

STRATEGIC PLAN 2021-2022



Selkirk Mental Health Centre

Enlightened minds. *Empowered* people. *Engaged* communities.
SELKIRK MENTAL HEALTH CENTRE

Table of Contents

BACKGROUND.....	2
About Us.....	2
Strategic Planning Process	3
VISION, MISSION, AND VALUES	5
STRATEGIC DIRECTIONS.....	6
Strategic Direction #1	6
Strategic Direction #2	8
Strategic Direction #3	11
EMERGING AREAS OF FOCUS	13
Addictions Services.....	13
Housing Shortages	14
Community Resource Shortages.....	15
Destigmatizing Mental Illness	16
Changing Demographics	16
APPENDIX 1: STRATEGIC PLAN ONE PAGE SUMMARY.....	18
REFERENCES	19

BACKGROUND

About Us

Selkirk Mental Health Centre (SMHC) has existed at its current location (although under different names) since 1886. A significant evolution has occurred since that time in terms of the care it provides to people with a mental illness or brain injury.

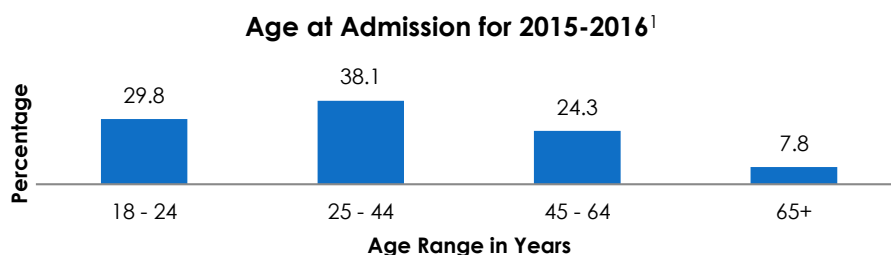
Much has changed in the way services are delivered since the early days, with the most significant developments occurring between the 1960s and the present day. New medications effectively stabilized symptoms allowing for the introduction of rehabilitation programs. This led to a return to community 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 beds in 1959 to 252 beds today.

Today, SMHC is a 252 bed facility that provides specialized inpatient mental health and acquired brain injury treatment and rehabilitation services to residents of Manitoba whose challenging needs cannot be met elsewhere in the provincial healthcare system. SMHC also provides mental health services to people from the Territory of Nunavut where inpatient mental health facilities are not locally available.

SMHC has five specialized patient programs: Acute, Geriatric, Rehabilitation, Forensic and Acquired Brain Injury (ABI) that are delivered on a campus-like setting with several buildings located throughout the property, as well as three offsite community transitional group homes located in Selkirk.

SMHC's Acute Program is primarily accessed by residents from the Interlake Eastern Regional Health Authority (IERHA), some Northern communities, and the Territory of Nunavut. SMHC also provides acute overflow services to all regions of Manitoba where inpatient services exist but resources are constrained due to increased population demands. All of SMHC's other longer term programs (e.g. Rehab, Forensic, Geriatric, and ABI) are accessed by all regional health authorities, with the Winnipeg region utilizing the most services.

Data from 2015-16 indicates that the average age of patients accessing SMHC's services is 38.5 years. The following graph illustrates the percentage of patients in each age range at admission for 2015-2016:



Approximately 60% of patients admitted in 2015-16 were male, and 40% were female¹. Additionally, Aboriginal patients represent approximately 20-24% of SMHC's patient population; however this only represents the patients that have self declared their status. Approximately 15-18% of patients have self declared themselves as First Nations or Métis, while the remaining 5-6% of those patients have declared themselves as Inuit².

Strategic Planning Process

SMHC's last strategic plan expired in 2013. In April 2012, SMHC started a new phase of redevelopment planning. A Role Statement Steering Committee, composed of key stakeholders, was established to begin the process of renewal with the following goals:

- To clarify the role of SMHC within the broader provincial mental health system and ensure alignment within the context of the provincial mental health strategic plan, "Rising to the Challenge".
- To inform SMHC's strategic planning process as well as SMHC's Master Plan which describes the relationship between programs and services and their respective space requirements for future development³.

