THE CATALYST

From Silence to Systems Change: How Lived Experience Is Redefining Quality Mental Health Care

Today, Alisha Haseeb is a member of the Mental Health Commission of Canada's Youth Council. But her journey — shaped by a silent struggle and a growing determination to help build a better system — wasn't always smooth sailing.

By: Suzanne Westover | Posted: July 21, 2026

When Alisha Haseeb signs onto Zoom from her University of Toronto dorm room, where she is a first-year medical student, health and optimism radiate from her screen. Her books are neatly stacked, posters brighten the walls, and her smile is disarming.

Today, Alisha is a member of the Mental Health Commission of Canada's Youth Council. But her journey — shaped by a silent struggle and a growing determination to help build a better system — wasn't always smooth sailing.

Which is precisely why her hard-won wisdom was invaluable when it came time to develop the Commission's Quality Mental Health Care Framework and Implementation Toolkit, grounded in the voices of lived and living experience. Designed to knit together a typically fragmented system of care into safe, culturally responsive, person-centred support, the Framework and Toolkit mandate a simple call to action: build a system that adapts to people, rather than the other way around.

When the light begins to dim



Alisha Haseeb

As a young girl growing up in Belleville, Ontario, Alisha sparkled. She excelled academically, thrived socially, and poured passion into every hobby. But somewhere between middle school and high school, her bright world began to fade.

It happened insidiously. Her love of learning dulled. Lunchtimes became isolating. Joy felt distant. She walked through her days like a shadow of her former self, disconnected from the experiences that once made her feel alive.

At the time, she didn’t understand that she was standing in the eye of a storm shaped by intersecting pressures: the expectations within her Pakistani immigrant family, the lack of cultural mirrors in her predominantly white community, and the absence of language to describe what she was feeling.

“I was walking this path without seeing my experience mirrored anywhere,” she recalls. “If you can’t see it, you begin to question if it’s even real.”

In a family where mental health literacy was limited, concepts like boundaries, self-compassion, and mental wellness felt unfamiliar. And so, with no reference point for mental health within her family, and no teachers trained to recognize culturally shaped distress, Alisha internalized her pain. She told herself she was privileged — with loving parents, a stable home, and strong grades — so she had no right to struggle.

It is precisely this kind of early, invisible suffering that quality mental health care must catch before it reaches a crisis point. Yet too often, the system misses it entirely.

When you don’t have the words

Conversations about emotions were rare in Alisha's home, leaving her without the vocabulary or confidence to express her feelings. "I desperately wanted to be alone. But I hated being lonely," she says.

So, she hid in the bathroom at school at lunchtime, seeking refuge from a cafeteria that suddenly felt unbearable. There, behind a locked door, she finally felt free to release her emotions.

She tried to confide in a teacher, describing her slipping grades and mounting exhaustion, but her plea for help was misread. The teacher mistook her withdrawal for healthy boundary-setting rather than a sign of distress.

This disconnect highlights a critical gap: providers need training to recognize the many faces of distress, especially when distress is filtered through cultural norms, the weight of stigma, or the desire to present a brave face.

Therapy that missed the mark

As Alisha slipped further into apathy, her parents — concerned and frightened — sought therapy, the only mental health support they knew about. But therapy was expensive. And culturally, it was unfamiliar territory.

Inside the therapist's office, Alisha hoped to feel seen. Instead, she was handed worksheets. Tasks. Homework.

For a young woman already overwhelmed by academic pressure and convinced that her worth hinged on productivity, these assignments felt like yet another test. She couldn't complete them, and the spiral of guilt intensified.

"I didn't understand how different things could have been if I'd felt an immediate sense of trust," she reflects. "If someone had understood the cultural realities I was navigating."

The mismatch wasn't just unfortunate — it was harmful. It points to the need for care that recognizes cultural identity, lived experience, and the systemic barriers that shape how a person seeks help.

