

MENTAL WELLNESS FOR PEOPLE WITH DISABILITIES FORUM

PRESENTERS & TABLE FACILITATORS

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EXECUTIVE SUMMARY

The Mental Wellness for People with Disabilities Forum brought together disability and mental health organizations to address the following question: **“How can non-profit organizations and service providers contribute to positive mental wellness for the people with disabilities whom we serve?”**

To focus the discussion, a presentation outlined some of the major mental wellness-related challenges faced by people with disabilities. Based on an online survey and twelve focus groups conducted prior to the forum, the major issues impacting mental wellness for people with disabilities were identified in three distinct categories: Mental Wellness Programming, Education & Training, and Raising Awareness.

Following the presentation, forum participants were divided into tables and asked to consider practical solutions to the identified problems. Facilitated discussions, conducted both online and in person at the forum, resulted in recommendations within the same three categories. Facilitators from each table presented these calls to action during the plenary discussion.

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The Vancouver Disability Solutions Network presents:

MENTAL WELLNESS FOR PEOPLE WITH DISABILITIES FORUM

On November 28, 2023, approximately 150 participants -- 50 in person and 100 online -- gathered in downtown Vancouver to address the following question: **“How can non-profit organizations and service providers contribute to positive mental wellness for the people with disabilities whom we serve?”**

The Mental Wellness for People with Disabilities Forum was organized by the Vancouver Disability Solutions Network, a collaborative initiative co-led by the Disability Foundation and Disability Alliance BC, and co-sponsored by the Canadian Mental Health Association, Vancouver-Fraser Branch. To generate forum content and identify the major challenges related to mental wellness, a survey of people with disabilities was circulated online, with a total of 90 respondents.

Twelve focus groups, with an average of five participants each (50 participants in all) were conducted both online and in person prior to the forum.

OPENING REMARKS

Ruby Ng, Executive Director, Canadian Mental Health Association, Vancouver-Fraser Branch

Opening remarks focused on the importance of having a shared vision for the disability community, collaborating to improve services to people with disabilities, and coming up with actionable solutions to the challenges discussed during the forum.

PRESENTATION: SURVEY AND FOCUS GROUP DATA

Adrienne Fitch, Project Coordinator, Vancouver Disability Solutions Network

At the forum, survey and focus group data were conveyed through an infographic report and a presentation interspersed with direct quotes from the focus group sessions. During the presentation, forum participants were asked to consider actionable solutions to the problems identified, with an emphasis on supplementing and improving, rather than replacing, existing mental health services.

FACILITATED DISCUSSION

Table and Online Facilitators

Following the presentation of survey and focus group data, forum participants divided into eleven groups (eight in-person groups and three online groups). Three 40-minute brainstorming sessions were conducted, based on three sets of discussion questions. Table and online facilitators summarized the results of the brainstorming sessions during a plenary discussion.

OBSERVATIONS AND COMMENTS

Focus Groups and Forum Participants

This section summarizes the observations and comments made by both focus group and forum participants, based on three categories: Mental Wellness Programming, Education and Training, and Raising Awareness. The next section will summarize calls to action, or the key recommendations of the Mental Wellness for People with Disabilities Forum.

MENTAL WELLNESS PROGRAMMING

The term “mental wellness” was deliberately chosen by forum organizers to avoid medicalizing something that is universal. Regardless of whether a diagnosis exists, everyone can benefit from paying attention to their mental wellness. Mental wellness emphasizes self-acceptance and self-care, rather than curing an illness or fixing something that is broken.

Survey and focus group data and table discussions during the forum revealed a number of suggestions for improving mental wellness programming. These include focusing on a specific type of mental wellness rather than trying to do everything; adapting programming to the time of year (e.g. the holidays); and encouraging clients to consider the benefits of volunteering (helping themselves by helping others).

The discussions also revealed that the development of mental wellness programming should take into consideration the following factors: [▲](#)

Diversity

A primary consideration coming out of the survey and focus groups is the huge diversity of people seeking mental wellness-related programming. This group includes people with disabilities who work full-time, and those who live in poverty and are barely able to fill their basic needs; those who are high-functioning and those who live with severe illness and extremely limited mobility and access.

This translates to a need for mental wellness programming to better reflect client diversity based on mobility, level of functioning, language barriers, poverty, severity of disability, disorder or illness, etc. Mental wellness programming also needs to be offered at various times of day, including evening and late at night, and it should be available both online and in person.

Table discussions during the forum revealed a number of ideas to address the wide diversity of people with disabilities who seek mental wellness programming. For Newcomers with Disabilities, it is particularly important to find peer support workers who share a common language, culture and country of origin with the client. Disability organizations could reach out to settlement organizations such as MOSAIC for assistance. They could also offer cultural competency workshops targeting students pursuing a particular field; make the workshops available at various times and in various formats and languages; ensure they are accessible; and offer the option of self-paced, online workshops (beyond 9-5).

