



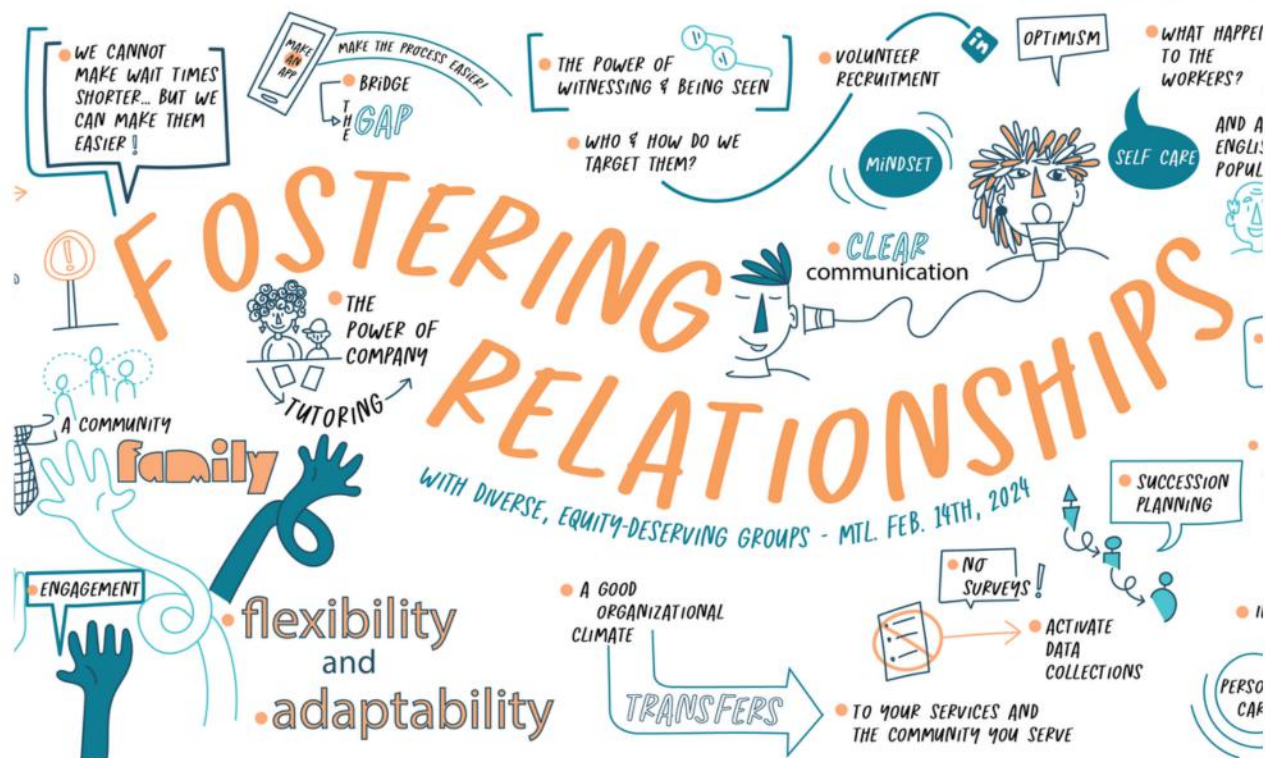
February 13-14, 2024
Montréal



A Truly Brave Space

CHSSN's Provincial Mental Health & Wellness Forum

Key learnings, highlights and the path forward



The Montreal Mental Health and Wellness Forum was a CHSSN event held to create a larger sense of community for organizations across Québec involved in mental health and wellness, and to add the learnings and connections made to our collective toolbox as community supports and providers of service.

The Forum was also about how to build partnerships with other organizations working in Quebec's mental health ecosystem, fostering those relationships, and understanding the complexity of the people we are serving through the lens of intersectionality. Asking how best can we be in service to our most vulnerable community members, those deemed 'hard to reach', who may be struggling to access mental health supports?

