Chapter 1 Introduction

The Mental Health Commission of Canada has been given the responsibility to initiate and guide a process that will result in the first mental health strategy for Canada. The purpose of this mental health strategy is to focus national attention on mental health issues and provide a roadmap for implementing a truly comprehensive approach to mental health and mental illness.

The impetus for this initiative was an acknowledgement that a country-wide focus and a common vision for a transformed system are key to bringing mental health issues out of the shadows forever. It was also driven by a general recognition that all jurisdictions have not given sufficient attention to mental health and are confronted with similar challenges.

In this chapter, we discuss:

1. The guiding principles which have been adopted to guide the development of a mental health strategy for Canada;
2. The Commission's two-phased approach for developing the strategy;
3. The public consultation process undertaken by the Commission to obtain feedback on their draft document *Towards Recovery and Well-Being – A Framework for a Mental Health Strategy for Canada* (see Appendix 1).

1.1 Guiding Principles

It should be noted that the role of the Mental Health Commission of Canada (MHCC) is neither to dictate, nor to implement a mental health strategy for Canada. Rather, the role of the Commission is that of a catalyst and a convener. Given that health care and social services are largely provincial/territorial responsibilities, it is not surprising that Canada does not currently have a "national" strategy. The Commission's mandate is to create a space and process to enable the coming together of all those involved in mental health issues or affected by mental health problems and illnesses, to build common ground, generate synergies and move towards a common set of goals that will help drive the desired change. This includes not only the various levels of government, but also stakeholder organizations, members of the public, and perhaps most importantly, those living with mental health problems or illnesses, their families, and the health service providers that work with them.

A number of key principles were adopted to help guide the development of a mental health strategy for Canada:

- **Practical:** the ultimate document must be a "practical" one that assists governments and other stakeholders to address the many challenges associated with improving the mental health and well-being of people living in Canada. Practical, but ambitious nonetheless, positioning itself "just inside the outer edge of political feasibility."
- **Adaptable:** it is essential to respect the reality that the organization and delivery of health and social services in Canada are largely a provincial and territorial responsibility. The strategy must therefore be adaptable to all the different regions and jurisdictions in the country.
- **Inclusive:** the strategy must be inclusive and address the mental health needs of Canadians in all their diversity.
- **Collaborative:** the development of the strategy must be crafted collaboratively and build on existing strengths across the country – and avoid "reinventing the wheel."

The Commission also believes that the strategy must be **comprehensive**, that is, it should:

- Speak to prevention and promotion (upstream issues), as well as recovery, treatment and care (downstream issues);
- Address the full range of people's needs in a holistic fashion;
- Look at the system as a whole, both at the community and institutional levels;
- Reflect Canada's diversity and be inclusive, looking at all population groups, across the lifespan;
- Be pertinent for all regions of the country, including Northern, remote and rural communities; and,
- Address all aspects of policy that touch on mental health, across private, public and not-for-profit sectors, across jurisdictions and government departments.

1.2 A Two-Phased Approach

The transformation of the mental health system is a complex, multi-faceted undertaking. Recognizing this, the Commission has opted for a two-phased approach, focusing first on ***WHAT*** a transformed mental health system might look like, and then, in the second phase, on ***HOW*** to achieve this vision.

At the heart of Phase 1 was the development of a draft Framework document, entitled ***Towards Recovery and Well-Being – A Framework for a Mental Health Strategy for Canada***. The draft framework document, which articulates the vision for ***WHAT*** a transformed mental health system should look like, was developed by Commission staff in the summer and fall of 2009 (see Appendix 1).

It is important to stress that the Framework does not itself articulate the mental health strategy for Canada. Rather, it is a discussion document put forward by the Commission to enable a fruitful discussion on what ***goals*** should guide the development of a mental health strategy for Canada. As such, the real purpose of the Framework is to help build consensus around a coherent, consistent approach to the development of the mental health strategy, and the eventual articulation of implementation strategies. The Commission believes that a strong consensus on broad goals is needed in order to enable the mental health community to tackle the more difficult job of deciding ***HOW*** to achieve them.

The first review of the framework document was undertaken by the MHCC's Consumers' Council, a group of Commission family members who have openly shared their personal experience of mental health problems or illness. Additional feedback was solicited from the MHCC Board of Directors and Advisory Committees, as well as from federal, provincial and territorial officials. A revised public version of the draft framework document was published in January 2009 – the first document to be released for public discussion by the Mental Health Commission of Canada. This internal review process – and the public consultation process that followed (outlined in section 1.3) – not only provided detailed feedback on drafts of the Framework but also helped build working relationships with stakeholders, which is an important part of a broader consensus-building process.

Phase 2 will focus on ***HOW*** to achieve the vision and present a detailed plan of action, sector by sector, constituency by constituency, built around measureable objectives that align with the broad goals set out in the framework (the strategy is to be completed by the fall of 2011).

Towards Recovery and Well-Being – A Framework for a Mental Health Strategy for Canada.

The January 2009 draft framework *Toward Recovery & Well-Being* set out eight high-level goals that are key to a comprehensive approach to mental health and mental illness in Canada; one that can both foster recovery for people living with mental health problems and problems and illnesses, and promote the mental health and well-being of all people living in Canada. The goals captured, in general terms, the elements that need to be addressed if we are to succeed in transforming how mental health issues are approached. They were designed to be relevant to all people living in Canada and to all mental health contexts.

The draft framework document proposed that a transformed system include the following integral elements:

1. The hope of recovery is available to all;
2. Action is taken to promote mental health and well-being and to prevent mental health problems and illnesses;
3. The mental health system is culturally-safe, and responds to the diverse needs of Canadians;
4. The importance of families in promoting recovery and well-being is recognized and their needs are supported;
5. People of all ages have equitable access to a system of appropriate and effective programs, services and supports that are seamlessly integrated around their needs;
6. Actions are based on appropriate evidence, outcomes are measured and research is advanced;
7. Discrimination against people living with mental health problems and illnesses is eliminated, and stigma is not tolerated;
8. A broadly-based social movement keeps mental health issues out of the shadows – forever.

1.3 The Public Consultation Process

In addition to soliciting feedback on the draft Framework from within the broad Commission family, the Mental Health Commission of Canada also sought to gather input from individuals and organizations that had an interest in or were affected by mental health issues across the country, prior to revising and finalizing the document. A two-pronged consultation process was therefore launched, immediately following the public release of the January 2009 draft of *Toward Recovery & Well-Being*. This included a series of Regional Dialogues and a parallel Online Consultation, open to the public and to stakeholder groups.

