National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

Nova Scotia Health conducts tailored sessions to bring its e-mental health resources to communities

Nova Scotia Health responded to a growing need for virtual mental health services by hiring a community engagement consultant to bring their e-mental health tools to communities across the province. Following tailored information sessions about new tools, communities in Nova Scotia are more engaged with online mental health resources, potentially preventing some cases of severe mental health crises and reducing strain on the healthcare system.

Nova Scotia Health had been developing online mental health resources (e-mental health tools) for a few years when the global COVID-19 pandemic hit in 2020. At the beginning of the pandemic, we immediately realized we needed to finalize and launch the tools as soon as possible to respond to the increased need for mental health resources.

For these e-mental health tools to be used by the public, the public had to know where to find them, when they could be used and how to use them. Thus, there was a critical need for community promotion and public engagement, more than could be done effectively off the side of someone's desk. Prior to this, many different staff across the Nova Scotia Mental Health and Addictions Program had been contributing to the e-mental health project, but overall capacity was limited. The Nova Scotia Mental Health and Additions Program decided to dedicate resources to community engagement moving forward and hired me as a consultant to focus solely on engagement and promotion of the new e-mental health tools.

This Equity in Action story is distilled from an interview with Amanda Hudson-Frigault, e-Mental Health Consultant from the Nova Scotia Mental Health and Addictions Program. The interview took place in June 2022, and its details should be considered within the context of that time period.

Bringing the resources to and building relationships with our communities

When I started this work, my first step was to connect closely with other Nova Scotia Health team members to develop a content framework and to map out the key messages we wanted to convey. Based on these conversations, I developed some presentation materials and brainstormed a list of primary and secondary audiences. This preparation was to ensure that I was being thoughtful about the information I was bringing to communities to raise awareness of the tools. Knowledge translation and community engagement were just as important as developing the tools.

Around May of 2021, with the framework in hand, I began offering virtual information sessions to introduce our e-mental health tools to the public. At the beginning, the information sessions took a structured approach to ensure consistency across groups. Nova Scotia Health initially wanted to connect with organizations and programs in the community to say: "Here are some supports and resources, here is how they can be used in your community, and this is how you can begin to support individuals in accessing them."

However, I was never under any impression that my own network nor the Nova Scotia Health network of organizations and programs were complete. We knew that our lists were just a starting point, so in every session there was intentional outreach where I would ask: "Who else could benefit from this information, who else could I be connecting with, how can I be of further service to your organization and how can we collaborate?" I began providing this information to a wider range of audiences, including end users of the e-mental health tools.

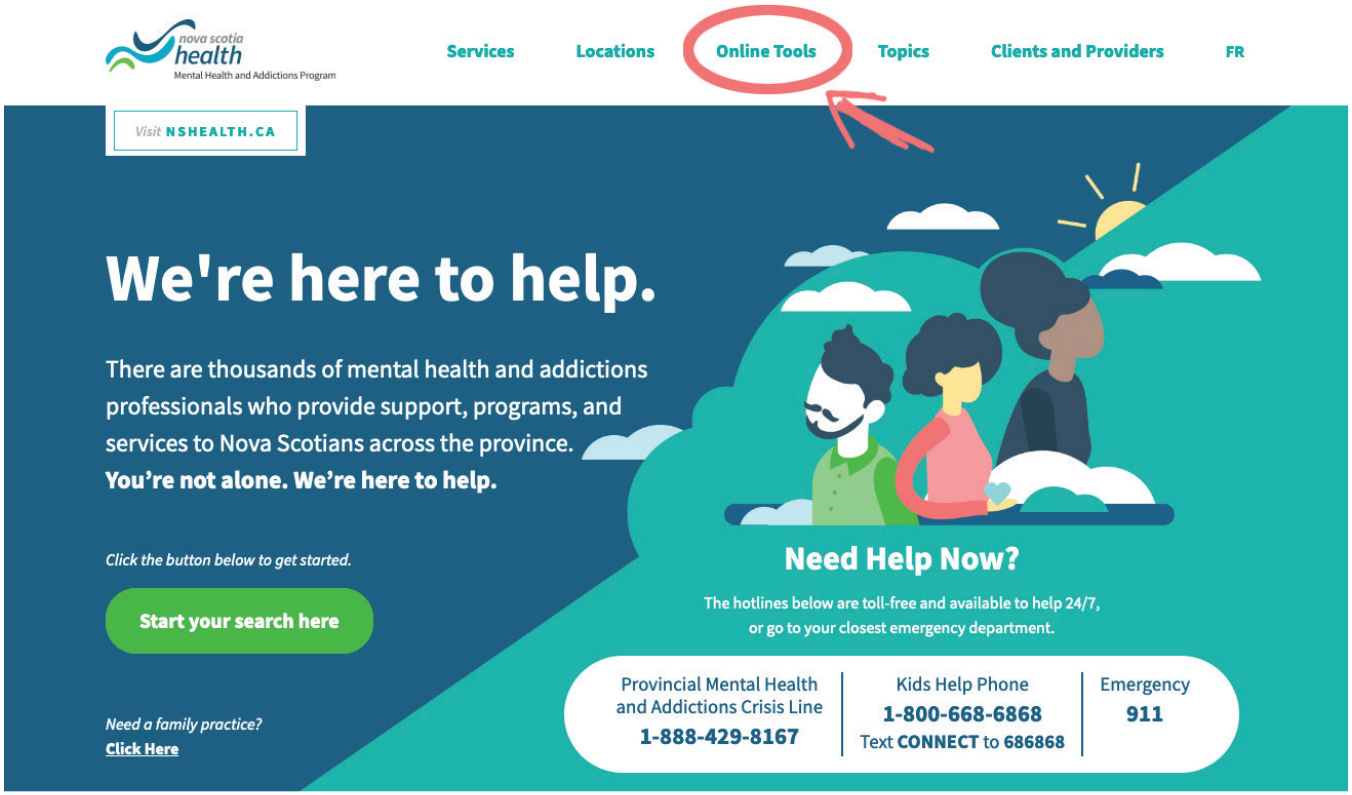
Through these information sessions, we opened up a dialogue with numerous community agencies that led to sustained relationships. In many circumstances, I was later invited back to provide both formal and informal services to peer support groups, library and community groups, service providers and non-governmental organizations across Nova Scotia. Community engagement grew organically over an 18-month period and continues to this day.

