



Rising to the Challenge

A strategic plan for the mental
health and well-being of Manitobans.

Manitoba 

COVER AND INSIDE ART

The cover and inside art were generously provided by the artists of Artbeat Studio, which is a mental health consumer initiated, peer directed, and recovery oriented program that provides opportunity to engage in creative expression for the purpose of promoting recovery and empowerment through art activity. This community-based studio accommodates artists whose mental health, social connection, and income make it impracticable for them, individually, to acquire a workspace where they might advance their artistic technique safely and securely. The artists are supported and mentored in managing their own work-place, production, and marketing within the operating parameters of the studio.

Artbeat Studio's website may be accessed at www.artbeatstudio.ca

Cover art

Title: *Just Peachy*

Artist: *Kathleen V. Crosby*

PREAMBLE

The intent of this strategic plan is to provide high-level direction to planning in the area of mental health and well-being in Manitoba over the next five years.

The strategic plan is the result of consultation and discussion with a cross-section of groups, including individuals with lived experience of mental health problems and illnesses, families and natural supports, mental health clinicians, policy makers, other government departments and community partners. The intent during development of the plan was to make it reflective of the shared knowledge, experience and hopes of Manitobans.

All those who participated in the development of this strategic plan are acknowledged in gratitude, as is the Mental Health Commission of Canada for its leadership and its guidance throughout the development of this plan.

The success of the plan lies in understanding that we can have, and need to have, an impact on our own mental health and well-being; in knowing that people with mental health problems and illnesses can and do recover; in accepting and including people with lived experience in all aspects of life; in engaging family members and other natural supports in the path to recovery; in doing the things that have proven to have positive outcomes; and in having a culturally relevant system of services. Finally, the success of the plan lies in having a shared commitment to mental health and well-being and in embracing the knowledge that “mental health is everyone’s business”.

Through the implementation of this strategic plan over the next five years, we all have a continued opportunity to pool our knowledge, experience and resources to work together to help Manitobans flourish.



Title: *Flowers*
Artist: *Julien Desrosiers*

TABLE OF CONTENTS

PREAMBLE	1
INTRODUCTION.....	3
BACKGROUND	4
WHY A MENTAL HEALTH STRATEGIC PLAN IN MANITOBA?	4
The effects are significant.....	4
The costs are mounting	5
Momentum is building	5
The time is now	6
MANITOBA'S MENTAL HEALTH STRATEGIC PLAN	7
Vision Statement.....	7
Mission Statement.....	7
KEY Pillars.....	8
MENTAL HEALTH PROMOTION – Creating flourishing environments	8
RECOVERY – Having hope, finding meaning, and feeling empowered	8
INCLUSION – Actively participating in community life	9
SHARED RESPONSIBILITY – Everyone has a role to play	10
LEADING AND PROMISING PRACTICES – Evidence and innovation.....	10
CULTURAL SAFETY – Reducing power imbalances.....	10
GOALS, OBJECTIVES AND STRATEGIC ACTIONS	12
Mental Health and Well-being.....	12
Access to Services	13
Innovation and Research	15
Social Inclusion.....	16
Family Participation.....	17
Workforce Development.....	18
BUILDING ON PAST CONTRIBUTIONS.....	19
Related government strategies	20
HOW WILL ACCOMPLISHMENTS BE MEASURED?	21
RIISING TO THE CHALLENGE.....	21
END NOTES	22
APPENDIX A	25
APPENDIX B	27

INTRODUCTION

The world is becoming smaller and moving at a faster pace. Never before have people been so quickly and easily connected to each other, no matter the distance. As a result, people's lives are often filled with immediate needs, changes and challenges. No one is immune to stress and its effects; even a positive change brings its share of adjustment. There are many things that determine how we respond to stress and joy, and how we can experience positive mental health and well-being in our lives.

It is time to rise to the challenge of tending to our mental health and well-being. In the midst of daily living, there are times when it is difficult to give proper attention to our mental health and well-being. It is sometimes hard to carve a place of peace where we can reflect on priorities, pain and needs as well as pause to recognize our joys, accomplishments and successes. It is everyone's responsibility to nurture our own mental health and well-being and the mental health and well-being of those around us.

We must also strengthen the ways in which people with mental health problems and illnesses and their families are supported in their journey to recovery. People of all ages and all cultures need to know where to go for help and how to access supports and services when and where they need them. They need to know that the uniqueness of their needs and experiences will be understood and respected. And they need to know that there is hope of recovery within themselves and all around them.

We must ensure a meaningful role for those who have lived experience of mental health problems and illnesses in their own recovery planning, in their communities, and in the broader arena of policy development, program planning and research. Having a mental health problem or illness and moving towards recovery results in a hard-earned expertise that no one chooses.

We must fully recognize the expertise of the family of those who experience mental health problems and illnesses. Family includes anyone who provides help and support in the recovery process and the renewal of well-being; they are family members, friends, co-workers, neighbours, and faith or spiritual community members. These supporters encourage the recovery of people with mental health problems or illnesses and are aware of their needs and challenges, as well as their own needs as helpers.

This 6-point strategic plan is aimed at improving the mental health of Manitobans by addressing:

- mental health and well being;
- access to services;
- innovation and research;
- social inclusion;
- family participation; and
- workforce development.

To achieve these goals will take both a willingness and a desire on everyone's part, including governments, regional health authorities, mental health facilities, service organizations, schools and workplaces, private and public sectors, individuals, family members and communities. There is a necessary role for everyone in this five-year mental health strategic plan and its success will depend on a collective partnership and collaborative actions.

It is the time for everyone to rise to the challenge of introducing new, more, and better ways of enhancing mental health and well-being, and time for collaboration to achieve resilience and recovery for all Manitobans.

Note: A glossary of words and terms used in this report is in Appendix A.

BACKGROUND

WHY A MENTAL HEALTH STRATEGIC PLAN IN MANITOBA?

