Mental Health Commission of Canada

Development of a Mental Health Strategy for Canada – Phase II

Roundtable on Social Inclusion

June 11-12, 2010, Ottawa

Roundtable Highlights Report

Submitted June 24, 2010 by:

ascentum

1. Participant Profile:

A total of 30 participants attended the roundtable, representing all regions of Canada. 'Baby boomers', those aged 45-64, made up the largest age group at 72%. Only 4% of participants were 65 or older, while 4% were 34 or younger. Participants brought a diversity of experiences and perspectives to the discussions. When asked about their primary perspective, the two largest groups were health and social service professionals (28% of participants) and persons living with lived experience (24%). When asked about secondary perspective, 35% identified as family members of those with a mental health problem or illness, 31% as health and social service professionals, and 12% each as academics/researchers and 'other', which included representatives of media and minority communities.

2. What social exclusion and social inclusion means to participants

Social exclusion	Social inclusion
Individual • Loneliness and solitariness • Lack of housing • Hopelessness, feeling lost • Encountering obstacles and dead ends • Feeling different, not part of the whole • Lack of literacy and language skills acts as a barrier • Marginalization of cultural groups	**Individual** • Interconnectedness, coming together, teamwork • Feeling welcome and accepted • Having a common purpose • Access to leisure • Positive, livable spaces • Importance of family • Celebration of diversity (gender, cultural, generational) • Friendship
Table • Lack of supports and services to promote positive mental health starting from childhood, in family and school settings • Hierarchy of education, and barriers presented with lack of literacy • Importance of social determinants of health, and the built environment	**Table** • Importance of having a common purpose, and working together to achieve social inclusion • Role of educating public on mental health, and for people to trust and live without fear of those with mental health problems or illnesses

• Isolation – feeling of being in a labyrinth or maze	• Role of compassion in dealing with those with problems and illnesses • Look at overall picture – the whole is incomplete without all parts • Social Inclusion should be unremarkable – if everyone is involved in society, those with mental health problems or illnesses won't 'stick out' • Importance of support for families

3. How participants have experienced and / or witnessed social exclusion and social inclusion

Fig. 3.1 – Top 10 Exclusion themes (*by number of post-it notes*)

