REPORT

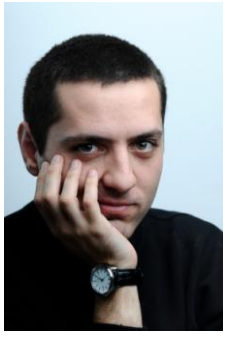
Community Network Forum

ADDRESSING MENTAL HEALTH ISSUES:
AN EMERGING CHALLENGE FOR COMMUNITY RESOURCES

A forum on challenges facing community resources serving English-speaking people experiencing psychological distress and mental health issues

Thursday, October 13, 2011
8:30 am – 3:30 pm
5035 De Maisonneuve West Boulevard, Montreal, Quebec



CHSSN
Community Health And Social Services Network
Réseau communautaire de santé et de services sociaux

REISA
The East-Island Network for English-Language Services
Le Réseau de l'Est de l'Île pour les services en anglais

TABLE OF CONTENTS

FORUM CONTEXT

- *Different community sectors are experiencing the same phenomenon: more individuals with psychological distress and poor mental health coming through their doors.*
- *Quebec is experiencing a rise in the prevalence of psychological stress and mental health issues.*
- *The prevalence of psychological distress and mental health issues is greater for certain population groups and is present in all environments.*
- *Community resources are challenged to respond to this emerging clientele.*
- *Identifying and promoting protective factors can help foster resiliency and support organizations addressing mental health issues.*

Community resources working in the sectors of health, social services, employment and education are confronting new challenges as more and more community members seeking their services are experiencing psychological distress and mental health issues.

In Quebec, the prevalence of health problems related to mental health has been rising, affecting younger as well as older adult populations. Certain groups are showing higher rates of vulnerability to psychological distress and poor mental health compared to others. These include younger women; separated, single and divorced persons; single-parent families; unemployed persons and students; and those with low income.

Psychological distress and mental health issues are present in all environments including social and work. Those with weak social supports are more than twice as likely to experience psychological distress as those in stronger social environments. Loss of capacity to function at work or at home was much more likely to be caused by poor mental health than by other health issues such as heart, respiratory, or bone and joint problems. Those experiencing intimidation at work were twice as likely as their colleagues to live with high levels of psychological distress.

The forum will address the challenges that community resources face as an increasing number of those seeking their services show signs of psychological distress and poor mental health. What is the impact of this emerging clientele on community programs? Where do community resources refer

persons in difficulty? How should programs be adapted to address the new challenge? What are the policy and program responses of government and the public health and social services?

Different communities have adopted cultural strategies to respond to the distress of community members. The forum will look at the factors of community resilience at work in some communities. What role can these cultural factors play in helping community resources to adapt to new challenges? How can community resources enhance the resiliency of the communities they serve?

The forum is inviting the active participation of all those attending in order to enrich the exchanges and contribute to efforts to develop effective community action and public policy response.

WELCOME

Ann Usher, Forum Facilitator

OPENING REMARKS

Ella Amir, Executive Director, AMI-Québec

Mental illness and mental health related problems cost the economy billions. A 2010 study by Toronto-based Centre for Addiction and Mental Health found that employees who take a leave of absence from work due to mental illness are **seven** times more likely to leave work again compared with workers who did not take time off. Employees who needed time off because of a physical illness were **twice** as likely to take a second leave. Absenteeism related to mental health costs the Canadian economy $17 billion a year in lost productivity.

Cost is only one consequence of mental illness and mental health problems. But sadly, it is often the principal language understood by policy makers and politicians, who oversee the (always stringent) public purse that is expected to support many good causes.

Mental illness and mental health problems often have long-lasting and painful consequences. Some of these consequences can be quantified but some cannot, and may have an enormous impact on the lives of those afflicted and those affected indirectly. This includes many, if not all, of us.

Mental health problems in Western cultures seem to be on the rise. Some of the increase may be the result of better and earlier diagnoses, so that doesn't represent a true increase; but some of the growth of mental health problems may be very real and may be associated with a number of phenomena. For example, the life style in affluent western societies, paradoxically, may not always be conducive for good mental health: some of our newer values and the expectations that stem from them put many pressures on us; these pressures are unknown – or at least not as prevalent– in communities that adhere to much simpler lives.