Other ideas for accommodating diversity include:

- Continuously evaluate mental wellness programming. Seek feedback before, during and after training about what works and what should be done differently. Make a constant effort to listen to clients. People with disabilities place a huge value on being consulted and listened to.
- Ensure the program design is flexible with general guidelines that can be adapted as needed. Be specific about what you are trying to achieve but avoid rigidity. [▲](#)

Eligibility

The consensus among survey and focus group participants was that mental wellness programming needs to be free or low-cost. It should not require a referral or force people to “jump through hoops.” A significant number of participants reported being told they are too high-functioning or “not sick enough” to access programs or qualify for services. This barrier, particularly frustrating in times of crisis, results in a severe lack of preventative care and support, a tendency to exaggerate symptoms in order to be taken seriously, and a higher degree of care than is actually needed (e.g. hospitalization). A common refrain from the focus groups was that mental wellness programming need not always involve mental health professionals. Compassion, sensitivity and active listening and facilitation skills were considered as important as professional training. [▲](#)

Counselling and Peer Support

Survey and focus group data reflected the enormous demand for free or low-cost counselling services, both online and in person. Participants noted long waiting lists, inadequate number of sessions, and psychiatrists being willing only to write prescriptions but not offer talk therapy. Peer support was widely seen as an excellent, low-cost alternative to counselling. Data showed widespread support for training more peer support workers and navigators, who know the system and can sort out availability, referrals and eligibility. Increased funding would make peer support more available throughout the community rather than only in hospital or mental health team settings.

Table discussions during the forum revealed a number of ideas for enhancing peer support through collaboration. Rather than train new peer support workers, organizations could tap into the existing cohort of registered peer support workers by connecting with schools that provide accreditation. They can connect with Neighbourhood Houses and Community Centres through their outreach workers, who specialize in peer support and can offer mobile clinics. They can work to improve connections between psychiatrists, psychologists, peer support workers and non-profits, all of whom have unique perspectives. They can also partner with a volunteer network (or engage their own volunteers) to meet with clients, listen to their concerns and offer support.

Other ideas for enhancing peer support include:

- Work to establish a database of Peer Support workers that people can access.
- Look into self-management tools, strategies and technologies that help clients support each other without the need for clinical supervision.
- Draw inspiration from the private sector (e.g. CIBC’s Peer Mentorship Program).
- Use Meetup.com to schedule a group discussion on a topic, e.g. Problem Solving for Peers with Disabilities. Meet regularly, with a new topic each time. Hire a facilitator with lived experience, pay them well. Use a hybrid format with various supports, such as closed captioning. [▲](#)

Reduce Stigma

To reduce stigma and be more inclusive to the wider community, focus group participants suggested framing mental wellness programming around a specific issue rather than a diagnosis. For example, programs can be targeted to people who are grieving the loss of a loved one, or who have difficulty getting to sleep or getting out of bed, rather than to people suffering from anxiety or depression. A suggestion coming out of table discussions during the forum was targeting events to both people with and without disabilities, to start new conversations and reduce stigma. [▲](#)

EDUCATION AND TRAINING FOR INDIVIDUALS, FAMILIES AND FRIEND GROUPS

This forum defines “family” as not just blood relatives but as those who are in the lives of people with disabilities and who know them best. This section explores training for individuals in managing their own mental wellness, as well as training for family and friend groups on how best to support their loved ones.

Survey and focus group data and table discussions during the forum revealed a number of skills that should be taught to those supporting friends and family members who struggle with mental wellness. These include:

- Mental Health First Aid
- Communication skills (non-violent)
- Active listening (empathic, validating)
- Building trust
- Fostering resilience and positivity
- Problem solving
- Service navigation
- Setting/maintaining healthy boundaries
- Diversity and inclusivity (EDI)
- Empathy, awareness of ‘toxic positivity’
- Confidentiality, creating safe spaces
- Anger management, conflict resolution
- Trauma informed care
- De-escalation
- Cultural sensitivity

Several ideas were raised about training and practices for professional service providers to improve support on behalf of their clients. These include:

- Best practices for managing time-based and age limits (e.g. “handing off” clients)
- Self-care and wellness for the support provider
- Train staff on benefits of peer support
- Mandatory clinical debriefing
- Prebriefing and orientation to connect client with other agencies
- Resource education for medical practitioners, private practices
- Create opportunities for organizations to present their expertise to each other (e.g. business to business training)
- Establish mental wellness committees within organizations, create opportunities for liaison and collaboration
- Know when clients are ready to receive support (e.g. crisis mode)
- Know when you’re out of your depth and need to refer out

One of the discussion groups recommended the Training the Trainer model, where people who complete the training are qualified to train others. To ensure that education and training initiatives accommodate a diversity of needs, forum participants suggested that training programs be:

- free or low-cost
- both online and in person
- both one-on-one and in groups
- adaptable to evolving needs based on client feedback
- accessible to all disabilities
- available in all languages
- offered in a variety of formats (videos, handouts, booklets, etc.); and
- targeted to individuals, service providers, front-line workers, volunteers, coaches, families and friends of people with disabilities, etc.

