

Summer School 2005 ~ August 15-18th
Mental Health Promotion
Identity, Culture and Power
Evaluation Report



Hosted By:
**The Prairie Region Health Promotion
Research Centre**

University of Saskatchewan
Saskatoon, SK



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Executive Summary

It gives me great pleasure to present the evaluation report for Summer School 2005, hosted by the Prairie Region Health Promotion Research Centre in collaboration with our partners. Summer School 2005 was held on campus at the University of Saskatchewan from Monday 15th August – Thursday 18th August 2005. It was attended by 185 people, inclusive of PRHPRC staff, keynote speakers and Summer School Organizing Committee members.

Partners with the Centre in planning and organizing the event were:

- First Nations and Inuit Health Branch, Health Canada;
- Indigenous People's Health Research Centre,
- Keewatin Yatthe Regional Health Authority;
- Mamawetan Churchill Regional Health Authority;
- Public Health Agency of Canada,
- Regina Qu'Appelle Health Region;
- Population Health and Community Care Branches; Saskatchewan Health; Saskatoon Health Region;
- The Saskatchewan Prevention Institute;
- Department of Community Health and Epidemiology and Extension Division; University of Saskatchewan.

This evaluation represents the work of many people in planning, participating and finally evaluating the Summer School. It provides information concerning the organization of the Summer School and combines participant and planner feedback on individual learning sessions and meeting overall learning objectives of participants. It also documents key challenges, changes to the environment since the 2005 Summer School and accordingly makes a series of recommendations for supporting future health promotion learning in the Province and Region.

Our collective assessment is that against the backdrop of environmental changes and the challenges of being a brand new (PRHPRC) team, is that the terrific combination of the SS Organizing Committee, SS participants and PRHPRC staff has made this event an astounding success! We look forward to working with you in the future,



Dr Lewis Williams,

Overview of Summer School 2005

Summer School 2005 had two broad overarching goals:

- To strengthen community and organizational capacity to develop a range of effective health promotion initiatives in addressing underlying health determinants of mental health and well-being, and
- To enable the creation of health-related policies and programs which support the self-determination of a variety of cultural communities.

With these broad goals in mind, the program was then tailored specifically around the theme of “identity, culture and power”. This theme was largely chosen by the Summer School Organizing Committee based on the evidence that mental well-being is unevenly distributed across populations and that those groups who experience mental health disparities are those at the economic and cultural¹ margins of societies. Accordingly, a strong sense of cultural identity and access to mental health determinants such as income, housing, language, land and public policies which support this are integral to mental well-being. Mental health promotion (MHP) practice, then, must take account of this evidence in program design. The program was accordingly designed to introduce key MHP concepts and theory (Monday and Tuesday), to consider their practical application in MHP interventions (Wednesday) and to focus on the wider policy, practice and research context (Thursday).

Learning Objectives:

- Participants will have a clear understanding of the conceptual terrain of mental health promotion (MHP), including underlying knowledge systems, key concepts and approaches.
- Participants will understand the relationships between identity, culture, power and mental well-being from a variety of cultural perspectives.
- Participants will gain understanding of how colonization and current health- policies shape health contexts and programming approaches.
- Participants will gain understanding of Aboriginal and Indigenous well-being concepts
- Participants will be able to identify where their work sits on the continuum of approaches to mental well-being (Treatment, Prevention, Promotion and Development) and the potential resulting level of change.
- Participants will be able to critically evaluate MHP interventions according to key criteria such as underpinning concepts, principles of community engagement, use of power, practitioner role, and evaluation.

¹ The term ‘culture’ is used in a broad sense and refers to worldviews, conventions, norms and symbols used by particular groups. It may be applied to ethnicity, gender, age, sexuality, ability, religious, rural/urban and other types of groupings. However, given the mental health disparities experienced by Indigenous peoples, the colonial power relations that continue to shape these and the growing Aboriginal population in Saskatchewan, the program had a significant Aboriginal component.

- Participants will gain mutual understanding of the key policy, organizational and practitioner factors influencing the implementation (i.e., barriers, enablers) of MHP programs.

This program was designed to have applicability for a broad range of people – including practitioners, managers and policy makers working to re-orientate the health system to academics, social activists and those working in grass roots organizations seeking to effect change. It aimed to reach those engaged in a variety of mental health promotion related activities, including the application of health promoting practices within therapeutic contexts, primary health, or those working in broader community action and public policy advocacy activities aimed at acting on the structural determinants of mental well-being.

Intended key outcomes:

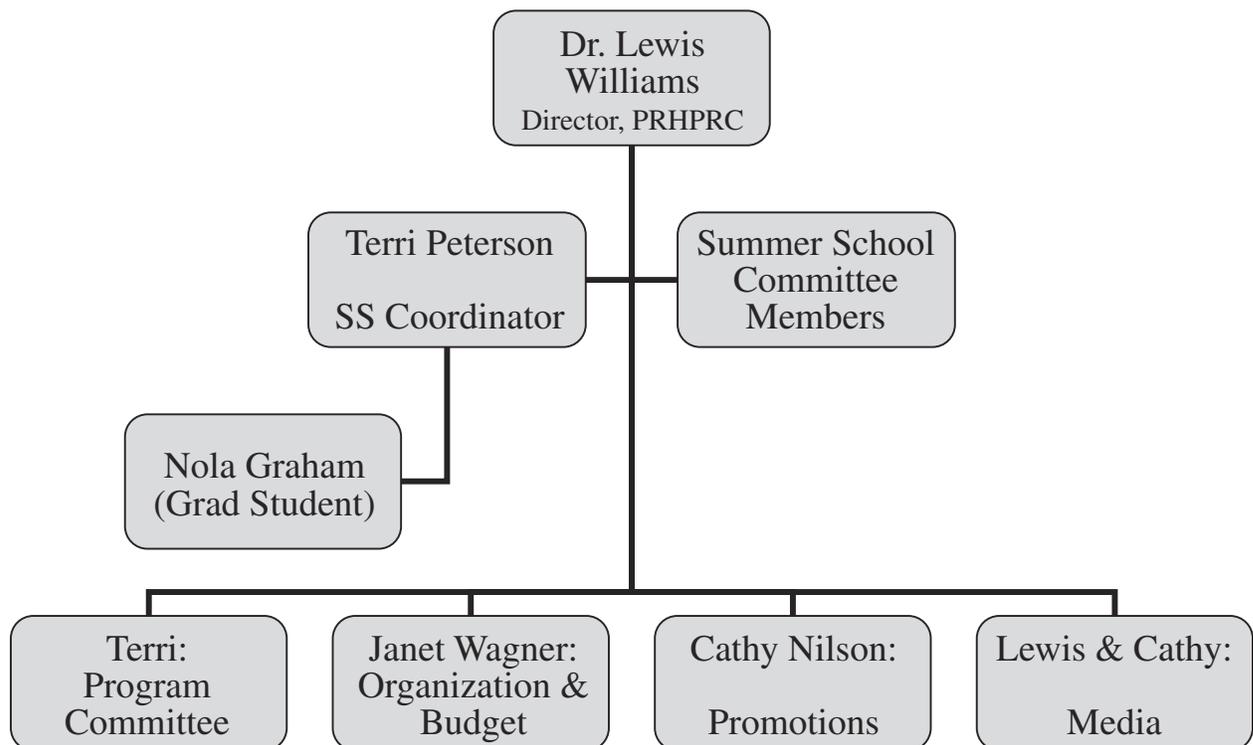
- Knowledge building and skills development
- Network building
- Population health approaches to mental wellbeing are on the policy agenda
- Strengthened research agenda

Program Design and Organization

The program was largely designed by the Summer School (SS) Organizing Committee. Lewis Williams, Director of the Prairie Region Health Promotion Research Centre had overall responsibility for the Summer School and program design. She selected the broad theme of 'mental health promotion' and in November 2004 invited a number of provincial partners to be members of the Summer School Organizing Committee. The Committee met bi-monthly from that time to July 2005 for the purpose of deciding on program themes, speakers, learning design, broad organizational and marketing aspects. Responsibilities were devolved to five working groups which met on a more regular basis: 1) Program Design; 2) Organizational Aspects; 3) Fundraising and Marketing; (4) Discussion Group Design and Facilitator Training and 5) Media Strategy. A Summer School Coordinator was hired on a part time basis to link the work of all these groups together. The organizing structure for the Summer School is diagrammatically represented on the following page.

PRAIRIE REGION HEALTH PROMOTION RESEARCH CENTER

Summer School 2005 Organizational Flow Diagram



The program design was quite organic in its development. In consultation with the Committee, Lewis wrote broad learning goals and objectives. The specifics were then developed within smaller topic-orientated planning groups and in collaboration with invited speakers. Presentation content shifted over this time, as conversations, insights, and negotiations occurred to accommodate people's perspectives around the central Summer School themes and concepts. The two panels each met twice as a group to discuss concepts and negotiate the interfaces between individual presentations.

Previous summer school evaluations indicate that over past years the program style changed considerably from a conference style summer school to an in-depth learning design focused on an adult education, learner centred approach. A key difference between the two distinct approaches was greater emphasis on workshops and the participatory, community development process used to develop the latter. The Summer School 2005 Organizing Committee's decision was to strike a balance between these two approaches, largely for the reason that PRHPRC did not have the financial resources as in previous years to undertake an in-depth adult education learning design that utilized a learner-centred participatory approach.

The following adult education principles were incorporated into the summer school:

- Theory is followed by exploration and practice
- Skilled facilitation helps small groups work together
- Opportunity for reflection assists learning
- Multiple ways of learning are offered
- Learning is centered on issues identified as important to the learners.
- Starting where the learner is.

The design incorporated keynote sessions on major themes:

- Mental health disparities and key mental health promotion concepts
- Ethical space between Cree and Western knowledge systems
- Power, culture and self-determination / agency; the mental health promotion practitioner as an agent of self-determination; and the application of these concepts to rural, migrant, mental health service user, and Gay, Lesbian, Bi-sexual, and transgender (GLBT) communities.
- Applying a critical lens when framing issues for intervention drawing on the example of FASD
- General concepts in the development of mental health promotion interventions and evidence based practice
- Examples of best practice: building practitioner capacity for integration of addiction and mental health services and mental health promotion in the workplace
- The Scottish experience of implementing a mental health promotion agenda
- Challenges and opportunities re implementing mental health promotion in Saskatchewan and Canada: policy, practice and research
- Intersectoral action for mental wellbeing.