Over 110 participants engaged in rich discussions that showcased a diversity of lived experiences, research, and promising practices in adapted programming. Connections were strengthened and new partnerships formed through networking, sharing, and discussion on actions we can take to hold ourselves accountable as individuals and as a collective.

Agenda - Day 1

02

Building relationships with partners
in the ecosystem of mental health

| ACTIVITY | SPEAKER(S) |
|---|---|
| Beyond Land Acknowledgement, My Truth & Reconciliation Journey: Head, Heart Hands | Christie Huff Organizational Learning Integration Consultant |
| Two Row Wampum Treaty - Best Framework to Engage with Indigenous people | Chad Katsenhake:ron Diabo Presenter, Certified Trainer & Indigenous Healing Helper |
| Breakout rooms: Connecting & Collaborating to Generate Strategies for Integrating Intersectionality Across the Lifespan in the Mental Health Ecosystem | Christie Huff Organizational Learning Integration Consultant Chad Katsenhake:ron Diabo Presenter, Certified Trainer & Indigenous Healing Helper |
| Kiosk Exhibition | Service providers: Y4Y Québec, Vent Over Tea, ELAN, Dans La Rue, Safely Connected, CAP Santé Mentale, RACORSM, AMI-Quebec, ACSM, ACSM (Montréal), Éducaloi, Aire Ouverte, ASPQ, The Family Care Collective, Mouvement Santé mentale Québec |
| Community-based Mental Health Promotion Promising Practices Collection Launch & Cocktail | Jennifer Johnson Executive Director, CHSSN Geneviève Lanthier Senior Program Officer, Centre for Grants and Contributions, PHAC |

Agenda - Day 2

03

Fostering relationships with diverse, equity-deserving groups

| ACTIVITY | SPEAKER(S) |
|---|--|
| CHSSN Community Research Highlights | Jennifer Johnson Executive Director, CHSSN |
| Knowledge Development for Mental Health Promotion in Canada | Dr. Colleen McMillan Dr. Katie Dowling KDE Hub for Mental Health Promotion, Renison University College |
| Panel Discussion exploring access & intersectionality | Panel Moderator: Martha Nduwayo, Operations Director of the Black Healing Centre Panelists: Toni Love, Project 10 (P10), Ushana Houston, African Canadian Development and Prevention Network (ACDPN), Shannon Marsh, Committee for Anglophone Social Action (CASA), Shauna Joyce, Tyndale St-Georges Community Centre, Kennedy Fraser, 4Korners |
| Collective Reflections Open Space Discussion | Martha Nduwayo Moderator, Black Healing Centre Jess Malz Facilitator, INBO Design |
| Sense-Making | Ada Sinacore PhD Associate Professor McGill University, Fellow of Canadian Psychological Association Jess Malz Facilitator, INBO Design |
| Visual Versa | Alina Gutierrez M. Graphic Recorder |
| Closing Exercise Table Discussions | Ada Sinacore PhD Associate Professor McGill University, Fellow of Canadian Psychological Association |

A Summary of Collective Reflections & Learnings

04

- ✓ **ASK**, ask, and ask the community what they want
- ✓ **CHANGE** can be made by identifying the real vs. perceived tensions and focusing on commonalities to resolve service issues
- ✓ **SELF-CARE** for front-line workers matters
- ✓ **IN-PERSON** connection allows for new partnerships, learning, and sharing of tools and techniques to better reach the community
- ✓ **GIVE <> GET** respect, and acceptance: frameworks for success when working with indigenous groups
- ✓ **BUILD TRUST** first
- ✓ **REPRESENTATION** in our community spaces is inclusive
- ✓ **TRAUMA-INFORMED** care approach is a must
- ✓ Create **BRAVE SPACES** vs. safe spaces
- ✓ Intergenerational **TRAUMA** affects people even in their privilege
- ✓ Only through **CONNECTION** can the field of Mental Health promotion be sustainable
- ✓ Limited capacity for **PARTNERSHIPS** but huge potential and reach possible through them
- ✓ Many organizational struggles & realities are **SHARED**, despite our differences in region, size, isolated or not



