

Let's talk

Maoi-agnotematinetj

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Jeanne-de-Valois Pavilion
Moncton University, Moncton Campus



Provincial **Mental Health** Forum
Forum provincial en **santé mentale**
Report

An initiative realized in collaboration with:



UNIVERSITÉ DE MONCTON
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SPECIAL THANKS *to* OUR SPONSORS



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**MOUVEMENT ACADIEN
DES COMMUNAUTÉS EN SANTÉ
DU NOUVEAU-BRUNSWICK**



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The views expressed in this document do not necessarily reflect those of Health Canada.

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In order to simplify and to facilitate reading of the text, the masculine gender is used in the generic sense intended to include both women and men.

1. EXECUTIVE SUMMARY

The Organizing Committee of the Provincial Mental Health Forum succeeded, for the first time in New Brunswick, in assembling all of the stakeholders and health and wellness partners having an interest in issues pertaining to mental health in New Brunswick. The Forum assembled an impressive number of 354 persons who shared their experiences and their expertise on the following five themes:

1. Demystifying Mental Health and Mental Illness
2. Legal Framework
3. Cultural Issues
4. Populations at Risk and Stigmatization
5. Intervention Teams and Settings

Of the 354 participants, 55% were from the professional sector and 45% from the community sector. Participant representation included clients of mental health services, their families, researchers, educators, health and wellness managers and interest groups. Community and citizen participation, including representatives from different cultural and linguistic groups as well as First Nations, was of particular interest as it enriched the discussions.

Each of the 49 workshops was animated by an expert, a health professional or a community leader. In each workshop, participants were invited to identify the main challenges, propose solutions and put forth one or two recommendations. They were also requested to identify the health and wellness partners who would best be positioned to assume a certain measure of responsibility for implementation of the future directions proposed.

The recommendations or future directions proposed by participants were regrouped and twenty five of them were retained for this report, a brief summary of which follows:

First Nations in New Brunswick

It is recommended that a fundamental change be implemented in the way that Federal and Provincial governments work with First Nations regarding funding and the conceptualization and implementation of mental health and wellness programs for, by, and with First Nations. We must rapidly abandon situation-specific, fragmented and time-limited programs or projects in order to turn more towards programming and sustainable and flexible funding based upon collaborative models which have proven themselves in other jurisdictions.

Protecting the most vulnerable

New Brunswick Housing should give priority to persons living with a mental disorder or mental illness in obtaining housing with some support services. In addition, people with a mental disorder or mental

illness should have access to a long-term disability status from the Department of Social Development.

We request that access to voluntary hospitalization be made available to persons with a mental fragility who do not present immediate risks but who themselves feel in need of hospitalization. It is also recommended that mechanisms be established to facilitate the monitoring of persons with severe mental disorders who return to the community and who refuse or have difficulty adhering to a treatment, before their situation deteriorates.

New approaches

Several recommendations were put forth concerning new approaches which have been proven in other jurisdictions. It is suggested that, as required, the focus be placed on interdisciplinary approaches, work in multi-sector teams and upon improved integration of all systems by placing the client at the center of the intervention. The need to ensure greater participation of family and parents in the service and care plans of their loved ones as well as to support strengthening the capacities of caregivers were highly recommended.

It was also recommended that a Coalition representative of the needs and aspirations of families and caregivers be created, which could be a family-youth-seniors Mental Health Coalition.

Cultural competency and linguistic requirements

It is recommended that language requirements for all frontline mental health workers be reinforced in order to provide equitable access to services for all citizens of the province.

The Forum highlighted the challenges of working with immigrant and refugee clients, which is why it is important, as a first step, to provide training on intercultural skills to sensitize service providers who work with persons from different cultural communities. In addition, we are requesting that an evidence-based status report be completed on the mental health situation of immigrants and refugees.

Furthermore, we are requesting that service providers be better equipped to work with First Nations. It is recommended that service providers acquire the sensitivity and cultural competencies (cultural safety) to be in a position to offer First Nation people culturally appropriate services.

Overcoming stigmatization

It is recommended that joint promotion and information strategies be developed on issues of mental health in order to reduce stigmatization and inform the public about the myths and realities related to mental health.

Assembling over 350 partners from the health and wellness sector to listen, reflect, debate good practices and propose solutions represented a challenge. As mentioned by several participants at the

closing of the Forum, the event nonetheless succeeded in demystifying the stigma associated with mental health and mental illness and in generating greater understanding of the issues.

The Forum event and workshop discussions largely provided an opportunity for all participants to meet and engage in evidence-based discussions both on the current state of services as well as the current state of knowledge regarding mental health. The Forum highlighted the fact that it is necessary to have the courage to attempt new approaches, to intervene in a different manner in many cases, and to strengthen programs or approaches that generate satisfactory results.

Participants agreed that the dialogue should continue and invited the organizing committee of the Forum to propose a realistic and collaborative approach, which would include representatives from all health and wellness partners in New Brunswick, in order to implement the future directions proposed.

2. INTRODUCTION

The hosting of the Provincial Mental Health Forum received the support of both formal and informal health systems. This event was intended as an opportunity for the Francophone, Anglophone and Aboriginal communities of New Brunswick to undertake discussions and exchange ideas on the current state of knowledge about the nature of mental illnesses in order to identify best care practices and contribute to the performance improvement process in mental health.

The Forum initiative is a component of the 2011 – 2018 Action Plan for Mental Health in New Brunswick. This process was initiated by the Ministry of Health to transform the mental health system by adopting a recovery approach which places the client at the center of interventions and which promotes family ties and citizen participation.

The Forum had the great privilege of being sponsored by Bernard Richard, former Ombudsman and first Advocate for Children and Youth of New Brunswick, by Imelda Perley, the Elder-in-residence at the University of New Brunswick, and by Judge Michael McKee, former Provincial Court Judge.

3. GENERAL INFORMATION

Context

The Provincial Mental Health Forum is a citizen and community initiative which began with the commitment of a parent for a public debate on all issues affecting access and equity in mental health services. It was in 2009 that Albert Cyr called for mental health services to be equivalent to those provided to individuals with a physical disorder or illness. Mr. Cyr requested that amendments be made to the Mental Health Act to more adequately reflect the needs and to facilitate the participation of families in the development of strategies and services to be implemented.

In 2012, Mr. Cyr was elected president of the Mental Health Community Advisory Committee (MHCAC) of the Vitality Health Network, zone 1. Each of the province's thirteen health regions has a MHCAC whose mandate is defined in the Mental Health Act. Members of MHCAC are clients, family members, advocacy groups and members of the general public, having as a role to advise each of the thirteen Community Mental Health Centers across the province.

In 2013, a subcommittee was created with the mandate of developing an activity which would serve as a vehicle for public debate. It was then suggested that a mental health forum be held and a conceptual framework was developed. The Société santé et mieux-être en français du Nouveau-Brunswick (SSMEFNB) and the Ministry of Health joined the subcommittee in support of the creation of a provincial Forum on Mental health.

In 2014, the Vitality Health Network and Horizon Health Network joined the movement, as did the Addictions and Mental Health Treatment Services of the Ministry of Health. The Forum project was therefore submitted to the network of MHCAC's from all regions of the province and the project was sanctioned. Project implementation began and the universities as well as the New Brunswick Health Board were solicited in the realization of this project.

The approach adopted assembles representatives of all partners around a single table. Under the auspices of the SSMEFNB and in collaboration with the MHCAC's, an organizing committee and a programming subcommittee¹ were created to develop the programming. It was also necessary to ensure representative participation of all communities in order to engage in a collective and community debate among the partners, persons with a mental illness and their families, service providers in government organisations and the community-at-large, on issues arising from mental health policies and services in New Brunswick.

