



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Partnerships in Action

2023-2024 Impact Report



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Partnerships in Action 2023-2024 Impact Report

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Partnerships in Action

Broad, strategic collaboration has been central to the work of the Mental Health Commission of Canada (MHCC) since its inception. As the stories in this report demonstrate, by establishing and expanding effective partnerships, the MHCC is helping to improve the lives of more and more Canadians affected by issues of mental health and substance use health (MHSUH). We envision an integrated, recovery-focused, and high-functioning mental health system where evidence-based supports and treatments are readily accessible. Realizing this vision requires strong partnerships among communities, governments, service providers, employers, and researchers, as well as people with lived and living experience.



The greatest contributor to the MHCC's success to date has been the ability to directly engage people with lived and living experience in the development and implementation of effective initiatives. As a result, a transformation is underway. No longer are MHSUH issues defined and addressed solely by those without direct personal experience. The stigma and discrimination once deeply ingrained in our institutions and beliefs are giving way to compassion and hope. Thanks to a growing number of evidence-based treatments and supports, recovery is not only possible but increasingly expected.

The MHCC plays many roles: convenor, enabler, leader. This versatility grants us a unique capacity to inspire action on larger issues, such as the chronic over-representation of people with MHSUH issues in Canada's criminal-justice system. The consequences of this over-representation are well documented. Like so many MHSUH-related issues, however, it is complex, and the solutions that have been proposed have tended to inspire intense emotions and divisions. A deliberately collaborative and comprehensive approach is clearly required, which is precisely the type of approach the MHCC continues to take. We are happy to report solid progress toward an Action Plan for Canada on Mental Health and Criminal Justice.

Another factor in the MHCC's success — particularly in the health-care sector — is the ability to lead from behind. Many health-care organizations develop and implement innovative programs that deliver specific benefits to their communities. Rarely, however, are these programs analyzed to identify their potential benefits to the entire system. An exception is the MHCC's *Dismantling structural stigma in health care*, a practical guide designed for health-care organizations. Structural stigma has long been recognized as a major obstacle to tangible, sustainable progress on MHSUH issues. The guide is based on a deep analysis of a handful of successful initiatives implemented at the local level. The men and women behind the initiatives — and people with lived and living experience — played an essential role in the guide's creation.

Through similar partnerships, the MHCC is helping to fill other major gaps in health care. Some of these gaps are simply unacceptable. Consider that front-line professionals such as doctors and nurses receive virtually no instruction in suicide prevention as part of their professional education in Canada. Yet we know that equipping health care providers with the skills and confidence to have conversations with patients about suicide and building an understanding of MHSUH issues is essential. Not only does it break down barriers, it promotes patient-centred care. In addition, new gaps are arising, such as the lack of an evidence-based assessment framework for the increasingly popular apps that claim to promote mental health. These apps are rapidly multiplying in the marketplace. Realizing the promise of e-mental health technologies also requires validated best practices and learning resources. Through effective partnerships, the MHCC is closing these and other gaps.

The MHCC recognizes that partnering with other organizations also inspires new interpersonal connections – a potent force for advancing mental health. We experience, gauge, and express our mental health through our relationships with others and with the world around us. The more that we value and nurture mental health in our relationships, the more we reduce the harmful impacts of MHSUH issues.

This is part of the logic behind The Working Mind, evidence-based training that shifts how people think, act, and feel about mental health in the workplace. Training is delivered by peers, and courses draw heavily on the realities of working in a specific sector. Thanks to a series of partnerships, new versions of The Working Mind are now delivered to groups of nurses, first responders, and long-term care workers. Each trainee can now share their newfound awareness with their families, friends, and colleagues.

True to our roots, we continue to build a bigger table and uplift our partners. A bigger table creates space for additional skills, perspectives, and expertise, expands our reach, and produces creative solutions. With each new relationship and partnership comes an opportunity to innovate and improve mental health. By facilitating these opportunities, the MHCC helps further the transformation underway in Canada and around the globe. On our own, we accomplish little. Working alongside others, however, we are changing the world – one mind at a time.



Michel Rodrigue
President and CEO

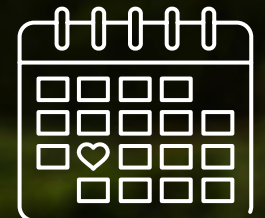


Chuck Bruce
Board Chair



The Year In Review

After looking back at some of the achievements from the Mental Health Commission of Canada, we came up with the title Partnerships in Action – because we know that true impact does not happen in isolation. Our work is better and more informed through evidence-based practices and collaboration. This entire report highlights numerous projects that speak to this theme – additionally, the Commission moved the needle in various issue areas, including:



The Northwest Territories' Mental Health System Was Transformed Through Stepped Care 2.0.

