

## Mental Health Commission of Canada

Development of a Mental Health Strategy for Canada – Phase II

### Roundtable Meeting on Transforming the Mental Health System

April 22-23, 2010, Ottawa



## Roundtable Highlights Report

Prepared May 11, 2010 by



**1. Participant Profile:** A total of 42 participants attended the roundtable, representing all regions of Canada (Figure 1.2). Almost 85% were 'Baby boomers' (those aged 45-64). Youth and young adults, in the 15 to 34 age band, made up the smallest group, at 5% (Figure 1.1). In terms of primary perspective, a strong majority of the participants (61%) participated as health or social service professionals, followed by government officials (27%). However, when asked about their secondary perspective, almost half (46%) indicated family members/friends, followed by health or social service professionals (22%), then people living with a mental illness or problem (12%), with academics/researchers (8%) and others (7%) the smallest percentages (Figure 1.3).

**2. Person Centred:** When asked to identify key challenges associated with achieving a person-centred system and how to overcome them, participants responded with the following: modify the term / definition to reflect the role of relationships; need for a service-provider paradigm shift; support for consumers to assess their options / help them make informed choices; address the diversity of mental health needs and sectors; allocate resources and deliver services based on consumer needs; and, build evaluation into person-centred care.

When asked what needs to be in place to realize a person-centred mental health system, participants recommended: a paradigm shift for service providers / professionals; nurture constructive relationships between providers, consumers and families; expand the use of peer support and advocacy for system change; focus on community-based approaches and increase resources to address social determinants of health; balance risk and choice; and, use social marketing to spread the message.

Participants' indicated high satisfaction with the elements of a person-centred approach identified by the Commission, with 80% of participants either 'agreeing' or 'strongly agreeing' (Figure 2.6). Support for the person-centred individual elements was even higher, particularly for the first (responding to each person's specific context) and third (ensuring that people living with a mental health problem or illness are able to take an active role in decision-making within their care team), both deemed to be 'important' or 'very important' by 100% of the participants (Figures 2.1, 2.3).

**3. Comprehensive:** Participants discussed key challenges (associated with achieving a comprehensive mental health system ) and identified a variety of ways of addressing the challenges: ensure that adequate and flexible funding is in place; adopt a whole population approach, across the lifespan; Integrate health and mental health planning taking into account social determinants of health; focus on

primary care as the starting point of a comprehensive system; and, integrate governance and management approaches at the local level with a recovery approach.

To realize a comprehensive system, participants recommended the following: ensure adequate, targeted funding for various levels of the system; focus leadership on holistic services within the community; strengthen mental health presence at primary care level; comprehensive plans to serve the whole population, including diverse needs; improve continuity in the provision of services; address social justice and social determinants of health; engage all stakeholders in system transformation; and, mandate key sectors for mental health training.

Voting on the need for a comprehensive approach to the mental health system revealed a relatively high level of support, with 84% of participants voting that they ‘agreed’ or ‘strongly agreed’ that the combined features presented describe what is needed to achieve a comprehensive mental health system (Figure 3.6). Participants’ assessment of the individual features of a comprehensive system revealed even higher levels of support, with particularly high levels of support for ‘ensuring coordination across primary care, hospital and community-based services’ (voted as ‘important’ or ‘very important’ by 97% of participants) [Figure 3.4].

**4. Integrated:** Key challenges to achieving an integrated mental health system, as identified by participants, are: need for greater clarity (in concrete terms) on what integration means, backed by evidence regarding outcomes; leverage common goals across different actors to bring about system change; ensure effective leadership (bottom-up and top-down) to ensure smooth transition; provide appropriate services where they can be easily accessed; and, provide flexibility to have an advocate for each consumer, if required.

To realize an integrated system, participants pushed for the following: develop a framework for an integrated system and operationalize it in concrete terms; reorient service provider / professional training, education and practice to overcome fragmentation, and focus on serving clients; integrate / organize services around clients, ensuring system navigation support; harness leadership (political, departmental, management) for change; involve consumers at all levels; and, change funding models to cover comprehensive services.

Assessment of whether the features presented and roundtable discussions described what is needed to achieve an integrated approach to mental health revealed lower levels of agreement than with preceding features, with 66% of participants voting ‘agree’ or ‘strongly agree’ (Figure 4.6). ‘Coordinating services across mental health, addiction, health and social sectors’ and ‘ensuring continuity in services across the lifespan’ garnered much support – seen to be ‘important’ or ‘very important’ by 98% and 95% respectively of respondents (Figures 4.3, 4.5).

