Mental Health Commission of Canada

Development of a Mental Health Strategy for Canada – Phase II

Roundtable Meeting on Mental Health Promotion (MHP) and Mental Illness Prevention (MIP)

April 8-9, 2010, Ottawa

Roundtable Highlights Report

Prepared May 5, 2010 by

ascentum

1. Participant Profile: A total of 29 participants attended the roundtable, representing all regions of Canada (Figure 1.2). Almost 70% were 'Baby boomers' (those aged 45-64). Youth and young adults, in the 15 to 34 age band, made up the smallest age group, at 12% (Figure 1.1). In terms of primary perspective, a strong majority of the participants (59%) participated as health or social service professionals. Persons with lived experience and advocates each represented 11% of the group, followed by academics/researchers at 7%, and family members/friends, government officials, and 'others' each at 4% (Figure 1.3).

2. Key Issues: Participants called for the strengthening of communities' capacity for MHP and MIP, broad-based public and social network engagement for change, and real partnerships between service providers and those with the lived experience of mental health problems and illnesses.

1. **Creating a common understanding of MHP and MIP**: Although definitional clarity is important, participants noted that 100% consensus is not attainable or necessary to move ahead. They also raised the importance of positioning MHP and MIP within different cultural contexts and sectors to broaden acceptance
2. **Implementing coordinated, collaborative approaches to MHP and MIP**: Participants stressed the importance of developing strategies to align incentives, and also tailoring messages for cross-sectoral collaboration. Some raised the perspective that keeping mental health as a distinct sector could help to ensure adequate resources and leadership.
3. **Securing decision-makers' commitment:** The importance of developing a strong business/economic case for MHP and MIP was emphasized. Mobilizing the public to advocate for change and leveraging key leaders to spearhead movement were both considered key to securing decision-makers' commitment.
4. **Determining priorities about where to focus resources**: Participants felt that both communities and governments should be involved in deciding priorities. Some felt that it would be helpful for communities to have assessment tools to help guide their priority setting and ensure accountability.
5. **Determining measurable outcomes**: Participants called for further discussion and consensus building on determining what to measure. They are looking for focus on real outcomes with clear targets rather than program outputs.
6. **Building the evidence base for specific strategies:** The importance of funded, community-based participatory action research and community-relevant research was emphasized. Participants

also called for research to be embedded right from the initial stages of program / initiative launch through to implementation and evaluation, and partnerships with universities, business and communities.

7. **Allowing communities to have enough flexibility to develop their own initiatives:** Participants emphasized the need for tools and resources to support community assessment and priority setting.

In the first keypad exercise participants provided initial feedback on their level of satisfaction with the key issues as captured in the background paper. Eighty nine percent (89%) of participants 'agreed' or 'strongly agreed' that the issues captured what needs to be addressed to develop a strategic plan for mental health promotion and mental illness in Canada (Figure 2.1 "PRE"). Following the table and plenary discussions, participants voted again on the same question, with a slight decrease to 78% ('agreed' or 'strongly agreed' with the statement (Figure 2.1 "POST"). Participants also voted on each of the seven key issues identified in the background paper. **Securing decision-makers' commitment** to MHP and MIP and **creating a coordinating, collaborative approach** to MHP and MIP received the highest ratings, being seen as 'important' or 'very important' by 100% and 93% of the participants respectively (Figures 2.3 and 2.4)

3. Strategic Directions 1, 2 and 4:

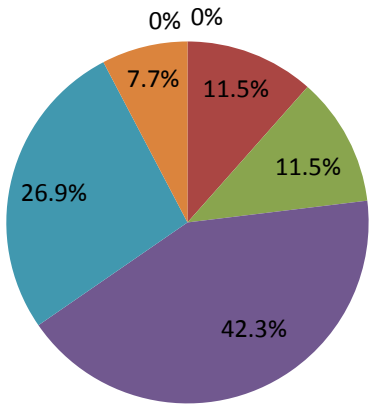
1. **Create a common understanding of mental health promotion and mental illness prevention and potential roles:** Participants pushed for understanding of MHP and MIP at a grassroots, community level, with a framework and tools for change that are accessible to people. There were different perspectives on whether MHP and MIP should be treated as two distinct concepts or brought together, and whether they had similar goals and outcomes although all agreed that both are critical to a transformed mental health system.
2. **Build the case for MHP and MIP**: The importance of engaging civil servants in a 'whole of government' approach was emphasized, as was public engagement. Participants thought that cues could be taken from the campaigns around HIV/AIDs and Climate Change. They also advocated developing the business / economic case (investment angle).
4. **Put the resources in place to achieve desired MHP and MIP outcomes**: Participants identified a number of ways to attain resources: through opinion leaders and champions; using all the levers and tools of government (legislation, taxation, etc...); Health Human Resources capacity building; and accreditation for healthy workplaces (i.e. like green building certification).