A Summary of Collective Actions

Joining Forces to Create Change

05

- PRACTICE ACTIVE LISTENING** with community members and create spaces conducive to sharing
- WORK WITH, NOT FOR** - involve community members in processes and at different instances to make sure we respond to their needs
- BE MORE INTENTIONAL** in terms of engagement and partnership- allow time to build relationships, respect values, priorities, boundaries of individuals, groups, and communities we engage and partner with
- EMPOWER OUR PARTNERS** to be more independent
- Think about **INSTITUTIONAL MEMORY**, succession planning and knowledge transfer
- EMBRACE TENSION** to have meaningful conversations
- ESTABLISH COMMUNITY GUIDELINES** for these conversations that are revisited regularly
- BALANCE** support offerings with service offerings - integrate personal mental wellbeing time into each activity
- SET BOUNDARIES**, prioritize, give yourself permission to say 'no'
- ADVOCATE FOR BETTER COMPENSATION** for the work we do, stop normalizing community work as a low paying field
- HOLD SIMILAR FORUMS** more often so organizations can connect, network, and partner
- Work on **TRUTH & RECONCILIATION** within our organizations
- Become **MORE INVOLVED WITH EDI**, have conversations and co-create spaces that are brave and authentic
- SHARE** the load

Overarching Themes

06

Multiple exchanges took place during the Forum which opened with an overview of culturally appropriate practices that are more conducive to engagement with Indigenous communities, such as Relational Accountability. We had the privilege of learning about the Wampum Belt, and how it can be used to show a commitment to building trust, respect, and reciprocity in Haudenosaunee (Mohawk) communities. This gave us a framework to use when partaking in discussions over the two days together, allowing attendees to reflect on their own practices in the context of intersectionality.



HOW DO WE CONNECT AND COLLABORATE
to Generate Strategies for Integrating Intersectionality
Across the Lifespan in Quebec's Mental Health Ecosystem?

CHSSN
Quebec

Small number
of people dedicated to supporting mental health for English speakers in Quebec. Professionals, employees, interns, volunteers, etc.

Human Resources (HR)
acting/interacting on behalf of English-speaking Communities (ESQ) - HR strategies expand capacity to connect and support through advocacy, networking, strategic planning, training, etc.

COMMUNICATIONS & OUTREACH
TO REACH THE FULL POPULATION OF ESC MEMBERS, INDIVIDUALS, FAMILIES, PEOPLE IN NEED OF SUPPORT AND THEIR CAREGIVERS

1.25 MILLION*
ENGLISH SPEAKERS IN QUEBEC

Promoting
mental wellness, prevention education, destigmatizing mental illness

Directly
Offering services facilitated by professionals and/or volunteers. Workshops, support groups, lending libraries, etc.

Indirectly
referring to other public and non-profit services

SUPPORT & SERVICES
HIGHEST INTENSITY: HOUSING, DAY CENTRES, ETC.

1 OF 5
ENGLISH SPEAKERS SUFFER FROM A MENTAL HEALTH ISSUE

WE ARE NOT REACHING EVERYONE
English-speaking Quebecers experience challenges accessing mental health services needed in their diverse contexts.