Gabor Maté, a Vancouver physician, suggests that the key to raising healthy children is a nurturing home and community, but claims those environments are becoming extinct. He is not talking about individual parental failure but about a broad social phenomenon. He observes: "We live in a society… that completely destroys the parenting environment and then we have all these kids in trouble and we medicate them". The parents come home stressed from work, spend little time with their children and are isolated from friends and family.

Here is some intriguing data:

1. Between 2007 and 2010, a striking increase in **students** with mental health problems has been recorded in Quebec: 73 students reported such problems in 2007, but in 2010 – 384 students, more than a **five-fold** increase, were recorded according to the Fédération des cégeps which represents Quebec's 48 public colleges.

2. More than 90 percent of physicians surveyed by Canadian Medical Association reported being in good health, however **26 percent** said their mental health made it difficult to work some of the time. Medical students and residents also reported general good health yet **30 percent** experienced a mental health problem and **20 percent** rated their mental health as fair to poor. Suicide rates among doctors are **two to four** times higher compared with the general population.

3. The recent death in close succession of three young NHL players also raises serious questions. (Wade Belak in September, Rick Rypien in August, Derek Boogaard in May).

These are just some examples I have gleaned from the media recently. So what could explain this grim picture? What are the triggers? Why now? What could have possibly prevented it?

Working conditions, a shortage of GPs, and the stigma associated with seeking help are some of the reasons associated with the situation in the medical profession. [This is what compelled the Canadian Medical Association to host a second conference on physician health in a couple of weeks in Toronto under the banner: "Healthier Doctors – Healthier Communities". While mental health challenges among doctors were recognized two decades ago, there are barriers that prevent them from seeking help when needed. Interestingly, half the physicians – more than the general population–don't have their own doctor.]

Competitiveness and high expectations may be associated with despair among some sportsmen.

And among our children? What may be the reasons we see more ADHD, more anxiety, and more depression in children of all age groups? If Gabor Maté is right, we shouldn't look to science for an explanation, but should instead look at how we have constructed our lives and examine some of the costly and unintentional outcomes that come with this construction.

Estimates suggest that, in any given year, about one in every five people living in Canada will experience diagnosable mental health problems or illnesses. They can occur at any time in life, affecting infants, children and youth, adults and seniors. No one is immune, no matter where they live, what their age, or what they do in life. This means that just about every family in the country will be directly affected, to some degree, by mental illness.

People can have varying degrees of mental health, whether or not they have a mental illness. For example, some people with or without mental illness, have tremendous resilience, strength, healthy relationships, and a positive outlook. Others may feel that day-to-day life is a struggle, that they have limited prospects, few friends, and are more easily set back by life's challenges.

Having good mental health helps to protect people from the onset of mental health problems and to buffer the impact of the stresses and hardships that are part of life for everyone. Being mentally healthy involves both a sense of coherence that helps people to function well despite the challenges they confront, and the resiliency to bounce back from setbacks. The evidence suggests that people who experience the best mental health – independently of whether or not they are living with symptoms of mental illness – function better than those who are either moderately mentally healthy or in poor mental health.

There is no single cause for most mental health problems and illnesses. They are thought to be the result of a complex interaction of social, economic, psychological and biological or genetic factors. The factors that play a role in the development of mental health problems and illnesses are very similar to those that influence our overall mental health and well-being.

Estimates suggest that at least 70% of mental health problems and illnesses have their onset during childhood and adolescence. Mental health and mental illness need to be addressed across the lifespan, with particular attention to the developmental stage of the individual.

The Mental Health Commission of Canada was formed in 2007 as a direct result of a ground-breaking analysis of mental health, mental illness and addiction in Canada. A non-profit catalyst for transformative change, the Commission works in partnership with people with lived experience, families, experts, businesses, organizations, caregivers and governments across the country to change attitudes toward mental health problems and to improve services and support. At the present time ours is the only G8 country without a national strategy on mental health. This is expected to change with the presentation of the first-ever national mental health strategy for Canada in early 2012.

It is one of the Commission's principal goals. The strategy is expected to provide a way for the people of Canada to work together to achieve better mental health outcomes and improve overall mental health and well-being.

However, the preoccupation of this forum, I believe, is particularly with what's happening in our own communities, close to home. The uptake of a national mental health strategy could certainly assist in ensuring that mental health and illness remain on the forefront of the political agenda, but I don't think we wish to wait until it happens. I believe that we should be proactive in addressing these issues today and start identifying how we can strengthen our base so we can prevent some of the fallout.

