

**Provincial Dialogue on Mental Health Promotion  
March 24 & 25, 2009  
Winnipeg, MB.**

**Summary Report**

**HEALTH**  
**in COMMON**

Strengthening connections for healthy sustainable communities

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## Who we are

### **Mental Health Promotion Champions Network**

The Mental Health Promotion Champions Network is a Winnipeg region network established to create a concerted, sustained and focused endeavor in mental health promotion across multiple sectors throughout the region. The objectives of the network include the following:

1. **Establish** a collaborative network of mental health promotion champions.
2. **Compile** an environmental scan of mental health promotion activities in the Winnipeg Region.
3. **Develop** a regional mental health promotion strategy and implementation plan to deliver the strategy in a sustainable fashion.
4. **Influence** decision makers regarding the need to resource mental health promotion activities.
5. **Partner and collaborate** with other program/sectors on mental health promotion initiatives.
6. **Plan** a national forum and conference; highlighting evidence based mental health promotion strategies and creating opportunities for networking across the country.

### **Mental Health Management Network**

The Provincial Mental Health Management Network is comprised of those individuals responsible for the management of Mental Health Services, including mandated services, within Manitoba;

- Provincial Mental Health Programs and Services Executive Network Representatives
- Regional Mental Health Senior Managers
- Manitoba Health, Health Programs Representatives
- Selkirk Mental Health Centre Representative
- The Network jointly reports to the Provincial Health Programs and Service Executive and Manitoba Health

The Purpose of the Mental Health Management Network is to:

- facilitate information sharing and problem-solving related to provision of mental health services in Manitoba;
- collaborate and share expertise (best practices) to maximize effective, efficient and, where needed, Inter-regionally coordinated Mental Health strategies;
- serve as a resource to the Regional Health Authorities, Manitoba Health, staff, consumers and each other; and
- advocate for and advise on standards, policy, program planning, training, development and evaluation.

**Health in Common** strengthens connections for healthy sustainable communities by:

- making tools and resources easily accessible;
- improving communication between non-government, government and private sector groups and organizations;
- creating opportunities for groups and organizations to work together; and
- enhancing capacity for evaluation.

## **Introduction**

Hosted by Health in Common, in partnership with the Mental Health Champions Network and Mental Health Management Network, the Provincial Mental Health Dialogue was held on March 24 and 25, 2009 in Winnipeg. Fifty nine people representing community, government and academia registered for the forum. The purpose of the event was to bring together a diverse group of government and community representatives to learn about and discuss opportunities for enhanced mental health promotion in Manitoba.

The second afternoon of the Mental Health Dialogue gave participants a chance to discuss, in small groups, the types of Mental Health Promotion activities going on in their region. Following this, groups were asked to brainstorm the actions needed to promote mental health promotion concepts in their communities; as well as the supports and partnerships needed to move this process forward. A summary of the roundtable discussions are included in Appendix 1.

After the forum, 24 participants completed an evaluation form. Results are summarized below. The evaluation gathered participant feedback on three main areas.

1. The extent to which participants' knowledge of concepts in mental health promotion increased (8 concepts identified and rated on scale of not at all, not very, somewhat, very much or no opinion).
2. Overall feedback on the extent to which the forum met expectations, was useful and should be repeated in future.
3. Feedback on how learning's would be applied and recommendations for future dialogues.

## **Recommendations**

Throughout the two days, participants were asked to reflect on opportunities and challenges for integrating Mental Health Promotion into their work.

Identified challenges included a lack of resources (both human and financial); difficulty identifying appropriate measures and indicators; and, a need to recognize the importance for prevention while overcoming a “service delivery only” mindset.

Despite these challenges, there remains a strong desire and commitment to moving Mental Health Promotion forward in Manitoba. Based on the themes identified, the following recommendations are proposed:

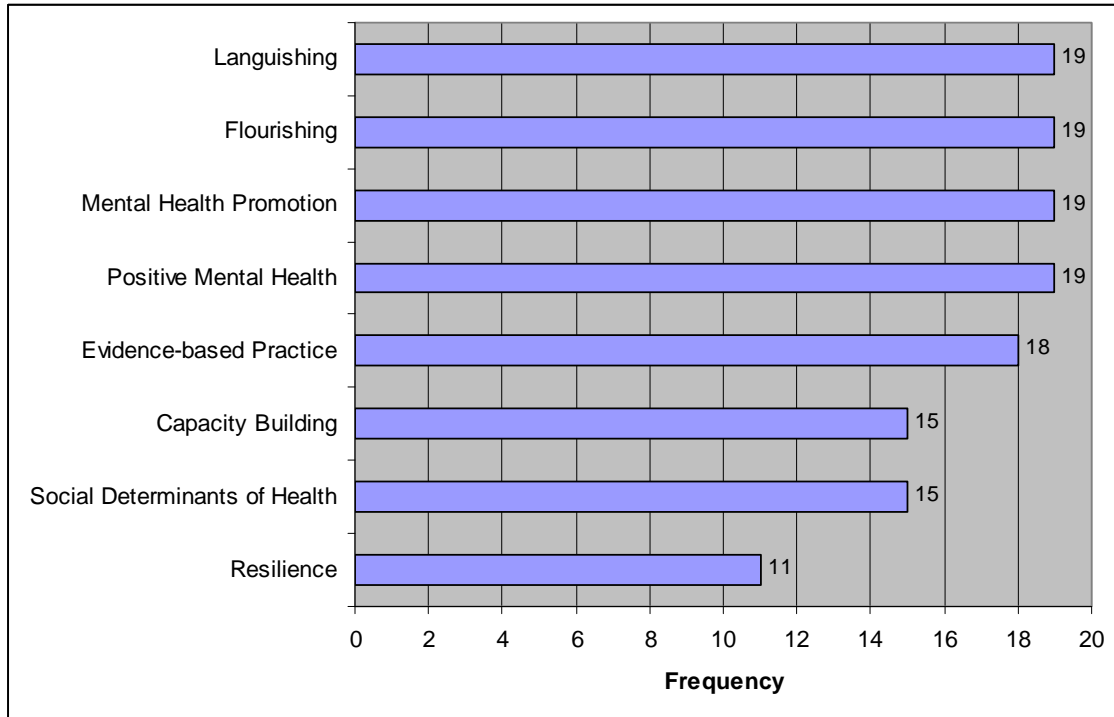
- identify and support leadership to provide direction and momentum for Mental Health Promotion;
- expand and create opportunities for dialogue within and across sectors;
- mainstream Mental Health Promotion concepts to be more broadly understood by service providers and the general public;
- support the implementation of universal programming that is evidence-based;
- enhance communication; and
- explore opportunities for innovative and effective social marketing as part of a comprehensive approach.

## Evaluation Findings

### *Increased knowledge*

Participants indicated whether or not the workshop increased their knowledge of concepts related to mental health. Figure 1 shows the total number of respondents stating that their knowledge of the topic increased “somewhat” or “very much.”

**Figure 1: Number of participants reporting increased knowledge of concepts (N=24)**



### *Overall impression*

Participants were asked to rate their overall impression of the forum by rating their level of satisfaction to four statements: did the forum meet expectations; did they gain overall understanding; will they apply concepts in their community; would they like to see another forum. Table 1 lists responses.

**Table 1: Did the forum meet your overall expectations?**

	<b>Very Much % (n)</b>	<b>Somewhat % (n)</b>	<b>Not very / Not at all % (n)</b>	<b>No opinion / missing % (n)</b>
<b>Forum met expectations</b>	58.3% (14)	37.5% (9)	0.0% (0)	4.2% (1)
<b>Gained overall understanding of topics</b>	70.8% (17)	25.0% (6)	0.0% (0)	4.2% (1)
<b>Plan to apply concepts in my community/region</b>	66.7% (16)	25.0% (6)	0.0% (0)	8.3% (2)
<b>Would like to similar dialogues in the future</b>	95.8% (23)	0.0% (0)	0.0% (0)	4.2% (1)

### ***Open-ended responses***

In response to one action you can do to enhance mental health promotion in your community responses can be grouped in to two broad themes: building partnerships; and communicating about mental health promotion. (see Appendix 2; table 2 for list of responses)

When asked what part of the forum they enjoyed the most, five participants responded that they liked everything about it. Others identified roundtable, networking opportunities and panel/presentations as the most enjoyable aspects. (see table 3 – appendix 1).

Participants were asked to provide their recommendations for future dialogues. Comments were related to the following themes:

- expand representation to include different partners, sectors and levels (management/front line);
- expand to include non-service provider input;
- suggestions to improve content;
- integration with the Healthy Living Strategy development;
- suggestions regarding logistics;
- focusing on outcomes.