Discussion groups formed an important part of the learning design. This aspect of the program was coordinated by SS Committee members Nikki Gerrard and Sharyn Swann in collaboration with SS coordinator Terri Peterson. Each discussion group had a facilitator and retained the same membership throughout

the summer school. There were 15 groups with each group meeting five times over the duration of the event. The general purpose of the discussion groups was to:

- To provide an opportunity to process information acquired through keynotes
- To provide an open forum for discussion of mental health promotion issues
- To stimulate new ideas, projects and research by exposing participants to different perspectives
- To facilitate the transfer of knowledge to practice

Learning objectives were established for each discussion group based on the earlier learning session. Training was undertaken with the facilitators and a training package designed. This package included: Role Expectations & Ground Rules; Main Learning Objectives & Questions; Discussion Group Outline; Introductory Material; Facilitator Participant List; Glossary of Terms; and a Daily Comment Package.

Each participant received a binder containing: list of facilitators and participants; the program; descriptions, learning objectives, suggested readings, biographical and supporting learning information such as copies of power point presentations related to each learning session; a glossary of terms; logistical information; and a bibliography of related books on sale at the on site bookstore. The binder also contained a CD Rom containing a variety of mental health promotion resources.

Media Strategy

A media strategy was developed. Key objectives were 1) to raise awareness of mental health disparities between groups and the structural determinants that shape these; 2) to highlight the importance of working to influence the structural determinants of mental well-being alongside treatment oriented approaches and 3) to contribute to shifting programming, policy development and funding streams towards population health promotion approaches.

An article outlining mental health disparities in Canada, distinguishing between population based and treatment based approaches to mental well-being and current practice and policy challenges was written and circulated to a number of National and local sources. Media Advisory notices about the Summer School and its program were sent to Radio, TV and News papers.

Articles were published as Opinion pieces in the Star Phoenix, Leader Post, Western Producer and Campus News. The Star Phoenix also published an interview with keynote speaker Ovide Mercredi (Appendix). Lewis Williams and Georgina Jolibois, Mayor of La Loche were interviewed live on CTV and Lewis Williams and Nayyar Javed were interviewed by SHAW cable.

Not as much media coverage was achieved as had been hoped for. This was possibly due to a combination of circumstances including the timing of the SS and key journalists being on vacation, a strike at CBC and lack of resources on the part of the Summer School to follow up media coverage.

Summer School Funding and Marketing

Funding for the Summer School was obtained from the following sources:

Public Health Agency of Canada:	\$25,000
Health Canada, Saskatchewan Health:	\$10,000
Health Canada, First Nations and Inuit Health Branch	\$10,000
College of Medicine, U of S	\$4,000
VP Research Office, U of S	\$2,250
Saskatchewan Health Research Foundation	<u>\$2,500</u>
Total Funding:	\$53,750

Attendance and response to the evaluation request

The evaluation of the 2005 Summer School consists of two components: 1) participant evaluations combined with feedback from discussion group facilitators and committee members; and 2) feedback from committee members on the planning process. Information concerning the planning process was provided through written comments from committee members which was supplemented by group discussion at the post summer school Committee meeting.

There were 185 participants at Summer School 2005 including staff, presenters, and committee members who also participated but did not fill out evaluations. The number used for respondent percentages was 146, as one committee member also filled in an evaluation.

The average response rate (handed in their evaluations) was 45% of the total participants. The response rate ranged from 65% to 13% depending on the session. Percentages of participants handing in evaluation sheets decreased significantly over the four days. The inconsistent response rate may be due to three factors. The first and most significant reason was how the evaluations were facilitated. The facilitators of the discussion groups were responsible to point out and collect the evaluations but not all of the participants took part in the discussion groups thus were not supported in the evaluation process. The second and related reason may have been the expectation of the evaluations at the end of each summer school day without setting aside time for their completion outside of the discussion groups. The third reason may have been the length and the detail of the evaluations.

Methodology

The evaluation was designed to provide feedback on each learning session, each day as a whole and the overall summer school. Learning objectives were written for each learning session in consultation with keynote speakers, panelists, and the Discussion Group Facilitators Committee. Given the organic nature of the program's development and unpreventable changes to the program on two occasions, the content of the presentations at times diverged to various extents from the previously set learning objectives. Where relevant this is included as a footnote.

The response to each scaled question (objective) was calculated and averaged with the actual number which responded to that specific question. Each scaled question shows the percentage response. The qualitative comments were chosen to be representational of participant's comments. Comments were included on the basis that they were mentioned more than once or that we had received feedback similar to them (orally) during the summer school. Our intention is to share many of the diverse perspectives to illustrate the flavour and response to Summer School 2005.



Monday, August 15th, 2005

Total Respondent: 95 people (65%)

Welcome and Opening Keynote: “Taking a Population Health Approach to Mental Well-being: Identity, Culture and Power”

Dr. Lewis Williams



	Yes!	Some What	Maybe	Not Really	No!
Did you find the presentation informative?	63 67%	29 31%	3 3%		
Did you gain an understanding of the present key mental health issues?	58 64%	27 30%	3 3%	4 3%	
Did the presentation introduce to Summer School 2005?	78 87%	9 10%	2 2%	2 2%	
Did the presentation introduce the topic “Mental Health Promotion: Identity, Culture, and Power?”	66 71%	25 27%	1 1%	2 2%	
Did you gain an understanding of the ‘current practice tensions’?	33 40%	37 41%	13 14%	6 6%	3 3%
Will you use the information in your work?	55 60%	25 24%	8 9%	4 4%	

Comments:

“Nice opening- easy to understand why we are here and why it is important.”

“Very informative and inclusive. I appreciate the wide spectrum of identity (ies) Dr. Williams addressed.”

“Excellent start to conference.”

“Very interesting. I’m very pleased to see how much of the info is based on Aboriginal people!!”

“Keynote was good for setting the table for the week.”

“Cultural Entertainment was wonderful.”



Monday, August 15th, 2005

Total Respondents: 94 people (64%)

Discussion Group 1

“Getting the Ball Rolling”

August 15, 2005 ~ 3:45pm-5:00pm

	Yes	Some What	Maybe	Not Really	No!
Did you meet as a group? (E.g. introductions, ground rules)	90 99%	1 1%			
Did you have the chance to ask questions about the summer school?	74 83%	7 8%	1 1%	6 7%	1 1%
Did you debrief the 'high/low' tea experience?	85 96%	3 3%	1 1%		
Did you 'unpack' the ideas introduced in the opening keynote? (E.g. equity, power, culture, mental health determinants)	69 76%	21 23%	1 1%		
Did the discussion group support your knowledge building and help you make connections with other participants?	72 83%	13 15%	1 1%	1 1%	

Comments:

“I truly appreciated the opportunity to meet and discuss the issues and topics introduced and gain differing perspectives. There seems to be a consensus on many issues.”

“Very diverse and information group.”

Monday, August 15th, 2005

Total Respondents: 42 people (29%)

“The Impact of Colonization on Mental Well-being”

Ovide Mercredi

Monday, August 15th, 2005



	Yes!	Some What	Maybe	Not Really	No!
Did you find the presentation informative?	26 70%	7 19%	2 5%	1 3%	1 3%
Will you use the information in your work?	17 44%	13 33%	6 15%	2 5%	1 3%

Comments:

“Very interesting presentation...wished he could of spoken longer”

“I found Mr. Mercredi’s words to be powerful...”

“Aware of the issues and redundant for me”

“Very inspiring! Sparked a personal fire to continue to promote social change. Yes my world would be more complete with two healthy nations”

“It was very interesting to hear such a dynamic speaker; however I did not agree with many of the view points that he had.”

“It was very helpful in ‘understanding’ where first nations people are coming from”

“Good presentation...too long though”

Monday, August 15th, 2005

Total Respondents: 41 people (28%)

1. What is your key insight from today?

“Validated many of the factors affecting mental health of individuals and how important equity is in different cultures and between individuals.”

“Pot latches were banned for BC First Nation and others for 72 years ending in 1950. Forbidden to share. Food is a weapon.”

“On the determinants of health the multi factors that influence them.”

“Need to help the policy makers understand how critical these issues are and how they impact on long-term and health.”

“What you see is not always what you get. (ie. high/low tea).”

“Power brings incredible responsibility and a moral obligation to help those who could use a hand.”

“There is almost always an inequity in power, no matter what group/organization/family you are in.”

2. What is one way that you can apply your learning from today?

“Always keep cultural group awareness in mind and when meeting challenges (barriers) re-examine cultural group dynamics and go further upstream to discover root cause(s) to the challenges.”

“To remain conscious of the shifting perspectives-individual community, global.”

“Working with a more holistic view of socio-economic issues.”

“Networking, challenging my pre-conceived thoughts, beliefs.”

“Differences are excellent.”

“To apply these determinants to taking my clients history to see how these apply.”

3. Based on today's experiences, what is one thing you wish to learn more about?

"Cultural identities, especially Aboriginal. Also want to learn more about cultural group dynamics."

"Factors & how to improve these in my client profile & community."

"Broad based approached to working together with a common direction."

"How to change existing Mental Health care system. Grassroots level impact. How to promote positive cross cultural interaction."

"Life in Northern Sask."

"Resilience children's mental health."

"How to bring Health Promotion factors to the individual therapy session."

4. Other Comments:

"Learned more form group discussion, than keynotes. Enjoyed networking and meeting new people."

"Good energy in the room & presenters. Wonder if "entertainment" could have been one item on each of three different time slots. Liked the youth & ethnic emphasis of the "fun"."

"Interesting concepts presented on Day 1. Found Ovide Mercredi's presentation interesting and provocative in some ways. Wished he could have spoken longer."

Tuesday, August 16th, 2005

Total Respondents: 85 people (58%)

“Ethical Space”

Willie Ermine

	Yes!	Some What	Maybe	Not Really	No!
Did you find the presentation informative?	73 87%	8 10%	2 2%	1 1%	
Did you gain an understanding of the key ideas presented?	73 86%	9 11%	1 1%	2 2%	
Will you use the information in your work?	53 66%	17 21%	8 10%	2 3%	

Comments:

“Absolutely interesting, thought provoking,& sometimes hard to grasp”

“Powerful & Potent”

“Where are the other first nations – we have the Cree perspective only”

“A very useful concept...speaker was very respectful & clear”

“Inspiring”

“...it wasn't a lecture on how to think but made us think!”

