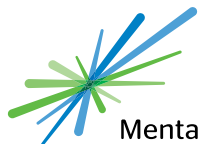




**Inquire**  
*Opening Minds*

**Inspire**  
*Opening Hearts*

**Improve**  
*Opening Doors*



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

**ANNUAL REPORT 2021 - 2022**

## Annual Report 2021–2022

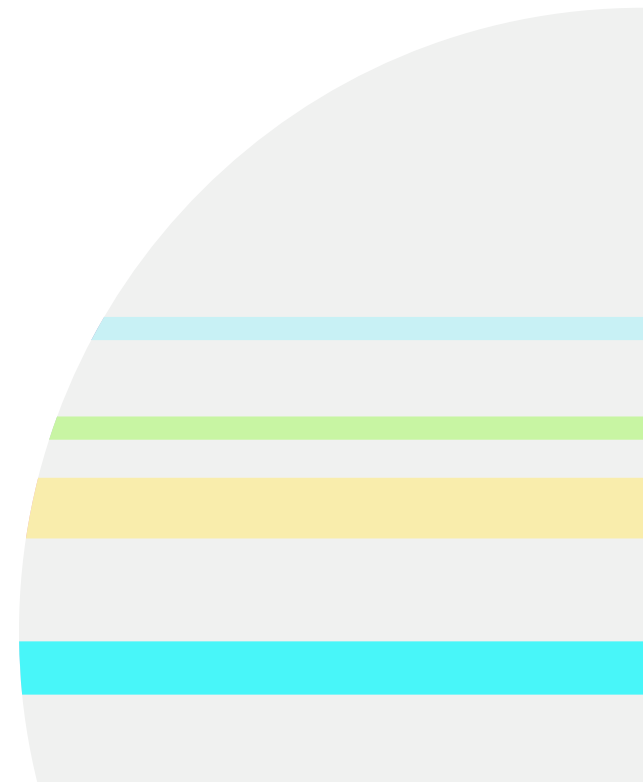
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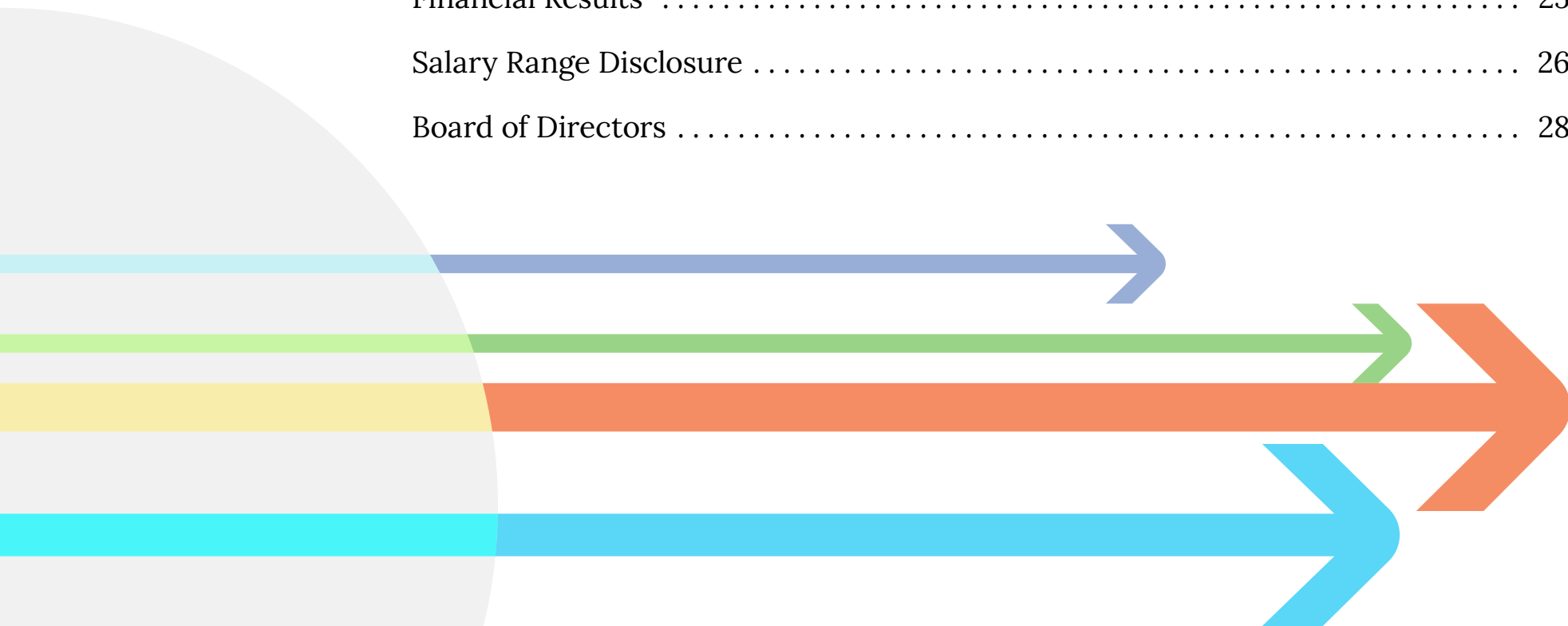
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**Michel Rodrigue**

