



MENTAL HEALTH PROMOTION & ADDICTIONS PREVENTION

A Health Promotion Strategy

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Executive Summary

This strategy examines the current status of mental health promotion and addictions prevention within the Western Region of Newfoundland and Labrador, identifies priority areas, and provides recommendations for action. It includes an overview of current indicators, trends, statistics, supports, and explores best and evidence informed practices.

This strategy recognizes the significant overlap in risk and protective factors for mental health and addiction, as well as that mental illness increases the risk of problematic substance use. Preventing addiction and promoting positive mental health is important for helping people live happier and more productive lives. Building life skills and developing resilience help people cope with the challenges of everyday life, manage chronic illness and help prevent the onset of mental illness.

This strategy provides recommendations for health professionals and community partners. Actions to enhance mental health promotion and addictions prevention focus on early intervention, skill-building, harm reduction, and recovery.

Background & Indicators

Mental health is “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (WHO, 2014). In contrast, mental illness refers to changes in thinking, mood or behaviour and is associated with distress and impaired functioning. The Mental Health Strategy for Canada states that “in any given year, one in five people in Canada experience a mental health problem or illness” (MHCC, 2012, p. 8). It can take many forms and the symptoms vary from mild to severe (PHAC, 2006).

Substance use refers to the use of any psychoactive substance that is taken primarily for its effects on consciousness, mood, and/or perception. Substance use may be beneficial or non-problematic in some circumstances, while in others it can create difficulties (CCSA, 2014; PHAC, 2006). Substance abuse is defined as “a maladaptive pattern of substance use resulting in recurrent and significant adverse consequences related to the repeated use of a drug” (CCSA, 2008). Substance dependence is defined as continued use despite severe distress resulting from the use, such as a cluster of cognitive, behavioural, and physiological symptoms (CCSA, 2008; CCSA, 2014). Addiction is a commonly used term that is generally thought of as “compulsive use leading to physical symptoms of withdrawal when use is discontinued” (CCSA, 2008).

Mental health promotion has been defined as “the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health” (CIHI, 2009). According to the World Health Organization, “mental health promotion involves actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles” as cited in (Public Health Agency of Canada, 2016).

When people think of addiction prevention, they most commonly associate it with preventing young people from experimenting with drugs. While this is an important and large aspect of prevention activities, addictions prevention encompasses much more. Prevention also includes supporting people to reduce their use; to implement harm-reduction strategies; or to develop alternative activities, coping strategies, or positive peer relationships. Harm reduction approaches, treatment approaches, or enforcement strategies focus on the prevention of serious harm to individuals who have developed a substance use or gambling problem.

Substance abuse and mental health problems have common risk factors, such as stress, neglect, or exposure to violence. These risks can be buffered by increasing common protective factors, such as increasing resiliency and developing strong connections to family and community. The Centre for Addiction and Mental Health (2014) provides an in-depth explanation of risk and protective factors in [Best Practice Guidelines for Mental Health Promotion Programs](#). Promoting mental health is seen as a measure to prevent the development of mental illness and addiction issues. As such, prevention and promotion strategies may sometimes be referred to generally as mental health promotion (CCSA, 2009; CCSA, 2014; MHCC, 2012). More than half of those seeking services for addiction concerns also have a mental illness and 15-20% of those seeking services for mental health issues are also living with an addiction (CCSA, 2009). The stigma associated with mental illness and addiction may be more devastating than the illnesses. While 70% of adults living with mental illness say symptoms developed before they were 18 years old, the fear of stigma often delayed them from seeking treatment (MHCC, 2013).

National, provincial and local evidence all recognize the need for improved mental health promotion and mental illness and addiction prevention:

Changing Directions, Changing Lives, Canada's first Mental Health Strategy, focuses on improving mental health for all Canadians (MHCC, 2012). This strategy acknowledges the significant overlap in risk and protective factors for mental health and addiction, while also acknowledging that mental illness increases the risk of problematic substance use (MHCC, 2012). The health promotion strategy for Western Health aims to support *Changing Directions, Changing Lives*, specifically, Strategic Direction 1: "Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible" (MHCC, 2012, p. 11).

The Canadian Centre on Substance Abuse (CCSA) recognizes health promotion as a key factor in the prevention of substance use and abuse, as well as in addressing the social and personal impacts of substance use (CCSA, 2014). The CCSA developed *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy* (CCSA, 2012). This Approach recommends the development of a continuum of services and supports to help prevent and respond to substance abuse and addiction. This is conceptualized as a tiered model which incorporates health promotion and prevention initiatives as the foundational level, as well as a component of each subsequent level.

On October 17th, 2018, non-medical cannabis was legalized in Canada. The new legal framework takes a public health approach to cannabis legalization and regulation. The new law aims to better prevent youth from accessing cannabis, displace the illegal cannabis market, and protect public health and safety with product quality and safety requirements (Government of Canada, 2018). Within Newfoundland & Labrador, residents 19 years and older are permitted to purchase, possess, and recreationally use cannabis products. In response to the changing legal and social landscape, education, prevention and harm reduction efforts have been put in place by national and provincial leaders. The [Provincial](#) and [Federal](#) Government, [Canadian Centre on Substance Use and Addiction](#), and [Canadian Public Health Association](#) are leading these efforts. Key [messages and resources](#) have been identified to assist Western Health staff and community partners to provide the best possible care.

A recent [report](#) by the All-Party Committee on Mental Health and Addictions highlighted "Prevention, Promotion and Early Intervention" as a focus area for change (All-Party Committee, 2017, p. 19). This Report outlined eleven specific recommendations under this change area and, in total, twenty recommendations have components of prevention, promotion and early intervention. In response to this report, the Provincial Government released an [action plan](#) to guide implementation of these recommendations through provincial teams and working groups: Health in Schools, Mental Health Promotion/Prevention, Inclusion, Indigenous Health, and Provincial Services (Government of Newfoundland, 2017).

This Health Promotion Strategy focuses on the evidence provided in the All-Party Committee Report and will directly support the actions of the Provincial Action Plan. Recommendations for prevention and promotion will be actioned through provincial teams and working groups and supported regionally through the actions outlined in this strategy. Regional data such as mental health and addictions services referral statistics, community health needs assessment and comprehensive school health assessments is considered in the development of this Strategy.

Improving health outcomes through enhancing mental health promotion and addictions prevention is also a strategic issue for Western Health in the 2017-2020 Strategic Plan. Significant efforts are currently

underway to achieve this goal. A focus group was held to engage people with lived experience in a discussion of priorities and a gaps analysis was completed. A working group was formed with representatives from Western Health, stakeholder groups and people with lived experience to identify, plan and implement priority initiatives. Three key actions were identified for implementation:

1. Standardize the process for appropriate care and follow up when a person presents at an Emergency Department in a mental health or substance use crisis
2. Increase access to groups and peer support for family/caregivers of people with mental health and substance use issues
3. Increase promotion of available mental health and addiction services and supports

Indicators

The following indicators are utilized in the development of the health promotion strategy for mental health and addictions:

	2012-13	2013-14	2014-15	2015-16
Age standardized self-injury hospitalization rate per 100,000 (CIHI)	109 (Western) 97 (NL) 66 (Canada)	105 (Western) 107 (NL) 67 (Canada)	84 (Western) 84 (NL) 65 (Canada)	118 (Western) 85 (NL) 66 (Canada)

	2007	2012	2014-15	2016-17
Alcohol use within the last 12 months among youth grades 7-12*4	51.5% (Western) 52.0% (NL) 50.9% (Atlantic)	52.7% (Western) 47.0% (NL) 48.0% (Atlantic)	44.6% (NL) 39.5% (Canada)	46.6 (NL) 44% (Canada)
Age of first use of alcohol – as reported by grade 12 students*4	12.7 (Western) 12.9 (NL) 12.9 (Atlantic)	13.3 (Western) 13.5 (NL) 13.4 (Atlantic)	14 (NL) 13.5 Canada)	14 (NL) 13.4 (Canada)
Age of first use of cannabis – as reported by grade 12 students *4	13.5 (Western) 13.5 (NL) 13.5 (Atlantic)	14.1 (Western) 14.2 (NL) 14.3 (Atlantic)	15 (NL) 14.2 (Canada)	14.6 (NL) 14.2 (Canada)

	2011-12	2013-14	2015-16	2016	2017
Heavy drinking – 2013 forward: males who reported 5 or more standard drinks and women who reported having 4 or more drinks on one occasion at least once a month; 2011-12: 5 or more drinks on one occasion at least once a month in the past year (Canadian Community Health Survey)*1	26.2% (Western) 26.8% (NL) 18.2% (Canada)	23.9% (Western) 25% (NL) 18.4% (Canada)	26.4% (Western) 25.7% (NL) 19.1% (Canada)	25.8% (NL) 19% (Canada)	25.7% (NL) 19.5% (Canada)
Perceived mental health - very good or excellent (Canadian Community Health Survey)*1	72.4% (Western) 73.3% (NL) 72.2% (Canada)	70.3% (Western) 73.4% (NL) 71.1% (Canada)	70.6% (Western) 70.9% (NL) 71.6% (Canada)	70.3% (NL) 70.9% (Canada)	69.1% (NL) 70.3% (Canada)
Sense of belonging - somewhat strong or very strong (Canadian Community Health Survey)*1	84.3% (Western) 77.3% (NL) 65.5% (Canada)	80.8% (Western) 77.0% (NL) 66.2% (Canada)	82.8% (Western) 79.1% (NL) 68.4% (Canada)	79.2% (NL) 68.8% (Canada)	77.3% (NL) 69.4% (Canada)
Perceived life stress - perceiving that most days in their life were quite a bit or extremely stressful (Canadian Community Health Survey) *1	12.6% (Western) 12.6% (NL) 23.2% (Canada)	15.5% (Western) 15.0% (NL) 23.0% (Canada)	12.3% (Western) 13.3% (NL) 21.5% (Canada)	13% (NL) 21.5% (Canada)	14.9% (NL) 21.7% (Canada)

	2010	2011	2012	2013	2014	2015	2016
Rate of Suicide per 100,000 Population Persons age 10 years and older (NLCHI Suicide Database 2018/2019)	12.5 (Western) 12.7 (NL)	19.4 (Western) 11.8 (NL)	8.4 (Western) 9.2 (NL)	12.6 (Western) 11.9 (NL)	16.9 (Western) 15.9 (NL)	18.4 (Western) 12.9 (NL)	9.9 (Western) 15.2 (NL)

*1 As a result of the 2015 redesign, CCHS has a new collection strategy, a new sample design and has undergone major content revisions. Therefore, caution should be taken when comparing data from previous cycles to data released for the 2015 cycle onwards.