Objectives of the Forum

The Forum had the following six objectives:

- Demystify mental illness and overcome stigmas.
- Encourage improved understanding of mental illness, the treatment, causes, resilience and risk factors.
- Promote collaboration between service providers, Ministries, clients and the community.
- Establish effective communication among researchers, policy-makers, managers, professionals, clients and the community.
- Highlight the current state of knowledge, best practices, human rights, family participation, and the complementary role of partners and interest groups such as seniors and youth.
- Identify broad mental health orientations for initiatives related to mental health promotion, prevention, awareness and information for professionals and the general public.

¹ Annex 1 - Organisation committee and programming sub-committee membership list.

2015 Forum Program

The Forum brought together an impressive number of three hundred and fifty-four people (354) who shared their experiences and expertise on the following five themes:

1. Demystifying Mental Health and Mental Illness
2. Legal Framework
3. Cultural Issues
4. At-Risk Populations and Stigmatization
5. Teams and Intervention Settings

The Forum opened with an Indigenous Ceremony. The Forum Chair and the Minister of Social Development then spoke about Perspectives on Mental Health, and a youth struggling with the problem delivered an inspiring testimonial. The former Lieutenant Governor of New Brunswick then presented his Reflections on Mental Health and the First Nations.

Following these opening remarks and to set the stage for discussion on the state of mental health, the Executive Director of the New Brunswick Health Council gave a presentation on the State of Mental Health and Addictions, following which the Director General of Addictions and Mental Health Treatment Services presented a Status Report on New Brunswick's Mental Health Strategic Plan.

In the evening of the second day of the Forum, a psychologist gave a brilliant presentation on Criminal Responsibility and Mental Incapacity.

The Forum proceedings as well as the names of the distinguished guests, expert speakers, the twenty panelists and the workshop facilitators are included in the Official Program of the Forum.²

4. TOPICS DISCUSSED AND AVENUES FOR REFLECTION

For each of the five themes, a plenary session led by four panelists enabled identification of the issues and laid the groundwork for later discussions in the workshops. A total of 20 panelists were invited to share their views.

Following the presentations by panelists in the plenary session, participants were directed to workshop areas to hear presentations led by experts, health professionals or community leaders. Forty-nine workshops (49) were held over a period of a day and a half.

In each workshop, participants were invited to identify the main challenges, propose future directions, put forth one or two recommendations which would contribute to improving mental health services, and identify the health and wellness partners who could assume a certain measure of responsibility in contributing to implementation of potential solutions.

² Annex 2 - Official Program of the Forum.

4.1 THEME 1 : DEMYSTIFYING MENTAL HEALTH AND MENTAL ILLNESS

The four topics discussed in the plenary and more in-depth during the workshops focused upon

- Suicide in 2015 : From Prevention to Assisted Suicide;
- Autonomy and Social Participation of Persons with Mental Health Disorders ;
- Overview of the First Nation Mental Wellness Continuum Framework;
- Mental Fitness and the New Brunswick Wellness Strategy.

Following the plenary, participants proceeded to the workshops to hear a presentation, exchange views and propose potential solutions on the topic being discussed. The presentations and discussions increased knowledge on the following topics:

1. Suicide in 2015 : From Prevention to Assisted Suicide - review of recent data on the epidemiology and neurobiology of suicide; classification of types of suicide and an ethical reflection to guide suicide prevention and the treatment of individuals; limitations of suicide prevention and the importance of mental health research.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none">• De-stigmatization of mental health among family physicians and society;• Decreased waiting lists, improved service coverage (therapies, medications);• Screening and access to treatment for mental health disorders are the key to suicide prevention.	<ul style="list-style-type: none">• health professionals• management staff in establishments• political decision-makers• communities

2. Autonomy and Social Participation of Persons with Mental Disorders - a new intervention model called PASS-PAR (Processus d'Actualisation Sociale de Soi Par l'Adaptation-Réadaptation) (Social Self-actualization Process through Adaptation-Rehabilitation), emphasizes the individual psychological dimension through the development of skills, identity and self-determination; establishment of an Individualized Intervention Plan (IIP) based upon the PASS-PAR model.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Work on skills (abilities, lifestyle, roles) and personal identity (self- concept , experiences, self-esteem); • Improved communication between treatment and follow-up teams, continuum of inter-organisational relationships. 	<ul style="list-style-type: none"> • health professionals • psychosocial team • client's loved ones • recovery team

3. Overview of the First Nation Mental Wellness Continuum Framework - a joint process undertaken throughout the country to describe the First Nation Mental Wellness Continuum. This process allowed for the development of a comprehensive framework of mental wellness services and identified opportunities to build upon community strengths and the role of culture in order to improve existing mental wellness programs in First Nation communities.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Continuum Framework as well as First Nation community-based mental wellness models offer the means by which to transform how First Nation mental wellness is understood and addressed by all stakeholders. 	<ul style="list-style-type: none"> • health and wellness professionals • communities

4. Mental Fitness and New Brunswick's Wellness Strategy – how psychological health is a component of New Brunswick's Wellness Strategy and the role which psychological health plays in population health; the importance of creating environments which support mental health.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Allowing persons to make choices and to have a voice; • Offering the possibility of finding resources in the workplace. 	<ul style="list-style-type: none"> • health and wellness professionals • communities

5. Resilience : how to increase resilience at home and among others – literature review over the last 20 years on resilience, tools to measure the concept and strategies to promote it; research results on resilience among persons experiencing mental health challenges in order to provide avenues to maximize internal strengths, the resources available, and adaptation strategies.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> ● Sensitize the population to the dimensions of wellness (healthy nutrition, living without addiction, healthy mind and active lifestyle); ● Apply the following determinants of psychological health : <ul style="list-style-type: none"> - <i>Competencies</i> (recognize strengths, differences and talents) - <i>Belonging</i> (support, inclusion and sustained encouragement) - <i>Autonomy</i> (encourage decision-making and respect for others) ● Increase work with communities. 	<ul style="list-style-type: none"> ● mental health professionals ● communities

6. Program to improve stress management in clinical settings - results of a study having as an objective to master stress in clinical settings and to equip students; the interventions undertaken and the comments gathered have assisted in the identification of ways to assist students in managing stress in clinical settings.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> ● Develop and implement a stress management program in clinical settings based upon the needs of students and the realities of the clinical setting; ● Offer an environment and a climate conducive to learning; ● Improve the culture in the clinical environment in the area of stress management; ● Offer support to monitors to enable them to, in turn, support the students. 	<ul style="list-style-type: none"> ● teaching institutions

7. Social-emotional learning in the school setting - social-emotional learning by students in schools to counter dropout, truancy and to equip students with the skills necessary to succeed; statistics demonstrating the scope of the mental health situation and the fragmentation of initiatives for the promotion of mental health in schools; analysis demonstrating the positive impact of social-emotional learning programs on academic and personal success.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Develop mental health promotion and early intervention programs to help students achieve the skills to face the challenges of life; • Importance of having programs when entering kindergarten and in the first year of secondary school; • Include life competencies in the training program for teachers. 	<ul style="list-style-type: none"> • teachers, parents • social workers and other health professionals

8. Hearers of voices - we attempt to assist people who hear voices by offering them medication to eliminate the voices but this method does not always bring about the desired changes; presentation of an alternative support approach where one learns to welcome the voices as a human phenomenon charged with meaning and where the person can regain control; training is offered to set up support groups to help people with these voices lead better lives.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Sensitize the public to the Hearers of voices initiative and secure financing to offer the training in New Brunswick. 	<ul style="list-style-type: none"> • support groups and service providers

9. My journey toward recovery - testimonial on the subject of bipolarity and alcohol addiction, recovery, the journey towards recovery.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Escape addiction with the help of the Alcoholics Anonymous movement; • Do not be afraid to consult a psychologist and / or psychiatrist; • Change your environment. 	<ul style="list-style-type: none"> • support network • health professionals (psychologist/psychiatrist)