It's precisely this gap that the Toolkit aims to address, through examples that shine a light on organizations that are meaningfully collaborating with equity-deserving populations and practical resources to support people seeking help. For example, the Canadian Federation of Nurses Unions' Equity and Inclusion Toolkit acts as a litmus test to assess current structures and practices, highlighting where improvements can be made.

A slow turn toward healing

For Alisha, healing began in small, unexpected ways. When closures during the COVID-19 pandemic sent her home, the familiar rhythm of family life and time away from school pressures allowed her nervous system to reset. Conversations with her older siblings helped her name feelings she had repressed for years.

But the real turning point came when she began her undergraduate degree at McMaster University. For the first time, she met peers who shared her cultural background and emotional

experiences.

“To look at someone and instantly feel understood — it was transformative,” she says. “I finally felt safe.”

In sharing her story, she learned how many others had endured similar struggles, shaped by migration, expectation, and stoicism. Her vulnerability opened doors for shared understanding and became the foundation for her mental health advocacy.

Meanwhile, her family’s knowledge and comfort level evolved alongside hers. Mental health, once relegated to the shadows, became a topic of open conversation. Her parents and grandparents began asking questions not just about achievement, but about wellness.

This kind of cultural shift — within families, systems, and workplaces — is what the Toolkit aims to support through case studies, best practices, and concrete strategies that help organizations transform insight into action.

Translating vision into practice

The Quality Mental Health Care Framework Implementation Toolkit was developed through extensive consultations with people with lived and living experience, health-care providers, administrators, and policy experts. Its purpose is practical: to help organizations apply the revised Framework consistently and meaningfully.

The Toolkit emphasizes that quality care must reflect the cultural context of the person receiving it — not the assumptions of those providing it. This includes understanding how race, migration, language, and cultural norms shape someone’s experience of distress and help-seeking. Cultural safety, a foundation of the Framework, requires that people feel respected and free from shame. The Toolkit provides resources to build environments where stigma is recognized, addressed, and dismantled at individual, organizational, and systemic levels.

Rather than designing care *for* people, the Toolkit promotes designing care *with* them. This means involving people with lived and living experience in decision-making, evaluation, and improvement processes to ensure that services reflect the realities of those they serve, not theoretical ideals.

The Toolkit includes examples, prompts, and practical resources to help organizations turn theory into action — adapting local policies, training, workplace culture, and service delivery to embed person-centred, trauma-informed, integrated, equitable, and recovery-oriented care into real-world environments. These tools exist so young people like Alisha, and countless others, won’t fall through the cracks simply because their distress isn’t recognized by rigid systems.

Writing a new narrative

Today, as Alisha studies medicine, she carries her past into her future practice with intention. She wants to give patients the kind of care she needed — care that sees the whole person, honours their culture, and recognizes that suffering doesn’t have to meet an arbitrary threshold to deserve attention.

Had her first therapist understood the pressures felt by children of immigrants or recognized that “homework” would feel like another test, Alisha’s healing might have begun sooner. If her teacher had been trained to see withdrawal as a signal of distress, she might not have spent so many lunches hiding in a bathroom stall.

These are small shifts. But they can change everything.

Back in her dorm room, Alisha reflects on the lessons she’ll carry into her work. “I hope to practice person-centred care in everything I do,” she says. “And what I’ve learned is that means something different for everyone.”

The Toolkit exists to help make that vision a reality, not just for clinicians-in-training, like Alisha, but for the entire mental health ecosystem. It reminds us that quality care isn’t defined solely by access to services, but by creating environments in which people can recognize themselves in the care they receive — and do so with dignity, safety, and cultural resonance.

In helping to build a system that listens, adapts, and evolves, the Toolkit — and the lived experiences that ground it — ensure that young people like Alisha no longer have to walk their path unseen.

Resources, sources, and documents

The Quality Mental Health Care Implementation Toolkit

Quality Mental Health Care Network

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