Paying close attention to the social determinants of health is an important preventative measure. Conditions such as poverty, diminished social networks, racial bias or victimization, among others, can only exacerbate mental illness and poor mental health. Some of these are big and long-term undertakings, and while I believe we should all be engaged in ongoing conversations with all levels of governments, we also want to think about **what we can do for our communities now**, rather than waiting for a windfall of government funding. I believe that it is in our power to identify opportunities and mobilize actions that could foster resiliency and build our capacity to face the many challenges that life presents. I do hope that this forum serves as an opportunity not only for sharing knowledge and understanding, but especially as a springboard for action.

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PRESENTATION AND DISCUSSION

Joanne Pocock, Research Consultant

Numbers of seniors are growing, and so is the number of female caregivers. The middle-aged generation of women are highly represented in numbers relating to mental health.

PANEL DISCUSSION

Ella Amir, Executive Director, AMI Quebec

AMI-Québec has been looking at caregivers as a central issue, especially women as a target group. Family care giving is basically unpaid help. It is prevalent now due to changing structures of family and community, which is smaller, more transient, and starting later in life. Family care giving is no longer a question of “if” but “when.”

A greater number of women in the workforce also means that there is a greater absenteeism, when they become primary caregivers. Women also spend, on average, about 12 years outside of the workforce in a lifetime.

Senior caregivers are more easily accepted into the health system, whereas caregivers of youth with mental health issues have a harder time being accepted. The parent caregivers are often scene as to blame for the child’s disability. Subsequent lack of treatment or access to service makes it even more difficult for the caregiver.

Left to Right: Iris Unger (YES Employment), Ella Amir (AMI-Québec), Sheri McLeod (NDG Senior Citizens’ Council), Ann Usher (Community Health and Social Services Network).

Sheri McLeod, Executive Director, NDG Senior Citizens' Council

What is the impact on community programs of an emerging clientele experiencing psychological distress and mental health problems?

Three years ago, NDGSCC modified its' mission to include those aged 50+.
At this time we received a fair bit of feedback that we would be dealing with a population highly affected by addictions and a lack of motivation.
We adjusted our criteria for programs such as our income tax clinic and medical transportation program to include those aged 50+ living under the LICO.
Lack of employment was soon revealed as a key issue
Following a research project that included both data analysis and several focus groups, it was obvious that the Eng. Lang. community was particularly affected
In addition to age and technology, having English as a first language was seen as a major obstacle to those who had not become fluently bilingual.
This was a generation who had come of age during the late 70s – a time of tremendous political upheaval in this province. Those who remained in Quebec had to overcome feelings of being outsiders in their own community, feelings which returned to them as they moved through mid-life and found it increasingly difficult to find work.
At the same time, it is seen as politically incorrect to refer to this issue, which many found only added to feelings of isolation and frustration.
As a community resource primarily acquainted with the needs of the vulnerable old, we become almost overnight a resource for the marginalized 50+. The "boomers" we encounter range from those who are

referred to UP House, which has become a tremendous success story in our community. We are currently creating an employment co-op that we hope will become a focal point for those who are English-speaking, 50+ and considering self-employment. It will allow for on-going involvement and contact, while offering support for individuals experiencing "let-downs" following employment rejections. This was something identified as essential to those who have been looking for work for longer than 12 months.

How are community programs adapting and what are the challenges?

Over the past few years, most organizations serving "seniors" have expanded their mandate to include the 50+. Even NDG Youth Employment Centre has recently recently received the mandate from the Quebec government to serve those in the 35+ category with regard to employment. This is due to demographics and economics as well as a desire to engage a younger age group. The challenges are as diverse as the individuals. Those who have experienced chronic unemployment have more of a dependency on the system, and have a very different set of expectations than those who want to return to the workforce. People who participated in our focus groups on employment have usually reported that they did not feel the Boomer "drop-in" was "what they were looking for" and expressed more interest in the idea of an employment co-op. It must be said at this point that all of these people expressed a great deal of psychological distress with regard to their individual situation. However, their approach to dealing with it was self-identified as being

semi-literate and poorly educated to those with graduate degrees who are have not met the French language criteria for professional orders in their field. Our initial outreach was received with a strong response; people who had experienced a tremendous sense of feeling that they had been completed overlooked at this point in time; that they were not included in references to "cultural communities" but did not feel a part of Quebec culture. This deep sense of exclusion re-creates a great deal of the same emotional landscape that existed earlier in these peoples' lives, and the same resentment and feelings of anger accompany them. At this point, however, they are thirty-five years older and without the same level of energy they possessed at a younger age.
Our organization was quite dismayed with the reality of this emerging clientele. We grappled with our own personal experiences of the language issue while trying to focus on possibilities for funding and programming. We realized that this was a very resilient group, but that they were encountering limitations at a level previously not experienced in their lives.