**Appendix 1: Summary of roundtable discussion**

1. What steps are necessary to enhance and promote key mental health promotion concepts within your communities?

What would happen? What are the steps?	For what purpose?
<ul style="list-style-type: none"> <li>- expanding and enhancing partnerships</li> <li>- control → shared responsibility outside of health (RHA &amp; MHHL)</li> <li>- ↑ community leadership/peer leadership</li> <li>- send key messages to give license to share and talk about issues and reduce stigma</li> <li>- be sensitive to impact we have in the community to shape attitudes (both negative and positive influences)</li> <li>- linking dialogue within systems (i.e. sport &amp; recreation) → provide guiding principles for community leaders &amp; coaches to support enhanced capacity to promote mental health (build in as deliverable within funding structure) &amp; hold them accountable to principles</li> <li>- government leadership needs to know that MHP is important (eg. no free/low cost marriage/family therapy services available or accessible through some regions)</li> <li>- need to increase opportunity for communities to provide these services</li> <li>- ↑ shared care/collaborative care models, especially in small/rural/northern communities</li> <li>- universal (illegible) in ASIST/MHFA</li> <li>- continue to disseminate message that we <u>all</u> have a part/responsibility</li> </ul>	

**APPENDIX 1: Summary of roundtable discussion**

<ul style="list-style-type: none"> <li>- positive, hopeful messaging of good mental health</li> <li>- social marketing of ways to support family/community/ co-workers</li> <li>- share information (repository) for resources to address mental health in the community (i.e. clearinghouse)</li> </ul>	
<hr/> <ul style="list-style-type: none"> <li>- education on the two continua model</li> <li>- link this concept of flourishing with quality of life</li> <li>- education target service providers</li> <li>- link with social determinants of health</li> <li>- resilience, link with resilience theory</li> <li>- make MHP practice understandable – break it down</li> <li>- build relationships with other sectors</li> <li>- identify champions</li> <li>- Suggestion: Provincial Forum for Mental Health Promotion for sharing information/network</li> </ul>	<hr/> <ul style="list-style-type: none"> <li>- to get public understanding of the benefits of positive MH</li> <li>- in order to build confidence to do the work</li> <li>- get buy in</li> <li>- create more</li> <li>- influence</li> </ul>
<hr/> <ul style="list-style-type: none"> <li>- MH is everybody’s business</li> <li>- SDOH →</li> <li>- provincial leadership</li> <li>- best practices</li> <li>- evidence based programs to choose from</li> <li>- clarify goals – engage people</li> <li>- change the language</li> </ul>	<hr/> <ul style="list-style-type: none"> <li>- decrease silo effect</li> <li>- drive agenda at a policy level</li> </ul>

## APPENDIX 1: Summary of roundtable discussion

<ul style="list-style-type: none"> <li>- start in the schools → early vision of coping, community</li> <li>- destigmatize</li> </ul>	<hr/>
<hr/> <ul style="list-style-type: none"> <li>- grass roots ownership (i.e. community engagement)</li> <li>- education – but first assess readiness for promotion → often later stage</li> <li>- provision of resources &amp; supports within community</li> <li>- find community champions</li> <li>- build awareness &amp; capacity within helping services – target MHFA?</li> <li>- more cross sector, interdepartmental commitment!</li> <li>- VISION: balance with treatment and prevention – equally important</li> <li>- make more resources affordable and accessible (eg. free MHFA ASIST)</li> <li>- continue to support funding to RHAs for mental health promotion activities</li> </ul>	<hr/> <ul style="list-style-type: none"> <li>- for initiatives to be meaningful and sustainable</li> <li>- ensure message matches what community ready to hear (physical wellness to mental wellness)</li> <li>- community empowerment</li> <li>- credibility, sustainability</li> <li>- early intervention – reduce stigma</li> <li>- more shared ownership – shared resources</li> <li>- allow health professionals to dedicate more time be more available to community</li> <li>- blanket community with wellness messaging</li> <li>- allow more opportunities for community based initiatives</li> </ul> <hr/>
<hr/> <ul style="list-style-type: none"> <li>- reducing stigma</li> <li>- draw people together to promote MH using other means (e.g. in motion walking program for women with mental health issues)</li> <li>- MH Promotion as part of all programs</li> <li>- needs to be an integral part “health”, “wellness”</li> <li>- e.g. Residence Association (Gilbert Park)</li> <li>- education component – client led</li> <li>- meet people where they gather (e.g. coffee shops) – go to them – make it relevant to what they want</li> <li>- need to be true to the community you are in</li> </ul>	<hr/> <ul style="list-style-type: none"> <li>- building confidence as a group, without MI being the focus → wellness vs. illness</li> <li>- giving groups what they want vs. what we want</li> <li>- people in their own environment</li> </ul>