*President and CEO*



# Letter from the President and Board Chair



In some ways, there has never been a more pivotal time to work in mental health. Two years of COVID uncertainty have had a cost, which many have been paying through harms to their well-being. These are the people at the heart of the work of the Mental Health Commission of Canada (MHCC).

From MHCC joint [polling](#), conducted throughout the pandemic, we've seen levels of depression and anxiety increase and remain high. We've seen their disproportionate impact on youth, low-income families, people in rural and remote areas, and many other groups. We've seen growing gaps in access to timely, quality, culturally appropriate mental health and substance use health care. But with these findings we've also seen an opportunity to do better.

If year one of the pandemic was about weathering the storm, year two was about surveying the damage and rebuilding stronger.

As you'll see in this report, our efforts to do so homed in on real-world impacts – the kind that would contribute to future advancement while bolstering support for the people who needed it now.

This support meant focusing on innovations for accessing care, such as in the rapidly growing area of [e-mental health](#) programs. You'll learn how we worked with ORCHA and many other stakeholders to draft an accreditation

framework for mental health applications. This work will help expand the availability of safe, effective, regulated e-mental health services for the growing number of Canadians turning to online support. These include the two million-plus users of Health Canada's [Wellness Together Canada](#) portal and the people accessing Eating Disorders Nova Scotia's online programs, whose numbers have tripled during the pandemic.

Because maximizing our impact means empowering others to do the same, we also worked with communities across Canada to create and facilitate tailored suicide prevention efforts through [Roots of Hope](#) – and expanded the program to include [early adopter](#) communities. In a relatively short time, these remarkable communities have implemented numerous suicide prevention and life promotion initiatives, such as posting anonymous helplines on Newfoundland and Labrador hiking trails.

At the same time, we doubled down on our role as a convener by gathering key players in the public and private sectors to share ideas for collaboration. Through these efforts, we've built vital momentum on strengthening mental health and substance use [health services for everyone](#), regardless of where the coverage is from.

All these projects, and the others you'll read about, took on new meaning through the widespread recognition that the mental health landscape has changed.

That's why employers from every sector have stepped up, seeking to protect and promote the psychological safety of their staff like never before. Through the development of new [workplace](#) resources, and virtual adaptations of training programs like [The Working Mind](#) (TWM) and [Mental Health First Aid](#), we've been able to equip people with the skills they need to support themselves and one another. As one TWM First Responders facilitator told our staff, he believes he's saved more lives in five years as a TWM trainer than twenty as a firefighter.

If there is any silver lining to the pandemic, it's the unifying power of shared experience. When scientists from around the globe worked together to develop a vaccine, they did so in record time. We believe the same potential exists in mental health.

