

SECTION 18

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SECTION 18: INNOVATIVE MENTAL HEALTH REFORM PROJECTS IN THE NORTHEAST

The NEMHITF pursued a number of innovative projects during its four-year tenure. The purpose of this chapter is to provide an update on these projects and highlight lessons learned and make recommendations for consideration by appropriate Ministries. There were three specific initiatives, namely the 1) Northeast Mental Health Public Education Campaign; 2) The Development of Mental Health Education Resources for Pre-service Teachers and Experienced Educators in association with Nipissing University; and 3) Development of Community Mental Health Programming Options at Canadore College.

18.1 The Northeast Mental Health Public Education Campaign

Very early in the discussions of the Task Force, members called for a region-wide public awareness program that would take both an anti-stigma and pro-recovery education approach. Members believed very strongly that in order for mental health reforms to move ahead, the general public requires focused and direct education to dispel the many myths prevalent about mental illness and the stigma attached to people who experience mental illness. Such myths and discriminating attitudes are major barriers to people living fulfilling lives in their own communities. Members stressed that without a concerted effort to raise awareness and engender acceptance of people who have mental illness, the service reform activities would ultimately fail to improve inclusiveness and promote recovery for many people.

Discussions with government and MOHLTC officials resulted in partnerships being developed with both the Canadian Mental Health Association – Ontario Division (CMHA-ON) and the Centre for Addiction and Mental Health (CAMH) to prepare a specific project proposal for funding consideration by the MOHLTC (see Volume 2 Section ? for the proposal). The Ministry announced \$1.2 million funding for the five-year project in June 2000. The proposal highlighted a strategy to develop campaign messages aimed at mental illness myths and messages about recovery and to deliver the campaign using district-based teams to reach out to community leaders. Year one of the project (less than 9 months in actual duration) was spent developing the project mechanisms and forming additional partnership relationships in the Northeast. The Northeast Mental Health Centre became the sponsor for the project, with CMHA-ON and CAMH providing co-chairs for the project's regional steering committee. A project manager was

recruited in year 2 and development of the campaign materials, detailed work plans and development of the district teams completed.

The Year 3 Interim Report for the Campaign is provided in Volume 2, Section ?. Highlights of the project include:

- Development of the campaign logo and unique brand (See Figure 18.1) in both French and English;
- Development of a culturally appropriate image, presentation and strategy for Aboriginal populations;
- Development of the Key Influencer Presentation aimed at community leaders to promote an inclusiveness message for community members who live with mental illness;
- Evaluation of the project including a key influencer survey (November, 2001); CAMH Ontario Monitor (Summer, 2001); Ongoing monitoring of the district team activities; telephone poll on mental health week radio advertising (May, 2002), evaluation of key influencer presentations by the key influencer; evaluation of the presentations and other campaign activities by team leads and campaign members; consumer and family focus groups; and Aboriginal focus groups;
- District teams developed with participation of many partners including people with lived experience, family members, service providers and others.

Figure 18.1

Logo for the Northeast Mental Health Public Education Campaign



The campaign was funded by the MOHLTC as a pilot project. The evaluation data will be useful for the Ministry to determine the efficacy of broadening this campaign across the province. The need for public education has been recognized by the Provincial Forum of Mental Health Implementation Task Forces and many sister Task Forces in their respective final reports. Many other jurisdictions and mental health reform initiatives call for concerted efforts to inform and educate the public about mental illness, mental health and the reduction of stigma and discrimination. While funding for the Northeast project will conclude in 2004/05, efforts are being made to sustain the campaign messages well beyond that time, including development of an interactive CD-ROM and videos produced by individuals and families who live with mental illness.

18.2 Recommendations

1. The MOHLTC should review the interim and final reports of the Northeast Mental Health Public Education Campaign and determine the feasibility of renewing the funding in the Northeast and expanding the campaign across other regions in the province.
2. The Regional Steering Committee for the Campaign should be encouraged to disseminate widely the project evaluation results through conference presentations and publications in peer-reviewed journals. Lessons learned throughout the campaign should be fully documented and distributed for public review.

18.3 Mental Health Education Resources for Pre-service Teachers and Experienced Educators

The NEMHITF initiated discussions with the Dean of Education at Nipissing University in 2000 to discuss the need for reaching into schools regarding mental health and mental illness. Prevention and early intervention strategies supported through mental health reform must be promoted to all generations but especially children and young adults. The school setting provides obvious access to these groups and is a means for reaching a large number of children and adolescents at one time. Furthermore, school officials are increasingly involved in early detection efforts on many fronts, and the need for mental health resource education was acknowledged as a starting point.

Nipissing University embraced the idea of proceeding to develop mental health education resources for pre-service and experienced educators. A two-stage proposal was developed and was shared with both the Ministries of Education and Health and Long-Term Care officials by the NEMHITF. Phase one of the work was supported by one-time funding from the latter Ministry in 2001. This phase of the project involved conducting a needs assessment and development of two credit courses on issues of mental health. The courses are a university credit course (36 hours) for educational certification and an additional qualification course (36 hours) for professional development of experienced teachers.

The Final Report for Phase 1 of the project appears in Volume 2 Section ? as does the Proposal for Phase 2 of the Project. It summarizes the findings of the needs assessment research and the content of the two courses. This report has been submitted to both the Task Force and the Ministries along with a request for further funding to complete Phase 2 of the project. This second phase calls for the development of the two courses on the world-wide web so that they could be accessed provincially, nationally and internationally. The total request for Phase Two funding amounts to \$232,814.

18.4 Recommendations

1. The Ministries of Education and Training, Colleges and Universities should immediately review the Nipissing University Proposal for funding of Phase 2 of the Development of Mental Health Resource Education Resources for Pre-Service Teachers and Experienced Educators. A response within the final quarter of the 2002/03 fiscal year would allow the University to proceed with the web-course development prior to the start of the 2003 fall semester.

18.5 Development of Community Mental Health Worker Program at Canadore College

The NEMHITF initiated discussions with Canadore College in 2000 to discuss the need for education programs for future mental health system workers. Recruitment and retention of mental health workers have become foremost challenges in the current delivery of service and the demands on the future workforce are only likely to increase. The shift from an institutional to community-based system of care requires new and innovative educational approaches such

that mental health workers will embrace the recovery approach and be willing to take on the many roles within the system to work with individuals in their personal recovery from mental illness.

The response from Canadore College officials was enthusiastic. Correspondence has been shared and meetings held with the Minister of Training, Colleges and Universities regarding the initial scope and proposed approach to developing a new community mental health worker program at Canadore and in partnership with other Northern Colleges. Unfortunately, this broader initiative did not get underway, but Canadore College proceeded to explore community mental health programming options on its own. At the time of writing this final report, the College has completed the DACUM facilitation to assess the job tasks of mental health workers and developed learning outcomes based on those tasks. The content and design of the mental health program is underway and expected to be implemented by 2005.

The NEMHITF would like to thank the College for its interest and commitment to this initiative.