The discussions also revealed that education and training programs should take into consideration the following factors: [▲](#)

Fears About Suicide

Focus group participants said they have hesitated to talk to loved ones about suicidal thoughts out of a fear that the police would be called and they would be locked up. Fear causes many people over-react or under-react to disclosures of suicidal thoughts. Training programs such as Mental Health First Aid could teach people active listening skills as well as how to deal with their own fears, spot red flags and offer support. Training programs could also target individuals who are struggling with mental wellness but don't know how to ask for support. [▲](#)

High School Level

Focus group participants noted that education and training on mental wellness is needed at the high school level, as the issues affect teenagers at increasingly younger ages. A mother in one of the focus groups said she reached out to her daughter's school but received no help until the situation reached a crisis point. Teenagers who see their friends daily might tell each other things they would never reveal to a parent or teacher. A high school program might teach kids how to spot warning signs and support their friends without betraying their confidence.

Table discussions during the forum revealed a number of suggestions for mental wellness-related training at the high school level. One forum participant, a former youth support worker, has hosted youth drop-ins and made presentations at schools and community centres. He said that for organizations to successfully reach out to youth, sessions need to be fun, relaxed and engaging. He suggested using humour, allowing for short attention spans (e.g. a 1-minute TikTok instead of a 10-minute YouTube video), feeding them pizza, giving out free stuff, speaking to teens as equals (i.e. not talking down to them), bringing in youth workers or peer mentors to exert a big brother or big sister type influence, and using the first few sessions to get to know each other and get comfortable before bringing up mental wellness.

Other suggestions for mental wellness-related training at the high school level include:

- Create a safe environment that is accepting and non-judgmental
- Include fun activities like dance/theatre, and sessions on social media and its impact on teens
- Assist in creating high school wellness clubs and mental health weeks
- Train teens to conduct peer support training sessions at high schools; offer customized volunteer mentoring opportunities and practicum placements to students of various ages
- Involve parents and students without disabilities to reduce stigma
- To normalize mental wellness and early prevention, start training at young ages within the school system
- Create a best practices document to ensure quality of services across school districts [▲](#)

Discharge from Hospital

A focus group participant who was also a stroke victim said her husband and children received specialized training right before she was released from GF Strong. The training covered the physical and behavioural changes her family could expect to see in her, such as being more tired, forgetful and taking longer to manage simple tasks. It also focused on ways to help her and supportively communicate with her, which she said was very helpful emotionally. This kind of training could be adapted for mental health patients and their families. [▲](#)

RAISING AWARENESS

According to our survey of people with disabilities, two of the greatest barriers to accessing mental wellness programs were: (1) Not knowing how to find information about services and (2) Not having enough guidance on finding services. This indicates a need to raise awareness regarding mental wellness programs. It also indicates a need for trained specialists to provide guidance and assistance with accessing services, which can be an overwhelming and intimidating process.

Survey and focus group data and table discussions during the forum revealed that raising awareness on mental wellness-related programming should take into consideration the following factors: [▲](#)

Centralized Online Resources

Resources targeted to those seeking mental wellness-related services and programs, including search engines and directories, are often limited to a list of organizations and/or websites. According to focus group participants, these lists are inadequate as people struggling with mental wellness are rarely in a position to do the research or legwork needed to access services. This points to a need for a centralized online hub where all programs and services appear in one place and are updated regularly.

Table discussions during the forum revealed a number of suggestions for centralizing mental wellness-related resources. These include:

- Create joint and shared resource lists focused on specific topics such as peer support, workplace mental health, etc.
- Coordinate mental wellness-related event listings for VDSN member organizations: online forums, drop-in centre activities, peer support group meetings, workshops, training sessions, etc. Update monthly or even weekly.
- Create a Google Live document on mental wellness resources in City of Vancouver archives; provide links to it on websites for the city, non-profits and CMHA. [▲](#)

Promotional Literature

As not everyone is internet or even computer savvy, focus groups identified a need for promotional literature on mental wellness and education/training programs. This means distributing brochures, pamphlets and fact sheets in community centres, libraries, doctors' offices, trade shows, job fairs, etc.

[▲](#)

Improved Collaboration

Focus group participants noted that it is difficult to receive quality referrals when non-profits and service providers are unaware of what others in the disability and mental health community are doing. Improving collaboration between organizations would help raise awareness about mental wellness-related programs and also make it easier to access the services they need.