4.2 THEME 2: LEGAL FRAMEWORK IN THE AREA OF MENTAL HEALTH

The four topics presented in plenary and examined more in-depth during workshops touched upon

- The Legal Framework in the area of Mental Health in New Brunswick;
- Parental and Familial Rights;
- Efforts of the Child and Youth Advocate ; and
- Why we need a New Ethics of Care in Mental Health

Following the plenary, participants proceeded to the workshops to hear a presentation, exchange views and propose potential solutions on the topic being discussed. The presentations and discussions increased knowledge on the following topics:

1. Legislative Framework: Access to records, consent, regulatory context, the role of directives, ethical obligations - exploration of the legal framework applicable to patients with mental illness; an outline of the regime introduced by the Mental Health Act, which provides for specific measures related to the involuntary hospitalization of a person who is a danger to himself or others.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none">• Approach which allows for the consideration of different values and not uniquely the safety of the patient and of others, take into account the treatability and the consent;• Open access to voluntary hospitalization for persons who do not present immediate risks but who feel they are in need of hospitalization.	<ul style="list-style-type: none">• health professionals• service providers• persons with a mental health disorder

2. Capacity of the Mentally Ill to Consent to Medical Treatment: Balancing Patient Autonomy and Effective Treatment - understanding the benefits and drawbacks of the definition of capacity through a discussion on the case of a person suffering from bipolar disorder and whether there are any preferable alternatives; a medical decision is not simply a question of whether the individual has a mental illness, rather it relates to the ability to understand the nature and consequences of the medical decision in question.

- *No avenue of reflection or solution was proposed for this workshop.*

3. Parental and Familial Rights - right of parents and families to participate in the development of the treatment plan and have access to information for a family member struggling with a serious illness affecting mental capacity; right of a parent or family member to demand services, to file a complaint or to defend the interests of the person when services and care are inadequate or negligent; one objective of this workshop was to formulate a foundation for the creation of a coalition of parents in the area of mental health.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> ● Sensitize all stakeholders involved (service providers, families and loved ones, health care professionals, hospital settings, mental health centers) about their respective roles; ● Emphasize early detection and rapid access to care and services; ● Ensure that every vulnerable person has access to a caregiver and bonds of attachment; ● Respond to the invitation of the GNB to work with parents and caregivers through the creation of a coalition representative of their realities, needs and of the aspirations of their vulnerable relatives. 	<ul style="list-style-type: none"> ● parents, family and caregivers living with a mental health issue ● stakeholders and health professionals ● service providers (hospital setting , mental health centres) ● health system

4. Efforts of the Child and Youth Advocate - Outline of the reports (Connections and Disconnections, Ashley Smith, Hand in Hand, Staying Connected) of the Office of the Child and Youth Advocate for improvement of the situation of children with mental illness in NB ; measures taken by the government, following the reports, to combat stigma and multiply points of entry into the care system: mobile crisis intervention units, integrated service delivery, reduced use of isolation rooms in detention settings, development of a provincial treatment center and a network of excellence in NB and the NB-ACCESS project

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> ● Empower the voice of youth, ensuring that the views of children and youth are heard in appropriate forums; ● Ensure complaints are heard and receive attention; ● Provide clinically linked community-based support to youth with mental health needs. 	<ul style="list-style-type: none"> ● children, adolescents and youth ● mental health service providers ● community services

5. Family Participation in Addiction Treatment Services - guide which provides tools for families; contains information on understanding addictions (drugs, gambling) in order to promote better management of the situation; the guide helps to ensure continuity of family recovery and demystify the process.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Attempt to bring the family, the individual and the care provider together, form a trio in the therapy process ; • The guide should not replace other strategies to assist families and the person suffering from an addiction; • The guide could be tailored to different regions of the province and have an audio version. 	<ul style="list-style-type: none"> • participants in the detoxification program and their families

6. Community Treatment Orders – a support and monitoring program in development for persons with a severe mental illness; some will return to the community refusing to comply to their treatment program, and can become dangerous to themselves and others; the approach advocates the establishment of a team of professionals responsible for identifying at-risk clients and providing the necessary follow-up.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Program presented as a last resort measure ; • Would like to have access to a group of service providers able to be mobile, to identify at-risk clients in the community and to provide the care the person requires. 	<ul style="list-style-type: none"> • health professionals • persons with a severe mental illness

7. Why We Need a New Ethics of Care in Mental Health - at present, mental health ethics rests upon principles which apply the concepts of autonomy, benefits, non-maleficence and of justice; these principles have worked well in some situations but a more nuanced framework is sometimes required; the presentation demonstrated the importance of using a narrative ethic, dialogue-driven, when intervening with families having an adult experiencing mental distress.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • The importance of communication, telling your story, creates a relationship of trust between the patient and health professional; • Important to counter the patient's isolation; • Approach very useful with children and adolescents. 	<ul style="list-style-type: none"> • health professionals • persons with a severe mental illness

4.3 THEME 3: CULTURAL ISSUES

The four topics discussed in plenary and more in-depth during the workshops focused upon

- Mental Health in French from Coast to Coast ;
- Improving Mental Health Services for Immigrants and Refugees Impacted by Traumatic Events;
- First Nation Culture as an Intervention Tool in the Promotion of Wellness; and
- What the New Brunswick Health Council has Learned with Respect to Cultural Challenges in New Brunswick.

Following the plenary, participants proceeded to the workshops to hear a presentation, exchange views and propose potential solutions on the topic being discussed. The presentations and discussions increased knowledge on the following topics:

1. First Nation Culture as an Intervention Tool in the Promotion of Wellness – a valid assessment instrument to measure the impact of First Nation cultural interventions on client wellness was developed using indigenous knowledge as a foundation; the indigenous framework with indicators of wellness is currently being implemented in a national case management system for broader access and use; additional knowledge translation tools were also presented: Indigenous wellness indicators, indigenous knowledge-based definition of culture and wellness.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none">• Research indigenous culture as a wellness promoter;• Offer more information about indigenous culture in the media and academic institutions;• Finding common ground and space to include all approaches rather than discredit indigenous culture.	<ul style="list-style-type: none">• health professionals• indigenous youth• family and community

2. Mental Health in French from Coast to Coast - overview of the driving forces present in Canada to ensure the mental health of Francophone communities living in a minority situation; orientations in mental health in French and overall priorities arising from the implementation plan now being adopted by the Mouvement de la santé en français; priorities identified according to the different contexts of Francophone communities living in minority situations in the provinces and territories.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> ● French training for first responders in mental health; ● Use of effective tools to work on de-stigmatization of mental health disorders, for ex. mental health guide (Nova Scotia), ACSM Reaching Out program, Link Program; ● Equitable hiring practices to ensure services in the region in the two official languages; ● Create a forum for the coordination of information and resources. 	<ul style="list-style-type: none"> ● Francophones in a minority situation ● formal system ● community support services

3. How to Improve Mental Health Services for Immigrants and Refugees Affected by Traumatic Events - concerns expressed by immigrants and refugees in the area of mental health and the challenges they face; there is currently a rise in the number of refugees in NB who have experienced trauma and there are few structures and dedicated staff to evaluate and manage multi-trauma clients; approaches and avenues which would improve consideration of the specific factors affecting the mental health of immigrants and refugees impacted by traumatic events.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> ● Complete a status report on the mental health of immigrants and refugees; ● Train health professionals in intercultural skills; ● Have immigrants and refugees be part of the professional teams and work collaboratively; ● Plan a day of reflection to encourage immigrants and refugees to speak out in order to increase awareness of their needs. 	<ul style="list-style-type: none"> ● immigrants and refugees ● service providers ● health and wellness professionals

4. The Legacy of Indian Residential Schools – clarification on the fundamental factors of Indian Residential Schools which continue to have an effect on the mental wellness of First Nation Communities; identification of some techniques that are more suitable and better received when delivering Mental Health services to First Nation persons.

