



# *Towards Flourishing....*

Improving the Mental Health of Parents and Families in Manitoba's Families First Home Visiting Program

# Overview

1. Background
2. Goals
3. Partners
4. The Towards Flourishing Mental Health Promotion Strategy
5. Evaluation of the Strategy
6. Early results of the pilot
7. Where we are now – pilot and trial of the Strategy
8. Looking ahead – our vision



# Genesis of Project

- WRHA Perinatal Mental Health Project
  - Response from Public Health for ongoing support in Mental Health
- HCMO Families First Program Evaluation
  - Maternal depression and parental well-being highlighted as unmet needs
- Call for innovation in Mental Health by Public Health Agency of Canada



# Women's Mental Health in the Perinatal Period

- Emotional distress is common
- **13% of women report postpartum depression** (O'Hara, M., & Swain, A. (1996). Rates and risk of postpartum depression: A meta-analysis. *International Review of Psychiatry*, 8, 37-54)
- **12-15% of women screened in Manitoba show signs of anxiety or depression** (Chartier M.J., Mayer T.M., Santos R.G. Prevalence Rates (2003 to 2006) of Risk Factors for Poor Child Outcomes: Results from Manitoba's Families First Screening Form. Poster presented at Manitoba Institute of Child Health Research Day. Winnipeg, October 2007)
- Many women do not recognize symptoms or seek help



# Effects of Mothers' Mental Health on Children

- Mothers' mental health is linked to healthy child development
- Maternal depression linked to less parent-child interaction
- Relationship between poor maternal emotional health and child developmental delays
- Parental mental health problems associated with child abuse and neglect  
(Sohr-Preston & Scaramella, 2006; Dickstein, Seifer, Hayden, Schiller, Sameroff, Keitner et al., 1998).





# Keyes' Dual Continua Model

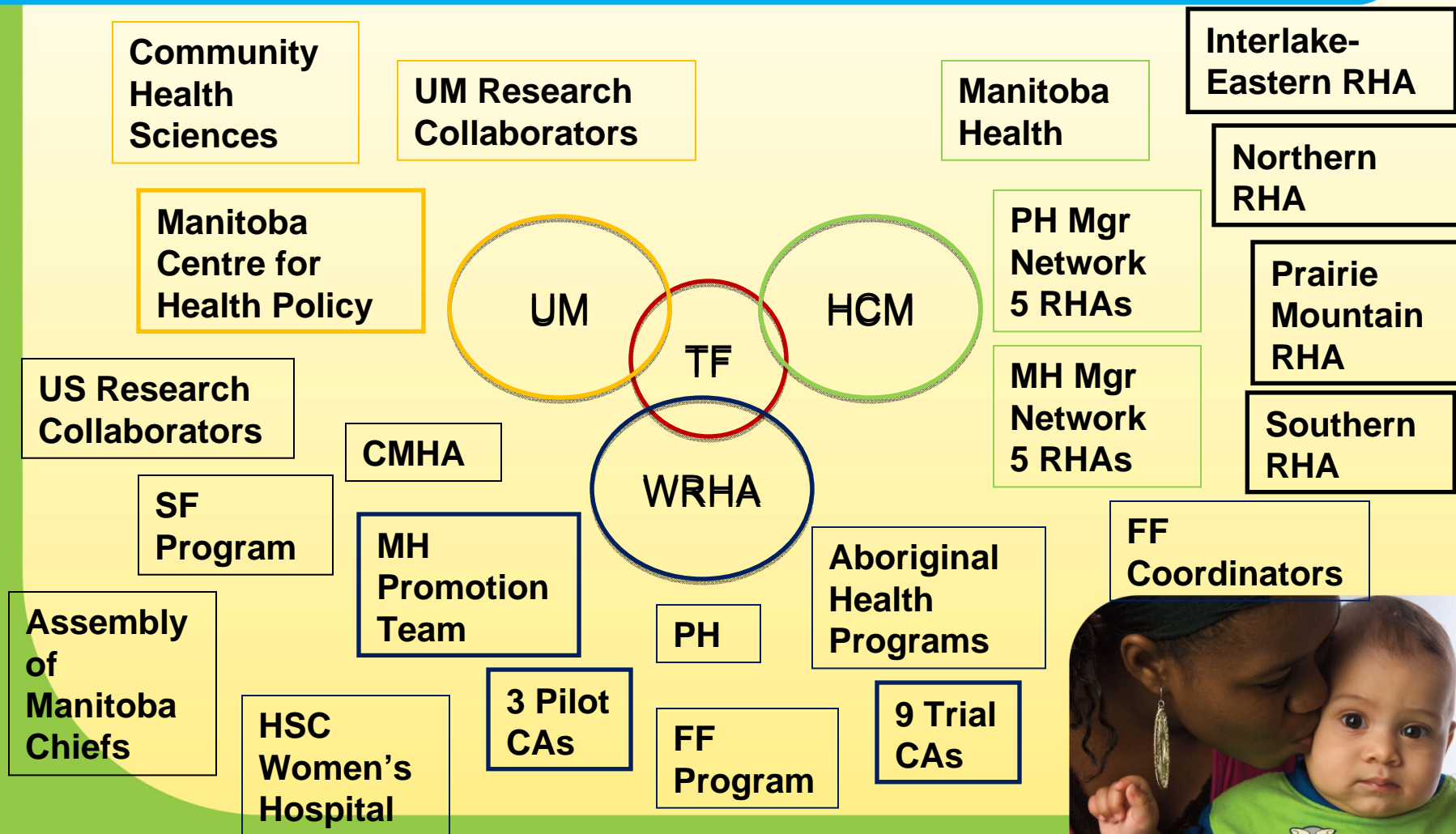


# Project Goals

1. To improve the mental health and decrease mental illness/distress of parents and their families in the Families First Home Visiting Program
2. To strengthen public health workforce capacity to address mental health and well-being needs of families
3. To build community capacity for mental health promotion.