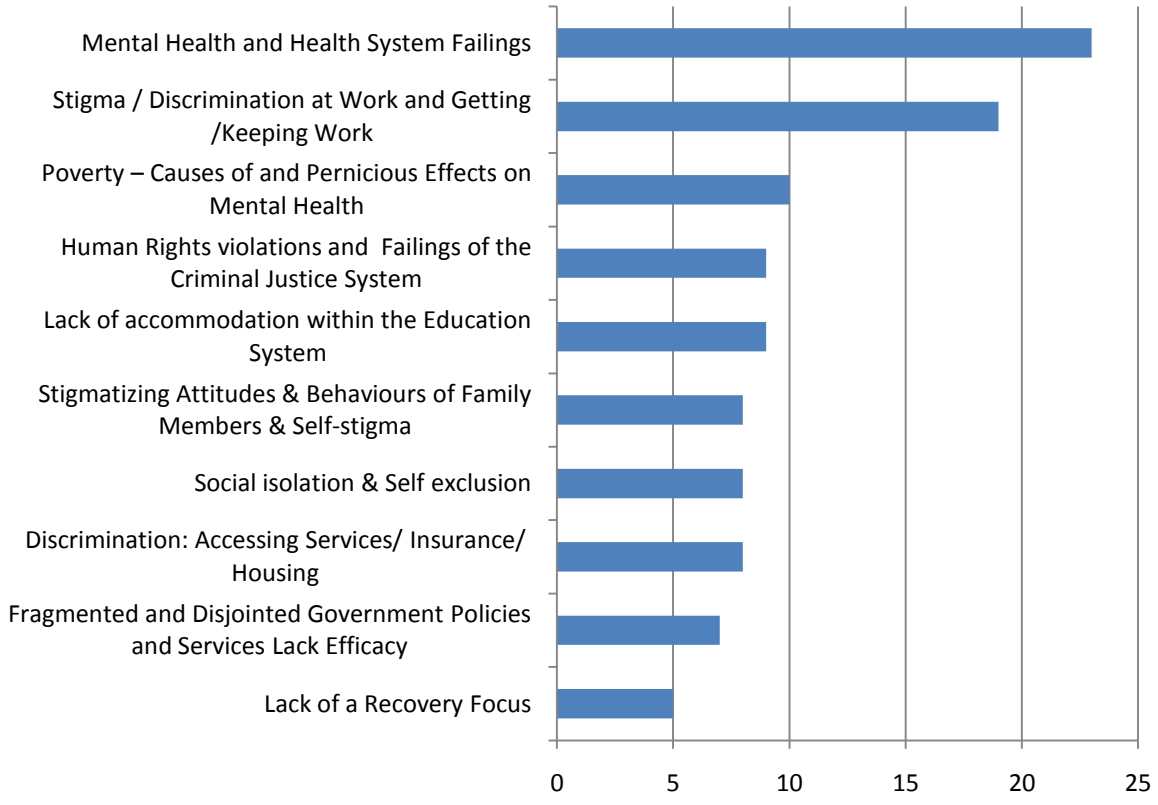


Fig. 3.2 – Top 10 Inclusion themes (*by number of post-it notes*)

4. Priority Areas for Action within Different Domains

4.1 Citizenship and Community Participation

This topic attracted the largest number of participants and covered a broad array of interconnected issues. Their discussion of the role of MH promotion, and importance of addressing social determinants of health to improve the overall health of people with lived experience surfaced a variety of actions including: a call for appropriate evaluation to measure community participation; an active place and role for people with lived experience in all aspects of mental health policy-making and practice; legislative changes and adequate funding to foster full community participation for all. The need to build and support healthy, liveable cities was also highlighted as a way to enhance social inclusion, through smart land planning, improving public transportation, and creating safe public spaces with amenities in which people can interact. The unique needs of Canada's immigrant populations were also raised, as well as supporting families to promote children's mental health. Another aspect of creating inclusive communities is providing all people, including those with mental health problems and illnesses with access to social media, which has become an important part of social participation and peer support.

4.2 Health & Mental Health Systems

Participants identified four health and mental health system issues associated with social inclusion that demand attention. They want to see social determinants of health and mental health promotion built systematically into the health/mental health system. This would require actions such as create an oversight body, undertaking mental health impact assessments in community decision making; and rediscovering and researching the 'social' in SDH. In their view the traditional medical model should be replaced with a more holistic model that includes other non-drug based approaches (e.g. counselling) and integrated team approaches (e.g. addictions and mental health). Another issue warranting attention is the need for structural change to align medical training and compensation models (e.g. remuneration and billing structures of health care professionals) to foster and support social inclusion. The negative impacts flowing from homophobia and other discriminatory practices need far greater attention in their view – and they advocate the use of education and contact as key levers along with actions such as inclusive curricula, speakers, workshops, resource centres etc.

4.3 Work & Education

Conversation centred on the role of stigma in preventing social inclusion in both work and education settings. The group's suggestions to address workplace stigma included providing peer support, proactive approaches to prevent long-term disability, creating a Ministry of Social Inclusion (Quebec model), supported employment, job coaches and counselling. Recognizing the damage caused by silent discrimination in the workplace, they see survey evidence (1 in 2 people will be exposed to mental health issue in their lifetimes) as a lever to use with politicians in pushing for employment changes. Given the dominance of small- and medium-sized business, and their challenges in providing drug and other benefits, they see a need for a bridging organization to find affordable options for employee coverage. In order to make education a safer place for people with lived experience, they see a need for advocates and consumer advocates as well as public education campaigns that integrate activism, boycotts, media and social media. Other problems identified included: unemployment and underemployment, inadequate social safety nets, heavy burden on the person with mental health problem or illness to undertake human rights complaints against employers and educational institutions, and the relatively limited federal influence of education, health and social services.

4.4 Legal System & Human Rights

Renaming this domain (from Criminal Justice System & Human Rights to Legal System & Human Rights) this group identified a number of issues of concern. The criminalization of mental illness emerged as an overarching problem with calls for actions including harm prevention initiatives; advocacy for criminal justice legislation and policy reforms (including elimination of mental health courts), reallocation of resources from CJS to health and social services, the provision of accessible mechanisms to file human rights complaints, and reinstatement of the Court Challenges Program. They identified actions to support people with mental health problems and illnesses who are incarcerated, including availability of, and access to appropriate services, peer support and advocacy, education etc. Participants identified the extra challenges facing immigrants and refugees in navigating the legal system, and the persistent over-representation of Aboriginal peoples and African Canadians within the system. Their recommendations

to address these challenges included mental health training for the RCMP and police forces, legislative change to end deportation for immigrants with mental health problems, and greater advocacy at the community level. They want major changes within prisons and broader society to address the huge impact that addictions play in putting and keeping people in the legal system, including a much more robust role for assessment tools and treatment within the legal system.

