

Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

ANNUAL REPORT: THE ONE AND THE MANY 2020 - 2021





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Celebrating a champion and changemaker, Louise Bradley, C.M.

For more than a decade, Louise Bradley, C.M., led the Mental Health Commission of Canada (MHCC) on a journey of discovery.

In her early career as a nurse, Louise touched the lives of each of her patients. These individual connections helped her vision for improved mental health outcomes coalesce — not just for the patients she cared for, but for everyone in need of services and supports.

Louise's singular passion led her on a personal quest to influence transformational change. Her story reminds us that with courage and determination one person can change the lives of many.

As MHCC president and CEO, Louise navigated the organization through winds of change, using her lived experience on both sides of the care divide as her true north.

As she so eloquently put it, “I have been at the bedside, and I’ve been in the bed. Having both experiences revealed the truth about our health-care system. It needs to improve for the health of patients, but it also needs to do better by those who give care.”

In that spirit, Bradley became a staunch defender of the mental health and wellness of health-care providers and first responders. She helped to normalize mental illness by holding up a mirror and sharing her own singular lived experience, opening the door for many others to have life-changing conversations.



Bradley accelerated Canada's reputation as a leader in mental health, overseeing groundbreaking initiatives like Canada's first mental health strategy, the At Home/Chez Soi pilot project, which proved the benefits of a Housing First approach, and a national standard designed to transform the way employers approach psychological health and safety at work.



As a nurse, she touched the lives of individuals. As the leader of the MHCC, she reshaped policy that improved the lives of countless others. Her contributions have been recognized with multiple honorary degrees and the Order of Canada.

But if you ask Louise, her greatest reward is far more personal. "When I speak to a group, and someone approaches me afterwards and tells me that my message has, in some small way, restored their hope for better days ahead, there is no way to explain how much that means." In speaking to the many, Louise has found a knack for reaching the one person who needs to hear her message most.

Bradley's transformative work has helped refine Canada's mental health trajectory, pointing our country in the direction of improved services, greater access, and less stigma. Her compass has helped propel our nation's progress, advancing us toward mental and physical health parity.

The path she envisioned will guide our work for many years to come, improving the lives of the many, one at a time.

Letter from the Board Chair

As I sat down to write this letter, I reflected on how the onset of the pandemic has carved into stark relief the needs of the one and the needs of the many. Individuals are experiencing declining mental health, but the impacts are not being felt equally across all groups.

The social determinants of health — the neighbourhood we live in, our level of education, whether we experience racism, if we are differently abled, the jobs we hold, our gender identity — intersect to influence our ability to access quality mental health care.

While we are all experiencing this pandemic, we are doing so differently. In that spirit, the MHCC zeroed in on how our ongoing work could support a policy shift toward improved [access to care](#), while also pivoting to provide tools and information for individuals through a dedicated [resource hub](#).

This new work was undertaken in parallel with our existing work plan and alongside the development of our 10-year strategic plan, [Answering the Call](#). Our next 10 years hold the promise of accelerating the progress we have made in the last decade through harnessing the power of compound knowledge. Every year we learn more about how supports, services, and treatments can improve mental health outcomes.



Through creative partnerships and a whole-of-government approach, we have the capacity to embed a mental wellness lens in our communities, workplaces, schools, and institutes of higher learning. Never has that work been more urgent than it is today. The structure of our plan was built to leave room for flexibility, creative solutions, and unlikely partnerships. The architecture of Answering the Call demanded a foundation strong enough to withstand unforeseen challenges yet open enough to allow for creativity to flow. The result is a road map that will point us in the direction of transformational change.

In this annual report you will see how we continually pivoted from the needs of the one to those of the many and back again. From the one person who needs a quick resource, to the thousands who are taking our training, to the hundreds of thousands who have benefited from our contributions on the [Wellness Together Canada](#) portal, to the millions more whose lives will be transformed by improved quality of care, our promise will be fulfilled when we can say with confidence that appropriate mental health care is available, when and where people need it. Only then will we have truly answered the call.



Letter from the President and CEO

After a year filled with unimaginable challenges, it is more important than ever to acknowledge our personal and collective accomplishments — no matter the scope. This is especially true in mental health, where small actions can lead to monumental change, and supporting one person can create a ripple effect that generates waves for the larger whole.