Our work over the past year is a testament to that potential, with achievements built on tangible impacts, real people, and an unwavering belief that we can do better.



**Michel Rodrigue**  
*President and CEO*



**Chuck Bruce**  
*Board Chair*



**Chuck Bruce**

*Board Chair*

# Year in Review 2021-2022



## Inquire

**July.** To increase knowledge about the relationship between cannabis and mental health, the MHCC partners with the Canadian Institutes of Health Research (CIHR), the Canadian Consortium for Early Intervention in Psychosis (CCEIP), the Schizophrenia Society of Canada Foundation (SSCF), and Veterans Affairs Canada (VAC) on 18 research projects with a total investment of \$2 million. ([Statement](#))

**August.** Publication of [COVID-19 and Early Childhood Mental Health: Fostering Systems Change and Resilience – Policy Brief Highlights](#) in partnership with the Canadian Paediatric Society. ([Catalyst](#))

**October.** Publication of [COVID-19 and People Living with Serious Mental Illness: Policy Brief](#).

**October.** Publication of [The Impact of COVID-19 on Rural and Remote Mental Health and Substance Use: Policy Brief](#).

**November.** Publication of [Amplifying Black Experiences in Cannabis and Mental Health Research: Virtual Dialogue Series](#), a report based on the three dialogue sessions moderated by Dr. Akwasi Owusu-Bempah (University of Toronto).

**November.** Publication of [COVID-19, Mental Wellness, and the Homelessness Workforce: Policy Brief](#) in partnership with the Centre for Addiction and Mental Health (CAMH). ([Statement](#))



**February.** Publication of the report: [The Time is Now: Considerations for a National Psychotherapy Program.](#)

**May.** Publication of [Mental Health and Substance Use During COVID-19: Spotlight on Gender and Household Size.](#)

**September.** Publication of [Mental Health and Substance Use During COVID-19: Spotlight on Income, Employment, Access.](#)

**December.** Publication of [Mental Health and Substance Use During COVID-19: Spotlight on Youth, Older Adults and Stigma.](#)

“Collectively, these projects could create stronger, more responsive and supportive communities, especially for those people who lack power or opportunity or who are vulnerable in some way.”

– Dr. Joanna Ochocka,  
Co-director,  
Centre for Community  
Based Research



## Tracking the impacts of COVID-19 on mental health and substance use health

Since October 2020, the MHCC has partnered with the Canadian Centre on Substance Use and Addiction (CCSA) in an ongoing series of polls tracking the pandemic’s impacts on mental health and substance use health, with a particular focus on priority populations. The project aims to explore and highlight the intersection between mental health and substance use health and to inform the policies and actions of public- and private-sector organizations.

During the pandemic, we have all been affected by some combination of fear of the virus, feelings of isolation and hopelessness, financial concerns, job insecurity and the trauma of losing a loved one. Yet not everyone has been impacted equally. Polling data indicate greater impacts on specific groups, such as people who are unemployed, who earn low incomes, or who have pre-existing mental health and/or substance use health concerns. Identifying and tracking these differential impacts improves society’s ability to manage them, both during the current pandemic and in future public-health crises. The MHCC-CCSA partnership promises to have lasting value as the two organizations apply their respective and complementary expertise to the relevant challenges people in Canada are facing.

# Year in Review 2021-2022 (Cont'd)

## Inspire

**March.** Publication of [Talking to Children About a Suicide](#), a conversation guide for parents, teachers, and others.

