

## **Brooks Rural Mental Health Conference November 12-14, 2018**

### **Funder's Report**

#### **Background to the Conference**

Today in Alberta 38% of the population lives outside the seven largest urban centers. The Government of Alberta has recognized that providing mental health services to rural and remote areas is a challenge due to barriers such as people's reluctance to reach out for help, lack of availability and/or access to existing formal mental health resources (Government of Alberta: Valuing Mental Health, 2015 cited in Rural Mental Health Project, Canadian Mental Health Association Alberta Division, 2018).

#### **Description of the Conference**

The Brooks Rural Mental Health Conference had the following goals:

- To raise the profile and awareness of rural mental health (needs) and form relationships with other communities to advance the practice
- To share ideas/practices and build capacities of rural service providers

Other goals included:

- To celebrate programs being implemented in rural areas
- To bring delegates from across the province to showcase our programs and facilities

The conference was held November 12-14 the Medicine Hat College, Brooks Campus. The conference featured 5 keynote speakers and 12 breakout sessions. Within this design, there was a broad range of topics to attract the largest number of people and reinforce the idea everyone living in community can play a part in contributing to mental health.

The event began at 12:45pm on November 12 and ended at 2:00pm on November 14<sup>th</sup>. In addition to daytime sessions we hosted two separate evening sessions on November 12 and 13<sup>th</sup>.

The session times were designed to accommodate daytime travel as much as possible for those coming from other parts of the province.

#### **Results**

One hundred and fifteen (115) people attended the conference.

Participants came from Vermilion, Vegreville, Wainwright, Sylvan Lake, Edmonton, Camrose, Ponoka, Calgary, Strathmore, Morrin, Pincher Creek, Lethbridge, Medicine Hat in addition to residents from Brooks.

Registrants included those from not for profit agencies, schools, RCMP, health care, first responders, municipal government and FCSS for example.

## How Did People Benefit from this Conference?

In order to obtain an answer to this question and others, conference organizers put together a survey and administered it to registrants using Survey Monkey.

A total of 57, or 49.57%, of registrants replied over the two weeks following the conference. Registrants most frequently said that they (liked) got the most benefit from:

- connecting with others working in rural areas and learning from each other. 86% (49/57) said they liked and used a special smartphone conference app we provided as a way to link people to each other outside of informal interactions at the conference.
- learning how best to collaborate (ie. manage conflict) when working with others to address [mental health] needs in the community
- learning about new resources, gaining information from experts in the field (eg. Dr. Alan Donsky and Dr. Peter Silverstone). Once again the overwhelming majority of respondents, when asked, stated they liked the phone app we provided to house a permanent record of all the speakers/sessions.
- looking at mental health from a wide variety of perspectives as represented by a wide variety of attendees and a wide variety of speakers/sessions

## Another Measure of Conference Utility

Outside of these main themes, people were asked if they left the conference with at least one thing they can implement in their practice/community/organization. 42 respondents (91%) responded yes.

Responses in part included:

- Several people noted they planned to use resources/tools/ideas highlighted at the conference. Examples included: looking at introducing behavioral consultants into primary care; using APPs such as Breathing Room with clients; sharing mindfulness and breathing practice; establishing a DVIT (Domestic Violence Intervention Team) in their community and accessing CMHA (Canadian Mental Health) program ideas and services..
- A couple of people shared that there are a number of complementary resources (eg. Public libraries, Community Adult Learning Councils, funeral directors) within in communities that can help address mental health issues.
- Several people found it useful to have a model for collaboration and managing conflict within and between organizations for implementation in their community.
- Several people noted the value of connecting with other communities interested in working together. One respondent shared this "...I was able to find someone the next day...to coordinate activities for people with mental health issues...and I have been sharing her contact ever since".

## What We Learned

When asked what concerns participants had about rural mental health they identified the following:

### 1. Accessibility

- Twenty-two (22 )conference attendees identified access as an issue. This included accessing trained help in a timely manner (long wait times); what to do while waiting to connect with mental health services; needing to travel to larger centres numerous times where services exist; accessing pediatric mental health supports and how stigma (N=5) prevents people from seeking/getting appropriate help.

