



Community Health Needs and Resources

Mental Health Promotion and Addictions Prevention
in the Western Region Focus Group

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Mental Health Promotion and Addiction Prevention in the Western Region Focus Group

Introduction

Background

The purpose of the Community Health Needs and Resources Assessment (CHNRA) focus groups is to provide further insight into the challenges and the strengths identified through the CHNRA surveys. After Western Health reviewed the information from the CHNRA surveys, there were themes identified. One of the themes that were identified was that respondents were very concerned about mental health and addictions. Western Health was not surprised to hear this, as this message had been identified from other sources as well. It was decided to look at other sources of information as well to get a better understanding of what the issues are related to mental health and addictions, so that actions could be identified to work on the issues.

Methodology

A regional focus group was conducted to explore mental health promotion and addictions prevention and the promotion of resiliency and positive coping. Research has shown that programming that incorporates resiliency and positive coping supports positive mental health and prevents substance misuse and abuse.

A discussion guide (Appendix A) was developed by the Mental Health Addiction Manager and Mental Health Consultant to identify the process and content for the focus group. Key stakeholders including Community Health and Mental Health Managers as well as Manager of Research and Evaluation were involved with the development of the discussion guide. Potential focus group participants were identified based on their involvement or knowledge of the focus group topic. The Community Health Manager organized the focus group and potential participants were contacted by written invitation or phone call to request their participation in the focus group and to ensure that the times and locations proposed were convenient. The focus group was facilitated by Lorna Bursey, Community Health Manager, with support from Erica Parsons, CH Manager as note taker. The discussion guide was utilized. Following the focus group, the facilitator and note taker summarized the discussion of each question. A summary report was compiled and sent to participants to ensure that the summary accurately reflected the discussion and that no issues were misinterpreted or missed. The following sections provide a summary of the discussion from these focus groups and a discussion of the themes that emerged.

Results

The focus group for mental health promotion and addictions prevention and the promotion of resiliency and positive coping was held on February 8, 2017 at a face to face meeting at Western Memorial Hospital in Corner Brook There were 7 participants with representatives from Community Mental Health Initiatives, Canada Mental Health Association, Newfoundland and

Question 1: How is resiliency and positive coping being promoted in your area? Prompts: What are you doing? What are others doing? What is happening in your community?

Summary of Responses

There are a wide range of programs and tool kits that already exist and are being delivered in a variety of settings: schools, colleges, community, FRCs, child care centers, etc. Programs focus on building capacity, strengthening relationships, and building coping skills, and creating supportive environments. There is a focus on engaging teachers and program staff in a variety of organizations, but there may still be room for improvement in this area; this could be supported by connecting the experts to the front line e.g. regular webinars/skype, etc. Many programs focus on engaging children and youth in a fun and creative way, providing supports for families and parents and engaging the community as a whole. Examples of some such programs and initiatives include: job readiness programs, programs that focus on building life skills, No Stress Fest, Say Yes to Friendship, festivals, Friends for Life, Safe and caring Schools policy, PATH program, parenting programs, LGBTQ and Gay Straight Alliances, wellness days, wellness fairs, programs focusing on physical activity and creating a supportive environment.

There needs to be a continued focus on early intervention, prevention and health promotion that considers all of the social determinants of health and how they factor into a person's ability to be resilient. A focus on building resiliency should be at the center of all the work we do; we should be focusing on supporting individuals before the issues arise and building resiliency with our young children. It is important to have supportive environments that build peoples capacity and support networks. There also needs to be a continued focus on building capacity with program staff, teachers, and community organizations to ensure they are equipped to facilitate and support others. Partnerships are very important across all sectors – health, education, not for profit groups, and community organizations. We should be working together to address the problems and gaps that exist. It was identified that there is a gap in rural areas where there are limited human resources and supportive organizations and less programming happening; there should be focused attention on how rural areas can be supported.

Question 2: How can efforts to promote resiliency and positive coping be further enhanced Prompts: What can you do? What can others do?

Summary of Responses

Efforts to promote resiliency and positive coping can be further enhanced by strengthening community networks and partnerships. Stakeholders need to know what resources exist and how to access them. There needs to be stronger linkages between school curriculum outcomes and

community supports and resources, more continuity of messaging and programming throughout the region. There are many great resources that have already been developed, some are take and go tool kits but many people still do not know about these resources and programs. There may be opportunities to build stronger networks by using technology as a way to share resources and provide supports, especially to outlying areas and rural communities. Consideration should be given to how we can support people by meeting their basic needs such as food, shelter, transportation so they can become positively engaged in processes that build coping skills etc. We need to consider the factors around the broader social determinants of health and how we can work better together to need all the needs of the people we work with. It is also important to continue to build capacity with staff so they are better equipped to support the people they work with.

Question 3: What supports are needed to promote work in this area? Prompts: What do you need? What do others need?