*2The report that follows utilizes technical notes from the Canadian Institute for Health Information (CIHI) for ‘Injury Hospitalization’ to identify cases admitted to facilities within Western Health and reason for hospital admission.

*3 Targets are not set for indicators when regional data is not available.

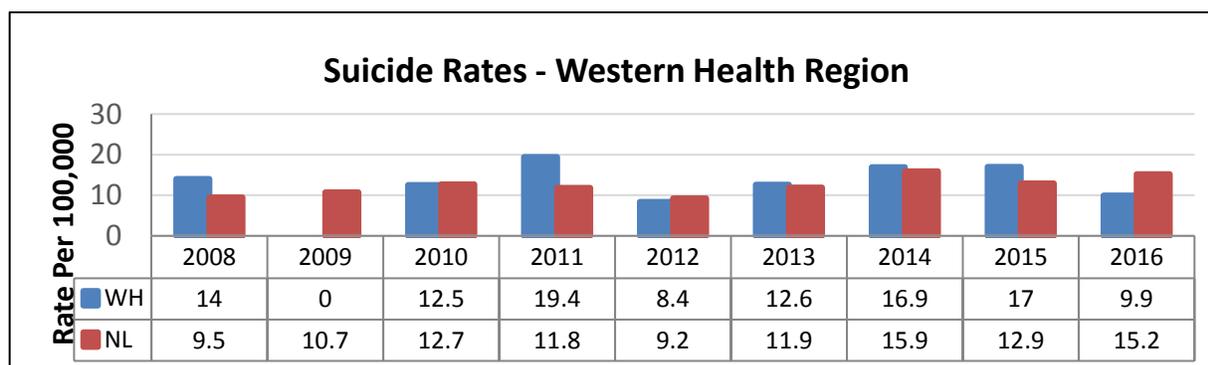
*4 Canadian Student Tobacco, Alcohol and Drug Survey; available every 2 years, beginning 2014-15, data for 2007 and 2012 from NL Student Drug Use Survey – as reported by grade 7,9,10&12 combined. The Newfoundland and Labrador Student Drug Use survey was discontinued after 2012 and region specific data is not available through the Canadian Student Tobacco, Alcohol and Drug Survey.

Self-Injury Hospitalization Rate

Self-injury hospitalization is the result of self-harming or suicidal behaviors that require hospitalization. It can be used as a measure of how effective community-based services are in minimizing this type of behavior.

Suicide & Suicide Rates

In 2020, it is estimated that there will be approximately 1.2 million suicides worldwide. In addition, 10-20 times more people than this will attempt suicide (Murray and Lopez, 1996 as cited in WHO, 2004). One of the most recognized risk factors for suicide is psychiatric disorders (WHO, 2004). The Mental Health Strategy of Canada recognizes that suicide has a devastating impact on individuals, families and communities. In 2016, the number of suicides in Canada was 3,976 which was a decrease from the past 3 years with 4,405 reported in 2015, 4,054 reported in 2014, and 4054 reported in 2013 (Statistics Canada, 2016). More males than females die by suicide. Suicide is the second leading cause of death for men aged 15 to 44 years. Accidents and suicide are the two leading causes of death for women aged 15 to 24 years (Statistics Canada, 2016). The following table shows the rate of deaths by suicide (per 100,000 population) for Western Health and the province of NL (NLCHI, 2018).



Newfoundland and Labrador Centre for Health Information Suicide Database, April 2018/March 2019

Alcohol

Alcohol is the most commonly used substance in Canada, with 77% of residence identifying that they consumed alcohol in the past year. There was no difference in the prevalence of past year use between males and females, however, there was an increase in past year alcohol use among females compared to 2015 (73% to 77%, respectively) (CTADS, 2017). Young adults aged 20-24 years had the highest prevalence of alcohol use (83%) and had riskier patterns of alcohol consumption (CTADS, 2017). According to the Canadian Community Health Survey (2017), 25.7% of people in Newfoundland & Labrador reported heavy drinking compared with 19.5 in Canada. Heavy drinking refers to males who reported 5 or more standard drinks and women who reported having 4 or more drinks on one occasion at least once a month (CCHS, 2016). The 2016-17 Canadian Student Tobacco, Alcohol and Drug Survey reported an average age of first use of alcohol by grade 12 students as 13.4 in Canada and 14 in Newfoundland and Labrador. Prevalence of past year use among youth grades 7-12 was higher than the national average at 47%, with 41% of these students reporting they consume alcohol 1-3 times per month and 65% reporting they consumed 5 drinks or more on one occasion (high risk/binge drinking) (CSTADS, 2017). This data also identified that 73% of youth grades 7 to 12 in this province reported that it is “fairly or very easy” to obtain alcohol (CSTADS, 2017).

Cannabis

Cannabis was the second most widely used substance among Canadians with 15% prevalence for past-year use, an increase from the 2015 survey (CTADS, 2017). In 2017, past-year cannabis use was more prevalent among males (19%) than females (11%) with males showing a significant increase from the 15% reported in 2015. Past-year use of cannabis was more prevalent among youth aged 15 to 19 (19%) and young adults aged 20 to 24 (33%) than among adults 25+ years (13%) (CTADS, 2017). Smoking was the most common method of consuming cannabis (91%), followed by edibles (38%), and vaporizing (29%) (CTADS, 2017). In Newfoundland and Labrador, the prevalence of past-year use was lower than the national average at 12% (CTADS, 2017), however, use among youth grades 7-12 was higher than the national average at 22.8% (CSTADS, 2017). The average age of first use of cannabis by grade 12 students in this province was 14.6 years, with 50% of youth grades 7 to 12 reporting that it is “fairly or very easy” to obtain cannabis (CSTADS, 2017). Of those students who reported using cannabis, 38% identified that they used once per week or more (CSTADS, 2017).

Other Illicit Drugs

Past-year use of at least one of the following drugs: cocaine or crack, ecstasy, speed or methamphetamines, hallucinogens or heroin was 3%, an increase from 3% in 2015 (CTADS, 2017). The prevalence of the use of illicit drugs was lower among females (2%) than males (5%), with both rates experiencing an increase. The prevalence of the use of illicit drugs was higher among youth aged 15 to 19 (4%) and young adults aged 20 to 24 (10%) than among adults aged 25 and older (3%) (CTADS, 2017).

Use and Abuse of Psychoactive Pharmaceutical Drugs

The overall rate of psychoactive pharmaceutical drug use including: opioid pain relievers, stimulants and tranquilizers/sedatives for Canadians aged 15 years and older remained at 22% in 2017 (CTADS, 2017). The prevalence of the use of psychoactive pharmaceutical drugs was higher among females (24%) than males (20%). The prevalence of the use of psychoactive pharmaceutical drugs was lower among youth aged 15 to 19 (17%) than young adults aged 20 to 24 (21%) and adults aged 25 or older (23%). Of those who reported using these drugs in the past year, 5% reported abusing them (CTADS, 2017). Opioid pain relievers were the most prevalently used class of psychoactive pharmaceutical drug with 12% of Canadians 15 years and older reporting use in the past year. Among those who reporting using opioids in the past year, 3% reported abusing them (CTADS, 2017). In 2017, 2% of Canadians aged 15 years and

older reported using a stimulant in the past year, with 19% reported abusing them (CTADS, 2017). The past year use of sedatives for Canadians aged 15 years and older was 12% with the prevalence of use by females (14%) twice that of males (9%). The prevalence was higher for adults 25 years and older (13%) than youth aged 15 to 19 (5%) and young adults aged 20 to 24 (8%) (CTADS, 2017).

Harms Related to Illicit Drug Use

The prevalence of reported harm as a result of one's own illicit drug use was 4%. Reported harm was higher among males (6%) than females (3%). Reported harm was also higher among youth aged 15 to 19 (5%) and young adult aged 20 to 24 years (10%) than adults 25 years and older (3%). Reported harms included factors such as physical health, school/employment, social life, home life, finances, legal, housing or learning problems (CTADS, 2017).

Sense of Belonging

Social isolation is one of the determinants of health that can negatively impact a person's mental health. Research shows that a sense of belonging and social engagement are associated with better mental and physical outcomes, even when socio-economic status, age, and other factors are taken into consideration.

