk2\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2007/2007_wait-delai-bk2_e.html)

<sup>9</sup> Canada Health Infoway <http://www.infoway-inforoute.ca/en/home/home.aspx>

# Mental Health Care Trends

## *Prevalence of Mental Illness and Brain Injury*

The prevalence of mental illness is extraordinarily high and therefore has a significant impact on society. It has been estimated that nearly 1 in 5 Canadian adults (21% of the population or 4.5 million individuals) will personally experience a mental illness in their lifetime.<sup>10</sup>

A recent Manitoba report indicates that over a five-year period, 37% of the population had been diagnosed with one or more mental disorders. This percentage is based on actual service data during this period of time.<sup>11</sup>

In Manitoba, 39% of people admitted to a personal care home (PCH) each year have a mental disorder such as clinical depression, anxiety, substance abuse, schizophrenia, or a personality disorder. When dementia is included, the percentage rises to 75%.<sup>12</sup>

There is growing recognition of the number of people who have a mental illness who also experience a substance abuse problem. 30% of people diagnosed with a mental illness will also have a substance abuse problem in their lifetime and 37% of people who abuse alcohol (53% who abuse drugs) also have a mental illness.<sup>13</sup>

The incidence of brain injury is significant. An average of forty-six people are admitted to hospital every day in Canada for a traumatic brain injury. This equates to 16,811 admissions each year across all age groups. This number does not include non-traumatic brain injuries.

Brain injury is often a life-altering event for individuals, as well as for their families. Although the acute recovery phase takes place in hospital, long-term recovery and the need for ongoing supports extends well-beyond a hospital inpatient program. "Even mild traumatic head injuries present significant health problems that can result in disability for people because of the development of post-injury syndromes or symptoms associated with a head-injury diagnosis."<sup>14</sup>

## *Role of Consumers*

*The release of the Kirby Report "Out of the Shadows at Last"<sup>15</sup> and the creation of the Mental Health Commission of Canada have helped to raise awareness of mental illness among the general public.*

Mental illness is more common than once thought, affecting about 1 in 5 Canadians in their lifetimes. It has been stated that "if mental illness were an infectious disease, it

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<sup>10</sup> Kirby, M. (chair). (2004). Report 1: Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada. The Standing Senate Committee on Social Affairs, Science and Technology.

<sup>11</sup> Martens, P., Fransoo, R., KcKeen, N. (2004). Patterns of Regional Mental Illness Disorder, Diagnosis and Service Use in Manitoba: A Population-Based Study. Manitoba Center for Health Policy: Department of Community Health Sciences, Faculty of Medicine, University of Manitoba.

<sup>12</sup> Ibid.

<sup>13</sup> Skinner, W., O'Grady, C., Bartha, C., and Parker, C. (2004). Concurrent substance abuse and mental health disorders: An information guide. Toronto: Centre for Addiction and Mental Health.

<sup>14</sup> Canadian Institute for Health Information (CIHI). August 2006. "Head Injuries in Canada: A Decade of Change 1994-1995 to 2003-2004". [www.cihi.ca](http://www.cihi.ca)

<sup>15</sup> Kirby, M., Keon, W. (2006). Out of the Shadows at Last: Transforming Mental Health, Mental Illness, and Addiction Services in Canada. Report for the Standing Senate Committee on Social Affairs, Science and Technology.

would constitute an epidemic in Canada. The number of people affected is overwhelming”.<sup>16</sup>

Increased awareness of mental illness has also given a voice to those affected by it to advocate for improved services, reduced stigma, etc. Mental health and addictions are among Manitoba Health and Healthy Living's strategic priorities. Provincial policies have been developed in recent years to ensure the involvement of consumers and family members in the planning, delivery, and evaluation of mental health services.