“...I would definitely like to learn more”

“Amazing, empowering, and hopeful”

“...reminded me of how to bridge the gap often perceived between cultures and to meet as humans – open, respectful, & able to listen”

“..a positive approach to examining relationships”

“...more time is needed for questions and answers”

Tuesday, August 16th, 2005

Total Respondents: 87 people (60%)

“Open Discussion”
 Dr. Lewis Mehl-Madrona &
 Willie Ermine



	YES!	Some What	Maybe	Not Really	No!
Did you find the open discussion informative?	26 39%	33 49%	1 1%	7 10%	
Was the discussion helpful for you in making connections between the ideas presented by Ovide and Willie and mental health promotion work with Aboriginal communities?	22 43%	18 35%	7 14%	11 22%	3 6%
Will you use the information gained in your work?	24 39%	21 34%	10 16%	4 7%	2 3%

Comments:

“Disappointed that Ovide Mercredi wasn’t there to participate². I felt some of the questions posed by participants were not answered.”

“Would have been more ‘learner centered’ if this session was immediately following by a group session where we could have done an exercise in self discovery”

“Ovide did not attend, so connections were missing”

“Basically, the information was to give us some understanding one’s history, knowledge system, and competency. No direct info on health ‘promotion’”

“Very stimulating food for thought”

“These two (Ovide and Willie) were great speakers, they were very grounded in their teachings. I do wish we had more time for the content”

“Small group discussion is more valuable to me for learning, unfortunate that the quantity of excellent info does not allow for more discussion time in smaller groups.”

“It was very distracting to have Lewis Mehl-Madrona work on his laptop while the other presenters were on the stage.”

² Due to unforeseen circumstances Ovide Mercredi was unable to attend the Tuesday morning discussion session.

Tuesday, August 16th, 2005

Total respondents: 85 people (58%)

“Landscapes of Self Determination: Power, Culture, & Equity” Dr. Lewis Williams

	Yes!	Some What	Maybe	Not Really	No!
Did you find the presentation informative?	50 61%	27 45%	1 1%	3 4%	1 1%
Did you gain an understanding of the ways in which dynamics of power and culture influence people’s ability to be self-determining?	44 54%	27 33%	8 10%	3 4%	0
Did you gain an understanding of mental health promotion as a practice of facilitating self-determination?	37 45%	31 38%	6 7%	6 7%	3 3%
Did you gain an understanding of how mental health promotion practitioners might draw on cultural, professional and organizational forms of power to facilitate self determination or increase mental health equity?	41 50%	27 33%	7 9%	4 5%	3 4%
Will you use the information in your work?	39 55%	18 25%	9 13%	4 6%	2 3%

Comments:

“The concepts are new and will take some time to absorb”

“Was very short in order to stay on time – will be good to have more time in the next days to put the info into a context of practice”

“Lewis’s style is relaxed and comfortable. Good use of newspaper headlines to show examples of the power of ‘names’ and labels.

“Excellent! I enjoyed the discussion of community women’s groups in Aotearoa”

“I appreciated the diversity of perspectives that were presented. It provides an opportunity to learn from other cultures & countries”

“Too short for all the info Lewis had to share”

“It is distracting sometimes when time constraints are mentioned. We wish you would have had more time to speak³.”

“The presentation was far too short. I could have used more info & benefited from her experience & wisdom.”

³ Unforeseen group process issues arose from the previous session which required extra time to deal with before this keynote could commence. This meant that Lewis Williams had to make ‘on the spot’ decision regarding how to condense her 60 minute keynote into 40 minutes in order to keep the Summer School Program running on time.

Tuesday, August 16th, 2005

Total Respondents: 82 people (56%)

Panel Discussion
 “Landscapes of Self
 Determination:
 Migrant, Rural,
 and Service Users”
 Nikki Gerrard, Nayyar Javed,
 Pheobe Friesen & Judy White



	Yes!	Some What	Maybe	Not Really	No!
Did you find the presentation informative?	69 88%	8 10%	1 1%	1 1%	0
Did you gain insight into how mental health promotion and its connection with self determination apply to different population groups– i.e. migrant, rural and service users?	66 83%	12 15%	1 1%	1 1%	0
Will you use the information in your work?	55 69%	21 26%	3 4%	1 1%	0

Comments:

“Particularly liked Nikki’s presentation...well balanced with + & -“
 “Loved the panel & particularly the messages regarding how to/what to provide service in a respectful way that puts humanity at the forefront”
 “Great Panel! I would like to have heard an entire panel of service users”
 “Rural perspective and service users”
 “Very powerful to hear from service user presenter”
 “I found this presentation more beneficial as it presented a more ‘global’ view of issues”
 “...excellent food for thought...”
 “...passionate & informed...”
 “...disabled voice not present...”
 “...great speakers...”

Tuesday, August 16th, 2005

Total Respondents: 81 people (55%)

Panel Discussion

“Expanding our Understanding of Culture: Sexuality, Gender, and Mental Health”

Julie Richards, Michelle Martin, Raven Sinclair, & Bruce Garman

	Yes!	Some What	Maybe	Not Really	No!
Did you find the presentation informative?	74 95%	4 5%			
Did you gain an understanding of sexuality and gender as distinct cultural identities?	66 87%	9 12%	1 1%		
Did you gain an understanding into the ways in which these identities intersect and are shaped by power relations to influence mental well-being?	63 85%	6 8%	4 4%	1 1%	
Will you use the information in your work?	55 76%	7 9%	8 11%	2 3%	

Comments:

“Very interesting personal perspectives...I appreciated one openness and humour of the presenters.”

“Excellent speakers & strong voices...excellent diversity represented”

“I struggle with the fact that I have more sympathy for this cultural group than the aboriginal group and I realize I need more compassion & knowledge”

“It was a good change to listen to personal stories. It was an opportunity to learn about the struggle with identity”

“Outstanding!!”

“Another great & courageous panel.”

“It was good timing for these presenters. At this point in the day I appreciated their humour”

“Overwhelming”

“Very informative”

“Excellent Panel! I commend you in including these speakers in the conference”

“Very interesting culture”

“All of the presenters were fantastic! I probably got the most out of this – the presenters were real!”

“Well picked panel...Bruce’s 4 key points at (the) end (were) very helpful...I will definitely be changing our intake/assessment form”

“The best panel I’ve heard on gender, identity, and mental health. What courage!”

“Not sure if it is a culture, though?”

Tuesday, August 16th, 2005

Total Respondents: 54 people (37%)

Discussion Group 2

“Power, Culture, Equity and Mental Health Promotion”
August 16, 2005 ~ 4:30pm – 5:30pm

	Yes!	Some What	Maybe	Not Really	No!
Did you integrate key concepts introduced throughout the day?	32 62%	16 31%	2 4%	1 2%	1 2%
Did you gain an understanding of the ways ‘power’, ‘culture’ and ‘equity’ apply to your life and work?	33 60%	17 31%	3 5%	1 2%	1 2%
Did the discussion group support your knowledge building?	32 62%	12 23%	3 6%	4 8%	1 2%
Did the discussion group your skill development?	21 43%	13 26%	7 14%	6 12%	2 4%
Did the discussion group help strengthen your peer network?	26 52%	13 26%	8 16%	2 4%	1 2%

Comments:

“It’s good to talk to everyone. I like the fact that’s it’s a constant group.”

“Would of preferred a discussion group twice during the day”

“I didn’t find the discussion sessions in large group helpful...Adult learning theory would have more oppportunities to apply the knowledge learned”

“We have a great group...very lively discussion”

“By the end of the day, we are basically done – we did have much discussion but I’m not sure how productive it was. We are building a peer network.”

“Very good information”

“The main group missed was people with a physical disability...”

“Did not participate too long a day to focus in a discussion from 4:30 to 5:30pm”

“These discussion sessions are essential for participants – I find them very useful”

“Poor attendance partly due to overlap of focus groups”

Tuesday, August 16th, 2005

Total Respondents: 15 people

Focus Groups

“The Mental Health Promotion Practitioner as an Agent of Self-determination: Reflections on Mental Health Promotion as a Transformative Practice”



	Yes!	Some What	Maybe	Not Really	No!
Did you gain an understanding of how cultural, professional and organizational forms of power impact on practice?	12 80%	3 20%			
Did you gain an understanding of how the MHP practitioner might draw on these forms of power within their own work to facilitate self-determination and increased mental health equity?	11 73%	4 27%			

Comments:

“Needed more time. I felt that the core ideas and sharing were only beginning to emerge when it was time to leave”

“I found this experience to provide a good opportunity for reflection. Would be interested in participating in another similar focus group should the opportunity arise”

“Recognizing the impact I could have on other people, the projects they are involved in when fulfilling my ‘agenda’. And the position of my self as a professional in the ‘pecking order’ has been a real eye opener. I’ll walk softly...etc. Thanks”

Tuesday, August 16th, 2005

Total Respondents: 30 people (21%)

1. What is your key insight from today?

“Healing power of relationships”

“Greater awareness of a broad range of issues and challenges faced by many different groups of people”

“Must be open to new ways of doing things”

“It made me realize the programs we deliver lack diversity. They are very much geared to the norms of society.”

“Rising to my level of incompetence!”

**“Ethical Space” (53% of participants stated ethical space)
“Being human & losing titles” (W. Ermine)**

“Celebrate your uniqueness”

“Sense of importance of considering group culture dynamics yet always being with the individual as an individual”

“Individual context and history is so important-reinforced”

“Value & richness of diversity in our population”

“Richness of rural landscapes”

“Do not assume –listen”

“Gender issues”

2. What is one way that you can apply your learning from today?

“I was enlightened on Aboriginal issues which I think we need to enhance in the services we deliver”

“Consider more often that I operate in a white, European model not the ‘Cree’ perspective”

“Being conscious of other people’s landscapes and of assumptions.”

“Value & Appreciate diversity”

“Remember to take time to look at context, landscapes & listen”

“To respect local knowledge and my own knowledge-less reliance on experience”

“To look at forms...make sure they allow clients the ability to choose their sexual identity”

“Keep working and trying to be a change agent”

3. Based on today’s experiences, what is one thing you wish to learn more about?

“Cree Culture – the more you learn, the more incompetent you feel”

“Gender/sexuality”

“Dr Williams concepts of Power & Landscapes/Agency”

“How to obtain that ‘ethical space’ with my clients and their families”

“Rural Health Issues”

“Aboriginal Healing talking circles”

“Ethical Space”

“I would like more advice about hands on type of programming”

4. Other Comments:

“Additional discussion group would have been beneficial to process some of the key messages”

“Not enough time to interact with speaker...”