Perceived Mental Health

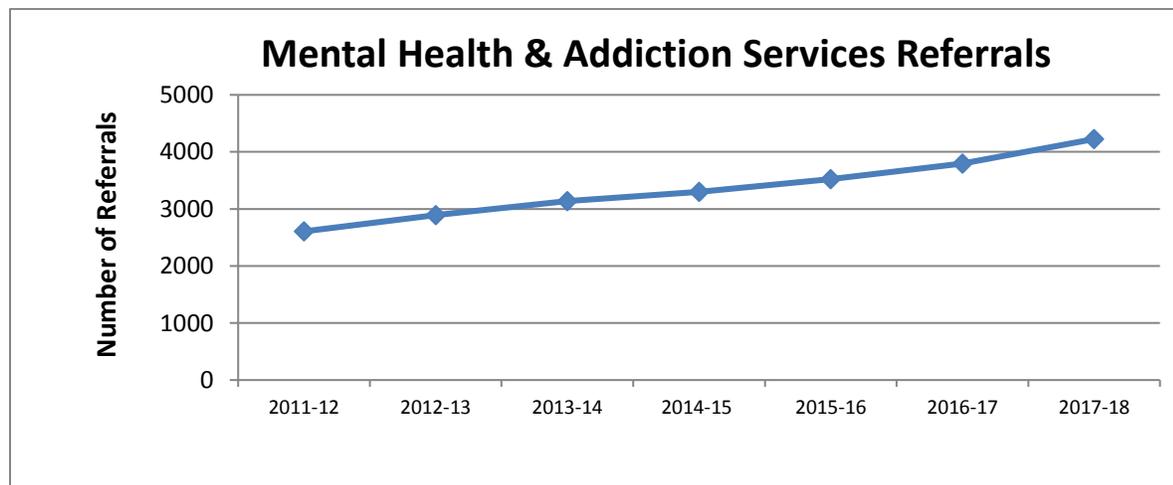
Perceived mental health refers to a person's view of their own general mental health. It is reflective of a population's emotional or mental suffering that is not necessarily reflected in perceived health.

Perceived Life Stress

Population aged 12 and over who reported perceiving that most days in their life were quite a bit or extremely stressful. Perceived life stress refers to the amount of stress in the person's life, on most days, as perceived by the person or, in the case of proxy response, by the person responding.

Western Health, Mental Health and Addiction Services 2017-2018

Referrals continue to increase as represented by another 11.2% this year. This increase may be attributed to increased promotion of services given release of the Towards Recovery Plan, an increase in needs with more timely access and reduced wait times and the increase in programming such as [DoorWays](#) and group work. This following graph shows the significant growth in referrals since 2011-12. Referrals increased from 2607 to 4225 referrals in 2017/18 representing a 62% increase.



The majority of youth referrals received were for mental health concerns (94%) with anxiety, behavioural issues and family issues as the most common issues identified for referrals.

For adults, the top three reasons for referral to Addiction Services:

1. Alcohol use
2. Prescription drug use – opiates
3. Poly drug use

For adults, the top reasons for referral to Mental Health Services:

1. Anxiety
2. Depression
3. Stress

Western Health, Community Health Needs and Resources Assessment 2016

Overall, mental health (37.9%) and addictions (30.9%) was identified among the top three health problems in Western Health’s [Community Health Needs and Resources Assessment](#).

Top Three Health Problems by Primary Health Care Area		
Primary Health Care Area	Mental Health	Addictions
Port aux Basques	50.7%	35.2%
Bay St. George	50%	35.2%
Corner Brook/Bay of Islands	39.4%	25.2%
Deer Lake/White Bay	38.7%	44.3%
Bonne Bay	23.5%	25.5%
Port Saunders	20%	37.8%
Overall	37.9%	30.9%

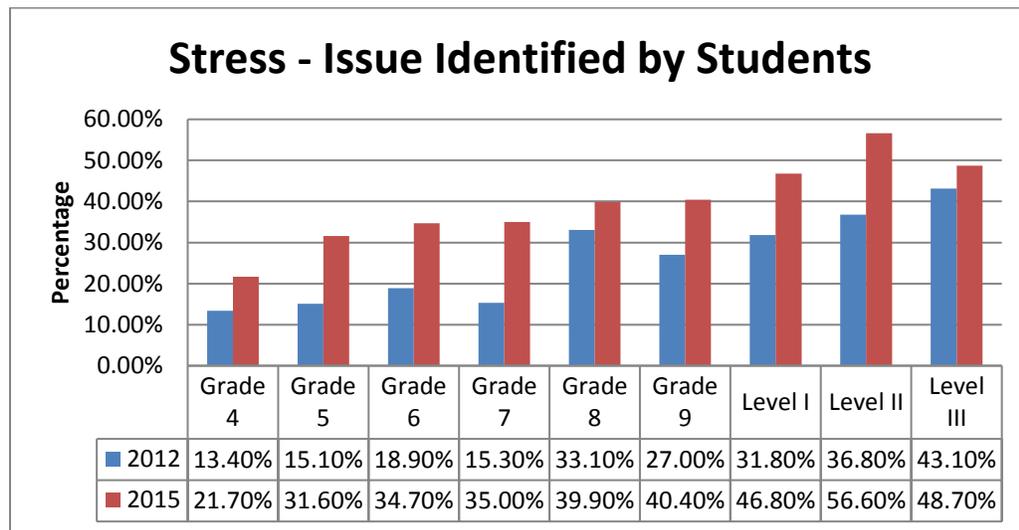
Similarly, alcohol and/or drug abuse was identified overall as a top community problem. The following table represents percentages by Primary Health Care area.

Alcohol and/or Drug Abuse as Top Community Problem by PHC Area	
Primary Health Care Area	Alcohol and/or Drug Use
Port aux Basques	49.4%
Bay St. George	44.3%
Corner Brook/Bay of Islands	26.6%
Deer Lake/White Bay	48.6%
Bonne Bay	40.8%
Port Saunders	55.6%
Overall	39.0%

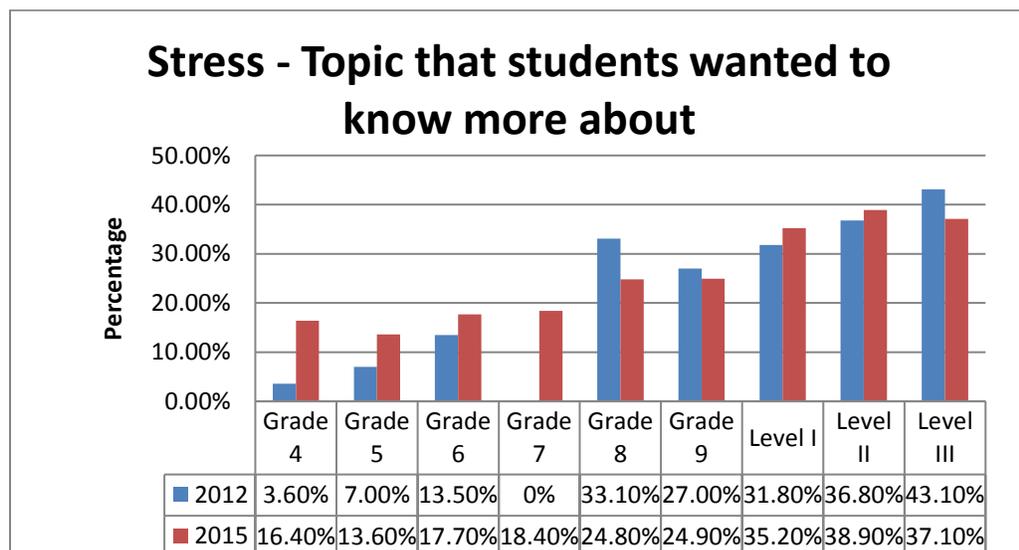
Western Health, Comprehensive School Health Assessment 2015-2016

Western Health's *Comprehensive School Health Assessment (CSHA) Summary Report* indicated some mental health and addictions related issues among the school-aged population. More specifically, the issues of stress and alcohol/drug use were identified. Stress was identified as a significant issue among both the junior and senior high students. The issue of stress increased with student age. Stress was ranked as the #1 issue identified by Level I (46.7%), II (56.5%) and III (48.7%) students.

