



CANADIAN MENTAL
HEALTH ASSOCIATION
ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

TELL US WHAT YOU THINK WINNIPEG SURVEY

REPORT

CMHA WINNIPEG OWNERSHIP LINKAGE COMMITTEE JUNE 9TH, 2010



WINNIPEG REGION INC.
CELEBRATING

25

YEARS
OF SERVICE TO THE COMMUNITY

1984 - 2009



CANADIAN MENTAL
HEALTH ASSOCIATION
ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE
Winnipeg Region Inc.

TABLE OF CONTENTS

1)	CMHA Background	1
-	Mission and End Statements	3
-	Ownership Linkage Committee	4
2)	The Survey	5
-	Respondents	6
-	Responses	7
3)	Future Direction	12
4)	Conclusion	14

Organizational Background

The Canadian Mental Health Association was founded nationally in 1918 and it is one of the oldest voluntary services in Canada. CMHA exists to promote the mental health of all people and to serve mental health clients, their families and friends and works to achieve its mission through direct service, social action, education and research.

Our work focuses on combating mental health problems and emotional disorders. Our tools include research and information services, sponsored research projects, workshops, seminars, pamphlets, newsletters and resource centres. We provide programs such as rights consultation, information and referral, rehabilitation and recovery services, and educational services.

In addition, CMHA acts as a social advocate to encourage public action and commitment to strengthening community mental health services and legislation and policies affecting services. Our mental health projects are based on principles of empowerment, peer and family support, participation in decision-making, citizenship, and inclusion in community life.

Mission and Ends

CMHA Winnipeg Region (CMHAW) exists so that people of Winnipeg are mentally healthy and people experiencing mental illness have support for their resilience and recovery.

People with mental illness are full participants in society.

- They participate meaningfully in their chosen roles in society; this includes employment, education, housing and social engagement.
- They benefit from public policy that supports community participation and integration of people with mental illness.
- They are accepted by society.

People of Winnipeg have an understanding of the factors involved in being mentally healthy.

- They are aware of and understand mental illness and mental health.
- They are aware of and can easily access appropriate services and supports.

Families and Caregivers have access to the appropriate supports required by themselves and those they care for.

- They have opportunity for caregiver self care.
- They have access to professional and/or peer supports.
- They have access to support and information regarding advocacy.

Decision Makers have adequate information to make informed decisions regarding mental health and mental illness.

- Decision-makers recognize the importance of mental health research.
- Researchers are recommending best practices using appropriate research methods with emphasis on relating to lived experiences from people with mental health issues.
- Media will have access to information on mental health issues.

Ownership Linkage Committee

This committee of the Board is mandated to engage the “moral ownership” of the organization to ensure that CMHAW is meeting its mission and ends. To that end, the committee itself is comprised of members of the organization and the community who have ties to our End Statements. As CMHAW considers all of Winnipeg to be a part of our moral ownership, engaging owners has often been a daunting task.

As part of our 25th anniversary celebration and in order to appropriately consult with Winnipeggers on strategic goals arising from the new End Statements drafted in 2009, The Ownership Linkage Committee commissioned an online survey to take place between November 19th, 2009 and March 31st, 2010, the ***Tell Us What You Think Winnipeg*** survey.

The Survey

The Tell Us What You Think Winnipeg Survey was officially launched on November 19th, 2009 at CMHA Winnipeg Region’s 25th Anniversary celebration. Between this date and the close of the survey 555 persons responded. The survey was posted on the webpage and paper copies were also available at the CMHAW office.

Respondents were offered the opportunity to enter into a draw for 2 items, a personal laptop computer and an iPod. In order to enter into the draw the respondent had to be over 18 years old.

Marketing occurred through the website, newsletter and email, as well as posters distributed throughout the community, with the assistance of 2 practicum students from the Brandon Psychiatric Nursing Program's community studies course. These 2 students were assigned to the project from January to March in order to assist in developing an outreach and distribution campaign throughout Winnipeg. Finally, a public service announcement was issued and there were articles in the Winnipeg Free Press, the local newspapers, and several radio stations ran advertisements.

The survey consisted of 22 questions in a range of areas including demographics, history with the organization, challenges and successes in the mental health system, and concurrence with CMHAW End's and strategic directions. There were a great deal of opportunities for qualitative data to support quantitative, many questions were multiple choice or single answer, however the majority allowed for an other response to add comments.