Avenues of reflection for this workshop are missing.

5. Towards Improved Services in French in the Capital - how it is possible for a community organisation to contribute to the promotion of mental health and to the offer of services in the French-language in a region where Francophones are living in minority situations; work of stakeholders in the community to promote the prevention of mental health problems and access to care in French; stakeholders rely on collaborations and partnerships with existing entities.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> ● Conferences, testimonials and awareness campaigns, and working in partnership; ● Training of leaders; ● Recruiting professionals in health and wellness; ● Generate and suggest initiatives. 	<ul style="list-style-type: none"> ● youth, adults and seniors struggling with a mental health disorder ● mental health professionals ● service providers ● community organisations and stakeholders

6. What the New Brunswick Health Council has learned with respect to cultural challenges in New Brunswick – statistics from the Health Council show discrepancies in levels of use, accessibility and obstacles encountered by cultural and demographic groups; importance of addressing social determinants of health in planning services and the importance of establishing partnerships with communities.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> ● Planning services around people and not forcing people to adapt to the system (language, data, etc.); ● Better mental fitness at school; ● Adapting services and treatment approaches to the region & community; ● Reducing economic barriers, for ex: drive patient to appointment, ask if the person can pay for medication, etc. 	<ul style="list-style-type: none"> ● health care workers ● population, including First Nations, immigrants, Francophones, etc. ● community organisations

4.4 THEME 4: POPULATIONS AT RISK AND STIGMATIZATION

The four topics discussed in plenary and more in-depth during workshops focused upon

- Psychotherapeutic Approaches which can Improve Recovery Among Men;
- A Mental Health Toolkit for Mothers;
- Mental Health and Addiction Plan for First Nations in the Atlantic Region; and
- Community Actions to Counter Stigmatization

Following the plenary, participants proceeded to the workshops to hear a presentation, exchange views and propose potential solutions on the topic being discussed. The presentations and discussions increased knowledge on the following topics:

1. Healthy Campus Communities: a Systemic Framework - the Healthy Campus Community initiative at UNB Saint John is attempting to address the issues of mental health in the post-secondary sector through a socio-ecological approach to health promotion; UNB Saint John believes that mental health is essential to students' academic success as well as their ability to participate fully and meaningfully throughout all aspects of their lives.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Mental health education should be taught to some degree to the general population, need to reflect the current situation of students (loans, connected 24/7, expectations to perform, publish, volunteer, etc.); • Need to treat the environment, no longer an individual problem but a systemic problem; • Establish credited classes on self-management and how to cope. 	<ul style="list-style-type: none"> • post-secondary students • counsellors • committees that advocate for better mental health care in post-secondary settings

2. When Neither Physical nor Mental Health are Doing Well: Which Psychotherapeutic Approaches Can Assist Men to Recover? – Identification of best practices in psychotherapy focused on men with a PH/MH co-morbidity; establishing an algorithm for prevention and early treatment of mental illness in a context of chronic physical illness among men.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Various psychotherapies appear to be effective with some groups. 	<ul style="list-style-type: none"> • men with an illness • health and wellness professionals

3. Mental Health Toolkit for Mothers - the importance for all service providers who work with mothers to integrate the mental health toolkit for mothers into their practice; the toolkit is the result of a nationwide collaboration; the toolkit project is based upon the experiences of mothers and families attending activities related to the Community Action Program for Children (CAPC) and the Prenatal Nutrition Action Program (PNAP).

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Focus on active listening, the absence of prejudice, standardization, assistance and support services; • Raise awareness among health professionals to provide objective information instead of simply reassuring; • Offer training to distribute the kit to mothers; • Maximize information via social media, conferences, etc. 	<ul style="list-style-type: none"> • mothers of young children and future mothers • the different public health and mental health services • health and wellness professionals

4. Mental Health and Addiction Plan for First Nations in the Atlantic Region - vision of the Mental Health and Addiction Plan for First Nations in the Atlantic Region released in 2015 with culture as the foundation; the Plan presents a comprehensive framework for addressing mental health and addiction challenges facing First Nation communities in New Brunswick and beyond; the Plan, developed with input from across the country, connects the regional work with the national *First Nation Mental Wellness Continuum Framework*.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Enabling a more diverse, inclusive and culturally competent health care system. 	<ul style="list-style-type: none"> • health care professionals • mental health professionals

5. Community Action to Counter Stigmatization - presentation of various information from scientific, experiential and in-the-field knowledge which allowed participants to develop a sense of the notion of stigmatization, of its effects and ways to counter it; presentations of inspiring examples to assist stakeholders wishing to act along the lines of the key principles of the Action Plan for Mental Health in New Brunswick 2011-2018.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Transverse approaches, increase awareness in the community; • Get people to meet, to witness, living libraries, the persons concerned must be at the center of the discussions. 	<ul style="list-style-type: none"> • health and wellness professionals • self-help groups and therapy groups

6. P.E.E.R. 126 – Peers Engaged in Education and Recovery - overview of Peers Engaged in Education and Recovery (P.E.E.R. 126) and its outcomes to date; P.E.E.R. 126 is a community-based addiction and mental health service that focuses on a positive future for young adults; staff work with individuals to help them set and meet individualized recovery goals.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Focus on health and recovery, no referrals needed from professionals; • Peer and community-led (peers who share to disable the stigma). 	<ul style="list-style-type: none"> • young adults with mental illness

7. The Trajectory of the Disorder During a Depression: Usefulness of the Case Study - Explanatory notions about the case study and its usefulness in research; life scenarios of two women were presented along with an analysis and interpretation; this method provided a global appreciation of the experience of being a woman living with depression, beginning from the appearance of depressive symptoms through until convalescence; weakening the conviction entrenched in some people and health professionals to the effect that the depressed person does not want to make an effort to "help themselves".

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Take time for yourself without feeling guilty; • Accept your condition and talk to those around you; • Care for others, allows you to feel useful. 	<ul style="list-style-type: none"> • the person experiencing depression • the person's entourage

8. Impact of a Housing First Intervention on Homeless Veterans with Mental Illness - impact of a *Housing First* program that included recovery-oriented initiatives (Assertive Community Treatment or Intensive Case Management) among those homeless veterans with severe mental health problems who participated in a multi-site demonstration project on homelessness and mental health; the effect of a Housing First approach to care on housing stability, social functioning, and quality of life for homeless veterans with mental health problems.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Informing veterans about where to seek help; • Discard the requirement for sobriety or compliance and psychiatric treatment as a pre-requisite to access permanent housing. 	<ul style="list-style-type: none"> • health professionals • intervention teams

9. Social Exclusion, Peer Support and Mental Health: The Basis for a Community-based Safe Space for Mi'kmaq Youth – overview of a two-part research on how First Nation youth experience and cope with social exclusion ; brief overview of the findings of the research, pointing to the need to provide First Nation youth with greater opportunities to build an inclusive environment; in this respect, the Safe Space initiative was developed and implemented to address concerns with social exclusion and mental health needs with the adolescents' interests and strengths in mind

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Social exclusion / inclusion are determinants that have a profound influence on health because they represent political, economic and social repercussions. 	<ul style="list-style-type: none"> • First Nation communities • non-native communities • youth

10. Addressing the Knowledge Gap in Supporting People with an Intellectual Disability who have a Co-occurring Mental Health Condition - brief overview of the mental health issues surrounding people with an intellectual disability, including risk factors and challenges diagnosing and treating mental health conditions in this population; brief overview of an online self-study program entitled *Supporting People with Dual Diagnosis*; the eBook is on the *New Brunswick Association for Community Living* website at <http://nbacl.nb.ca/learning-modules-category/supporting-people-with-dual-diagnosis/>