**June.** To help employers implement The National Standard of Canada for Psychological Health and Safety in the Workplace, the MHCC partners with [Excellence Canada](#), an independent, not-for-profit corporation that advances organizational performance across Canada. ([Statement](#))

**July.** Publication of two documents that include a range of resources to improve mental health and substance use health outcomes among people involved in the justice system: [COVID-19, Mental Health, and Substance Use in Correctional Settings: Considerations for Addressing Systemic Vulnerabilities](#) and the [National Inventory of Mental Health and Substance Use Services and Supports for People Transitioning out of the Criminal Justice System](#). ([Statement](#))

**September.** Initially created as a research demonstration project, the Roots of Hope suicide prevention program expands into 11 more communities. ([Statement](#)) ([Catalyst](#))

**September.** The new MHCC [website](#) goes live.

**February.** Publication of [A Post-Secondary Student's Guide to Mental Health During COVID-19](#), designed to help students find relevant information and resources quickly and easily.

**March.** Publication of a series of fact sheets about the links between suicide and [alcohol](#), [men](#), [agriculture](#), [youth](#), [rural and remote communities](#) and [public health](#).



“We can’t let hybrid work models become the next **glass ceiling**.”

– Michel Rodrigue, President and CEO, MHCC



“We can only emerge from this pandemic with resolve and resiliency if we promote and protect the mental health and wellness of Canada’s people while being vigilant about ensuring that we view all investments – and innovations – with an eye to creating equity.”

– Michel Rodrigue, President and CEO, MHCC

## Improve

**April.** Launch of [The Working Mind – First Responders Virtual](#) course. (Catalyst)

**May.** Publication of the [Mini-Guide for Women Sideline from the Workforce](#). (Catalyst)

**June.** Publication of [Recovery-Oriented Practice: An Implementation Toolkit](#). (Catalyst)

**November.** Publication of [Towards Better Mental and Physical Health: Preventing and Managing Concurrent Mental and Physical Conditions – A Scoping and Rapid Realist Review](#) (along with tip sheets on [Mental Health and Cancer](#) and [Mental Health and Chronic Disease](#)), in association with the Canadian Partnership Against Cancer.

“This is an opportunity to support staff as they design their futures through supportive measures like flexible schedules, professional development, wellness days and, above all, creating psychologically safe workplaces that foster a culture of respect and shared accountability.”

– Michel Rodrigue, President and CEO, MHCC



**August.** Launch of virtual [Mental Health First Aid – Supporting Youth](#) course. (Catalyst)

**September.** Launch of [HEADSTRONG Virtual](#). (Catalyst)

**January.** Publication of [Ask the Experts: Mental Health and Wellness During the COVID-19 Pandemic](#), in which clinical social worker Susan Mercer and Dr. Keith Dobson, PhD, Professor of Clinical Psychology, University of Calgary, answer frequently asked questions.



## Effective and accessible

“Spending too much time in the online world can have negative impacts on mental health and well-being. But evidence shows that digital technologies can also have positive impacts. The number of people accessing Eating Disorders Nova Scotia’s online programs has tripled during the pandemic, for instance. It’s a pleasure for me to participate in the MHCC’s project to develop an accreditation framework. We must help more people access the benefits of effective, evidence-based E-MH apps.”

*Shaleen Jones, Executive Director, Eating Disorders Nova Scotia*

# Assessing Quality

## Developing an accreditation framework for mental health apps

Research consistently demonstrates that Canada's health-care system — particularly its mental health care system — is relatively inadequate when it comes to meeting the needs of specific groups. Among them are people with lived and living experience of mental health and substance use health concerns, who consistently experience higher rates of disease and poorer outcomes. A key contributing factor is excluding them from processes to develop and implement relevant policies and procedures — a lesson that informs the MHCC's approach to developing an accreditation framework for mental health apps.

E-mental health (E-MH), in all its forms, is increasingly popular and shows tremendous potential for resolving such longstanding issues as access to services and supports. During the pandemic, growing numbers of people in Canada received clinical care from certified health-care professionals via video conference, telephone, chat services, and text messaging — despite the fact that quality concerns, including data privacy and the protection of personal information, have not been adequately examined.

To address such concerns, the MHCC is leading an initiative to develop an accreditation framework for mental health apps in partnership with ORCHA (Organisation for the Review of Care and Health Apps), the world's largest and most comprehensive digital health review service. ORCHA has reviewed over 6,000 health apps worldwide, including more than 600 relating to mental health. Of these, fewer than 30 per cent have met ORCHA's rigorous quality thresholds.