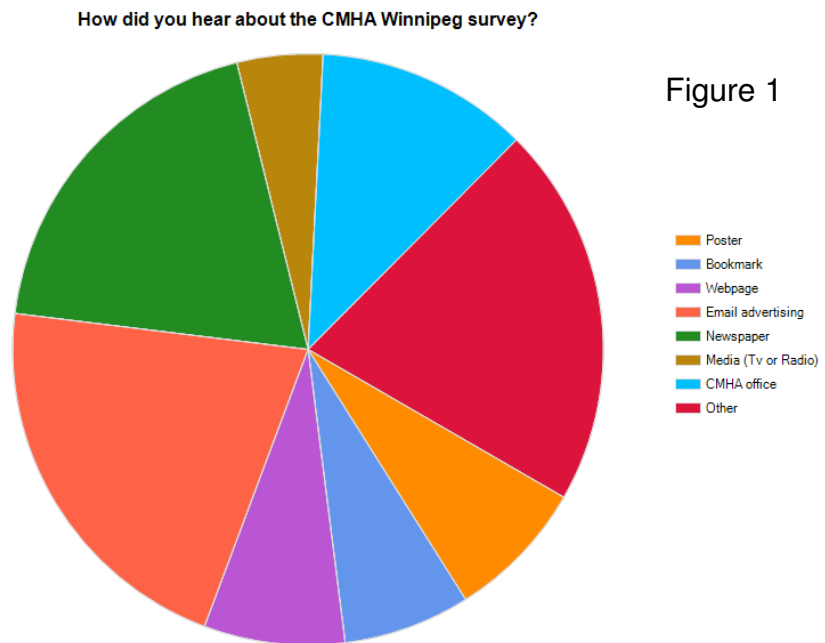


Figure 1

As per figure 1 above, people reported hearing about the survey in multiple ways, with email being the most common, **with the exception of the 60 years of age or older category, in which case a significant portion reported newspaper as being the most likely method.** Many also listed other which often included some sort of personal contact.

The Respondents

555 people completed at least part of the survey, 527 people completed the survey in its entirety.

Demographic information regarding age, gender, language, aboriginal and new immigrant status was collected. Information has been analyzed to create a

demographic profile of respondents, as well as to study particular sub groups including aboriginal, new immigrant and seniors.

Figure 2 demonstrates that the majority of respondents fell in the 40-59 years category, closely followed by 20-39 years (this category was higher among new immigrant or refugee respondents). Note that there are very few respondents under 19 years old as respondents needed to be 18 or older to claim the prize.

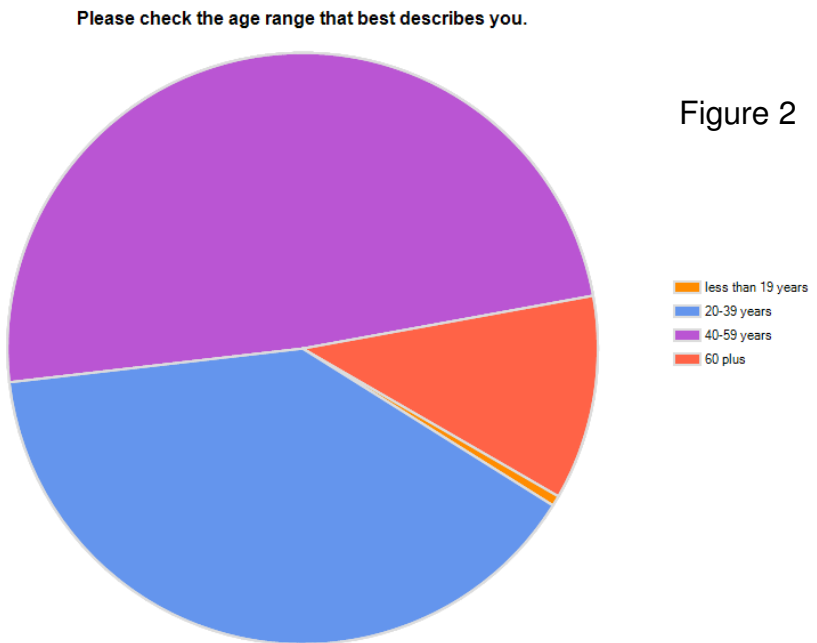


Figure 2

The majority of respondents were female (73%). It is noted that a transgendered option was not included in the survey and that at least 1 person identified that to be an issue.