## Recovery

*Recovery has become a key concept that is shaping mental health reform.*

Recovery emerged as a significant theme during the visioning exercise. Based on its research and hearing from citizens across the country, the Kirby Commission determined that *“Recovery is the primary goal around which the mental health delivery system should be organized”*. It represents a shift in philosophy and a change in how individuals with mental health problems are viewed. The following explanation was reported to the Kirby Commission:

*“...recovery occurs when a person's psychiatric diagnosis or emotional or psychological trauma is no longer the central focus of that person's life, but simply becomes a part of who that person is. People also must recover from the effects of external and internalized stigma, learned helplessness, institutionalization, poverty, homelessness and the wounds of a broken spirit.”<sup>17</sup>*

It was also noted during the work of the Kirby Commission that recovery must acknowledge the following:

- ✓ *Each person's path to recovery is unique;*
- ✓ *Recovery is a process, not an end point;*
- ✓ *Recovery is an active process, in which the individual takes responsibility for the outcome, the success depending primarily on collaboration among helping friends, family the community and professional supports<sup>18</sup>*

## Community Partnerships

*The importance of community partnerships goes hand-in-hand with a recovery model.*

Focusing on the whole person and not just the illness necessitates an emphasis on other areas like housing, peer support, primary health care, employment and education. With that, there has been increased recognition of the need for mental health service providers to collaborate with community partners in order to support recovery. Recovery emphasizes the need for a comprehensive system in which all sectors take responsibility for the mental health of their community and provide services and supports in a coordinated collaborative manner.<sup>19</sup>

Community partnerships include the recognition of cultural diversity and the importance of connecting with the patient's cultural community as part of a recovery-oriented system.

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<sup>16</sup>Kirby, M. (chair). (2004). Report 1: Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada. The Standing Senate Committee on Social Affairs, Science and Technology.

<sup>17</sup> Kirby, M., Keon, W. (2006). Out of the Shadows at Last: Transforming Mental Health, Mental Illness, and Addiction Services in Canada. Report for the Standing Senate Committee on Social Affairs, Science and Technology.

<sup>18</sup> *Ibid.*

<sup>19</sup> Sharing Responsibility for Recovery: Creating and Sustaining Recovery Oriented System of Care for Mental Health: (2005). Queensland Health, Government of Australia

## Demographics

*SMHC is a provincial psychiatric hospital; therefore, demographic trends that impact the province also impact the Centre.*

In terms of the population of Manitoba, the most significant changes that have impacted the Centre are the aging population and the increasing Aboriginal population. The statistics below highlight these changing demographics.

### **Aging Population**

*As the general population continues to age, planning for the provision of specialized services becomes even more relevant.*

Generally speaking, the population of Manitoba is increasing modestly and in 2007 was 1.186 million.<sup>20</sup> However, the age structure of the population of Manitoba is changing. There has been a decline of individuals in the 35 to 44 age group and a corresponding increase in the 45 to 64 age group. This change impacts the patient population as a whole as well as workforce demographics.<sup>21</sup> Despite this demographic trend, the redeveloped Geriatric Program will reduce bed capacity from 115 to 75. The following factors were considered in making that decision:

- ✓ The former Extended Treatment & Rehabilitation Program instituted an age criteria of 65 in 2005 to focus exclusively on geriatric mental health care. This allowed the program to reduce in size and move younger patients to the Rehabilitation Program.
- ✓ The Geriatric Program shifted to a rehabilitation focus with the primary goal of timely return of individuals to their home community, or to the community of their choice, once their need for specialized treatment has been met and the community is again able to meet the needs of the individual. Thus, by creating “flow-through”, the program reduced the number of beds required to serve this patient population.
- ✓ Many regions in the province have specialized community-based geriatric mental health services. Over the last few years there has been a decline in admissions to general hospitals for geriatric mental health.<sup>22</sup>

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<sup>20</sup> Statistics Canada, Population by Year by Province and Territory <http://www40.statcan.ca/l01/cst01/demo02a.htm>

<sup>21</sup> Manitoba's Health Human Resource Plan – A Report on Supply. April 2006.

<sup>22</sup> Based on data from the Manitoba Hospital Abstracting System from 1999-2006.