“Very thought provoking & a lot of info”

“I think there is some avenues of connection and understanding in those feelings between groups”

Wednesday, August 17th, 2005

Total Respondent: 84 people (58%)

“Sticks and Stones: Why is Understanding Power & Politics of Words Important for Mental Health Promotion”
 Dr. Caroline L. Tait



	Yes	Some What	Maybe	Not Really	No!
Did you find the presentation informative?	69 83%	11 13%	2 2%	1 1%	
Did you gain and an understanding of what it means to apply a critical lens to the categories used to describe and understand people?	63 79%	11 13%	3 4%	2 3%	1 1%
Did you gain an understanding of why this critical perspective is important to mental health promotion?	65 73%	9 11%	2 2%	5 6%	2 2%
Will you use the information in your work?	57 72%	13 16%	7 9%	1 1%	1 1%

Comments:

“It would be ideal to develop a conference around this area with the intent of policy change.”

“Very powerful, causing reflection about language and perspective.”

“Dr. Tait raised some very critical questions as to the cause of FAS/FASD that makes someone working in Health Promotions step back and revamp how to assist individuals, families and communities.”

Wednesday, August 17th, 2005

Total Respondents: 84 people (58%)

“Unpacking Mental Health Promotion”

Dr. Allyson McCollam

	Yes	Some What	Maybe	Not Really	No!
Did you find the presentation informative?	60 75%	18 22%	1 1%	1 1%	
Did you develop your knowledge of the theory and practice of mental health promotion in a range of contexts?	50 63%	24 30%	2 3%	3 4%	
Will you use the information in your work?	55 70%	19 24%	3 4%	2 3%	

Comments:

“This is what I was looking for from this conference and all the rest have been “icing”-YUM!! I do wish there was more time afforded to Dr. Allyson’s presentation...”

“Touched on how to put the theory into practice, which I’ve been waiting for.”

“It’s nice to hear about the processes in other parts of the world and to know that we are very close to being on the same page with each other.”

“Scotland sounds very much like Sask ☺”

Wednesday, August 17th, 2005

Total Respondents: 66 people (45%)

Discussion Group 3

“Principles of Effective Mental Health Promotion Practice”

August 17, 2005 ~ 10:45am – 12:00pm

	Yes	Some What	Maybe	Not Really	No!
Did you integrate key concepts introduced throughout the day?	50 75%	14 21%	1 1%	2 3%	
Did the discussion group you discuss help you understand what it means to apply a concept of a “critical lens’ as this applies to mental health promotion practice? Did the discussion help you understand what and effective mental health promotion practice is?	41 62%	19 29%	3 5%	3 5%	
Did the discussion group support your knowledge building and skill development?	43 65%	16 24%	3 5%	4 6%	
Did the discussion group help strengthen your peer network?	45 68%	14 21%	5 8%	2 3%	

Comments:

“A good chance to debrief.”

Wednesday, August 17th, 2005

Total Respondents: 66 people (45%)

“Integrating Addictions & Mental Health”

Elaine Malbeuf



	Yes	Some What	Maybe	Not Really	No!
Did you find the presentation informative?	58 78%	13 18%	1 1%	2 3%	
Did you gain an understanding of the role of community consultation in health service delivery strategic planning?	51 70%	16 22%	2 3%	4 5%	
Did you gain an understanding of the importance of acknowledging underlying root cause issues when addressing the determinants of health in aboriginal communities?	41 58%	20 28%	6 8%	3 4%	1 1%
Will you use the information in your work?	43 59%	21 29%	6 8%	3 4%	

Comments:

“Excellent to hear and see some success stories and yes we can empower the community.”

“Capacity building within staff requires a safe open humble environment. That’s what stood out to me.”

“Very informative - especially the practical agenda outlining specific and useful programming ideas and options wonderful!”

Wednesday, August 17th, 2005

Total Respondents: 76 people (52%)

“Mental Health in the Workplace: A Work/Life Balance”

Dr Judith Martin



	Yes	Some What	Maybe	Not Really	No!
Did you find the presentation informative?	62 83%	9 12%	2 3%	2 3%	
Did you enhance increase your awareness of employment conditions as a determinant of the mental health status of employees and their families?	54 74%	14 19%	2 3%	3 4%	
Did you examine gain an understanding of workplace change models which conceptualize the workplace as a site of mental health promotion?	46 64%	18 25%	5 7%	3 4%	
Did you feel your capacity to act as change agent was enhanced by the information presented?	37 51%	20 28%	12 16%	3 4%	
Will you use the information in your work?	45 63%	12 17%	10 14%	4 6%	

Comments:

“Wonderful! Very Practical! We have to make better choices to reduce our stress and pressure to perform both caring and jobs.”

“I liked that these issues are being addressed and family continues to be important to some policy makers.”

“On the one hand children need care, on the other hand people love money. Some go with the norm. Change is a challenge.”

Wednesday, August 17th, 2005

Total Respondents: 76 people (52%)

Discussion Group 4

“Developing Mental Health Promotion Interventions”

August 17, 2005 ~ 3:15pm – 5:00pm

	Yes	Some What	Maybe	Not Really	No!
Did you integrate key concepts introduced throughout the day?	45 79%	9 16%	1 2%	2 4%	
Were the questions asked by your facilitator helpful in increasing your knowledge and skills in developing a mental health promotion intervention?	44 92%	13 27%		1 2%	
Did the discussion group help strengthen your peer network?	41 71%	13 22%	2 3%	2 3%	

Comments:

“Discussions helped me develop some of my ideas.”

“Again great group. Exceptional discussion today!”

“Sharing success stories is great”.

“Missed the discussion group. Exhausted from the last two days although I really enjoyed the entirety of the agenda of events”.

“Very interesting discussion and helped me with some of the concepts in the presentations”.

Wednesday, August 17th, 2005

Total Respondents: 25 people (17%)

1. What is your key insight from Today?

“To questions my assumptions.”

“To look for the root cause of mental illness and not just the “quick fix”.”

“Structural changes that are necessary in the workplace to become more family friendly.”

“Caroline Tait’s presentation was a great reminder of the need to question everything and to discover the true context of research information that we use.”

“Encouraged to change work structures and encouraged to help others look at that in their lives, liked FAS talk and not to assume it is aboriginal issue-it isn’t-it is a national problem, liked practical helps that Scotland does to promote mental health and well-being.”

“The power and manipulation of terminology is vitally important how we perceive and reflect on issues. Disempowering to some degree.”

2. What is one way that you can apply your learning from today?

“To consider implementing some of the primary health care strategies suggested by Dr. McCollum. (i.e. social prescribing, time banks)”

“Examine the breadth of information provided and be consistent about how I use words and my position in the community.”

“I will continue to ask tough, hard hitting questions.”

“Dr. Tait’s negative and positive labeling as way of approaching categories used to describe and understand people, culture and power.”

“I can integrate critical thinking more consistently in my work. Will integrate principles of community development. (i.e. dialogue a point of readiness)”

3. Based on today's experiences, what is one thing you wish to learn more about?

"Lifestyle, workplace & society: models for healthy community complete with gender analysis."

"Power social relations."

"How to involve the community into policy, decision making and ownership of their "well-being of the whole community."

"How other practices are conducted in other health regions everywhere."

"Dr. McCollum's presentation was very informative. I would have appreciated more details."

4. Other Comments:

"Too many evaluation forms. I don't feel that I can do justice to all presenters."

"I enjoyed the summer school very much. Well put together. Interesting speakers."

"Having hard copies of presenter's information/power point presentations very valuable."

"Today was the most informative and enjoyable so far. The strengths include:

- *some concrete Mental Health Promotion examples**
- *adequate time for group discussion**
- *the day ended at an appropriate time**
- *group members contributed with insights and enthusiasm."**

Thursday, August 18th, 2005

Total Respondents: 51 people (40%)

“Making the links between Policy, Practice, & Organizational Capacity: The Scottish Experience”

Dr. Allyson McCollam



Greg Drummond, Mary Martin-Smith, Mary Bartrum

And “Making the links between Policy, Practice & Organizational Capacity: Local Response”

	Yes	Some What	Maybe	Not Really	No!
Did you find the presentations informative?	38 78%	8 16%	3 6%		
Did you increase your understanding of steps that can could be undertaken to build capacity for mental health improvement, learning from experience in Scotland?	32 64%	12 24%	5 1%	1 2%	
Was the panel response helpful in getting an overview of what the key challenges and opportunities for implementing a mental health promotion agenda might be in Saskatchewan?	33 67%	11 22%	4 8%	1 2%	
Will you use the information in your work?	30 61%	11 22%	7 14%	1 2%	

Comments:

“It was great to see some practical linking of information we received about societal issues and how we can address them.”

“Very much appreciated the presentation. Would have liked more time on some of the specifics. (i.e. evaluation)”

“It was very relevant in developing any type of capacity in any sector of health promotion. Always taking into consideration the language, readiness, and the communities own desire to work with their partners and ability to understand their supports that are available.”

Thursday, August 18th, 2005

Total Respondents: 49 people (34%)

Discussion Group 5 **“Local Challenges: Policy, Practice, & Organizational Capacity”** Implications for Practice & Research

	Yes	Some What	Maybe	Not Really	No!
Did the discussion help you to you integrate key ideas introduced in the morning's keynote and panel response?	28 70%	11 28%	1 3%		
Did the group discussion give you insight into policy, practice and organizational challenges and opportunities for implementing a mental health promotion agenda in Saskatchewan?	24 59%	15 37%	2 49%		
Did the discussion group help strengthen your peer network?	27 66%	11 27%	2 5%	1 2%	
Did you think the research topics raised are relevant to your practice?	27 68%	7 18%	4 10%	2 5%	
Are you interested to participate in an applied mental health promotion initiative and if so what sort of things would make you want to participate? Please comment –	23 66%	5 14%	5 14%	0	2 6%

Comments:

“Mary Martin was very well versed and easy to listen to. I was appreciative of hearing the goals and valuing the First nation communities own wisdom.”

“The caring people I had in my group.”

“Final group was very productive and excellent for idea sharing. Good facilitator.”

“All of our group discussions were excellent.”