Of the respondents, 12% answered the question of whether they considered themselves to be of Aboriginal or Métis descent or a new immigrant/refugee. Of these responses, 70% identified themselves as Aboriginal or Métis (12% of the total responses).

Of the persons responding, 94% considered English to be their primary language, a wide variety of languages were listed for the 6% that identified another language, French being the most common. As the survey was only available in English this is likely to have influenced the outcome of this category.

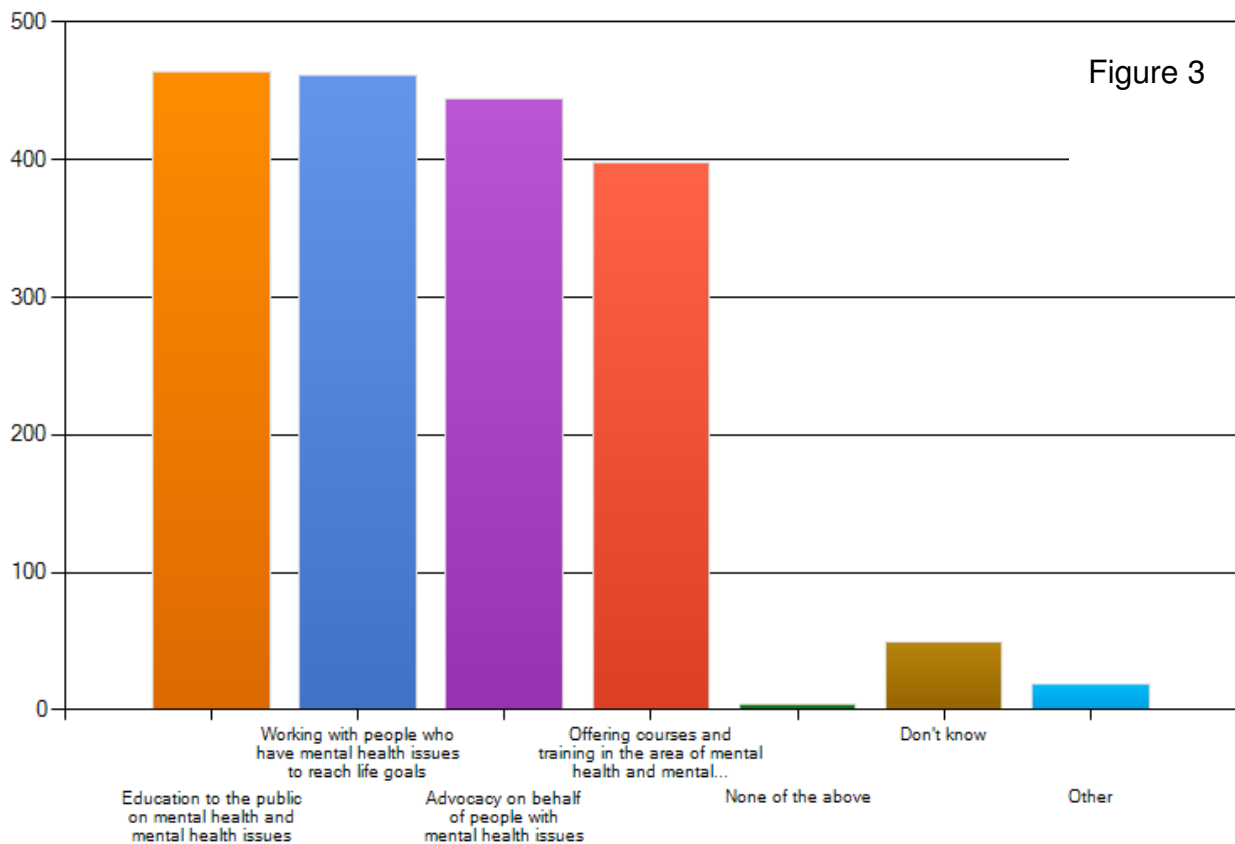
In total, 47% of respondents reported having previous contact with CMHAW, therefore, just over half of respondents had no previous involvement with the organization (new immigrants and refugees were least likely to have previous contact).