Keypad voting on strategic directions 1, 2 and 4 showed an overwhelming majority or participants were satisfied, with 96% of participants voting 'agree' or 'strongly agree' that the strategic directions (including the background paper and Roundtable) captured what needs to be addressed to develop a strategic plan for MHP and MIP (Figure 3.1).

4. Strategic Direction 3: Determining Priorities Participants focused their 'priority actions' largely on children and youth, followed by specific school-based initiatives / programming, community capacity building, public engagement campaigns (including the use of social media), education and training opportunities, and the development of workplace-based mental health strategies.

5. **Participant Evaluations**: In general the evaluations were positive. Participants valued the opportunity to participate, found the agenda to be relevant, and thought that the background paper was useful. The one area for improvement that participants identified in their written comments was shortening the report-back sessions.

Fig.1.1 – What is your age?



N=26

Fig.1.2 – From which region are you?

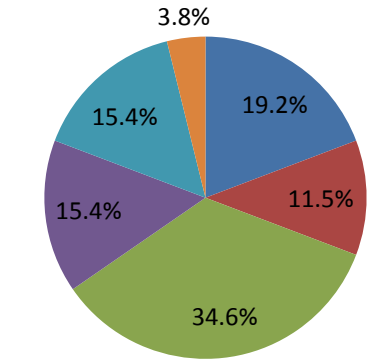


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Fig. 1.3 – Which would you describe as your primary experience with mental health issues?