Regional Dialogues

Over the months of February to April 2009, a total of twelve full-day Regional Dialogues were held in the cities of St. John's, Halifax, Montreal, Toronto, Thunder Bay, Winnipeg, Regina, Edmonton, Vancouver, Whitehorse, Yellowknife, and Iqaluit (see Appendix 2 for Regional Dialogue Supporting Materials).

In addition, the Commission hosted three "focused consultations"[1] in Ottawa, to further explore the perspectives of three specific groups: representatives of First Nations, Inuit and Métis organizations; federal departments with responsibility for policies that have an impact on mental health and mental illness; and representatives of national organizations, including health professional associations.

*Approximately **450 individuals** participated in the Commission's Regional Dialogues, from coast to coast to coast, and representing a broad array of perspectives and experiences (a more detailed profile of participants is provided in Chapter 2). Close to **160,000 words of detailed notes** were produced from the Regional Dialogues.*

The dialogues were by invitation only and each involved 25 to 35 participants representing a variety of stakeholder groups and perspectives. The Commission's objective was to reach out to diverse groups, while keeping the dialogue sessions to a manageable size. Advice from national, provincial, territorial and local stakeholders was actively incorporated to ensure that the invitee list was as balanced as possible.

The dialogues were structured to maximize the opportunities for participants to make concrete suggestions to improve the document, to raise pertinent issues for their regions, as well as to furnish the Strategy Team with comparable data across regions. The following steps were followed across the Regional Dialogues:

- The dialogue began with "pre-test" keypad voting on each goal statement, to assess participants' initial "gut reaction" to each of the eight goal statements, and to the eight goals taken together.
- This was followed by a short presentation on the role and mandate of the Commission, and a brief overview of the Framework by Dr. Howard Chodos, Director, Mental Health Strategy (the majority of participants had received a copy of the Framework, along with questions for reflection, at least one week prior to the session).
- Participants were then assigned to small groups, for a facilitated discussion. Each group was tasked with reviewing three to four of the 8 goals, with a focus on identifying what they liked about the formulation and description of the goals; areas of concerns; and suggested changes, deletions or additions.
- Each group then shared its conclusions with the plenary, thus allowing for a broader plenary discussion on all goals.
- The day ended with a round of "post-test" keypad voting, to assess shifts in attitudes towards each goal statement following the day's discussions.

[1] Throughout this report, the term "Regional Dialogues" refers to both the twelve regional dialogues and the three focused consultations.

Online Consultations

The ***"Setting the Goals to Guide a Mental Health Strategy for Canada"*** bilingual online consultation ran from February 11 until April 19, 2009 (9.5 weeks, including a 2.5 week extension). It was designed to expand the reach of and complement the Regional Dialogues being hosted during this period by the Commission, and to collect input from members of the general public, as well as from stakeholder groups.

*In total, over **1,700 members of the general public** and **300 stakeholder groups** availed themselves of the opportunity to share their views with the Commission. Together, they provided over **465,000 words of comments**[2] on the eight goals proposed by the Commission and on whether or not the goals taken together adequately described the direction and scope of change required to transform Canada's mental health system (a more detailed profile of participants is provided in Chapter 2).*

Fig. 1.1: Online Consultation Website "Splash" Page

Français

Setting the Goals to Guide a Mental Health Strategy for Canada

Stakeholder Consultation	**Public Consultation**
If you want to participate as a **representative of an organization or group**, please click here to participate	If you want to participate as an **individual citizen**, please click here to participate.

Canada is the only G8 country without a mental health strategy. The Mental Health Commission of Canada has been given the responsibility to work with Canadians to address this gap.

The first step is to work out shared goals to guide the development of a mental health strategy. The Commission is seeking public and stakeholder input on the eight goals that are set out in the document *Toward Recovery and Well-Being – A Framework for a Mental Health Strategy for Canada.*

This draft framework document proposes a vision for WHAT a transformed mental health system should look like. Your input will help us to finalize the draft framework, and to set the stage for developing a detailed roadmap for HOW to achieve the eight goals it contains.

Your contribution to this exercise is important: it is only by working together that we will keep mental health issues out of the shadows – forever.

This online consultation is being hosted by the Mental Health Commission of Canada – an independent, not-for-profit organization dedicated to improving the health and social outcomes of people living with mental health problems and illnesses as well as to promoting the mental health and well-being of all Canadians.

[2] By way of comparison, Leo Tolstoy's famed "War and Peace" counts 460,000 words in its Russian edition and 560,000 (approximately 1,400 pages) in its English translation.

Recruitment for the Online Consultation process was conducted through a number of means: a broad email campaign (with the assistance of a variety of local, provincial and national stakeholder groups), promotion during the Regional Dialogues, media coverage, and word of mouth within the mental health community.

Both online audiences were provided with two options for participation: they could complete an online workbook and were provided with the opportunity to submit qualitative feedback on the Framework.

The **online workbook** provided a brief overview of each of the eight goals proposed by the Commission and allowed participants to react to each goal through a mix of close-ended and open-ended questions. It also included the same pre/post-test questions as were posed to those who attended the Regional Dialogues. It should be noted that members of the general public and representatives of stakeholder groups were asked to complete the same online workbook, to facilitate a comparative analysis of their respective perspectives (see Appendix 3 for Online Consultation Supporting Materials).

Contrary to traditional public opinion research surveys, online workbooks are designed to first, allow participants to learn about the issues and options under consideration, and second, to gather their thoughts and perspectives on these topics (see Fig. 1.2). As such, the online workbook includes both "educational" content, and various question sets. Given the Commission's objective to broaden its outreach, it was decided that the online workbook would be as "open" as possible, to encourage the greatest possible level of participation. As such, the online workbook:

- Provided **public** participants with the option of registering prior to participation (by providing their first name, last name and email address) or to participate anonymously (given the often sensitive and personal nature of the issue);
- Welcomed the participation of any individual or group with an interest in the issue (self-selected sample); and
- Did not force participants to respond to questions when working through the workbook (resulting in a varying number of responses for each question).

In addition, each audience was also offered the opportunity to provide "free form" **qualitative comments**. Members of the general public were invited to share their **personal stories and ideas** relating to any of the eight goals, and to comment on whether the eight goals taken together adequately described the direction and scope of change required to transform Canada's mental health system (up to 500 words per submission).

Participants could also choose to have their submission published in the shared area of the public consultation website for other participants to read, or submit it privately, to be included in the final analysis only (see Fig. 1.3).

Fig. 1.2: Online Consultation Workbook – Goal 1 Overview and Questions

Setting the Goals to Guide a Mental Health Strategy for Canada

Goal 1

The Hope of Recovery is Available to All

Over the past 15 years, mental health policy and practice in many countries has centered on fostering the recovery of people living with mental health problems and illnesses. This recovery focus has been driven, in large part, by people living with mental health problems and illnesses themselves, who believe a recovery approach respects their rights and dignity and builds on their strengths and abilities.