The initiative's multi-phase process has engaged more than 200 stakeholders across Canada — including people with lived and living experience. Following a series of needs assessment workshops and a national forum, the MHCC established five working groups. Each focused on a specific topic area: (1) data and privacy, (2) usability and accessibility, (3) clinical evidence, (4) clinical safety, or (5) security and technical stability. Yet, after repeated prompting, it became clear that we needed a sixth area — cultural safety and persistent inequities in health care — as well as an additional working group.

People can fully and freely participate in development processes only if they feel safe while doing so. Cultural safety seeks to address this challenge and ensure that the larger context (i.e., social, economic, political, historical, and emotional factors) is considered. To design and incorporate cultural safety into our initiative, the MHCC continued to work with stakeholders and collaborate with ORCHA. This approach enabled us to complete a draft accreditation framework (to be finalized through further collaboration that includes a public review ending in late June). After analyzing this feedback, the MHCC will again work with ORCHA to design a process to assess E-MH apps.

Ultimately, cultural safety aims to make health-care systems more equitable, inclusive, and socially responsible. Evidence-based accreditation standards are essential to realizing the full potential of E-MH apps, and the MHCC is committed to developing tools and resources that help everyone live better and feel better.



“Meadow Lake and 11 nearby communities are part of the original Roots of Hope research project. By directly involving members of the community – asking them to define problems, and to help identify and implement local solutions – we’ve had success and made progress in all of the program’s areas. In 2020, the Government of Saskatchewan launched Pillars for Life, a suicide-prevention initiative based largely on Roots of Hope. For both, the key to success is to ask questions about specific community needs, strengths and assets. Work with the community instead of on behalf of the community.”

*Anne Duriez, Roots of Hope coordinator, Meadow Lake, Saskatchewan*



# Root and Branch

## Roots of Hope continues to spread into communities across the country

Roots of Hope enables a growing number of communities across Canada to take charge of their own needs in relation to building hope, promoting life, and preventing suicide. The MHCC serves as a catalyst for this community-based initiative by providing a platform for local leaders to connect, learn about interventions in other parts of the country, exchange evidence-informed resources, and develop a shared understanding of the program's framework. MHCC engagement sparks dialogue, innovation, and momentum.

The idea for Roots of Hope took shape during a 2015 international conference examining the latest research on suicide prevention. Based on its presentations, participants were able to identify common themes for successful interventions and strategies to reduce the impact of suicide. After vetting those themes in consultation with mental health leaders across the country, the MHCC developed the Roots of Hope initiative.

To better understand its effectiveness on the ground and collect promising practices on the best way to apply the model in Canada, the MHCC designed a demonstration project in 2018 and invited communities across the country to participate. By 2019, eight innovative communities had signed on and begun their multi-year implementation journey. Since coming to an end in 2022, the project is now undergoing data analysis, with results expected early next year.

While the demonstration was in progress, interest in Roots of Hope started to spread quickly. Soon, other communities were asking whether they too could access its resources and peer support. In response, the MHCC launched a complementary initiative in 2021 called Early Adopters and began supporting 11 more communities. As Early Adopters, the New Brunswick and Yukon governments agreed to expand the program right across their jurisdictions.

Recent trends help to account for an even further increase in demand. Research since the onset of the pandemic suggests that, while suicide rates have declined in Canada, the number of people reporting suicidal thoughts or seeking mental-health supports has increased. Studies also show how the impact of suicide ripples through our communities: each suicide affects up to 135 people, including family members, friends, neighbours, colleagues, and others. And for each suicide death, five attempts result in hospitalizations. Along with reducing the incidence of suicide, Roots of Hope communities seek to promote healing and mitigate the negative effects of exposure to suicide – a concept known as postvention.