The Responses

Respondents were asked to identify their opinions on the work CMHAW is doing currently and considering doing in the future, as well as more general observations about mental health services in Winnipeg. Questions were drawn from CMHAW's current End Statements and proposed strategic goals.

When asked their understanding of what CMHAW is doing currently there was a high correlation with CMHAW's current work plan, as demonstrated by Figure 3 below.

What type of work do you believe CMHA Winnipeg does in our community? (Check all that apply)



Several respondents also added comments regarding CMHAW's current services including;

- *"Helping consumers find safe, affordable housing"*
- *"being a true support and mental health hero"*

People also commented on not being aware of our services, such as *"I don't see services"* and *"Did not know that you offered training/courses. Hurrah!"*.

Respondents were also asked, using CMHAW's current activities as a template, whether they agreed that these were important for CMHAW.

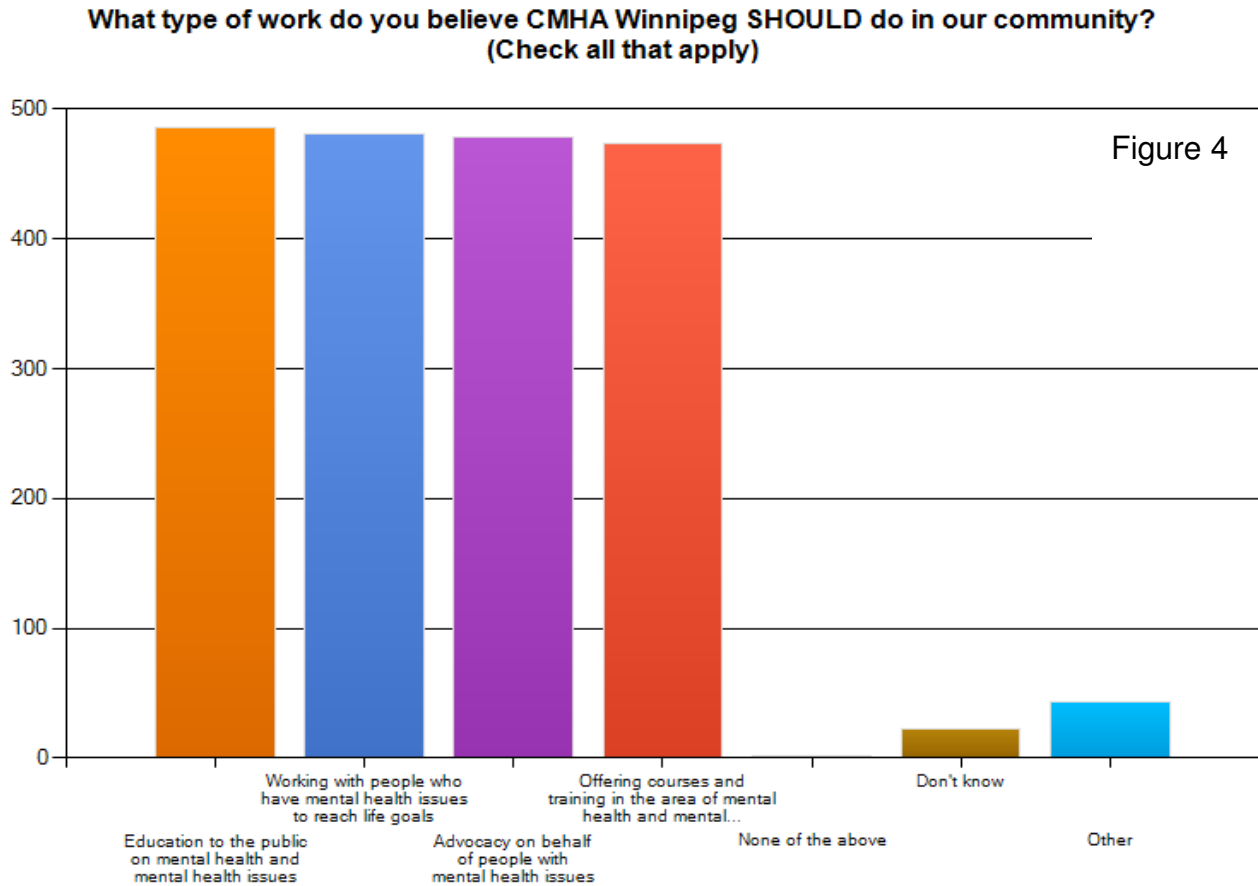


Figure 4 (above) demonstrates responses to this question. Again there was a very high level of agreement, which was consistent across all sub populations. In addition to this, 43 people (7%) added comments in the other section, these comments ranged from reaffirming agreement with goals to requesting very specific advocacy, the most common themes were advocacy and services (often combined in advocacy for services), themes for advocacy included: psychological/therapy services, supports for families, youth, and people who are isolated, and advocacy for financial/shelter security e.g.