A recovery approach is important, because all too often, people with a mental illness are told that they should not expect to get any "better"; that they will never be able to do the same things as everyone else, like hold a job or be able to take care of themselves.

At the same time, the word recovery does not necessarily mean the same thing as 'cure.' People living with a mental health problem or illness may have some limitations because of their illness, and still "recover their lives." They can improve their quality of life and contribute actively to the community.

A recovery focus is based on the principles of hope, empowerment, choice and responsibility. It means that people with mental health problems and illnesses should be treated with the same dignity and respect as their fellow citizens. It also means that they should have the opportunity to lead meaningful lives in the community, despite any limitations associated with their condition, and free from the effects of stigma and discrimination.

Did you Know?

Over time, 25% of people with serious mental illnesses get to the point where they show no observable signs or symptoms and have no other effects that hold them back.

PREVIOUS

Click NEXT to continue

Setting the Goals to Guide a Mental Health Strategy for Canada

Goal 1: Your Views

There are many different views related to recovery. The Commission wants to know what you think.

*On a scale of 1 to 7, where 1 is LOW and 7 is HIGH, please indicate **your level of agreement** with each of the following statements:*

	LOW 1	2	3	4	5	6	HIGH 7
Service providers need to share the hope that people living with even the most severe mental health problems and illnesses can achieve a better quality of life.	○	○	○	○	○	○	○
People living with mental health problems and illnesses should be able to choose which services and supports (e.g., medication, housing) work best for them.	○	○	○	○	○	○	○
Services and supports organized and operated by people living with mental health problems and illnesses should be better funded and supported as a key part of the mental health system.	○	○	○	○	○	○	○
Promoting recovery (even though it does not mean "cure") is unrealistic because it gives people a false sense of hope.	○	○	○	○	○	○	○
The principles that underpin a recovery approach – hope, empowerment, choice and responsibility – can be applied to all population groups and to people of all ages.	○	○	○	○	○	○	○
The transformation of the mental health system should be driven by a recovery approach.	○	○	○	○	○	○	○

PREVIOUS NEXT

Click NEXT to continue

Step 9 of 37

Setting the Goals to Guide a Mental Health Strat

Goal 1: Your Views

To what extent do you **support** the following statement as a goal for a mental health strategy for Canada?

Goal 1: The Hope of Recovery is Available to All

Recovery is understood as a journey of healing that builds on individual, family, cultural and community strengths, and enables people living with mental health problems and illnesses to lead meaningful lives in the community, despite any limitations imposed by their condition. Family caregivers, service providers, peers and others are partners in this journey of recovery.

I do not support it at all. 1	2	3	4	5	6	I fully support it. 7
○	○	○	○	○	○	○

Thinking about Goal 1, is there anything missing for you, or is there anything that you would like to remove, change or strengthen?

(Maximum 200 words)

PREVIOUS NEXT

Click NEXT to continue

Step 10 of 37

Fig. 1.3: Public Online Consultation Workbook – Shared Area and Sample Story

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Out of the Shadows
Forever

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- About the Initiative
- Spread the Word!
- Paper version
- Reading Room
- Read stories and ideas
- Keep in Touch
- Help/FAQs
- MHCC home

Watch MHCC TV

Read stories and ideas

A A A

Welcome to the Shared Area! These are the stories and ideas that other participants have chosen to share with visitors to this website.

Come back and visit this page regularly to read the latest stories and ideas!

Please note: all submissions are posted in their language of origin.

Click here to share your story or idea!

What	Title	Date
Accessibility and integration of services and supports	Journey through the Maze....	02/13/2009
Stigma and discriminations	Corporations and discrimination of employee's with Mental Illness	02/15/2009
Stigma and discriminations	A student's experience with discrimination	02/18/2009
Scope and direction of eight goals taken together	Everyone needs to be an advocate for mental health	02/18/2009
Cultural Safety and diverstity	glen's story	02/19/2009
Stigma and discriminations	in the workplace	02/19/2009
Promotion and prevention	Promotion of empowerment	02/19/2009
Accessibility and integration of services and supports	The long road to recovery	02/20/2009
Hope of recovery	My Son	02/25/2009
Scope and direction of eight goals taken together	Student Nurse UPEI	02/26/2009

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My Son

A A A

I am a mother of an 11 yr. old boy diagnosed with Tourettes, ADHD and Anxiety. He is special to my husband and me as our only child. He survived his premature delivery (at only 29 weeks & 3 lbs, 12 oz.)and the first four years of his life were a joy to us. Our hopes and dreams for our son were quickly dashed by an unsympathetic school system that could barely tolerate our son's differences. By the age of 6, he was showing siigns of depression and used phrases like "just throw me in the garbage" and "kill me". We endured constant battles with the school and felt like horrible parents. As our son's behaviours did not improve, we became more withdrawn from the community. It became difficult to endure the stares in public, the looks that said we were incompetent and the stress that it caused us and our son. By the third grade, after a two year wait, he was finally accepted into a school treatment program, where he learned coping strategies and was placed in an enviroment that helped him feel more positively about himself. This, coupled with training for us as parents through some community counselling support (which we had to pay for), but mostly by doing our own research to help our son, we found tools to help us overcome the challenge of raising this boy. We can now say that with the appropriate help & support, we feel more competent to parent this child, more able to accept him ourselves and to help him succeed with whatever he wants to do with his life, there are almost no limitations! Our journey has been long. I have not worked outside the home for the past 11 years. I have spent the last 6 years volunteering, advocating for my son in the school system, involvement with a parent-led organization for Children's Mental Health, as well as a Special Education Advisory Committee member in our school board and learning how to parent my mentally ill son. I can't imagine how parents manage when both partners are working, or how single parents can cope. We couldn't have done it without each other! I can finally say I am looking forward to working again in the near future. This would not have been possible if not for the advances we've made through the school treatment program and our own perseverance. positive outcomes are possible, but require a lot of work, patience and strategy. We need this Comission and a mental health strategy that focusses on early intervention. Keep up the good work!

Please click here to return to the Shared Area

Similarly, stakeholders were invited to provide **comments and suggestions** on any of the eight goals, and to comment on whether the goals taken together adequately described the direction and scope of change required to transform Canada's mental health system. Stakeholders could provide this input by either filling in the form provided on the consultation website, or by uploading a PDF document summarizing their comments (up to 1,000 words per submission in either case). Given the greater length of their submissions, the stakeholder consultation website did not include the same "sharing" feature as did the public site.