The effects are significant

The significant benefits of positive mental health and well-being are well documented. Mentally healthy adults report

“the fewest missed days of work, the healthiest psychosocial functioning (ex: low helplessness, clear goals in life, high resilience, and high intimacy), the lowest risk of cardiovascular disease, the lowest number of chronic physical diseases with age, the fewest health limitations of activities of daily living, and lower health care utilization.”¹

Taking a whole population approach to mental health promotion and targeting people who show early signs of mental illness or with high risk factors for developing an illness has been determined to be effective in preventing mental, emotional and behavioural disorders.²

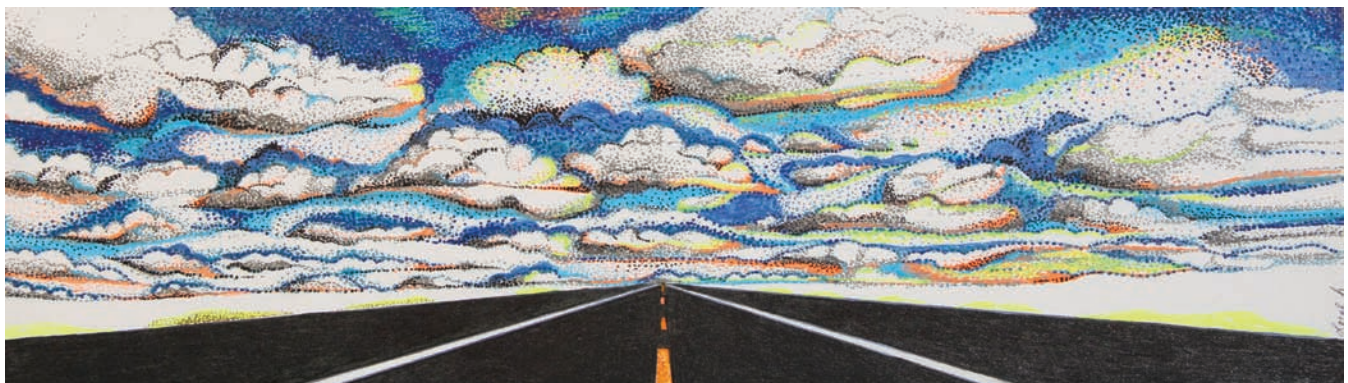
Mental health problems and illnesses affect people of all ages and from all walks of life, and touch the life of every Manitoban, in one way or another, given that one in four Manitobans experienced at least one mental illness diagnosis in a five-year period from 2001 to 2006.³ Approximately one in four Manitobans had one or more of five mental illnesses - depression, anxiety, substance abuse, schizophrenia or personality disorder.⁴ Estimates suggest that at least 70 per cent

of mental health problems and illnesses have their onset in childhood or adolescence. In Manitoba, the overall prevalence of social and emotional problems in children at age five is at least 20 per cent.⁵ Research also indicates that between 20 to 25 per cent of seniors experience mental health problems and illnesses.

Manitoba's Aboriginal population represents approximately 14 per cent of Manitoba's total population and 25 per cent of Manitoba's youth. Evidence suggests that Aboriginal people consistently experience significantly higher rates of mental illness and addiction as compared to the general population. As well, they experience higher rates of suicidal behaviour than the general population.⁶

For example, in a ten-year period starting in 1998, First Nations youth in Manitoba attempted suicide over six times more often than non-First Nations youth.⁷ Suicide deaths are almost three times more prevalent among on-reserve First Nations adults than all non-First Nations adults.⁸ Suicide attempts in Metis people (age 10 and up) are also higher compared to all other Manitobans.⁹ These facts speak to the great need for healing and recovery from past traumas, and the need to address determinants of health.

Manitoba continues to be a popular destination for new immigrants. In 2006, visible minorities made up almost 10 per cent of Manitoba's population. There is some evidence that immigrants, particularly refugees,



Title: *The Open Road*

Artist: *Loral Hildebrand*

are especially vulnerable to significant mental health problems and illness, likely as a result of past traumatic experiences and current determinants of health.^{10, 11, 12}

The costs are mounting

The social, emotional and economic costs of mental health problems and mental illness are staggering. The World Health Organization predicts an upward trend in diagnosis of depression.¹³ By the year 2020, depression is projected to reach second place in the ranking of the global burden of disease calculated for all ages, both sexes.

In 2003, the incremental cost of mental illness in Canada was an estimated \$51 billion, with close to 30 per cent of the cost related to undiagnosed mental health problems and related illnesses.¹⁴ In Manitoba, in 2007/08, expenditures were more than \$400 million for services that addressed mental health (including hospital and community-based services, income assistance, federal disability).¹⁵ This figure does not include the economic costs to other systems such as the justice system, schools, workplaces, families, private insurance companies and other social service systems that support people with mental health problems and illnesses. Nor does it put a price on the emotional suffering and quality of life lost for people experiencing mental health problems and illnesses, their families and other supports, and their communities.

Momentum is building

Recently, a broad movement of interest in mental health and well being has been growing nationally and internationally. This interest and momentum spans across federal and provincial governments, communities and individuals, and private and public sectors.

The World Health Organization (WHO) describes mental health as a “state of well-being in which the

individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community.” The importance of mental health is also highlighted in the WHO’s definition of health contained in its constitution: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”¹⁶

At an international level, a number of countries are developing multi-year mental health strategies. A recent paper, *International Pathways to Mental Health System Transformation: Strategies and Challenges*¹⁷, reviews and compares the mental health service systems of seven countries: Australia, Canada, England, Italy, New Zealand, Scotland and the United States. It noted a consensus on six international priorities:

- making mental health a public priority, promoting mental well-being and reducing the stigma and discrimination associated with mental illness
- improving access and enhancing the range of available services
- assuring an adequate, competent and skilled mental health workforce
- making consumer involvement, and response to individual needs, recovery and wellness the focus of mental health care
- integrating and linking mental health care with general health care and other sectors and services
- promoting evidence-based, measurable, accountable mental health care

The United Nations General Assembly adopted the *Convention on the Rights of Persons with Disabilities (CRPD)* in December 2006.¹⁸ Canada ratified the convention in March 2010 with support from the Manitoba government. The CRPD protects the rights and dignity of persons with disabilities by guaranteeing, among other things, that people with disabilities have the same basic human rights as other people.

At a national level, the Mental Health Commission of Canada released *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada* in November 2009.¹⁹ The Commission is in the process now of developing a national mental health strategy.