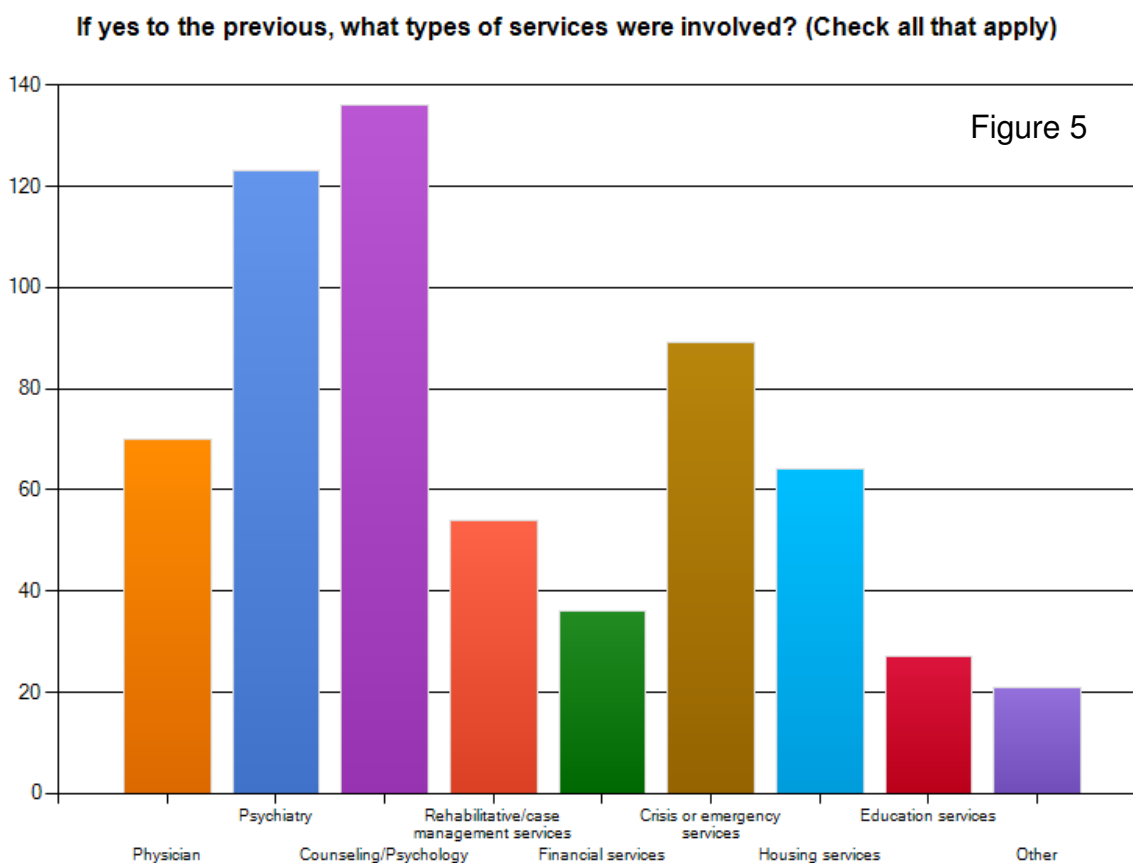
- *“Screaming to the government that 41% of women with mental health disabilities are living \$12,000 BELOW the poverty line”*
- *“Pressing government for health coverage i.e. psychological and pharmaceutical assistance”*

Themes also arose around education, marketing and stigma reduction e.g.

- *“Get more people (teachers etc.) on board with mental health”*

- *“Educate year round to get rid of STIGMA!”*
- *“Become more accessible to people who do not know of the services”*

Respondents were asked to share their experience within the current mental health system, particularly challenges and successes, 55% of respondents indicated that they had faced challenges in the current system. Figure 5 (below) is a summary of the most common areas of challenge.