Where do community resources refer vulnerable clientele?

We have become clearer in terms of our criteria over the past three years. We have had to educate community resources regarding this criteria, and it has certainly helped having the NDG Food Depot for a partner in our Boomer Café. We are able to accommodate individuals with acute episodes of depression who may have trouble with regular groups that do not allow for flexibility, which is why the "drop-in" model is so effective. Those with a chronic mental illness are

different. Entrenched scepticism and recurring disappointment has led to a high level of self-protective behaviour, which is often expressed as "are you really going to do something for us?".

What is the community resource's perspective on the policy and program responses of government as well as the public health and social service system?

As a group this population is largely under-served. They are classified according to criteria relating to physical or mental illness for the most part, or else relating to a social reality such as "newly single" or "empty nester". The fact that this group has become so economically vulnerable is slowly trickling into the consciousness of government and policy-makers. The accompanying mental health issues are still fairly invisible at policy level, and are slowly emerging as part of the community reality. Government response is still focused on the time-limited, youth-oriented approach to job searching. Federal and provincial funding programs now include criteria related to Boomers, but primarily as a replacement for the rapidly-diminishing number of senior "super-volunteers". NDGSCC is currently creating a policy task force for older workers, while focusing on engaging a broader spectrum of the 50+ population. As part of this initiative we will be educating both government and community members about the lived experience of this segment of Boomers, which is a far cry from the media stereotype of affluence and limitless options.

Iris Unger, Executive Director, Youth Employment Services

Youth Employment Services is a non-profit organization situated in downtown Montreal whose mission is to provide English-language services to help people find jobs or start small businesses. We also have a program dedicated to helping artists with their business skills. Our center is open to all ages but 82% are under 35 years old.

We see a total of over 14,000 people a year. We do one-on-one counselling, workshops, events, conferences, internships, and mentorship.

We see people in transition and many are suffering what we call situational psychological distress. Most of our clients come to us for help at a very difficult time in their lives and it is almost impossible for us to separate the issues.80% of the clients we see in job search or through our artist program are showing signs of psychological distress of those, an approximate 20% have a more serious diagnosis..

According to The Public Health Agency of Canada in a report from 1999/2000 the highest percentage of those suffering from a mental illness, 11.9%, are between the ages of 15-24years old. If you add the 25-44 year olds it is at 22.1 %. Take in to account that this report was done in 1999 and add the current economic and social implications, I am certain this number is considerably higher today.
As well, artists are eight (8) times more likely to suffer from mental health issues then the general public.

Who are we seeing?

- Those leaving school and entering the job market for the first time – lack experience
- Many who have lost a job or are underemployed
- New arrivals from another country or another province and need a job to survive and support themselves and their families.
- Artists who are struggling with their creative endeavours and trying to make ends meet
- Or an entrepreneur who wants to start a new business
- Most are English-speaking, many are from a cultural community or are a member of a visible minority – a minority within a minority

What we are seeing:

I am going to focus my comments on our clients who are coming to us for help in their job search or artists clients because although our entrepreneurs are also in transition I feel that they seem to have a bit more resilience then the former.

- Depression
- Substance abuse and self medication
- Identity crisis - *I was a student with friends and structure. Who am I today?*
- Feelings of failure
- Disappointment
- Isolation and/or lack of networks
- Self esteem issues
- Inability to manage expectations: Parents, School etc told them there would be jobs and high paying jobs.
- Poverty
- Anxiety and uncertainty
- Lack of a sense of community and family
- Speed and pressures from all of the new social media tools
- Reaction to the lack of opportunities in this economy
- Lack of structure
- Inability in many cases to communicate what they need

Impact on our programs and our challenges:

1. People come to us for job or business support but the issues are much more complex and difficult to separate

2. We do not necessarily have the human or financial resources to deal with who shows up at our doors

    a) Need more training to flag the issues at all levels of our staff. Many are career counsellors no personal counsellors

    b) Need more time to work with the clients to sort out the issues before we can even address why they came to see us which presumably is help in finding work.

    c) Our deliverables to our funders are to integrate people into the job market so we have a gap between what we are funded for and what we do

    d) Risk of staff burnout

3. Mental health is not really the mandate of the organization, which on one hand is good because we provide a normalized environment (very important). We are perceived as a safe space, non-judgemental but it also makes it difficult to access the financial resources we need to do our jobs because we are not perceived as a provider of mental health support.