## **Aboriginal Population**

*The growth rate of the Aboriginal population is higher and its average age is lower than the general population.*

Nationally, the Aboriginal population has grown faster than the non-Aboriginal population. Between 1996 and 2006, it increased 45%, which is nearly six times faster than the 8% rate of growth for the non-Aboriginal population over the same period.<sup>23</sup>

Among regions across the country with a high percentage of Aboriginal people in the population, the fastest increase was observed in Manitoba (36%). The Aboriginal population in Saskatchewan increased 28% and by 23% in Yukon Territory.<sup>24</sup>

At 12.7%, Manitoba has a relatively large aboriginal population, with only Saskatchewan (13.1%) and the territories (Yukon Territory: 21.1%, Northwest Territories: 43.6%, and Nunavut: 75.7%) reporting higher percentages of Aboriginal citizens.<sup>25</sup>

Over the past five years, the number of patients with Aboriginal treaty status admitted to SMHC has increased and the number of days-of-care for patients with treaty status has increased. In 2007, 22% of admissions were people who identified themselves as having treaty status. (Other Aboriginal groups such as Métis, Inuit, and non-status were not captured in the data).

In 2007, approximately 30% of admissions to the former Short-Term Treatment and Rehabilitation Program at the Centre were from Nunavut. (Not all admissions from Nunavut are of Aboriginal descent.)

SMHC continues to develop its services to address the unique spiritual and cultural needs of aboriginal patients.

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<sup>23</sup> Statistics Canada <http://www.statcan.ca/Daily/English/080115/d080115a.htm>

<sup>24</sup> Statistics Canada <http://www12.statcan.ca/english/census06/analysis/aboriginal/surpass.cfm#01>

<sup>25</sup> Canadian Statistics. Retrieved February 27, 2006 from the Government of Canada, Statistics Canada website: <http://www40.statcan.ca/l01/cst01/index.htm>

# Vision, Mission, and Values

*The vision of an organization describes a future identity and the mission describes how it will be achieved. A mission statement may define the purpose or broader goal for being in existence. It serves as an ongoing guide without a time frame. Organizations should revisit their vision, mission, and core values every few years to ensure their continued relevance.*

An organization's vision statement is typically a relatively short statement that describes an ideal but realistic or credible future for the organization. It asks, "What do we want the organization to be?"

A mission statement often defines the purpose or broader goal for being in existence. It answers the question, "Why do we exist?" To make the mission statement effective, it needs to be aligned with the prevailing culture of its stakeholders, organization, and community.

The mission and values go hand-in-hand in any organization. A lofty mission statement inspires the organization to practice values that match these high expectations. A statement of values provides guiding principles when ethical issues arise. Values respond to: "How do we want to act?"<sup>26</sup>

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<sup>26</sup> Lewis, J., Packard, T., & Lewis, M. (2007). Management of human service programs (4<sup>th</sup> ed.). Belmont, CA: Thomson Brooks/Cole. p. 43.

## Vision

*The former vision for the Centre, “Selkirk Mental Health Centre, working with patients, families and communities, will assure recovery for all patients”, was discussed at the strategic visioning session. There was general consensus that the vision required updating to reflect more engagement with community partners and more rehabilitative focus with individuals who come to the Centre. A desire for excellence was also noted.*

Some of the comments with respect to vision were as follows:

*A Centre of Excellence – the “go-through place” chosen with confidence by patients and their families.*

- ✓ The “go to place” for staff members who walk with and learn from the patients in a patient-driven environment. Staff is skilled, hopeful, and empowered.
- ✓ National resource known for leading practices, education, research and training.
- ✓ Recognized and valued in the community and supported by multiple stakeholders.
- ✓ Working more extensively in the community with community resources.
- ✓ Smaller, focused and successful in terms of client outcomes.
- ✓ Striving to create the most normal environment possible for each patient.
- ✓ Practices are supported with modern facilities and technology.

The vision of SMHC, together with partners in the mental health community, is focused on the attainment of the following client outcomes:

- ✓ Meaningful life roles and accomplishments in life domains (relationships, housing, meaningful/purposeful activity, citizenship).
- ✓ Relevant supports in place.
- ✓ Psychological well-being.
- ✓ Stay not longer than necessary (environment as normal as possible, with only those interventions or supports in place that are required).
- ✓ Patient and family satisfaction.
- ✓ Comprehensive plans and community supports.
- ✓ Community that is welcoming, supportive, and free of stigma.