Throughout my time at the MHCC, I've been humbled to witness the ripples turn to waves many times over, and this past year is no exception. I've seen teams come together to transform the way we work — not just adapting to remote work and virtual events but finding creative ways to connect and support one another in the process.

I've seen the MHCC's training arm pivot nearly overnight to create virtual courses for [Mental Health First Aid](#) and [The Working Mind](#), overhauling the content to resonate on the screen and reach more people than ever before. I've seen years of research and focus groups on the mental health needs of post-secondary students culminate into the world's first [National Standard for Mental Health and Well-Being for Post-Secondary Students](#).

I've seen the desire to bring practical mental health advice to specific groups turn into a thoroughly populated [COVID-19 resource hub](#).



What began as an effort to answer questions like “How can I talk to someone in a crisis?” and “How can I support the older adult in my life?” has grown into a veritable one-stop shop for COVID-19 mental health resources. With all this in mind, the theme of this year’s annual report, “the one and the many,” is a fitting one. Throughout the year, each team honed its ability to switch lenses, zooming into the deepest pockets of need and back out into the broader panorama, as required.

The result was a slew of timely resources, a wider knowledge base, and a new direction in the form of a [10-year strategic plan](#). By narrowing our focus to address the needs of the few, we have likewise laid the groundwork for meaningful progress in mental health policy and service delivery on a national scale.

While this approach has proved fruitful, we know we must glean important lessons from the past year to effect greater

change in the next. Achieving equitable care for all will require us to focus on underlying issues like structural stigma, dismantling the foundational underpinnings that keep people in Canada — the one and the many — from receiving the care they deserve. If any team is up for the challenge, it’s this one.

Armed with the support of many dedicated partners and allies, our group has spent the last year demonstrating that they can rise to overcome any obstacle while supporting one another.

Finally, I cannot speak of the team without mentioning my predecessor, Louise Bradley. Her fearless leadership has gotten us this far, and now it is up to us to follow in her wake. I know she will be tipping her hat from the shoreline as the MHCC ventures into new waters, and we strive to turn ripples of progress into waves of change.



Year in Review

April 2020

- MHCC launches [COVID-19 resource hub](#).
- MHCC launches [free online crisis training for essential workers](#) during COVID-19. Demand for this course crashes MHCC website.
- Louise Bradley and Marika Sandrelli co-author opinion piece about [post-traumatic growth](#).

May 2020

- MHCC and Conference Board of Canada, with support from Workplace Safety and Prevention Services (WSPS), [develop survey to assess overall mental health of people in Canada](#) and strategies and supports used to deal with the crisis.
- MHCC-commissioned [Nanos poll](#) reveals people in Canada are more stressed in the era of COVID-19.
- Louise Bradley sits down for a [one-on-one conversation](#) with Canada's Health Minister Patty Hajdu.

June 2020

- Health Minister Patty Hajdu and Louise Bradley co-author opinion piece about the value of supporting [men's mental health](#).
- MHCC and [Conference Board of Canada survey](#) uncovers key factors impacting mental health of people in Canada

during COVID-19.

- Louise Bradley and Dr. Keith Dobson explore phenomenon of "[return anxiety](#)" following first wave of the pandemic.

August 2020

- MHCC launches [toolkit](#) promoting psychologically safe workplaces during COVID-19.
- Government of the Northwest Territories [announces collaboration with MHCC](#) on a two-year mental health project based on Stepped Care 2.0®.

September 2020

- [Louise Bradley announces retirement](#) as head of MHCC.
- MHCC begins accepting applications for [Roots of Hope Early Adopters](#) program.

October 2020

- MHCC with partners launches new [National Standard of Canada for Mental-Health and Well-Being for Post-Secondary Students](#) to help Canada's post-secondary institutions support positive mental health and well-being for students.
- [Nova Scotia Health partners with MHCC](#) to launch Stepped Care 2.0 E-Mental Health project.
- MHCC announces [\\$1.4 million in funding](#) for community-led research on relationship between cannabis and mental health.

November 2020

- MHCC marks [Transgender Day of Remembrance](#).
- MHCC, in partnership with Canadian Institutes of Health Research, announces [funding of four team grants](#) to further explore relationship between mental health and cannabis use.
- Mental Health First Aid celebrates [launch of virtual adaptation](#) and milestone of 500,000 persons trained.