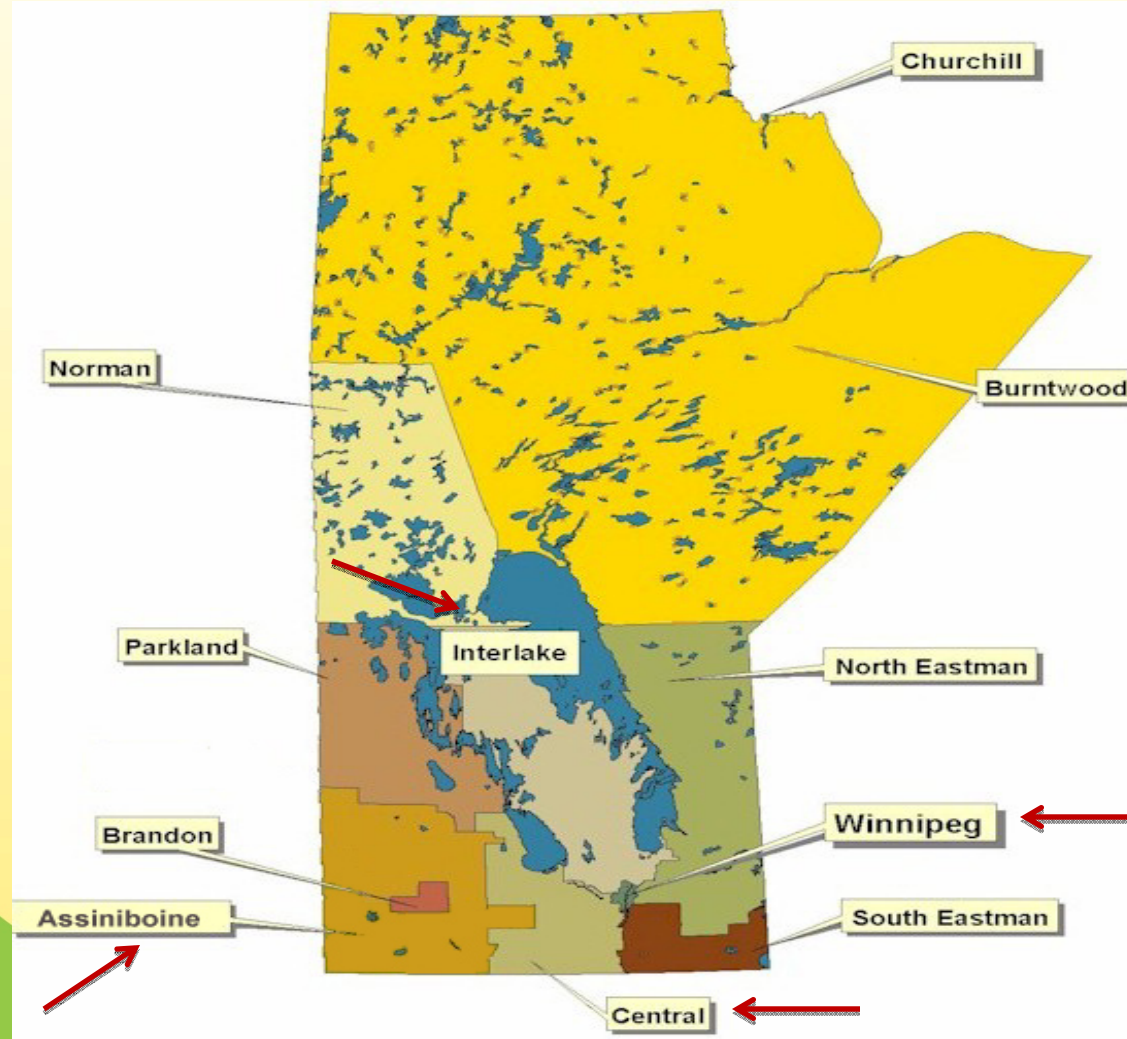


# Our Partners





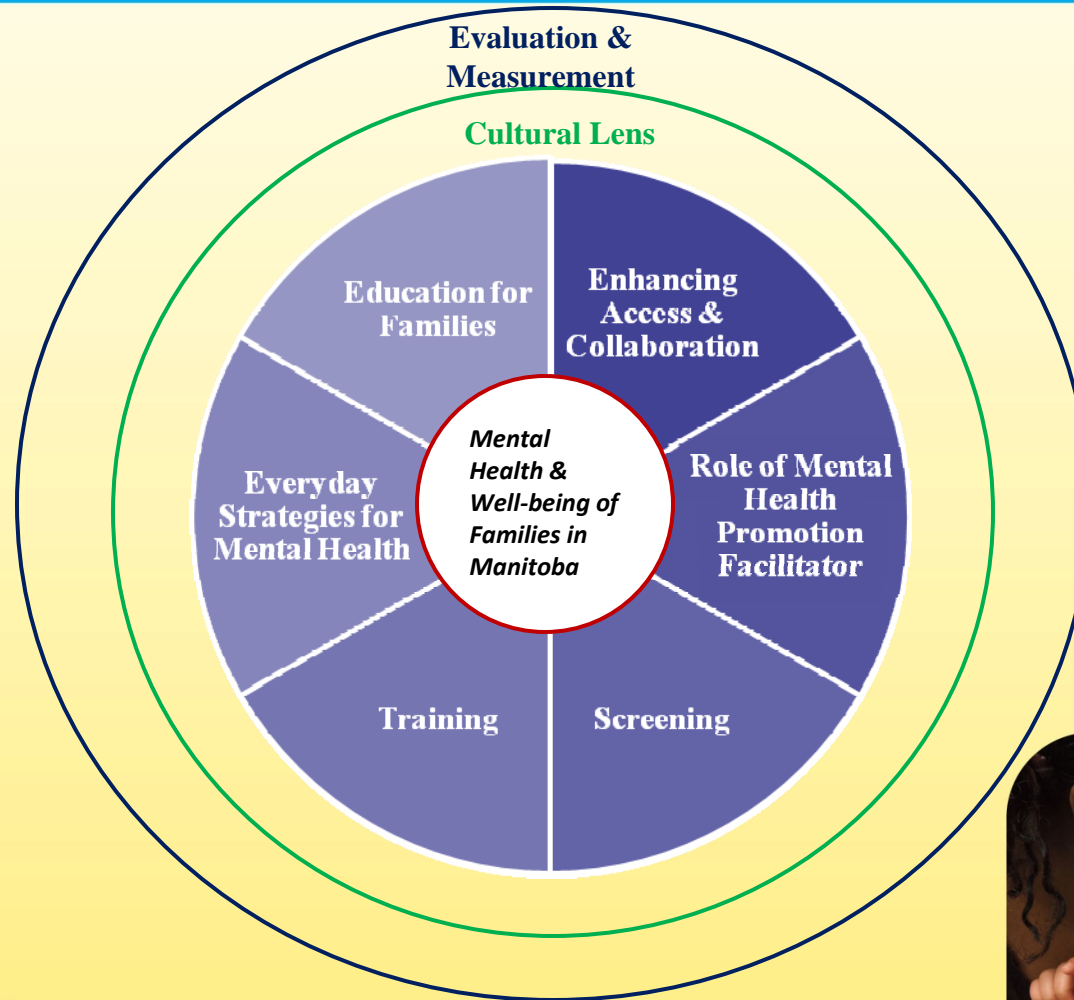
# Scaling Up with Manitoba Partners



Participating regions were established prior to amalgamation of these 11 Health Regions into the 5 current Health Regions, so while all regions are now participating, this is restricted to the geographical areas originally included.



# The Towards Flourishing Mental Health Promotion Strategy





Towards  
**FLOURISHING**  
 MENTAL HEALTH PROMOTION FOR FAMILIES

HOME VISITING CURRICULUM

PARENT HANDOUT  
**Creating a Vision**



PARENT HANDOUT  
**Three Good Things**



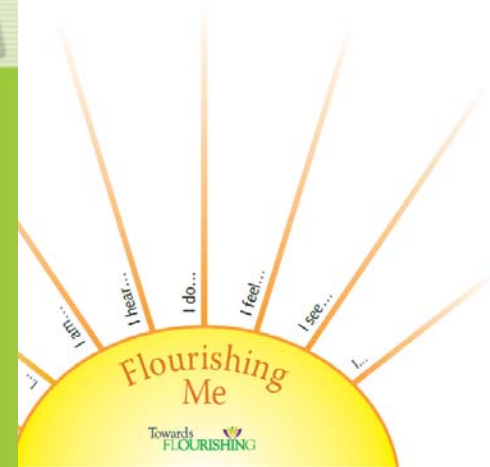
Take the time to think about and write down  
 3 good things about your day:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Recommended dosage:**

Do every day to bring more happiness and health to your day – keep up the good work!

Enjoy life more!



PARENT HANDOUT  
**Self Monitoring**



**START**

Note: This handout is for things you want to **START** doing, or do **MORE** of, like exercise, saying positive things to yourself or others, getting in touch with people you enjoy talking to, etc.

KEEPING TRACK OF YOUR SUCCESS FEELS GOOD!

Something I will **START** to do... or do **MORE** of!

When will I do this: \_\_\_\_\_

How often will I do this: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I did my activity today!							

Put a checkmark in the box underneath each day that you do your activity, or mark down the number of times you did the activity if you are trying to do it more than once each day.

CHILDREN CAN LEARN TO SET GOALS TOO!

CELEBRATE YOUR SUCCESS!



# Education - Topics

- **Changes and Expectations:** Parent's expectations before baby arrived, how are they feeling now, normalizing their thoughts and feelings.
- **Flourishing:** What does flourishing mean? What do people need to be flourishing in their lives.