Organization	Vision Statement
<i>Manitoba Health &amp; Healthy Living</i>	<i>Healthy Manitobans through an appropriate balance of prevention and care</i>
<i>Selkirk Mental Health Centre</i>	<i>Achieving recovery through partnerships with patients, families and communities</i>

## Mission

*The former mission statement for SMHC was:*

Selkirk Mental Health Centre delivers quality, compassionate, cost effective and respectful inpatient mental health services in a patient-centered approach that promotes patient recovery through clinical excellence, cultural competence, community partnerships and family involvement to people whose challenging treatment and rehabilitation needs cannot be met by other services.

*The strategic visioning session did not lead to suggested changes to the mission.*

In contrast, a consultation report by Dr. Marianne Farkas of the Centre for Psychiatric Rehabilitation (Boston University) noted that the mission statement was vague and did not focus on specific outcomes that identify results for accountability. She also noted that the overall mission did not drive the mission of the various program areas such as the Rehabilitation Program. In her article on *Implementing Recovery-Oriented Programs* she recommends the following mission statement: *“To help people improve their functioning so that they can be successful and satisfied in the environment of their choice”*<sup>27</sup>.

Organization	Mission Statement
<b>Manitoba Health and Healthy Living</b>	<i>To lead a publicly-administered sustainable health system that meets the needs of Manitobans and promotes their health and well-being.</i>
<b>Selkirk Mental Health Centre</b>	<i>To pursue excellence in the provision of specialized inpatient mental health and brain injury treatment and rehabilitation.</i>

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<sup>27</sup> Farkas, M., Gagne, C., Anthony, W., Chamberlin, J. (2005). Implementing recovery oriented evidence based programs: Identifying the critical dimensions. Community Mental Health Journal, 41 (2).

## Values

*While the former values of the Centre were **care, hope** and **empowerment**, the strategic visioning exercise recommended **hope, respect**, and **excellence** as the new core values. The shift in values represents a desire to move toward an active rehabilitative approach with patients as partners in their own recovery. It also represents a continuing shift in organizational culture toward cultivating a respectful workplace that is inspired by the concepts contained within learning organizations.*

The following points were noted during the strategic visioning exercise:

### **Hope**

- ✓ We inspire, encourage and provide incentive that supports the capacity for self-determination, growth and recovery.
- ✓ We address and respect the patient and his/her need for individual plans and supports. A range of options is provided to facilitate choice.
- ✓ We focus and build on strengths.

### **Respect**

- ✓ We create a welcoming and inclusive environment for all by valuing differences in skills, opinions, cultures, spiritual beliefs and life styles.
- ✓ We facilitate progress at a pace that is challenging but not overwhelming and provide a range of choices by which to move forward.
- ✓ We use a person-centred approach that meets people where they are.
- ✓ We protect confidentiality and provide privacy for patients. We recognize strengths and help others to recognize them in themselves. We honour patients with dignity and courtesy.
- ✓ We are empathic, non-judgmental and compassionate.

### **Excellence**

- ✓ We use principles of continuous quality improvement.
- ✓ We support best practices in research and innovation.
- ✓ We offer continuous learning and support for the development of learning environments and the pursuit of quality.
- ✓ We measure and balance outcomes that consider patient, staff and stakeholder satisfaction, as well as organizational performance outcomes.
- ✓ We focus on the patient with accountability to family, stakeholders, Manitoba Health & Healthy Living, and the public at large.

# Core Directions

*Through detailed analysis and comprehensive discussions about SMHC's vision for the future, the Centre's three core directions have been developed. These directions will drive strategic activity, steering toward both long-term and short-term visions of the future.*

## **1 Recovery-Oriented Practice**

## **2 Psychosocial Rehabilitation**

## **3 Organizational Culture**

# 1 Recovery-Oriented Practice

*Recovery forms the basis upon which rehabilitation services can be developed.*

The philosophy for mental health services is changing, with increasing emphasis on helping individuals to achieve meaningful outcomes with respect to employment, relationships, housing and education in the least-restrictive environment possible. Personal empowerment and self-determination are key principles of this approach. It marks a substantial shift in philosophy from more traditional models of service provision and represents a change in beliefs, services, practices, anticipated outcomes and power relationships.