There was a 79% reduction in average wait times for mental wellness counselling.

Learn more: [Northwest Territories' Mental Health System Transformed Through Stepped Care 2.0 - Mental Health Commission of Canada.](#)

Opening Minds partnered with the NHL player's association to strengthen members' mental health, knowledge, and skills.

The FIRST LINE program was developed specifically for NHL players to offer peer-to-peer support within their community.

Learn more: [NHLPA, Opening Minds launch program to strengthen NHLPA members' mental health knowledge and skills - Opening Minds - Workplace Mental Health Training.](#)

The Mental Health Commission of Canada Worked with Post-Secondary Partners to Discuss How Gender Plays a Role in Navigating Mental Health.

A panel of students and sector professionals advanced the narrative around men's mental health and its relationship to the National Standard for Mental Health and Well-Being for Post Secondary Students.

Learn more: [Standing Together: Men's Mental Health and Suicide Prevention in the Post-Secondary Environment - Mental Health Commission of Canada.](#)





A New Resource Supports African, Caribbean, and Black Communities in Canada Impacted by Suicide.

The work provides culturally competent accessible resources for those in ACB communities impacted by experience with suicide and provides recommendations for researchers, policy makers, and service providers.

Learn more: [Experiences with Suicide: African, Caribbean, and Black Communities in Canada - Mental Health Commission of Canada.](#)

An Expert Panel Shared Practical Strategies, Tools, and Resources to Dismantle Structural Stigma Within Health-Care Organizations.

The sub-focus within the Quality Mental Healthcare Framework focuses on stigma-free care and inclusivity.

Learn more: [Toward Quality Mental Health Care: Dismantling Structural Stigma - Mental Health Commission of Canada.](#)

Making a Link Between the High Cost of Living in Canada and Mental Health.

The policy brief draws on emerging evidence to draw the link between negative mental health outcomes, particularly for those at lower income levels and provides actionable policy recommendations.

Learn more: [Mental Health and the High Cost of Living: Policy Brief - Mental Health Commission of Canada.](#)

The MHCC Launched a Mental Health and Substance Use Health Workforce Strategy.

The impacts of the pandemic and the overdose crisis have increased the gap between what the population needs and what the service system can provide.

Learn more: [International Scan: Highlights: Mental Health and Substance Use Health Workforce Strategies - Mental Health Commission of Canada.](#)

The MHCC Publishes a Practical Tool for Finding Care in Canada.

What is the difference between a counsellor and psychologist? What are the changes in care in my province? What is covered through public offerings over private insurance? This tool helps people in Canada navigate various mental health care options.

Learn more: [Where to Get Care – A Guide to Navigating Public and Private Mental Health Services in Canada - Mental Health Commission of Canada.](#)

Can Cannabis Help with Post-Traumatic Stress Disorder? – and Other Questions.

The MHCC is supporting veterans and their families with better research and clinical support on cannabis as a treatment option for their mental health.

Learn more: [Veterans and their families want better research and clinical support on cannabis as a treatment option for their mental health - Mental Health Commission of Canada.](#)





Roots of Hope Continues Its Outreach Within Indigenous Communities to Learn More About the Distinct Mental Health and Wellness Needs of First Nations, Inuit, and Métis peoples.

The Roots of Hope model builds on community expertise to implement suicide prevention and life promotion initiatives based on five pillars of action and 13 guiding principles. It has been implemented in more than 20 communities, including three provinces and one territory.

Learn more: [Roots of Hope Annual Impact Report 2023/2024 - Mental Health Commission of Canada.](#)



Global Impact

Indicator Result 2023-24

Number of knowledge products **134**

Number of events **101**

Total number of partnerships **515**

Number of unique partners **344**

Number of people trained in mental health literacy **95,588**

Number of people trained on e-modules
(suicide prevention, e-mental health implementation, workplace, structural stigma) **23,804**

Student Standard downloads
(cumulative to September 2023) **3,240**



The Mental Health Commission
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Funds raised through Health
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a broad array of initiatives.

Thank you to all of our donors!