The Commission is also leading many other initiatives, including:

- development of a 10-year anti-stigma and anti-discrimination initiative
- development of a knowledge exchange centre – a web resource to access evidence based information on mental health and mental illness
- several research demonstration projects across Canada – including one in Manitoba – on mental health and homelessness, looking at a housing-first model of intervention

In addition, the Declaration on Prevention and Promotion from Canada's Ministers of Health and Health Promotion/Healthy Living titled *Creating a Healthier Canada: Making Prevention a Priority (2010)* recognizes that "positive mental health and mental fitness are a foundation for optimal overall health and well-being, throughout the lifespan."²⁰ This intentional recognition of the importance of positive mental health and well-being sets the stage for prioritizing activities that positively affect the population as a whole.

Provincially, through consultations with those affected by mental health problems and illnesses in Manitoba, either through experience or through service provision roles, the desire to participate in solutions that move Manitobans toward improved mental health and well-being has been heard loud and clear.

The time is now

To continue to move forward in a way that is effective and sustainable, Manitoba Health, its stakeholders and partners have created this five-year provincial mental health strategic plan that is consistent with current national and international trends in mental health. The strategic plan builds on Manitoba's mental health reform in the late 1980s and the 1990s along with the period of mental health renewal in the early 2000s.

Participants in the province-wide consultation that informed the strategic plan included adults and young people living with mental health problems and illnesses, family members, regional health authorities, organizations and cross-departmental representatives. The information received through these consultations as well as through research was combined with Manitoba Health's organizational goals to develop this strategic plan.

This strategic plan calls upon all Manitobans in whatever role they are in to contribute to the actions that will make change possible. The need and the current international and national momentum make Manitoba poised for a plan that builds on past successes and moves the province into the future.

Manitoba's provincial mental health strategic plan will guide that future and lead to a changed culture, a changed approach, and improved outcomes for Manitobans.

MANITOBA'S MENTAL HEALTH STRATEGIC PLAN

VISION STATEMENT

All Manitobans experience their optimal level of mental health and well-being.

MISSION STATEMENT

To develop, implement and maintain an integrated and co-ordinated model of mental health promotion, prevention, support and treatment for Manitobans, in partnership and collaboration with people with lived experience of mental health problems and illnesses, family members and natural supports, service providers and other partners.



Title: *Escape*

Artist: *Kathleen V. Crosby*

KEY PILLARS

The strength of this strategic plan has its foundation in the following six key pillars. Implementation of the goals, objectives and strategic actions of the plan is accountable to each of these pillars. In essence, these are the lenses through which each action in the strategic plan needs to be viewed in order for it to be progressive, meaningful and consistent with the directions of the plan.

MENTAL HEALTH PROMOTION

Creating flourishing environments

Mental health is more than the absence of mental illness. When people are mentally healthy, they experience satisfaction and purpose in life, productivity, personal growth, physical health and positive personal, family and community relationships. Mental health promotion involves collaborative efforts that focus on creating environments that promote and sustain these features of positive mental health and well-being. Healthy environments promote mental health and well-being by enhancing protective factors and decreasing risk factors. Manitoba's whole-population approach to mental health promotion supports capacity-building and resilience and includes targeted prevention activities for at-risk groups.

Research in mental health demonstrates that factors contributing to positive mental health and well-being - defined as flourishing - and the factors that contribute to poor mental health - defined as languishing - can be measured.⁴³ The significance of this research is that it illustrates that individuals may have a mental illness and still flourish if they experience the features of positive mental health. Also a significant finding is that individuals without a diagnosed mental illness may have low mental health consistent with the definition of languishing and be at risk of developing a mental illness.



Dual continua model (Keyes, 2005)

The benefits of mental health promotion extend to the general population; therefore, a whole population approach to mental health and wellness is called for. While the treatment of mental health problems and illnesses remains a core service, an investment in mental health across the entire population, with a focus on healthy child development, will provide positive and more sustainable overall outcomes.

RECOVERY

Having hope, finding meaning, and feeling empowered

"Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process." ⁴⁴

People with mental health problems and illnesses can and do recover. A recovery-based system is built on this belief.

Building on national and international trends, the Mental Health Commission of Canada's Framework for a Mental Health Strategy for Canada *Toward Recovery and Well-being* calls for recovery to be placed at the centre of a transformed mental health system.⁴⁵ A recovery-oriented system is one which emphasizes self-determination and self-management by those with lived experience of mental health problems and illness. The fundamental underpinning of a recovery-oriented approach is hope and the key values are respect, dignity, and choice.

Recovery may include recovery from trauma. Throughout the past several decades, a large body of research has accumulated about the connections between a past history of trauma (and, in particular, exposure to childhood adversity), addictions and mental illness. Trauma-informed care strategies articulate that recovery from the effects of immediate or repetitive exposure to trauma requires a responsive and informed system of services.⁴⁶

For the service system, a focus on recovery means that the whole system of services needs to focus its concern on providing support that allows people with mental health problems and illnesses to function as full citizens in society. Recent literature has emphasized the need for recovery, as a movement, to focus more on addressing social inequities and changing systems of mental health services and supports.⁴⁷

INCLUSION

Actively participating in community life

Inclusion means that people with mental health problems and illnesses have the opportunity to actively participate in community life. Each person is respected for the contributions made to society and share in the same rights, entitlements, and respect as any other citizen.

The many stereotypes and mistaken beliefs about mental health problems and illnesses result in stigma and social prejudice. Stigma and social prejudice may prevent individuals with mental health problems and illness from fully participating in society.⁴⁸ Stigma and social prejudice impact important life events such as getting a job, developing relationships, and gaining access to needed services. They also prevent people from seeking the help that they may need, referred to as self-stigmatization.

Stigma and social prejudice can also be experienced by family members of people with mental health problems and illnesses to the degree that parents of children with mental illnesses may not seek help for their children because of stigma.⁴⁹

People who work in mental health fields may also be impacted by stigma. Because of stigma, some service providers find it difficult to accept and to work from a recovery philosophy. As well, they may feel stigmatized themselves.

Stigma and discrimination toward people with mental health problems and illnesses may also lead to adverse economic effects. Economic effects may include reduced employment opportunities, lost days of work and loss of productivity. Interventions that reduce stigma may therefore also be economically beneficial.⁵⁰

Inclusion must be demonstrated in policy, practice, funding levels, and structures. It is the responsibility of all Manitobans to create a culture that fosters the full inclusion of people with mental health problems and illnesses.