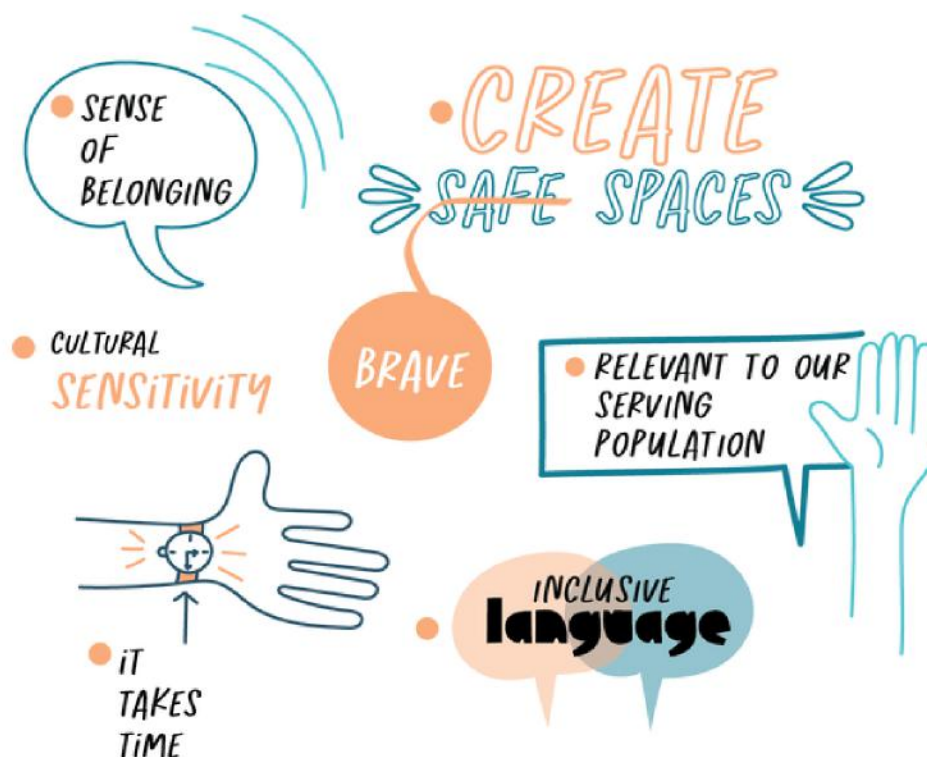
Chad Katsenhake:ron Diabo
Presenter, Certified Trainer & Indigenous Healing Helper

Overarching Themes (continued)

07

Creating brave spaces through the lens of intersectionality

- Continued discussion is needed around inclusion and intersectionality, and having identity-specific, community-specific groups (i.e., when is it OK to target a very specific identity, and when is it OK to have inclusion of them in a larger group)
- How can we use the 'controversies' in our work for innovation, growth, development, providing better services, to become richer, deep-thinking organizations and service providers?
- Need to create brave accountability spaces (vs. 'safe spaces')- setting up an inclusive environment so people can be ready to be vulnerable and learners of each other's experiences
- Ageism, isolation, and diversity in older populations - need to talk about this more and understand how to care for these diverse communities
- We don't know who the most vulnerable person is among us in a room, so we must always use a trauma-informed approach



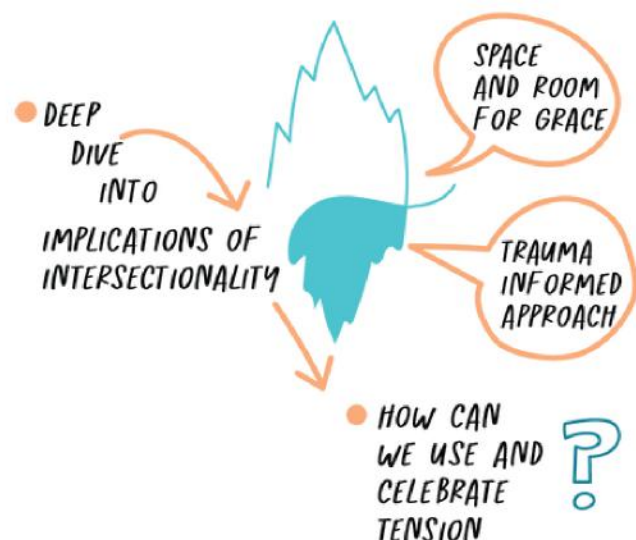
Overarching Themes (continued)

07

“ I’m leaving with new connections and contacts for further partnership ”

Building bridges for strong partnerships

- Capacity building includes working with partners who offer services, and have complimentary skills & resources to reach and culturally adapt to families
- Take a 'human' approach to creating and building partnerships that is relationship-based vs. organization-based, and make personal connections
- Ensure that through partnerships, there is ongoing collaboration to ensure sustainability and continued programming serving the community
- Understanding how we can work together to help the community is key (help you help me): offer to translate and help write grants, mentoring each other, sharing ideas and resources, piggy backing (not copying), letting organizations with expertise take the lead and/or play a supportive role
- Creating partnerships and connections can help make wait times for services easier by supporting clients while they wait - guiding them to professionals and offering other supports in the meantime
- Many organizations feel isolated because they're alone in their regions, but even within the Montreal area there is a lot of isolation - must talk to each other more
- Providing exposure opportunities to partners (e.g., funders) to come and experience our day to day creates liaisons and help with bureaucracy interference