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An Action Plan for Canada: Mental Health and Criminal Justice

A broad partnership facilitated by MHCC continues to make solid progress toward reducing the over-representation of people living with mental health problems and illnesses in the criminal justice system.¹



¹ Mental Health Commission of Canada. (2012). Changing directions, changing lives. The mental health strategy for Canada. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/MHStrategy_Strategy_ENG.pdf



“Our criminal justice and correctional systems were never designed to deal with mental health issues, but are forced to do so by default and generally do a terrible job of it,” says Howard Sapers, a tireless and passionate agent for change throughout an exceptional 40-year legal career. The former correctional investigator of Canada, member of the Legislative Assembly of Alberta, and executive director of the John Howard Society of Alberta adds simply: “It’s long past time for substantive change.”



Sapers currently participates in the MHCC’s collaborative, methodical project to develop a national action plan focused on recovery, well-being, and person-centred care for people with mental health concerns in the criminal justice system. The plan also aims to foster mental health among criminal-justice and corrections workers. The project’s roots stretch back to 2012, when the MHCC made reducing over-representation of people living with mental health concerns a priority in *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*.


In 2021, the project gained momentum with the establishment of an advisory committee comprised of a broad range of experts: judges and lawyers; people with lived experience of criminal-justice involvement; and union representatives for correctional, probation, and parole officers. Priority populations, such as Indigenous peoples, racial minorities, and women, are also represented on the committee. Along with current, relevant evidence gathered from academic and grey literature, the committee has also reviewed the results of various engagements, including conferences, working group meetings, and a national survey. Working from these insights and evidence, the committee began to draft an action plan in early 2024.

To be clear, the vast majority of people living with mental health problems and illnesses are not involved with the criminal justice system. In fact, they are more likely to be victims of violence than perpetrators.² Until the long-standing systemic issues are resolved, however, all Canadians will continue to pay a steep price.

“I’ve seen countless people enter the criminal-justice system without mental health disorders, only to develop them through their involvement in the system,” says Sapers.

“The MHCC has the heft to get this done, but it will take time to consult and engage meaningfully, and to build the consensus needed for substantive change. Patience is essential.”

² Stuart, H. (2003). Violence and mental illness: An overview. *World Psychiatry*, 2(2), 12124.



For the criminal-justice system, the over-representation of people living with mental health problems and illnesses has long been akin to the elephant in the room: obvious and ominous, yet never addressed directly.

By the Numbers

In Canada, **73%** of men and **79%** of women who are federally incarcerated **meet the criteria** for one or more **current mental disorders**.

A 2019 report highlighted that **public-safety personnel**, such as correctional officers, dispatchers, and police officers, are

4.5 times more likely than the general population to experience **symptoms of mental disorders**.³

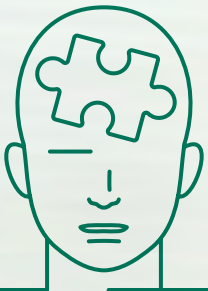
[Taken from MHCC infographic "[Who Experiences Mental Health Problems in the Criminal Justice System](#)"]

³ Mental Injury Among Justice Workers, 2019 report from The National Union of Public and General Employees.

Solving the Implementation Puzzle

Collaboration increases access to standards-based schizophrenia care

Broad and ongoing collaboration is steadily increasing access to standards-based schizophrenia care in Canada. The latest example is a partnership between the Mental Health Commission of Canada (MHCC) and Ontario Shores Centre for Mental Health Sciences, a public teaching hospital, along with collaborators in four provinces.





“We strive to provide high quality care to our patients and want to begin using measurement-based care practices throughout our forensic program.”

Hygiea Casiano, MD, FRCPC
*Medical Lead, Adult Forensic Services
Shared Health Manitoba*

“Ultimately, the project will enable our health-care team to provide the right care for the right patients at the right time, while fostering a safe, supportive, and inspiring work environment.”

Alison Murray
*Director, Digital Health, Research; PMO, Quality and Performance; Chief Privacy Information Officer
Hôtel-Dieu Grace Healthcare, Windsor, Ontario*

The partnership has its roots in the Schizophrenia Quality Standards, a series of actionable, measurable, evidence-based best practices in care. Health Quality Ontario – now part of the province’s health ministry – developed the Standards in 2016, working in part from guidance provided by the United Kingdom’s National Institute for Health and Care Excellence. Later that year, Ontario Shores began to pilot the Standards in 15 hospital and community settings across the province, carefully tracking and analyzing the results. To identify how best to effectively implement the Standards across the country, Ontario Shores and the MHCC have partnered on a demonstration project with four organizations:

- Adult Forensic Mental Health Services, Manitoba
- Newfoundland and Labrador Health Services, Newfoundland and Labrador
- Seven Oaks Tertiary Mental Health Facility, British Columbia
- Hôtel-Dieu Grace Healthcare and Canadian Mental Health Association, Windsor-Essex Ontario

Each participating organization receives the support it needs to establish a Community of Practice, implement the Standards, and gather and share

evidence. The results, along with input from experts in schizophrenia care and people with lived and living experience, will inform the development of the toolkit needed to implement the Standards in health-care organizations across Canada and improve patient outcomes and quality of life.