December 2020

- MHCC marks [The National Day of Remembrance and Action on Violence against Women](#).
- MHCC shares tips on [managing holiday expectations](#).
- [MHCC and iMD Health Global announce partnership](#) to get credible online mental health resources into hands of care providers and their patients.

January 2021

- Louise Bradley shares opinion piece highlighting need for mental health [app accreditation](#).
Louise Bradley and Dr. Thomas Ungar explore [inequities in mental health care](#).

February 2021

- MHCC releases [Suicide Prevention in the Workplace](#) to

coincide with Quebec's suicide prevention week.

- MHCC releases [10-year strategic plan](#) to “answer the call”.
- MHCC pens [open letter](#) to Canadian Radio-television and Telecommunications Commission.
- MHCC board appoints [Michel Rodrigue as president and CEO](#).

March 2021

- Louise Bradley pens opinion piece reinforcing need for [universal suicide prevention line](#).
- MHCC hosts national forum to advance system of standardization for mental health apps in Canada.

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“There is a clear and pressing need. This new national Standard will help postsecondary institutions address this critical societal issue for our young people.”

—
Louise Bradley, former president and CEO

Pivoting in a Pandemic: How COVID-19 Sparked a New ‘what’ for the MHCC

ORIGINAL RESOURCES

No one could have predicted that the new fiscal year on April 1 would coincide with a period of uncertainty that would require the MHCC to pivot to a new reality.

“Shifting to remote work, literally overnight, didn’t only require us to change the ‘how’ of our work, we also had to change the ‘what,’” said MHCC president and CEO Michel Rodrigue.

“In addition to having to reach our stakeholders in new ways, we also felt compelled to expand our messaging — typically focused on ‘big picture’ policy — to meet the growing appetite for reliable mental health information from the general public.”

That effort involved the creation of a [COVID-19 resource hub](#) — a one-stop shop for trusted, easy-to-use mental health resources.

“We quickly realized that we had an opportunity to do more than curate the best available COVID-19 resources developed by others,” explained Debra Yearwood, the MHCC’s Public Affairs director. “We could also create our own pandemic-related content to help fill the gaps.”

It didn’t take long before the hub was filled with [original MHCC content](#), including policy briefs highlighting the pandemic’s [impact on youth](#), webinars for [health-care workers](#), and a flurry of tip sheets providing concrete advice to support mental wellness during COVID-19.

“Boiling expert advice down to practical nuggets that people can use in daily life is where our team brought value,” explained Yearwood.

“Whether it was [caregiving](#), [talking with someone in crisis](#), or supporting those [living in an abusive home](#), we tried to shine a light on areas of need that were getting less mainstream attention.”



84%

**of respondents reported
that their mental health concerns
had worsened since the
onset of the pandemic.**

Panning out from the one to the many, our focus shifted to address the needs of diverse groups more broadly, including the creation of the MHCC's first resource to [support mental health in African, Caribbean, and Black communities](#).

A year after this pivot in content creation — and the overwhelmingly positive response that followed — there is no sign of slowing down.

“As the pandemic evolves, the MHCC will continue to share timely, practical advice with those who need it most,” said Rodrigue. “That much is certain.”

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“People needed to find mental health information they could trust, and we were able to tap into and share the wisdom of our invaluable network of internal and external experts at a time when it was sorely needed.”

—

Suzanne Westover, manager of Strategic Communications

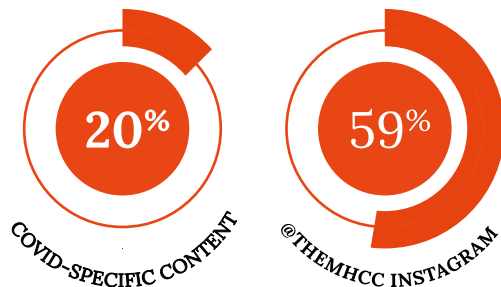




On Friday, March 13, 2020, when lockdowns were first being announced across the country, we released our Anxiety in the Age of COVID-19 video across all our social media channels. It is one of the most popular videos we've ever created.