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> ● Few web-based resources available for persons suffering from an intellectual disability with concomitant health problems; ● Provide financing to enable more people to have access to information in order to improve services ; ● Consultation of the self-study program eBook online. 	<ul style="list-style-type: none"> ● public ● health and wellness professionals ● service providers and caregivers

11. Mental Health Guide to Work on the De-stigmatization of Mental Disorders - presentation of a French guide to combat stigmatization in mental health in Nova Scotia; the guide is organized by age group and allows for a better understanding of what mental health is throughout the various stages of life; it demonstrates the importance of consultation and that one can have a so-called normal life even with a mental health disorder.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> ● The guide on the de-stigmatization of mental health is valid and transferable to other provinces; ● Awareness tool allowing Francophones to understand their mental health needs and to develop arguments to advocate for access to services in their language. 	<ul style="list-style-type: none"> ● Francophones from Nova Scotia (Francophones from military families and women alone at home with children) ● service providers in schools ● doctors' offices

12. Supporting Individuals through Emerging Adulthood: Using PEER 126 as a Case Example -

brief description of the developmental stage of Emerging Adulthood; research plan of the PEER 126 approach established in 2012 as a strength-based early intervention for youth in response to concerns regarding the absence of age-appropriate psychosocial rehabilitative services in Saint John; PEER 126 is a comprehensive, culturally sensitive initiative for youth that promotes engagement and education in the areas of self-determination, life goals and positive relationships through collaborative, community partnerships.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Goal is to expand services in order that access to services offered at P.E.E.R is not exclusively for people around the Saint John area.; • Everyone having access to the program, accepting referrals; • Promotes engagement & education in the areas of self-determination, life goals and positive relationships. 	<ul style="list-style-type: none"> • youth 18-25, up to 29 • youth or outreach workers • community

4.5 THEME 5 : TEAMS AND INTERVENTION SETTINGS

The four topics discussed in plenary and more in-depth during workshops focused on

- Culturally Competent and Safe Services for Aboriginal People;;
- Rehabilitation and FACT Services (Flexible Assertive Community Treatment);
- Accessing Children and Youth Services, Integrated Service Delivery (ISD); and
- Community Mobilization in Youth Mental Health - A Network of Excellence.

Following the plenary, participants proceeded to the workshops to hear a presentation, exchange views and propose potential solutions on the topic being discussed. The presentations and discussions increased knowledge on the following topics:

1. Community Mobilization in Mental Health for Youth - Network of Excellence - the initiative Network of Excellence and the team approach is the foundation upon which we are building an improved system of care in New Brunswick for children and youth; it is critical that youth having lived experiences, their families, community members, and community-based organisations be an integral part of the developmental & service delivery process; discussed strategies for effective communication, engagement and long-term provincial coordination.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Families need to be involved in the services and parents could speak out and share how services could be improved in order to help better structure services; • Clinicians become more of a helper and less of a superior; • Ensure that front line workers are well trained and familiar with the recovery-based approach; • Immigrants feel they are not well served by mental health services, need more conversations. 	<ul style="list-style-type: none"> • front line workers • clients, families, communities and individuals

2. Culturally Competent & Safe Services for Aboriginal People - conditions and factors that need to be considered in the design and delivery of culturally competent and culturally safe mental health programs and services for Aboriginal people, including residential school survivors and their descendants; conditions and factors, such as: a) the difference between culturally competent and culturally safe services; b) examples of adaptations in policy, practice and linkages to enhance cultural competence and safety; c) strategies for policy-makers, service providers and practitioners.

Avenues for reflection / Proposed Solutions	Partners for action
<p><i>The avenues of reflection for this workshop are missing.</i></p>	<ul style="list-style-type: none"> • First Nation communities • service providers and practitioners • policy-makers

3. Rehabilitation and FACT Services (Flexible, Assertive Community Treatment) – the F.A.C.T., inspired by a model from Holland, is the first and only of its kind in New Brunswick; the program's mission is to accompany adults affected by severe mental illness and concurrent disorders towards recovery and a better quality of life; services are integrated, interdisciplinary and of varying intensity to adapt to the unique needs of each individual.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Develop a network of case managers. 	<ul style="list-style-type: none"> • health and wellness professionals • family members

4. Accessing Child and Youth Services, Integrated Service Provision (ISP) - Integrated Service Provision (ISP) is an approach in which four Ministries (Education, Health, Social Development and Public Safety) work together to improve services to youth and their families and to avoid working in silos; Children / Youth (CY) work teams were assembled according to the staff assigned to these teams within the various Ministries; the approach allows a continuum of services (prevention, intervention and support, specialized therapeutic services) to be offered.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • ISP approach offers improved client service, implementation requires much planning and discussion; • Consider immigrants and refugees in the program. 	<ul style="list-style-type: none"> • mental health workers • families

5. The blended approach: Traditional Practices and Western Therapy - the use of the blended approach of traditional practices, language and western therapies has been promoted by the Aboriginal Healing Foundation and the Truth and Reconciliation Commission as culturally safe and responsive in the provision of Mental Health Services to First Nation individuals, families and communities; therapy and treatment plans are based on the medicine wheel, emotional, mental, physical and spiritual aspects of one's life are assessed.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Allow people to find their own time frame for healing, there should be no imposed time frame; • Prayers, smudging, opening and closing ceremonies; • Language, traditional care and western therapies support the goals of improved mental health in the treatment plans and care of the individuals. 	<ul style="list-style-type: none"> • First Nation individuals, families and communities • service delivery providers and practitioners

6. Can't Stop Us Now! A Journey of the Recovery Warriors from Moncton – discussion on a Recovery culture shift, introducing recovery-orientated practices within a culture driven largely by an illness-orientated model; examples of innovative recovery-orientated practices: a) fundraising to purchase relaxation materials for detoxification; b) creating a peer support group; c) picking up a paint brush to revamp the CMHC lobby; d) people with lived experience facilitating groups within the hospital, an initiative never before permitted with psychiatry.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Set goals and believe I am doing all I can to attain them; • Have an attitude of gratitude; • Share knowledge and experience with others through volunteering; • Know that you are not alone on this journey. 	<ul style="list-style-type: none"> • peers • family doctors and nurses • recovery team

7. Recovery at the heart of our services - presentation on the achievements and challenges of a committee that focuses on recovery; following training on recovery offered by Dr. Stayner, addiction treatment services identified a group of clients and set up the Committee of Hope-Together for Change; the committee allows clients to preserve hope, to rediscover a positive identity, to build a meaningful life and to be responsible. Members have also established a code of life.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Believe in oneself and have the courage to change our life • Be accountable for your choices and your actions ; • Do not judge. 	<ul style="list-style-type: none"> • program managers

8. Community Educational Kitchen, a Partnership Towards Recovery – the community educational kitchen group emerged from a provincial recovery initiative in partnership with the Regional Recovery Committee in zone 6 of the Vitality Health Network; the initiative involves workers and clients in community and hospital settings; the educational kitchen initiative seeks to optimize the potential for client recovery and to improve functional skills, healthy eating and healthy lifestyles.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Raise awareness through nutrition to ensure mental health; • Encourages the development of skills, tasks are performed in a team; • According to reports discussion around a meal is helpful. 	<ul style="list-style-type: none"> • health and wellness professionals • mental health clients

9. Mental Health Recovery: Presentation of an Integrative Approach - personalized and inclusive approach which allows the identification of potential causes of imbalance; allows the deployment of biopsychosocial and holistic interventions to restore balance, synonymous with recovery.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Consider the client's passions in the recovery process; • The satisfaction of basic needs leads to recovery. 	<ul style="list-style-type: none"> • any person with a mental health problem or disorder • health professionals