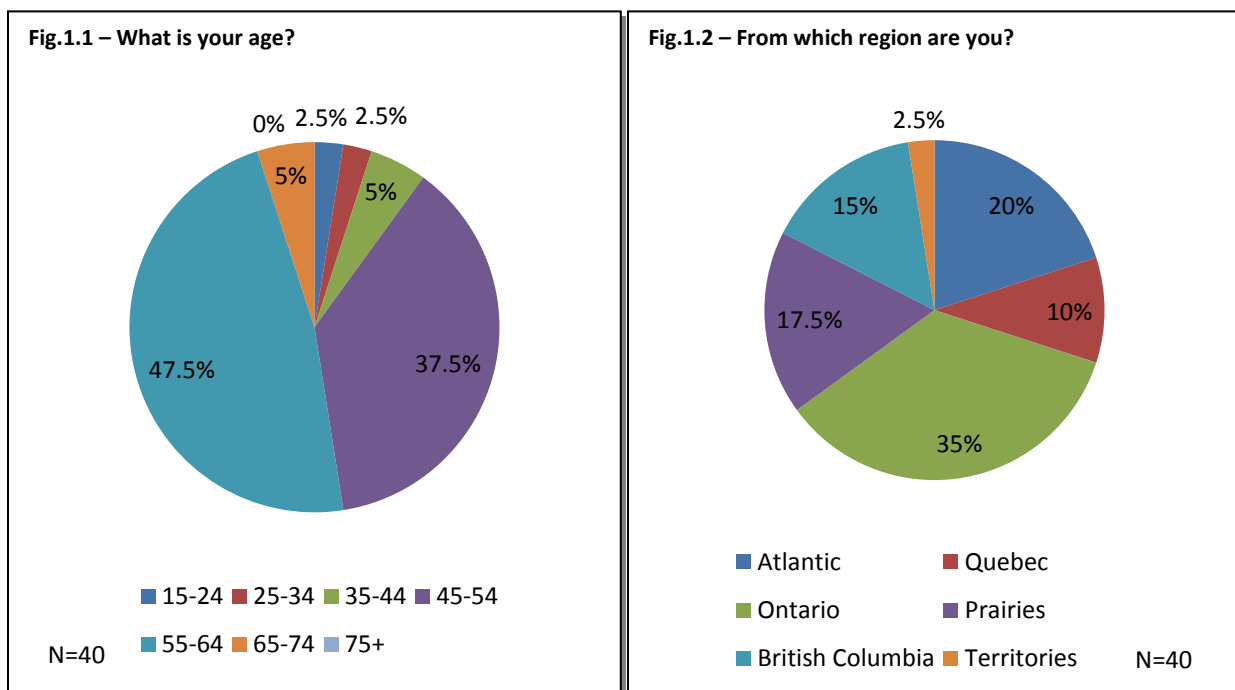
**5. Accessible:** Participants noted the following challenges to achieving an accessible system: providing flexible and timely delivery of a full range of services, including better use of technology; increased and optimized resources to fund innovation; adopting a whole population approach, to meet the needs of all Canadians; diversity of communities requires equitable, not equal, access to services; engaging communities to overcome stigma and other barriers; addressing various gaps in the system to improve accessibility; inclusive and bold leadership and decision-making.



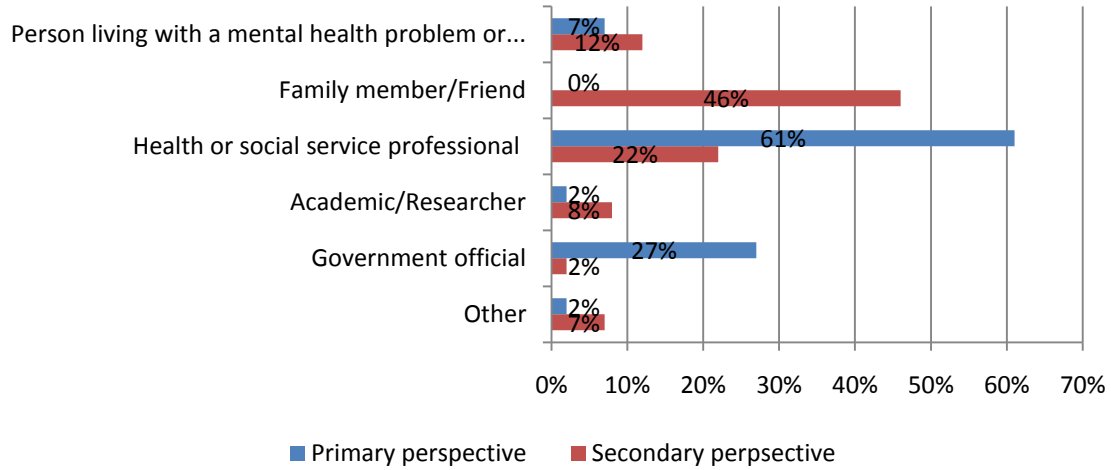
Participants recommended the following actions to help realize an accessible system: engage and use all actors within system to drive change; set targets, and allocate funds accordingly; harness technology and innovation to improve and expand service access; foster and support community service delivery innovation; ensure increased and secure funding for person-centred mental health services; encourage bold leadership; and, foster mental health literacy and public education.