Break-Down of Total Online Submissions

As outlined in the table below, a total of 1575 members of the general public, and 199 stakeholders, launched an online workbook, both groups demonstrating very high completion rates (82% for members of the public, 90% for stakeholders, as outlined in Table 1.1). It is also worth noting that only 27% of public respondents chose to participate anonymously – a relatively low percentage, given the very personal nature of mental health and mental illness, and the prevalence of stigmatization/self-stigmatization.

Table 1.1: Online Consultation Workbook – Total Workbook Entries

	Started*	Completed**	Completion Rate
Public	1575 *(27% anonymous)*	1289	82%
Stakeholders	199	179	90%

** Completed at least 3 questions, excluding demographic and evaluation questions.*
*** Completed at least 1 of the last set of close-ended questions (post-test).*

In addition to the close-ended questions included in the online workbook, online respondents also provided a combined total of **390,000 words of comments** in the text boxes provided for this purpose in the online workbooks.

Participants who preferred a more flexible input mechanism could opt to share their stories and ideas (in the case of members of the general public), or comments and suggestions (in the case of stakeholders). This option generated another **75,000 words of comments**, along with over 44 stakeholder briefs and other written submissions provided by email or in PDF format, many of which exceeded the 1,000-word limit.

	# of Submissions	Approximate # of Words
Public Stories and Ideas	186	50,220
Stakeholders Comment and Suggestions	88	24,787 * ** Excluding the 44 briefs and other written submissions provided by email or in PDF format.*

Chapter 2
Profile of Participants

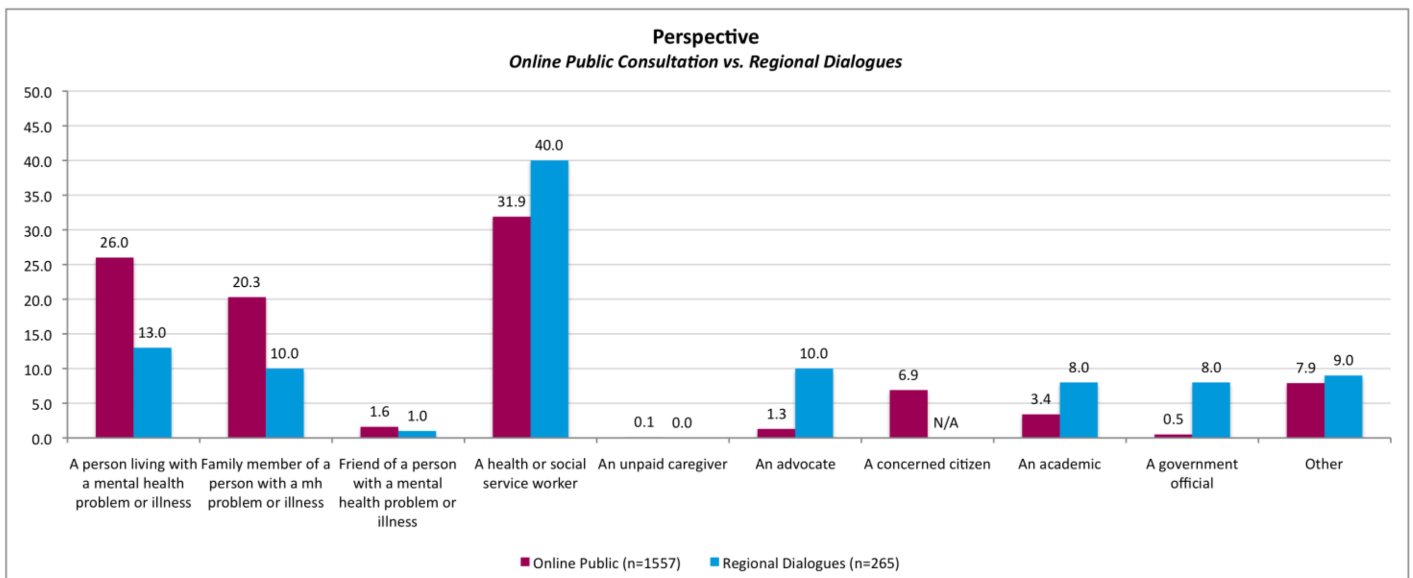
The Commission's two-pronged consultation process allowed for a broad chorus of voices to be heard, with overall participation generally reflecting the diversity of both the mental health community and, to a good extent, the general population (despite the fact that participation was self-selected and therefore not a random sample).

2.1 A Broad Chorus of Voices

In reviewing the "mix" of participants online and offline, it became apparent that the combination of multiple modes of participation allowed for a greater diversity of voices to be heard, particularly when one contrasts the profile of Regional Dialogues participants with those who participated in the Public Online Consultation.

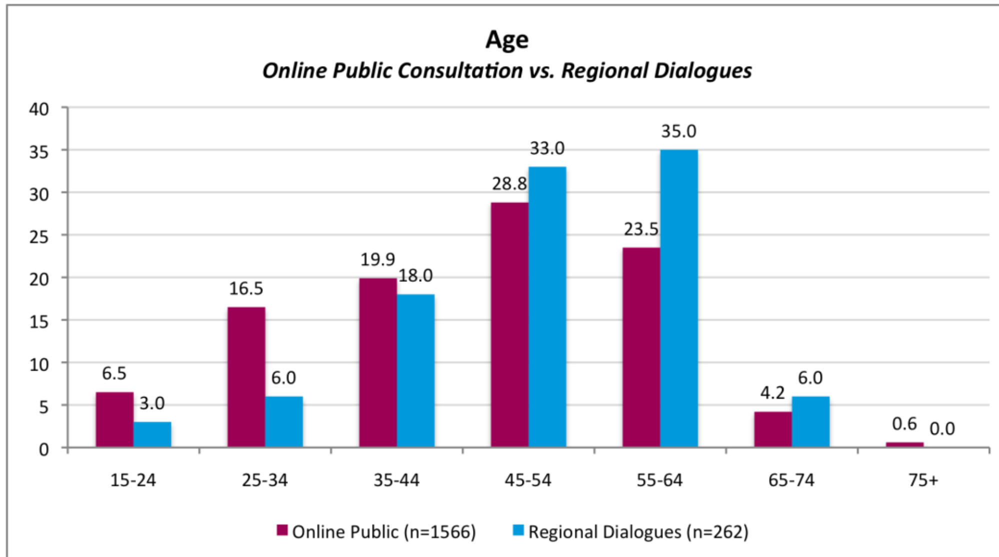
In particular, the Online Consultation allowed for greater participation of persons living with a mental health problem or illness, their families and "concerned citizens" – while the Regional Dialogues had a slightly higher representation of health or social service workers, advocates, academics and government officials (see Chart 2.1). This is somewhat in keeping with the nature of each process, with online participation being more easily accessible, more private and less onerous.