Research confirms that even people seriously affected by mental illness can and do recover to live productive lives in their community; however, recovery does not necessarily mean a cure or a return to a pre-illness state. Rather, recovery is the journey toward a new and valued sense of identity, role and purpose outside the parameters of mental illness, and living well despite limitations resulting from the illness, its treatment, and personal and environmental conditions.

There is no specific formula for recovery; nonetheless, the common elements of each individual's experience provide some consistent themes:

- ✓ Hope
- ✓ Meaning, purpose and direction
- ✓ Equality and respect
- ✓ Empowerment
- ✓ Social inclusion and connectedness<sup>28</sup>

# 2 Psychosocial Rehabilitation

*The aim of rehabilitation is the restoration of function and minimization of psychiatric disability through developing strengths, restoring hope, modifying the environment, enhancing vocational potential, and maximizing social and recreational networks.<sup>29</sup>*

*Psychosocial rehabilitation involves targeted interventions which aid individuals to acquire and to apply skills, supports, and resources required to live a fulfilled life in their chosen community.*

The following are two key assumptions that underlie psychosocial rehabilitation:

- ✓ People are motivated by a need for mastery and competence, allowing them to feel more independent and self-confident.
- ✓ New behaviour can be learned and people are capable of adapting their behaviour to meet their basic needs.<sup>30</sup>

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<sup>28</sup> Sharing Responsibility for Recovery: Creating and Sustaining Recovery Oriented System of Care for Mental Health: (2005). Queensland Health, Government of Australia

<sup>29</sup> Ibid

<sup>30</sup> Cnaan, R., Blankertz, L, Messinger, KW, Gardner, J. (1988). Psychosocial rehabilitation: toward a definition. Psychosocial Rehabilitation Journal 11(4): 59-77.

## **Rehabilitation Services are Guided by Recovery Principles**

Recovery forms the basis upon which rehabilitation services can be developed. It provides a framework that ensures that hope, respect and pathways to community participation are incorporated into the day-to-day activities of rehabilitation programs; however, rehabilitation programs should not be considered the only pathway to recovery. Instead, they are one component of a comprehensive service system that collectively works towards the goal of recovery.<sup>31</sup> Other parts of the system include family and friends, consumer groups and organizations, and related community services and groups.

## **Four Life Domains of Psychosocial Rehabilitation**

Psychosocial Rehabilitation focuses on enhancing functional ability and attempts to look at all areas of a person's life, including strengths, resources and barriers. This approach seeks to improve four main life domains:

- ✓ Practical skills of personal self-care
- ✓ Home management
- ✓ Relationships and use of community resources
- ✓ Leisure, education and employment<sup>32</sup>

# **3 Organizational Culture**

*Issues related to the culture of the organization emerged in discussions during the strategic visioning process. Workplace wellness, work-life balance, and support for staff learning have been identified by staff as priorities. Many of these concepts are inter-related.*

The Centre currently engages in many practices that support wellness and enhance the culture of the organization. The Centre's commitment to continuous improvement provides a basis for ongoing focus and enhancement in these areas.

## **Organizational Culture Defined**

Organizational culture is the way people function together to achieve their desired outcomes. It involves more than a sum of the attitudes, skills and styles of employees and managers as individuals: it involves a collective "mindset" and the organizational patterns of behaviour that support that mindset. Organizational culture is the backbone of an organization. The patterns of behaviour form the "hows" of the culture, as represented by some of the following processes:

- ✓ How information is shared between levels and work groups to ensure effective operations.
- ✓ How coordination of activities is handled between work groups.
- ✓ How conflict is addressed.
- ✓ How decisions are made that impact various individuals and work groups.
- ✓ How non-performance is handled within a team and by management.
- ✓ How people are developed according to the intention and future needs of the organization.
- ✓ How people's skills are recognized on a daily basis.
- ✓ How problems surface and are quickly resolved.<sup>33</sup>

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<sup>31</sup> Sharing Responsibility for Recovery: Creating and Sustaining Recovery Oriented System of Care for Mental Health: (2005). Queensland Health, Government of Australia.

<sup>32</sup> Jacobson, N., and Curtis, L. (2000) Recovery as a policy in mental health services: Strategies emerging from the States. *Psychiatric Rehabilitation Journal*, 23(4).