Currently, schizophrenia care varies substantially across Canada. And studies show that it takes 14-17 years for clinical evidence to be translated and implemented into routine practice.

“This is only partly about schizophrenia,” says Dr. Philip Klassen, vice-president, medical affairs, Ontario Shores.
“It’s also about improving consistency of care through measurement and standards. This approach can also be followed for other illnesses.”

“These standards will be implemented in new and existing programs. Being part of a national demonstration project will give us confidence that the care we provide to those with schizophrenia will be based on best practice and available current evidence.”

Colleen Simms, BN, M.Sc. (Med)
*Senior Systems Transformation Consultant
Newfoundland and Labrador Health Services*

“These standards have opportunity to directly impact the care delivery for over 90% of our current clients. The project serves to lift the level of care we provide in our program and organization significantly – with the ultimate goal to shift our clients’ recovery trajectory.”

Zoë Light
*Clinical Coordinator
Seven Oaks Tertiary Mental Health Facility
Victoria, British Columbia*

By the Numbers

Between 2002 and 2016, the number of Canadians living with **diagnosed schizophrenia increased**

by an average of **3%** per year, although the **total number of new cases declined.**

In 2016-2017:

1 out of 100 Canadians over the age of 10 were living with **diagnosed schizophrenia;**
the **all-cause mortality rate** among people diagnosed with schizophrenia was **2.8 times higher** than among those who did not have this diagnosis.



Working Wonders

Strategic partnerships significantly expand The Working Mind

Thanks to a series of partnerships, growing numbers of people are accessing The Working Mind (TWM), the flagship training program of the Mental Health Commission of Canada's (MHCC's) Opening Minds. Developed by clinicians and peers, TWM is evidence-based training that shifts how people think, act, and feel about mental health in the workplace. More than 300,000 employees and managers in Canada, Australia, and the United States have completed TWM since its inception in 2013. By partnering with a variety of organizations and industry groups, the MHCC continues to adapt TWM's core curriculum to better suit the needs of particular industries and professions, such as nursing, long-term care, first responders, and more.



Nursing back to health

The COVID-19 pandemic and its aftermath have been particularly challenging for front-line health-care professionals, including nurses and nurse practitioners. To mitigate some of these impacts, the Canadian Nurses Foundation implemented its donor-supported Healing Healthcare initiative in 2023. One part of the initiative saw the foundation cover up to 50 per cent of the cost of mental health supports, including TWM Healthcare training. The result: 93 TWM Healthcare courses have been delivered to more than 1,000 nursing professionals across Canada. In addition, nearly two dozen health-care professionals completed TWM Facilitator Certification Training, paving the way for health-care organizations to deliver the program to their employees.

“We had nurses high-fiving one another after completing the course,” says Philippa Dawood, wellness specialist at Scarborough Health Network. “About 70 per cent of our nurses have completed the course and the impacts continue to ripple beyond our clinical teams.”

“Our donors appreciate the essential role played by nurses and recognize the tremendous stress that health-care professionals have been under in recent years,” says Canadian Nurses Foundation CEO Rob Gottschalk. “We see Healing Healthcare — and TWM Healthcare — as a pillar of post-pandemic impact.”

For Tania Williams, workplace wellness manager at the University Health Network in Toronto, the foundation’s initiative led to a bounty of benefits. “Thanks to the matching grant, more than 100 of our nurses completed TWM Healthcare and three of them went on to complete Facilitator Certification,” she says. “I also completed both courses and it’s had huge personal impact on me, as well as on my family and community.”



Anonymous comments from post-course evaluations at Fraser Health, B.C.

“An incredibly enlightening experience.”

“I learnt so much, far too much to list.”

“I have lost two colleagues to suicide and felt health care needs more resources for psychological health.”

“Would love to attend more courses around this when available.”

“The course was great! Will try to get my co-workers to implement it in our workplace.”