“We need to find a process to acknowledge injustices done within our systems to people's mental wellbeing (apology for harm done by Residential schools) and have consequences (i.e. charges for crimes-sexual abuse). Should be doing research to how the agriculture crisis is affecting people's mental wellbeing (including children and youth) if even to give acknowledgment to the suffering that is being experienced.”

Thursday, August 18th, 2005

Total Respondents: 49 people (34%)

“Creating Caring Communities through Intersectoral Partnerships: Putting Mental Health On the Agenda”

Dr. James Irvine



	Yes!	Some What	Maybe	Not Really	No!
Did you find the presentation informative?	35 87.5%	5 12.5%			
Did you gain an understanding to the key ideas for intersectoral action on mental health determinants?	33 85%	5 13%		1 2%	
Did you gain ways in which you can take this forward into their own practice?	32 82%	6 15%	1 3%		

Comments:

“Wonderful wrap-up-it was nice to hear the familiar language of “Saskatchewan made PHP”. I found it energy sapping to deal with many different terms and jargon and to constantly being translating into my frame of reference.”

“Very informative and effectively summed up the information through the week.”

“This presentation reflected all challenges and questions we came up within our groups. Very good presentation.”

“Excellent speaker! He has an incredible sense of knowledge.”



Thursday, August 18th, 2005

Total Respondents: 19 people (13%)

1. What is your key insight from today?

“Feel like my communities are on the right track with a little of support and know how, I think we can accomplish many wonderful things. “The Sky is the Limit”

“Everyone from across the province seems to have same issues and challenges.”

“Getting our hope back –authentic caring.”

“Need to rename or broaden the term MH and use the same promotional lessons from in motion, etc. MH or well being could easily be tied in and this be recognized as an enormous need in our communities.”

“Ideas about moving from front line to policy and back again, inclusive of all levels/stakeholders.”

2. What is one way that you can apply your learning from today?

“Be involved in more agency’s & policy makers’ discussion.”

“Empower youth leaders with mental health strategies.”

“Direct applications to specific strategy we’re working on.”

3. Based on today’s experiences, what is one thing you wish to learn more about?

“Capacity Building- Evidence into practice training Allyson’s presentation was excellent.”

“Direct application to specific strategy we are working on.”

“Be involved in more agency’s and policy makers’ discussion.”

4. Other Comments:

“Enjoyed this summer school very much. Mental Health and community development go hand in hand.”

“Great work. Can’t wait to see what next year well be like! I’ll definitely invite my colleagues.”

Summer School ~ Overall Assessments

Total Respondents: 54 people (37%)

1. What I liked the most about Summer School 2005.....

“Well organized-provision of binders, the combination of academia and experienced learners. Variety of presenters and good food.”

“The diversity of topics and that move from specific issues to overall strategies.”

“My discussion group.”

“The opportunity to network, the opportunity to be immersed in “PHP” thinking, Nola, and evidence to support the direction we need to go.”

“I really enjoyed the fact that Aboriginal perspectives were incorporated into the agenda-yet I strongly felt that more was needed.”

“The way we moved from theory/philosophy to practical application.”

“The wonderful information from, Ovide Mercredi, Willie Ermine, Caroline Tait.”

“Meeting new people and networking.”

2. What I liked the least about Summer School 2005....

“Would appreciate more breaks for physical activity to “re-energize”...”

“I was disappointed in Ovide Mercredi’s talk and very disappointed that he did not participate the next day.”

“Too much sitting and listening to Academia”

“Include vegetables in the nutrition break.”

“Rooms were cold”

“Many 1st Nations organizations esp. in the North weren’t here.”

“The long day.”

“Parking!!”

“I think that the U of S could have found a better MC for Tuesday.”

“Sessions are too limited for time.”

3. The thing(s) I will take home with me from Summer School 2005 are....

“Being open to dialogue with different people in a different way.”

“Leave my agenda at the door.”

“Awareness of my incompetence, a great appreciation and understanding of Aboriginal culture [and] increased knowledge regarding Northern communities memories of some of our group discussion.”

“Theoretical concepts of self-determination, ethical space. Important for dialogue and listening and starting where the people want to start, not where we want them to start. To journey with them, beside them- not to “make” them follow.”

“Lots of material and resources that I will definitely refer to.”

“Knowledge, contacts and renewed enthusiasm.”

“Expert by experience”

“Ethical Space”

4. Something(s) I learned at Summer School that will affect my work are...

“I need to listen to what clients and communities are saying.”

“Taking the time to think about my own Mental Health.”

“Be patient-keep being hopeful.”

“Ethical Space & Critical Lens.”

“More understanding towards Health Promotion.”

“Program planning will include more groups of people.”

“Reducing power imbalance with client.”

“Listen & Learn.”

“A greater understanding of health promotion as a societal process that supports and interacts with individuals”

Learning Groups:

1. The Discussion group as a contributor to my learning was....

“Peer support, learn from other experiences.”

“Networking.”

“One-on-one best stories are always enlightening. The opportunity to “unload” is important.”

“Very informative.”

“I always learn more from small group discussion than from speakers. Different opinions.”

“Disappointing – our group never really became a working unit”

2. The Facilitator’s work with the group was....

“Respectful of the group process.”

“Informal however supportive.”

“Very patient & calm.”

“Encouraging, inclusive, sensitive and warm.”

“Good in letting the group discuss issues that they wanted to.”

Progress On Personal Learning Objectives:

1. My organization had certain expectations of me as a result of my attending Summer School 2005. I am confident I can meet those expectations.

Strongly Agree

Strongly Disagree

Scale	5	4	3	2	1
Results	14 30%	21 46%	8 17%	2 4%	1 2%

Comments:

“Difficult to liaise with people due to demanding workloads...even though this is important to do.”

“As a team leader to develop a mental health promotion strategy for our Health Region I was very disappointed that this school focused more on the problems rather than finding solutions.”⁴

“Some very potent challenges loom in terms of consensus territory/jurisdiction and paradigms of hierarchy.”

⁴ This comment needs to be viewed in light of Health Regions currently working with Saskatchewan Health to develop mental health promotion strategies for populations they serve. Accordingly the Regions are needing to acquire related knowledge and skills development within a relatively short time frame. However, given the complexities of population groups, mental wellbeing contexts and determinants, mental health promotion practice needs to be strongly grounded in theory and conceptual frameworks that invite people to be critical about the worldviews and assumptions that inform practice. These form the fundamentals of any effective intervention and as such the ground work needs to be laid, informing the practical application of the “how to”. For a fuller discussion of these issues please see the Final Summary Section.

Summer School ~ Overall Assessments

Total Respondents: 57 people

2. I had certain expectations for my learning as a result of attending Summer School 2005. I am confident I have met my expectations.

	<i>Strongly Agree</i>			<i>Strongly Disagree</i>	
Scale	5	4	3	2	1
Results	14 28%	20 40%	9 18%	6 12%	1 2%

Comments:

“My expectation was to find alternatives to deal with mental health. However, I got more than that. I feel very confident that our workplace will change”

“...I also learned more about who does what in Saskatchewan”

“Summer school on a personal level (understanding historical issues in the province, etc) was interesting. On a work level (what I can use in my practice) I did not come away with a lot. However I would still rate this as a positive experience”

“Helped me to re-gain and re-member a MHP perspective”

“I guess I am more ‘Scottish’. I would of preferred more of the information Dr. McCollum had”

“I really enjoyed the lecture format...”

“...I did learn lots that can help my volunteer role in community development”

“Would have liked to work through exercise/worksheets to better integrate info presented with my personal practice”

“I knew it would be overloading but the discussions helped to keep it in my head. It is still overwhelming what ideas people have. These ideas will help me in my personal and workplace”

“How do we promote mental health?”

“My expectations of the summer school were not met. Many of the presenters focused on the research and academics of the topic vs. (the) how of mental health promotion”

“Not much new info. but that comes from working community based for a long time and attending many conferences”

3. My personal learning goals were a good match with the objectives of Summer School 2005.

	<i>Strongly Agree</i>			<i>Strongly Disagree</i>	
Scale	5	4	3	2	1
Results	18 38%	19 40%	7 15%	4 9%	1 2%

Comments:

“I found through this summer school my legs to stand on again. I felt I was floundering a lot at work but now I know my way of thinking is okay. I know what to do to handle day to day events”

“The program for summer school was very well thought out providing theory, practice, and application. Discussion groups helped me to transfer theory into practical ‘how to do’”

“The main benefit was an affirmation and stretching of the ‘context’ of the community in which we live and work...”

“Mostly great...just would of liked more specific tools to take home (indicators-evaluation)”

“Very educational”

(Rated a 5)“But I don’t think Summer School achieved the objectives set out in the outline. This is unfortunate because I think these were great objectives”

“A lot of time spent on context and not on the doing”

“Not enough practical examples to use in the planning and care settings”

Other Comments & Suggestions

Anything else you'd like us to know?

"How to sell the idea of mental health promotion to our community health boards and managers"

"I was moved spiritually throughout the conference"

"The material provided and the binder set up were the best I've ever had. Well organized event and energizers were most welcome"

"Great panel presenters/presenters & especially Ovide Mercredi & Willie Ermine"

"Too Long"

"↓ Academic focus, ↑ Practical"

"It is evident that a lot of time and effort and work was involved with the preparation for this school. Organizers were very friendly and helpful"

"Dr. Lewis Mehl-Madrona (after dinner presentation)...would make an excellent plenary speaker next year!"

"Wonderful experience; very thought provoking...Thank you for choosing this theme & bringing exciting, dynamic speakers and participants together to learn/exchange ideas"

"Allow for more network time & skill development time"

"Do not leave learning groups for last event of the day...do not plan on shared rooms for learning groups"

Suggestions for next time?

"Small door prizes to get everyone in on time"

"I feel that attempts to create more dialogue among participants would have opened the door to more understanding"

"You need to focus on one topic and concentrate on expanding, building, and challenging participants on this knowledge area. In the future It would be good to incorporate more strengths based perspectives to your workshop"

“Extra day, the days were too long”

“Do a great job again and please allow time for the speakers”

“Does ‘privacy’ prevent the sharing of address/contact information of the participants...I still refer to my list from previous years...”

“...more movement, reflection times built in...”

“Allow time for comments and questions...”

“Best practice on GHP”

“Different time management...Always felt rushed”

“Make sure evaluation forms are not on the same page as speakers bios”

“One more day”

The highlight of the week for you?