Our COVID-specific content helped propel a **20 per cent average growth rate** in all our social media accounts over the past year. The standout was our Instagram account [@themhcc](https://www.instagram.com/themhcc), which grew by **59 per cent**.



”

“COVID-19 forced all of us to take a step back and re-evaluate the most pressing needs of people in Canada. Creating a dedicated resource hub allowed us to address emerging issues in the short term while taking the necessary time to carve out long-term solutions.”

—
Mary Bartram, director of COVID-19 Policy Response



Stepped Care 2.0[©]

Stepped Care 2.0[©] (SC2.0) is a transformative approach for delivering mental health care which offers the most effective, least resource-intensive treatment first, only “stepping up” to intensive or specialist services if there is a need and readiness to engage.

It provides rapid, same-day, flexible access to recovery-oriented wellness and mental health resources, including e-mental health interventions like telehealth and smartphone apps.

”

Before SC2.0, it was like waiting to get access to a backhoe when all you need is a shovel.

– Person with lived experience



This is Only the Beginning

1

In September 2017, MHCC's 18-month SC2.0 [E-Mental Health Demonstration Project](#) in Newfoundland and Labrador was launched.

It was made possible through a partnership between the MHCC, Memorial University of Newfoundland (MUN), the provincial government, its four regional health authorities, and CHANNAL (Consumers' Health Awareness Network Newfoundland and Labrador).

2

Dr. Peter Cornish, Founder of SC2.0 and then Director of MUN Counselling Center, co-led a multi-stakeholder team for the project, which was conducted over 17 sites across the province (15 community-based locations and two primary health-care clinics).

3

As the [project's final report](#) showed, SC2.0 contributed to a reduction in wait times by 68 per cent in the province, with some communities reporting zero wait times, with shared benefits to both providers and people accessing care.

4

Following the project, Dr. Cornish and collaborators secured \$1.2 million from the Canadian Institutes of Health Research to develop a technology platform and evaluate its potential for improving mental health care and access.



6

The SC2.0 model is now the foundation of the federal government's [Wellness Together Canada](#) portal, a COVID-19 mental health and substance use initiative launched by Health Canada, which was accessed by 1.2 million people in Canada in its first year, through more than 3.6 million web sessions.



This is only the beginning. The future of the Stepped Care 2.0 model will continue to improve access to mental health resources.

5

With support from the SC2.0 Collaborative, implementation of the approach is now underway in other provinces and territories through the partnership of MHCC and the Stepped Care Solutions team, led by Dr. Cornish, who together provide support on SC2.0 implementation, training/consultation, project management, evaluation, and knowledge exchange.