10. Integrated Service Delivery for Children and Youth in New Brunswick - the *Integrated Service Delivery* (ISD) adopted by the province is a child and youth-centered framework; ISD is intended to improve services and programs to children and youth deemed at-risk or having complex social, emotional, physical and/or mental-health needs; ISD framework places emphasis on elaboration of strength-based counselling methods which affirm that children and youth have a range of unique internal and external resources that should be used as part of the case planning process.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Working both in school and out of it to offer the right service at the right time; • Follow up even if geographic distance increases. 	<ul style="list-style-type: none"> • children and youth • health professionals

11. Human/Horse Relationships as Mental Health Intervention - Human/Horse relationships in which the horse is the teacher have existed for centuries; has been formalized in the last fifteen years into an actual therapeutic discipline; interacting with these animals on their own terms encourages a fluidity of human thought, emotion, and behaviour; the horses engage us in Experiential Learning - learning by doing; when we work with the horses and the unconscious is made conscious, an individual with the help of the facilitator, can clearly see their dysfunctional patterns and change can occur.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • A group of individuals who participated in the workshops could discuss their feelings and how this therapy has helped them. 	<ul style="list-style-type: none"> • anyone aged 3 years to 76 years • certified facilitator in equine therapy program

12. Peer Intervention - overview of the Peer Caregiver Network Program, set up by the Quebec government; role of peer caregivers, their specificity and added value; the program has a mandate to promote the hiring of peer caregivers in the mental health network and to provide training and support to peer caregivers and in the settings responsible for hiring them.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Inform on the roles of peer caregivers and the benefits; • Hiring and training of peer caregivers; • Many are interested. 	<ul style="list-style-type: none"> • persons with mental health disorders • peer caregivers • health sector managers

13. Cyber violence Against Young Women - overview of a two-year project to prevent and eliminate cyber violence against young women; cyber violence can be defined as harm caused by one individual or group to another using cyber-technologies (internet, mobile phones, and social media); this project is exploring the types, causes, and impact of cyber violence in New Brunswick and the ways in which young women are being uniquely targeted; the project is working to develop and implement strategies to prevent and eliminate cyber violence, which has serious implications for youth mental health and wellness.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Education and awareness on cyber safety; • Big component missing as to what are the underlying causes; • Services and resources on mental health care, website, applications. 	<ul style="list-style-type: none"> • youth, women, young girls • community • educators, adults

14. Recovery - recovery is a process often difficult to define, yet we have all experienced recovery at various times in our lives; forum for reflection and discussion on the importance of life skills and of the meaning of life in the recovery process oriented towards full citizen participation, all in a context of alliances and respect among the different cultures and languages of those involved.

Avenues for reflection / Proposed Solutions	Partners for action
<ul style="list-style-type: none"> • Importance of having flexibility in the regulatory framework which can be too rigid, there is not only one recovery model; • Importance of interpersonal skills; • 50% of the team of staff have a mental health problem, are therefore better able to understand their clients; • Helping oneself before being able to help someone with a mental health problem. 	<ul style="list-style-type: none"> • persons living with a mental health disorder • caregivers

5. AVENUES FOR ACTION

In each workshop, participants were invited to provide possible solutions that would contribute to improving mental health services and to indicate the partners who would be in a position to successfully undertake the actions required for their implementation.

The potential solutions suggested for the five themes were distributed amongst the five health and wellness partners and reflect the World Health Organization (WHO)³ consultative model.

³ See illustration of the model in Annex C

POLITICAL DECISION-MAKERS

- 1.** Implement a fundamental change in how FNIHB (Health Canada) and Provincial governments work with First Nations regarding funding, designing, implementing and evaluating mental wellness care by, for, and with First Nations.
- 2.** Move away from punctual and project-based funding and move towards more stable, flexible and long-term funding agreements that support promising First Nation community-based mental wellness models, through new partnership structures that include collaboration between First Nations, government and non-government partners.
- 3.** Address the needs and rights of marginalized individuals/groups (mental health tribunals, legislated rights and protections) through new legislative measures.
- 4.** Provide greater investments for promising social inclusion initiatives, especially those that support self-determination among marginalized and stigmatized groups.
- 5.** Prioritize mental health clients with New Brunswick Housing to obtain housing units with support services and lobby the Ministry of Social Development to facilitate access to the status of long-term disability for people coping with mental health problems in order to provide them with access to a choice living environment.

HEALTH MANAGERS

- 6.** Transform how First Nation mental wellness is understood and addressed by all stakeholders through the use of First Nation community-based mental wellness models (First Nation Mental Wellness Continuum Framework).
- 7.** Ensure equity between access to mental health services and access to physical health services.
- 8.** Open access to voluntary hospitalisation for persons who do not present immediate risks but who themselves feel in need of hospitalisation.
- 9.** Encourage multidisciplinary approaches by eliminating silos between sectors having a vested interest in improving the mental health of the populations they serve.
- 10.** Expand and integrate the Integrated Service Delivery (ISD) model for at-risk children and youth in more sites / locations in the province,
- 11.** Ensure support for the implementation of new intervention models and programs which have proven themselves in other jurisdictions (for ex. Hearers of Voices, Human Horse Relationships; FACT (Flexible, Assertive Community Treatment); reports on life experiences and testimonials; recovery-based approach.
- 12.** Reinforce language requirements for all service providers in order to improve access to mental health services in one's own language.

HEALTH AND WELLNESS PROFESSIONALS

13. Establish mechanisms to facilitate the monitoring of people with severe disorders who return to the community and who refuse or have difficulty adhering to a treatment, before the situation deteriorates (group of service providers who identify clients at risk and provide monitoring and appropriate care).
14. Ensure greater participation of parents and families in the service plans and care of their relative.
15. Support recognition and strengthening of the capacities of caregivers who care for a loved one.

TRAINING INSTITUTIONS – PROGRAM DEVELOPMENT

16. Support non-First Nation people in becoming culturally competent service providers, advocates and ambassadors for First Nation people (cultural competency) through capacity development measures which include measurable strategies that go beyond awareness building and skill development (cultural safety).
17. Provide training programs on intercultural competencies to all service providers working in mental health, including those in schools and educational institutions.
18. Complete a status report on the mental health of immigrants and refugees in New Brunswick by means of evidence-based data collection.
19. Develop and implement age and context-appropriate mental health / stress related resources and programs for schools, colleges and universities as the number of students with mental health issues is on the rise.
20. Offer mental health training, accessible in both official languages, to all first responders in New Brunswick.

COMMUNITIES

21. Support the creation of a Coalition representative of the needs and aspirations of parents and caregivers, and this, at the invitation of the Government of New Brunswick.
22. Develop coordinated promotion and information strategies on issues related to mental health in order to reduce stigma and to inform the public about the myths and realities associated with mental health.
23. Offer information regarding youth services which provide community-based support and ready access to youth, such as SAFE SPACES, PEER 126, Elsipogtog Safe Space, Moncton Youth Quest, Oasis and ACCESS.
24. Ensure that the Santé et Mieux-être en français du N.-B. (SSMEFNB) and the Société Santé en français (SSF) become information sites for French language tools and mental health resources.
25. Create an online mental health clearinghouse where mental health resources can be stored, shared and made available to the population of New Brunswick.

CONCLUSION

The Provincial Mental Health Forum organizing committee succeeded in assembling, for the first time in New Brunswick, all health and wellness actors and partners interested in the issues associated with mental health in New Brunswick. The Forum thus provided an opportunity for all participants to meet and exchange, using evidence-based data on the current state of services and knowledge regarding mental health.