The Consultation Strategy and Environmental Scan Report is a result of consultations with key stakeholders (such as patients, persons with lived experience, families, staff, department representatives, regional health authorities, self help groups, and other external partners such as the City of Selkirk) through in-person focus groups, surveys and interviews with 282 participants between June 2013 and March 2015; site visits to Ontario and Manitoba mental health facilities; interviews with industry experts in mental health and acquired brain injury; and review of best practice literature and internet sites.

Thanks to the engaged participants and in-depth conversations, the recommendations from the report were used extensively to inform SMHC's strategic plan for 2016-2021.

In May 2016, SMHC began the strategic planning process and held several visioning sessions with key stakeholders to determine the future direction and focus of the organization. The process was facilitated by external consultants from Organization and Staff Development and SMHC's Chief Executive Officer, and involved representatives from staff, patients, families, Governing Council, and community stakeholders. The purpose of the strategic visioning sessions was as follows:

- Prioritize the recommendations from the Consultation Strategy and Environmental Scan Report developed in September 2015.
- Review SMHC's 2008-2013 Strategic Plan to determine if any strategic goals or initiatives require inclusion in the new strategic plan.
- Review SMHC's vision and mission statements to ensure they provide a clear vision and direction for the future of SMHC.
- Review SMHC's values to determine if they still resonate with SMHC's stakeholders and organizational culture, and can be used as guiding principles for when ethical issues arise.

- Identify SMHC's strategic direction for the next five years that will drive operations and redevelopment of programs and services.

The collaborative ideas from the visioning sessions were summarized by SMHC's Redevelopment Coordinator into a document and provided to SMHC's Management Team. The information was used to formulate SMHC's 5-year Strategic Plan, including strategic priorities, goals, actions, and performance measures.

Performance measurement includes planning, implementing, monitoring and evaluating programs and services, while measuring, analyzing and communicating results to staff, patients and families to make continued improvements. High performance organizations measure the performance of both internal and external objectives to support the vision and strategy of an organization in achieving outcomes.

SMHC has identified key performance indicators (KPI) to inform and guide progress in meeting strategic goals to improve system performance and the quality of programs and services. SMHC uses the organization's Integrated Quality Improvement Framework to develop performance measures and monitor improvement activities to:

- Celebrate successes and identify areas for improvement.
- Remain accountable and transparent to stakeholders in order to build and maintain trust and to help staff learn from experiences.
- Improve the quality of decisions made by everyone connected to SMHC, including patients, families, staff, stakeholders, and community partners.

VISION, MISSION, AND VALUES

Vision

Enlightened minds. **Empowered** people. **Engaged** communities.

Mission

Through recovery-oriented practices, partnerships and education, we specialize in mental health and acquired brain injury services that inspire and empower individuals to live meaningful lives.

Values

HOPE

We inspire, encourage and provide optimism to support individuals to grow, learn and recover.

RESPECT

We create a welcoming and inclusive environment for all by valuing differences in skills, opinions, cultures, spiritual beliefs and life styles.

EXCELLENCE

We use principles of continuous quality improvement and learning, and support best practices in research and innovation.

STRATEGIC DIRECTIONS

Strategic Direction #1

Strengthen Recovery-Oriented Programs and Services

Recovery is a personal journey toward a new and valued sense of identity, role and purpose outside the parameters of mental illness. Recovery is about living well despite limitations resulting from the illness, its treatment, and personal and environmental conditions. It is the "recognition of each person's uniqueness and their right to determine, to the greatest extent possible, their own path to mental health and well-being. Recovery acknowledges the individual nature of each person's journey of wellness and each person's right to find their own way to living a life of value and purpose in the community of their choice⁴."