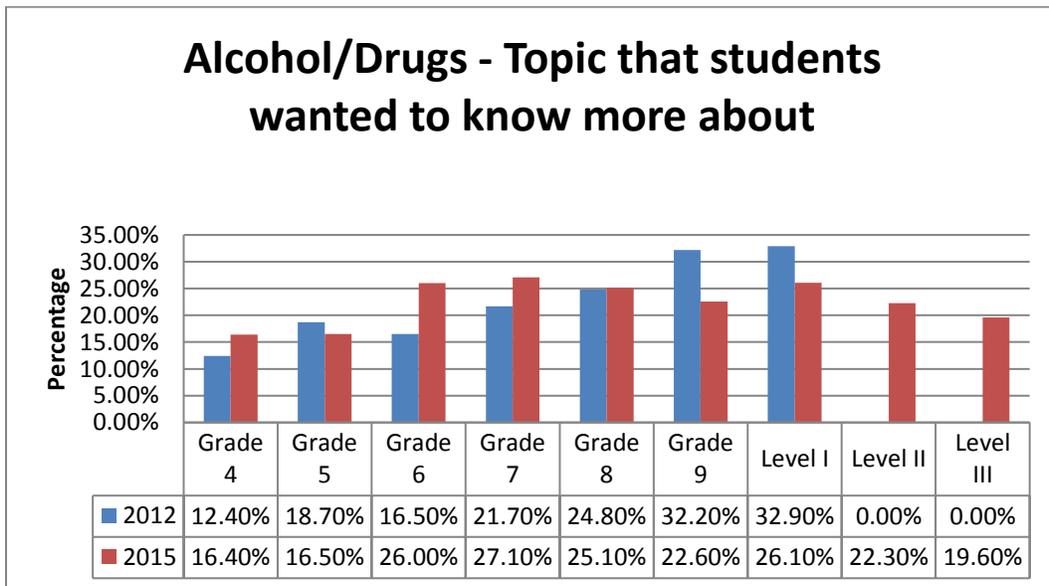
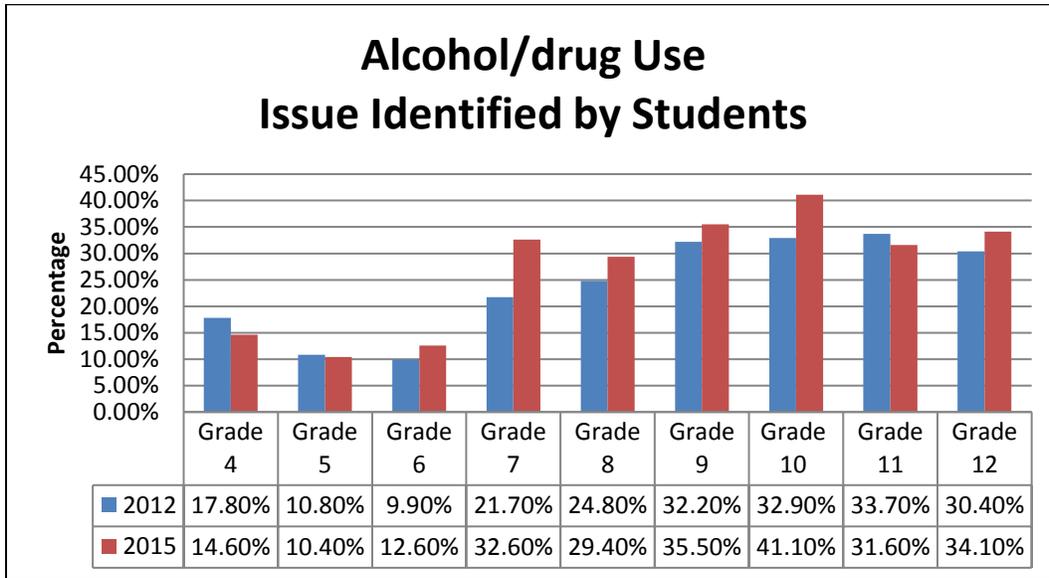
The following table outlines the percentage of students that identified stress as a problem at school. As seen below, the issue of stress was more prominent in 2015 than the previous survey in 2012. Stress was the second highest ranked problem in the school for elementary students in grades 4 to 6 (29.3%). This represents a significant increase from 2012 when an average of 15.8% of students identified stress as an issue.



Stress was identified as a topic that students wanted to know more about. Interestingly, alcohol/drug use was not among the top three topics that students would like to know more about.



Alcohol/drug use was also a highly rated problem identified by students. However, it was not a topic that students identified as wanting to learn more about. The following tables outline the percentage of students that identified stress and alcohol/drug use as a problem at school.



Environmental Scan of Existing Supports

Existing Initiatives & Programs

Regional Initiatives and Programs

There are a number of prevention and promotion programs and initiatives already established in the Western Region. These programs and initiatives are being offered through Western Health staff and other community agencies. They address a variety of prevention and promotion issues, range in duration, and require varying human resource and financial needs. Information about the following programs or initiatives can be found in the Program Descriptions in the appendices of this Strategy or by contacting the Mental Health and Addiction Consultants. The following programs and initiatives are available in the Western Region and are considered evidence informed and best practice based:

Addictions Prevention Tools, Addiction Prevention Centre

A program that aims to support youth to distinguish between true and false beliefs about substance use, develop understanding regarding the risks of substance use, and develop personal opinions related to alcohol and drug use. It has five interactive activities for youth related to areas of influence: (1) friend, (2) family, (3) life setting, (4) community, and (5) media. A detailed [Program Description](#) is available.

Andy Irons: Kissed By God Film Screening Event

This is a powerful story about bipolar disorder and opioid addiction as seen through the life of three-time world champion surfer Andy Irons. A detailed [Planning Guide](#) and [Facilitator Feedback From](#) is available.

Applied Suicide Intervention Skills Training (ASIST), Living Works

A 2-day interactive workshop intended for individuals who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide.

Boys Council, One Circle Foundation

Structured programs for boys that aim to promote boys' natural strengths and to increase their options about being male in today's world. The Council challenges myths about how to be a "real boy" or "real man". It engages boys in activities, dialogue, and self-expression to question stereotypical concepts and to increase boys' emotional, social, and cultural literacy by promoting valuable relationships with peers and adult facilitators. A detailed [Program Description](#) is available.

Breathing Room

Breathing Room is a free online program, designed for youth and young adults who want to learn new ways to manage stress, depression or anxiety. The program incorporates relaxation and practical strategies, utilizing videos, stories and activities to offer ideas and tools. The Breathing Room can be used by an individual on their own or supported by an online coach, counsellor or teacher who provides a check-in each week. Access online at: <https://www.yourbreathingroom.com/>

Bridge the Gapp

Bridge the gapp is a free online resource for youth and adults designed to support mental wellness. The site provides information on local supports through the Service Directory. This website also

provides access to interactive tools and links to the other e-mental health programs such as Breathing Room, MindWell-U, and TAO Self-Help Library. Access online at: www.bridgethegapp.ca.

Challenges, Beliefs and Changes, Parent Action on Drugs

A peer education program that provides an atmosphere for young people to freely discuss concerns about teenage social issues and challenges related to substance use. This program helps adolescents: clarify and challenge their own personal beliefs and expectations about the use of alcohol and other drugs in high school; clarify "urban myths" and learn or reinforce information about alcohol, cannabis (marijuana and hashish), prescription drugs, caffeine (high energy drinks) and other drugs; address the issues of teenage drinking and drug use in our society and consider meaningful alternatives; apply the problem-solving process to their choices; and learn what options are available for help for youth both inside and outside their school community. A detailed [Program Description](#) and [Facilitator Feedback Form](#) is available.

Families & Schools Together (F&ST)

A 2-year parent involvement and prevention program that supports families with children from birth to 12 years of age. The program consists of an 8-week facilitator-led program with structured weekly session, followed by monthly follow-up sessions organized by the families. A detailed [Program Description](#) is available.

FRIENDS for Life Anxiety Prevention Program

The *FRIENDS for Life* program is an internationally recognized, school-based early intervention and prevention program that builds resilience and reduces the risk of anxiety disorders in children.

Get Ready, Parent Action on Drugs

A peer education program that aims to increase the readiness skills of 11-12 year-olds to make decisions about the substances that they are likely to encounter as they prepare to transition to their teens. The program is a combination of providing factual information, checking out opinions and attitudes and developing confidence and decision-making skills. A [Facilitator Feedback Form](#) is available.

Girls Circle, One Circle Foundation

Structured programs for girls from 9-18 years that integrate relational theory, resiliency practices, and skills training in a specific format designed to increase positive connection, personal and collective strengths, and competence in girls. A detailed [Program Description](#) is available.

Girls Night Out

The goal of Girls Night Out is to promote key suicide prevention messages in a creative and fun way. The activities in the program all relate to the key messages of suicide prevention and support the promotion of positive mental health among girls and women. A detailed [Planning Guide](#) and [Facilitator Feedback Form](#) is available.

Guiding Good Choices

Guiding Good Choices is a five-session program that teaches parents of children ages 9-14 how to reduce the risk that their children will develop drug problems.

Helping Skills Training Program, Canadian Mental Health Association-NL

A 14-module certificate program to improve communication skills and teach people how to better support others. This program has been successfully offered across the Western Region. Currently, the program is in re-development by CMHA-NL. Once revised, the program will be reviewed to determine appropriateness and feasibility to re-initiate in the Region.

I CAN (Conquer Anxiety and Nervousness)

I CAN is a program by the Strongest Families Institute that offers telephone and online support for young adults 18-30 to learn skills to overcome their anxiety and cope with life stressors.

It's Your Health on the Line

This program started as a workplace wellness campaign but is now offered in other community-based settings as a way to get people thinking and talking about what they do to revitalize their mind and body. People are invited to share their fresh ideas for brighter days. Campaign resources include clothing cut outs, clothes pins and a clothesline display.

Level Up

The *Level up* program was developed by OPHEA as a school-based resource that uses a proactive approach to create a positive and supportive environment for children and youth to promote healthy living, positive mental health, and emotional well-being.

Mental Health First Aid Canada, Mental Health Commission of Canada

A 2-day program that offers explanations of mental health, mental illness, and mental health problems; signs and symptoms of common mental health problems and crisis situations; information about effective interventions and treatments; and ways to access professional help.

Mental Health & Substance Use Screening Program

The program focuses on the early identification of issues through the promotion of online self-assessment tools (CheckItOutNL.ca). The program consists of an evidence-based screening tools website customized with links to local resources, as well as structured screening awareness events to promote utilization of the online tools. A detailed [Planning Guide](#) is available.

MindWell-U

MindWell-U is a free mindfulness training available to residents of Newfoundland and Labrador. The 30 Day Mindfulness Challenge is an online, evidence-based curriculum shown to lower stress, increase resilience and improve well-being, performance and optimism. A new challenge starts every Monday. It can be accessed from a computer, tablet or phone in French and English and only takes 5 to 10 minutes a day. Individuals can sign up by themselves or with a buddy. Access online at: www.bridgethegapp.ca.

No Stress Fest

A 1-day family wellness event which is focused on promoting positive mental health & overall wellbeing and includes interactive booths/sessions on variety of topics. Western Health developed this initiative in partnership with CMHI, CMHA-NL, and the Schizophrenia Society. A detailed [Program Description](#) and [Planning Guide](#) is available.

Parent Night Out: Teens & Drugs

This program supports parents to learn more about teen substance use and engage parents in a discussion about teens and drugs. The activities provide parents with key information, local services/supports, tools and strategies for supporting their teens in preventing substance use, delaying the onset of use or reducing harms associated with substance use. A detailed [Planning Guide](#) and [Facilitator Feedback Form](#) is available.