Support was high for the features presented and the roundtable discussions describing what is needed to achieve an accessible mental health system, with four fifths (79%) of participants voting that they ‘agreed’ or ‘strongly agreed.’ Of the five features of an accessible system, ‘providing timely access to programs, assessments, treatments, services, and supports’ garnered the highest level of support, voted as ‘important’ or ‘very important’ by 100% of participants. ‘Addressing attitudinal barriers to access’ was not deemed to be as important as the other elements, voted as ‘important’ or ‘very important’ by 7% of participants.

5. **Participant Evaluations:** the evaluations were overall very positive. Participants valued the opportunity to participate, found the travel and accommodation assistance helpful. There was less agreement around the length of the roundtable, the utility of the presentations on the background paper, and diversity in the room.

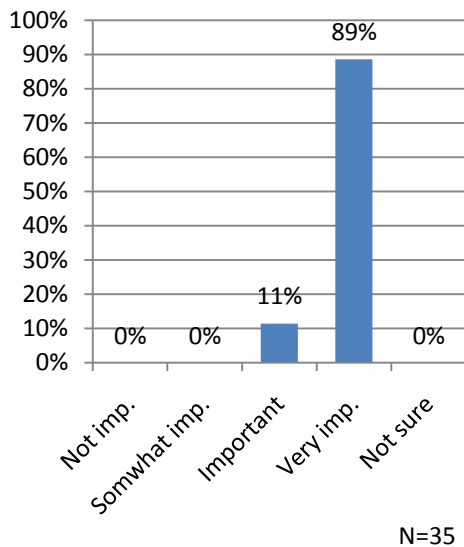


**Fig. 1.3 – Which would you describe as your primary/secondary experience with mental health issues?**

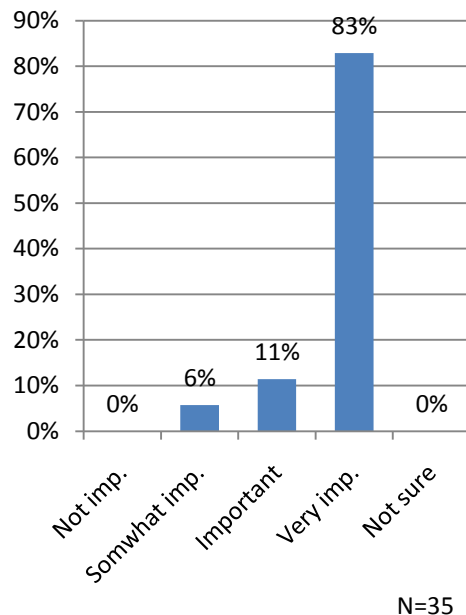


## 2. Person centred

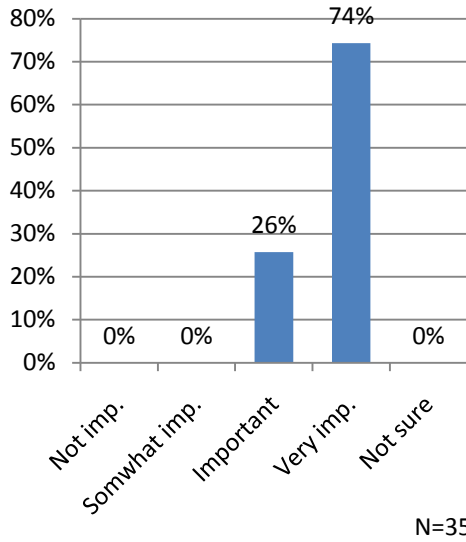
**Fig. 2.1 – Q1/5: Responding to each person’s specific context: understanding the person’s needs and strengths within his or her family and cultural context.**