<sup>33</sup> Samuel, M. (2001). *The accountability revolution: Achieve breakthrough results in half the time*. Facts on Demand Press. AZ.

## ***Learning Organization Defined***

*The ability for an organization to “learn” and to adapt to the changing world around it is an important concept in today’s workplace.*

Learning organizations are a place where people continually expand their capacity to create the results they truly desire, where new and extensive patterns of thinking are nurtured, where collective aspiration is set free and where people are continually learning how to learn together.<sup>34</sup>

How an organization functions and the characteristics that are required to be innovative, responsive to changing patient needs, and capable of forming collaborative relationships with other service providers are key.

Organizational learning places value on evaluating practices as a means of learning how to continually improve service and as a means of examining the outcomes they produce. There are benefits to both the employees in terms of improved job satisfaction, and to patients and families in terms of improved outcomes when concepts of organizational learning are embraced.

## ***Organizational Wellness Defined***

*Many organizations are taking a proactive approach to promoting wellness in the workplace.*

Organizations achieve wellness when they are able to adapt to the changing needs of their patients and stakeholders and can provide a satisfying and stimulating work environment for their employees. A reciprocal relationship exists between the overall well-being of an organization and the well-being of its employees.

The ability to participate in decision-making that has an impact on the organization is linked to staff retention and job satisfaction. These factors, in turn, contribute to employee and organizational wellness.

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<sup>34</sup> Stinson, L., Pearson, D., Lucas, B. (2006). Developing a learning culture: Twelve tips for individuals, teams and organizations. Medical Teacher, 28 (4). Pp. 309-312.

# STRATEGIC THEMES

*Strategic visioning created an opportunity to look outside the organization at broader trends to ensure that the Centre is progressive and evolving. In addition to the strategic visioning process, other factors such as SMHC Redevelopment, CCHSA accreditation, risk management in patient and staff safety and security, and changing needs of staff were influences on the strategic directions for SMHC.*

*Just like other areas of health care, mental health treatment and rehabilitation has evolved dramatically. SMHC is influenced by the changes that take place in the field and, wherever possible, incorporates best practice trends into its programming. It does this through continuous improvement activities, staff training, and liaison with other mental health facilities, providers, and professionals.*

Embracing its new core values of Hope, Respect and Excellence, SMHC is devoted to five strategic themes relating to:

- 1 Recovery-Oriented Programs and Services**
- 2 Physical Environment**
- 3 Safety and Security**
- 4 Information and Communication Technology**
- 5 Organizational Culture**

# 1 Recovery-Oriented Programs and Services

## Strategic Initiative

SMHC will encourage and facilitate recovery and wellness throughout every aspect of treatment and rehabilitation.

## Strategic Action

SMHC will review, modify, and create programs to be consistent with recovery-orientation. To achieve this goal, SMHC will:

- ✓ Utilize recovery assessments, plans, and activities for patients.
- ✓ Increase the amount and quality of its partnerships with families.
- ✓ Increase its collaboration with community partners.

## Outcomes and Measurement

In psychiatric and acquired brain injury rehabilitation, there are some processes that, if followed correctly, will lead to improved patient outcomes. As a result, the success of actions associated with this initiative includes objectives related both to *processes* and to *outcomes*. In its pursuit of patient recovery and wellness, SMHC will achieve the following outcomes:

### ***Evidence of recovery assessments, plans, and activities for patients***

- ✓ Increase the number of staff trained in PSR principles.
- ✓ Audit patient charts for evidence of recovery-related planning measures.

### ***Decreased rate of readmissions and shorter lengths-of-stay***

- ✓ Examine service statistics for administrative evidence.

### ***Improved hope for patients***

- ✓ Conduct and respond to annual Patient Satisfaction Survey.

### ***Increased partnerships with families***

- ✓ Conduct and respond to bi-annual Family Satisfaction Survey.
- ✓ Increase use of TeleHealth, including televisitation.
- ✓ Increase family involvement in the planning and evaluation of SMHC services.