Peer Mentoring Program

Through discussion and fun engaging activities, students learn the basic but crucial skills to build healthy relationships and support each other, including communication, assertiveness, confidentiality, decision making, and conflict mediation.

Prevent Alcohol & Risk Related Trauma in Youth (PARTY) Program, Sunnybrook Health Science Centre

A ½-day interactive program targeting youth aged 15 and older to recognize injury risks associated with substance use and make informed decisions to reduce these risks. For more information see the Injury Prevention Strategy developed by the Health Promotion and Primary Health Care Program, Western Health.

Promoting Alternative Thinking Strategies (PATHS)

This curriculum supports social and emotional learning in students from Kindergarten to Grade 6. PATHS teaches specific skills to help children manage emotions, make good decisions, behave responsibly and control negative behaviours. Relationship skills are one of the key skills taught in this program. Children learn the importance of cooperation, listening and communication, how to resolve conflict, resist inappropriate social pressure, and to seek and offer help when needed. Some schools in the Corner Brook area are participating as part of the SEAK project, a project to develop and expand social and emotional learning in the Atlantic Provinces while other schools received funding from the Community Addictions Prevention and Mental Health Promotion Fund to implement this curriculum. Work is currently underway as part of the Provincial Towards Recovery Action Plan to develop a comprehensive school health curriculum with a focus on social and emotional learning

Roots of Empathy

The Roots of Empathy program is an evidence-based classroom program that has shown significant effect in reducing levels of aggression among schoolchildren by raising social/emotional competence and increasing empathy. A certified Roots of Empathy Instructor visits a classroom 27 times during the year, accompanied by an infant/parent for nine of visits. Children develop emotional literacy as they are coached to understand the infant's emotional needs and consequently their own emotions. They learn the language of their feelings and learn to understand and respect the feelings of others. Empathy is central to competent parenting and successful social relationships in all stages of life. As empathy increases, aggression decreases. Children learn parenting skills and develop an understanding of the attachment between baby and parent and how this attachment relates to the intellectual and social development of the child.

Safer Bars

A regional initiative developed and delivered by a sub-committee of the Sexual Health Working Group. The goal of the initiative is to promote safer partying and harm reduction messages. Coasters and posters were developed for a social marketing campaign. The campaign's messages range from

the importance of condom use and sexual consent to responsible drinking. This initiative focused on prevention and reducing harm related to risky behaviors among the 19-29 year old youth population. The initiative specifically targeted youth attending bars and aimed to prevent negative unintended outcomes and reduce the negative health impacts or harms associated with decision making under the influence of alcohol and drugs. The Program Description can be found in the Sexual and Reproductive Health Strategy developed by the Health Promotion and Primary Health Care Program, Western Health. In addition to the bar campaign, a campaign involving taxis was added during the Fall 2014 round. The group is now considering how to effectively adapt the messaging to expand to secondary and post-secondary schools across the region.

Screening, Brief Intervention, and Referral

Alcohol Screening, Brief Intervention and Referral: Helping Patients Reduce Alcohol-related Risks and Harms is a resource for Canadian family physicians, nurse practitioners and other healthcare professionals. Developed by the College of Family Physicians of Canada and Canadian Centre for Substance Use and Addiction, the [website](#) provides access to evidence-informed guidance and resources to assist providers in helping their patients better manage their alcohol consumption. Routine screening is encouraged for all young adults and adults, not only high-risk patients.

Strongest Families Institute

Strongest Families Institute (SFI) is a not-for-profit agency designed to support children and youth from 3-17 years of age. Support is provided to families over the phone and Internet in the comfort and privacy of their own home. The program is available at no cost to residents of Newfoundland and Labrador. This program may be for those who have concerns about their child's behaviour difficulties, anxiety, attention deficit hyperactivity disorder, bullying or bedwetting. Families can be referred by a teacher, guidance counselor, physician, nurse, or social worker, among others. To learn more: <http://strongestfamilies.com/>

Strengthening Families for the Future Program, Parent Action on Drugs

A 14-week substance use prevention program for families with children aged 7-11. A detailed [Program Description](#) is available.

Strengthening Families for Parents & Youth Program, Parent Action on Drugs

A 9-week substance use prevention program for families with teens ages 12-16. A detailed [Program Description](#) is available.

Substance Use Activities Toolkit

This Activity Guide and Toolkit was developed to support efforts to prevent or delay the onset of substance use among children ages 5-12. A detailed [Planning Guide](#) and [Facilitator Feedback Form](#) is available.

Suicide Prevention and Life Promotion

Coordinated and collaborative suicide prevention efforts are continually ongoing in the Western Region. Two interactive suicide awareness programs (Survivor Challenge and Girls Night Out) were developed to promote key messages of suicide prevention. The addition of these new resources and access to local grant opportunities has resulted in significant suicide awareness efforts in the region.

Recognizing the growing trend of people seeking E-mental health services for emotional support such as live chat, texting, e-mail, social media, apps, and peer support, a list of available on-line and

self-help resources are located in the suicide prevention section of the MHA website and the screening tools website (CheckItOutNL.ca). In addition to the HEALTHLINE (811) and the Mental Health Crisis Line (1-888-737-4668), a Crisis Text Line Service (text 'Talk' to 686868), CHANNAL Peer Support Warm Line (1-855-753-2560) and First Nations & Inuit Hope for Wellness Help Line ((1-855-242-3310) is now available.

Furthermore, an e-learning module on the Response & Screening of Suicidal Clients, Patients and Residents (Policy #18-06-90) is available in the e-learning system for staff of Population Health. This training depicts various scenarios that a staff person in the Population Health Branch could encounter when contacted by a person displaying suicidal behaviour. An e-learning module is also available on Suicide Risk Assessment (Policy #18-02-175) for Population Health Staff (All Community Based MH&A Services). Other Western Health policies include the Assessment of Suicidal Client/Patient/Resident Policy #15-01-440 for staff in patient services (excluding adolescent and adult mental health unit) and long term care and rural health and Suicide Assessment, Intervention & Prevention Policy #18-02-70 for acute care mental health unit

Finally, Western Health partnered with Qalipu as part of the Canadian Foundation for Healthcare Improvement's Promoting Life Together Suicide Prevention Collaborative. This project marks a shift in work from suicide prevention to life promotion and has changed how we plan and implement suicide prevention efforts. New resources will be developed from a life promotion lens and existing resources will be reviewed and revised to reflect this change. Inspiring hope, meaning, belonging and purpose as an approach to promote life and prevent premature death. This projects aims to improve the continuum of care and improve access to supports in both health and indigenous systems for indigenous people. Efforts are underway to increase cultural competency among staff and implement service changes to better support indigenous people.

Survivor Challenge

The goal of this program is to promote key suicide prevention messages in a creative and fun way. The planning guide provides a variety of challenges that all relate to the key messages of suicide prevention and life promotion. A detailed [Planning Guide](#) and [Facilitator Feedback Form](#) is available.

Take Home Naloxone Kit Program

Take Home Naloxone Kits are available for individuals who are at risk of an opioid overdose and for their friends/family who might witness an overdose. Naloxone is a temporary medication that can save a life in the event of a fentanyl or other opioid overdose. Naloxone Kits are free and instruction is provided. Pop up distribution sites have been successful in distributing kits. Call 811 to get a kit.

TAO Self-Help

TAO Self-Help is an online mental health library that provides interactive education modules and practice tools to help individuals understand and manage how they feel, think and act. Individuals can complete an assessment tool to better understand their needs and then select the modules they believe will help them feel well and support their wellness journey. This resource can be accessed by visiting www.bridgethegapp.ca.

Tattered Teddies/Straight Talk, Centre for Suicide Prevention

Tattered Teddies is a workshop about preventing suicide in children. This ½-day workshop examines the warning signs in a child and intervention strategies. Straight Talk is a youth-focused suicide prevention workshop for people working with youth ages 12 to 24.

The Decider Proactive Life Skills Program

This program teaches 12 resiliency & coping skills. It consists of 12 Cognitive Behaviour Therapy and Dialectical Behaviour Therapy informed life skills, designed to be taught to groups and individuals using a fun, creative and interactive style. Demonstrations, music, props and visuals bring the skills to life making them memorable and easy to learn. A [Facilitator Feedback Form](#) is available.

The Truth About Drugs, Foundation for a Drug Free World

A program that covers the truth about the most commonly abused street and prescription drugs. The program includes a variety of sessions with accompanying videos and handouts. This program is recommended to be used as a supplemental resource to other programs and not recommended as a stand-alone program. A detailed [Program Description](#) is available.

Under the Influence - Impaired Decision Making Toolkit

Developed in partnership between Western Health & Aids Committee of NL, with funding from the Western Injury Prevention Coalition, this toolkit includes an activity guide and interactive resources to demonstrate how alcohol and other drugs impair decision making. A detailed [Planning Guide](#) and [Facilitator Feedback Form](#) is available.

What's With Weed, Parent Action on Drugs

A peer education program to engage Grade 9-12 students in a discussion about the use of marijuana. This youth-driven program helps students identify not only risks and potential problems but also positive behaviour change and decision-making strategies connect with marijuana use. A detailed [Program Description](#) and [Facilitator Feedback Form](#) is available.

Youth Voices, Healthy Choices, The Sexual Health Working Group

Developed with funding from the Health Promotion and Primary Health Care Program, the project aimed to get youth involved as leaders in the promotion of healthy decision making. This project aims to support youth, parents and communities in working together to take action to address local sexual and emotional health priorities including relationships, self-esteem/body image, sexual identity, decision making, risky behaviours (ex: unprotected sexual activity, alcohol/drug use), and harm reduction. The Program Description is included in the Sexual and Reproductive Health Strategy developed by the Health Promotion and Primary Health Care Program, Western Health.