- **Coping Strategies:** Parenting stress, baby blues (depression), coping strategies. Check-in to see how the parents are coping and whether they need more support.
- **Reaching Out:** Reaching out for help. (Check-in to see who the support systems are for the family and address any gaps and why some people find it difficult to do so.)





# Criteria & Rationale for Everyday Strategies\*

- Simple activities to promote mental health
- Scientifically proven
- Easy to use
- Low cost
- Spread by word of mouth

\*Evidence-Based “Kernels” – Embry and Biglan (2008)





# Everyday Strategies: Collaborative Development

- Literature review
- Consultation
  - Experts: theory, application
  - Key stakeholders within FFHV and Public Health
- Qualitative research
  - Interviews and focus groups
    - Mothers in FFHV program
    - Home visitors and public health nurses
    - Key stakeholders
- Dissemination and refinement
  - Presentation and demonstrations



# Towards Flourishing Everyday Strategies

- Physical Activity
- Nasal Breathing
- Progressive Muscle Relaxation
- Three Minute Breathing Break
- Three Good Things
- Self Monitoring
- Belonging
- Creating a Vision
- Connecting with Others



# Training

- Key concepts in mental health & mental health promotion
- Introduction to Towards Flourishing Home Visiting Curriculum
  - Education Topics
  - Everyday Strategies for positive mental health
- Using the new mental health tools



# A New Role: Mental Health Promotion Facilitator

Focus on *enhancing capacity*

- Clinical support
- Mental health promotion resource
- Facilitate collaboration between PH & MH
- Enhanced mental health screen
- Support implementation of Towards Flourishing strategy in the region



# Enhanced Mental Health Screening

- 4 self-report screening tools used to assess for:
  - mental *health* & distress
  - post-partum depression
  - alcohol use
- Completed by new mothers in the Families First program at 6-8 weeks post-partum.