Reducing seclusion and restraint use, and building a trauma informed system of care are key areas that SMHC continues to strengthen as recovery-oriented programs and services are enhanced. SMHC is committed to the overall reduction and elimination of seclusion and restraints, and has embraced the Six Core Strategies for Reducing Seclusion and Restraint Use[®], which promotes safer environments for patients and staff, and creates a non-violent and non-coercive treatment culture.

Strengthening recovery-oriented programs and services will challenge the traditional norms and culture of care. It will enhance patient-centered care, where patients are at the forefront of their health and care, to make informed decisions and develop and maintain supported relationships with family and healthcare providers.

Strategic Actions

1. Continue work to advance SMHC as a Centre of Excellence in Manitoba.

GOALS	Key Performance Indicators
SMHC's Accreditation with Exemplary Standing is retained in 2020.	<ul style="list-style-type: none"> 2020 Accreditation Canada Decision Report

2. Strengthen recovery-oriented programs and services.

GOALS	Key Performance Indicators
Strategic plans are developed for each team and are aligned with the organization's strategic plan.	<ul style="list-style-type: none"> Strategic plans implemented with engagement from staff, patients and families with public displays of progress

<p>High quality programs and services are delivered to meet the needs of its many stakeholders and the populations served.</p>	<ul style="list-style-type: none"> • Completed functional plan is approved and outlines the programs and services that SMHC needs to provide • Patient satisfaction survey results • Family satisfaction survey results • Stakeholder satisfaction survey results (NEW) • Accreditation standing
<p>SMHC's Psychosocial Rehabilitation (PSR) principles and practices are aligned with the recommendations in Dr. Marianne Farkas' Psychiatric Rehabilitation Assessment Report.</p>	<ul style="list-style-type: none"> • PSR principles and practices are reassessed and show a positive improvement from previous ratings
<p>Recovery-oriented culture is promoted by challenging and guiding practice, and mentoring staff on how to enhance recovery-oriented practices in their day-to-day work.</p>	<ul style="list-style-type: none"> • Recovery-Oriented Practice Specialist position completes an assessment of recovery-oriented practices at SMHC to ensure alignment with best practice guidelines and the Mental Health Commission of Canada
<p>Peer Support Services are strengthened by examining current services, clarifying the Peer Support Worker role, educating staff, patients and families and explore opportunities to increase the number of onsite Peer Support Workers.</p>	<ul style="list-style-type: none"> • Development and implementation of a formal peer support program and action plan that aligns with provincial direction • Number of Peer Support Workers • Patient Satisfaction Survey scores
<p>SMHC's groups programming is meeting the needs of patients and assisting them in their recovery journey.</p>	<ul style="list-style-type: none"> • Groups assessment report with recommendations is completed with engagement from patients and families
<p>SMHC's addictions programs and services are aligned with industry standard and better integrated within the mental health system.</p>	<ul style="list-style-type: none"> • Clinical Resource Nurse – Addictions Specialist position completes an environmental scan with report on recommendations to align SMHC with industry standard
<p>Six Core Strategies® have been implemented to achieve a significant and sustained reduction in the use of seclusion and restraints.</p>	<ul style="list-style-type: none"> • Sustained reduction in seclusion and restraint statistics. • Mental Health Nurse Educator position created and filled to lead frontline nursing mentorship
<p>Patients have experienced positive clinical outcomes during their stay at SMHC.</p>	<ul style="list-style-type: none"> • Resident Assessment Instrument – Mental Health (RAI-MH) or National Rehabilitation Reporting System (NRS) scores

Patients and families are engaged in the recovery planning process in a timely manner.	<ul style="list-style-type: none"> Electronic Recovery Plans are completed within timeframes and include engagement from patients and families
Patients and families are satisfied with SMHC's programs and services.	<ul style="list-style-type: none"> Patient and family satisfaction surveys are standardized as per best practice. Patient Satisfaction Survey scores Family Satisfaction Survey scores