4. Lots of people come to us because we are accessible and free and there is no where else to go. Over 80 % come to us through word of mouth. Struggle whether to continue seeing them when we know it is draining resources. Funders want success.

5. We see a lot of people who fit in the middle not acute but not coping. They need help and they need it at the time they come to see us.

6. Is it prevention work that we are doing? Is it situational? We don't really have the time or resources to do adequate follow-up, research and planning.

7. The issue of confidentiality – when can and to who can we disclose information

Where do we refer people

THERE ARE NOT ENOUGH PLACES TO REFER OUR CLIENTS TO AND ESPECIALLY IN THAT PROVIDE ENGLISH-LANGUAGE SERVICES.

1. We try to work with the clients to the best of our ability because many will not go for help

2. If they agree, it will depend on the situation and its severity
    a. CLSC (short term)
    b. Argyle (many still can't afford it)
    c. Montreal Therapy Center
    d. Church groups or cultural community centers
    e. Hospitals, Douglas
    f. Tracom

How are we adapting?

1. We flagged this as an issue three (3) years ago and we applied for funding for a one year pilot project called Change, Challenge and Transition to test our assumptions.

We hired a therapist to train all of our staff, front line, front desk, everyone on how to deal with agitated clientele, how to flag situations etc. We also had them do more intensive training with our career counsellors. And we set up support groups calling them focus groups animated again by professionals experienced in this field to work along with a YES career counsellor to provide additional support to our more at risk clients. Needless to say it was a great success. And we continuously struggle to keep the program going after the one year. For basically a few thousand dollars we can support and help so many people in the community.

2. We have regular staff meetings, between all the departments to air and support each other. Support within the organization – some structure and strategies in place leaving door open sometime.

Our Perspective on the policy and program responses of government and public health and social services system:

- Not enough services in the community.
- Only the most severe are receiving services.
- Nothing for prevention
- We all need to gain mental health "first aid" to assist families, workers, clients.
- Short term thinking and strategies when the issues are systemic and impact everything – work, family, school, the economy.
- Funding unstable and in silos. This issue covers all sectors and a process should be in place to provide an integrated approach to funding across governments and departments. Not just a health issue
- Needs better coordination in the total health care of an individual to include the general practitioner, the schools, the workplace, the hospital, the community organizations.
- Not a sexy topic but it needs to be out there more. Not just as a flavour of the month.

OBSERVATORY

Leith Hamilton, Executive Director, African-Canadian Development and Prevention Network

Bev Kerr explains **L'Abri en Ville**, currently celebrating its 20th anniversary, which is in the West End Montreal. 10 apartments house 3 people each, all of whom suffering serious mental health issues. Success comes from being community-based, relying on volunteers who become friends and family to residents, who are able to stave isolation and loneliness thanks to the regular visits.

Support comes from private donations, small amounts from the Québec Government and a number of foundations. When the organisation started growing, there was a conscious decision made between focusing on becoming a larger entity or becoming an anchor that provides support to "franchises" in other locations, which was the selected option. Franchises now exist in Ottawa, Chateauguay, Eastern Townships, and North Hatley.

Halah Al-Ubaidi, Executive Director, **NDG Community Council**, faces a significant housing issue, which is connected to mental health issues. A minimum of 3, 4 cases a week coming into the council are based on people needing housing. There is a significant lack of housing, and where it is available, the conditions have much to be desired. New arrivals no longer have services regarding housing since 2006, and are now in need of food, income, and housing. The government knows that they've arrived, and wants to make sure their immediate integration into society is key, but they have no access to services for at least 6 months after their arrival.

Francis Waite, **DESTA**, works with black youth between 18 and 25, in the areas of personal development, continuous learning, and employment. As kids in the community get older (i.e. 5 to 17) they slowly but surely face challenges which make many of them disintegrate and disappear. Many by 18 to 25 are incarcerated, and the length of their jail terms is much longer than many others

convicted of similar crimes. Lack of basic needs is leading them into lives of crime, which adds to stress and hi-risk behaviour.