**APPENDIX 1: Summary of roundtable discussion**

<ul style="list-style-type: none"> <li>- engage people in what they already know</li> <li>- using theatre, art, comic book (NRHA), etc to engage youth             <ul style="list-style-type: none"> <li>o need to use their venues (computers, blogs, facebook, etc.)</li> </ul> </li> </ul>	
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2. How can we support and implement evidence informed mental health promotion activities at multiple levels?

What are the opportunities?	What are the challenges?
<ul style="list-style-type: none"> <li>- identify mechanisms for finding evidence/best practices</li> <li>- engage people who use services (consumers → broadly defined...clients, clinicians, promoters, educators, etc.) as a source of information/experience to guide programs/services development and/or implementation</li> <li>- ground evidence in “participatory action or community-based research principles”</li> <li>- engage consumers in gathering, analyzing &amp; interpreting evidence</li> <li>- “evidence-based” needs to be demystified</li> <li>- encourage dialogue</li> <li>- untapped resources in community (people, capacity, etc.)</li> <li>- CDPI as opportunity to engage and build capacity</li> <li>- KISS – Keep It Simple &amp; Sustainable</li> <li>- FUNDERS: build evaluation into programming &amp; tie to measurable/achievable outcomes - ↑ accountability             <ul style="list-style-type: none"> <li>o provide templates and tools to ↑ comfort and evaluation literacy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- don’t know how to find or gather the information to support evidence</li> <li>- make it easy!             <ul style="list-style-type: none"> <li>o need human resources (dedicated staff) and money</li> <li>o common language</li> <li>o simple language</li> </ul> </li> <li>- lack of time/resources to dedicate to facilitating MHP, implementing, sustaining, evaluating</li> <li>- clearinghouse of local resources and evidence (e.g. MERC)</li> <li>- measuring quality of MH care is very difficult</li> <li>- finding appropriate/reasonable indicators &amp; measures</li> </ul>

## APPENDIX 1: Summary of roundtable discussion

<hr/> <ul style="list-style-type: none"> <li>- rich body of prevention science</li> <li>- educate funders</li> <li>- need a clearinghouse concept – to make accessible/available evidence (model: Centre for Health Policy)</li> <li>- measure the right thing</li> <li>- determine MH indicators/outcomes</li> <li>- select an intervention and saturate the population</li> </ul>	<ul style="list-style-type: none"> <li>- knowledge translation</li> <li>- challenge decision making</li> <li>- not all people/communities have time/skills/resources to get the information</li> <li>- diffusion of efforts – potentially problem</li> <li>- popular vs. effective</li> </ul>
<hr/> <ul style="list-style-type: none"> <li>- use existing network and coalitions to disseminate info to external sectors</li> <li>- adopt at provincial level →</li> <li>- link with academic resources for research data etc</li> <li>- build supports and coalitions amongst departments – i.e. Healthy Child Committee of Cabinet</li> </ul>	<hr/> <ul style="list-style-type: none"> <li>- lack of time</li> <li>- awareness of lag between programs and outcomes</li> <li>- overcoming the mind set of (illegible) vs. promotion</li> <li>- PAY ME NOW OR PAY ME LATER →</li> </ul>
<hr/> <ul style="list-style-type: none"> <li>- more synergy between research and on-the-ground mental health teams</li> <li>- more building partnerships with systems that share investment → education, justice</li> <li>- networking on provincial and local level for sharing ideas on ongoing basis</li> <li>- utilizing the Community Health Assessments more</li> <li>- Resiliency: Empowerment needs to be focus</li> </ul>	<hr/> <ul style="list-style-type: none"> <li>- training individuals and community members on how to implement an evaluation process</li> <li>- what is the goal?</li> <li>- is it even measurable?</li> <li>- the long term nature of demonstrating evidence impacts access to funds or buy in from politicians</li> <li>- look beyond attitudes, behaviours but also the environment conditions that promote or derail wellness</li> <li>- in addition the quick-fix mentality that exists for change</li> <li>- lack of support at municipal level</li> <li>- lack of understanding of mental health promotion at municipal local levels or how money is parceled out for distribution</li> <li>- the trickle down of info from CHA back to community</li> </ul>