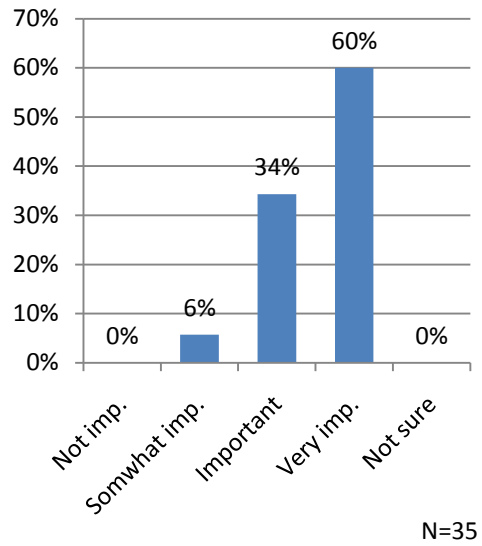
**Fig. 2.2 – Q2/5: Allowing people to choose at least some of the services, and treatments they want.**



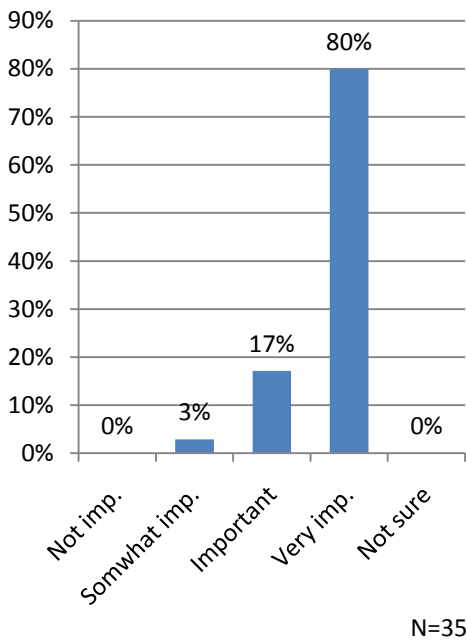
**Fig. 2.3 – Q3/5: Ensuring that people living with a mental health problem or illness are able to take an active role in decision-making within their care team**



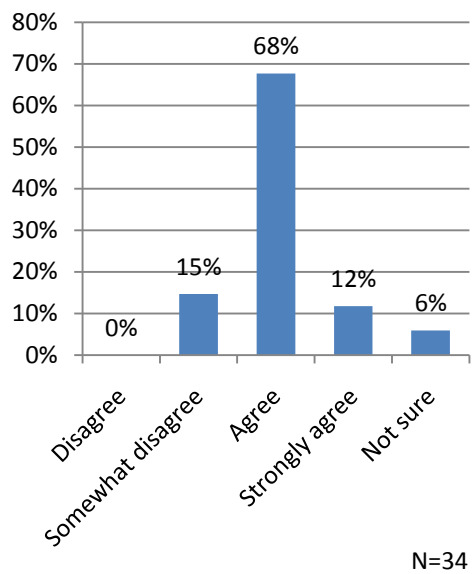
**Fig.2.4 - Q4/5 People living with mental health problems and illnesses, their families and significant others, play an active role in system transformation**



**Fig. 2.5 - Q5/5: Responding to each person's multiple needs in a holistic, co-ordinated fashion**

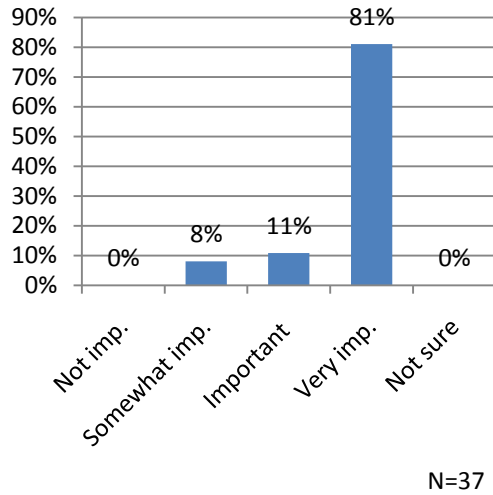


**Fig. 2.6 - Overall, the features presented and the Roundtable discussions describe what is needed to achieve a person-centred mental health system.**