Of the 354 participants, 55% were from the professional sector and 45% came from the community. They represented clients of mental health services, their families, researchers, educators, health and wellness managers and interest groups. Community and citizen participation, including representatives of different cultural and linguistic groups as well as First Nations, was particularly interesting because it enriched the exchanges.

To assemble more than 350 health and wellness partners to listen, reflect, discuss best practices and propose solutions represents a challenge. As mentioned by several participants at the closing of the Forum, the event was successful in demystifying the stigmas associated with mental health and mental illness and in promoting a better understanding of the issues.

The numerous workshops allowed for the identification of innovative intervention models, for discussion of current best practices and of the challenges to overcome. Despite the very full program schedule, participants had the opportunity to discuss informally between themselves, which allowed for the development of new networks of collaboration and exchange. This then led to a proposal to create a Family-Youth-Seniors Coalition on mental health. Many participants indicated their interest in continuing to pursue the actions required for the establishment of such a coalition.

Participants agreed that the dialogue should continue and invited the organizing committee of the Forum to identify follow-up mechanisms and to propose a realistic and collaborative work plan, to include representatives from all health and wellness partners in New Brunswick, for implementation of the recommendations.

ANNEX 1

ORGANIZING COMMITTEE

Jean-Luc Bélanger | Association acadienne et francophone des ainés et ainées du Nouveau-Brunswick (AAFAANB)

Ronald Brun | Elsipogtog Health & Wellness Centre (EHWC)

Albert Cyr | Mental Health Advisory Committee (MHAC)

Yvette Doiron | Ministry of Health

Karine Duguay-Thériault | Horizon Health Network

Jennifer Godin et Élyse Hamel | Fédération des jeunes francophones du Nouveau-Brunswick (FJFNB)

Rino Lang | Vitality Health Network

Estelle Lanteigne | Société santé et mieux-être en français du Nouveau-Brunswick (SSMEFNB)

Roger LeBlanc | Moncton University

Madhuchanda Leroc | Mental Health Advisory Committee (MHAC)

Gilles Vienneau | Société santé et mieux-être en français du Nouveau-Brunswick (SSMEFNB)

Janice Lizotte-Duguay | Ministry of Health

Colette Lacroix | Social Inclusion

PROGRAMMING COMMITTEE

Anne Comfort | Mount Allison University

Nicholas Léger-Riopel | Moncton University

Ronald Brun | Elsipogtog Health & Wellness Centre (EHWC)

Albert Cyr | Mental Health Advisory Committee (MHAC)

Cindy Miles | Partners for Youth

Barbara Losier | Mouvement acadien des communautés en santé du Nouveau-Brunswick (MACSNB)

Lise Duguay | Centre de formation médicale du Nouveau-Brunswick

ANNEX 2



Provincial **Mental Health** Forum
Forum provincial en **santé mentale**

University of Moncton - Moncton, NB
Jeanne-de-Valois Pavilion
October 28, 29 & 30, 2015

Wednesday October 28, 2015

4pm - 6pm Registration

6pm Official opening : Outlook on Mental Health

- Native Ceremony, Glenda Wysote-Labillois
- Albert Cyr, Chair, 2015 Forum
- Honorable Cathy Rogers, Minister, Social Development
- Testimonial, Brett Boudreau, ACCESS NB

Reflections on the Mental Wellness of First Nations

Honourable Graydon Nicholas, former Lieutenant-Governor of New Brunswick

7:30pm The State of Mental Health and Addictions through the eyes of New Brunswickers

Michelina Mancuso, Executive Director of Performance Measurement, New Brunswick Health Council

8pm

Status Report on New Brunswick's Mental Health Strategic Plan

Gisèle Maillet, Executive Director, Addiction and Mental Health Services

8:30pm Networking Reception

Thursday October 29, 2015

7am - 8am Continental Breakfast

8am Opening Remarks | Albert Cyr, Chair, 2015 Forum

8:05am Theme I Panel Discussion

Demystifying Mental Health and Mental Illness

Suicide in 2015: from Prevention to Assisted Suicide | Dr Patrick Marcotte

L'autonomie et la participation sociale des personnes présentant des troubles mentaux | Pierre-Paul Lachapelle

Overview of the First Nation Mental Wellness Continuum Framework | Brenda Restoule

Mental Fitness and New Brunswick's Wellness Strategy | Sylvia Reentovich

9am

Theme 1 Concurrent Workshops

Demystifying Mental Health and Mental Illness

1. **Suicide in 2015: from Prevention to Assisted Suicide** (B) | Dr Patrick Marcotte
2. **L'autonomie et la participation sociale des personnes présentant des troubles mentaux** (F) | Pierre-Paul Lachapelle, Gyslaine Samson Saulnier
3. **Overview of the First Nation Mental Wellness Continuum Framework** (E) | Brenda Restoule
4. **Mental Fitness and New Brunswick's Wellness Strategy** (E) | Sylvia Reentovich
5. **La résilience : comment la faire grandir chez-soi et chez les autres** (F) | Roger LeBlanc
6. **Programme d'amélioration de la gestion du stress en milieu clinique** (F) | Nathalie Boivin & Diane Morin
7. **Rêver grand à petits pas - inclusion, résilience, autonomisation** (F) | Dianne Cormier Northrup, Wendy Pinet (ATELIER ANNULÉ)
8. **L'apprentissage socio-émotionnel en milieu scolaire** (F) | Liette Mainville
9. **Entendeurs de voix** (F) | Sandrine Rousseau
10. **Mon cheminement vers le rétablissement** (F) | Jean-Paul Ouellet

9:45am

Health and Networking Break

10:15am

Theme II Panel Discussion

Legal Framework

Cadre juridique en matière de santé mentale au Nouveau-Brunswick | Nicholas Léger-Riopel & Hilary Young

Droits des parents et des familles | Albert Cyr

Efforts du Défenseur des enfants et de la jeunesse | Christian Whalen

Pourquoi une nouvelle éthique des soins en santé mentale est nécessaire | Clive Baldwin

11:15am

Theme II Concurrent Workshops

Legislative Framework

1. **Legislative Framework : Access to files, consent, regulatory context, the role of directives, ethical obligations** (B) | Nicholas Léger-Riopel

Cont.

2. Capacity of the Mentally Ill to Consent to Medical Treatment: Balancing Patient Autonomy and Effective Treatment (E) | Hilary Young

3. Droits des parents et des familles (F) | Albert Cyr

4. Efforts of the Child and Youth Advocate (E) | Christian Whalen

5. La participation familiale dans le service de traitement des dépendances (F) | Françoise Godin & Sylvie Robinson

6. Community Treatment Orders (E) | Dr Nachiketa Sinha, Lori Young, Suzanne Maltais

7. Why We Need a New Ethics of Care in Mental Health (E) | Clive Baldwin

Noon

Lunch

1:15pm

Theme III Panel Discussion

Cultural Issues

La santé mentale en français d'un océan à l'autre | Isabelle Morin

Comment améliorer les services en santé mentale pour les immigrants et réfugiés touchés par les événements traumatiques | Phylomène Zangio

La culture autochtone comme outil d'intervention dans la promotion du mieux-être | Carol Hopkins

Ce que le Conseil de la santé du Nouveau-Brunswick a appris au sujet des défis culturels au N.-B. | Michelina Mancuso

2:15pm

Theme III Concurrent Workshops

Cultural Issues

1. First Nations Culture as Intervention to Promote Wellness (B) | Carol Hopkins

2. La santé mentale en français d'un océan à l'autre (F) | Isabelle Morin

3. Comment améliorer les services en santé mentale pour les immigrants et réfugiés touchés par les événements traumatiques (F) | Phylomène Zangio, Cyprien Okana, Dr. Mémoire Mpongo