# Access and Collaboration Strategy

Are current services accessible?



Facilitate right service at the right time

Strengthen link between Mental Health & Public Health

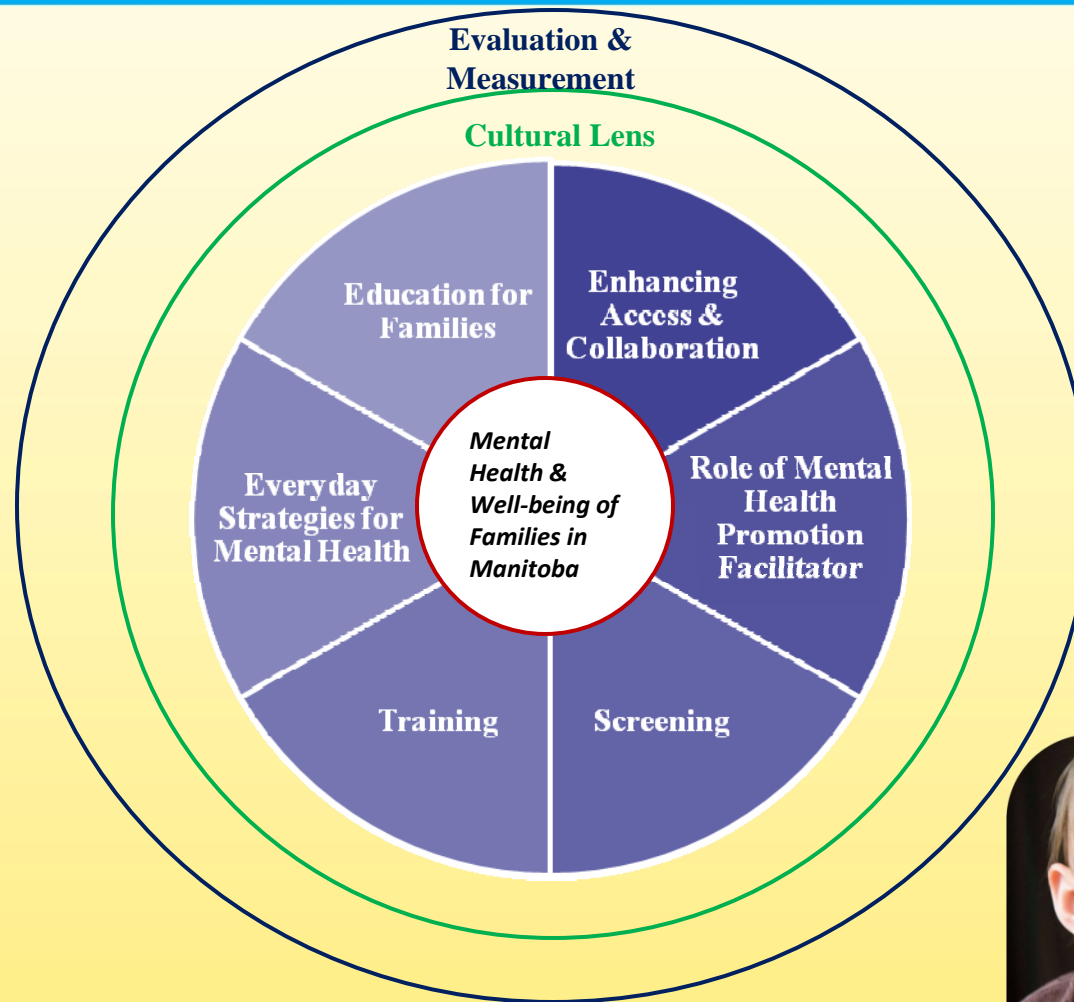


Enhance Collaborative practice

Unique in each community / region



# Measuring & Shaping the Strategy



# Cultural Lens for Manitoba Families

- Respect for distinct world views
- Ensure cultural relevance
- Consider unique experiences and perspectives of families
- Focus on 3 groups
  - Aboriginal
  - Francophone
  - Immigrant and Newcomer families



# A First Nation Lens

## Meaningful Consultation

- Aboriginal Health Programs – WRHA
- Strengthening Families Maternal Child Health Program – AMC
- Community Health Sciences – UM
- Community leaders
- Elders
- Advisors – women's health, health education

## Identifying Priorities

- Language and meaning of 'mental health' and 'wellness'
- Cultural safety



# First Nation Dialogue on Mental Health & Well-being

One day of sharing & learning with experts & consultants in Aboriginal mental health

- Thunderbird House, Winnipeg
- March 14, 2012

## Focus

- Cultural relevance of the pilot TF Curriculum
- Language and concepts of mental health for meaningful promotion