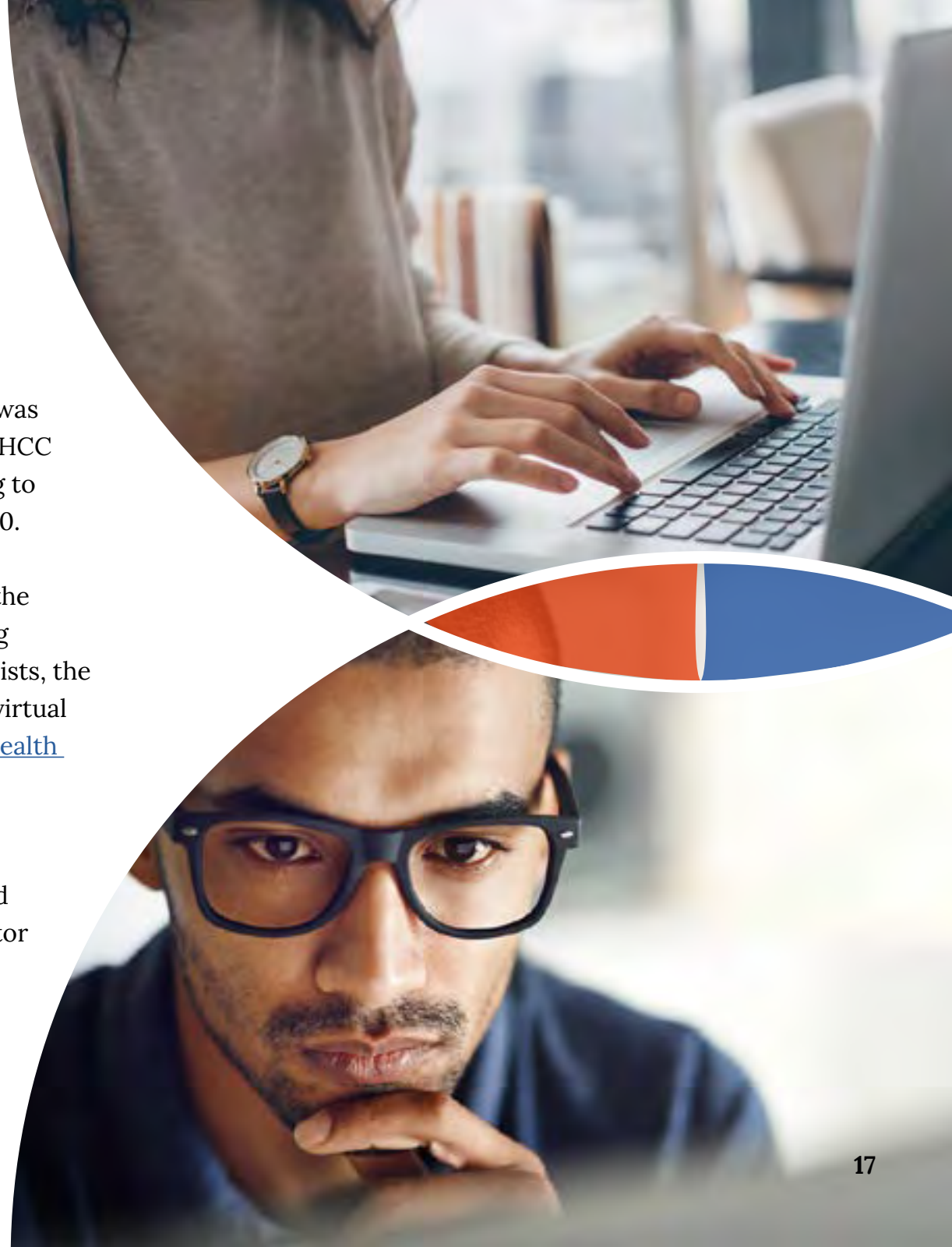
Taking training online: Adapting The Working Mind and Mental Health First Aid courses to a virtual world

If there was ever a need for crisis response training, it was during the onset of COVID-19. That's one reason the MHCC stepped into the breach by offering free virtual training to 5,139 essential workers between April and October 2020.

But crisis response training was only the beginning of the Opening Minds team's pivot to virtual delivery. Working around the clock and engaging leading learning specialists, the MHCC's training arm overhauled its content to create virtual adaptations of [The Working Mind](#) (TWM) and [Mental Health First Aid](#) (MHFA) courses.

"We saw a need and were able to shift from our usual in-person, in-depth courses, and adapt our skills-based approach to this new context," said Mike Pietrus, director of the Opening Minds program.

Adapting the courses proved to be a huge undertaking that required a rethink of everything from how the trainers interact with the participants to ensure their engagement and safety to how much material



can be absorbed online. The result is a course makeover that reaches well below the surface.

For MHFA, the shift to virtual delivery coincided with a major milestone: half a million people trained in Canada. Like conventional first aid, which teaches people how to intervene in a physical health emergency, MHFA gives trainees the tools and confidence to support someone who may be experiencing a mental health crisis — something especially important in the COVID-19 context.



>500,000 people

5000+ communities

trained in MHFA.

Likewise for TWM, the pandemic has highlighted the significant role employers can play in promoting mental wellness among staff. The evidence-based program was designed to initiate a shift in the way employees and leaders think and feel about mental health by addressing barriers to care, reducing stigma, and strengthening personal resilience.

“There is arguably more interest in mental health — and the skills required to support it — than ever before” said Pietrus. “This pivot to virtual training has allowed us to reach more people where they are and continue to grow the movement. ‘Virtually,’ anything is possible.”



63,845 people

**completed one of the
MHCC's training courses.**

”

“The most rewarding thing about facilitating these courses is receiving messages from participants who say things like, “it all makes sense now” or “this explains so much.” Those moments of realization can be life changing — I know it was for me.”