4. The Legacy of Indian Residential Schools (E) | Carolyn Milliea, Marilyn Ingram

5. Vers de meilleurs services en français dans la capitale (F) | Xavier Lord-Giroux, Lôdvi Bongers

6. What the New Brunswick Health Council has Learned with Respect to Cultural Challenges in NB (E) | Michelina Mancuso

3pm **Health and Networking Break**

3:30pm **Theme IV Panel Discussion**

At-Risk Populations and Stigmatization

Quand ni la santé physique, ni la santé mentale ne vont bien : Quelles approches psychothérapeutiques peuvent aider les hommes à mieux se rétablir? | Jalila Jbilou

Trousse d'outils pour la santé mentale des mères | Dre Joanne MacDonald

Stratégie en santé mentale et de traitement des dépendances pour les Premières Nations de la région atlantique | Janet Rhymes

Interventions communautaires pour contrer la stigmatisation | Laurence Caron

4:30pm **Theme IV Concurrent Workshops**

At-Risk Populations and Stigmatization

1. Healthy Campus Communities : a Systemic Framework (B) | Meridith Henry

2. Quand ni la santé physique, ni la santé mentale ne vont bien : Quelles approches psychothérapeutiques peuvent aider les hommes à mieux se rétablir? (F) | Jalila Jbilou, Sarah Pakzad, Mélanie Paulin

3. Trousse d'outils pour la santé mentale des mères (F) | Myriam Larochelle, Mélissa Cyr

4. Mental Health and Addiction Plan for First Nations in the Atlantic Region (E) | Janet Rhymes, Roxanne Sappier, Claudia Simons

5. Interventions communautaires pour contrer la stigmatisation (F) | Laurence Caron

6. P.E.E.R.126 - Peers Engaged in Education and Recovery (E) | Patti Darling, Angela Pugh, Mandi Thomas

7. La trajectoire de la maladie lors d'une dépression : l'utilité de l'étude de cas (F) | Dr Anne Charron

8. Impact of a Housing First Intervention on Homeless Veterans with Mental Illness (E) | Jimmy Bourque

9. Social Exclusion, Peer Support and Mental Health: The Basis for a Community-based Safe Space for Mi'kmaq Youth (E) | Dr Anne Beaton

10. Addressing the Knowledge Gap in Supporting People with an Intellectual Disability who Have a Co-occurring Mental Health Condition (E) | Ken Pike

11. Guide en santé mentale afin de travailler à la déstigmatisation des troubles mentaux (F) | Sabrina Jouniaux Romano

- Cont.* **12. Supporting Individuals through Emerging Adulthood: Using PEER 126 as a Case Exemple (E)** | Dr. Anne-Marie Creamer
- 5:15pm** **Free time**
- 7pm** **Conference : Criminal responsibility and Mental Incapacity** | Dr. Louis Thériault
- 7:45pm** **Social Evening**
A Beacon in the Night

Friday October 30, 2015

- 7am-8am** **Continental Breakfast**
- 8am** **Theme V Panel Discussion**
Équipes et milieu d'intervention
- Des services sécuritaires et culturellement compétents pour les Premières Nations**
| Barb Martin
- La réadaptation et le service FACT services** (traitement communautaire dynamique flexible) | Jean-Paul Arsenault
- Accès aux services enfants / adolescents, Prestation de services intégrés (PSI)** |
Janice Lizotte Duguay, Nadine Gallien, André Gionet
- LA mobilisation communautaire en santé mentale pour les jeunes, un réseau d'excellence** | Maureen Bilerman
- 9am** **Theme V Concurrent Workshops**
Teams and Intervention Settings
- 1. Community mobilization in Youth Mental Health, Network of Excellence (B)** |
Yvette Doiron, Maureen Bilerman, Cindy Miles
- 2. Culturally Competent & Safe Services for Aboriginal People (E)** | Barb Martin
- 3. Rehabilitation and FACT services (Flexible, Assertive Community Treatment) (E)** |
Jean-Paul Arsenault, Kathleen Buchanan
- 4. Accès aux services enfants / adolescents, Prestation de services intégrés (PSI)**
(F) | Nadine Gallien, André Gionet, Desneiges Robichaud
- 5. The Blended Approach: Traditional Practices and Western Therapy (E)** | Glenda
Wysote-Labillois

Cont.

6. Can't Stop Us Now!: A Journey of the Recovery Warriors from Moncton (E) |
Petrea Taylor

7. Le rétablissement au cœur de nos services (F) | Anne Robichaud, (Comité de l'Espoir, Ensemble vers le changement

8. Cuisine éducative communautaire, un partenariat vers le rétablissement (F) |
Annie Robichaud, Annette Landry-Garrett, Chanel Losier, Exilda Roy

9. Rétablissement en santé mentale: présentation d'une approche intégrative (F) |
Dr Patrick Marcotte

10. Integrated Service Delivery for Children & Youth in New Brunswick (E) | Bob Eckstein, Annette Harland

11. Human/Horse Relationships as Mental Health Intervention (B) | Louise Violette-Beaulieu

12. L'intervention par les pairs aidants (F) | Sandrine Rousseau, Guylaine Cloutier

13. Cyberviolence Against Young Women (E) | Martine Paquet, Julia Phillips

14. Le Rétablissement (F) | Marie Gagné

9:45am Health and Networking Break

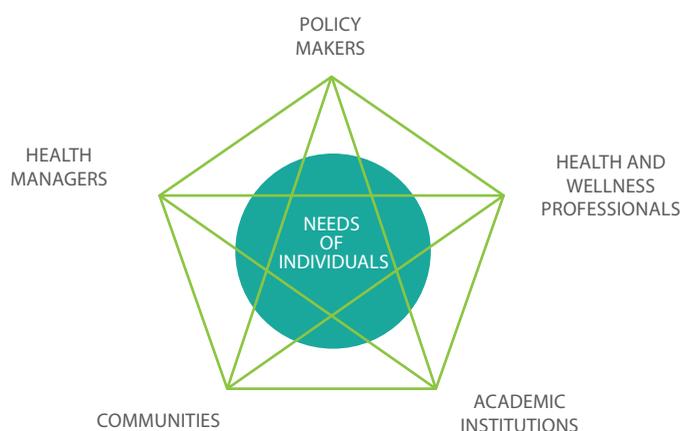
10:45am Plenary Session
Workshop Reports and Recommendations

11:45am Closing Remarks
- Honorable Monique LeBlanc, MLA
- Albert Cyr, Chair 2015 Forum

ANNEX 3

MODEL OF COLLABORATION BETWEEN THE FIVE HEALTH AND WELLNESS PARTNERS

The model of collaboration developed by the World Health Organisation (W.H.O.) illustrates all of the possible connections between health and wellness partners. It highlights the wealth of a network of relationships where each partner brings forth their experience and the reality of their environment. Consultation, commitment and collaboration among the five partners in health and wellness supports the optimization of health and wellness services and programs by placing the needs of individuals at the center of their actions.



1. Policy Makers

In a partnership dynamic, policy makers define and apply policies intended to sustainably reorient the offer of health and wellness services to adopt a coherent and unified approach.

2. Health Managers

Health managers are accountable for fulfilling the mandate of their institutions. They are responsible for the organisation and the management of health and wellness services.

3. Health and Wellness Professionals

They are the actors upon whom the implementation of any health and wellness program rests. It is therefore essential that their creative contributions be sought in the implementation of all initiatives.

4. Academic Institutions

Given their functions in education and research, academic institutions understand and document the challenges in the health and wellness sector. They provide systemic solutions which can consequently create synergies between the different partners.

5. Communities

The representatives of provincial or regional organisations, be they users, health service clients or resource persons, are considered to be important partners for the improvement of health and wellness. Increased awareness of questions regarding health, and the fact that their voice is heard, brings the community to take part in the decision-making process.