## APPENDIX 1: Summary of roundtable discussion

<hr/> <ul style="list-style-type: none"><li>- harm reduction approach – small steps – not “all or nothing”</li><li>- looking at manageability of MH case worker</li><li>- defining success</li><li>- look at “a direction of change”</li><li>- individuals need to define their own wellness</li><li>- need to educate the “bean counter” about complexity of MH – qualitative data</li><li>- community driven, community led</li></ul>	<hr/> <ul style="list-style-type: none"><li>- \$ - evaluation is expensive</li><li>- what is success? Whose definition?</li><li>- when will we see the results? – we demand results now</li><li>- getting to “success” may be different for everyone</li><li>- complexity of what “MH” means</li><li>- what is success individually?</li></ul>
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3. What collaborations/partnerships could be formed to strengthen mental health promotion in your communities?

What is the purpose of partnerships?	Who could the partners be?	What supports/resources are needed?
<ul style="list-style-type: none"> <li>- to ensure that MH aspect is raised in each area of health</li> <li>- capitalize on existing institutions – pastors can be great mobilizers if on board</li> <li>- outreach to people in diverse and/or isolated communities</li> <li>- to reach hard to reach or those we aren't reaching</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>- “environmental scan”</li> <li>- Focus on networks, partners, existing groups beyond health/social services</li> </ul>	<ul style="list-style-type: none"> <li>- sports and rec</li> <li>- public health/mental health and chronic disease and primary care</li> <li>- (be Manitoban centered i.e. forward thinking, keeping the mental health of all Manitobans in the forefront</li> <li>- Arts</li> <li>- Churches/spiritual groups</li> <li>- Identify leaders in community/government (connectors/ point people and decision makers)</li> <li>- Across sectors</li> <li>- Visible and invisible leaders</li> <li>- Including leaders of systems, organizations and networks</li> <li>- Interjurisdictional partners – First Nations, RHA, MHHL, PHAC</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>- city planners</li> <li>- in motion</li> <li>- city of Winnipeg Parks/Recreation</li> <li>- child care sector</li> </ul>	<ul style="list-style-type: none"> <li>- charm and guise</li> <li>- effort and willingness</li> <li>- find the right people</li> <li>- leave your systems “hat” at the door</li> <li>- eliminate “exclusive” disease focus label (e.g. “heart patient, cancer patient, not a patient) and switch to Manitoban focus</li> <li>- need to identify people who are well respected on both sides to bridge the gap</li> <li>- how to partner in a culturally safe way</li> <li>- managing jurisdictional issues is a challenge/barrier</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>- community facilitators               <ul style="list-style-type: none"> <li>o community inventories/assets</li> </ul> </li> <li>- school divisions</li> <li>- relationship with Centre for Health</li> </ul>

**APPENDIX 1: Summary of roundtable discussion**

<ul style="list-style-type: none"> <li>- Start young</li> </ul> <hr/> <p>Interagency group</p> <ul style="list-style-type: none"> <li>- Development</li> <li>- Challenge</li> </ul> <hr/> <ul style="list-style-type: none"> <li>- communicative</li> <li>- shared initiatives/planning             <ul style="list-style-type: none"> <li>o important that they are community friendly not just agency friendly</li> </ul> </li> <li>- community buy in</li> <li>- utilize (illegible) expertise</li> </ul>	<ul style="list-style-type: none"> <li>- school divisions</li> <li>- university programs             <ul style="list-style-type: none"> <li>o education</li> <li>o social work</li> <li>o psychology</li> <li>o sociology</li> </ul> </li> </ul> <hr/> <ul style="list-style-type: none"> <li>- CFS</li> <li>- Probation/corrections</li> <li>- PH</li> <li>- GPs – primary care</li> <li>- Education/day cares</li> <li>- Crisis centres</li> <li>- Police/RCMP</li> <li>- MH Advisory Council</li> <li>- Community District Council</li> </ul> <hr/> <ul style="list-style-type: none"> <li>- local school leaders, town councils, housing, childcare, EIA, health</li> <li>- eg. Comperville (illegible), Swan River (illegible)</li> <li>- community leaders</li> <li>- community churches</li> <li>- community (illegible)</li> <li>- connecting with local First Nations community to have representation</li> <li>- youth representation – 3 instead of just 1</li> <li>- addiction services</li> <li>- utilize local resources available</li> </ul>	<p>Policy</p> <hr/> <ul style="list-style-type: none"> <li>- dedicated position to coordinate</li> <li>- with admin support</li> </ul> <hr/> <ul style="list-style-type: none"> <li>- looking for inkind measures between service providers/other than dollars</li> <li>- support from agency leaders to see the value in involving community members             <ul style="list-style-type: none"> <li>o (illegible) invite with no strings attached</li> </ul> </li> <li>- (illegible) in process</li> </ul>
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**APPENDIX 1: Summary of roundtable discussion**