3. Create a culturally safe and inclusive organization that values, embraces, and supports diversity at SMHC.

GOALS	Key Performance Indicators
Aboriginal Services* and Spiritual Health Care resources are stabilized with permanently funded positions.	<ul style="list-style-type: none"> Regular positions created, classified and filled
Aboriginal Services and Spiritual Health Care has a strategic plan that identifies which programs and services are needed to support SMHC's Aboriginal population and the indigenous communities.	<ul style="list-style-type: none"> Strategic planning session facilitated with engagement from internal and external stakeholders and Aboriginal community leaders Strategic plan created and implemented
Develop a safe, sensitive and welcoming environment at SMHC for Lesbian, Gay, Bisexual, Transgender, Two-Spirit, Queer, Questioning, Intersex (LGBTQQI) communities.	<ul style="list-style-type: none"> Safe spaces are created to allow patients and staff to feel comfortable seeking information or discussing sexual orientation and gender diversity at SMHC

*NOTE: There is a growing preference in Canada to use the term "Indigenous" instead of the term "Aboriginal" when speaking about First Nation, Métis and Inuit peoples. The term Indigenous is defined as "first peoples" or "original inhabitants". Upon review, it seems like the term Indigenous is used when speaking about large population groups but that Aboriginal is still acceptable when referring to the people. SMHC consulted with its Elders who still prefer the term Aboriginal which is why this document primarily uses the term Aboriginal.

Strategic Direction #2

Pursue Excellence by Focusing on Quality and Safety

SMHC strives to maintain a high-performing system that is accessible, effective and efficient, safe, patient-centered, appropriately resourced, integrated with the rest of the healthcare system and focused on positive patient outcomes. We are committed to sustaining a healthy

and safe work environment which promotes the reduction and mitigation of unsafe acts and supports best practices that lead to optimal patient and staff safety outcomes⁵.

Quality improvement is an ongoing priority for SMHC to help us improve patient care, achieve better outcomes, and build a stronger system. SMHC draws on the combined and continuous efforts of all stakeholders, staff, patients, families, researchers, planners and educators, to make better and sustained improvements.

SMHC ensures that it maintains a safe and effective, high-performing system by participating in Accreditation Canada's Qmentum accreditation program. Effective November 2016, SMHC became "Accredited with Exemplary Standing". This means that SMHC met 100% of its Required Organizational Practices (89/89) and 99.1% of its standards (676/682). This strategic plan and resulting action plan will work towards maintaining this status in 2020.

In addition, SMHC has several frameworks and action plans that help guide quality improvement activities throughout the centre:

- Integrated Risk Management Framework and Action Plan
- Integrated Quality Improvement Framework and Action Plan
- Patient Safety Program and Action Plan
- Information Management Framework and Action Plan
- Human Resources Plan and Action Plan
- Communication Framework and Action Plan

Strategic Actions

1. Continue to advocate for SMHC's redevelopment to eliminate the dormitory environment to improve patient safety and clinical outcomes, and ensure SMHC is accessible to people with disabilities as per the Accessibility for Manitobans Act.

GOALS	Key Performance Indicators
SMHC's property and infrastructure meet the needs of its programs and services.	<ul style="list-style-type: none"> • Completed master site plan informs government on capital infrastructure requirements at SMHC
People with disabilities can easily access all of SMHC's programs and services.	<ul style="list-style-type: none"> • Recommendations from The Accessibility for Manitobans Act are reviewed and included in policy and practice

2. Continue fostering a just culture of patient safety that is system-focused and embraces organizational learning when adverse events, such as critical incidents and critical occurrences happen.