SHARED RESPONSIBILITY

Everyone has a role to play

Mental health is no longer seen as only a “health” issue. At every stage of life, health, including mental health, is determined by complex interactions between social and economic factors, the physical environment and individual behaviour, also known as the determinants of health.

Everyone has a role to play in promoting mental health and well-being, supporting individuals experiencing distress, and improving the health and social outcomes for those living with mental health problems and illnesses. Responsibility extends to workplaces, classrooms, boardrooms, communities, and other formal and informal settings.⁵¹

At a broad service system level, shared responsibility means that relevant departments and sectors take deliberate action to work together to strengthen policy, program and practice regarding mental health. At a health system level, shared responsibility can be demonstrated through collaborative mental health care models that integrate mental health services with other health care services such as primary care. Communities can commit to being healthy and supportive while families and individuals make it their business to increase their knowledge and understanding about their own mental health and how to protect and to strengthen it.

Mental health is everyone’s business. This provincial mental health strategic plan is a call to action to all Manitobans – action that will contribute to the mental health and well-being of the whole population.

LEADING AND PROMISING PRACTICES

Evidence and innovation

Decisions related to mental health must be grounded in the best-available or leading knowledge and practices. The Mental Health Commission of Canada states that “... it may

be derived from multiple sources, including scientific research and evaluation, those with lived experience and their families, and the knowledge rooted in cultural traditions”.⁵² This knowledge and practice needs to focus on what works to achieve the best possible mental health outcomes and must be used to support decisions at practice, organizational and policy levels. Focusing on what works means that decisions and actions will have the greatest effect on people’s lives. It also means that the work being done is economically responsible and effective for governments, businesses, organizations, individuals and families.

At the same time, innovative and “promising” practices need to be developed, implemented and evaluated as a means to keep practice and policy directions current and progressive.

Manitoba’s mental health strategic plan calls for continuing action to strengthen the knowledge of what works. It also speaks to building capacity to evaluate leading and promising practices within the province, and to exchange knowledge of these practices to all who impact and who are impacted by mental health policy and practice.

CULTURAL SAFETY

Reducing power imbalances

Cultural safety moves beyond the traditional concept of being sensitive to the attitudes, beliefs, values and practices of different cultural groups to analyzing power imbalances and institutional discrimination. Culturally safe practices suggests that service providers must embrace the skill of self-reflection as a means to advance therapeutic encounters and to provide service that is consistent with the knowledge that cultural values and norms of others are different from their own. As a result, individuals receiving services feel respected, involved and engaged in their own recovery and they experience a greater degree of satisfaction in the health care system as a whole.

The concept of mental health is not easily translated among Aboriginal cultures. Aboriginal culture involves beliefs and teachings about creation, life, spiritual practices, well-being and relationships with all aspects of creation. The belief that a holistic balance of the body, mind, spirit and emotions leads to well-being and that neglecting any one of these affects all, needs to be reflected on and used to advance culturally safe practices.

Other cultures also have very different ways of conceptualizing mental health and mental illness. The nature and causes of mental illness, determining what is mentally healthy and deciding on what interventions are appropriate all vary across cultures. As well, the level of shame and fear may vary across cultures.

Culture refers to ethnicity and race but also includes gender, sexual orientation, age, ability and personal experiences that create meaning for individuals. It is well documented that mental illness affects women and men differently. For example some disorders are more common in women, and some manifest themselves in different ways. There are many challenges in terms of treatment of serious mental illness during pregnancy and postpartum as well.

It is also well documented that individuals identifying as gay, lesbian, bi-sexual, transgender and two-spirited have unique needs and perspectives regarding mental health and well-being. In approaching mental health planning or treatment, each individual's unique circumstances must be considered in order to improve services and eliminate potential health disparities.

Cultural competence needs to be considered from individual, organizational, and systemic contexts.⁵² Cultural knowledge and perspectives of health and mental health need to be respected in all planning and policy development related to mental health and mental illness.

This strategic plan calls for increased cultural safety at practice and policy levels. It speaks to the need to recognize the unique experiences of individuals within Manitoba's diverse population, and to strengthen the ability of service systems to respond to the needs presented.



Title: *Dusk*

Artist: *Loral Hildebrand*

GOALS, OBJECTIVES AND STRATEGIC ACTIONS

Improving the mental health and well-being of Manitobans will occur by implementing the following six goals and their corresponding objectives and strategic actions.

MENTAL HEALTH AND WELL-BEING

Mental health and well-being means that people experience satisfaction in a number of areas of life, such as purpose in life, productivity, personal growth, physical health and positive personal, family and community relationships. Manitoba is involved in many innovative and evidence-based mental health promotion activities (see examples in Appendix B).

Several mental health promotion activities are related to suicide prevention. The following goal and objectives will provide direction on actions to be taken to promote and protect mental health and well-being of Manitobans over the next five years.

GOAL 1: Mental health and well-being of the population are promoted and mental health problems and illnesses are prevented wherever possible.

OBJECTIVE	STRATEGIC ACTION
I.1: Enhance factors that protect and promote mental health and well-being and reduce risk factors associated with mental health problems and illnesses at a population level and across a range of settings.	<p>Develop and implement a provincial action plan for mental health promotion as well as mental illness prevention for adults, recognizing the diverse needs of Manitobans.</p> <p>Through the Healthy Child Committee of Cabinet and The Healthy Child Manitoba Act, strengthen cross-departmental and cross-sectoral province-wide planning for children and youth to promote mental health and prevent problems and illnesses.</p> <p>Link mental health promotion to other whole-health initiatives, such as healthy living initiatives.</p> <p>Create opportunities for the public, private and volunteer sectors to strengthen the mental health and well-being of Manitobans in various settings including workplaces, classrooms and communities.</p>
I.2 Support continued action to prevent suicide.	<p>Continue to implement and to evaluate suicide prevention activities, including <i>Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy</i> and the <i>Framework for Suicide Prevention in Manitoba</i>.</p> <p>Work collaboratively to prevent suicide, with a focus on First Nations, Metis and Inuit populations.</p> <p>Review and enhance current surveillance and reporting of suicide attempts and deaths.</p> <p>Increase opportunities to share and expand upon the knowledge of leading and promising practices in the area of suicide prevention.</p>

ACCESS TO SERVICES

Having access to a range of recovery-based and recovery-oriented mental health services and supports as close to home as possible is critical to the recovery process. Across Manitoba, services are provided to people with mental health problems and illnesses through the regional health authorities, Selkirk Mental Health Centre (SMHC) and other facilities, along with various government departments and community-based organizations.