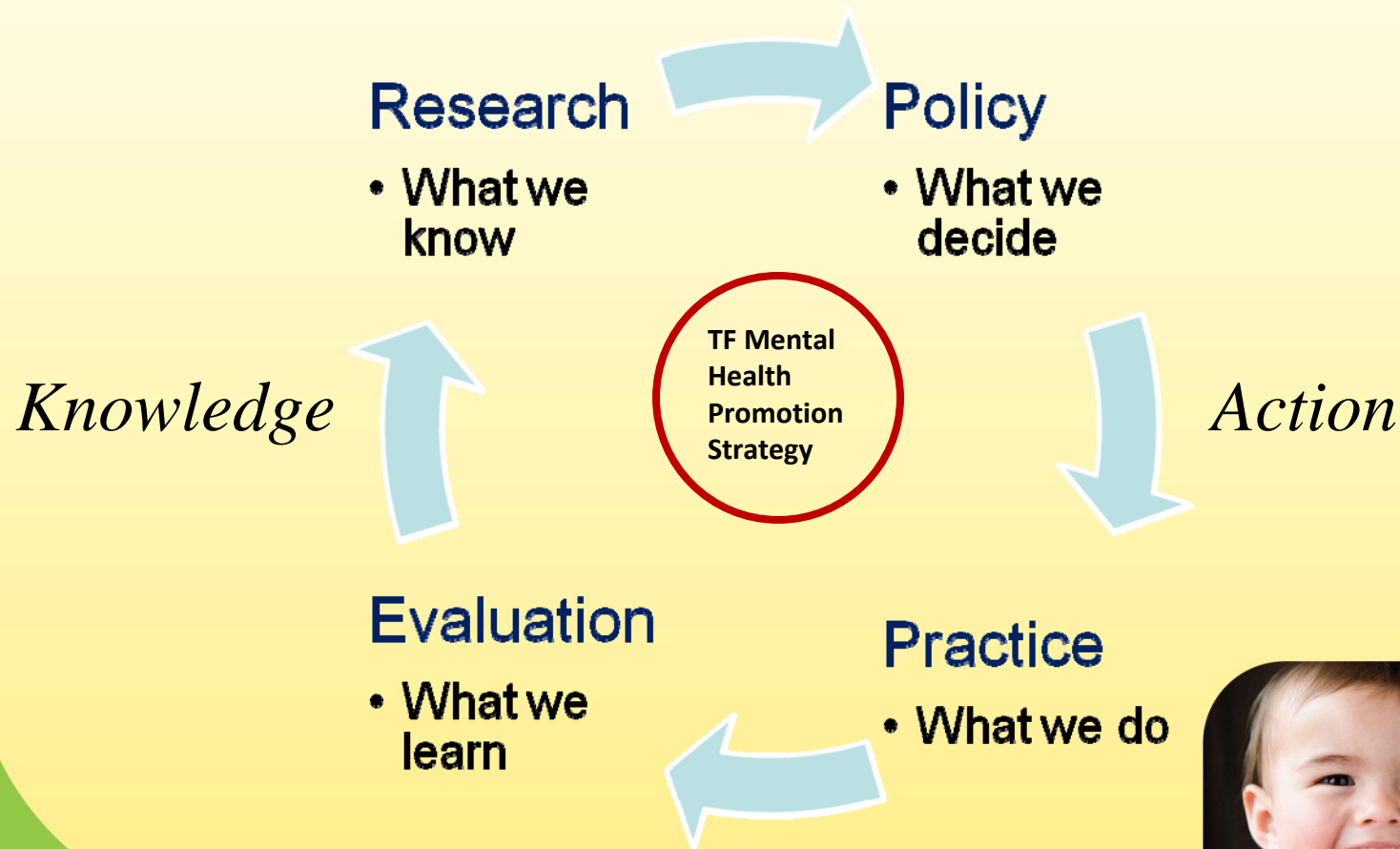




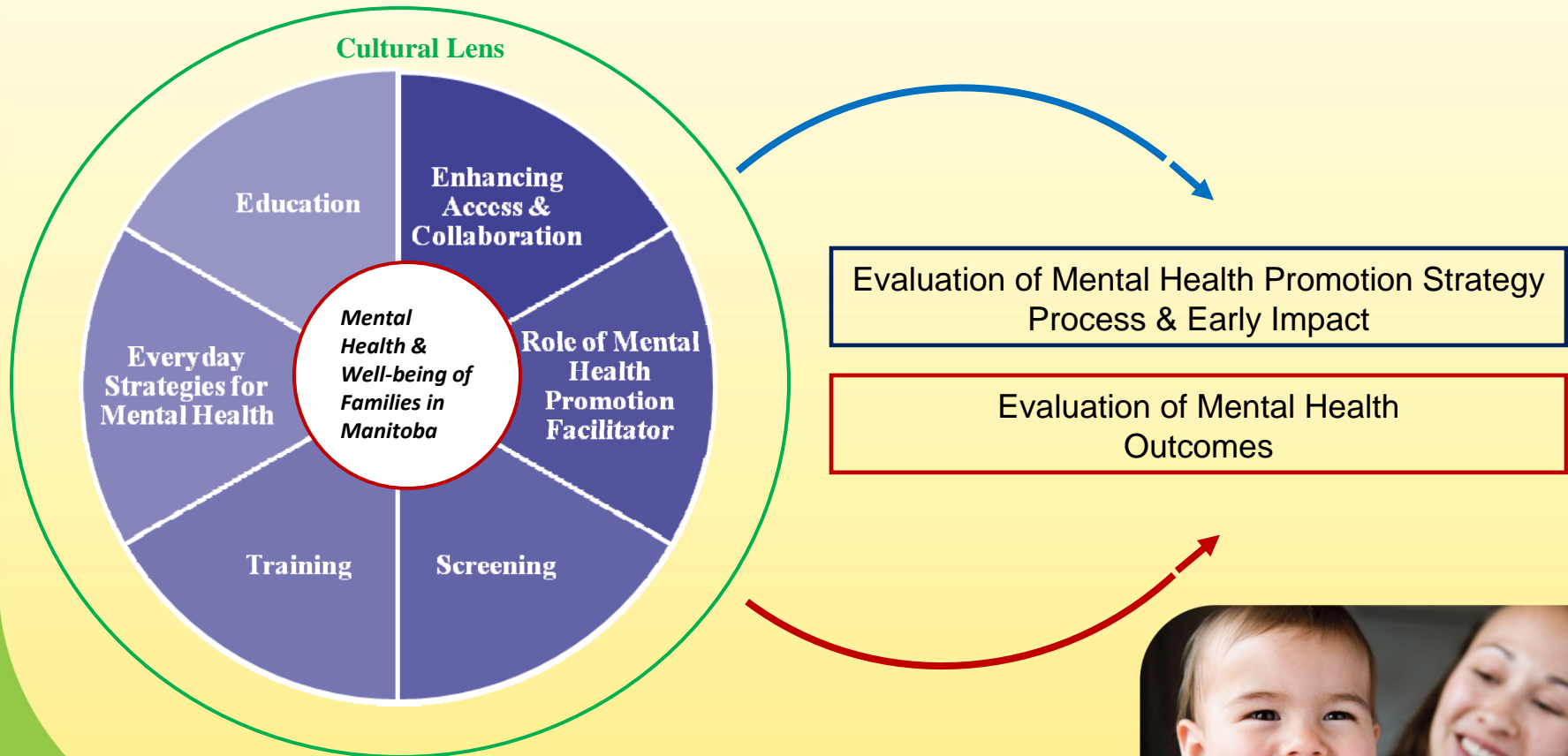
# A Day of Sharing on Cultural Issues in Mental Health Promotion