Listening, trust and flexibility in approaches promote equity and inclusion

As the community engagement consultant, I very much approach my work as an investment in relationship-building and not necessarily just as an information conduit. Throughout the project, I prioritized creating relationships with partners that had not previously engaged with public health or that had strained relationships. Even if I didn't get a chance to share a lot of content, if I had made a connection with a community organization, that was still very much a success.

Just as much as I was putting information out there, I wanted to bring information back. Through all the information sessions, I was mindful of listening. I wanted communities to feel heard and know that their feedback or experience that they shared was going somewhere and that it would have an impact. The feedback that I collected went directly back into adapting my materials and presentation, and I made sure that the folks who provided the feedback were followed up with so they could see the result. In order to meet the needs of the community, I needed to be flexible in my approach. By incorporating community feedback into my sessions, I was able to connect better with audiences and extend my reach, thereby improving the quality of the information sessions. I was also able to bring feedback about the tools back to the agency, and the tools are evolving to best meet community needs.

Existing relationships were not always positive, as some individuals and communities have a history of feeling dismissed or unacknowledged by the larger health system.



During these interactions, I was mindful of the long-standing histories of marginalization or stigmatization some organizations experience from government agencies. Existing relationships were not always positive, as some individuals and communities have a history of feeling dismissed or unacknowledged by the larger health system. As a result, there can be a lot of mistrust. In recognition of this, I often held pre-sessions with organizations that we didn't yet have trusting relationships with to have conversations about harm. By having those discussions beforehand, we could mitigate some of that mistrust and work within that context to still provide these important resources to the community.

Throughout my time in the communities, I was able to build up a "social currency" or credibility because I took the time to build meaningful and trusting relationships with organizations. From the community perspective, they got to know and trust me, and if I was referred to another organization, they would instinctively trust me because I was brought to them by a friend. This is not something I took for granted — I continued to dedicate time and space to building and strengthening relationships.

Prioritizing community is a key step in advancing equity

This initiative would not have been as successful as it was without the immense support that I received from Nova Scotia Mental Health and Addictions. It was amazing that they committed resources to support the vision for community engagement. It was no longer an "add-in," but rather the community was intentionally built into the program. Nova Scotia Health was also amazingly flexible with my role as a consultant. In terms of accountability back to the organization, they really gave me the latitude to adapt and be flexible rather than adhering to the original structure. In reporting back to my team, it was so much more than the number of sessions I led. It was more about the traction I was having in the community and the recognition of barriers. I think we saw success because of the flexibility that I was given.

Another facilitator was that Nova Scotia Health was already moving in the direction of e-mental health tools well before the pandemic. We weren't trying to invent something in

the moment when the pandemic hit. We were in a position where we had to speed up the launch of the platforms, which was easier than having to create something new from the beginning.

An inadvertent silver lining of doing these information sessions during the pandemic was that digital literacy has improved immensely. Although there was still a broad population who didn't have the privilege of having digital education or access to the resources/tools required, familiarity with digital platforms was growing. Not only was that a huge help, but by being virtual, I could also take people right into the platforms and show them how to navigate the systems.

Expanding lessons from this program to the health system as a whole

We've seen people engaging more than ever with our suite of e-mental health tools. Our platform has built credibility as the place to go to get accurate and timely information about mental health. We are also reaching a population that we wouldn't normally see come through our in-person programs. Historically, we offered services for more complex and severe mental health concerns, whereas now, through the new tools, we are also providing early intervention for less acute mental health concerns, which in the long run is hopefully going to mitigate downstream concerns.

The discourse within public health around mental health is changing. More people are talking about it, and there are more services being provided. We spent a lot of time developing our e-mental health resources and the framework we used for community engagement, and these lessons and approaches are translatable to other service areas. Hopefully, we can build on our strengths and minimize some of the siloing within the health care system by sharing our successes and lessons learned.

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LESSONS LEARNED:

1. Public health has a role in promoting mental health of individuals, families and communities.
2. Listening deeply and respectfully is essential to engaging with people and communities about new or modified services. Public Health can enhance the quality of services by adapting products and processes based on community input.
3. Dedicating resources to community engagement and building community engagement into project plans can promote uptake of public health resources. Examples of this include dedicated time for intentional relationship building and committing to knowledge translation and exchange activities.
4. Success can be measured within the processes as well as the outcomes. Flexibility in public health processes can foster collaboration and relationship-building with community organizations, which are valuable indicators of success.

BACKGROUND

Nova Scotia Mental Health and Addictions is a program within Nova Scotia Health that provides an online platform for information, resources and tools to support the mental well-being of individuals and communities across the province.

KEYWORDS

COVID-19, Mental health, Community engagement, Access to health services, Health literacy, Knowledge translation, Collaboration

To learn more about the initiative described in this story, contact the National Collaborating Centre for Determinants of Health at nccdh@stfx.ca.

Do you have an idea for an Equity in Action story? If you have heard of other health equity-promoting COVID-19 pandemic response initiatives in Canada that we should share, please let us know.