<p>-----</p> <ul style="list-style-type: none"> <li>- linking with Parent-Child Coalitions</li> <li>- start young</li> <li>- looking at non-traditional partners</li> <li>- one stop shops</li> <li>- broad-based partnerships             <ul style="list-style-type: none"> <li>o be true to what community needs</li> </ul> </li> <li>- community schools model</li> <li>- conflict resolution model             <ul style="list-style-type: none"> <li>o looking at what groups have in common</li> </ul> </li> </ul>	<p>through library → info, meeting space</p> <p>-----</p> <ul style="list-style-type: none"> <li>- schools</li> <li>- sports/recreation</li> <li>- resource centres</li> <li>- broad-based membership</li> <li>- clients, success stories</li> <li>- community centres</li> <li>- champions</li> </ul>	<p>-----</p> <ul style="list-style-type: none"> <li>- money             <ul style="list-style-type: none"> <li>o travel</li> <li>o time</li> </ul> </li> <li>- availability – not 9-5 work</li> <li>- communication</li> </ul>
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4. Identify one or more specific actions you could take to advance mental health promotion in your communities.

What is the action?	What is the purpose?	Who could be involved?
Incomplete	Incomplete	Incomplete

## APPENDIX 1: Summary of roundtable discussion

### What is happening in terms of mental health promotion?

- Canadian Mental Health Association – MB Division
  - o Empowerment and Recovery
    - Speakers Bureau
  - o Participatory Action Research
  - o Consumer Leadership
  - o Eating Disorders Program – focus on holistic
- Interlake RHA
  - o Regional Community Wellness Program with mental health component
  - o Dedicated person focused on wellness
  - o First Nations Communities – hired one staff person to work on Mental Health Promotion (.2 EFT)
  - o Mental Health First Aid
  - o Suicide Prevention Committee
- WRHA
  - o Mental Health Promotion Team
  - o Louis Riel School Division – whole school approach to MH Promotion
    - Handle With Care/Reaching in Reaching Out
  - o Mental Health First Aid
  - o Body Image Promotion
  - o Mental Health Promotion Champions Network
  - o Mental Health Literacy Network
  - o River Heights Community Area
    - Healthy Living focus
    - Workplace wellness focus
    - Desire to do work in the area of MHP
- Assiniboine RHA
  - o Target suicide prevention
  - o Strategy focus on farmers
    - “Coffee is on Us”
    - “Make it Your Business”
  - o Tip Sheets
  - o Tips for sleeping well
  - o Tips for spending time with your family
  - o Outreach
- CDPI
- Get Better Together
- Suicide Prevention
  - o Andrew Dunn Memorial Walk
  - o Rock ‘n’ Roll Marathon (Imagine)
  - o ASIST/SafeTALK
- Community Health Assessment as awareness raising tool
- Recreation Associations
- Spiritual Health Opportunities – small groups
- Social groups for youth/adults

## APPENDIX 1: Summary of roundtable discussion

- Roots of Empathy
- WASAC – Winnipeg Aboriginal Sports Achievement Centre (Shamattawa)
- South Eastman RHA
  - o Sessions for the community (Men Get Depression, Psychosis, Stress....)
- DART (Dauphin At Risk Teens)
  - o Case conference that bring together all service providers of specific at-risk youth and family
  - o Currently 15 teens
  - o Have funding for another year – funding from various organizations (AFM, MH....)
  - o Brandon
  - o Selkirk (SMART)
- Healthy Baby
- Families First
- Stop FASD
- Triple P
- Communities That Care
- Hero Clubs (Parkland)
- Positive Living Program (South Eastman)
- Changes Clubhouse (North Eastman)
- Heroes of Mental Health Luncheon (North Eastman) – CMHA
- “Expressions”/Wellness Art Group (South Eastman)
- Teen Clinics/Seniors Clinics
- Coping with Change
- Art Beat Studio (WRHA)
- Support Groups – family/consumer/children
- Regional Suicide Prevention Committees
- Mental Health First Aid – Thompson, The Pas, Norman, Interlake, Winnipeg
- Gilbert Park Project
- Safe Talk
- Post Partum Depression
- Roots of Empathy
- Age and Opportunity Programs
- In Motion activities
- MH Awareness Week
- Farm Safety Programs
- Pandemic Planning Committees
- Disaster Management
- Building Emotion Resilience
- Consumer Groups – self help
- Lighthouse Initiative
- I’m a Thumbbody
- Welcome Wagon
- Immigrant/Welcome Services
- Church based activities