### 2. Availability

- Equally significant (N=43) attendees were concerned about:

- lack of local treatment services
- lack of emergency services and supports
- lack of variety of mental health support services such as art/play/OT therapy; living accommodations for severe mental illness; employment supports for people with mental health issues
- lack of programs for special populations (youth, Newcomers' group, men, victims of crime, individuals with developmental disabilities, seniors)
- lack of appropriate resources (eg. psychiatry/support for rural emergency departments)
- lack of awareness of what resources are available
- lack of professional training in how to deal with mental health issues
- recruiting/retaining qualified professionals to rural areas
- lack of prevention resources
- not enough spots through AHS for free counselling
- lack of private resources
- not enough help for people who are not "severe" enough [to receive AHS mental health counselling that is services for people suffer mild or moderate symptoms]
- lack of public education about mental health

### 3. Co-ordination/Collaboration

- Six (6) people identified the following needs in these areas:

- working in isolation-lack of awareness of resources
- finding opportunities to meet and collaborate
- more collaboration to share information and not always "re-inventing the wheel"
- disjointed service delivery
- sensible protocols for agencies
- emergency intake procedures for police

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### 4. Other Learning:

- participants particularly liked the wide variety of speakers/sessions and appreciated the opportunity to network with other attendees coming together from different parts of the province and from different specialties within communities
- participants liked learning about practical resources/programs they can use/access in their community. Examples outside of those provided already include: Men's Shed and the Rural Opioid Dependency program under the medical direction of Dr. Nathaniel Day based in Centennial Centre, Ponoka.
- participants were impressed by the high quality of speakers featured in the keynotes and breakout sessions
- 45 out of the 57 participants liked the location (Brooks) for the reasons it was rural and for some it was local.

### Things we should consider/need to change:

- avoid timing our conference to coincide with a Statutory Holiday
- some questioned the time of year (November) which introduces the risks associated with bad weather conditions.
- while many people liked coming to Brooks and the college generally, many found the space used for our Keynote speakers was crowded, noisy and didn't offer good viewing for all because of the position of the screen and speakers and centerpieces which blocked the view for some
- explain to attendees there is an Exhibitor's Hall, increase the number of exhibits and include appropriate and practical resources for people to take away and use
- the morning keynotes started too early and were too long and a couple of people felt we needed to adjust the time allocated to the breakout sessions (75 min. vs the 90 min we scheduled)
- conference participants would have preferred to have different keynote speakers for each of the four keynote sessions.
- rather than 2 evenings of programs have just one and in that session deliver a message that can directly link to a particular issue (in this case men's mental health)

## Next Steps

In spite of the items listed in the above section positive comments far outweighed any negative responses in all categories surveyed. While most survey respondents gave us a "thumbs up" on a job well done one participant perhaps best summed up the results of the conference by saying:

'Rural communities have unique challenges and this was an excellent format to develop solutions. It was apparent that many hours of planning and organization went into the conference. Kudos for an outstanding inaugural conference.'

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Moving forward, 98% or 55/56 respondents said they would be interested in future events. More specifically:

- 82% (46/56) stated they would be interested in attending again; 11% (6) participants indicated they would be interested in hosting an event in their community; 19% (11) participants said they would be interested in being a member of the planning/organizing committee; 34% (19) participants said they would be willing to be a speaker/presenter. Only 6 respondents said they didn't see themselves playing a role in the future.

When asked, participants identified a number of future topics/speakers. In each case participants stressed they wanted people with expert knowledge in the mental health and addictions field and that they wanted practical knowledge and hands on tools for frontline workers as a key component of future offerings.

The Brooks conference organizing committee plans to meet to discuss these results and develop an action plan for keeping the rural mental health conversation going. Some options include: hosting another conference (based on the promise of more start-up money from the Medicine Hat College mental health fund); working with another community to host a conference in another part of the province; recruiting individuals from other parts of the province to be part of a larger program planning committee to address different needs and identify other speakers/resources.

## Conclusion

The level of participation from Brooks and other parts of the province show that concerns about rural mental health is a timely and widespread issue. Participants in this conference have made it clear to address these issues effectively they need expert knowledge and tools in a wide range of areas in order to create effective solutions for their own unique community.

Respectfully submitted,

**Roberta Rogers, M.Ed., RSW**

Brooks Rural Mental Health  
Conference Chair