Professional Services Supporting Prevention & Promotion

Prevention and promotion services are offered through Western Health's, Mental Health & Addiction Services Program area, with staff responsibilities for prevention and promotion as well as designated positions for prevention and promotion.

Internal Positions

Regional Mental Health Promotion Consultant (RMHPC)

As part of the mental health and addictions team, the RMHPC position provides leadership in the development, coordination, planning, and implementation of specialized mental health prevention/promotion. This position is also responsible for the effective evaluation of prevention initiatives and is instrumental in providing regional direction in the initiation of mental health prevention/promotion and in the establishment of community partnerships. The RMHPC assesses

community needs, researches appropriate initiatives, and implements and evaluates programming. The RMHPC provides support and consultation regarding resources, programs, and initiatives on mental illness prevention, and mental health promotion.

Regional Addictions Prevention Consultant (RAPC)

As part of the mental health and addictions team, the RAPC will provide leadership in the development, coordination, planning, and implementation of specialized addictions prevention/promotion. This position is also responsible for the effective evaluation of prevention initiatives and is instrumental in providing regional direction in the initiation of addictions prevention/promotion and in the establishment of community partnerships. The RAPC assesses community needs, researches appropriate initiatives, and implements and evaluates programming. The RAPC provides support and consultation regarding resources, programs, and initiatives on substance use prevention, harm reduction and gambling prevention.

Youth Early Intervention and Outreach Workers (YOW)

YOW's provide support to youth aged 12 to 29 and their parents. There are 4 positions located throughout the region in Port aux Basques, Stephenville, Corner Brook and Bonne Bay. YOW's provide confidential support to youth and their parents and help connect youth to appropriate services and supports as required. In addition to the direct support provided to youth, YOW's offer a variety of prevention and promotion programming. The YOW positions have provided a unique opportunity for collaboration between community agencies and Western Health. The positions are placed in a way that they have provided tremendous support to the Prevention and Promotion Consultants and have added a layer of facilitation and program delivery that did not exist prior with competing demands between health promotion and clinical waitlist management.

Addictions Coordinators

There are 2 Addictions Coordinator positions within Mental Health and Addiction Services: (1) Corner Brook and North and (2) Stephenville and South. These positions have designated responsibilities for prevention and promotion work. Recently, the positions have evolved to incorporate mental health promotion into the duties in recognition that mental health promotion and addictions prevention go hand and hand.

Prevention & Promotion Team

The Prevention and Promotion team consists of the following Mental Health and Addiction Services positions: Consultants, Youth Outreach Workers, Addictions Coordinators, and Mental Health and Addictions Manager. The team meets bi-monthly to ensure a coordinated approach to prevention and promotion in the Western Region.

Clinical Mental Health and Addictions Workers

All Mental Health and Addictions staff share the responsibility of prevention and promotion work. However, clinical caseload and waitlist management must be considered when determining the amount of prevention and promotion work that clinical staff can support. This varies throughout the year and throughout the region.

Other Western Health Consultants & Staff

The RMHPC and RAPC positions are located within the Mental Health and Addictions Services program area but work closely with Consultants and staff in other program areas such as Community Health. Positions such as the Wellness Facilitators, Parent & Child Health Coordinators,

Regional Health Promotion Consultant, Regional Health Educator, Regional Chronic Disease Self-Management Coordinator, and Community Health Nurses are among the staff that the RMHPC and RAPC often partner with to support prevention and promotion initiatives. Wellness Facilitators consult regarding mental health and addictions issues and resource needs in their area. Community health nurses access resources to support the front line delivery of prevention and promotion initiatives in their schools and community.

Other Community-Based Services

Western Health also partners with various community-based agencies to support prevention and promotion programs and initiatives. Schools, women's centres, youth centres, family resource centres, seniors clubs, Aboriginal organizations, and police are among some of the many partners in prevention and promotion. In addition, there are some community based organizations that specialize in mental health, addictions, and violence prevention.

Aids Committee of Newfoundland and Labrador (ACNL)

ACNL is a provincial organization committed to reducing the transmission of HIV and Hep C in Newfoundland and Labrador. ACNL provides education, support, referrals, emergency/crisis interventions and harm reduction services. ACNL has a Safe Works Access Program service (SWAP) located in Corner Brook with a satellite site in Stephenville and outreach to rural areas. The SWAP service is a needle exchange service providing a private, confidential area where individuals have access to clean injection equipment. Their service is free, and they also have a designated telephone number for SWAP for questions. ACNL also supports the distribution of naloxone kits through the take-home naloxone kit program and pop up distribution sites.

Community Mental Health Initiative Inc. (CMHI)

CMHI is a non-profit charitable organization that is community-based and made up of representatives from professional agencies, community groups and consumers whose goal is to work together to address mental health needs in the Corner Brook, Bay of Islands and Deer Lake areas, with some initiatives extending across the entire western region. CMHI has subcommittees to address specific priorities such as the Mental Health Promotions Committee, Adult Mental Health Working Group, and Suicide Prevention and Awareness Committee.

Suicide Prevention and Awareness Committee (SPAC)

Formed in 2010, SPAC is a sub-committee of the Community Mental Health Initiative. The committee includes members from multiple community organizations and individuals whose lives have been affected by suicide. In an effort to raise awareness, educate the community, reduce stigma, and to remember those who have died by suicide, SPAC has been very active in various initiatives across the region. The committee organizes an annual World Suicide Prevention Day Walk on September 10th, a Tree of Memories each year in December in memory of lives lost to suicide, a BBQ grant available to community groups to promote key messages of suicide prevention and awareness, and distribution of warning signs posters and postcards, 'life savers' cards, 'Help After Suicide' pocket cards, and key chains throughout the Western region. The Committee also created a local video with hopes to send a powerful message to viewers about suicide. It can be viewed on the Western Health website and YouTube.

[Canadian Mental Health Association, Newfoundland and Labrador Division \(CMHA-NL\)](#)

CMHA-NL is a voluntary, non-profit, charitable organization established in 1964 to promote a better understanding of mental health and mental illness in the province. As a division of the national Canadian Mental Health Association, their mission is to facilitate access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery from mental illness. This mission is accomplished through building capacity, influencing policy, providing services, and developing resources. CMHA-NL division's head office is in St. John's, and they also have two new regional offices located in Grand Falls-Windsor (Central) and Stephenville (Western). They are governed by a volunteer board of directors from all over the province.

[Consumers' Health Awareness Network of Newfoundland and Labrador \(CHANNAL\)](#)

CHANNAL is the only consumer-led mental health organization in the province. They are a provincial non-profit organization that exists to build and strengthen a self-help network among individuals who live with mental health issues. CHANNAL's aim is to combat isolation for those living with mental illness, to provide a forum for mental health consumers' concerns, to educate the public on issues relevant to mental health consumers, to offer advocacy, and to offer social and emotional support to mental health consumers. There are Regional Peer Support Positions located in St. John's, Grand Falls and Stephenville as well as a Provincial Coordinator. CHANNAL operates peer support groups and a peer support warm line.

Community Youth Network (CYN)

CYN is a Provincial initiative whose mandate is to provide a variety of services for youth living in or at risk of poverty. Its inception resulted from a need to decrease barriers to education and/or employment, and improve the quality of life for young people. CYN sites provide youth 12-18 with recreational and educational opportunities, along with life management skills. CYN's overall goal is to help youth to achieve their full potential in a safe, supportive, drug and alcohol free environment. In the Western Region, CYN has sites in Port aux Basques, Stephenville, Burgeo, and Corner Brook (including satellite sites for North and South Shore Bay of Islands).

Status of Women Councils

Working within a feminist framework, the Status of Women Councils are dedicated to the empowerment of all women. The Councils endeavor to promote peace, justice, and equality for women and their families through support, education, and advocacy. Goals of the councils are to improve the status of women, to eliminate discrimination on the basis of sex and marital status, to promote better opportunities for women, to encourage the development and improvement of services and facilities to meet the needs of women, and to promote awareness and acceptance of women rights on a personal and public basis. The three Councils in the Western Region are Gateway Status of Women Council in Port aux Basques, Bay St. George Status of Women Council in Stephenville, and Corner Brook Status of Women Council in Corner Brook. While services vary among sites, each site provides education and social programming, support and referral for women in crisis, and community meeting space.

Schizophrenia Society of Newfoundland and Labrador (SSNL)

SSNL is a charitable organization that works under the federation model with other provincial Schizophrenia Societies across Canada, as well as the [Schizophrenia Society of Canada](#). Their mission is to improve the quality of life for those affected by schizophrenia and psychosis through education,

support programs, public policy, and research. The main office is located in St. John's with Family Support Workers located in St. John's and Corner Brook.

Violence Prevention West

Violence Prevention West is one of ten Regional Coordinating Committees that work in partnership with the provincial Violence Prevention Initiative to increase awareness of all forms of violence and the structural context of inequality in which violence is rooted. Their role encompasses public awareness and education initiatives, community capacity-building, outreach, resource development, advocacy, and the coordination of partnerships and programs. The Coalition employs a full-time Executive Director, as well as a part-time Administrative Coordinator. There are three volunteer-based local coordinating committees operating under the umbrella of the WRCEV throughout Western Newfoundland, in Deer Lake, Bonne Bay North, and Bonne Bay South.

Southwestern Coalition to End Violence

The Southwestern Coalition to End Violence consists of representatives from the three local coordinating committees. Each of these three committees works to engage the support of stakeholders in their respective communities to address issues of violence. The three committees include: Peaceful Communities (Port aux Basques, the Codroy Valley and southwestern Newfoundland coastal communities), the HELP Committee (Burgeo), and the Bay St. George Coalition to End Violence (Bay St. George South, Stephenville, and the Port au Port Peninsula).