Overarching Themes

(continued)

08



Take the time to make the time



Time constraints and planning

- Want to work with other organizations but hard to find the time. Need to put in the time to make partnerships and build relationships.
- Everyone is working over capacity. Need liaisons, and meetings like this forum to talk to others and gain an understanding of who is doing what work.
- Build more lead time into projects to allow for time to reach out to partners and reflect on current status, how to improve in future, and learn to explain the need for this time in grant applications



Take care of the 'take carers'



Resources both human and financial

- Institutional succession and memory planning should be prioritized to ensure continuity of key partnerships and programming even when turnover occurs
- Put into place structures for roles to be sustained - cross-training for 'redundancy of function' capacity
- Self-care is key - workers are overextended and at risk of burnout. Practice what we preach, and celebrate our successes
- Determine what processes need to be put into place to provide the mental health support needed for the team - need to find balance between wellbeing, support, and getting the work done
- Organizational leadership and the front-line teams don't see things the same way due to the differences in their roles and responsibilities - determine how we come together to have open conversation and deal with this friction
- The importance of sensitization training for new workers, or those new to regions and/or cultures, etc., cannot be underestimated
- Funding is limited, and maintaining collaborations after funding ends is challenging
- Enabling flexible use of funding is key - organizational structures should be set up to allow for budget adaptations to the changing needs of communities throughout a project/program

Overarching Themes (continued)

09



Representation is inclusion

- Hire people from the community to work with the community to build trust and relationships
- Know your community and their experiences, and adapt as needed. E.g., A 'family support worker' was hired and given this title instead of the more traditional 'community social worker' title, as it was not going to be well received by the community who had negative experiences with the system
- Important to recognize that representation for minority groups is also labour - there may be times where they prefer not to be in the role of educating everyone about their experiences. The opposite can also be true - at times they may prefer to think about their own experience as opposed to the collective



Community engagement and outreaching to the 'hard to reach'

- Program facilitators must be non-judgemental and practice active listening to encourage attendance, vulnerability and create lasting connections
- Provide services in the language of those who need to access them
- Getting the word out about your service and letting people know you exist can be challenging - think about how we can do better to connect services and clients
- Need flexibility and adaptability in the structure of the program curriculum to allow those who call at different times/later dates to join
- A one size fits all approach to improve mental health does not work - include more variety of perspectives in program development and get creative (i.e., adding in an activity and/or homework aspect for those who prefer that to talking)
- Organizations face varying levels of isolation and rurality, with some much more isolated than others, and whose populations are more spread out/difficult to access
- Consistent social media posting for youth including both fun and key messaging is needed to enhance a sense of organizational personality and relationship-building with youth online

Pooling our collective knowledge in three key areas

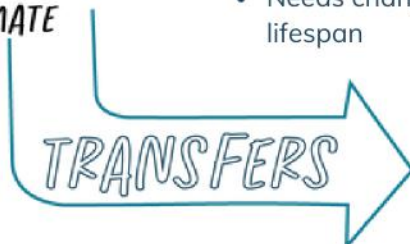
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Knowledge that we need to have in our roles, and what we need to consider:

Human Resources

- Mental Health issues/illnesses
 - Substance use
 - Suicide prevention
 - Self-care for front-line workers
 - Intersectionality and needs of marginalized groups
 - How the Health & Social Services system works
 - Who our allies are (i.e., elected officials)
 - Languages of the people we are serving,
 - Information resources and professionals for referral (i.e., Communities of Practice)
 - Connecting with partners, partnership development
 - Industry speak, French for building partnerships (CISSS, etc.)
 - How to reach the hard to reach and who isn't being helped
 - English-speaking community statistics
 - Community mobilization
 - Leadership development and mentorship
 - Confidentiality
- Holistic medicine wheel