## APPENDIX 1: Summary of roundtable discussion

- Habitat for Humanity
- Grandmother to Grandmothers
- Community gardens
- Blue Light Project – smoke-free homes
- Parenting Support Programs – family resource centres
- EAP
- Great West Life
- Walking groups
- Grief support groups
- Swan River CDPI
  - o Kids cooking club
- Sandy Bay First Nation
  - o Tae Kwon Do Training (CDPI)
- Carmen Power Smart Summer Games
  - o Volunteerism, community cohesiveness, breaking barriers between SES, intergenerational
- Salvaging the Sisterhood – Swan River Elementary School anti bully
- Mended – long term goal to make program transferable to Manitoba and Canada-wide – include mentor mechanism to reach out to unemployed or isolated
- Intergenerational Cooking clubs – St James Assiniboia – seniors with high risk youth from alternative high school
- Greenhouse program in St James with support of St James SA Seniors (illegible) children
- 4H Programs in rural MB
- Open gym programs for youth
- Neighbourhoods Alive – using provincial resources to target community needs
- U of M / WRHA
  - o “Coaching for Confidence” program (5 – 7 yr)
  - o Parent info sessions on anxiety (with ADAM)
- Homeless shelter (The Pas)
- Sense of ownership, dignity
- Connecting agencies
- Wellness Centre (The Pas)
  - o “Not just another gym” – whole health
  - o RHA involvement
  - o E.g. Get Better Together through centre
- In motion grant (Flin Flon)
  - o Women with chronic mental health issues – walking program
  - o Decrease isolation, increase self-reliance
  - o Looking at wellness

**Appendix 2: Summary of open-ended responses**

<b>Table 2: What is one action you can do to enhance mental health promotion in your community?</b>	
Build partnerships	<ul style="list-style-type: none"> <li>○ Consider meeting with groups and individuals who would not normally be invited to the table.</li> <li>○ Promote addictions field as a needed participant in the process.</li> <li>○ Partnership with AFM youth education to support after school teen clinics for addiction services.</li> <li>○ Work with public health to support delivery of prenatal classes.</li> <li>○ Enhance (and build new) partnership with RHAs, communities, governments and Aboriginal agencies/ communities/groups</li> <li>○ Strategy to connect with faith-based organizations and workplaces.</li> <li>○ Keep working with Champions group.</li> <li>○ Enhance our partnerships with Education and facilitate more activities in schools. A second action would be to offer more support to our Triple P practitioners.</li> <li>○ Develop and increase collaborative partnerships</li> </ul>
Promotion & communication	<ul style="list-style-type: none"> <li>○ Continue to organize and carry out promotion activities as well as bringing other services/agencies on board with them.</li> <li>○ I'll personally champion MHP everywhere! Continue my work in MHP and look for new opportunities.</li> <li>○ To include mental health promotion within community healthy living promotion.</li> <li>○ Talk about it with everyone I come into contact with.</li> <li>○ Pass on this information to my agency.</li> <li>○ In policy work, weave in concept of mental health promotion.</li> <li>○ Take every opportunity to talk about and model the importance and relevance of mental health promotion in every sphere of my life.</li> <li>○ List the variety of ideas that came out of the dialogue and distribute to team - what can we do? Achievable.</li> <li>○ Three well being model based on Dr. Tracey Peter's presentation.</li> <li>○ Ensuring MH promotion is built into the process and "attitude"/outcomes of funded programs.</li> <li>○ Share with colleagues and ensure dissemination through CDPI leads.</li> <li>○ Persevere! Continue to put my best foot forward.</li> </ul>