# Knowledge, Action & Innovation



# The Evaluation Plan



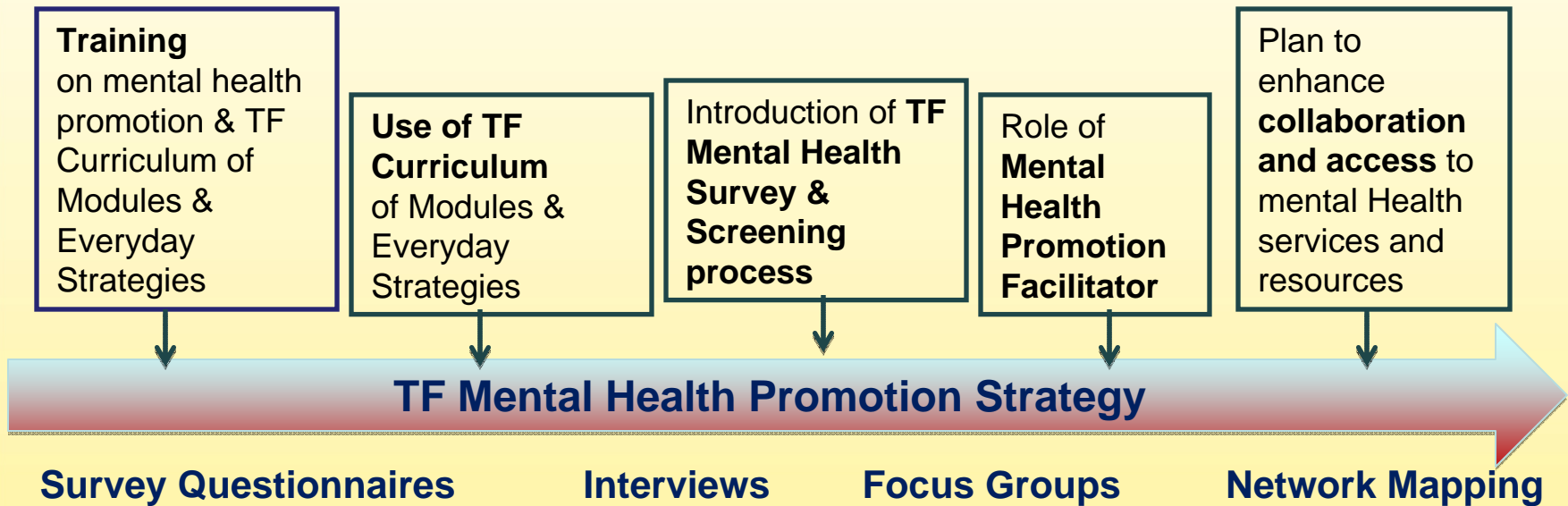
# How is the Strategy working?

## Key Questions

- How useful are the new mental health tools and resources?
- What are the early impacts?
- What are the mental health needs and priorities of families?
- How are Public Health and Mental Health systems working together?



# Snapshots of an Evolving Strategy





# Learning from Pilot Partners

## Interviews

- 26 people in 3 community areas
  - Parents in FF
  - Home visitors
  - Public health nurses

## Focus

- TF Curriculum – Modules & Everyday Strategies
- TF Survey & screening process
- MH needs of parents & access to supports





# Evaluating the TF Curriculum: the pilot experience

Experience of using mental health tools

Relevance to work/practice

Integration in program/practice

Impact on work/practice

Impact on personal life

Cultural relevance

Applicability to fathers

Recommendations



# Early Results: Relevance to Work & Practice

## Fit current practice

- Talking about postpartum experience and connecting families with supports

## Enhanced public health work

- Provided immediate, practical MH resources



# Relevance to Practice

*...we always assess for [mental health issues] right? Like on our postpartum visits in terms of baby blues and postpartum depression, and you know whatever other mental health issues might be going on for the family. But what I think was missing was having some concrete resources to address some of that right? And again, you know, yes I can refer you to counseling but it might be 3 months for you to get there.*