Lester B Pearson School Board Centre of Excellence for Mental Health: Been in operation since last May, putting better practices about kids and public education. The purpose is to raise the capacity in teacher to recognize symptoms of mental ill health in kids.
Kevin Erskine-Henry, **South Shore Community Partners and Our Harbour**: The discovery of mental health issues rise to the surface due to the interconnectedness of services rendered among members of the English-speaking community. For example, seniors have their income tax taken care of by someone in the community, who notices that there are kids living in the home, which raises flags on state of affairs at home (ie. Unemployment and resulting challenges on mental health).

Viv Bacman, **CSSS de la Montagne**: Addiction is 80% of the case load, what with so many people self-medicating. Stresses include dealing with issues around mental health, housing, and substance abuse. Social workers are facing increasingly complex situations, yet it is just not possible to expect a professional to be a specialist in every area.

Star Gale, **L'Abri en Ville** and **student in McGill's School of Social Work**: Ottawa uses a guichet d'access program that has transferred a lot of services out of the hospital emergency room and into the CLSCs, but most people don't know about the enhanced services offered by the CLSCs. Consequently a lot of expense is incurred on system, much of it due to a lack of knowledge from the user's standpoint.

Forward House prepares people with a combination of mental and intellectual challenges to work.

Grace Campbell, **Women on the Rise**: Helping Moms help themselves through helping each other. The expertise, the passion, the energy of each community member is leveraged to help each other. The resources come from within the community itself.

PARTICIPANT EVALUATION

What did you find useful?	Would you like to participate in other forums like this? If so, how often?	Was there an organization that should have been invited today? If so, which one?
- sharing of information, resources and ideas for the future - focus on resilience - bringing together members of the community; working together - very well organized	few times/year	*Other comments:* tables/booths in foyer where other organizations can leave big cards/pamphlets; there is never enough time to hear about the services of others, this might be an additional level of resource sharing
the sharing experience during the afternoon; getting to know people on an emotional level encourages networking and future collaboration	every 6/9 months	More visibility from the CSSS' across the island of Montreal and Laval
- chance to connect with people in the community providing services to families with mental health issues - chance to experience the role of the community organizations and figure out how best to incorporate their strengths within the school context	once/twice a year	
Everything! Hearing about all the good that's being done out there; I am humbled by the skill, compassion and willingness to contribute to the betterment of the human condition, in this room. Keep up the incredible work	twice a year	*Other comments:* - Parking was a real problem; why not allow participants to use the church parking? - Would have been helpful to include note paper in the folders - If funding allows: fruit at the breaks
The congregation of numerous English-speaking service providers; this is a great networking opportunity	twice per year	Foster Pavilion, CJF
The morning session	2-3 times per year	Mental health foundation, BCRC, Agence Ometz *Other comments:* Parking a major challenge; 1 hour search
- Getting to know community resources for English-speaking clients - Better understanding struggles that the community is facing regarding access to services	every 6 months-year	

- Joanne's stats report created a good common knowledge base to work from - Hearing about the different organizations and common experiences among us	twice per year	Pavillon Foster, Argyle Institute
I enjoyed meeting people from other community organizations; networking and understanding how they work	I would be very happy to participate in other forums – every few months	
Yes, although it was a little long but did find it useful	Every three/four months	*Other comments:* - Nice to have all the English/Black and other organizations together; realizing we are all on the same level/have the same concerns - Maybe next meeting we can have a workshop on how to handle the issues
Sharing	max 2/year	Justice and Police, Immigration, Ministère de la Famille
Having the opportunity to learn more about the organizations, resources and people in my community	no more than 3 times/year	Lori Goodhand
- The presentations from the professionals - The observatory – very interesting	Yes	*Other comments:* Not the best location i.e. parking
- Connections - Enthusiasm - Inspiration	large group 1/year, small working groups more often	
- All of the stats - Fantastic exchange in afternoon - Makes you feel that others are going through the same thing	2/3 times per year	
All of it, the whole experience – networking!	bi-annual basis	Head and Hands
Networking, sharing, time to reflect	Of course! Minimum 1/year, more often if possible	Drop-in Centres, Street workers
To encourage thought and action, networks working together towards common goals; reflecting on risk and mostly protective factors at various levels (individual/community)	once/twice a year	Community Learning Centres
- Meeting lots of people active in the community - Leith's afternoon workshop was interesting - The introductions	quarterly	
The panels were very interesting and informative, especially the stats	2/year	