<b>Table 3: What did you enjoy most (presentations, panel, roundtable, etc.) about the dialogue?</b>	
Enjoyed all aspects	<ul style="list-style-type: none"> <li>○ I can't pick! I enjoy the discussion but am wondering how valuable it is overall - I hope to find out in the future.</li> <li>○ All were very beneficial - can't pick favorite.</li> <li>○ All were relevant.</li> <li>○ All the above - need more of this</li> <li>○ It was all very good and well facilitated.</li> </ul>
Networking	<ul style="list-style-type: none"> <li>○ Presentations, but mostly the networking and meeting people with similar interests.</li> <li>○ Meeting others that work in community development.</li> <li>○ Involvement of broad participants e.g. Doug from community-based men's group, academics, mental health, province, RHA's.</li> </ul>
Roundtable	<ul style="list-style-type: none"> <li>○ Roundtable and the opportunity to share and listen.</li> <li>○ Roundtable and small group discussion also helpful.</li> <li>○ Panels and Roundtable - All was very informative and applicable!</li> <li>○ Round table</li> <li>○ I enjoyed the round table discussions and examples shared through networking.</li> <li>○ Roundtable</li> <li>○ Roundtable</li> <li>○ Roundtable - idea sharing.</li> </ul>
Presentations and/or panel	<ul style="list-style-type: none"> <li>○ Presentations, Roundtable. Was not here for panel.</li> <li>○ Presentations and panels were very good.</li> <li>○ Presentations (Tracey Peter and Chris Summerville were great and informative)</li> <li>○ The panels were a great way for programs to share their stuff. Enjoyed how they covered the lifespan and represented different regions.</li> <li>○ Hearing about projects going on in various neighbourhoods, and learning about new provincial initiatives. I liked the enthusiasm of some of the participants! Enjoyed Tracey Peter's presentation.</li> </ul>

**Table 4: What recommendations do you have for future provincial dialogues?**

Broaden representation	<ul style="list-style-type: none"> <li>○ To integrate mental health promotion, healthy living, chronic disease prevention so that we can look at needs of a total/client community as the determinants of health behaviors are inter-related for all planning</li> <li>○ Increase involvement from First Nations/Aboriginal organizations and organizations of diverse (illegible), psychiatric survivors anti-poverty advocates, etc.</li> <li>○ Just - do it again! Also please invite other reps, i.e. school, ministerial - others that are interested in this but not always part of the discussions.</li> <li>○ Broader representation from sport/recreation, aboriginal groups, AFM as well as agencies outside of health!</li> <li>○ People of influence - political - policy etc. staying and participating.</li> <li>○ Open to anyone interested: including non-traditional partners such as leaders in faith-based organizations, addictions, arts.</li> <li>○ Grow the seed that has been planted today! BYOB - Bring Your Own Boss to future dialogues on mental health promotion. Special invitation to potential allies beyond existing network.</li> </ul>
Expand beyond “service providers”	<ul style="list-style-type: none"> <li>○ First-person accounts of Mental Health promotion activities and their personal impact (not just a service-provider standpoint).</li> <li>○ Consider duplicating this day for a sampling all Manitobans at large. Individuals who have an opinion(s) and recommendation(s) and answer(s) of services that they would find beneficial.</li> </ul>
Agenda and/or content ideas	<ul style="list-style-type: none"> <li>○ Front line staff - presenters.</li> <li>○ More opportunity to share and plan action on mental health promotion. Skills building component - how to do effective mental health promotion.</li> <li>○ More presentations on evidence-based Mental Health promotion initiatives applicable for Manitoba.</li> <li>○ I would like more concrete information on best practices in breaking down stigma and in doing mental health promotion.</li> </ul>
Integrate with Health Living Strategy development	<ul style="list-style-type: none"> <li>○ To connect/include people from this dialogue into the upcoming Healthy Living Strategy at planning/early stages.</li> </ul>
Logistics	<ul style="list-style-type: none"> <li>○ Timing of the year - avoid "weather advisory season if expect rural people to attend"</li> <li>○ Have it a complete full 2 days so that the speakers do not need to rush through.</li> <li>○ I realize that the weather limited the size of the group but it turned out to be a positive for me in terms of connecting and sharing with attendees. I would recommend establishing optimum numbers for this style of activity.</li> </ul>
Focus on outcomes	<ul style="list-style-type: none"> <li>○ Would be helpful to develop an information clearinghouse.</li> <li>○ Set one doable, specific goal that is set out in advance that as a collective we can - at the end of the day can say we achieved.</li> </ul>