Many recent service initiatives have enhanced the range of services and improved access (see examples in Appendix B). Over the next five years strategic actions will occur to contribute to the equitable distribution and access to recovery-based services across the province.

GOAL 2: Access to a range of recovery oriented services is available as close to home as possible.

OBJECTIVE	STRATEGIC ACTION
2.1 Enhance access to and strengthen the range of mental health services for persons with mental health problems and illnesses in a manner consistent with the principles of mental health recovery and the social determinants of health.	<p>Review and enhance current structures, policies and processes to promote a recovery-based culture within mental health services and programs.</p> <p>Strengthen the capacity of the mental health system with a focus on:</p> <ul style="list-style-type: none">• promotion, prevention and early identification;• self help and peer support;• children and youth;• older adults and seniors;• those with co-occurring mental health and problematic substance use and/or gambling disorders; and• those in conflict with the law. <p>Identify and maximize opportunities to strengthen service navigation across the mental health system.</p> <p>Identify and maximize opportunities to enhance equitable access to mental health services closer to home, especially in rural and northern communities.</p> <p>Identify and minimize barriers that hinder individuals from accessing mental health services, with a focus on Aboriginal peoples and newcomers to Canada.</p> <p>With relevant partners, identify the needs, overlaps and opportunities to partner in delivering appropriate mental health services to First Nations communities.</p> <p>Continue re-development of Selkirk Mental Health Centre.</p> <p>Work with provincial partners to address the service needs of people with acquired brain injuries.</p>

GOAL 2: Continued

OBJECTIVE	STRATEGIC ACTION
<p>2.2 Strengthen the integration of health, social services and of related sectors for people with mental health problems and illnesses in a manner consistent with the principles of mental health recovery and the social determinants of health.</p>	<p>Review and enhance policies, structures and processes across government departments and across jurisdictions that affect people with mental health problems and illnesses.</p> <p>Review service pathways and strengthen service coordination within and between regional health authorities, SMHC, government departments, other jurisdictions and organizations, with a particular focus on service transition points (ex: between correctional facilities and community; between child and adolescent service systems and adult service systems).</p> <p>Promote and strengthen integrated service models such as collaborative mental health care and primary care networks.</p> <p>Work with partners to improve access to safe, affordable housing and supports for people with mental health problems and illnesses.</p> <p>Work with partners to enhance opportunities to support people with mental health problems and illnesses in employment.</p> <p>Work with partners to support information technology that enhances integrated health care.</p>

INNOVATION AND RESEARCH

Innovation and research in mental health are important in many ways. They help us understand the trends related to mental health and well-being in our province; in knowing what kinds of programs and supports have the best outcomes; and in assuring accountability.

In recent years, many research projects have occurred in Manitoba. Most notable is the work of the Manitoba Centre for Health Policy, the Healthy Child Manitoba Provincial Evaluation Strategy and the Mental Health Commission of Canada in its At Home/Chez Soi research project (Appendix B). The following goal and objectives reflect the intentions of action in the next five years.

GOAL 3: Innovation and research are strengthened, promoted and supported.

OBJECTIVE	STRATEGIC ACTION
3.1 Enhance mental health research and evaluation capacity and strengthen the exchange and application of diverse forms of evidence.	<p>Engage with research and evaluation partners to develop a provincial mental health research and evaluation plan.</p> <p>Identify data and structures required to measure key mental health outcomes and to support decision-making and planning.</p> <p>Enhance information systems and communication technology to support research and evaluation capacity.</p> <p>Through <i>The Healthy Child Manitoba Act</i>, continue to evaluate the effects of mental health policies, services and programs on child and youth development.</p> <p>Collaborate with government departments and national research organizations on research and evaluation at a national and international level.</p>
3.2 Support innovations with evaluation to expand the knowledge of evidence-informed practice and strengthen the exchange and application of knowledge from diverse sources.	<p>Promote innovative practices, evaluation and knowledge exchange through collaboration with researchers, the Mental Health Commission of Canada, provincial departments, regional health authorities, SMHC, and other stakeholders.</p> <p>Prioritize innovative, evidence-based and leading-edge practices and programs.</p> <p>Strengthen the exchange and use of cultural and traditional knowledge.</p> <p>Strengthen the exchange and use of knowledge derived from lived experience.</p>

SOCIAL INCLUSION

Social inclusion means that people with mental health problems and illnesses have the opportunity to actively participate in community life. Manitoba has made significant investments in the development of province-wide, mental health self-help organizations and has set clear policy for participation of people with lived experience of mental health problems and illnesses in mental health services planning, implementation and evaluation. (Appendix B).

Regional health authorities and SMHC have developed mental health advisory councils with membership focused on including people with lived experience of mental health problems and illnesses. The following goal and objectives will provide next steps toward social inclusion.

GOAL 4: Social inclusion of people living with mental health problems and illnesses in communities and systems is promoted and supported.

OBJECTIVE	STRATEGIC ACTION
4.1 Encourage meaningful engagement of people living with mental health problems and illnesses in governance, system planning, delivery and evaluation of programs and services that affect their lives.	<p>Develop and implement a provincial program (consistent with the work of the Mental Health Commission of Canada) to reduce stigma and social prejudice with an initial focus on health care providers and children and youth.</p> <p>Acknowledge differing perspectives on mental health and well-being across cultures and work with relevant partners to reduce stigma.</p> <p>Work to reduce the self-stigmatization often experienced by people with mental health problems and illnesses.</p> <p>Help reduce the negative effects of poverty on mental health through policies, programs and services that complement the <i>ALL Aboard Poverty Reduction Strategy</i>.</p> <p>Identify and pursue opportunities to influence policy and practices that support people in employment.</p>
4.2 Develop policies and practices to reduce the stigma and social prejudice often associated with mental health problems and illnesses.	<p>Strengthen the role of peer support across systems.</p> <p>Develop and implement an infrastructure to build capacity within systems to engage people with mental health problems and illnesses.</p>

FAMILY PARTICIPATION

Family participation means family members and other supports are engaged in all aspects of planning and evaluation related to mental health and well-being. With consent, family members and other supports are encouraged to play an active role in recovery planning that affects the lives of those living with mental health problems and illness.