*- Public Health Nurse*



# Early Impacts on Work & Practice

Expanded awareness of mental health

Extended communication with families

Increased understanding of parents' mental health experience

Improved practice efficacy



# Impact on Work

*I've gotten to know, you know, families that I thought I knew quite well [that] I've gotten to know even better through this. Like one of my mums has bipolar and does some things on her own, like does the deep breathing. Like it's just interesting that it's a conversation that we might not have had otherwise...*

*- Home Visitor*



# Early Impacts on Parents

Enhanced knowledge of parenting

Fostered relaxation

Increased awareness of existing supports

Promoted independence

Enhanced positive feelings

Promoted focus on self

Normalized experience of mental health





# Impact on Parents

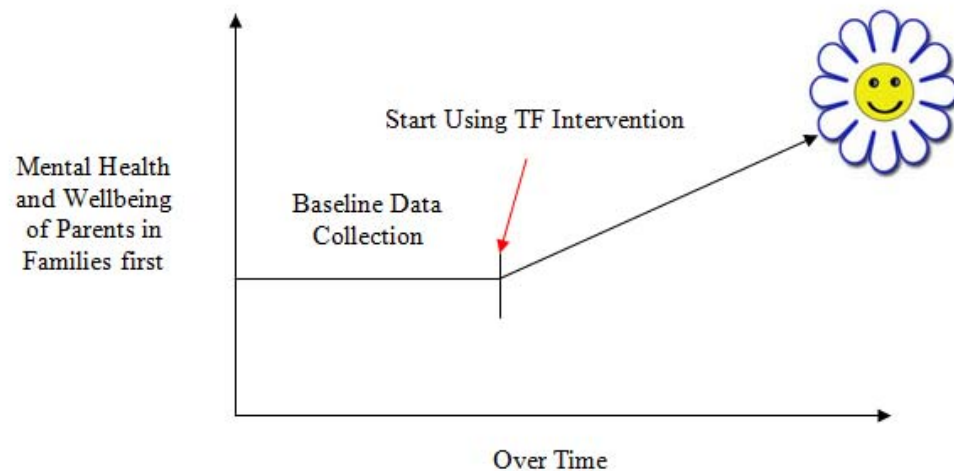
*I like it because it does not make you feel like you are the only one that feels that way. When you are feeling stressed out, you are feeling a little bit sad, it makes [it] seem normal, makes it seem okay, and you will not feel [like a] horrible mother, you feel, okay, this is normal, now what do I do, it tells you...*

*-Mother*



# Is the Strategy working?

## Key Questions



- Has the mental well-being of women and their families improved?
- Has mental illness/distress decreased?



# The Towards Flourishing Survey Outcome Measures

- Maternal Depression/Distress
- Alcohol Consumption
- Positive Mental Health
- Quality of Parent-Child Relationship
- Child's Social/Emotional Development
- Social Support and Neighbourhood Cohesion



# Introducing the TF Survey in Pilot Sites

- Sites: St Boniface, Pt Douglas, River Heights
- Piloted TF Survey in Jan - May 2010
- Implementing intervention since Oct 1, 2011
- Piloting new TF Survey as of Oct 1, 2011
  - Dual Purpose : Research information & Screening Measures
- Total collected: **63**