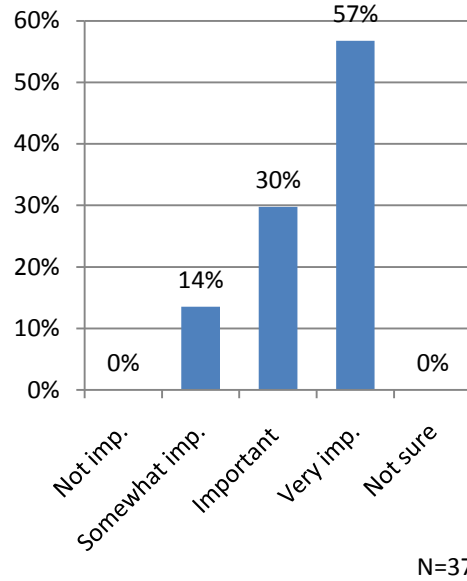


# 1. Comprehensive

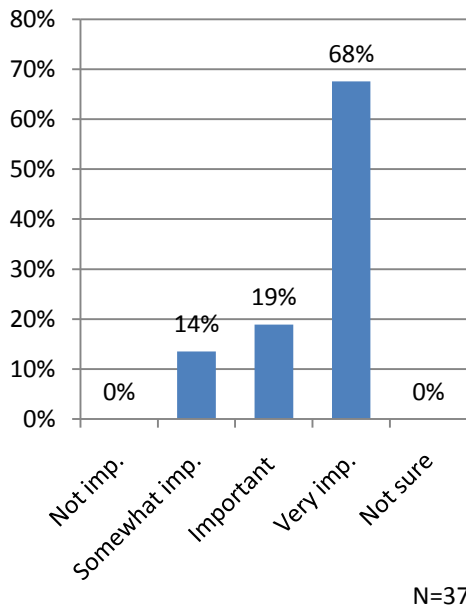
**Fig. 3.1 – Q1/5: Providing a full continuum of services, treatments, and supports that embraces early recognition and intervention, targets people and communities at risk, and promotes the mental health of the whole population.**



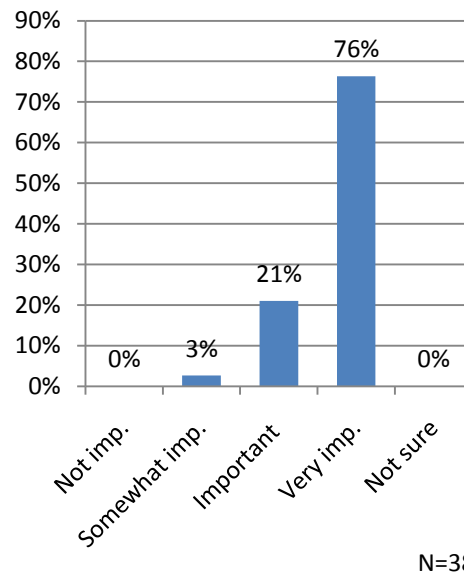
**Fig. 3.2 - Q2/5: Incorporating mental health promotion and mental illness prevention throughout the system**

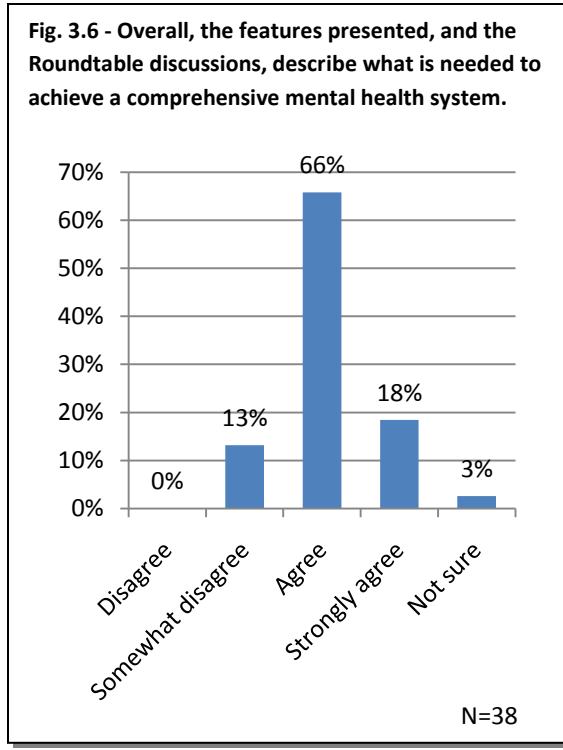
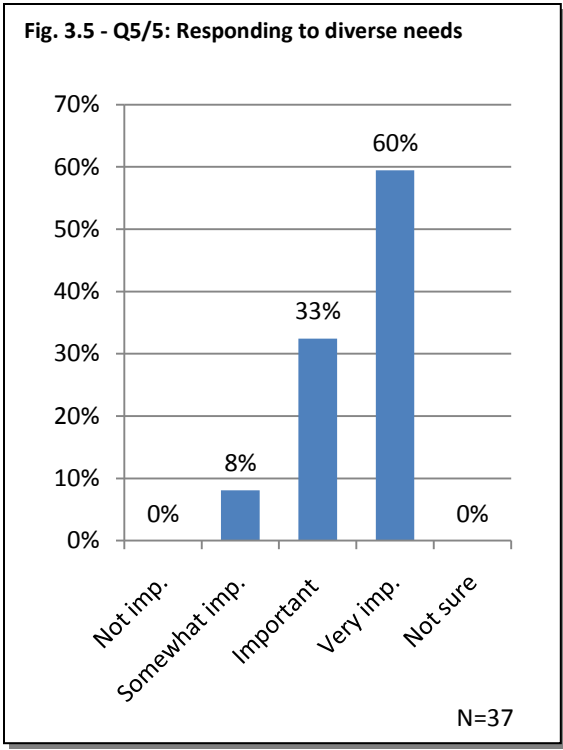