Violence Prevention Northern Peninsula

The Northern Committee Against Violence has at least one representative from each of the following departments in the region: Department of Health, Department of Justice, Department of Education, Department of Advanced Education and Skills, RCMP, St. Anthony Sub-Committee, Port Saunders Sub-Committee, Flower's Cove Sub-Committee, Roddickton Sub-Committee, and three Community members. Their goal is to promote violence prevention in the St. Anthony – River of Ponds region through the promotion of community awareness, education, and policy development as it relates to the prevention of violence.

Prevention & Promotion Resources

The RMHPC and RAPC continue to develop and acquire new resources to support prevention and promotion efforts. Resources include toolkits, displays, print materials, presentations, workshops, and interactive resources. While sometimes considered 'one-off' initiatives, these prevention and promotion resources also build together to form one branch of a coordinated and ongoing effort to strengthen connection between service providers and the community. They are also tied together with consistent underlying messages to build awareness and address risk and protective factors across the lifespan.

The Consultants have made significant efforts to promote these available resources through the development of a web link on the Western Health website and email address for borrowing resources. The web link is www.westernhealth.nl.ca/mha and the email address is mha@westernhealth.nl.ca. This email address links directly to the Consultants and Administrative Support positions. A presentation request form was also developed and available on the website for community to request a presentation from mental health and addiction services. This form helps the Consultants direct presentation requests to the appropriate area.

Community Grants

Western Health supports prevention and promotion efforts through the provision of community grants. Mental Health and Addiction Services support the Department of Health and Community Services to administer the Community Addictions Prevention and Mental Health Promotion Fund. In addition, smaller amounts of funding are available through Awareness Week Activity Grants. These grants provide a maximum of \$150 per applicant to support activities in recognition of the following annual awareness week campaigns: Mental Health Week in May, Mental Illness Awareness Week in October, and Addictions Awareness Week in November.

Best & Evidence Informed Practices

This Strategy will provide an overview of general best practices in mental health promotion and addiction prevention, as well as best practices specific to stages across the lifespan.

Mental health promotion efforts should support individual resilience, create supportive environments and address the broader determinants of mental health (CIHI, 2009). These components along with building protective factors and reducing risk factors across the lifespan are utilized in this health promotion strategy for mental health and addictions and fit within [Western Health’s Health Promotion Framework](#) (Western Health, 2013).

Approaches to promote mental health and prevent mental illness and addiction focus on increasing protective factors and decreasing risk factors. Protective and risk factors are things that protect a person from developing a substance, gambling, or mental health problem or put someone at risk for developing a problem. The risk and protective factors that have an impact on mental health and mental illness are many of the same risk and protective factors also have an impact on the risk of suicide and problematic substance use. Programs should target modifiable risk factors and strengthen protective factors. Early intervention with risk factors often has greater impact than later intervention (MHCC, 2012). The Centre for Addiction and Mental Health (2014) provides an in-depth explanation of risk and protective factors in [Best Practice Guidelines for Mental Health Promotion Programs](#).

The table below summarizes best practices and highlights important documents to support mental health promotion and addictions prevention across the life span.

	Best Practices	Important Documents
General (All Age Groups)	<ul style="list-style-type: none"> • Address risk & protective factors across the lifespan • Support individual resilience & coping • Target specific groups & settings • Use multiple approaches in multiple settings • Provide screening & early intervention • Address stigma • Create supportive environments • Address the broader determinants of health • Collaborate among services and across sectors • Enhance social support • Use positive messages • Support communities to take action • Sustain efforts over time • Enhance front-line providers’ knowledge & skills for assessment & intervention • Incorporate trauma-informed practices • Provide contact-based education to reduce stigma • Utilize technology for promotion, prevention, & early intervention 	<p>Towards Recovery: The Mental Health and Addictions Action Plan for NL</p> <p>Provincial Addictions Treatment Standards</p> <p>Changing Directions, Changing Lives: The Mental Health Strategy for Canada</p> <p>Working Together to Prevent Suicide in Canada: The Federal Framework for Suicide Prevention</p> <p>Preventing Suicide: A Global Imperative</p> <p>Moving Toward a Recovery Oriented System of Care: A Resource for Service Providers and Decision Makers</p> <p>Guidelines for Recovery- Oriented Practice</p> <p>Global Strategy to Reduce the Harmful Use of Alcohol</p> <p>E-Mental Health in Canada: Transforming the Mental Health</p>

		<p>System Using Technology</p> <p>Provincial Alcohol Action Plan (In Development)</p> <p>Provincial Suicide Prevention Action Plan (In Development)</p>
<p>Prenatal / Infancy / New & Young Families</p>	<ul style="list-style-type: none"> • Address risk & protective factors, with emphasis on maternal mental health, parent-child interactions, and secure attachment • Direct efforts toward families with infants & young children affected by chronic stress • Include education & social services • Infants, children & youth are best reached at home, daycare or school • Build a solid foundation for social & emotional learning & resilience for children & youth • Train & support educators to deliver early childhood & school-based promotion, prevention, & early intervention programs 	<p>Best Start Mental Health Resources</p>
<p>Children & Youth</p>	<ul style="list-style-type: none"> • Support and deliver programs and initiatives that enhance early development of skills that promote resiliency, such as assertiveness, refusal, and decision-making skills, including decision-making under the influence • Incorporate harm reduction • Enhance effective parenting skills and role-modeling • Use a youth engagement model • Incorporate coordinated efforts across sectors and setting • Implemented over the medium- to long-term • Ensure a goodness of fit between prevention initiatives and community readiness and capacity • Infants, children & youth are best reached at home, daycare or school • Build a solid foundation for social & emotional learning & resilience for children & youth • Train & support educators to deliver early childhood & school-based promotion, prevention, & early intervention programs • Health & Community Services and Education systems must work together to improve the mental health & wellness of students 	<p>The Mental Health Strategy for Canada : A Youth Perspective</p> <p>Evergreen: A Child and Youth Mental Health Framework for Canada</p> <p>CCSA Portfolio of Canadian Standards for Youth Substance Abuse Prevention</p> <p>Youth and Impaired Driving</p> <p>Best practices in Engaging Families in Child and Youth Mental Health</p> <p>Considerations for Indigenous Child and Youth Population Mental Health Promotion in Canada</p> <p>Preventing Problematic Substance Use in Youth: The Chief Public Health Officer’s Report on the State of Public Health in Canada 2018</p>
<p>Adults (workplac</p>	<ul style="list-style-type: none"> • Reduce barriers to employment for those with mental health problems • Improve mental health literacy and skills • Address and reduce stigma in the workplace 	<p>National Standard for Psychological Health & Safety in the Workplace</p> <p>Workplace Strategies: Risk of Impairment from Cannabis</p>

	<ul style="list-style-type: none"> • Develop and sustain supportive workplace environments • Implement Psychological Health & Safety Standard in private and public sectors 	A Review of Workplace Substance Use Policies in Canada CCOHS Fact Sheet: Impairment at Work
Adults (Caregivers & Loved Ones)	<ul style="list-style-type: none"> • normalize the strain caused by caregiving • increase mental health literacy • promote resiliency and coping skills • increase social support 	National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses Guidelines for the Practice and Training of Peer Support
Seniors	<ul style="list-style-type: none"> • recognize the diversity of seniors • focus on recovery, well-being, hope & choice • incorporate mental health promotion and prevention • promote anti-stigma and awareness about ageism and discrimination • encourage education for seniors, caregivers, healthcare providers, and the public, to include suicide risk awareness and prevention 	CCSMH National Guidelines for Seniors' Mental Health Guidelines for Comprehensive Mental Health Services for Older Adults in Canada Best practice guidelines for mental health promotion programs: Older adults 55+ Healthy Aging Policy Framework
Indigenous Groups	<p>Wise practices:</p> <ul style="list-style-type: none"> • basis in the community • holistic approach • integration of Indigenous cultural knowledge • building on community strengths and needs • partnership/collaboration • demonstrated effectiveness 	Aboriginal Ways: Canadian Best Practices Portal: Aboriginal Ways Tried and True Culture Counts: A Roadmap to Health Promotion Bringing Reconciliation to Healthcare in Canada: Wise Practices for Healthcare Leaders Considerations for Indigenous Child and Youth Population Mental Health Promotion in Canada First Nations Mental Wellness Continuum Framework Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada
LGBTQ2S	See Health Promotion Strategy for Sexual and Reproductive Health	

Western Health’s [Mental Health Promotion and Addictions Prevention Website](#) includes a comprehensive listing of print materials, presentations, workshops, toolkits, and interactive resources to support prevention and promotion activities. The table below highlights resources available to support mental health promotion and addictions prevention across the life span.

