

**CONSUMER PARTICIPATION IN MENTAL HEALTH PLANNING:  
THE DEVELOPMENT OF THE  
WINNIPEG REGIONAL MENTAL HEALTH COUNCIL'S ROLE  
WITHIN A REGIONALIZED HEALTH CARE SYSTEM**

**BY**

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**Consumer Participation in Mental Health Planning:  
The Development of the Winnipeg Regional Mental Health Council's Role  
Within a Regionalized Health Care System**

**BY**

**Christine E. Ogaranko**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University  
of Manitoba in partial fulfillment of the requirements of the degree  
of  
Master of Social Work**

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## ABSTRACT

The Winnipeg Regional Mental Health Council was established by Manitoba's Provincial government for the purpose of providing advice on matters pertaining to mental health reform, and to serve as a means for consumer participation in mental health planning. In 1997, the governance of health care was transferred to the regional health authorities. One rationale for the regionalization of health care was the emphasis of consumer participation in health planning, but ironically, it was at this same time that the Council found itself without mandate.

The Practicum Report describes an intervention in which the goal was to assist the Council in re-establishing itself as an advisor and advocate on mental health issues, and a vehicle for consumer participation in mental health planning. Based on a community development approach, the intervention included gathering data on mental health systems and advisory systems in four other provinces as a means of informing the Council of current trends. The intervention also included conducting a survey of mental health stakeholders and decision-makers in Winnipeg as to their opinion of the Council's composition, function, and process.

The findings are analyzed, and implications and recommendations for the Council are outlined. The conclusion is made that should the Council adopt the recommendations, it has the potential to take a leadership role in establishing a partnership among stakeholders and decision-makers in mental health planning. This would be a step towards ensuring that the voices of mental health stakeholders are heard within a regionalized health care system.

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## **Introduction**

The delivery of mental health services in Canada has changed drastically since the deinstitutionalization movement began in the 1950s. But, a lack of coordination among psychiatric hospitals, psychiatric units in general hospitals, and community mental health programs remains a major impediment to psychiatric care in Canada (Wasylenki, et al, 1992). Nine Canadian provinces have undergone a process of regionalizing, or decentralizing, the governance of their health care services. There is a growing fear that an effort to integrate and coordinate mental health service delivery will be negatively affected by regionalization.

Due to historical, political, social, and economic factors, mental health services are particularly vulnerable in the process to regionalize health care. More specifically, there is the threat that regionalization will result in a further deprioritization of mental health services, and will negatively affect the reallocation of resources from institutional to community mental health care.

Consumer participation in health planning is one of rationale for regionalization (Hurley, et al, 1994). Consumer participation in mental health planning is not new to the mental health field as it was introduced by the Canadian Mental Health Association in its Framework for support model in the late 1980s (Trainor, et al, 1992). The implementation of consumer participation in mental health planning, though, has only achieved limited success in Canada, with the results often being a token effort (Wilson, 1996).

The Winnipeg Regional Mental Health Council (WRMHC) was mandated in the late 1980s to advise the Provincial government on matters pertaining to mental health reform, and to act as a means for consumer participation in mental health planning. Manitoba's Provincial government did not fully utilize the input of the Council, nor did the Council have access to the resources necessary to recruit and retain consumer members. The result was that the Council did not fulfill its purpose as originally intended.

The following Practicum Report describes an intervention, based on the principles of community development, to assist the Winnipeg Regional Mental Health Council in a process to reorganize in response to the regionalization of health care services. The Practicum Report is organized in a manner that serves to highlight the Practicum intervention and evaluation of the intervention with the Winnipeg Regional Mental Health Council. Chapter 1 presents a summary of the issues surrounding the Council, thus establishing the basis for the Practicum intervention. The goals and objectives of the Practicum are then outlined. Chapter 2 provides a review of the literature as it pertains to the impact of regionalization on mental health, consumer participation and empowerment, the role of advisory committees in consumer participation and empowerment, and a community development approach to change within the Council.

Chapter 3 describes the methods used to gather data from other provinces, as well as conducting a survey of stakeholders within Winnipeg, as a means of assisting the Council in its change process. Chapters 4, 5, and 6 describe and analyze the findings resulting from the methods referred to in Chapter 3. Chapter 7 describes the implications of the findings on the Council's reorganization process, as well as outlining the

recommendations for the Council. Chapter 8 presents an evaluation of the Practicum intervention based on a review of the Council's activities and a survey with Council members. And, Chapter 9 provides overall concluding comments with regard to the findings of the Practicum intervention and the Council's ability to build on its success as a means for consumer participation in mental health planning.