- Hearing about the different organizations that do work related to mental health - Having the opportunity to meet and network with people in the field	2/3 times a year	MHCC, More academics
- Networking - Information on Community resources	Yes, when I would be available	Yellow Door
- Panel discussions in particular; in general, the environment fostered connections and sharing	Yes, very interesting and would attend on a regular basis	
- Profile and overview of survey about mental health issues - It would be great to discuss tools and also to leave with a list of resources (the networking was great for this)	it would be great every 6 months	
- Hearing and sharing experiences, challenges and success stories of the different organizations present - Creating a support network	twice/year	Welcome Hall Mission
- The information regarding caregivers - The info presented by Iris - The CHSSN info - Meeting others in the mental health field	yearly update of info and what progress has been made	Staff from Santé Quebec, Community groups that deal with mental health issues, Front line groups
Possibility to witness the vitality within the community and discover organizations	once/twice a year	More mainstream institutions particularly CSSS'; they were probably invited, they would have benefitted from the experience and opportunity to make links

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Azoulay, Liat		CSSS de la Montagne
Babins, Linda		Co-ordinator, "On Our Own" or " Les Maisons traditionelles 03'
Bacman, Viviane		Spécialiste en activités cliniques, santé mentale
Bloom, Elana	ebloom02@lbpsb.qc.ca	Centre of Excellence for Mental Health (English School Boards / Lester B Pearson School Board)
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FORUM PROGRAM

Morning Program *8:30 - 8:45*	Theme Understanding the individual, community and societal impact of psychological distress and poor mental health **Registration**
8:45 - 9:00	Welcome Anne Usher, Chairperson, Community Network Table
9:00 - 9:15	Opening Remarks Ella Amir, Executive Director, AMI Quebec *Who is affected by issues of poor mental health and psychological distress? In what environments are these issues arising? What is the current context of public policy response?*
9:15 - 9:30	Introductions *Participants will introduce themselves and their organizations to the forum.*
9:30 - 10:00	**Presentation and Discussion** Joanne Pocock, research consultant *The Quebec context: Linking psychological distress and poor mental health with families, social environments and the work place. The portrait is based on the Quebec Social and Health Survey and includes information on English-speaking people.* *Participants are invited to comment or ask questions.*
10:00 - 10:15	**Health Break**

10:15 - 12:00	**Panel Discussion** Ella Amir, Executive Director, AMI Quebec Sheri McLeod, Executive Director, NDG Senior Citizens' Council Iris Unger, Executive Director, Youth Employment Services *What is the impact on community programs of an emerging clientele experiencing psychological distress and mental health problems? Where do community resources refer vulnerable clientele? How are community programs adapting and what are their challenges? What is the community resource's perspective on the policy and program responses of government and the public health and social services system? Each panellist will present the experiences of her community resource with respect to these questions. An exchange with all participants will follow.*
12:00 - 1:00	**Lunch**
Afternoon Program	Theme Strengthening community response: Tapping resiliency and building a model of community response
1:00 - 1:45	**Observatory Part One** **Participants will observe a structured dialogue about building a community resiliency model addressing mental health issues.** Leith Hamilton, African Canadian Development and Prevention Network (ACDPN), will present a series of questions related to the development of a community resiliency model. Ella Amir, AMI Quebec, will be invited to respond. *What are the protective factors in communities that create resiliency in the face of psychological distress? What are the particular risks and protective factors for families, caregivers, women, seniors, and youth?* *What are the steps to building a resiliency model in vulnerable communities? What health determinant information must be collected? What are the mobilization strategies to reach vulnerable groups?* *How can a resiliency model lead to a more comprehensive strategy to engage community resources, the public health and social services system, and public policy?*
1:45 - 2:30	**Observatory Part two** **Participants will review the dialogue and are invited to add new elements** *Participants will comment on the dialogue and identify aspects that resonate with their own organizational experience. Participants are invited to become "critical thinkers" and add new insights to help create the tools and strategies to promote community resiliency and support a community resource role.*
2:30 - 2:45	**Health Break**

2:45 – 3:15	**Taking a step to defining a public policy response** *Participants will discuss what role the results of the day can play in supporting action to solicit effective public policy response.*
3:15 – 3:30	**Conference closure** Anne Usher