GOALS	Key Performance Indicators
Lessons learned from patient safety incidents are shared with staff, patients, families, stakeholders, and the public to prevent them from happening again.	<ul style="list-style-type: none"> • Patient Safety Learning Advisories generated and shared • Reduced occurrences of similar patient safety incidents in the healthcare system
Employees feel safe to report patient safety incidents and do not fear the repercussions of making a serious error.	<ul style="list-style-type: none"> • Canadian Patient Safety Culture Tool Survey scores • Employee Engagement Survey scores

3. Continue providing a safe and healthy work environment for employees that values their safety and supports life-work balance.

GOALS	Key Performance Indicators
SMHC's staffing levels are aligned with industry standard to provide staff with enough time to complete their daily work assignments and allow them to connect with patients and families in meaningful ways to improve patient outcomes.	<ul style="list-style-type: none"> • Staff to patient ratios • Employee Engagement Survey scores • Patient Satisfaction Survey scores
SMHC employees have a healthy life-work balance that meets their individual needs.	<ul style="list-style-type: none"> • Worklife Pulse Survey scores • Employee Engagement Survey scores • Implementation of SMHC's Wellness Action Plan • Absenteeism rate • Overtime utilization costs
SMHC's supervisor staffing levels are aligned with industry standard to provide supervisors with enough time to complete their daily work assignments and give them time to mentor staff, improve communications, and increase employee engagement in meeting SMHC's strategic initiatives and goals.	<ul style="list-style-type: none"> • Supervisor to staff ratios • Workload analysis results • Employee Engagement Survey scores
Increased safety and security measures help employees feel safer in their work environment.	<ul style="list-style-type: none"> • Emergency Response Mass Notification System implemented • Personal panic alarms provided to staff • Employee Engagement Survey scores

4. Continue to develop a culture of continuous quality improvement that systematically reduces costs and waste, and improves the efficiency and effectiveness of SMHC's programs and services.

GOALS	Key Performance Indicators
SMHC staff are trained in Lean Six Sigma principles and projects are identified, prioritized and implemented.	<ul style="list-style-type: none"> • Number of completed Lean projects • Costs savings associated with Lean project work • Number of active Lean mentors and trained staff

Strategic Direction #3

Align and Integrate with the Health System

Information, feedback and recommendations gained from the SMHC Role Statement consultation process and environmental scan has clearly informed SMHC's direction for the future. SMHC is committed to aligning its programs and services with the broader mental health system in Manitoba in an effort to improve patient outcomes and coordinate timely access to care and services³.

Devolving SMHC from the Manitoba Government and aligning with a regional health authority (RHA) was consistently suggested throughout the consultation process by numerous stakeholders, both internal and external. Additionally, the recommendation to align SMHC with the Winnipeg Regional Health Authority, or a provincial entity, has been outlined in the Provincial Clinical and Preventative Services Planning for Manitoba report⁶.

Transitioning SMHC to an RHA would strengthen integration with other health services in the province and improve access to care and service delivery, it is also consistent with the Manitoba Health, Seniors and Active Living's goal to create a seamless continuum of care that integrates physical, mental, and emotional health. Devolving SMHC from government is consistent with all other mental health facilities across Canada; SMHC being an anomaly among its peers³.

Strategic Actions

1. Conduct an analysis on SMHC's patient populations to determine if the right populations are being served in relation to SMHC's role within the broader mental health system or if they are better served by some other healthcare provider in some other location.

GOALS	Key Performance Indicators
SMHC's Role Statement work informs the next stage of redevelopment.	<ul style="list-style-type: none"> • Role Statement is complete and vetted through key stakeholders and Mental Health and Spiritual Health Care Branch

2. Create strategic partnerships to improve patient flow and integration with other provincial healthcare services.

GOALS	Key Performance Indicators
SMHC is devolved from Manitoba Health Seniors and Active Living and aligned with a regional health authority.	<ul style="list-style-type: none"> Manitoba Government approves SMHC's devolution Wait Times Length of Stay Alternate Level of Care days
Facilitate strategic planning session with the IERHA to better coordinate mental health and addiction services from an inpatient, outpatient and community support basis.	<ul style="list-style-type: none"> Wait Times Length of Stay Alternate Level of Care days

3. Partner with acquired brain injury (ABI) stakeholders to design a better provincial support system for people recovering from an ABI.