In a relatively short time, Roots of Hope communities have designed and implemented a remarkable variety of initiatives. These include medication lockboxes, a men's group, podcasts offering stories of hope and recovery, and ways to ensure safe access to potentially dangerous places like high bridges and train trestles. And signs along some





Newfoundland and Labrador hiking trails now feature contact information for anonymous helplines.

*Roots of Hope* reflects the MHCC's value proposition: fostering mental health and wellness by enabling communities to design and implement their own solutions and by facilitating the exchange of best practices and lessons learned. As it branches out into more communities, and as communities themselves establish new and growing networks, the project takes on a life of its own.





## Leading by example

“Early on in the pandemic, we recognized the importance of supporting staff mental health and wellbeing and began to provide our managers and leaders with Mental Health First Aid (MHFA) training. This proved popular and caught the attention of IKEA worldwide. MHFA is now provided to IKEA managers and leaders in the United States and Austria, and I expect it will spread further. Here in Canada, we’ve begun to implement The Working Mind (TWM); by 2024, all 780 of our managers and leaders will complete TWM training. We want to raise awareness and eliminate stigma not only within our company, but across society at large.”

*Tanja Fratangeli, Chief People Officer, IKEA Group*



“Trained and caring workers on our shop floors can be so effective in reducing physical and mental injury. It’s an avenue for help that many might not think could exist, but it can be the front-line resource for people in need. I live it every single day.”

– Steve Tizzard

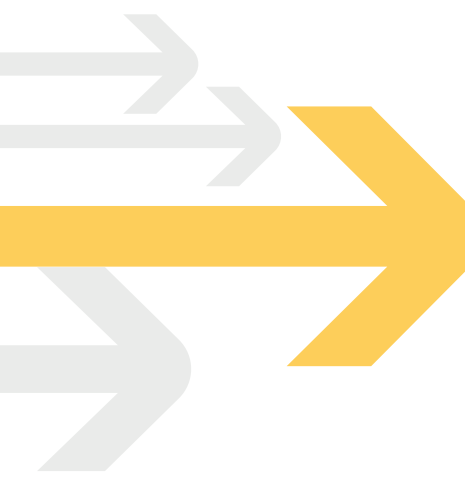
“I truly believe I’ve saved more lives in my five years as a trainer for The Working Mind – First Responders than in my 20 years as a firefighter.”

– Steve Jones, Trainer for TWMFR



# A Bigger Tent

## Increasing training capacity to raise awareness, reduce stigma, and expand our impact



More than 900,000 people in Canada have completed at least one MHCC training course in mental health and wellness. That's nearly one million individuals with new knowledge to support their own mental health and well-being – and that of their family members, friends, neighbours, and colleagues. With each person trained, the country's mental health literacy and resiliency grows, as does the size and reach of its informal support networks. And as that happens, the stigma around mental health and substance use health decreases – particularly for those seeking help for such concerns.

In terms of growth and greater access, the MHCC made significant progress in all aspects of its training programs over the past year:

- 123 instructors and facilitators certified
- 632 training agreements implemented with employers
- more training adapted for the online environment
- increased availability for underserved populations (e.g., residents of remote and rural communities, who can access many courses for the first time)

The MHCC has also continued to expand the breadth of its training by designing courses for specific groups, including health-care workers, First Nations and Inuit communities, and veterans. New online courses in 2021–22 include *The Working Mind – First Responders Virtual*, *Mental Health First Aid – Supporting Youth*, and *HEADSTRONG Virtual*.

The MHCC's team of learning specialists optimizes the content of each course, aligning it with the needs, expectations, and abilities of each designated group. It then identifies and recruits leading professionals (who are known to that group) to develop and deliver the new course. Under the MHCC's quality assurance process, the course is also piloted and refined before its official launch. For example, based on user feedback the team is revising *The Inquiring Mind* for post-secondary school students' prototype, which did not perform well enough during its initial pilot.