## CHAPTER 1:

### Definition of the Problem

#### 1.1 Historical and Political Context

In 1988, the Provincial department of Manitoba Health issued a policy document entitled *A New Partnership for Mental Health in Manitoba (1988)*. This document represented the Province's intention to reform mental health services in Manitoba. The document outlined the initiatives for mental health reform within the context of a partnership between the community, those that provide mental health services, and the Provincial government. The document proposed that community-based mental health teams be established in every region of the province as a method of integrating mental health service delivery. The document also stated that the Mental Health Division, led by the Assistant Deputy Minister of Mental Health, would play an important role in managing the mental health system within the context of a partnership with stakeholders.

In 1990, Manitoba Health issued another policy paper entitled *Vision for the Future: Guiding Principles and Policies for Mental Health Services (1990)*. The purpose of the document was to state the principles and policies of a reformed mental health system as envisioned in the previous document. The goal of mental health reform was to develop a balanced, coordinated, and integrated mental health service system. Among the many principles outlined in the paper, it stated that mental health consumers would "play an increasing role within the mental health system in terms of advising, planning, developing, implementing, and evaluating mental health policies and programs...a primary vehicle of this participation shall be the Regional Mental Health Councils" (Manitoba Health, 1990, p. 3).

In 1992, a third document pertaining to mental health reform in Manitoba was issued by Manitoba Health entitled *Building the Future of Mental Health Services in Manitoba (1992)*. This document addressed the implementation of the principles of mental health reform as outlined in the previous document. In continuing to emphasize its philosophy of partnership, the Provincial government outlined the mandate of the Regional Mental Health Councils that included their role in advising the government on mental health matters, and providing a leadership role in planning mental health reform initiatives in the regions. The paper also describes the newly appointed Provincial Advisory Committee on Mental Health Reform as another mechanism for community and consumer involvement in the mental health planning process. (See Appendix A for the Provincial Advisory Committee's Terms of Reference)

By the early 1990s, nine Regional Mental Health Advisory Councils were established throughout Manitoba, including the Winnipeg Regional Mental Health Council. The Provincial Advisory Committee on Mental Health Reform was also operating, and included representatives from all regions of the province. Representatives for the Regional Mental Health Councils were included as members of the Provincial Advisory Committee on Mental Health Reform to ensure that regional concerns were incorporated in the Provincial government's plan for mental health reform.

In the 1990s, the Provincial government began to re-examine its health care system in response to the claim that health care spending was excessive. "Recession-shrunk tax bases and reduced federal transfer payments, coupled with ever-growing expenditures, have compelled provincial governments to turn on their health care systems with major reform initiatives" (Hurley, et al, 1994, p. 491). The solution proposed by

Manitoba's Provincial government was to transfer the responsibility of managing health care to Regional Health Authorities. It was at this time that the Provincial government eliminated the position of Assistant Deputy Minister for Mental Health, reflecting its efforts to de-emphasize issues pertaining to mental health reform.

In April, 1997, Regional Health Authorities (RHAs) were established in rural Manitoba. Subsequently, in April 1998, two RHAs were formed in Winnipeg. The Winnipeg Hospital Authority was responsible for the management for acute care services, and the Winnipeg Community and Long-Term Care Authority was responsible for the management of community services in Winnipeg.

Lomas (1996) stated that the three objectives of Regional Health Authorities are as follows: 1) to create opportunities for community participation and empowerment; 2) to create an integrated, coordinated, and efficient health care system; and, 3) to reduce health expenditures using the Authorities as a "buffer" for community complaint. The original purpose of the Regional Mental Health Councils was to act as a means for consumer and community participation in mental health planning, coinciding with the first objective of regionalized health care. Ironically, it was around the time the RHAs were being established in Manitoba that many of the Regional Mental Health Councils became inactive. The government's call to "partnership" among mental health stakeholders seemed to disappear, and was replaced by a health policy based on fiscal retrenchment with no formal means of mental health consumer involvement in mental health planning.

Once the Provincial government transferred the responsibility of the management of health services to the Authorities, the Regional Mental Health Councils were left

without a mandate. The Province offered no direction to the RMHCs as to their relationship with the RHAs. The lack of guidance given to the Regional Mental Health Councils seemed to reflect the Provincial government's overall de-emphasis on mental health matters alluded to earlier.