**Fig. 3.3 - Q3/5: Addressing social and economic factors**

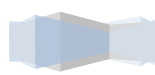
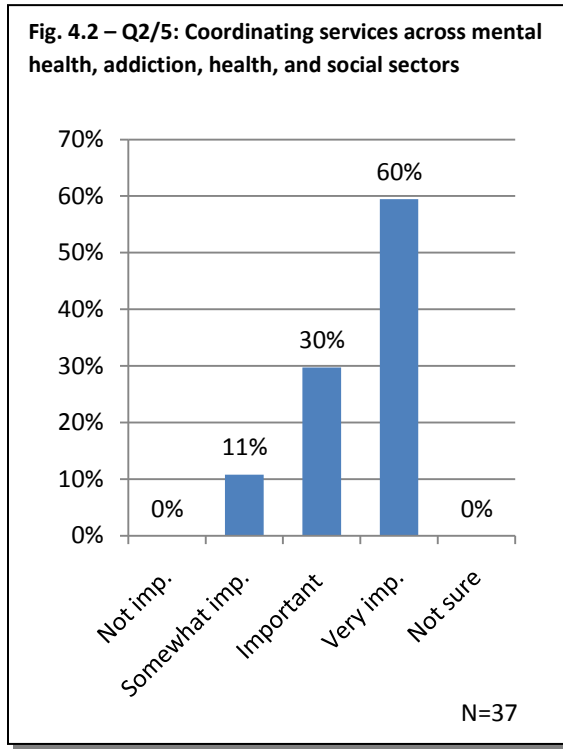
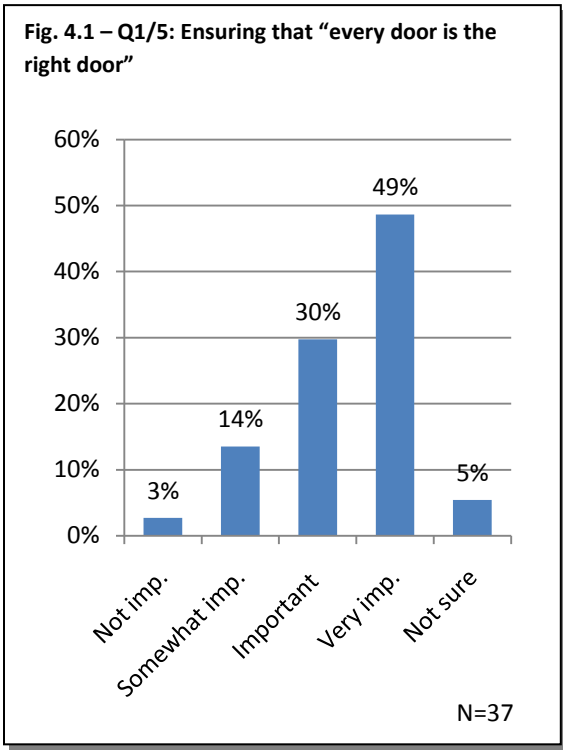