GOALS	Key Performance Indicators
Strategic planning session is facilitated with ABI stakeholders.	<ul style="list-style-type: none"> Provincial Strategic Plan drafted

4. Partner with the WRHA to design a better provincial forensic system that provides timely access to services, improves patient flow, and supports safe community reintegration.

GOALS	Key Performance Indicators
Strategic planning session is co-facilitated with the Winnipeg Regional Health Authority and Forensic Mental Health stakeholders.	<ul style="list-style-type: none"> Provincial Strategic Plan drafted

5. Improve communications among the major developers in the Selkirk area to align visions, build complimentary programs and services, and collaborate on projects and new initiatives to meet the needs of our common stakeholders.

GOALS	Key Performance Indicators
A Selkirk Health Development Committee is created to improve the quality of health and wellness in the Selkirk community.	<ul style="list-style-type: none"> Creation of the committee with engagement from all organizations

EMERGING AREAS OF FOCUS

There are a number of emerging areas of focus that will impact the future of SMHC but were not identified as a strategic priority for SMHC at this time. Some of these areas are driven by demographics, while others come from trends within health care that are focused on mental health and acquired brain injury. SMHC recognizes that there will be an increased focus on these areas within this strategic planning period which is why they are being highlighted for further consideration.

In the May 16, 2016 Throne Speech, the provincial government announced that it will “begin discussions towards developing a comprehensive mental health strategy, which will include mental health and addictions programs and services emphasizing better coordination and access⁷”. SMHC looks forward to the discussions and the resulting impact this new provincial strategy will have on SMHC programs and services.

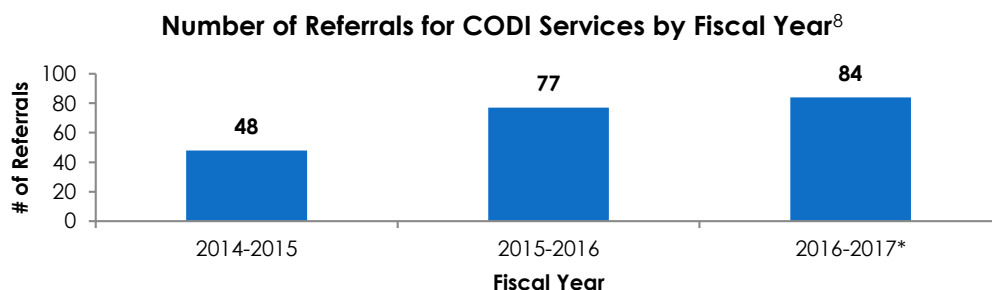
Addictions Services

The recommendations gained from the SMHC consultation process and environmental scan highlighted a strong need to integrate addiction services into SMHC's mandate similar to other mental health facilities across Canada and internationally.

SMHC has already aligned its Co-occurring Disorders Program (CODI) with the provincial co-occurring disorders work which has enhanced programs and partnerships. This has helped identify key priorities and opportunities to advance work in serving people with complex needs by: (1) enhancing integrated service planning; (2) enhancing professional development and training for mental health and addictions practitioners; and (3) building capacity and support for health care providers working with patients with co-occurring disorders³.

Collaborating with organizations such as the Addictions Foundation of Manitoba would allow SMHC to expand and enhance onsite addiction services within the mental health and acquired brain injury programs.