“Dr. Allyson McCollum’s lecture – how things can be done different and better”

“Entertainment...”

“Willie Ermine”

“Panel Discussions”

“The connections with people with great ideas. The groups really enhanced that”

“Ovide Mercredi’s presentation”

“The keynote speakers and presenters offered much to digest and think about”

“Dr. Caroline Tait-FAS”

“Great campus location”

“Lewis Mehl-Madrona’s presentation was a “crowning glory” for me”

“Analysis and challenging assumptions”

Background Information

1. Is this your first participation in Summer School in Saskatoon held by PRHPRC?

Yes, this is the first time for me	44 respondents	79%
No, I attended Summer Schools in the past	12 respondents	21%

2. How long have you been in your current position of employment?

1 Year or under	21 respondents	41%
2 – 5 Years	13 respondents	25%
6-9 Years	12 respondents	24%
11-19 Years	3 respondents	6%
20 or over	2 respondents	4%

- *Many people had been in practice for a longer period of time*



Final Summary

Overall the feedback from the Summer School is that people found it to be a very positive learning experience with learning themes very appropriate to contemporary mental health promotion issues, practice contexts and challenges. Participant's feedback consistently notes the strength in the flow of the program, from theory to practice to praxis, the overall organization and planning, and the high level of personal engagement people felt with the event. Probably one of the most consistent comments in participant evaluations is that if anything the program was too full, which left participants feeling overwhelmed at times and generally needing more space to discuss and absorb the concepts they'd been exposed to.

The discussion groups served as an important learning and de-briefing forum which gave people the space to more fully understand and begin to practically apply concepts and ideas. Generally the feedback from both participants and group facilitators is very good. Facilitators commented on how well the guidelines for facilitators had been laid out and the generous amount of back up and support that was offered by the trainers. On the improvement side, at times the numbers in a few of the discussion groups were very low and along side this, participants report preferring to have some of the discussion groups earlier in the day and closer to some of the key information presented. This indicates that while some of the background preparation and facilitator training for the groups was very well done, that the overall placement, frequency and organization of the discussion groups within the program needs to be rethought and used to inform planning for the next summer school.

The Summer School theme "Taking a population health promotion approach to mental well-being: identity, power, and culture" appears to have been a very appropriate choice given mental health disparities between populations, contemporary mental well-being contexts and challenges. The strong focus on Aboriginal content was very well received as was the emphasis on different cultural groups and the panel discussions which made more transparent the interplay of power and culture dynamics as these influence the mental well-being of these populations. Both panel discussions "Landscapes of Self Determination: Migrant, Rural, and Service Users" and "Expanding our Understanding of Culture: Sexuality, Gender, and Mental Health" were generally thought by participants to be extremely powerful in highlighting these issues.

While participants applauded the specific Aboriginal focus in the program, it is also evident that many participants would have liked this to be stronger. This appears to be more of a comment about the lack of health promotion learning, networking and knowledge exchange forums available for Aboriginal practitioners and those working with these populations to come together. Alongside this participant evaluations suggest that to some extent Northern Saskatchewan representation could have been stronger – this is likely due to the inaccessibility of Saskatoon as a learning venue for some Northern Saskatchewan residents

and the associated costs of attending the Summer School. This suggests the need for alternative learning forums in the North.

Meeting learning objectives

With respect to specifically meeting learning objectives, participant satisfaction is positive - 76% and 68% of respondents feel they've been successful in meeting learning objectives with regard to organizational and personal learning expectations respectively⁵.

Some participants would have liked more of a focus in the Summer School program in terms of the practical application of skills. This is hardly surprising given that a key task for the Health Regions in Saskatchewan is to develop mental health promotion strategies. (Allyson McCollam's presentation was highly valued in this respect). However, given the complexities of population groups, mental wellbeing contexts and determinants, mental health promotion practice needs to be strongly grounded in theory and conceptual frameworks that invite people to be critical about the worldviews and assumptions that inform practice. These form the fundamentals of any intervention and as such the ground work needs to be laid, informing the practical application of the "how to". **Given this has now occurred through the summer school, a series of more in-depth workshops on specifically developing strategies, interventions and evaluation frameworks is a logical next step.**

From the perspective of the Prairie Region Health Promotion Research Centre and the Summer School Organizing Committee, it has been a very satisfying event to have planned and hosted. Some of our meetings, particularly when we were brain storming and the "sky is the limit" were particularly satisfying! This was the first time the Summer School had occurred in Saskatchewan since 2002 and for the first time under new directorship of the host organization (PRHPRC).

Two key changes have occurred which need to inform future Summer School and learning workshop planning:

- The new director of PRHPRC is tenure track with Extension Division and is accountable for the Centre's activities to the Deans of the College of Medicine and Extension Divisions, University of Saskatchewan. Part of her official university mandate is to plan and organize educational events. However, while the Centre's Strategic plan includes training and educational events as a key objective, it is primarily an applied and academic research centre whose funding sources are largely from research grants. Long term sustainability is a key issue currently being addressed within the Strategic Plan. This occurs within the larger context

⁵ These percentages include those who gave these questions a 5 or 4 rating – i.e. strongly agree or agree that they had met these objectives at the Summer School.

of increasing pressure on University-based research Centre's to bring in research dollars.

- The funding that PRHPRC received under the auspices of the Heart Health Program from 1998 – 2003 has come to an end. Nearly all previous PRHPRC staff were hired under these project funds. This project included a significant amount of monies from Saskatchewan Health; the conditions attached to the use of these funds were very flexible and a significant amount was available to PRHPRC to use for the Summer Schools. Summer School organizing roles were previously undertaken by four FTE PRHPRC staff with 'in-house knowledge'. In contrast, the 2005 Summer School Coordinator had to be hired from an outside organization on a part time basis, making some of the coordinating and coming up to speed aspects challenging. Fundraising for this year's Summer School was undertaken entirely by the Director of PRHPRC who under present conditions would not be able to devote such significant amounts of time to this in the future. While Summer School is inherently valuable, it does not directly generate research proposals and support Centre financial sustainability.

In many respects the PRHPRC is well positioned to host future Summer Schools and learning events. The centre has strong external and university networks, a successful and continued track record in these events and a Director who was a practitioner long before she was an academic. In assessing the overall effectiveness and future success of Summer School's the following proposal and recommendations are made:

1. Funding:

- In the 'off year' partners of PRHPRC continue to financially support learning events
- Monies would be used to support a trainer (0.5 FTE) based at PRHPRC who would dedicate an appropriate number of hours per week on learning event activities which would be linked to the bi-annual summer schools and the development of a Provincial Training Strategy;
- Partners would maintain a consistent annual budget allowance for the purpose of supporting training goals

2. Role – the trainer would undertake two main roles – education and networking. They would:

- Create and develop workshops, and undertake research and preparation toward the next years learning event;
- Ensure linkages are made between current research and practice for capacity building and knowledge translation
- Encourage health-related policies and programs that support health promotion initiatives

- Build and strengthen networks within the Province and Western Region
 - Identify the regions specific health promotion learning needs
 - Maintain the momentum of Summer School via being aware of health promotion trends and
 - Link communities, practitioners, researchers and policy makers
4. Benefits:
- Benefits of a trainer include: learning opportunities/support to health regions and practitioners; maintenance of relationships and continuity with committee members and financial partners;
 - By year end, trainer has established a conduit of communication/ feedback between communities, health regions, practitioners to help identify and develop the bi-yearly Summer School program
 - Utilization of established systems of communication to assist the Centre's Director in the development of a mutually beneficial learning event amongst partners
 - Alleviates developmental pressures of Summer School on PRHPRC Director, staff and committee members in the year of the event

In closing,

Thank you, once again, to all our committee members, partners and participants in helping to make Summer School 2005 such a success. We look forward to continued mutually beneficial relationships and exciting future Summer School learning events.

Warm Regards,



Dr Lewis Williams,

Director, Prairie Region Health Promotion Research Centre.

SUMMER SCHOOL 2005
YTD Budget Report
Sept. 2005

Description	Category	Cost
Salaries & Benefits	-SS Coordinator & Assistant -PRHPRC staff -technical assistance -transcribing for conference proceedings	1835 hours = \$43,000 \$340 \$1000
Subtotal		\$44,340
Materials & Supplies	Printing Learning CD Postage/Delivery Phone/fax	\$9300 \$1175 \$700 \$300
Subtotal		\$11,475
Hospitality Services	-225 participants including formal banquet; committee meetings -water bottles	\$19,500 \$500
T & E	keynotes & panelists.	\$2000
Honoraria	Faculty, keynotes, entertainment	\$8000
Equipment Rental: Data Media & Technology (DMT)	Cameras Transcription Editing	\$3572 \$450 \$1900
Subtotal		\$5922
Total Expenses		\$91,737
Revenue	Grants	\$51,500
	Registration (135x\$375)	\$50,625
Revenue Subtotal		\$102,125
Variance		\$10,388

Notes:

- This does not include PRHPRC's in-kind contribution of Director's time & expertise
- Evaluation materials not included
- Final video/production costs not included
- Website updates not included & remaining PRHPRC staff time

Paradigm shift needed in mental health research

By Lewis Williams

The emergence of mental well-being as a major public health issue signals the need for a significant paradigm shift in our research and policy approaches. One in five Canadians can expect to experience mental illness during their lifetime. In Saskatchewan prevalence rates for five of eight mental disease indicators are higher than the national average and indicators of mental 'dis-ease' amongst our growing Aboriginal populations are high. The World Health Organization estimates that in less than 20 years depression will be the second leading cause of disability in the world. Clearly, we need to be thinking critically about where we focus our research and policy advocacy efforts.

One light on the horizon

is the government's commitment to the development of a National Strategy on Mental Health and Mental Illness. However, what kind of strategy this promises to be is not clear. Approaches remain largely entrenched within biomedical and illness frameworks. Accordingly, several issues promise to beleaguer the strategy's development and warrant our attention.

First, we need to be clear whether this is a strategy to promote the mental well-being of all Canadian populations or whether it is a strategy to prevent and treat psychiatric illnesses. The first is about assisting Canadians, including people with psychiatric illnesses to realize their potential in all their social diversity. This forms the basis of a population health approach. The second is limited to 'cleaning up' or preventing worst case scenarios. Obviously the first is preferable.