—

Pauline Meunier, paramedic and master trainer for The Working Mind First Responders program

”

“As trainers, we’ve got to rethink how to connect with participants over the screen. We’ve got to make sure everyone feels comfortable and safe. And we have to make sure we uphold the quality of our content — that’s key.”

—

Denise Waligora, MHCC training and delivery specialist and MHFA master trainer

Structural Stigma: The Health-Care Crisis Hiding in Plain Sight

It is not surprising that the MHCC's work to address structural stigma is a multi-year project. Stigma in health-care settings is so entrenched, and unconscious bias so pervasive, that most of the well-meaning professionals practising within it are totally unaware of its existence.

It rears its head when hospitals allocate funding. It manifests in the mental health unit's peeling walls and broken-down furniture. It happens when physical health care is neglected due to a mental illness diagnosis.

To dismantle the barriers of care that threaten health outcomes for people living with mental illness, the MHCC gathered a group of leading experts. Some are care providers, others have the invaluable wisdom born from navigating the depths of the system.

The MHCC's goal is to bridge the physical and mental health care divide by leveraging their complementary knowledge to create a road map that opens the door to greater compassion and, ultimately, to improved access to quality care.

”

“We’re finding out new things every day. This area of study is massive. It’s almost intimidating to put a stake in the ground because its constantly shifting beneath you. But someone has to be first. Someone has to say, “OK, we have to get better because people are bearing the consequences of system inertia.”

—

Dr. Stephanie Knaak, MHCC researcher

This team is working to build tools and develop standards to help health-care administrations understand, evaluate, and measure [structural stigma](#) against a framework that breaks down the barriers that put treating mental illness at a disadvantage.

Describing this project, lead researcher Dr. Thomas Ungar, chief of psychiatry at St. Michael's Hospital and associate professor at the University of Toronto said, “If we can measure and monitor those barriers and get them on a mandatory dashboard or at-a-glance report card, then a red-light indicator will scream out for attention and require a fix.”

Ungar sees this path as a decisive way forward. “The work I’m doing with the MHCC is the most exciting of my professional career. I’m not aware of this kind of work being done anywhere else. It’s the kind of progressive, thoughtful policy shift we’ll look back on in two decades and say, ‘I can’t believe we didn’t do that sooner.’

Our current practices will seem as outmoded to our future selves as bloodletting does to us now.”

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“Our work around recovery-oriented practice has been central to advancing improved mental health outcomes. This new foray into dismantling structural stigma is the next step in creating a truly responsive, equitable, person-centred system of care. It’s not only groundbreaking, it’s going to be life changing.”

—
Ed Mantler,
vice-president Programs
and Priorities



For patient advocate Samaria Nancy Cardinal, the opportunity to work with the MHCC won’t turn back the clock on the 15 to 20 years she lost to “misdiagnosis and ineffective treatment.” But it might just help fast-forward recovery for others.

She understands first-hand how people can spend years on a quest for mental health support, living a half-life in the shadow of an illness, unable to claim their rightful place as contributing members of society.

Helping others has become her own North Star as she strives to advocate for a system where symptoms are not evaluated without examining their root causes.

The wisdom of lived experience, married with the expertise of care providers, could write a prescription for long-overdue system transformation, where recovery isn’t just the hope — it’s the expectation.

Research indicates that a substantial proportion of people living with mental health and substance use concerns experience stigmatizing interactions across a range of health-care settings (e.g., pharmacies, dental offices, emergency services, acute care hospitals, mental health clinics, substance use services).

Roughly 600,000 people in Canada live with **unmet mental health needs**, and more than a million have these needs only partially met.



Higher Learning: The MHCC Launches a National Standard for Post-Secondary Student Mental Health

According to a May 2020 survey by the Canadian Alliance of Student Associations, more than 80 per cent of students are worried about their futures beyond the pandemic, with preoccupations including everything from health to finances.

[The National Standard of Canada: Mental Health and Well-Being for Post-Secondary Students](#), developed in collaboration with CSA Group, with funding from Bell Let's Talk, The Rossy Foundation, RBC Foundation, and Health Canada, was created to help institutions address those concerns and improve the mental health of post-secondary students, on and off campus.

“While it’s too soon to understand the full impact COVID-19 will have on students’ mental health, we know the pandemic has added a layer of complexity,” said Sandra Koppert, the MHCC’s director of Mental Health Advancement. “Implementing this new standard is a chance for post-secondary institutions to reinforce their commitment to student mental wellness, both now and after the pandemic.”