The need for addictions and mental health services in the province are in high demand, and at present, resources at the desirable level are not available⁶. The following figure illustrates the growing demand for CODI services at SMHC and the increase in referrals for services over the previous fiscal years:



*2016-2017 numbers represent data as of December 31, 2016

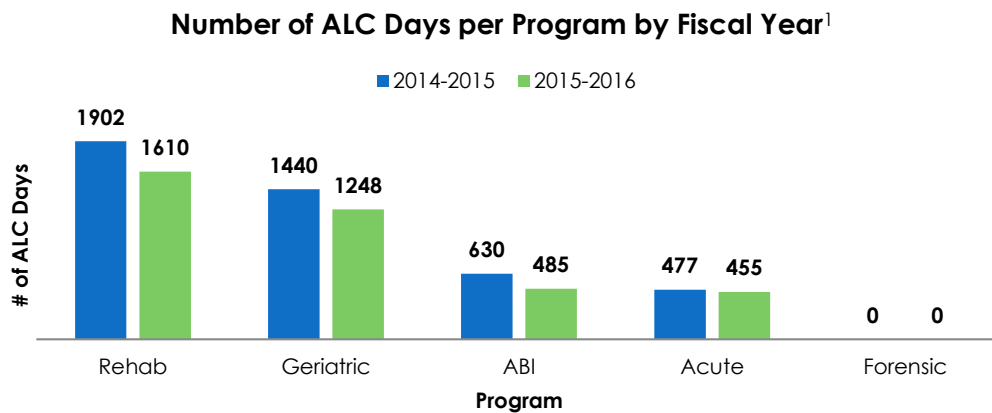
This growing demand in CODI services has been triggered by an increase in the number of referrals initiated by clinical staff based on RAI-MH (Resident Assessment Instrument – Mental Health) indicators and embedded assessment prompts, and an increase in the number of patients admitted to SMHC that have an active or history of substance use disorder.

As a result, SMHC increased the number of clinical staff on the CODI Team who are responsible for clinical assessments and supporting patients while they are working through their addictions. SMHC also created a full-time Clinical Resource Nurse - Addictions position to assist in the management of the increased demand, research best practices, and collaborate with community partners to deliver integrated addictions services based on industry standards.

Housing Shortages

There is a shortage of safe, affordable and appropriate housing options in the province to meet the needs of SMHC's patient population. Numerous provincial strategies have been put in place to help address this crisis (e.g. Housing First Initiative, At Home/Chez Soi, The Plan to End Homelessness in Winnipeg, mental health rent subsidy) but the shortages continue. SMHC's stakeholders have suggested that SMHC play a bigger role to work with other government departments and community partners to creatively address the shortage of housing and community supports for people living with a mental illness or acquired brain injury, particularly those at SMHC waiting for community placement (e.g. SMHC operate more than its three community group homes).

The following figure illustrates the number of alternate level of care (ALC) days patients are waiting for community placement. The term ALC is a clinical designation that identifies patients who no longer require the intensity of resources or services provided at SMHC and are waiting for community placement to become available. The data is illustrated by program and highlights statistics from the previous two fiscal years:



From 2014-2015 to 2015-2016, SMHC has seen a decrease in ALC days per program:

Percent Decrease in ALC Days per Program from 2014-2015 to 2015-2016 ¹	
Program	Decrease (%)
ABI	23%
Rehab	15%
Geriatric	13%
Acute	5%

SMHC’s pro-active approach, continued efforts in and initiatives such as those listed below, have all contributed to this decrease over the previous fiscal periods:

- Standardized collection, access to and reporting of ALC data through the use of the electronic patient record.
- Sharing and formal reporting of ALC data in SMHC’s dashboard with internal and external stakeholders.
- Increased communication and collaboration with community partners regarding patient flow.
- Education to community partners on SMHC’s role and mandate.
- Troubleshooting and advocacy with community partners regarding challenging patient flow cases.

In an ideal system, communities should be welcoming patients back as soon as SMHC deems them ready for discharge. However, due to lack of housing and community supports, this is not the case and patients end up waiting at SMHC for months, sometimes years. Timely access to care services remains a priority for SMHC, though the provincial healthcare system continues to face barriers with access and adequacy of services in both remote and urban areas⁶.