4.5 Housing & Community

This area attracted relatively few but very keen participants. Their work centred on the need to position housing for people with mental health problems and illness within a broader context of social housing. They discussed the need to address societal stigma against rental housing and a privileging of home ownership and "NIMBY" attitudes to rental and social housing geared toward individuals with low incomes or with MHIP. Their actions encompassed social policies affecting housing, tax breaks and other financial incentives to address the lack of affordable housing. They called for person-centred approaches to housing, including built-in supports to ensure continuity of care.

4.6 Peer Supports, Family & Friends

Participants focused on a range of actions to redress discriminatory practices, including more active use of existing legal instruments and avenues (e.g., Human Rights Commissions, Charter of Rights and Freedoms). They identified inadequate resources and attitudes as barriers to more effective consumer action and recommended ways of remedying this: funding existing consumer voice organizations; inter-ministerial funding for consumer to consumer services and empowerment; developing peer accreditation; designating a percentage of service budgets for peer support; and capacity building for consumer survivor initiatives including jobs and services. The need for peer-directed and peer-led research with support and involvement from funding research institutes (e.g. CIHR) was also highlighted. Aligned with this call for peer-led research is a desire to broaden what they perceive to be narrowly defined evidence-based approaches to include 'social justice' issues that incorporate grassroots experience and peer knowledge. They see the role of culture as being a very importance element of social inclusion, requiring formal recognition and funding (e.g. theatre, arts, film, writing, festivals that are consumer led). The use of 'protest' - strategic and accountable - is seen as an effective lever for change and consciousness raising among the public and people with mental health problems and illnesses.

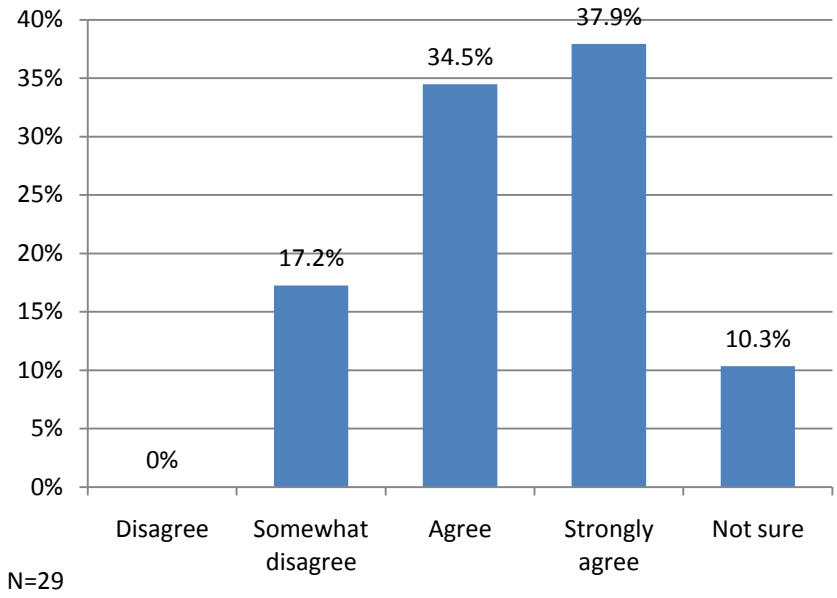
4.7 Side Effects of Medication

One participant articulated a need to focus on the side effects of medication as a distinct issue. This participant identified the harmful role that medication plays in inhibiting social inclusion, particularly the side effects of taking medication. These can have highly negative impacts on one's quality of life, including a decrease in one's confidence to interact with society, weight gain, and sexual dysfunction.

5. Assessment of the Background Paper and Roundtable

A vast majority (72.4%) of participants agreed or strongly agreed that the roundtable and background paper identified what needs to be addressed in the creation of a national mental health strategy.

Fig. 5.1 – This roundtable and the background paper have identified much of what needs to be addressed to develop concrete policy recommendations for social inclusion in a national strategy



Fourteen participants (out of 30 that attended) completed the evaluations All of those who completed the evaluation thought that the processes used and the lead facilitator were effective and all also found the facilities to be appropriate. A few expressed a desire for a longer roundtable. Again, most 'agreed' or 'strongly agreed' that the background paper and presentations were useful and that the agenda was relevant. Four participants felt that they would have liked more time for informed discussion on some questions.

Participants were very happy with their experience. All felt that they could express their views freely and appreciated the opportunity to contribute to the development of a national strategy. Most want to remain actively engaged in the next steps of the strategy process. There was some dissatisfaction with the diversity of perspectives in the room (notably the perceived lack of ethno-racial diversity).