At a system level, mental health planning, implementation and evaluation need to reflect all perspectives including family members and other supports. This goal and set of objectives seeks to support increased family participation.

GOAL 5: Family participation is supported so that family members and natural supports can foster recovery and well being.

OBJECTIVE	STRATEGIC ACTION
5.1 Eliminate barriers and strengthen resources for families and natural supports in providing care and promoting recovery.	<p>Partner with families and natural supports to identify their needs and the barriers that hinder their involvement and develop and implement a plan to address these identified needs and barriers.</p> <p>Promote a recovery-based culture with families and natural supports.</p> <p>Strengthen public awareness about mental health services and supports in the community.</p> <p>Develop and implement a plan to help family members and natural supports navigate the range of resources within the service system.</p>
5.2 Eliminate barriers and strengthen capacity to support meaningful participation of families and natural supports in system and service planning, implementation and evaluation.	<p>Identify barriers, needs and opportunities for the involvement of families and natural supports in their role in system planning, implementation and evaluation.</p> <p>Help service providers find more and improved ways to engage family members and other natural supports in the recovery process.</p>

WORKFORCE DEVELOPMENT

Workforce development means building a strong and dynamic work force that works effectively with people with mental health problems and illnesses. Recent achievements in this area include the development of strategies to increase provincial psychiatric nursing resources, the identification of core competencies for spiritual health care providers and training for various service providers working with people with mental health problems and illnesses, including courses such as Mental Health First Aid.

The following goal, objectives and strategic actions will guide continued workforce development over the next five years.

GOAL 6: Workforce development strengthens the policy environment and practice guidelines needed to promote mental health, well-being and recovery.

OBJECTIVE	STRATEGIC ACTION
6.1 Collaborate with employers and educators to enhance recovery-oriented service delivery competencies within the mental health workforce.	<p>Develop a provincial workforce strategy that assesses and guides recruitment, training and retention of the mental health services workforce.</p> <p>Enhance competency of the mental health workforce, with priority focus on:</p> <ul style="list-style-type: none">• cultural competency;• co-occurring mental health problems and problematic substance use and gambling disorders, (as per the provincial Co-occurring Disorders Initiative); and• trauma-informed care.
6.2 Collaborate with broader health, social and related work force to develop policies and practices that support a recovery-oriented workforce for those working with people with mental health problems and illnesses.	<p>Develop a strategy to increase knowledge and use of recovery-based practices across systems.</p> <p>As part of a provincial strategy to reduce stigma and social prejudice, develop a targeted anti-stigma campaign for a broad range of service providers and educators.</p> <p>Strengthen the peer-support workforce.</p>

BUILDING ON PAST CONTRIBUTIONS

Manitoba's mental health system has seen significant investments and changes over the past two decades. The changes began with mental health reform, led by Manitoba Health, in the late 1980s and 1990s. A number of planning documents record the principles and processes during that time: *Partnership for Mental Health* (1988)²¹; *Vision for the Future* (1990)²²; *Building the Future* (1992)²³; *Quality Health for Manitobans* (1992).²⁴

When Manitoba's regional health authorities were established in the late 1990s, most health service delivery was transferred to the regional health authorities, including most mental health services. At the time, several core mental health services were identified as priorities in the *Core Services Paper* (1997).²⁵

In 2000, the Premier of Manitoba established the Healthy Child Committee of Cabinet and the *Healthy Child Manitoba Strategy* to create the best possible outcomes for all Manitoba children and youth. The four key goals identified were for all children in Manitoba to be:

- physically and emotionally healthy
- safe and secure
- successful at learning
- socially engaged and responsible

In 2007, the *Healthy Child Manitoba Strategy* was legislated in *The Healthy Child Manitoba Act*. The Healthy Child Committee of Cabinet includes all ministers whose portfolios incorporate issues affecting children, youth and families. The work of the Province's Healthy Child Advisory Committee – with representatives from parent-child coalitions, communities and sectors across Manitoba – was also addressed under this legislation. The *Healthy Child Manitoba Strategy* is a nationally-recognized policy model based on holistic and integrated structures.



Title: **Warm Shore**

Artist: **Tedd Tribe**

Over the past eight years, Manitoba has continued to expand the role of the mental health system. The system now includes practices that both improve mental health and wellness and treat mental illness. It stresses the importance of mental health promotion, illness prevention and early intervention. The following documents describe the planning from 2002 to 2009: *Mental Health Renewal* (2002)²⁶; *Consumer Participation policy* (2003)²⁷; *Family and Natural Supports policy* (2005)²⁸; *Healthy Kids, Healthy Futures* (2004)²⁹; *Co-occurring Mental Health and Substance Use Disorders policy* (2007)³⁰; *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy* (2008).³¹

The provincial government's Cross-Department Coordination Initiatives (CDCI) Division was established in 2007 to co-ordinate the joint activities of Family Services and Consumer Affairs, and Manitoba Health. CDCI works in partnership with the regional health authorities and communities, to improve policy co-ordination, integrate service provision, improve collaboration and co-ordinate strategies in areas such as housing and supports for seniors and individuals with homelessness and mental health issues.

RELATED GOVERNMENT STRATEGIES

In April 2001, the Province launched *Full Citizenship: A Manitoba Strategy on Disability*. In June 2009, the government updated the strategy,³² and committed to providing integrated, sustained leadership on disability issues to create a more inclusive society.

In May 2009, Manitoba released *ALL Aboard: Manitoba's Poverty Reduction Strategy*.³³ Its goal is to reduce poverty and promote prosperity through:

- safe, affordable housing in supportive communities
- education, jobs and income support
- strong, healthy families
- accessible, co-ordinated services

This strategy is supported by several provincial departments. It recognizes the need to work with stakeholders to support Manitobans experiencing a range of problems, including mental health issues. In May 2009, Manitoba also launched *HOMEWorks*³⁴, a strategy to reduce and prevent homelessness and connect homeless people - including those with mental health problems and illnesses - with stable housing and supports.