Chart 2.1: Online Public Consultation and Regional Dialogues Participants by Perspective



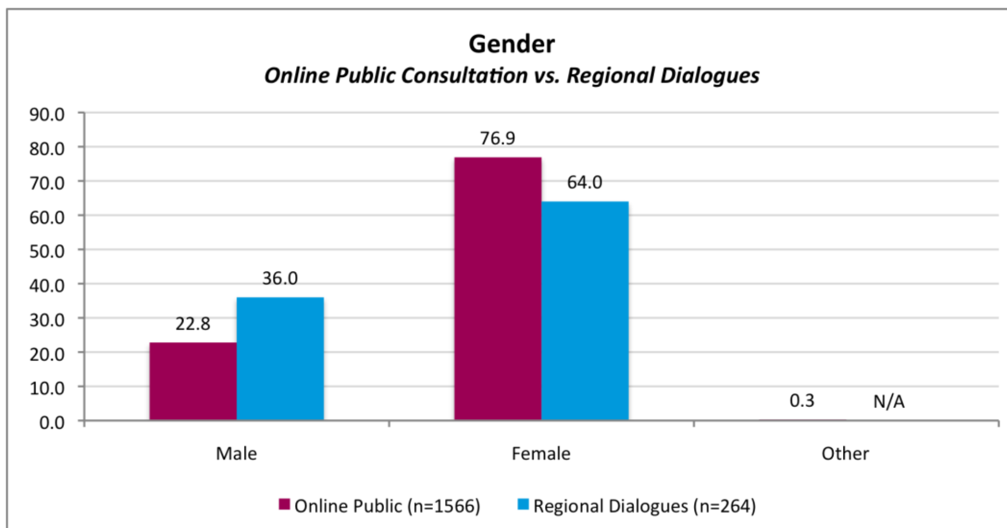
Similarly, the age distribution of participants across both processes is noticeably different, with the online process attracting the participation of a higher percentage of younger respondents (as illustrated in Chart 2.2, 23% of online public respondents were aged between 15 and 34).

Chart 2.2: Online Public Consultation and Regional Dialogues Participants by Age



Finally, while participants in both streams of consultation were predominantly female, slightly more males participated in the Public Online Consultation than did in the Regional Dialogues (see Chart 2.3):

Chart 2.3: Online Public Consultation and Regional Dialogues Participants by Age



2.1 Public Online Consultation

The Public Online Consultation clearly broadened the reach of engagement. In addition to allowing the Commission to hear from a greater number of persons living with mental health problems or illnesses and their family members, youth and “concerned” citizens; it also fostered cross-sectional participation of Aboriginal people, rural Canadians, persons identifying themselves as members of an ethno-racial group, and new Canadians[3], as illustrated by the charts that follow (see Charts 2.4, 2.5, 2.6 and 2.7):

Chart 2.4: Public Online Consultation: Aboriginal Heritage

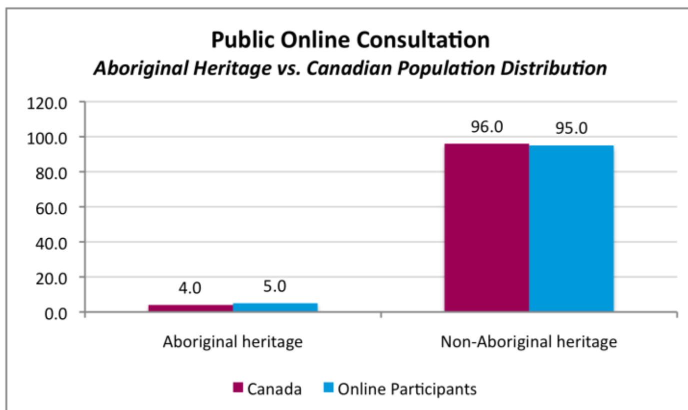


Chart 2.5: Public Online Consultation: Rural/Urban Dwellers

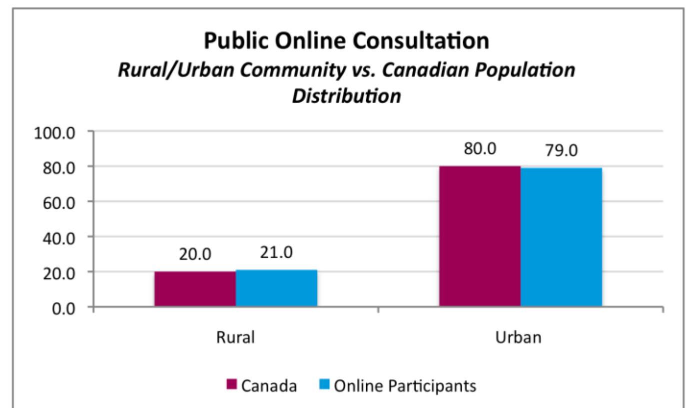


Chart 2.6: Public Online Consultation: Ethno-Racial Heritage

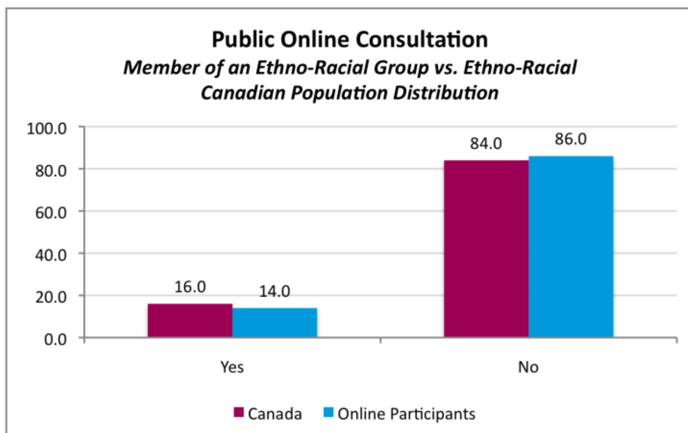
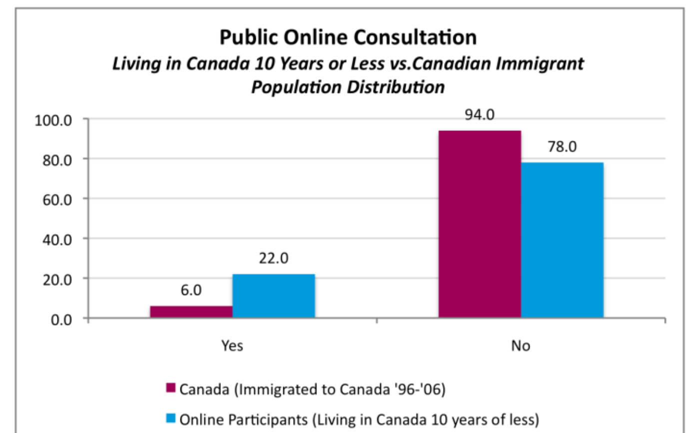


Chart 2.7: Public Online Consultation: New Canadians



[3] Canadian population distribution - Source: Statistics Canada, 2006 Census of Population

The Public Online Consultation also succeeded in reaching significant numbers of people with lower income and lower educational attainment. While their numbers were lower than the national average (see Charts 2.8 and 2.9), these groups are typically very difficult to reach – using online means or otherwise – and their participation in the Commission's consultation was relatively good.