Comments in the other section ranged, however, access to therapeutic, psychological, or psychiatry services were most cited in the comments, for themselves, a client, or a family member e.g.

- *“finding affordable and appropriate counseling in this city is very difficult”*
- *“The waiting list is too long to see a psychiatrist. Psychologists aren’t covered under MB medical, why is that?”*
- *“it seems that unless you are “acute” a psychiatrist is only available as a “consultant”, and if you are on a fixed income a psychologist is out of the question”*
- *“We have really been left to handle our son’s schizophrenia ourselves. Although our psychiatrist has and continues to be wonderful to him and*

us, he does not provide the long term counseling our son needs. We're it. And we're tired."

There were also many comments on finding services e.g.

- *"I didn't know where to access services. I had recently graduated from university and I knew there were services available to students, but I didn't know where the "general public" could go for help".*
- *"when you are at your best the mental health system is a huge maze, never mind when you are at rock bottom and don't have the strength to fight for your rights"*
- *"I have suffered all of my life with mental illness, my diagnosis just came recently, so it has been very difficult to be introduced into the system. I find it quite indignant how some of the professionals that I am forced to deal with, treat me, just because they know they can get away with it."*

In addition to challenges, there were many that listed various successes in accessing services, several organizations were listed in terms of successful contacts, including CMHAW, Winnipeg Regional Health Authority programs, several self helps groups, Sara Riel, Klinik, Salvation Army, Employee Assistance Program, and many other health and community services (examples below).

- *"Sara Riel was a fabulous resource for our family member."*
- *"Family member used mobile crisis team- very helpful"*
- *"CMHA and the mental health system has improved in this area"*
- *"CODI program has been an amazing program that works very well"*
- *"the adolescent treatment centre (MATC) saved my son's life"*
- *"Self help groups are generally very accessible and available for addiction related problems"*
- *"As a younger person I was able to access Klinik's free counseling easily"*
- *"the MHERC library has been instrumental in providing up to date, high quality resources for me for free"*
- *"Addictions Foundation- family couple and individual counseling was very helpful"*
- *"My healthcare provider (Klinik) helped me find counseling"*

There were also several who listed success with CMHAW, some examples include:

- *"The CMHA web site has many resources. I found the Mental Health Education for Families and it was a positive experience".*
- *"CMHA was wonderful in helping my children and family with education, crisis services, housing and respite. "*
- *"I reached CMHA online and through a friend who told me about the mental health education for family's course and it was very helpful."*

- “CMHA programs; was assisted through regular sessions in finding volunteer work that also lead to paid employment”.
- “Referral for mindfulness training were timely and appropriate”
- “So far, I have never had to access mental health related resources for either my job or personal life. If I did, CMHA would be the first place I’d go.”
- “CMHA helped me with finding a new place to live and helping me with resources to move there. It is helping me with dealing with addictions and learning how to build borders with people I meet. It has saved my life.”
- “I have had opportunities from the staff at CMHA Winnipeg, which I feel has and still is a tremendous privilege to be involved in.”
- “CMHA was the first step to getting better.”
- “My daughter has a CMHA worker which has helped her (and me!) tremendously in accessing advocacy for schooling, healthcare and counseling. “
- “I have been able to contact the office and my worker on a weekly basis. My worker gets to the point and gets back to me quickly. “
- “I’m a therapist. I contacted CMHA about resource information for a client who is mentally unstable and not currently getting help. The staff was very knowledgeable about resources in Winnipeg and was extremely helpful. “
- “There was a speaker from CMHA who spoke in one of my classes about the service and work that is done, I thought it was great.”