### ***Increased collaboration with community partners***

- ✓ Evidence of service agreements between referral sources and SMHC.
- ✓ Increase involvement of staff in external committees, planning groups, etc.
- ✓ Increase involvement of community partners in admission and discharge planning of patients as well as involvement at the program planning and evaluation level.

## 2 Physical Environment

### Strategic Initiative

SMHC will offer a physical environment that supports recovery by providing rehabilitation facilities and privacy.

### Strategic Action

SMHC will improve the living space for many of its patients. To achieve this initiative, SMHC will:

- ✓ Replace the Extended Treatment Unit.
- ✓ Create specialized program space for patients with an Acquired Brain Injury.
- ✓ Continue improving the physical environment in existing patient care areas.

### Outcomes and Measurement

SMHC uses *process* indicators to define the progressive staging of building renovation and construction, knowing that improving existing ward areas and developing a well-researched new building and community residence will improve recovery in a comfortable and respectful physical environment. *Outcome* indicators define how these changes will impact our patients, families, and staff.

Benefits from this increased focus on the physical infrastructure include:

#### ***Enhanced physical space for patient recovery and family visitation***

- ✓ Transition to new building and community residence and decommission the Extended Treatment Unit as a patient care area.
- ✓ Track pre- and post-transition behavioural occurrences related to aggression.
- ✓ Pursue options for providing increased privacy and enhanced living space for patients in the Acute and Rehabilitation programs.
- ✓ Track family visitation and involvement.
- ✓ Address CCHSA repeat key recommendation related to physical infrastructure.

#### ***Improved patient and family satisfaction with physical surroundings***

- ✓ Conduct an annual Patient Satisfaction Survey which includes the statement, "The surroundings and atmosphere at the hospital helped me get better".
- ✓ Conduct a bi-annual Family Satisfaction Survey.

#### ***Enhanced physical space for staff to carry out its duties.***

- ✓ Identify and address physical environment issues that may contribute to staff injury.
- ✓ Ensure that the physical environment meets program needs.
- ✓ Conduct a bi-annual Staff Satisfaction Survey.

## 3 Safety and Security

### Strategic Initiative

SMHC will reduce the chance or possibility of danger, loss, or injury for patients, staff, visitors, and the organization itself.

### Strategic Action

Safety, security, and continuity will be assured at SMHC. The Centre will:

- ✓ Implement a proactive risk management plan related to safety and security.
- ✓ Initiate a proposal to improve the pharmacy's medication distribution system.
- ✓ Implement business continuity planning processes.

### Outcomes and Measurement

These outcomes demonstrate a response to or compliance with Provincial legislation, inquest and accreditation recommendations, and risk management trends such as pandemic planning. Internal scans and reviews also offer evidence of areas that might require further study. Success is demonstrated through:

#### *An increase in safety*

- ✓ Ensure compliance with Province-wide inquest recommendations that relate to patient and staff safety.
- ✓ Ensure compliance with Required Organizational Practices (ROPs) as defined by the Canadian Council on Health Services Accreditation (CCHSA).
- ✓ Conform to Provincial legislation relating to the reporting and investigating of critical incidents and complete follow-up, as required.
- ✓ Ensure staff safety and reduce staff injuries that result from patient aggression by ensuring staff is trained in measures such as Non-Violent Crisis Intervention®.
- ✓ Reduce errors by proposing an improved medication distribution system.
- ✓ Reduce staff injuries through compliance with Improvement Orders and Requirements defined by the Department of Labour and Immigration, i.e. ergonomics, job safety analysis.

#### *Improvements to organizational security*

- ✓ Define security needs and follow-up with recommendations.
- ✓ Address security-related needs by proposing increased video surveillance.

#### *A reduced level of unmanaged risk across the organization*

- ✓ Implement an enterprise risk management software program that identifies and tracks areas of concern.
- ✓ Identify and respond to trends identified within occurrence reporting process.

#### *Ensured "survivability" following a disaster*

- ✓ Reduce vulnerabilities defined within Business Continuity Planning processes.
- ✓ Prepare and test disaster response system and implement recommendations.

## 4 Information and Communication Technology

### Strategic Initiative

SMHC will have up-to-date information communication technology (ICT) systems that support and enhance the work of staff, ultimately improving patient outcomes.

