

The Manitoba Mental Health and Addictions Strategy, Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for All Manitobans, was developed following an intensive public and stakeholder engagement effort, with more than 80 consultations taking place between June and September 2017 in locations across the province.

VIRGO Planning and Evaluation Inc., led by Dr. Brian Rush and Adair Roberts, experts in mental health and substance use system design and planning, reviewed more than 275 documents provided by stakeholders and analyzed population, health and service data. Online surveys received one of the highest response rates to date for provincial surveys, with more than 3,800 respondents from both service providers and those with lived experience.

A series of validation events was held to receive feedback on the report’s initial recommendations, during which Rush and Roberts engaged more than 600 individuals including those with lived experience and their family members, Indigenous leaders, new Canadians and key stakeholders who may either oversee or implement the strategy.

For more information and to view Manitoba’s Mental Health and Addictions Strategy, visit: <https://www.gov.mb.ca/health/mha/strategy.html>.

For more information on addictions services, visit: www.gov.mb.ca/healthyliving/addictions/index.html.

For more information on mental health crisis and non-crisis regional services, visit: www.gov.mb.ca/healthyliving/mh/crisis.html.

Key Quotes

Health-related Indicators

“Despite Manitoba having one of the highest provincial per capita health expenditure rates in Canada, and the highest percentage of overall budget spent on health services, Manitobans actually experience poorer health outcomes.” (31)

“Recent analysis of high users of health care among patients of Manitoba’s current MyHealth Teams highlighted the significant overlap between mental health and physical health conditions, defined as “medical complexity”. That being said, a significant number of high users of health services also fell into the category of “social complexity”, defined with indicators of income assistance, education, justice, social housing, CFS involvement.” (33)

Access to services

“Despite the investment in substance use and addictions (SUA)/mental health (MH) services and supports ..., Manitoba’s service providers and the general public alike expressed strong opinions about access to these services ... Significant concerns were expressed about lack of information on how to access, the wait times involved, proximity from home, and the lack of flexibility in days and hours of service.” (xiv)

“... people are experiencing a system of services and supports that is essentially stretched too thin.” (xiv)

“A theme does emerge about the relative imbalance in past investment and current state with respect to acute, hospital-based services compared to less resourced community-based services.” (27)

“Too often people access an ER for mental health support because they have not received help elsewhere.” (37)

“Co-location of services in community hubs, with the NorWest youth hub being cited as an excellent example.” (161)

“A well-organized and functioning system also emphasizes collaboration and partnership so as to increase system capacity for access as well as service provision; improve navigation either through centralizing one-stop shops or well-articulated pathways; and expands the overall reach of the system response.” (207)

Focus on Prevention

“The need for a strong focus on prevention and public health promotion, within the context of making improvements to the delivery of SUA/MH services, is an important theme cutting across much of the previous work reviewed.” (27)

Integration of Mental Health and Addiction

“The ... review affords the first opportunity in Manitoba for a strategy that will support closer integration of SUA/MH services not only at the client-provider interface but also within system planning, accountability and performance measurement efforts.” (28)

“Many planning efforts have shared the aspirations of system enhancement through improved collaboration beyond the SUA/MH sectors to specifically include closer collaboration with primary care.” (28)

“The current structure of the provincial system of SUA/MH services and supports highlights the separation of the mental health and SUA services in the province.” (65)

Indigenous People

“One of the strongest themes that emerged throughout the consultation process was the high proportion of people with Indigenous background engaged with virtually every stakeholder group delivering direct service.” (143)

“Especially important in the Manitoba context, an effective treatment system engages Indigenous communities, including health professionals, in system planning, which helps break down jurisdictional barriers that impact both access and coordination; increases cultural competency of staff and cultural safety of clients that in turn encourages early help-seeking and reduces demand for the most intensive services.” (207)

Alcohol

“Throughout the project, we were also reminded of the heavy toll that alcohol continues to take on almost all segments of Manitoban society, as well as the challenges accessing treatment in a timely manner, especially for women.” (xxi)

“While the national opioid crisis is of obvious concern, and with tragic outcomes, the hospitalizations and other health care costs for alcohol have been with us for some time and need to be kept top-of-mind in the current drug crisis.” (10, referencing the Chief Public Health Officer’s report on the state of public health in Canada, 2015: *Alcohol consumption in Canada*.)

Methamphetamine

“...across all WRHA Emergency Departments, visit counts with mention of methamphetamine use in the triage notes increased from about 10 per month in 2013 to about 190 per month to the end of 2017.” (38)

“A shift to stronger substances was also noted, in particular, opioids and crystal meth.” (106)

Provincial Planning

“...the lack of provincial population-based planning was frequently noted. The historical tendency for making system enhancements was described as *“being driven more by Ministerial shuffles than a provincial plan”*.” (107)

“Stakeholders discussed the importance of a provincial strategy to successfully and broadly implement a shared provincial database and to resolve the current *‘patchwork system’*.” (142)

“The multiple ministries of government that are closely involved in mental health and substance use and addiction, including Families, Justice and Education, requires a high level of communication, trust and collaboration.” (160)

“There was almost universal support for more provincial-level planning, based on a population health perspective that addresses the full range of needs among community members, and distributes resources across the province in a fair manner, according to need and unique regional circumstances.” (215)

“Multi-sectoral support is also needed between sectors such as Primary Care, Education and Training, and Child and Family Services ... this will call on MHSAL to take a leadership role and enlist the support of their government colleagues, as well as a host of important non-governmental stakeholders, including the private sector, in achieving the promise of this new approach for Manitobans.” (216-217)

Hubs

“There was a high degree of support for the co-location of resources within specific communities or neighbourhoods ... This approach was seen as a way of connecting treatment and support with prevention and health promotion in a holistic way.” (116)

“Many stakeholders spoke with enthusiasm about the provincial rollout of MyHTs, which was seen to offer a strong collaborative care network model.” (125)

“Community hub models were consistently cited as an important community-based strategy for increasing access, including a critical walk-in component, as in the youth hub model.” (157)

“One of the recommendations of the Peachey report was for the designation and creation of several mental health hubs outside of the WRHA ... this recommendation is strongly supported by the Consultant Team as a means of establishing several core services required to respond effectively to the most immediate crises, and to bolster the capacity in the ED setting to support people with SUA/MH challenges, including through access to psychiatric assessment and linkage to community-based services as appropriate.” (222)

Investment

“The province’s investment in SUA/MH related services is estimated at just over \$506.3 million, of which \$330.7 million or about 65% represents health funding. The health investment represents 5.1% of the total health investment and is below the national benchmark.” (65)

Fresh Start

“This Strategic Plan is a fresh start forward for the province of Manitoba and sets out a bold agenda of system enhancement. The system is not going to improve overnight – it took a while to get to this current state – nor will it occur without a determined ‘whole of government’ and ‘whole of society’ effort that recognizes this is indeed ‘everyone’s business’ and, more importantly, everyone has to own a share.” (xxii)

“To the extent that this Strategy will lead to a comprehensive, operational, preventive and clinical services plan – a truly provincial plan – the first lesson from this history is to stop plugging perceived gaps in the system until that plan is in place.” (220)

“... it will be important not to go too fast, but at the same time, to always go forward with confidence and a sense of collaboration and partnership. Manitoba and all Manitobans deserve the best.” (xxii)