● **A GOOD ORGANIZATIONAL CLIMATE**



Communications & Outreach

How to engage with communities in the digital (online) world:

- Know your audience and their expectations - this should determine the platform chosen and messaging
- Annual planning & scheduling (time, resources)
- Promotional methods
- How to collaborate with partners who already have the audience

How to engage with communities in person:

- Adaptability to audience and cultural background, be accommodating
- Rural vs. urban realities are different
- Understand there is a diversity of experiences
- Importance of representation similar to the type of person you're trying to reach
- Creating spaces where people feel comfortable
- Building trust and relationships
- Consider barriers - waitlists, past challenges, traumas, accompany to services
- Needs change across the lifespan

Supports & Services

- Understand the contributing factors to isolation: economic, language, stigma, performance anxiety
- How to build bridges and be a liaison person who is a connector, assesses needs, finds resources
- Building capacity through sustainable programs
- Create safe spaces through openness and adaptability (adapting to others and not them adapting to us), respecting cultures, values, needs
- Ability to stay in our mandates and respect funding

● **TO YOUR SERVICES AND THE COMMUNITY YOU SERVE**

Pooling of our collective knowledge in three key areas (continued)

11

What has worked or is working well (trainings, approaches, programs, etc.):

Human Resources

List of recommended training/skill development opportunities:

- Assist training - suicide prevention
- Conferences i.e. Dialogue for life (by and for front-line workers)
- Mental Health First Aid
- CHSSN's Community Mobilization Model (& others)
- Redesigning how treasury works in organizations and how to move money around where it is needed
- Training on how the HSS system works, what are the tables (Tables de Concertation) and entry points
- Learning from experts and speakers

Communications & Outreach

- Using appropriate, adaptable language
- Considering font size and audience comfort with technology (accessibility)
- Consistency and persistency over time to build trust (even without engagement)
- Being representative of those we are trying to reach
- A hybrid (in-person & online) approach is sometimes more accessible
- Meeting people where they are at - go to them instead of asking them to come to you
- Incentives, gift cards, food

Supports & Services

- Peer support (by, for, with peers)
- Diversity - people identify with groups
- Language as a connection
- Representation in leadership matters and helps to build bridges
- Integration - a whole family approach, all in one location (centralizing support)
- Linking with ambassadors - media, internal (within the organization), external (organizing an event in their community)
- Asking the community what they need - working with them, not for or on behalf of them
- LEARN's Wellness Innovation Lab (youth-led)
- 4Korners' Living Without Violence Program (anger management for men)
- 'Have to meet youth where they are at' - Example of program that works for youth called Discord (discord channel - voice, video, text)
- Grooming training program
- Adulting Like Us program (ACDPN) - youth aging out of care

Specific communications & outreach strategies and ideas discussed:

Digital

- Lead magnets (online marketing tool)
- Podcasts
- Leveraging trusted brokers to address representation and reach subgroups (i.e., youth influencers on the platform that maybe you're not equipped to deal with but they are)
- Chat GPT to adjust messaging based on platform
- Facebook

In person

- Posters
- Word of mouth
- Honor codes for safe space creation by participants

Pooling of our collective knowledge in three key areas (continued)

12

Gaps and challenges in the work that we do:

Human Resources

- Bureaucracy/politicians - lead to not collecting statistics and therefore not defining needs
- Organizations' disconnect with boards of directors
- Missing a bank of language interpreters
- Language barriers
- Not knowing where to get funds
- Representation is lacking in organizations and on boards (employ the people we're trying to serve, those with lived experience)
- Mental Health first aid should be available to all health professionals
- Training needed for Executive Directors to manage partnership relationships and have difficult conversations, how to advocate for needs and those they serve in the community
- Governance training for Boards of directors needed to support employees in their roles and mission

Communications & Outreach

- Lack of English services in rural regions
- Scheduling challenges, distance, time, limited transportation
- Secondary to early retirement
- Sandwich generation 35-55
- Newly arrived
- Daycare
- Farmers
- Parents
- Men
- Food security