Summary of Responses

Some supports that are needed to support work in this area include human resources in some areas and parts of the region, building capacity with current resources and strengthening partnerships creating more effective networks and opportunities to share knowledge and resources. Focus on intersectoral and multi-organizational training opportunities to promote consistent learnings and messaging. Use various forms of technology to build broader networks and sharing opportunities – e.g. list serves, skype, social media, etc. There should be a focus on positive mental health for staff and those in helper positions – building supports for staff and clients.

Discussion

The following themes emerged through the focus group discussion:

Theme #1 Community Networks and Partnerships

While there are many existing partnerships throughout the Western Region a need to build stronger intersectoral and interagency partnerships and strengthen existing partnerships and networks was identified. It was identified that continued work is needed to support rural areas where there is less resources and programming available. Participants strongly agreed that working together to identify needs, gaps and develop or share resources would be important to success. Participants are suggesting that communities and agencies need to work together and share resources to create supportive environments by considering peoples basic needs.

Theme#2 Early Interventions

Participants pointed out the importance of early intervention and prevention as central to helping individual and families build positive coping skills. It was suggested that we should target children earlier and ensure there are supports in place that teach resiliency if they encounter challenges. We should create stronger link to the school curriculum and community supports and resources.

Theme #3 Programs and Resources

It was identified that there are many great programs and resources already developed, but there is a need to increase awareness of these available resources. In addition, there should be consideration given to regional demographics and geography to determine where need is in the region with regards to access to resources and program supports.

Theme #4 Building Capacity/Education and Training

Everyone agreed that agencies and communities need to be on the same page as it related to best current practices that support MHA resiliency and positive coping. There must be a coordinated approach to support consistent learning and messages and interagency training opportunities. Training should be focused on building capacity with staff and resource people so that they are better able to work with and support communities and individuals. Training and education must consider technology to be on-going, accessible, and cost effective.

Theme #5 – Technology

It is important to acknowledge technology separately as it was identifies in each of the previous themes as an innovative modality that can be used to build partnerships, strengthen regional networks, share programs and resources and to support education. Skype, videoconferencing, social media, and list serves, were a few examples mentioned by participants. Technology needs to be considered as a means to respond to and address some of the concerns our demographics and geographic present.

Conclusion

In Conclusion the focus group discussions could be summarized as being very positive. The participants, as outlined previously, represented various group or agencies that have linkages with Western Health Mental Health and Addiction program. For the most part, participants spoke favorably about the quality and quantity of programs and services that are currently being offered, both by Western Health and themselves, but identified that there was more that could be done.

The focus groups participants have said that if population based resiliency and positive coping is to be achieved we must do several things better. We must build or strengthen partnerships that collaborate and share resources that agree on and implement best practice programs across the life span with an emphasis on early intervention. We must use technology to if full potential to more efficiently and fairly meet the needs of individuals and communities.

Community Health Needs and Resources

Discussion Guide – Mental Health Managers/ Darla King

2/9/2017



Focus Group Introduction

DURATION: 1-1.5 hours max

WELCOME

- Welcome participants
- Thank participants for agreeing to be part of the focus group; appreciate willingness to participate
- Obtain verbal or written consent to participate
- Collect record of attendance

INTRODUCTIONS

- Introduce moderator and note taker
- Round room introductions

PURPOSE OF FOCUS GROUP

- Explain the purpose of the focus group
- Provide some background information regarding Community Health Needs and Resources Assessment and survey findings.

GROUND RULES (Can be placed on Flip Chart)

- **Helpful tips for the focus group to run smoothly and respectfully for all participants:**
- We would like everyone to participate.
- Only one person talks at a time. It is important that there are no side bar discussions and that everyone is listening as one person speaks.
- Confidentiality is very important so that everyone is comfortable in expressing their true opinions. We will be taking notes, however we will not identify anyone by name. You will remain anonymous.
- There are no right or wrong answers to questions – just ideas, experiences and opinions, which are all valuable.
- It is important to hear all sides of the issue – both the positive and negative.
- Aim to start and end on time.
- Does anyone else have any ‘ground rules’ they would like to add?

CONCLUSION

- Summarize answers to the questions that are recorded. Ask: Is this an adequate summary? Have we missed anything?
- When the focus group is complete, thank participants for their participation and the note taker for taking notes.

Focus Group

Mental Health Promotion and Addictions Prevention

Background

Recently WH has completed a needs assessment survey with residents of the western region. Over 700 people responded to the survey and expressed their opinions on a variety of questions about satisfaction with health services and community services, identification of strength and issues within the community. Western Health uses this information to help plan for service delivery. After WH reviewed the information from the surveys, we identified areas that we want to know more about. One of the themes that we found in the survey results is that respondents were very concerned about mental health and addictions. Western Health was not surprised to hear this, as we had heard similar things from other sources as well. We decided to look at other sources of information as well to get a better understanding of what the issues are related to mental health and addictions, so that we can start to think about what we can do about the issues.

Here is a summary of some of the key things we know about this topic:

What people have told us about Mental Health and Addictions?