Current Issues

Respondents were asked to identify important current and priority issues for the mental health system. Responses between the 2 varied only slightly, many

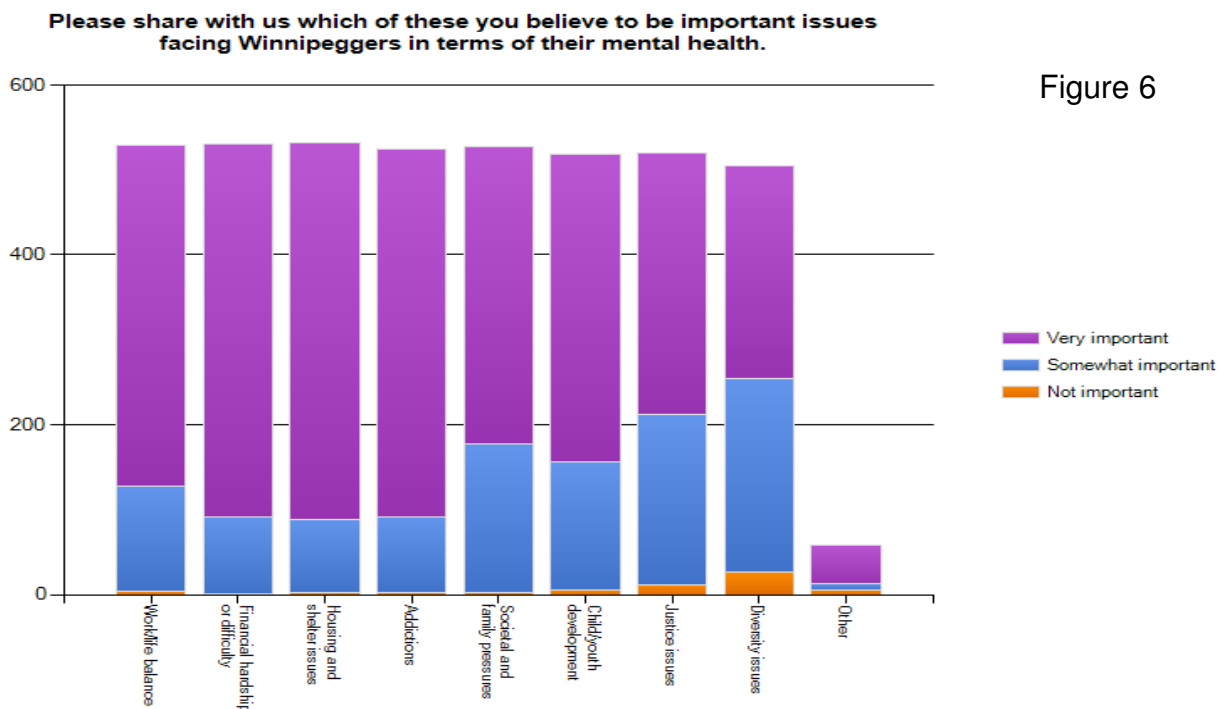


Figure 6

people indicated difficulty in naming a priority in the comments, most identified could fall within service and financial security issues. Figure 6 on page 11 demonstrates the responses to issues identified. It is noteworthy that seniors were more likely to name housing and shelter issues as the largest issues, followed by addictions.

Future Direction

Respondents were given examples of strategic goals the organization was considering for 2010-2012 and asked how important they felt these activities were. Support for all stated goals was reasonably high, with highest ranked being advocacy and the lowest rated being the creation of a foundation, 86% rated the *other* category as very important. Comments in the *other* category were quite varied, however, advocacy, education and outreach in previously mentioned areas were most common, concerns were expressed regarding expenditures towards research and housing as opposed to the above areas. Figure 7 on page 12 summarizes responses.

Sample of Comments Regarding Future Goals

- *“increased public access to preventative health measures such as mindfulness training”*
- *“Doctors need to become better educated in mental illness”*
- *“Advocating for more resources for training mental health professional”*
- *“So very important to educate the public around mental health”*
- *“More personnel to help with everyday paperwork and household duties”*
- *“Outreach to individuals living alone with inadequate support and experiencing mental health issues.*
- *Making it easier for patients to get help at hospitals”*
- *“More resources!!! People shouldn’t have to wait for counseling, a psychiatrist assessment, etc. “*
- *“Working with the Manitoba Government to make it more of a priority for funding and support”*
- *“Stigma minimization strategy. Sometime sit is worse than the mental illness itself. “*
- *“Educate employers.”*
- *“Making use of/promoting awareness of ALREADY existing resources.”*
- *“To help family be involved in the recovery of family members dealing with a mental health issue.”*
- *“I think it is important to educate in schools. “*
- *“People with issues are people too. They need jobs and want to contribute back to the society.”*
- *”I know that’s probably too much on your plate, but it’s ALL important. Especially housing. “*
- *“More support/advocacy/mentoring financial support for those who fall through the cracks of the system. “*