Community Resource Shortages

There is an overall shortage of community resources for people with a severe and persistent mental illness or an acquired brain injury. Specifically, there is a shortage of community resources such as PACT (Program for Assertive Community Treatment) Teams in the province.

PACT is an outreach oriented comprehensive community treatment, rehabilitation, and support service designed to meet the needs of people with severe and persistent mental illness. The service is provided to participants in their homes, at work, and in community settings. Services include attention to both mental health needs and basic needs such as activities of daily living such as self-care, taking medications, establishing social relationships, finding and keeping places to live and work as well as managing one’s finances. Services enable participants to regain stability, take steps towards recovery and achieve personal goals.

The need for community resources such as PACT continues to grow. There are three PACT teams in Winnipeg providing services and supports to clients in the community. Based on urban population size, PACT programs in Canada and the United States have designed and

determined their needs using the benchmark of one team per 100,000 population size. In 2015, Statistics Canada estimated Winnipeg's population to be 718,400 people, with an estimated 1.3 million people in the province of Manitoba. Based on these figures, the Winnipeg Regional Health Authority would need 7 PACT teams to support the current population in Winnipeg. This shortage in community resources is having a direct impact on SMHC's patient discharges and bed flow.

There are no PACT teams in other parts of the province of Manitoba, but a combination of services and supports using Case Management Models are provided to support clients in the community. However, these resources are stretched very thin with excessive workloads in some regions (double the provincial benchmarks in some cases) which is putting client and staff safety at risk. Case Management services are generally only provided during the day, Monday to Friday. However, mental health management is a 24/7 operation, such as the services provided by PACT teams. Not only do PACT teams operate 24/7, but they also have a multidisciplinary team to help client's lead meaningful lives with purpose, hope and social connections. Vocational rehabilitation, employment skills, addictions management, spiritual guidance, and peer support are just a few examples that assist clients in improving their quality of life.

PACT Teams are a proven, cost effective, ideal community support system. The positive impact of programs such as PACT is echoed in the Provincial Clinical and Preventative Services Planning for Manitoba report, with emphasis on the rate of growth and need for such a program lagging to keep up to demand⁴. SMHC's stakeholders have suggested that SMHC needs to start providing outpatient services to better align and complement services provided by the regional health authorities. For example, SMHC staff would maintain contact with discharged patients for a period of time to ensure all community transition plans were effectively implemented.

Destigmatizing Mental Illness

The stigma associated with mental illness remains a prevalent concern facing many individuals today. The impact and experience that stigma can have on an individual has been declared by the World Health Organization as the "single most important barrier to overcome in the community"⁹. These public attitudes, beliefs, and opinions are often based on misunderstanding, misinformation and fear, which can lead to discrimination and intolerance.

As leaders, supporters, educators, advocates, and people with lived experience, SMHC recognizes the need to play a visible role in helping to decrease the stigma of mental illness. As a result, SMHC will continue providing free Mental Health First Aid sessions for the public as part of its anti-stigma campaign.

Changing Demographics

Changing and emerging patient demographics have a significant impact on the services and workforce at SMHC. As per the Mental Health Commission of Canada, one in five Canadians are living with a mental illness in any given year¹⁰. In Manitoba, one in four people have experienced at least one mental illness diagnosis in the time period of 2001-2006¹¹.

SMHC is committed to learning, monitoring and evaluating how population trends impact the organization, and will continue to use this important data in planning programs and services through the development of a role statement and a functional plan for the organization.

Final Words

Thank you to the many people who helped shape and build our strategic plan. We look forward to collaborating with patients, families, staff, stakeholders and communities to enhance programming and services and achieve excellence together.

APPENDIX 1: STRATEGIC PLAN ONE PAGE SUMMARY

Selkirk Mental Health Centre Strategic Plan 2016-2021



**Enlightened minds. Empowered people.
Engaged communities.**

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HOPE

We inspire, encourage and provide optimism to support individuals to grow, learn and recover.



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