- The Community Health Needs and Resources survey identifies that people in the Western Region identify mental health and addictions as a significant problem in our region.
- The overall findings of the Comprehensive School Health Assessments (2016) demonstrate that bullying, stress, tobacco and alcohol/drug use are amongst the top concerns reported by school age children in the Western Region.
- Clients who access Mental Health and Addictions have a very good experience 9.48/10 , 91% would definitely or probably recommend the program.(Patient Experience Survey-2013)
- We have significant information from Primary Health Care Engagement sessions on how the community would like us to address barriers to access. Improving access has been a goal within the Mental Health and Addictions program over the last number of years and will continue for 2017-18.

What we know about Western Health Services:

- Referrals to Mental Health and Addictions Services continue to grow significantly, since 2006/2007 we have seen a 159% growth in referrals.
- Through significant efforts to increase access to Mental Health and Addictions Services, the number of active clients has grown every year. In 2015- 16 there were a total of 4,258 clients seen in the region as compared to 3,913 in 14/15 and 3,790 in 13/14. This represents a 12.3 percent increase in clients seen. (Source: CRMS)
- Wait times continue to provide a barrier to service. While clinical efficiency efforts have continued and progress has been made the increase in referral have a significant impact on wait times. In particular in this region wait times beyond the expected benchmarks are experienced at Blomidon Place, Corner Brook, Port aux Basques and Stephenville Mental Health Services.

What we know from experts in the field:

- While we will continue to work on improving access to Mental Health and Addictions, the growth in the need for services must be addressed through an “upstream” approach. Our Mental Health and Addiction program is not able to sustain the continued growth in demand without making a significant shift.
- The Mental Health Commission of Canada in its Mental Health Strategy: Changing Directions, Changes Lives” “recognizes that we will never be able to adequately reduce the impact of mental health problems and illness through treatment alone. As a country, we must pay greater attention to the promotion of mental health for the entire population and to the prevention of mental illness wherever possible.” A proposed provincial mental health and Addiction Action Plan is expected to be released in the coming months. The priority areas are expected to include reduction of stigma and discrimination, promotion, prevention and early intervention, transformation of the service system to contain a recovery lens, integration of services to expand accessibility, creation of new policies, services and supports for young people and a focus on quality accountability and measuring success.
- The Provincial Wellness Plan (2006-2008) identifies Mental Health Promotion as a wellness priority. A new Provincial Wellness Plan is currently in development, Provincial Wellness Workshops have been held to inform the development of this plan. Workshop results indicate that Mental Health Promotion and Substance Use are among the wellness priorities identified as most important.
- Within the region, we are ready for such as focus. Our Health Promotion Framework (2013) recognizes mental health as a priority area, we have a leadership committee overseeing our health promotion initiatives, there are dedicated positions (Regional Mental Health Promotion Consultant and Regional Addiction Prevention Consultant)and significant work has been completed to identify best practices in mental Health promotion and addictions prevention (Mental Health Promotion and Addictions Prevention: A Health Promotion Strategy).

The purpose of this focus group is:

- Within this region, significant work has been undertaken to identify best practices in Mental Health Promotion and Addiction Prevention. In the report, “Mental Health Promotion and Addictions Prevention; A Health Promotion Strategy” it is recognized that there is a need for continued prevention and promotion effort to support the following priority areas.
 - › Stigma
 - › Stress
 - › Depression
 - › Anxiety
 - › Alcohol Use
 - › Youth Substance use
 - › Suicide
 - › Violence

Evidence informed practices involve initiatives that target specific groups and settings, address risk and protective factors, set clear goals, support communities to take action, and are sustained over time. Better outcomes are achieved when needs are addressed in everyday settings such as home, schools, and workplace.

To further this work, the strategy outlined 10 priority recommendations.

1. Enhance Collaboration and coordination across sectors.
2. Avoid Duplication of effort.
3. Ensure outcome measures and continuity planning are integrated into promotion and preventions efforts.
4. Address Stigma
5. Promote Resilience and Positive Coping
6. Address Alcohol Use
7. Address Youth Substance Use
8. Address Suicide Prevention
9. Support Violence Prevention
10. Incorporate Trauma Informed Practices

The focus of this group will be as it relates to mental health promotion and addictions prevention and the promotion of resiliency and positive coping. Research has shown that programming that incorporates resiliency and positive coping supports positive mental health and prevents substance misuse and abuse.

Focus Group Questions

1. How is resiliency and positive coping being promoted in your area?

Prompts: What are you doing? What are others doing? What is happening in your community?

2. How can efforts to promote resiliency and positive coping be further enhanced

Prompts: What can you do? What can others do?

3. What supports are needed to promote work in this area?

Prompts: What do you need? What do others need?

Focus Group Target Audience:

1. Betty Tilley NLESD
2. Jade Kearley CMHI
3. Heather Musseau CMHA
4. Bonnie Rotchford CHANNAL
5. Tanya Hawko PAB Women's Center
6. Stephanie Cashin CONA
7. Beatrice Hancock CEN – Stephenville
8. Sgt Patrick Dornan RCMP - Deer Lake
9. Liz Lasaga Flat Bay Band Council
10. Allison Rice Roberts Department of Education
11. Trudy Barry Victim Services