Secondly, we need to think about how mental well-being is distributed amongst our populations. Research demonstrates that those communities at the economic and cultural margins of our societies – Aboriginal and migrant peoples, rural communities, women, youth, low income groups, sexual minorities and people with disabilities – experience

disproportionate rates of mental ill-health. Suicide rates for Aboriginal youth are five to six times higher than for non-Aboriginal youth. For GLBT [gay, lesbian, bisexual and transgender] youth, the rates are three times higher than for non-GLBT youth. People who have a sense of personal control, enjoy reasonable social status and social networks and whose needs and aspirations are legitimated in public policy enjoy better mental health than those who don't. The mental health of Canadians, then, is largely a question of equity – social, economic, culture and political equity.

Rather than concentrating resources on the health problems of individuals, the focus becomes working to address health issues of whole populations. Population health promotion includes

the coordinated development of healthy public policies across a number of sectors in order to address many of the root causes of mental distress. The development of a national strategy and research approaches need to be more aligned with intersectoral policy development.

Third, we need to think about the appropriate contribution of the healthcare system. Psychological services are pushed to respond appropriately to the mental 'disease' at their doorstep yet remain at the philosophical and financial margins of our health care system. Continuing to pour the lion's share of scarce mental health dollars into medical forms of treatment, because their effectiveness is most easily measured, is misguided. Other ways of measurement need to be developed and longer term investments in prevention and promotion encouraged.

If this opportunity is to be fully realized, a paradigm shift must be made. Researchers, policy makers and practitioners alike must begin conceptualizing the issues in terms of the health and human potential of whole populations. We must keep the organic basis of mental disease in our sights and incorporate the more broad reaching issues of

VIEWPOINT

economic, cultural and political equity into our approaches. As knowledge brokers, researchers have a critical role to play in informing this process.

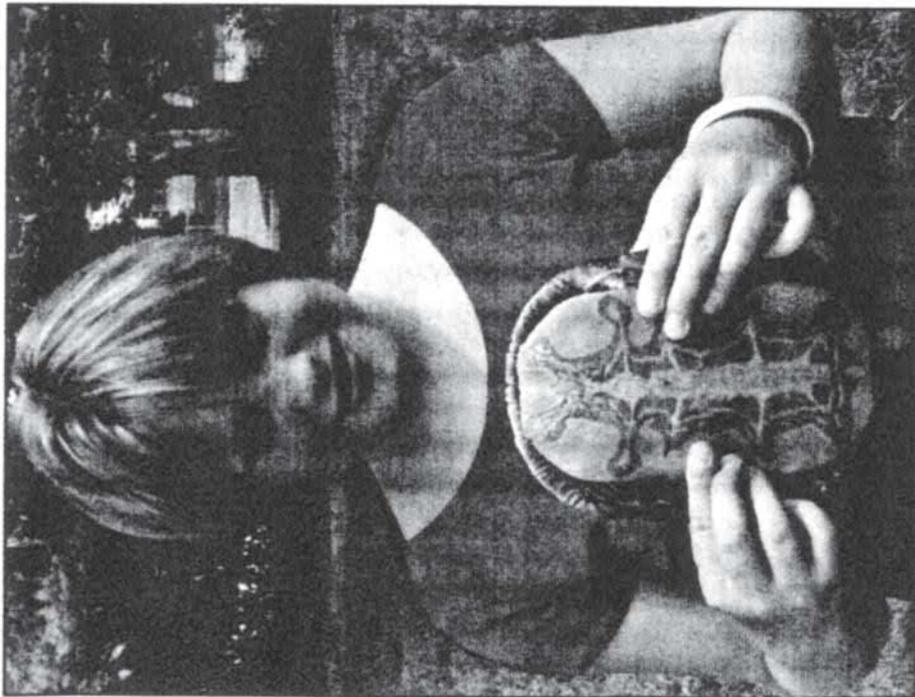
Recent discussions on population health promotion approaches to mental well-being were held amongst 185 practitioners, policy makers and researchers attending the 2005 Mental Health Promotion Summer School hosted by the Prairie Region Health Promotion Research Centre (PRHPRC). Keynotes and discussions includ-

ed the roles of power, culture and equity in mental wellbeing, ethical space, indigenous approaches, evidence-based practice and critical research and policy issues. In collaboration with interested partners, PRHPRC is continuing to move the mental health promotion agenda forward through research, knowledge translation and learning events. Interested members of the U of S academic community please get in touch!

Lewis Williams is Director of the Prairie Region Health Promotion Research Centre at the University of Saskatchewan.

"We must keep the organic basis of mental disease in our sights and incorporate the more broad reaching issues of economic, cultural and political equity into our approaches."

***– Lewis Williams
PRHPRC Director***



NATURE'S PALETTE — Paige Lamontagne of Carnduff, Sask., holds a painted turtle. The reptile is common in the Souris River and its tributaries. (Sylvia MacBean photo)

Depopulation erodes rural support systems

By Diane Rogers
Saskatoon newsroom

A mental health expert says rural people are more resilient than they think.

"People bring more strength to their lives than not," Nikki Gerrard told a national conference at the University of Saskatchewan Aug. 16.

Gerrard, a psychologist with the Saskatoon Health Region who has worked in the farm stress field for 15 years, said rural communities know so much about each family that it is hard to keep things private. That leads farmers to drive a new truck even when they can't afford it, just to meet other people's expectations.

However, the local supports are fading away as elevators, hospitals and schools close.

Gerrard said one man in a rural stress group she held commented that he now has to deliver grain 50 or 100 kilometres away to a place where he doesn't know people.

Another said that it seems like the only time people in his community come together is when they are angry about something.

"It's anger that fuels the conversation," she quoted him as saying. Coffee row chats also tend to be negative.

As an example of rural depopulation, Gerrard told of a hill in southern Saskatchewan where a person can stand and see 37 empty farmsteads.

Farm women have an especially difficult time, she said, because they often must raise the children, cook and clean house and hold an off-farm job. Yet they receive little respect in the wider society. Gerrard said an example of women's lack of personal power is the handing down of the family farm from father to son.

"Will the parents sign over a quarter of land to (their daughter-in-law) so she has some financial security? No. I've known farm families even two, three years ago giving the woman a \$1,000 allowance for food and kids' care. That might have been a great amount in the 1960s."

In outlining what mental health workers can do to help rural people, Gerrard said she asks farmers what has worked for them.

"First we need to learn about their lives, crops, machinery."

Gerrard said mental health workers sometimes need to ignore time constraints and listen to farmers. Learn what they regard as supports in their community, whether it is friends, family, clergy or an institution, she said.

She has learned that a positive attitude helps alleviate stress. Providing farmers with information about economic, health and social resources will also help families cope.

"Knowledge is power. I don't care whether it's quilting. Just something to make them feel positive inside."

She said for some it helps to take a time-out to gain perspective on their situation.

Farmers should also be strategic about using their power, said another speaker at the conference, Lewis Williams, who is director of the U of S Prairie Region Health Promotion Research Centre. In a comment after her speech, Williams said when farmers face government they risk being either co-opted or marginalized.

"Do you have enough critical mass to change the government's view? If not, then you need to form partnerships to get policy changes."

Colonial regime affects mental health: Mercredi

By **Stephanie Classen**
of **The StarPhoenix**

Constitutional amendments are necessary in order to acknowledge the mental health of First Nations people, Ovide Mercredi, former national chief of the Assembly of First Nations, said Monday.

Mercredi was in Saskatoon to deliver a keynote address focusing on the mental impact of colonization at the mental health promotion summer school at the University of Saskatchewan.

"Colonization affects the mental well-being of people. If you keep suppressing people and putting them down through your laws or neglect, or policies that destroy their culture like residential schools, or policies that ignore historical agreements like treaties, that has a psychological impact on the communities," he said.

"Part of the process has to be Canada and aboriginal people have to heal together. And getting rid of the colonial regime, the status quo, will do a lot to improve race relations as well as the mental well-being of aboriginal people in Canada."

Mercredi said the federal government needs to restore and improve relations with aboriginal people based on new principles that recognize treaty rights and self-governance. He said there also needs to be an amendment that acknowledges a

federal government obligation to provide fiscal resources to aboriginal people.

"What the government of Canada has to do is recognize what the royal commission said, that they have to invest in social spending now in order to avoid the social crisis that's coming in 20 or 30 years from now — for the Prairie provinces especially — if nothing constructive is done in terms of fiscal support for education, housing and healing strategies involving the reduction of alcohol and drug dependency," he said. "The social fabric of Canada itself is subject to the federal government paying better and immediate attention to these problems that are going to be plaguing the provinces in the future."

Mercredi is one of a number of scholars who will address mental health at the summer school, which runs until Thursday. Topics include migrant, rural and gay and lesbian mental health, as well as mental health in the office.

Mercredi said he speaks in order to awaken people to possibilities for change.

"I try to encourage (people) to be part of that process of reform and not to let things stay the same, but to work for change. I think when it comes to the aboriginal people who come to listen to me, it inspires them and it keeps their spirits up and that, too, is helpful," he said.

Mental health policy complex

It is commendable, if not somewhat overdue, that the government of Canada has committed to the development of a national strategy on mental health and mental illness.

The statistics support the need for such a plan: one in five Canadians can expect to experience mental illness during their life time, suicide accounts for 24 per cent of all deaths among 15-24 year olds and overall population prevalence rate for mental disorders and substance abuse dependencies are 10.5 per cent.

QUOTABLE

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Communities at the economic and cultural margins of our society experience disproportionate rates of mental ill-health.

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The costs are staggering. Estimates are that Canada's economy loses some \$33 billion annually to lost productivity caused by mental illness and addiction, not to mention the enormous personal and social costs. There are few signs the epidemic is abating — the World Health Organization estimates that in less than 20 years, depression will be the second-leading cause of disability in the world.

So, we have every reason to be non-complacent in thinking about what sort of strategy we should be developing. Canada is world-renowned for its progressive record when it comes to issues such as universal health care, social policy, and multiculturalism. However, we lag behind our G8 friends when it comes to mental health policy.

However, with Roy Romanow's calls for investment in promotion and prevention psychological services, the Kirby report's release and now commitment to a national

strategy, this all seems set to change. Just what kind of strategy this promises to be is not yet clear. The terrain of addressing mental disease and promoting health is complex. Several issues promise to beleaguer the strategies' development and warrant our attention.

First, we need to be clear whether this is a strategy to promote the mental well-being of all Canadian populations or whether it is a strategy to prevent and treat psychiatric illnesses. The first is about assisting Canadians, including people with psychiatric illnesses, to realize their potential in all their social diversity. This forms the basis of a population health approach. The second is limited to "cleaning up" or preventing worst-case scenarios. Clearly, the first is preferable.