Programs, Initiatives & Resources	
General (All Age Groups)	<p>General:</p> <ul style="list-style-type: none"> • Provincial Suicide Prevention Action Plan (In Development) • MHA Screening Program • No Stress Fest • It’s Your Health on the Line • The Decider/Coping Skills Program • Improving Health My Way • Recreation for Mental Health Toolkit <p>Suicide:</p> <ul style="list-style-type: none"> • Survivor Challenge Planning Guide • Girls Night Out Planning Guide • After a Suicide: A Practical and Personal Guide for Survivors • MHCC Toolkit for people who have been impacted by a suicide loss • Prevent Suicide Post Card • Suicide Intervention Training Programs: <ul style="list-style-type: none"> • Applied Suicide • Intervention Skills Training • Mental Health First Aid • Tattered Teddies • Straight Talk <p>Alcohol:</p> <ul style="list-style-type: none"> • Standard Drink Kit • Low-Risk Alcohol Drinking Guidelines • Guidelines for Healthcare Providers to Promote Low-Risk Drinking Among Patients • Screening, Brief Intervention, and Referral (SBIR) • Trauma Informed Toolkit, 2nd ed. • Screening, Brief Intervention, and Referral (SBIR) <p>Cannabis:</p> <ul style="list-style-type: none"> • Lower-Risk Cannabis Guidelines - Full Text Article • Lower Risk Cannabis Use Guidelines for Canada - General Brochure • Lower Risk Cannabis Use Guidelines for Canada -For Professionals • Cannabasics - Toolkit for Health Professionals • Cannabis & Your Health Poster • Harm Reduction, Health Promotion, and Cannabis Screening tools

	<p>Opioids & Naloxone:</p> <ul style="list-style-type: none"> • What to do if you find a needle (Adults) • What to do if you find a needle (Children) • Opioid Overdose and Naloxone Information Sheet • Government of Canada opioid information and resources <p>Impaired Driving</p> <ul style="list-style-type: none"> • Drug-impaired Driving Toolkit • Drug-impaired Driving Poster • CCSA Impaired Driving • Under the Influence - Impaired Decision Making Toolkit
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Prenatal / Infancy / New & Young Families</p>	<p>Resources:</p> <ul style="list-style-type: none"> • Alcohol and Pregnancy Infographic • Women and Tobacco Info Sheet • Women and Prescription Opioids Info Sheet • Women and Alcohol Info Sheet • Harm Reduction Poster • Clearing the Smoke on Cannabis: Maternal Cannabis Use During Pregnancy • Thinking about using cannabis before or during pregnancy? • Thinking about using cannabis while parenting? • Women & Alcohol: LRDG Summary
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Children & Youth</p>	<p>Programs & Toolkits:</p> <ul style="list-style-type: none"> • Prevent Alcohol and Risk-Related Trauma in Youth (PARTY) • Addictions Prevention Tools • Girls Circle Programs • Boys Council Programs • What's With Weed • Challenges, Beliefs & Changes (CBC) • Level Up • Get Ready • Strengthening Families for the Future • Strengthening Families for Parents & Youth • Parent Night Out: Teens & Drugs • Guiding Good Choices • Strongest Families Institute • Body Image Toolkit • Healthy Relationships Toolkit • Recreation for Mental Health Toolkit • Under the Influence - Impaired Decision Making Toolkit • Substance Use Prevention Activity Guide and Toolkit • The Breathing Room • Medicine Cabinet Activity Guide • Safer Partying & Safer Grad <p>Resources:</p> <ul style="list-style-type: none"> • Youth & Alcohol: LRDG Summary

	<ul style="list-style-type: none"> • How to Talk to your Teen about Suicide • How to Talk to your Teen about Drugs • Talking Pot with Youth: A Cannabis Communication Guide for Youth Allies • Lower Risk Cannabis Use Guidelines for Canada - Youth Brochure • Parenting Tips to Promote Healthy Body Image • Kids Help Phone
Adults (workplace)	<p>Training Programs available in the Western Region:</p> <ul style="list-style-type: none"> • The Working Mind • Mental Health First Aid <p>Programs:</p> <ul style="list-style-type: none"> • Improving Health: <i>My Way - Workplace</i> • MindWell-U <p>Resources:</p> <ul style="list-style-type: none"> • Problematic Substance Use That Impacts the Workplace: A Step-by-Step Guide & Toolkit to Addressing it in Your Business/Organization • National Standard for Psychological Health & Safety in the Workplace • Workplace Strategies for Mental Health • Guarding Minds @ Work: A Workplace Guide to Psychological Health and Safety • Working Through It Leader's Guide
Adults (Caregivers & Loved Ones)	<p>Programs and groups available in the Western Region:</p> <ul style="list-style-type: none"> • CHANNAL Peer Support • MHA's Rediscovering Hope • MHA's Family Ties • MHA & SPAC's Survivors of Suicide Loss • Improving Health: <i>My Way - Caregivers</i> • SSNL Family Support Group
Seniors	<p>Programs: Senior's Mental Health Program, CMHA-NL & Western Health</p> <p>CCSMH Resources:</p> <ul style="list-style-type: none"> • Delirium • Depression • Mental Health Long-Term Care • Suicide Risk & Prevention • Substance Use & Addiction
Indigenous Groups	<p>Initiatives:</p> <ul style="list-style-type: none"> • Promoting Life Together Suicide Prevention Collaborative <ul style="list-style-type: none"> • Cultural Competency Training for Western Health staff • Feather Carriers Training <p>Resources:</p> <ul style="list-style-type: none"> • First Nations & Inuit Hope for Wellness Help Line • Network for Aboriginal Health Program Database • Programs Database : Mental Health Programs for Aboriginal Peoples in Canada

Support Groups:
Trans & Gender Diverse Support Group (Parents & Youth)
Parents of Trans Kids NL

See Health Promotion Strategy for Sexual and Reproductive Health

Actions

Actions to enhance mental health promotion and addictions prevention focus on early intervention, skill-building, harm reduction, and recovery.

1. Promote Early Intervention, Wellness & Recovery (Individuals)

- a. Provide programming to build resiliency and positive coping skills across the lifespan. Programs may include Recreation for Mental Health Toolkit, No Stress Fest, It's Your Health on the Line, The Decider, Coping Skills Program, Boys Council, Girls Circle, Peer Mental Health. Displays and presentations such as Coping with Stress, Relaxation, and Self-Esteem, among other resources, are also available.
- b. Promote and enhance peer support through CHANNAL's support groups, Warm Line, and the Survivors of Suicide Loss support group. Access to the support group is currently available in-person and technology-based access options will be implemented in 2018.
- c. Promote screening & enhance early identification through the Mental Health and Substance Use Screening Program for adults aged 18+ and Screening, Brief Intervention and Referral (SBIR) Program.
- d. Enhance self-care & self-management skills through The Breathing Room, MindWell-U, TAO Self-Help online programs, as well as Improving Health: *My Way* programs.

2. Support Parents & Caregivers

- a. Enhance parenting skills through parenting programs such as Strongest Families Institute, Guiding Good Choices, Strengthening Families for the Future, Strengthening Families for Parents and Youth, and Parent Night Out.
- b. Enhance parent and caregiver coping through support groups such as CHANNAL Family Support Group, Schizophrenia Society Newfoundland and Labrador Family Support Group, and Parents of Children with Mental Health Issues Support Group. Access to support groups is currently available in-person and technology-based access options will be implemented in 2018.
- c. Enhance parent and caregiver coping through provision of psycho-educational groups such as Rediscovering Hope, a group for individuals impacted by a loved one's addiction and Family Ties, a group for individuals impacted by a loved one's mental illness offered by Mental Health and Addiction Services, among others. Access to groups is currently available in-person and technology-based access options will be implemented in 2018.

3. Prevent Suicide & Enhance Life Promotion

- a. Enhance suicide prevention skills through the delivery of programs such as Girls Night Out, Survivor Challenge, ASIST, Mental Health First Aid, Tattered Teddies, Straight Talk, and Safe Talk, as well as internal Western Health E-Learning Modules (Response & Screening of Suicidal Clients, Patients and Residents Policy #18-06-90 for Population Health staff and Suicide Risk Assessment Policy #18-02-175 for Population Health Staff: All Community Based MH&A Services).
- b. Support people who have lost someone to suicide through provision and promotion of the Survivors of Suicide Loss Support Group, as well as provision of MHA's *After a Suicide: A*

Practical & Personal Guide for Survivors and MHCC's Toolkit for people who have impacted by suicide loss. Access to the Support Group is currently available in-person and technology-based access options will be implemented in 2018.

- c. Apply a life promotion lens to the topic of suicide. This can be achieved through programs that promote hope, meaning, belonging and purpose. One example is the Promoting Life Together Suicide Prevention Collaborative, being implemented by Western Health and Qalipu.
- d. Implement suicide awareness initiatives such for World Suicide Prevention Day, International Survivors of Suicide Loss Day, and other memorial events.
- e. The Consultant is supporting the development of a Provincial Suicide Prevention Action Plan. Once developed, recommendations for action will be disseminated among internal and external stakeholders.
- f. Promote the Canadian Suicide Prevention Service which provides 24/7 support by phone, text or online chat.

4. Prevent or Delay Youth Substance Use & Reduce Related Harms

- a. Support and deliver programs and initiatives that enhance early development of assertiveness, refusal, and decision-making skills. Initiatives should start in childhood and continue through the transition into adulthood. Peer-based programming should be provided whenever appropriate. Options include Level Up; Get Ready; Guiding Good Choices; What's With Weed; Strengthening Families for the Future; Strengthening Families for Parents and Youth; Challenges, Beliefs and Changes.
- b. Enhance effective parenting skills, as identified in Action 2.
- c. Support and deliver programs and initiatives that address risks of impaired decision making, including driving under the influence, being a passenger with a driver who has been drinking or used substances, and unplanned sexual activity after using substances. Program options include The Challenges, Beliefs, and Changes Program; PARTY (Prevent Alcohol and Risk Related Trauma in Youth); and Under the Influence Impaired Decision Making Toolkit.

5. Address Alcohol, Cannabis & Opioid Use & Reduce Related Harms

- a. Promote and disseminate the [Low-Risk Alcohol Drinking Guidelines](#) and [Lower Risk Cannabis Use Guidelines](#).
- b. Promote and continue to distribute Take Home Naloxone Kits to individuals at risk of opioid overdose and their loved ones. Kits can be distributed during individual contacts with clients and patients, as well as during pop-ups at community events or in conjunction with education and awareness initiatives.
- c. The Towards Recovery Prevention & Promotion Team is currently developing a Provincial Alcohol Action Plan. Once developed, recommendations for action will be disseminated among internal and external stakeholders.

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