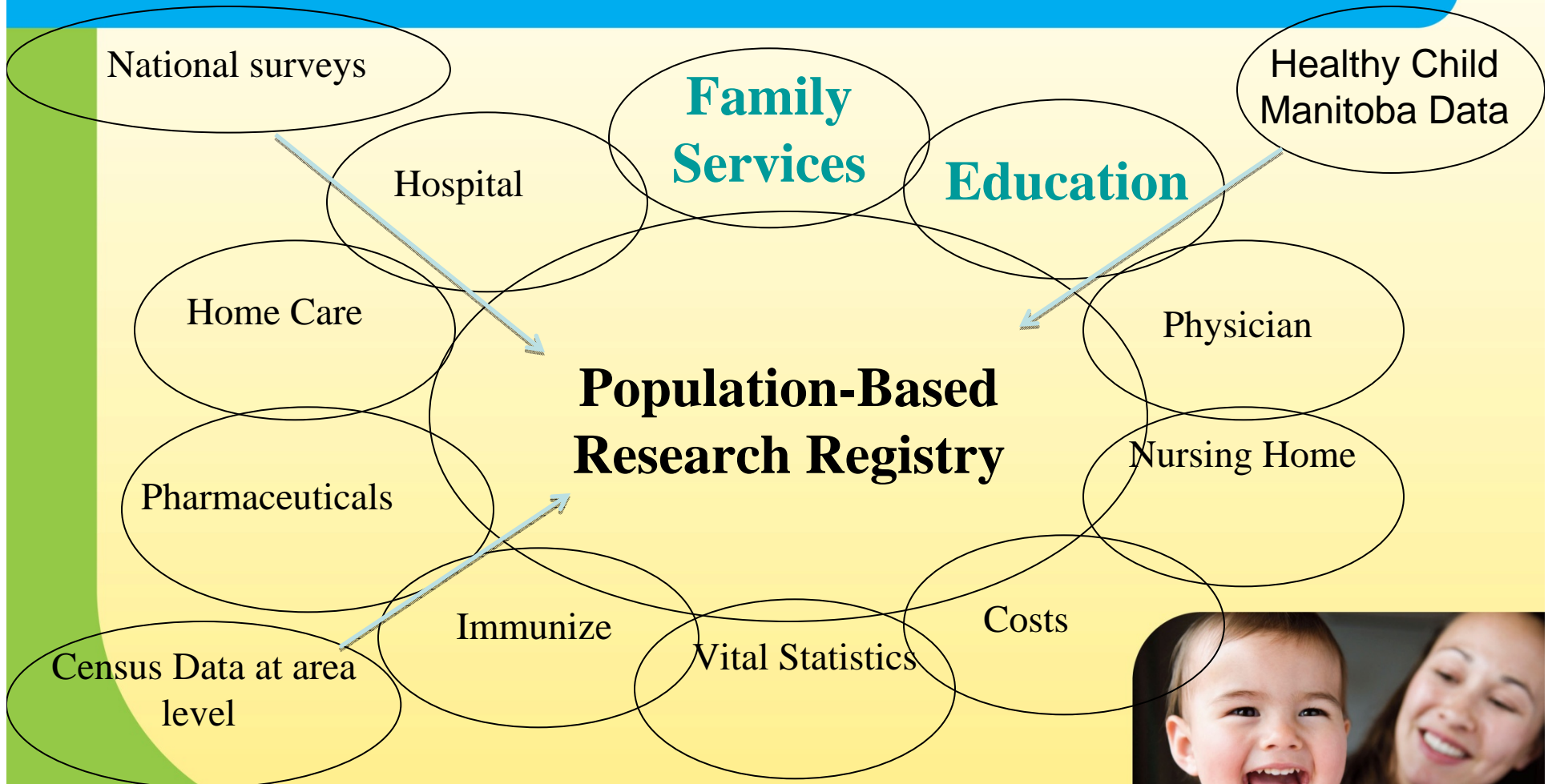


# Introducing the TF Survey in Trial Sites

- Sites: All of WRHA, Central RHA, Interlake RHA, Assiniboine RHA, Burntwood RHA
- Start date: Jan 1st, 2012
- Purpose: Baseline data collection
- Total collected as of November 2012: **406 families**



# Manitoba Centre for Health Policy Research Data Repository



**Key health databases start in 1970**





# Using linked data to build picture of development throughout childhood

## Prenatal:

FF screen  
Prenatal care  
Maternal serum screen



## At birth:

Birth weight  
Gestational age  
Apgar scores  
Breastfeeding  
Complications  
FF screen



## Early Years:

Immunization  
Child care



## School Entry:

EDI  
School enrolment  
Early literacy



## Middle Years (~7-11):

Grade 3 assessment  
School enrolment  
Grade retention



## Middle Years (~12-14):

Grade 7/8 assessments  
School enrolment

## Youth (~15-19):

Grade 12 assessments  
High school marks  
High school completion



Prenatal

birth

Early years

School entry

Middle years

adolescence

At all stages: health status (hospitalizations, doctor visits, medications prescribed, FASD), residence (area-level income, number of moves), family or youth receipt of income assistance, involvement with child welfare, family composition (marital status, number of siblings)



## Quasi-Experimental Step Wedge Design

Group 1				
Group 2				
Group 3				
	Fall 2011	Summer 2012	Fall 2012	Spring 2013

*All sites collect comparison data Winter 2011-12*

*Trial intervention starts sequentially by group:*

*Grp #1 – Fall 2012*

*Grp #2 – Winter 2013*

*Grp #3 – late Spring 2013*

*Collection stops in Aug 2014*



# The Trial: When and Where?

## Group 1:

WRHA: River East  
Transcona  
Fort Garry  
Burntwood RHA  
Central RHA #2, #3

## Group 2:

WRHA: Downtown  
St. James  
St. Vital  
Assiniboine RHA #2, #3  
Interlake RHA #1

## Group 3:

WRHA: Inkster  
Seven Oaks  
Assiniboine South  
Interlake RHA #2  
Assiniboine RHA #1  
Central RHA #1

Group 1				
Group 2				
Group 3				
	Fall 2011	Fall 2012	Spring 2013	Summer 2013

# Looking Back

## 2010

- Collaborative development of TF mental health promotion framework
- Introduction of a pilot mental health survey

## 2011

- Development of **TF Mental Health Promotion Strategy**
- Launch of **TF Strategy pilot** in 3 community areas in Winnipeg
- **Partnership with 5 regions** in Manitoba
- Ongoing evaluation of pilot of Strategy



# Looking Back

## 2012

- **Pilot site evaluation** completed
- **Refinement of TF Strategy** from pilot evaluation
- Planning with pilot sites for **integration of TF Strategy into public health program and practice**
- All trial sites began introducing TF survey for **control phase** baseline data collection
- **Launch of TF Strategy trial with Group 1** sites in Fall (Central RHA 2 & 3, Burntwood, River East, Transcona, Ft Garry)



# Looking Ahead

## 2013

- **Launch of TF Strategy trial with Group 2** sites in Feb/March: Interlake 1, Assiniboine 2 & 3, WRHA - Downtown, St. James, St. Vital
- **Launch of TF Strategy trial with Group 3** sites in May/June: Central 1, Interlake 2, Assiniboine 1, WRHA - Inkster, Seven Oaks, Assiniboine South)
- Ongoing evaluation of trial

## 2014

- Trial data collection ends
- **Data analysis and results** of trial are compiled
- **Reporting** of results begins





# The Towards Flourishing Initiative

- Introducing a new multilayered mental health promotion strategy in Manitoba
- Designed to enhance an existing program in public health with simple mental health strategies
- Built on strong relationships and partnerships to ensure a collaborative and meaningful process
- Rigorous pilot and trial evaluation to refine the Strategy and measure effectiveness



# Acknowledgements

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# Towards Flourishing Project Team

## Project Leads

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- **Marion Cooper, RSW** – Co-Investigator, Seconded to: Director of Adult Services – Eastern & Central Manitoba, Addictions Foundation Of Manitoba; Formerly Manger of Mental Health Promotion (WRHA)

## Program Consultants

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# Towards Flourishing Project Team (con't)

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