Chart 2.8: Public Online Consultation: Annual Household Income

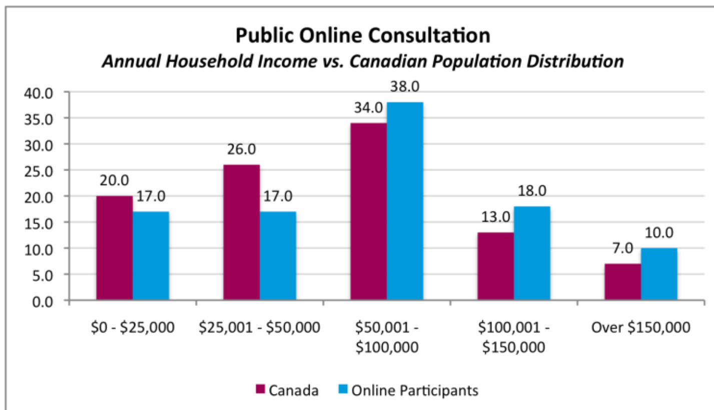
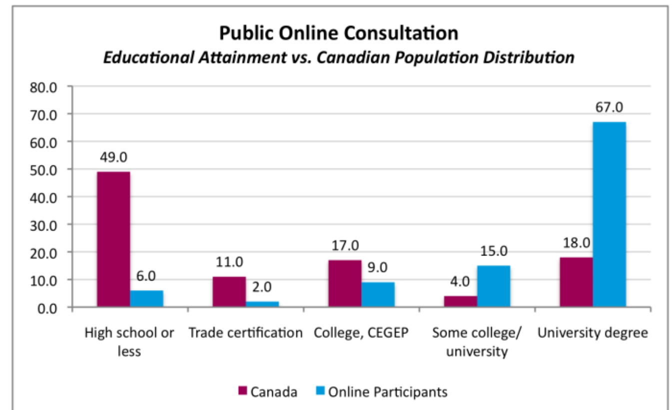
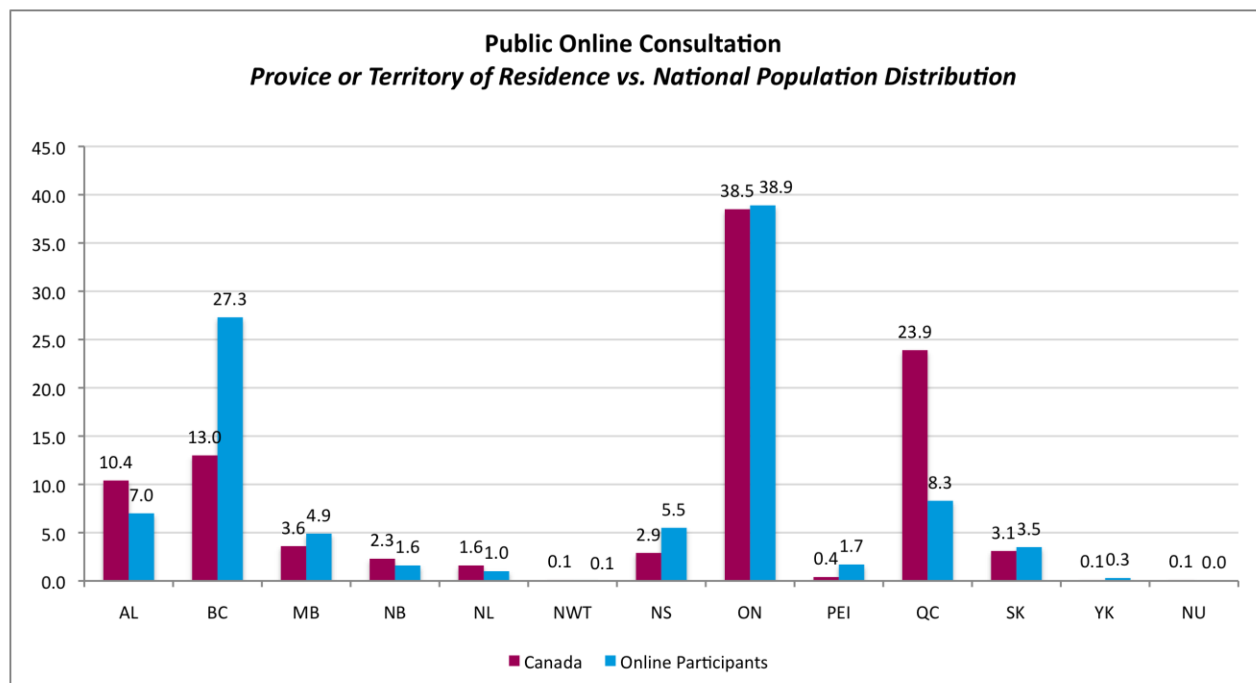


Chart 2.9: Public Online Consultation: Educational Attainment



Finally, online public respondents were predominantly English-speaking (94%), and although every province and territory was represented – save Nunavut – participation was disproportionally high in British-Columbia and low in Quebec (see Chart 2.10).

Chart 2.10: Online Public Consultation: Province or Territory of Residence



2.2 Stakeholder Online Consultation

Close to 400 representatives of stakeholder organizations registered to submit online feedback on the Framework, with three-quarters of these choosing to complete the online workbook and/or submit written comments. As illustrated by the charts that follow (see Charts 2.11 and 2.12), feedback was received from a broad diversity of stakeholder organizations, from the largest to the very small/local, representing diverse perspectives across the country.