Supports & Services

- Reproductive health spectrum
- Perinatal mental health needs - perimenopause, menopause
- Parent support groups for older kids - teens, young/old
- Regions are spread too wide - how to connect?
- English community within regions face barriers such as transportation
- Specific services for specific people - more difficult to get to them
- Whoever is offering the service has to represent the people who they want to work with (people need to visible see themselves in the room)

CHSSN thanks and recognizes the Public Health Agency of Canada, Health Canada, The Secrétariat à la jeunesse, Secrétariat aux relations avec les Québécois d'expression anglaise and the Fondation Lucie et André Chagnon whose generous support made this forum possible.

*Avec le financement de
Financial contribution from*

Canada 

Québec 



Fondation Lucie
et André Chagnon

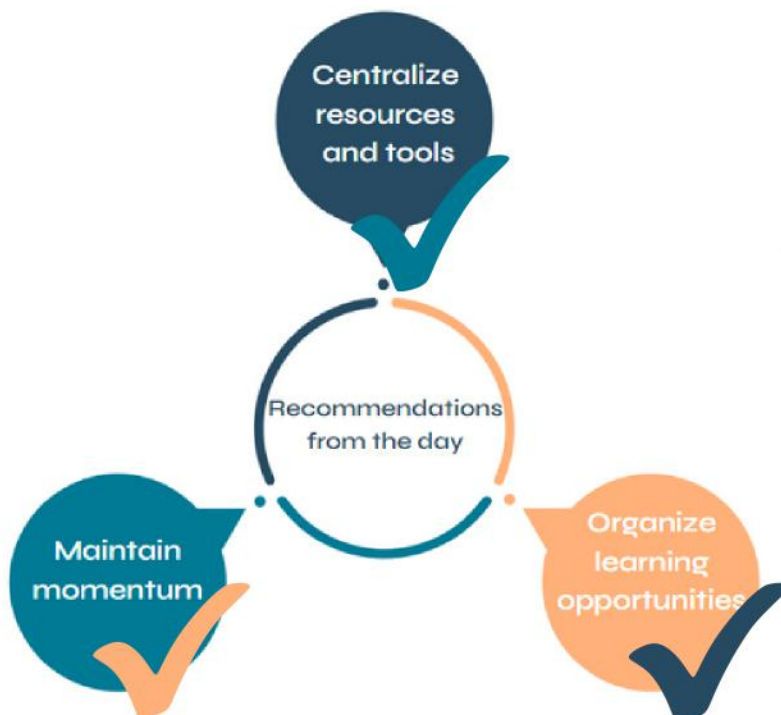
Accomplishments & The Path Forward

13

Recommendations from CHSSN's previous Montreal Community Forum on Mental Health :



2023-2024 Accomplishments



- ✓ 2023 CHSSN Montreal Community Forum on Mental Health #Empower
- ✓ 2024 CHSSN Provincial Mental Health & Wellness Forum
- ✓ Promising Practices in Community-based Mental Health Promotion Collection
- ✓ Mental Health Mapping Project initiated
- ✓ Channels to Mental Health Access for English-speaking Quebecers Christie Huff
- ✓ Mental Health Week storytelling workshop by INBO

TO DO LIST

KEEP MOVING FORWARD

- **CREATE & CONTRIBUTE TO TOOLS/PROJECTS** that allow for improvements in service and support offerings: Intersectionality tool, finalize mapping project
- **BE MORE INTENTIONAL IN OUR PARTNERSHIPS:** Hold and attend similar forums more often so organizations can connect, network, partner and learn
- **BUILD HUMAN RESOURCES CAPACITY** by organizing & attending training opportunities and or webinars on topics such as: trauma-informed care/practices, EDI, institutional succession/memory planning & knowledge transfer
- **PRACTICE SELF-CARE:** attend more CHSSN offerings such as the Elevate Your Momentum Workshops with Roen Higgins, a two-part *Helpers Need Help Too* training by Molinny