**Fig. 3.4 - Q4/5: Ensuring coordination across primary care, hospital and community-based services.**

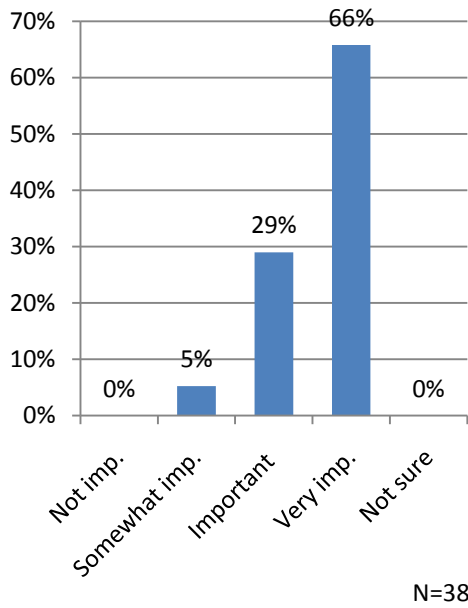




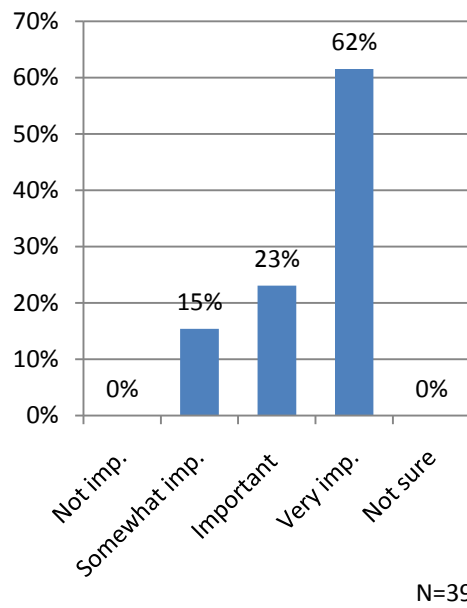
## 2. Integrated



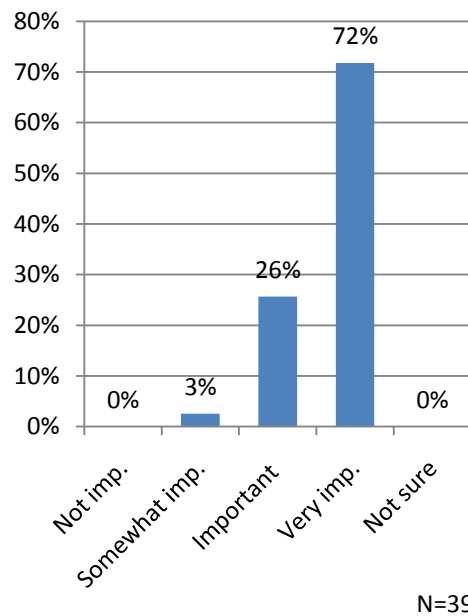
**Fig. 4.3 – Q3/5: Ensuring continuity in services across the lifespan.**



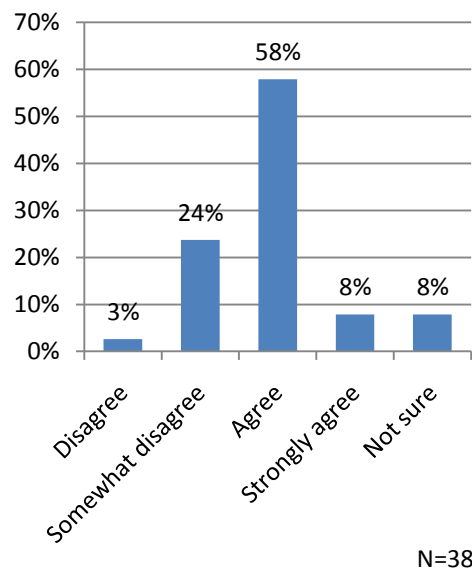
**Fig. 4.4 – Q4/5: Taking a holistic approach to mental and physical health care**



**Fig. 4.5 - Q5/5: Coordinating hospital, primary, and community-based services.**



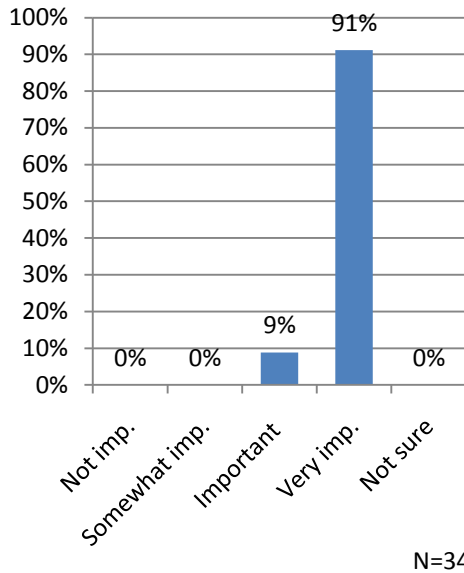
**Fig. 4.6 - Overall, the features presented, and the Roundtable discussions, describe what is needed to achieve an integrated approach to mental health.**