Some of the other related Manitoba government strategies that link to mental health and well-being include: *Women's Health Strategy (2011)*³⁵; *Alzheimer Disease and Related Dementias Strategy (2002)*³⁶; *Full Citizenship Disability Strategy (2001)*³⁷; *Manitoba Growth Strategy (2010)*³⁸; *Open Doors Discussion Paper (2009)*³⁹; *First Nations Health & Wellness Strategy (2005)*⁴⁰; and *Age Friendly Initiatives (2008)*.⁴¹

Over the past several years, particular attention has been paid to other special populations that interact with more than one government department. The province has several, comprehensive cross-department strategies for special populations (ex: those with Fetal Alcohol Spectrum Disorder and Autism Spectrum Disorder).⁴²

As well, *The Accessibility Advisory Council Act*, recently passed, will establish a council that will provide advice and recommendations to government on new legislation and other policies or measures that will put in place a system to proactively prevent and remove barriers to accessibility for person with disabilities in Manitoba. The Council will also make recommendations on long term accessibility objectives for the province.

Manitoba Health has also engaged in planning and development of services for people with acquired brain injury.

See Appendix B for recent investments that support the foundation of this strategic plan.



Title: *Sleeping with Spirit #2*

Artist: *Bradley Guiboche*

HOW WILL ACCOMPLISHMENTS BE MEASURED?

A work plan for each of the six goals will be created by “expert” working groups made up of researchers, service providers, policy analysts, individuals with lived experience of mental health problems and illnesses, and their families and natural supports. The working group plans will be organized through a coordinating committee, which will be accountable to a departmental steering committee. The plans will be accumulated into a five year work plan, which will identify expected outputs and outcomes, and will guide the implementation of the overall strategic plan.

While several high level outcomes are referenced within this strategic planning document, such as reducing mental health problems and illnesses and increasing access to mental health supports and services, part of the role of the working groups will be to set specific, valid, and measurable outputs and

outcomes, based on the strategic actions set out in each goal area. Monitoring and evaluating the plan will be crucial and will assist in following the established directions. To this end, a corresponding evaluation plan will measure the strategic plan’s successes on many levels including practice, program, organizational, and policy levels. The evaluation plan will help translate the strategic plan into measurable actions and will demonstrate accountability and value for the actions undertaken.

A report on achievements will be provided to stakeholders annually for each of the five years of the mental health strategic plan. The achievement report will demonstrate key accomplishments toward the vision of all Manitobans experiencing their optimal level of mental health and well-being.

RISING TO THE CHALLENGE

Rising to the Challenge is a call to action for all Manitobans and a plan in which all Manitobans can share. At the end of five years, we will have taken major steps forward to transform the way we work together to achieve mental health and well-being and reduce the impacts of mental health problems and illnesses in Manitoba. Our success will lie in this shared commitment, shared responsibility and in our enthusiasm to work together to rise to the challenge.

By taking action to enhance our own mental health and that of other Manitobans, we will all contribute to a Manitoba where everyone experiences their optimal level of mental health and well-being.

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APPENDIX A

GLOSSARY

Cross jurisdictional: activities that cross the boundaries of authority, particularly between provincial, federal and municipal governments.

Culturally-safe practice: is an approach that reflects the recognition that health, illness and the meanings they hold for people are shaped by their social, cultural, family, community, historical and geographical contexts, and gender, age, ability and other personal factors. People from all ethnocultural backgrounds are respected, empowered and feel safe enough to communicate the unique realities of their situation in actively participating in all aspects of their health and well-being.

Evidence based: information based on the best available scientific evidence.

Flourishing: having high levels of positive functioning and the best possible mental health.

Holistic: an approach that includes the whole of a particular individual, system or community; integrating mind, body and spirit.

Knowledge exchange: acting to close the gap between research and those who use it; sharing knowledge between researchers, the general public, service providers and policy makers.

Languishing: having low levels of psycho-social well-being and limited ability to function positively.

Mental health promotion: building the capacity of individuals and communities to improve their mental health by collaborating with many sectors of society.

Natural support: an individual (family member, friend, etc.) who plays a significant role offering support to an individual living with mental health problems or mental illness. A natural support is not necessarily a part of the formal care system and is not paid for offering this support. This may include individuals from a broad network of social support, ex: friends, clergy.

Peer support: support provided by and for people with mental health problems; also called self-help, mutual aid, co-counselling or mutual support.

Person with lived experience: anyone who lives, or has lived, with a mental health problem or a mental illness.

Protective factors: individual or environmental safeguards that prevent or reduce vulnerability (ex: availability of social support; healthy methods of coping with stress); increase chances of positive results; protect people from risk factors.

Primary care: the first level of health services available to the public, including family doctors and nurses.

Recovery: a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the negative effects of mental illness.

Resilience: ability to thrive, mature and increase competence, even when faced with negative circumstances or risk factors; ability to bounce back from stressful events and move forward.

Risk factors: individual or environmental factors that increase the likelihood of negative results linked to diseases, ill health or injury; can be cumulative, increasing the harmful effect (ex: social isolation or low economic status).

Stigma: negative judgment, attitude or value based on a personal trait (ex: mental health problem or illness) promotes prejudice and discrimination.

Self-stigma: people with mental health problems or mental illness may internalize negative attitudes about their own condition; can lead to embarrassment that causes them to hide the symptoms or to avoid treatment.

Social determinants of health: key factors affecting people's health including income and social status, social support networks, education and literacy, employment and working conditions, physical and social environments, biology and genetics, personal health practices and coping skills, healthy child development, health services, gender or culture.

APPENDIX B

CURRENT INITIATIVES IN SUPPORT OF THE STRATEGIC PLAN

There are many recent and current initiatives underway that support the goals of this strategic plan.

Goal 1: Mental Health and Wellness

Manitoba is involved in many innovative and evidence-based mental health promotion activities. Some examples include work by Healthy Child Manitoba with its partners to provide *Roots of Empathy*, *Seeds of Empathy*, *Families First*, *Triple P – Positive Parenting Program* and *Healthy Baby* programs. Mental health promotion activities are also being initiated by provincially- and regionally-funded community-based mental health organizations, provincially-funded mental health self help organizations, various government departments and regional health authorities.

Several mental health promotion activities are part of *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy* (ex: the Winnipeg Aboriginal Sport Achievement Centre programs and the Department of Education's Life Skills Training program).