Chart 2.11: Online Stakeholder Consultation: Nature of Organization

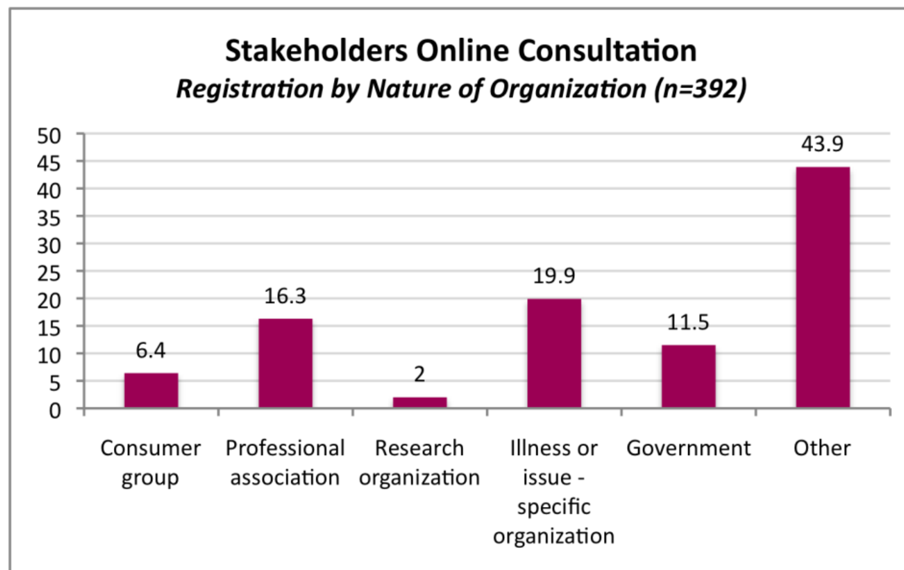
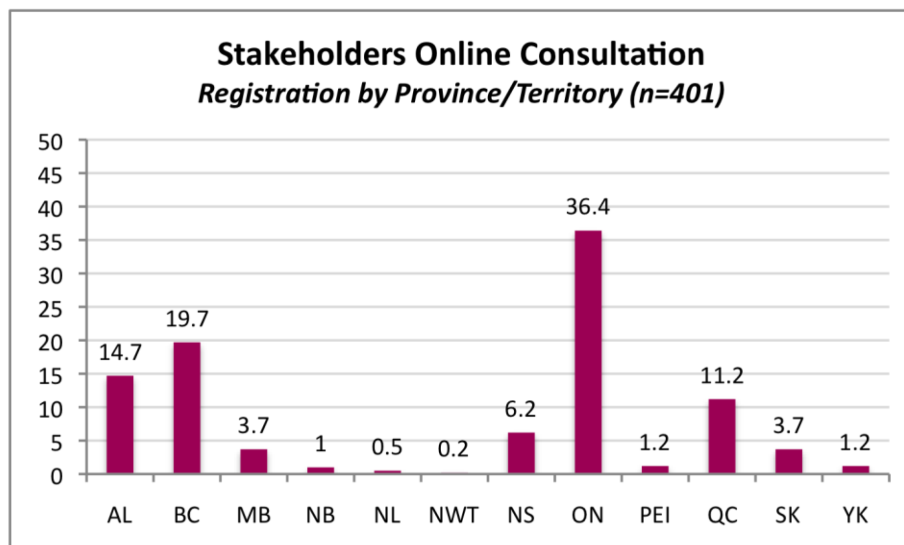


Chart 2.12: Online Stakeholder Consultation: Province or Territory



Chapter 3
The "Report Card"

On the whole, feedback on the Framework, and on the Commission's work and approach, was very positive and enthusiastic, both from Online and Regional Dialogue participants. Moreover, a strikingly high degree of congruence was noted across all audiences (i.e., Regional Dialogues, Online Public and Stakeholder Consultations) – which unequivocally points to a consensual basis for moving forward.

In this Chapter, we discuss participants' overall reactions to:

1. The Framework document; and
2. The Commission's public consultation process

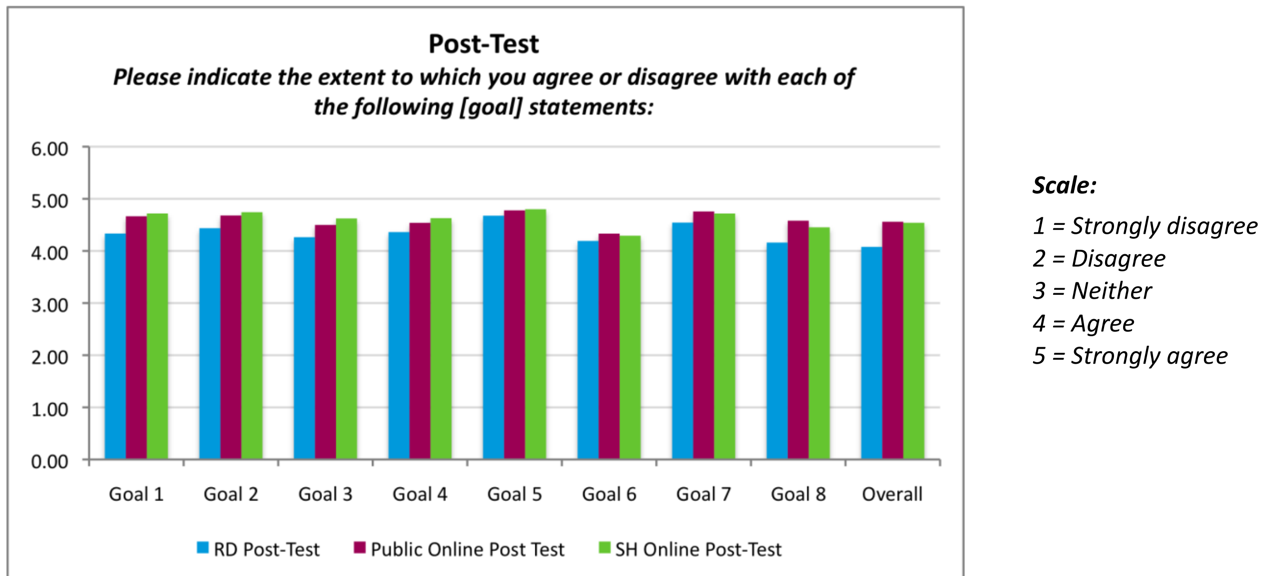
3.1 Reactions to the Framework

Notwithstanding the detailed and constructive feedback provided by participants on the Framework (which is presented in Chapter 4), reactions to the eight goals outlined in the Framework, and to the eight goals taken together as a "Framework," were on the whole very positive and stood the test of participants' scrutiny (see Appendix 4 for Public Online Summary Data Tables and Appendix 5 for Stakeholder Online Summary Data Tables).