The first framework of its kind in the world, these voluntary guidelines began with a simple concept: ask those at the heart of the issue what they need.

The team engaged in dialogues across the country, listening to thousands of diverse perspectives from students, administrators, service providers, health agencies, governments, and individuals with lived experience of mental illness — all of which were taken into consideration to ensure that the standard captured the voices of individuals while addressing the needs of the many.

To help schools build momentum in their efforts to be aligned with the framework, the MHCC also launched a [starter kit](#) for the new standard that includes a variety of resources, next steps, and key considerations.

For Ed Mantler, the MHCC's vice-president of Programs and Priorities, "this new standard helps institutions understand that many aspects of their policies can be seen through a mental health lens.

From accommodation policies to diversity and inclusion efforts to subsidies and grants, all impact mental health and need to be understood as such."

The final version of this evidence-based framework was developed over two years by experts on the CSA Group Technical Committee and included input from 14 focus groups, along with over 1,700 comments shared during a 60-day public review period.

The vice-chair of that committee was MHCC board member Donovan Taplin, who offered a unique perspective as a young mental health advocate from the 2SLGBTQ+ community with lived experience.

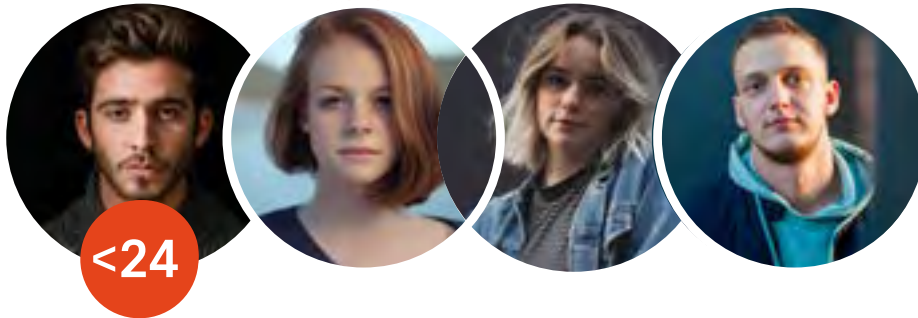
"This standard is meant to bridge the gap between students and administrators," they said, "allowing them to co-create higher learning communities that increase academic performance, improve overall satisfaction, and ensure that no student — regardless of their background or personal circumstances — is left behind."

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“It’s wonderful to see all the initiatives and best practices that we have implemented at Carleton over the years captured in The National Standard of Canada: Mental Health and Well-Being for Post-Secondary Students. More than ever, mental health and wellness need to be at the core of university life.”

—
Suzanne Blanchard, vice-president (students and enrolment)
at Carleton University

Research shows that **three out of four** mental health problems start **by age 24**, when many young people are either in or just out of post-secondary studies.



In a Canadian Alliance of Student Associations survey conducted in May 2020, **more than 70 per cent** of students said they had felt stressed, anxious, or isolated due to the pandemic, and **more than 80 per cent** were worried about their futures beyond the pandemic.



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“Canada’s universities are dedicated to supporting the mental health and wellness of their students and are committed to working in partnership to tackle this complex and pervasive issue. We welcome this national standard as a valuable new tool to help institutions and front-line staff continue their essential work to support student well-being.”

—
Paul Davidson, president of
Universities Canada

Answering the Call

Bending the arc toward better mental health outcomes requires patience, vision, and careful planning. In that spirit, the MHCC's board of directors laid out a blueprint to achieve this goal.

After consulting with hundreds of partners, stakeholders, critics, and champions, they brought to life a plan titled [Answering the Call](#) that responds to the diverse needs of the people who live with, work in, and study mental illness.

“We listened to people with lived experience to amplify their voices. And we heard from stakeholders and advocacy groups, who represent the needs of the many. We are striving for a constant balance of supporting the recovery of individuals, while advancing policy toward parity,” explained board chair Chuck Bruce. “To balance the needs of the one and the many isn’t easy, but nothing worth doing ever is.”