Goal 2: Access to Services

Regional health authorities, Selkirk Mental Health Centre and other facilities, various government departments and community-based organizations provide services to people with mental health problems and illnesses across the province. Some recent initiatives include:

- The Mental Health Crisis Response Centre, currently under development, will be located in Winnipeg adjacent to the Health Sciences Centre. The centre's goal is to provide 24/7

emergency support to individuals experiencing a mental health crisis who require prompt, professional intervention and who may otherwise go to hospital emergency departments.

- As part of the *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy*, a youth crisis stabilization unit is being developed in Thompson. It will have a mobile crisis component and Telehealth capacity to provide better treatment for youth from remote communities.
- Several mental health shared (collaborative) care sites have been established within the Winnipeg Regional Health Authority and some rural regional health authorities. Mental health shared care models provide specialized mental health treatment and support to individuals at primary care sites.
- A new patient care building at Selkirk Mental Health Centre opened in November 2008. The Tyndall Building includes a new geriatric mental health unit and a unit for people with acquired brain injury. An additional Program for Assertive Community Treatment team was established to work with clients ready for discharge from the Centre.
- In 2010, a five-bed, acquired brain injury transitional residence opened in Selkirk. In 2008, a five-bed transitional residence was developed in Thompson for people with acquired brain injury.
- In 2008, the province funded psychiatric emergency nurses to work in five additional emergency departments across Manitoba.
- A new provincial Eating Disorder Prevention and Recovery Program has been operating since 2009.

Goal 3: Innovation and Research

Recent Manitoba Centre for Health Policy research in mental health includes selected indicators reported in the *Profile of Metis Health Status and Healthcare Utilization in Manitoba* (Martens, Bartlett et al., 2010), the *Manitoba RHA Indicators Atlas* (Fransoo et al., 2009), the *Manitoba Child Health Atlas Update* (Brownell et al., 2008), the *What Works* report (Martens et al. 2008) with time trends on suicide, the *Initial Analysis of Emergency Department and Urgent Care in Winnipeg* (Doupe et al., 2008), and the comprehensive *Patterns of Regional Mental Illness Disorder Diagnoses and Service Use in Manitoba: A Population-Based Study* (Martens et al. 2004). Ongoing work at Manitoba Centre for Health Policy includes research on the mental health of people using public housing.

The Healthy Child Manitoba Office leads the Healthy Child Manitoba Provincial Evaluation Strategy, Manitoba's model for measuring child-centred public policy. The office works with cross-sectoral partners, as legislated under *The Healthy Child Manitoba Act* to direct:

- provincial program evaluations for cross-sectoral policy and program decision making;
- population-based research on longitudinal and cohort effects of universal, targeted and clinical interventions; and
- specialized evaluations which provide information on specific inter-sectoral areas of focus, towards the best possible outcomes for Manitoba's children, youth, families, and communities.

Recently, the Public Health Agency of Canada, Innovation Strategy, awarded a competitive grant to a collaborative partnership of the University of Manitoba, the Winnipeg Regional Health Authority and Healthy Child Manitoba for the *Towards Flourishing* demonstration project. The overarching goal is to promote mental well-being among women and their families and reduce mental illness and distress, by adding a comprehensive mental health promotion strategy to Manitoba's Families First program (1999 to present), an intensive home visiting program for women living in conditions of risk. Results from the Families First program evaluation (2010) support the importance of improving the mental well-being of women.

The Mental Health Commission of Canada in its *At Home/Chez Soi* research project is working with several researchers and other partners in Manitoba to investigate mental health and homelessness. The project is occurring in five Canadian cities, including Winnipeg, to provide evidence about what services and systems best help homeless people who are living with a mental illness.

These are but a few research and evaluation projects currently undergoing in Manitoba.

Manitoba also has a provincial Mental Health Education Resource Centre that offers a collection of current literature and other resources related to mental health and addictions ranging from mental health and well-being to treatment.

Goal 4: Social Inclusion

Since the early 1990s, investments have been made in several provincial, mental health self-help organizations (ex: Manitoba Schizophrenia Society, Mood Disorders Association of Manitoba, Anxiety Disorders Association of Manitoba, Canadian Mental Health Association – Manitoba and its affiliates and the Obsessive Compulsive Disorder Centre Manitoba Inc.).

In 2003, Manitoba Health developed the policy on consumer participation in mental health services planning, implementation and evaluation. It recognizes that people living with mental health problems and illnesses should always have the opportunity to participate directly in all processes that affect their lives. Regional health authorities and Selkirk Mental Health Centre developed plans to enhance individuals' participation in their individual recovery plans and in the planning, implementation and evaluation of mental health services in their regions.

There are also regional mental health advisory councils whose goals are to provide the perspective of people with lived experience of mental health problems and illness and to use this perspective in planning and service delivery within their regional health authorities.

The majority of investments in new initiatives over the past two decades have supported community based services and programs that support people in participating in their communities. Supported housing services are a component of many mental health programs of RHAs and supported employment services are also available in various RHAs.

Goal 5: Family Participation

In 2005, Manitoba Health developed the *Family Member and Natural Support Participation in Mental Health Service Planning, Implementation and Evaluation* policy. It recognizes that family members and other natural supports have much experience and passionate concern for the development of effective mental health services.

It also recognizes that responsiveness to the needs of people who live with mental illness and mental health problems, and their families, is the ultimate goal of all services. Mental health planning, implementation and evaluation must reflect a variety of perspectives including those of family members and other natural supports. In addition, and with the informed consent of the individual, family members and other natural supports will be encouraged to play an active role in direct treatment planning that affects the lives of those living with mental illness.

In 2009, Selkirk Mental Health Centre's governance structure was adjusted to include family member participation.

Goal 6: Workforce Planning

Manitoba Health is building a strong foundation for an effective, dynamic formal support system. Recent achievements include the work of an inter-sectoral working group to develop strategies for increasing provincial psychiatric nursing resources as part of Manitoba's mental health services and the development of core competencies for spiritual health care providers.

Province-wide training includes modules developed in Manitoba to develop competencies and provide joint training for addictions and mental health workers. The goal is to enhance capacity to provide service to those who have both mental health and problematic substance use disorders.

Training across various departments in such courses as Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST) has occurred within departments as well as through broad-based strategies such as *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy*.