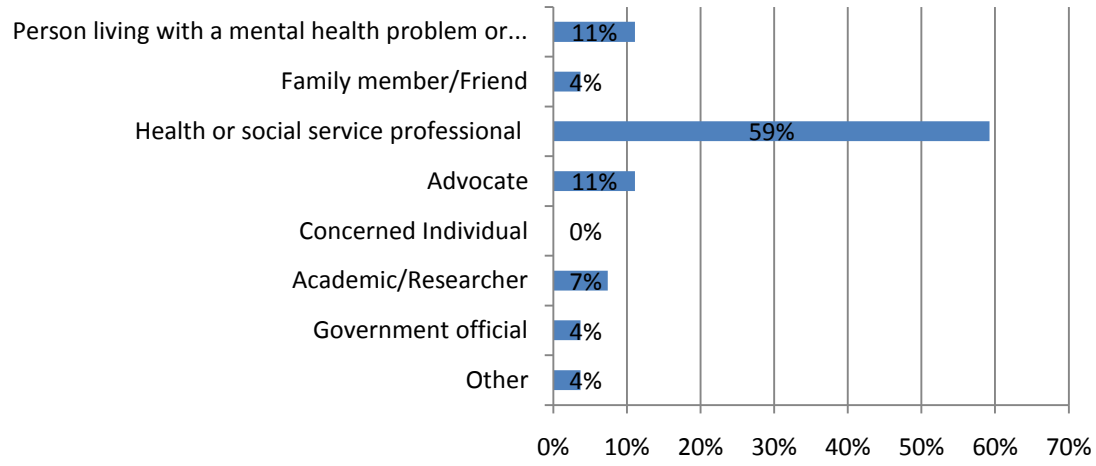

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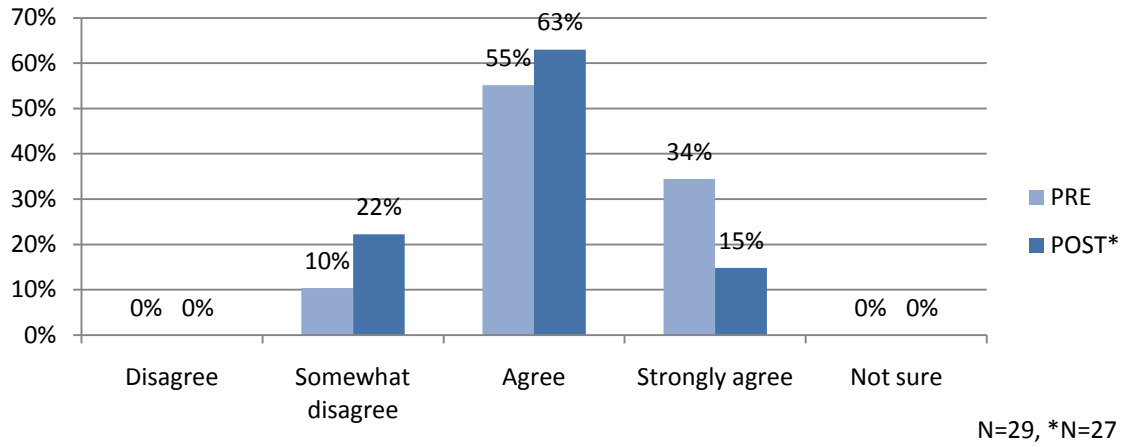
Fig. 2.1 - Overall, the issues identified capture what needs to be addressed to develop a strategic plan for mental health promotion and mental illness in Canada.



N=29, *N=27

Fig. 2.2 – Q1/7: Foster a common understanding of MHP and MIP

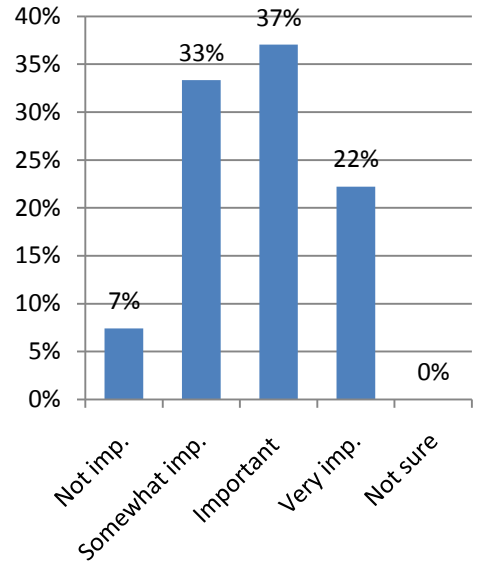


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Fig. 2.3 – Q2/7: Create a coordinated, collaborative approach to MHP and MIP

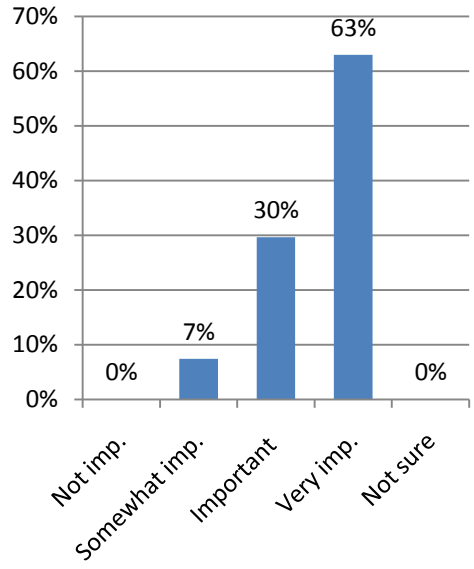

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Fig. 2.4 – Q3/7: Secure decision-makers' commitment to MHP and MIP