With its three broad strategic objectives — Inquire, Inspire, and Improve — the plan’s goals include supporting and disseminating the best evidence-based research, countering stigma, calling for parity between physical and mental health, and improving access to services and supports.

Improve

We open doors with improved access to services through cutting edge demonstration projects.

Inspire

We open hearts by combating stigma in all its forms – including structural barriers.

Inquire

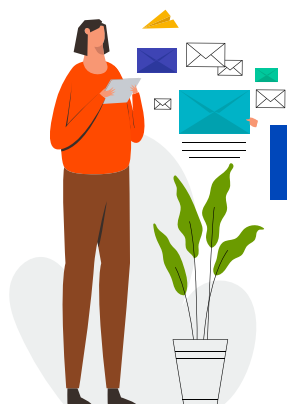
We open minds by seeking out the best research and disseminating it.



While building on the foundational work of the [Mental Health Strategy for Canada](#), the plan draws on the theory of compound knowledge, predicting that the pace of change will outstrip our current wisdom, leaving plenty of room for innovation.

To carry out the plan will require us to inspire and influence using the most powerful tools at our disposal: strong evidence, hard-won consensus, and innovative solutions. To do that, the MHCC has met with leaders and representatives from all the major parties. With a greater focus on mental health than ever before, the time is ripe to have a sweeping prescription for transformational change.

Over the past decade, the MHCC's work has helped shine a light on many of the inequities that need to be addressed and the gaps that need to be bridged. This new strategic plan offers the roadmap to move from identifying those needs to answering the call. Each of us has a role to play. Together, the one can unite with the many, building a future that will better serve each one of us.



Our Newsletter

featured interviews with five MPs across all political stripes, including [Canada's Health Minister Patty Hajdu](#).

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“Answering the Call is intentionally aspirational because it’s a sweeping prescription for transformational change.”

—
Chuck Bruce, board chair

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Now, as we embark on the next decade, we can take the knowledge we gain, year over year, and compound our progress.”

—
Michel Rodrigue, president and CEO

Financial Position

As at March 31

	2021 \$	2020 \$
Assets		
Total current assets	7,528,026	8,196,375
Capital assets, net	1,079,304	1,083,517
	8,607,330	9,279,892
Liabilities & net assets		
Total current liabilities	7,832,895	5,132,558
Deferred capital contributions	308,738	190,451
Deferred tenant lease inducements	982,072	1,159,941
Total liabilities	9,123,705	6,482,950
Net assets		
Unrestricted	(516,375)	2,796,942
	8,607,330	9,279,892

Operational Results

Year ended March 31

	2021 \$	2020 \$
Revenue	19,691,456	23,431,252
Expenses	23,004,773	23,586,575
Deficiency of revenue over expenses for the year	(3,313,317)	(155,323)
Net assets, beginning of year	2,796,942	2,952,265
Net assets, end of year	(516,375)	2,796,942

Compensation for Board of Directors: Salary Range Disclosure

	Annual retainer	Per diem for meetings where minutes are taken	Estimated annual total (based on 10-12 meetings day/yr)
Chair (for all Board and Committee duties)	\$24,000	N/A	N/A
Chairs of the Governance and Nominating Committees	\$5,000	\$250	\$8,000
Non-government members and Government Appointed Private Citizens		\$250	\$3,000

Compensation for Senior Leadership

	Min	Max
Directors	\$110,670 —	\$162,750
Vice Presidents	\$142,800 —	\$210,000
President & CEO	\$220,000 —	\$316,000

Board of Directors

2020-2021

Chuck Bruce - Board Chair

Anne-Marie Hourigan - Vice-Chair

Armaghan Alam

Didier Jutras-Aswad

Mike Dalton

André Delorme

Cheryl Fraser

Kellie Garrett

Sarika Gundu

Richard Jock

Stephen Lucas (retired)

Christine Massey

Neilane Mayhew (retired)

Carole Shankaruk

Donovan Taplin

Kendal Weber

Executive Leadership Team

Michel Rodrigue - President and Chief Executive Officer

Ed Mantler - Vice-President, Programs and Priorities

Robert Thomas - Vice-President, Corporate Services
and Chief Financial Officer

Karla Thorpe - Interim Vice-President, Organizational
Performance and Public Affairs





Mental Health
Commission
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Commission de
la santé mentale
du Canada

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