### Strategic Action

To achieve this initiative, SMHC will:

- ✓ Acquire computer hardware, select computer software, modify processes, and train and support staff in utilization of the software.
- ✓ Implement an ICT system that supports software applications such as Admission/Discharge/Transfer (ADT), clinical applications, materials management, and scheduling software.

### Outcomes and Measurement

By implementing a comprehensive ICT system, SMHC will demonstrate:

#### ***Improvements to patient treatment and rehabilitation outcomes***

- ✓ Use IT systems such as ADT and clinical applications routinely to measure progress and to track outcomes on an individual and program basis.
- ✓ Use IT systems regularly for clinical assessment tools which assist in diagnosing and treating patients.
- ✓ Reduce medication errors through implementation of medication reconciliation.
- ✓ Ensure patients acquire new computer skills, increase communication with family members and significant others, and research medications, illnesses, and similar topics through on-line computer access.

#### ***Improvements to information sharing and communication***

- ✓ Increase staff participation in accreditation activities through the availability of on-line access to CCHSA Portal for all staff.
- ✓ Develop a local, secure managed environment for patient and staff information-sharing.

#### ***An increase in evidence-based program and policy development***

- ✓ Ensure that quality improvement efforts are enhanced through routinely gathering and reporting program outcomes. Use results to examine program practices and make modifications where indicated.

#### ***Improve exchange of information with internal and external stakeholders***

- ✓ Enhance the SMHC website.
- ✓ Increase use of email as a means of relating to key stakeholders, family and community partners.
- ✓ Increase transparency and timely information sharing as a result of being able to send and receive information instantaneously.

## 5 Organizational Culture and Health Workforce

### Strategic Initiative

SMHC will focus on strategies to develop and to maintain a learning culture.

### Strategic Action

SMHC will achieve organizational wellness by demonstrating the ability to adapt to the changing needs of patients and stakeholders and by providing a satisfying, and stimulating work environment for its employees. To ensure success, SMHC will:

- ✓ Improve staff recruitment and retention.
- ✓ Improve staff development and satisfaction.

### Outcomes and Measurement

Everyone benefits in a learning culture. SMHC expects the following outcomes:

#### ***Improved staff recruitment and retention***

- ✓ Fill vacant positions as quickly as possible.
- ✓ Maintain a leadership pool.
- ✓ Increase enrolment in leadership training and mentorship program.
- ✓ Increase number of “Acting Status” opportunities for staff.
- ✓ Increase number of students enrolling in SMHC-based practice and accepting available employment.
- ✓ Review and update position descriptions annually and include job safety information.
- ✓ Conduct annual performance appraisals.
- ✓ Develop individual training plans that are based on employee and organizational need.
- ✓ Create and maintain Standard Operating Procedures manual for positions, where required.

#### ***Improved staff development and satisfaction***

- ✓ Conduct and respond to staff satisfaction surveys.
- ✓ Ensure compliance with recommendations that follow from the CCHSA Worklife Pulse Survey Tool.
- ✓ Ensure that all employees contribute to maintaining a respectful workplace.
- ✓ Recognize and reward success in staff attendance, education, and training.
- ✓ Protect learning time by ensuring staff that has applied for education or training is able to attend.
- ✓ Address unmet needs by conducting and responding to exit interviews.

# A FINAL NOTE FROM THE CEO

*"I am grateful for the exemplary level of commitment and dedication demonstrated by staff, management, and community partners toward a shared future. I wish to extend my appreciation as we continue on our journey together, creating improved services and environments for patients and families of Selkirk Mental Health Centre."*

A handwritten signature in black ink, appearing to read "Kent Johnson". The signature is fluid and cursive, with the first name "Kent" being more prominent than the last name "Johnson".

# MANAGEMENT TEAM

Mr. Ken Natrass  
*Chief Executive Officer*

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*Medical Director*

Mrs. Donna Mostowy  
*Director of Programs*

Mrs. Wanda Smith-Windsor  
*Manager of Support Services*

Mr. Ralph Smith  
*Manager of Human Resources*

Ms. Danah Bellehumeur  
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Ms. Tracy Jakobson  
*Manager of Information Services*

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