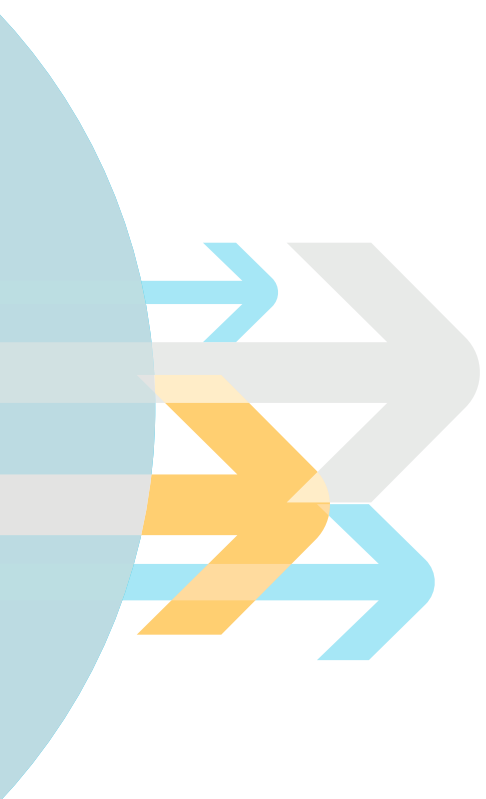
Our commitment to delivering only top-quality, evidence-based training helps to drive demand, particularly from large employers in the retail and energy sectors. A growing number of companies have come to appreciate the impact of MHCC training, both on mental health and the bottom line. Employers across an ever-broadening range of fields are holding MHCC training in high regard. *The Working Mind – First Responders*, for instance, is now mandatory for many police forces across Canada and has been integrated into the Ontario Police College curriculum.

Over the long term, MHCC training will continue to evolve alongside Canada's growing awareness of the importance of mental health and wellness. Ultimately, everyone must recognize that help is available and recovery is expected. To achieve this goal, courses must be updated in light of new evidence and be tailored to those likely to benefit most. They must also continue to become more accessible, particularly for disadvantaged groups. The stakes are high – a generation of potential change agents await.



# In Lockstep

15 years of collaboration  
and progress on mental health  
and well-being



In less than a generation, the status of mental health and well-being in Canada has improved dramatically. We have never known more about mental health and substance use health than we do today, and the research into these issues continues at an unprecedented pace. The rapidly expanding evidence base in turn drives the development of effective tools and strategies to help prevent and treat anxiety, depression, and other conditions. People in Canada are also more willing than ever to talk about their mental health and well-being, with increasingly optimistic conversations focusing on prevention and expectations of recovery.

Since we began 15 years ago, the MHCC has been a catalyst for these changes. Leading and partnering on research. Convening academics and stakeholders alongside people with lived and living experience. Translating research into practical resources like training courses and standards. Monitoring progress and applying lessons learned to push improvements a little further. Such efforts have helped to build the necessary understanding and infrastructure to inspire still more advancements.

As a result, the MHCC is increasingly being recognized as a trusted partner, both in private and public sectors. For instance, more of Canada's top employers are encouraging their staff to enrol in our training courses. During one three-month period last year, more than 1,000 Walmart managers completed Mental Health First Aid training. On the public side, as part of the federal government's

legalization of recreational cannabis in 2018, it invested \$10 million in research and assigned us responsibility for coordinating these projects.

During the pandemic, the value of our collaborative operating model has become even more apparent. At the request of Health Canada, we adapted and restructured a series of training courses to better support front-line workers. Within six months, more than 6,000 people had completed one or more courses. Our [COVID-19 hub](#), a collation of evidence-based resources and supports, has also been well received, with 181,000 unique visits in eight months. And the polling we have conducted throughout the pandemic – much of it focused on priority populations – continues to inform decisions about public policy and programs.