This is powerfully illustrated by the fact that a comparative analysis of pre- and post-test results indicates that initial reactions to each goal statement and to the eight goals as a "package" was positive across all audiences – and remained relatively stable following a more detailed examination of the Framework (see Chart 3.1). In other words, each goal, and the 8 goals taken together as a "package," scored a weighted average of at least 4 out of 5 (where 4 = Agree, 5 = Strongly Agree) in both the pre-test and the post-test, across all audiences (see Chart 3.1).

Goals 5 (Access) and 7 (Eliminating Stigma and Discrimination) received the broadest support, followed by Goals 2 (Promotion and Prevention) and 1 (Recovery). In relative terms, Goal 6 (Research) received the lowest support, though its post-test rating was still above 4 (4.27).

Chart 3.1: Post-Test Results



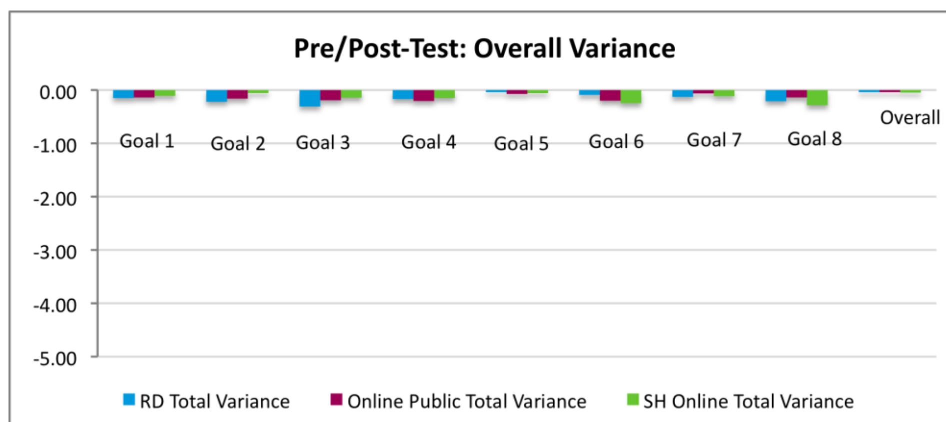
Scale:

1 = Strongly disagree
2 = Disagree
3 = Neither
4 = Agree
5 = Strongly agree

With regard to pre/post-test variance, and keeping in mind that the variance never exceeded 0.3 on a 5-point scale:

- Goal 5 (Access) received by far the most consistent support across all audiences, followed by Goals 7 (Eliminating Stigma and Discrimination), 1 (Recovery) and 2 (Prevention and Promotion).
- Goals 6 (Research) and 8 (Social Movement) saw the greatest decline in support, followed by Goals 3 (Cultural Safety) and 4 (Families).
- Total pre/post variances in support of the "overall package" were stable for all groups (0 for both Public Online and Regional Dialogue participants; 0.05 for Online Stakeholder respondents).

Chart 3.2: Pre/Post-Test Variance



3.2 Reactions to the Consultation Process

Overall, participants rated their Regional Dialogue and/or Online Consultation experience very highly.

Over (95%) of Regional Dialogue participants strongly agreed or agreed that:

- The dialogue agenda was relevant (focused on the right topics);
- They felt they could express their views freely;
- They valued this opportunity to contribute to the creation of a mental health strategy for Canada; and,
- They enjoyed participating in this meeting.

In relative terms, they were slightly less satisfied with "the diversity of perspectives in the room" and "the amount of time provided for informed discussion on the proposed goals for a mental health strategy for Canada" – although both items were rated positively by 78% and 80% of participants respectively. In their comments, many participants also noted concerns with respect to the feasibility of implementation (issues relating to the ***HOW***, such as timelines, priorities, measures, funding) and indicated that they would have liked this to be part of the day's discussions.

Table 3.1: Regional Dialogue Participants: Sample Evaluation Comments

Regional Dialogue Participants: Sample Evaluation Comments
We just scratched the surface, but truly appreciated the opportunity to contribute to an excellent document and the organization was great (Regina)
Excellent process – great listening on the part of facilitators – I learned from everyone here and appreciate the opportunity to build at least a beginning consensus. (Vancouver)
I would have liked one more day to get the details on the "Hows" (Yellowknife)
Great job in structuring the session. Liked the voting and liked discussing in small groups. Liked the openness and professionalism of organizers and staff (Ottawa).
J'ai aimé votre accueil, votre ouverture et le respect du différent point de vue. Bravo! Vous avez fait un sacré bon boulot! (Montreal)
Should have had a consultation with consumers only (Halifax)
Representation from chronic disease organizations etc. was lacking as well as culturally-specific organizations and age-specific groupings (Toronto)

Similarly, evaluation responses from online public and stakeholder respondents were also very positive:

- Roughly three-quarters strongly agreed or agreed that the workbook helped them to better understand the Commission's proposed approach for developing a mental health strategy for Canada.
- Based on this experience, 76% of public respondents and 81% of stakeholder respondents intend to stay connected with the Mental Health Commission's work.
- Based on this experience, 78% of public respondents and 75% of stakeholder respondents would consider completing another workbook in the future.

In their comments, online participants also frequently thanked the Commission for this opportunity to contribute to the development of the mental health strategy, for the opportunity to express their views and to read those of others.

> *I am very grateful to all those who wrote submissions and they expressed themselves very well and it made me personally feel good to know people were willing to get involved , many things I could relate to so thanks.*
>
> *Ontario Online Participant*

> *I am submitting another comment to the commission. I would like the commission to really consider what has been said by all participants in this survey and treat everything very seriously. If there is a genuine desire to help promote good mental health and prevent bad mental health then the problems that have been addressed need to be taken very seriously.*
>
> *Ontario Online Participant*

Public Engagement Priorities Moving Forward

Notwithstanding the excellent feedback received with regard to the Commission's public consultation process, it is important to keep in mind that work remains to be done to reach out to a greater diversity of Canadians:

- Despite the fact that the proportion of online public participants who self-identified as Aboriginal Canadians, new Canadians and/or as belonging to an ethno-racial group reflected the national population distribution, much more must be done to engage these groups – theirs are minority voices and as such, they should be over-represented in a process of this importance and magnitude.

- Overall, outreach efforts towards French-speaking Canadians were less successful (despite targeted efforts by the Commission in this area), with only one French-language Regional Dialogue (Montreal) and very low levels of online participation by francophones, including only a handful of francophones from outside Quebec.

- The vast majority of participants in both the online and in-person consultations were from within the mental health community, broadly defined.

As such, reaching out to the broader public, to other sectors (e.g., justice, education), to francophones and to marginalized groups will be a critical part of the next phase of the Commission's work – and will require the active mobilization of a vast array of networks.