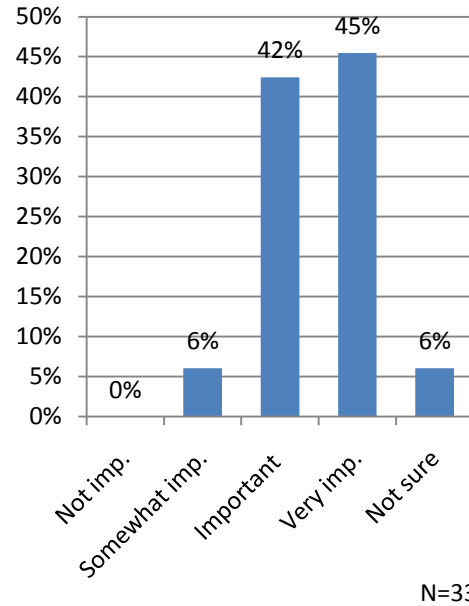


### 3. Accessible

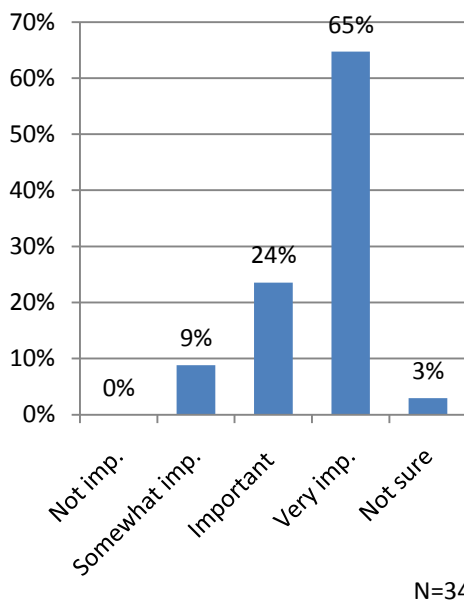
**Fig. 5.1 – Q1/5: Providing timely access to programs, assessments, treatments, services, and supports.**



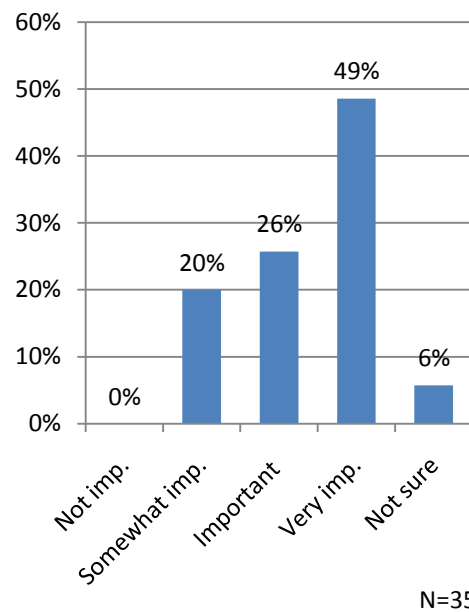
**Fig. 5.2 – Q2/5: Providing genuine choice among a range of treatments.**



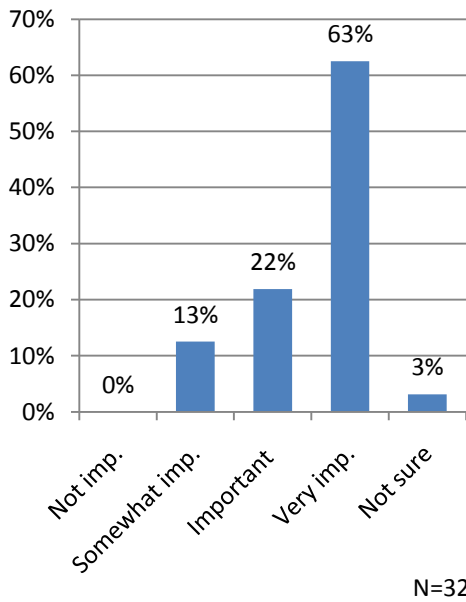
**Fig. 5.3 – Q3/5: Addressing the needs of diverse populations.**



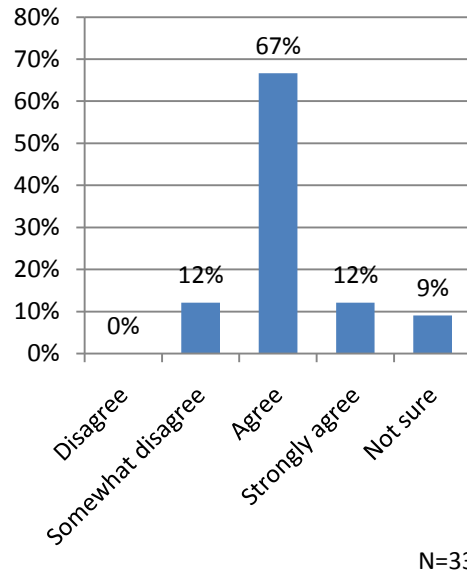
**Fig. 5.4 – Q4/5: Addressing attitudinal barriers to access.**



**Fig. 5.5 - Q5/5: Addressing financial barriers to access**



**Fig. 5.6 - Overall, the features presented, and the Roundtable discussions, describe what is needed to achieve an accessible mental health system.**



#### 4. Close

**Fig. 6.1 - Overall, the characteristics discussed, and their features, including the contributions of Roundtable participants, describe what is needed to develop a strategic plan for transforming the mental health system.**