Second, we need to think about where we should concentrate our efforts. Experiences of mental illness and health are actually distributed quite unevenly amongst Canada's populations. It is well-documented that those communities at the economic and cultural margins of our society — aboriginal and migrant peoples, youth, low-income groups, members of our gay, lesbian, bisexual and transgender

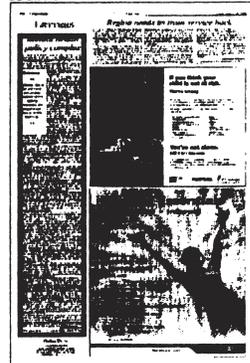
(GLBT) communities, and people with disabilities experience disproportionate rates of mental ill-health. Suicide rates for aboriginal youth are five to six times higher than for non-aboriginal youth. For GLBT youth, the rates are three times higher than for non-GLBT youth.

Mental-health experiences also vary according to gender, strongly influenced by social power and gender roles. People who have a sense of personal control, enjoy reasonable social status and social networks and whose needs and aspirations are legitimated in the household, in the workplace, in the media and in public policy enjoy better mental health than those who don't. The mental health of Canadians, then, is largely a question of equity — social, economic, cultural and political equity.

Rather than concentrating resources on the health problems of individuals, the focus becomes working to address health issues of whole populations, or large groups of people experiencing similar health issues. Population health promotion includes the co-ordinated development of healthy public policies across a number of sectors in order to address many of the root causes of mental distress. The development of a national strategy should concern itself with this form of intersectoral policy development and requires a genuine commitment from Canada's politicians towards greater equity between societies "haves" and "have nots."

Third, we need to think about the rightful contribution of the health-care system, where some thorny issues require careful negotiation. Psychological services are pushed to respond appropriately to the emotional and mental "disease" at their doorstep as they remain at the philosophical and financial margins of Canada's health-care system. Continuing to pour the lion's share of scarce mental health dollars into medical forms of treatment, because their effectiveness is most easily measured, at least in the short term, is misguided. Other ways of measurement need to be developed and longer-term investments in prevention and promotion encouraged.

The plight of many aboriginal communities, whose over-representation within our mental-health statistics has more to do with this country's colonial history and continuing inequities, is a good example. Despite attempts to introduce community-based wellness programs, the vast majority of on-reserve health services remain entrenched in crisis-



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response treatment frameworks.

We have an important opportunity at our doorstep — the opportunity to develop a national strategy to prevent mental illness and promote mental health. Canada is vast and the perspectives of those engaged in mental illness and health work diverse. Those working within the health sector are swamped in its medical roots and those outside the health sector often do not see themselves in the picture.

If this opportunity is to be fully realized, a paradigm shift must be made. We must be talking about the health and human potential of whole populations. We must keep the organic basis of some mental disease in our sights and incorporate the more broad-reaching issues of economic, cultural and political equity into our approaches. Finally,

we need to think of self-determination as a metaphor for mental well-being, involving and allowing Canada's many social and culturally diverse communities, to steer the strategies development.

A learning event on mental health promotion is being hosted by the Prairie Region Health Promotion Research Centre, University of Saskatchewan in collaboration with partnering agencies Aug. 15-18. Policymakers, practitioners, health-care managers and researchers will discuss ways of moving the mental health promotion agenda forward.

DR. LEWIS WILLIAMS

*Williams is director of the Prairie Region Health Promotion Research Centre at the University of Saskatchewan.
Saskatoon*

Paradigm shift needed in mental health

Dr. Lewis Williams

The following is the viewpoint of the writer, director of the Prairie Region Health Promotion Research Centre at the University of Saskatchewan.

It is commendable, if not somewhat overdue, that the federal government has committed to the development of a national strategy on mental health and mental illness.

The statistics support the need for such a plan:

□ One in five Canadians can expect to experience mental illness during their life time;

□ Suicide accounts for 24 per cent of all deaths among 15-24 year olds; and

□ The overall population prevalence rate for mental disorders and substance abuse dependencies are 10.5 per cent.

The costs are staggering. It's estimated that Canada's economy loses some \$33 billion annually to lost productivity caused by mental illness and addiction — not to mention the enormous personal and social costs. There are few signs the epidemic is abating. The World Health Organization estimates that within 20 years, depression will be the second leading cause of disability in the world.

There is no room to be complacent about what sort of strategy Canada should be developing. Although Canada is a country with a progressive record when it comes

to issues such as universal health care, social policy, and multiculturalism, it is lagging behind other

G8 nations when it comes to mental health policy.

There is renewed hope, however, as the Romanow report has called for investment in the promotion and prevention of psychological services, also echoed in the Kirby report and now the federal commitment to a national strategy. Just what kind of strategy this promises to be, however, is not yet clear. The terrain of addressing mental disease and promoting health is complex and several issues promise to beleague the strategies development and warrant our attention.

First, we need to be clear whether this is a strategy to promote the mental well-being of all Canadian populations or a strategy to prevent and treat psychiatric illnesses. The first is about social diversity (the basis of a population-health approach) and the second is limited to cleaning up or preventing worse case scenarios. Clearly the first is preferable.

Second, we need to think about where we should concentrate our efforts. Mental illness and health experiences are unevenly distributed among Canadians. It is well documented that those communities at the economic and cultural margins of our societies — aboriginal and migrant peoples, youth, low income groups, members of our gay, lesbian, bi-sexual and transgender (GLBT) communities, as well as people with disabilities — experience disproportionate rates of mental ill-health.

Suicide rates for aboriginal youth are five to six times higher than for non-aboriginal youth, for

example, while the rates for GLBT youth three times higher.

Mental health experiences also vary according to gender. People who have a sense of personal control, who enjoy reasonable social status and social networks and whose needs and aspirations are legitimated in the household, workplace, media and in public policy, enjoy better mental health than those who don't.

The mental health of Canadians, then, is largely a question of equity — social, economic, culture and political equity.

Rather than concentrating resources on the health problems of individuals, the focus must be on whole populations, or large groups of people experiencing similar health issues. Population-health promotion includes the coordinated development of healthy public policies across a number of sectors in order to address many of the root causes of mental distress. The development of a national strategy should concern itself with this form of intersectoral policy development and requires a genuine commitment from Canada's politicians towards greater equity between societies haves and have nots.

Third, we must negotiate the proper contribution of the health-care system. As long as psychological services remain at the philosophical and financial margins of the health-care system, professionals are pushed to react to the emotional and mental disease at their doorstep. Continuing to pour the lion's share of scarce mental health dollars into medical

forms of treatment (where effectiveness is, in the short term, most easily measured) is misguided. Other ways of measurement need to be developed and longer term investments in prevention and promotion encouraged.

The plight of many aboriginal communities, whose over-representation within mental health statistics has more to do with this country's colonial history and continuing inequities, is a good example. Despite attempts to introduce community based wellness programs, the vast majority of on reserve health services remain entrenched in crisis-response treatment frameworks.

We have an important opportunity at our doorstep — the opportunity to develop a national strategy to prevent mental illness and promote mental health. If this opportunity is to be fully realized, a paradigm shift must be made. We must be talking about the health and human potential of whole populations. We must keep the organic basis of some mental disease in our sights and incorporate the more broad reaching issues of economic, cultural and political equity into our approaches.

Finally, we need to think of self-determination as a metaphor for mental well-being.



Health Promotion Summer School Agenda

Monday, August 15, 2005

11:00am-1:00pm	Registration: Place Riel Room 241
1:00pm-2:15pm	Welcome and Opening Keynote by Dr. Lewis Williams
2:15pm-3:00pm	Entertainment
3:00pm-3:45pm	“High/Low Tea”
3:45pm-5:00pm	Discussion Groups
6:00pm-8:30pm	Formal Banquet and Keynote by Ovide Mercredi “The Impact of Colonization on Mental Well Being”

Tuesday, August 16, 2005

8:30am-9:30am	Keynote by Willie Ermine “Ethical Space”
9:30am-10:30am	Open Discussion with Willie Ermine and Ovide Mercredi, discussant led by Dr. Lewis Mehl-Madrona
10:30am-11:00am	Break
11:00am-12:00pm	Keynote by Dr. Lewis Williams “Landscapes of Self Determination: Power, Culture and Equity”
12:00pm- 1:00pm	Lunch
1:00pm-2:15pm	Panel Discussion “Landscapes of Self Determination. Power, Culture and Equity: Migrant, Rural, and Service Users”
2:15pm-2:45pm	Open Discussion
2:45pm-3:15pm	Break
3:15pm-4:15pm	Panel Discussion “Expanding Our Understanding of Culture: Sexuality, Gender and Mental Health”
4:30pm-5:30pm	1. Discussion Groups: Integrating the Keynotes 2. Focus Group Invitation: Reflections on Practice
7:30pm	After Dinner Invitation Presentation by: Dr. Lewis Mehl-Madrona “Coyote Medicine: Contributors of Aboriginal Culture to Health Care”

Wednesday, August 17, 2005

8:30am-9:30am	Keynote by Dr. Caroline Tait “Sticks and Stones: Why is Understanding Power and Politics of Words Important for Mental Health Promotion?”
9:30am-10:30am	Keynote by Dr. Allyson McCollum “Unpacking Mental Health Promotion”
10:30am-10:45am	Break
10:45am-12:00pm	Discussion Groups
12:00pm-1:00pm	Lunch
1:00pm-3:00pm	Best Practices by Elaine Malbeuf “Integrating Addictions and Mental Health” and by Dr. Judith Martin “Mental Health in the Workplace: A Work/Life Balance”
3:00pm-3:15pm	Break
3:15pm-5:00pm	Discussion Groups: Developing Mental Health Promotion Interventions

Thursday, August 18, 2005

8:30am-9:45am	Keynote by Dr. Allyson McCollum “Making the Links between Policy, Practice and Organizational Capacity: The Scottish Experience”
9:45am-11:00am	Round Table Discussions “Local Challenges: Policy, Practice and Organizational Capacity. Implications for Practice and Research.”
11:00am-11:30am	Break
11:30am-12:30am	Closing Plenary by Dr. James Irvine “Creating Caring Communities Through Intersectoral Partnerships: Putting Mental Health on the Agenda”
1:00pm-2:00pm	Celebration Lunch and Farewells