The Winnipeg Regional Mental Health Council continued to operate during this transition period, but its role and function in a regionalized health care system was unclear. The following section describes the Winnipeg Regional Mental Health Council at the time the Regional Health Authorities were established, and thus illustrates the impact of regionalization on the Council.

## **1.2 Description of the Winnipeg Regional Mental Health Council**

The Winnipeg Regional Mental Health Council (WRMHC) was comprised of fifteen members, including the Chair. Twelve of the fifteen members were service providers, and of these twelve members, four were self-proclaimed consumers of mental health services. The remaining three members were representatives of the community with a specific interest in mental health issues.

According to the WRMHC's Terms of Reference (see Appendix A), full membership of the Council consisted of twelve to eighteen members, with two members appointed from Manitoba Health. Membership to the Council was for a three-year term, with a maximum of two consecutive terms. Members of the Council, including the Chair, were elected. At the time the Practicum began, one member of Council was appointed by Manitoba Health, and had yet to be re-appointed.

The Council met on a monthly basis, and the Chair along with the members of the Council determined the agenda. The agenda was distributed to members of the Council

prior to each meeting. The agenda items for Council meetings included discussions regarding neighborhood resource networks, an intersectoral approach to mental health service delivery, and the development of coordinated service delivery aimed at persons with severe mental health problems.

A primary focus of discussion at the Council meetings was the Council's relationship vis-à-vis the newly established Regional Health Authorities. Of particular concern to the Council was that there were two RHAs managing different aspects of mental health care, and this would negatively affect the ability of the Authorities to integrate mental health service delivery. There was a growing fear among Council members that mental health reform would give way to general health issues in a regionalized health care system.

The Council's Terms of Reference stated that the Council's purpose was to advise the Assistant Deputy Minister of Operations (Manitoba Health) and the residents of Winnipeg region on all matters relating to mental health. Due to the regionalization of health care in the province, the Council's purpose did not reflect the changes in the governance of mental health services. The reality was that the Council no longer had a mandate to advise the Provincial government on mental health matters, nor was it formally mandated to advise the newly established RHAs.

In recognition of this factor, the Council members recommended that the Council act in an advisory capacity to both Regional Health Authorities in Winnipeg, as well as the Provincial government. In support of this recommendation, the document entitled *Core Services in Manitoba* (Manitoba Health, 1997a) states that Regional Mental Health Councils will play an instrumental role in the process of determining regional needs and



mental health service requirements in a regionalized health care system. Furthermore, in a review of best practices and Manitoba's mental health reform, the Clarke Consulting Group (1997) recommended that there needs to be effective mental health advisory committees with significant consumer and family involvement within each of the regions to assist the Regional Health Authorities to understand and complete the mental health reform process. More specifically, the Clarke Consulting Group (1997) recommended that in Winnipeg, there should be one mental health advisory committee with strong leadership and linkages to both Authorities to ensure the development of integrated approaches to mental health planning and delivery of mental health services.

The Winnipeg Regional Mental Health Council did not reflect the principles as outlined in the Provincial policy documents described earlier. Prior to regionalization, the Provincial government did not fully utilize the input of the Council in its decision-making process, thus the Council did not play a significant role in the planning of mental health services. As a result of regionalization, the Council was no longer mandated to advise the Provincial government on mental health issues, and therefore had lost its legitimacy. Also, the composition of the WRMHC was not reflective of the proposed partnership among mental health stakeholders as a majority of Council members were service providers.

In summary, the deterioration of the WRMHC's role meant that there was no longer a formal means for mental health consumer and community involvement in mental health planning. The members of the WRMHC also feared that if there was no formal process to guide the Provincial government in reforming mental health services, then mental health services would continue to deteriorate.

These concerns prompted the members of the Winnipeg Regional Mental Health Council to embark on a process of re-examining its role, function and membership. In an effort to assist the Council in its reorganization process, a Practicum proposal was presented and approved by Council. The following is an outline of the goals and objectives of the Practicum as a method of assisting the Council in its change process.

### **1.3 Goal, Objectives, Functions, and Activities**

The goal of the Practicum is to plan, implement, and evaluate an intervention that will assist the Winnipeg Regional Mental Health Council in becoming a more effective and representative advisory body on mental health issues in Winnipeg. The following objectives, functions, and activities represent a summary of the work involved in a Practicum placement with the Council in an effort to achieve the above-mentioned goal.