Table discussions during the forum revealed a number of ideas for improving collaboration between non-profits and service providers. By organizing joint activities where agencies create and play through various scenarios, non-profits and service providers could share knowledge, expertise and experience. They could build partnerships based on the strengths and assets each organization brings to the table, such as facilities for program venues, volunteer networks and expertise in program design and development. They could also coordinate to avoid program duplication and time conflicts.

Other ideas for improving collaboration include:

- Avoid barriers to collaboration such as political agendas, over-competitiveness, "staying in your zone," and fear of comparison or failure. Embrace the benefits of consolidating resources and creating a strong, diverse team.
- Keep the momentum going for forums such as this one.
- Find the balance between strengthening the system vs. duplicating services within it. [▲](#)

Specific Disabilities, Diseases and Conditions

Many of the focus group participants felt strongly about the need to raise public awareness, not only about mental wellness programs, but about their own specific disability, disease or condition. They wanted people to understand what their lives are like, what it means to be restricted in your movement, or to have trouble breathing everywhere you go because of allergies and auto-immune conditions, or to be left out of conversations at family events because you're deaf and no ASL interpreters are available. In addition to raising awareness through promotional literature, online

resources, social media, billboards and bus ads, focus group participants also supported bringing people together for live public discussions and town hall meetings, both online and in person.

Table discussions during the forum revealed a number of ideas for raising awareness about specific disabilities, diseases and conditions. These include:

- Be sensitive to language, intersectionality, authenticity
- Provide more speaking opportunities for individuals to share their stories
- Showcase talents of people with disabilities via art shows, Arts Festival partnerships, sports events
- When sharing stories about people with disabilities, follow up with them (e.g. a year later) and evaluate their story's impact. Beware of "inspiration porn."
- Create opportunities people with disabilities to make give presentations to the general public and answer questions.
- Distribute pamphlets on specific disabilities at libraries, community centres, doctors' offices. [▲](#)

Other Ideas for Raising Awareness

Table discussions during the forum revealed a variety of ideas for raising awareness about mental wellness-related programs and services. These include:

- Offer ways for clients to stay connected to resources after leaving a program
- Organize more forums like this one, targeted to people with lived experience and fully accessible
- Regularly attend community events and forums to stay up-to-date; get into real conversations rather than just picking up brochures at trade shows
- Use platforms such as Meetup.com, which already has infrastructure, search engine, etc., to promote a program or support group
- Use Instagram instead of a monthly newsletter.
- Targeted ads in online, print and social media (particularly Facebook)
- Draw inspiration from Japan: Every few months, a coffee shop in Japan employs seniors with dementia as servers. Customers are told, "Expect that your order will be wrong and you're going to wait." People loved it and the popularity of the program actually helped their business. Another Japanese coffee shop uses robots to serve drinks and food. The robots are operated by quadriplegics or people who are bedridden and can't leave their house. [▲](#)

CALLS TO ACTION: KEY RECOMMENDATIONS OF THE MWPD FORUM

This section summarizes specific recommendations and calls to action, based on the presentations made at the end of the forum by Table and Online Facilitators.

RECOMMENDATIONS: MENTAL WELLNESS PROGRAMMING

- Form partnerships with established peer support groups who engage in peer support as their main bread and butter to draw on their knowledge and expertise.
- Support creating funded peer support worker positions within non-profit and community programs at libraries, community centres and Neighbourhood Houses. Present cost/benefit outcomes to endorse funded positions.
- Use a mentoring model to match peers who are at different stages of mental wellness. When people struggle with the same issues it is hard for them to show empathy.
- Give more focus to disability types that are not well-supported, do not attract as much funding and may lack access to mental wellness programs.
- Adapt methods from the “Knowledge Exchange” and “Communities of Practice” models to accommodate diversity, bridge differences between various disabilities and address concurrent disabilities.
- Create recreational programming based on common interests (e.g. cooking, gardening) to build trust, get people to come out. Mental wellness discussions will happen over time. [▲](#)

RECOMMENDATIONS: EDUCATION AND TRAINING

- Create a standardized curriculum for peer support training amongst organizations
- Collaborate with libraries, give them a larger role in developing training programs
- Establish collaborative initiatives to offer training throughout the community: settlement organizations, Neighbourhood Houses, naturopaths, homeless shelters, food banks, housing providers, income support offices.
- At the high school level, let teens lead the conversation. [▲](#)

RECOMMENDATIONS: RAISING AWARENESS

- Establish a centralized knowledge hub, website or clearinghouse on programming and services related to mental wellness. Provide a searchable database.
- Capacity build BC211; support collaborative initiatives with mental wellness specialists. [▲](#)