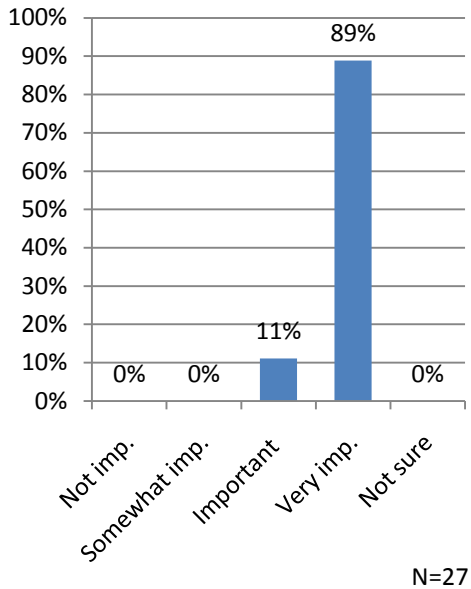

Fig. 2.5 – Q4/7: Determine priorities about where to focus resources

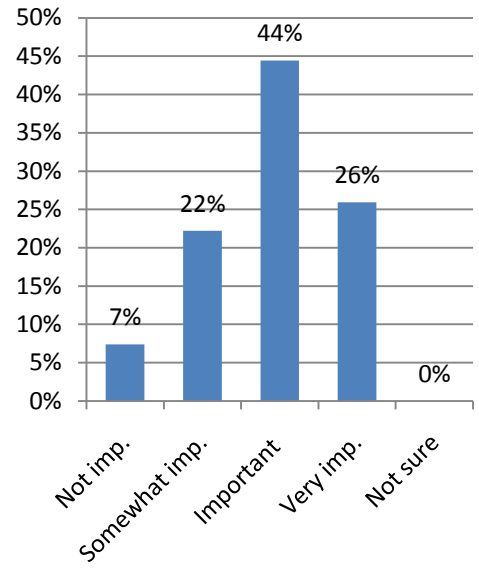

Fig. 2.6 - Q5/7: Determine measurable outcomes for MHP and MIP

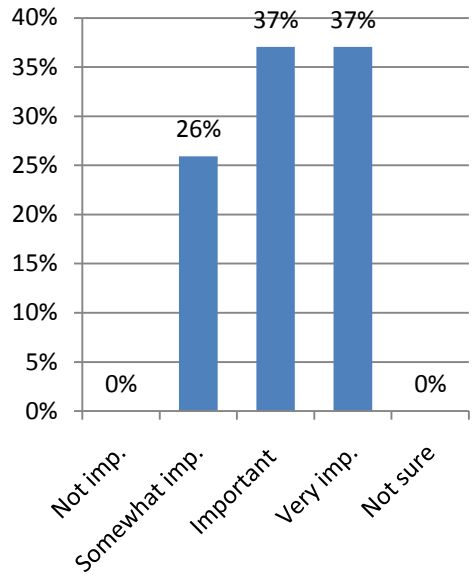

Fig. 2.7 - Q6/7: Build the evidence base for specific strategies for MHP and MIP

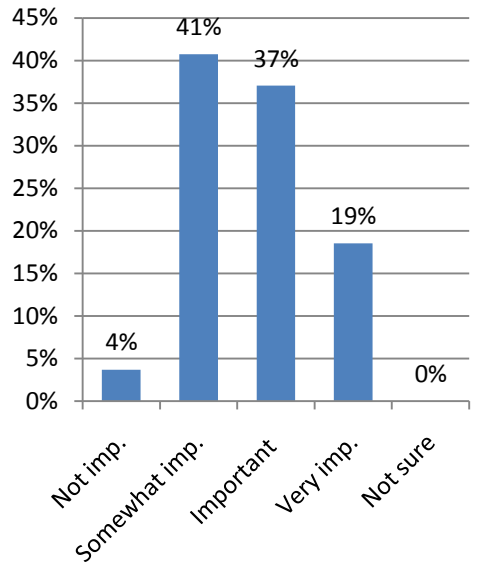

Fig. 2.8 – Q7/7: Allow communities to have enough flexibility to develop their own initiatives for MHP and MIP

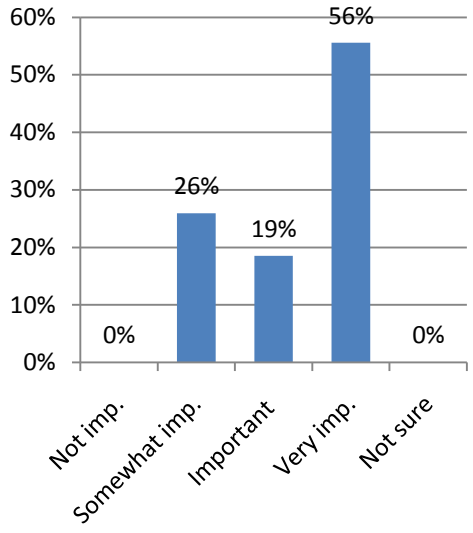

Fig. 3.1 - Overall, the strategic directions identified, taking into account your contributions, capture what needs to be addressed to develop a strategic plan for MHP and MIP