#### 1. Objective:

To provide information to the WRMHC members with regard to the structure and delivery of mental health services in four provinces with regionalized health care systems.

#### Functions:

- a) By November 1, 1998, to gather written documents on the structure of mental health services in four of the regionalized provinces.
- b) By November 1, 1998, to speak with various decision-makers in four of the regionalized provinces regarding the delivery of mental health services.

Activities:

- a) Contact Provincial government representatives in each of the four regionalized provinces regarding any printed material pertaining to the structure and delivery of mental health services.
- b) Contact representatives of Regional Health Authorities in each province regarding any printed material on mental health service delivery.
- c) Conduct interviews with key decision-makers within the regionalized mental health system regarding the structure and delivery of mental health services.

2. Objective:

To provide information to the WRMHC members regarding mental health advisory bodies in four of the regionalized provinces.

Functions:

- a) By February 1, 1999, to gather written documentation on the structure, process, and composition of the mental health advisory bodies in other regionalized provinces.
- b) By February 1, 1999, to collect data from key players within the mental health advisory bodies in other provinces regarding their perceptions of their effectiveness in providing direction to decision-makers within the Regional Health Authorities.

Activities:

- a) Contact the mental health advisory bodies in the regionalized provinces by telephone, fax or letter.

- b) Request any documentation pertaining to the organization's terms of reference, mission statement, process and relationship with the RHAs.
- c) Conduct interviews with key persons within the mental health advisory body regarding their perception of the strengths and weaknesses of their organization.

3. Objective:

To provide information to the WRMHC members with regard to the perceptions of mental health stakeholders as to the role and functions of the Winnipeg Regional Mental Health Council.

Functions:

- a) By April 30, 1999, to conduct a survey of mental health stakeholders within Winnipeg.

Activities:

- a) Develop questionnaires targeting mental health consumers, family members of consumers, and mental health service providers.
- b) Develop interview guides targeting mental health decision-makers (Winnipeg Hospital Authority; Winnipeg Community and Long-Term Care Authority; and the Mental Health Division).
- c) Contact mental health agencies in Winnipeg for the purpose of distributing questionnaires to consumers, family members, and service providers.
- d) Contact key persons at the WCA, WHA and the Mental Health Division for the purpose of conducting in-person interviews.
- e) Collect completed questionnaires from each agency.

- f) Analyze the results of the survey.
- g) Consolidate the results of the survey into a report.
- h) Distribute study report to those agencies that participated in the survey, and to members of the WRMHC.

4. Objective:

To engage the Council in discussion regarding their role, function, and composition based on the information gathered in the first three objectives.

Functions:

- a) After the completion of each of the first three objectives, a brief summary of the data collected will be presented to the Council as part of their monthly meetings.

Activities:

- a) Request feedback from the Council members regarding the information presented, and how it may or may not be relevant to their role.
- b) Encourage the Council members to participate in the discussion, especially members who have not yet voiced an opinion.
- c) Review the minutes of the meetings in order to keep track of decisions made, indicating the possible future direction of the Council.

5. Objective:

To provide the Council with a forum to discuss their ideas regarding the Council's role suggested in previous discussions, and set a direction for the future as an advisory body.

Functions:

- a) By the Fall, 1999, to present to the Council as part of a half-day meeting the results of the data collected on behalf of the Council, and implications for the Council's reorganization process.

Activities:

- a) Prepare the data for a presentation to the Council.
- b) Present the implications of the findings on the Council's reorganization process.
- c) Facilitate a discussion among the Council members as a means of developing an action plan for the future direction of the Council.

6. Objective:

To evaluate the Practicum intervention with the Winnipeg Regional Mental Health Council.

Functions:

- a) Once the previous objectives are completed, evaluate the Practicum intervention with the WRMHC in terms of the impact of the information brought to the Council on the Council's reorganization process.

Activities:

- a) Review the minutes of the Council meetings with reference to the presentation of material to the Council, and the subsequent discussions regarding its role, function, and membership.

- b) Conduct telephone interviews with Council members as a method of receiving feedback with regard to the effectiveness of the Practicum intervention on the Council's reorganization process.

In a review of the literature, the following chapter explores in more detail the challenges faced by the Winnipeg Regional Mental Health Council. The examination of the relevant literature serves to establish the theoretical basis for the Practicum intervention with the Council, and emphasizes the Council's potential to become an effective and representative advisory body on mental health issues in Winnipeg.