To make further progress on mental health and well-being, we must continue marching in lockstep with Canadians. [Answering the Call](#), our strategic plan for 2021–2031, charts the way forward. We will develop and deliver the resources needed to engage and educate larger numbers of change agents and reach long-marginalized communities. We will uplift our partners and amplify lived and living experience. We will embrace the best evidence and challenge the status quo. This approach will help reduce stigma in all its forms, address persistent and chronic long-term illnesses, and increase access to evidence-based supports. By working together, we can help all people in Canada feel better and live better.

# Milestones

2007

Government of Canada establishes the MHCC as an independent, national non-profit organization and assigns it an initial 10-year mandate.

2008

The federal government entrusts the MHCC with an additional \$110 million in funding for the At Home/Chez Soi research demonstration project to examine potential new approaches for tackling homelessness and mental health and substance use health issues in Canada.

2012

The MHCC publishes *Changing Directions, Changing Lives*, Canada's first national strategy for mental health. Thousands of people across the country – including many with lived and living experience of mental health and substance use health concerns, and dozens of organizations – participate in the consultations that inform the strategy.

2013

The Canadian Standards Association publishes *The National Standard of Canada for Psychological Health and Safety in the Workplace*, the first of its kind in the world. It is based on extensive MHCC-led consultations and research.



2015

The MHCC establishes a set of 63 indicators of mental health to facilitate monitoring and effective decision making.

2015

The MHCC publishes *Guidelines for Recovery-Oriented Practice in Canada* to promote help, dignity, and inclusion for people living with mental health and substance use health concerns.

2017

The Government of Canada renews the MHCC mandate through 2027, prioritizing effective action on suicide prevention, substance use, engagement, and special populations.

2020

MHCC consultations and support contribute to the Canadian Standards Association's publication of *The National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students*, also the first of its kind in the world.

2021

Consultations with more than 2,700 individuals and organizations inform *Answering the Call*, the MHCC's 10-year strategic plan.





# Financial Results

## Financial Position As at March 31

	2022 \$	2021 \$
<b>Assets</b>		
Total current assets	<b>9,382,744</b>	7,528,026
Capital assets, net	<b>909,113</b>	1,079,304
	<b><u>10,291,857</u></b>	<b><u>8,607,330</u></b>
<b>Liabilities and net assets</b>		
Total current liabilities	<b>9,382,054</b>	7,824,372
Deferred capital contributions	<b>255,747</b>	308,738
Deferred tenant lease inducements	<b>809,865</b>	990,595
Total liabilities	<b>10,447,666</b>	9,123,705
Net assets		
Unrestricted	<b>(155,809)</b>	(516,375)
	<b><u>10,291,857</u></b>	<b><u>8,607,330</u></b>

## Operational Results Year ended March 31

	2022 \$	2021 \$
Revenue	<b>24,737,383</b>	19,691,456
Expenses	<b>24,376,817</b>	23,004,773
<b>Excess (deficiency) of revenue over expenses for the year</b>	<b>360,566</b>	(3,313,317)
Net assets, beginning of year	<b>(516,375)</b>	2,796,942
<b>Net assets, end of year</b>	<b><u>(155,809)</u></b>	<b><u>(516,375)</u></b>

# Salary Range Disclosure

## Compensation for Senior Leadership

	Minimum	Maximum
Director	\$123,729	\$181,513
Vice President	\$171,217	\$251,790
Senior Vice President	\$191,970	\$282,315
President & CEO	\$272,000	\$400,000



## Board of Directors

Chuck Bruce - Board Chair

Anne-Marie Hourigan - Vice-Chair

Armaghan Alam

Didier Jutras-Aswad

Eric Bélair

Mike Dalton

André Delorme

Cheryl Fraser

Kellie Garrett

Sarika Gundu

Richard Jock

Christine Massey

Neilane Mayhew (retired)

Carole Shankaruk

Donovan Taplin

Kendall Weber (retired)

## Executive Leadership Team

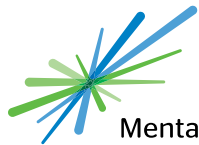
Michel Rodrigue - President and Chief Executive Officer

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  
of Canada

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la santé mentale  
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