Figure 7

Goal Area	Not Important	Somewhat Important	Very Important
Providing information and support to the public on what it means to be mentally healthy.	1.3% (7)	22.4% (119)	76.3% (405)
Building broader public knowledge on what it means to have a mental health issue.	0.8% (4)	15.9% (84)	83.4% (441)
Advocating for the importance of resources for persons with mental health issues (including housing and financial support when necessary)	0.4% (2)	9.0% (48)	90.7% (485)
Providing increased information and support to family members of those experiencing mental health issues.	0.2% (1)	16.0% (85)	83.8% (444)
Increasing assistance to people who are trying to access mental health resources.	0.4% (2)	11.5% (61)	88.1% (467)
Conducting research into areas affecting people with mental health issues.	5.1% (27)	35.3% (187)	59.6% (316)
Creating a foundation to support non-profit mental health services in our region.	4.8% (25)	36.5% (192)	58.7% (309)
Becoming more actively involved in the development of affordable housing in our community.	3.8% (20)	27.0% (142)	69.2% (364)

Conclusion

The ***Tell Us What You Think Winnipeg*** Survey has provided a significant amount of information regarding the Winnipeg community's experience in terms of mental health. The survey has several challenges that should be considered in future offerings including; being available in other languages, ensuring that it is inclusive of transgendered populations, reaching persons who are not connected to CMHAW and do not utilize computers (isolated populations).

Given the above challenges the response rate and undertaking is likely still the largest survey of this kind to take place in Winnipeg and should be considered a successful attempt to engage Winnipeggers in talking about mental health.

The survey highlights several areas of work that CMHAW needs to consider organizationally in addition to the proposed strategic goals, including:

- Being seen. Marketing particularly to vulnerable and isolated populations and in healthcare facilities.
- Long-term planning. Those that struggle once they have reached their goals and leave the CMHAW Rehabilitation and Recovery Program, especially those needing more intensive supports day to day.
- Advocacy. Recommendations for more visible and forceful lobbying for services, largely in counseling and financial security.
- Dealing with our own wait times. Delays in accessing our Recovery and Rehabilitation Services.
- Education. Particularly with youth and reducing stigma.
- Environment. Those who had visited CMHA has several comments regarding our current environment, including, layout, privacy/noise issues, friendliness or cheeriness, crowding, and access.

Many of the above such as the environment, marketing, and advocacy, are touched on in CMHAW's 2 year strategic goals. These include:

Goal 1: Creation of a fundraising strategy *

**to initially focus on a new home for CMHA Winnipeg to support service delivery and program expansions*

Goal 2: Investigation of multiple funding options for CMHA Winnipeg

Goal 3: Move forward on advocacy issues, including; housing, income supports, addictions services & education, counseling, psychiatry and rehabilitation services

Goal 4: Increasing Board and committee involvement by people with lived experience from varied backgrounds

Goal 5: Furthering media involvement, including education, in the area of mental health

Goal 6: Building the public profile of CMHA Winnipeg, specifically through messaging in mental health and mental illness

Goal 7: Advocacy for inclusion of mental health promotion and mental illness awareness issues in the Provincial Mental Health Plan

Goal 8: Examine organizational capacity and data for navigational assistance through mental health system for family members

Goal 9: Support families through organizational programs such as information and referral, rights consultation and education services to ensure they are all readily available to family members

Goal 10: Investigate creation of a fund to support research and practice development

Goal 11: Engaging the CMHA Winnipeg Board and Committees in education regarding research and best practice

Goal 12: Ensure that advocacy issues which are supported are based on research and best practice

In addition to these 12 Board strategic goals, CMHAW staff have set their own strategic/operation plan arising from the organizational End's statements. This includes creation of a volunteer program to support promotion and education; a self advocacy leadership training program (SALT), expansion of promotion and services to families, redevelopment of workshop programs to better support flow through of clients and reduce waitlists, utilization of student placements in the information and referral program to support the increasing call for service navigation (12% increase in 2009-2010), and continuing to search for increased funding options to support this critical program.

Questions and comments regarding this report can be directed to:

Nicole Chammartin, Executive Director
CMHA Winnipeg Region
432 Ellice Ave.
Winnipeg, MB R3B 1Y4
(204) 982-6100
nicolec@cmhawpg.mb.ca