“Overall, this course has not only expanded my understanding of mental health but has also equipped me with practical skills to enhance my own well-being and support others around me.”

“I loved how Fraser Health is finally acknowledging the importance of mental health and wellness. I think this course is the right step in that direction.”

“It made me realize that I am in control of my life.
I loved it and will be back next year.”

Anonymous comments from post-course evaluations at Scarborough Health Network

“It helps me to be more aware of my own self stigma when I’m feeling low, tired, and anxious.”

“I thought it was the best training session I have attended over the 35 years at Centenary Hospital.”

“I think it’s difficult for leaders in a unionized environment to feel comfortable having discussions with staff surrounding mental health. We walk a thin line between wanting to support our staff and not make them feel like they are being harassed. I like that the training provided permission, defined expectations, and provided tools for doing this.”

Caring for caregivers

Another sector hard hit in recent years is long-term care (LTC). To address some of the impacts on mental health and well-being, the Canadian Association for Long Term Care received funding from the Public Health Agency of Canada for specialized training and turned to the MHCC's Opening Minds, which designed a new version of TWM. Facilitator Certification Training for TWM (LTC) was introduced in January 2023; within months, more than 130 people completed certification and began delivering courses. By early 2024, 168 courses had been delivered and more than 1,800 LTC workers had completed the training.

All fired up

In much of Alberta, the exceptional number of wildfires in recent years has had a significant impact on mental health and well-being, particularly among first responders – including firefighters – and their families. The Alberta Municipal Health and Safety Association (AMHSA) has long been a proponent of evidence-based mental health training. Established in 1990 and representing every town, village, municipal district, city, and specialized municipality in the province, AMHSA successfully applied to the Government of Alberta's Supporting Psychological Health in First Responders grant program.

“The Working Mind is ideal because it’s evidence-based, available in both English and French, and can be delivered online or in-person,” says Jodi Hall, CEO of the Canadian Association for Long Term Care. “In addition, its train-the-trainer model means that it can be delivered to larger numbers of workers. My ambition is for individual LTC homes to adopt it as essential training for employees.”



The grant enabled AMHSA to provide TWM First Responders training to first responders living with or at risk for post-traumatic stress injuries. To date, more than 750 first responders (predominantly firefighters) have completed the course and more sessions are booked for 2024. AMHSA also secured funding to enable some 750 family members to complete the complementary Family Package.

“Programs like TWMFR are needed more than ever by municipal audiences,” says Craig Hrynychuk, executive director of AMHSA. “It has been rewarding to see the uptake of the program by Indigenous Peoples and their families in communities across Alberta.”

Anonymous comments from AMHSA post-course evaluations

“It opened my eyes to a lot of the signs and symptoms as people start to slide down the continuum.”

“I wish everyone would take it and then the stigma would be less.”

“For me, it was amazing to hear that I am not alone in the way that I think...”

“...if I had the mental health continuum self-check, I believe I would have recognized I was stressed out before breaking.”





Knowing Better

Suicide prevention training for health-care professionals

A suite of continuing-education courses enables health-care professionals to acquire the knowledge they need to play a larger role in suicide prevention. Created in collaboration with the Canadian Association for Suicide Prevention (CASP) and HealthCareCAN, *Suicide: Facing the Difficult Topic Together* is a series of free, accredited courses available online since August 2023. The courses help fill a long-standing void in the education of health-care professionals.





“As surprising as it may seem, doctors, nurses, and other health-care professionals in Canada learn little or nothing about suicide and suicide prevention as part of their university studies,” says Jessica Schierbeck, director of strategic solutions at CHA Learning, the professional-development division of HealthCareCAN. “The *Facing the Difficult Topic Together* courses provide health-care providers the understanding needed to identify risk and embed suicide prevention into their practice.”

HealthCareCAN is a non-profit association and the national voice of health-care organizations and hospitals across Canada. CHA Learning’s online professional-development offerings contribute important skills and knowledge to the health system as members pursue critical system innovation and transformation.



“Studies indicate that more than half of those who die by suicide in Canada had been in contact with a primary health care provider in the months prior to their death,” says Sean Krausert, executive director, Canadian Association for Suicide Prevention. “As primary health care providers, doctors and nurses play a key role in both recognizing thoughts of suicide among their patients and mitigating the risks associated with suicidality.”

Separate versions of *Facing the Difficult Topic Together* are available for nurses and physicians, and in English and French. To date, three professional associations have accredited the course:

- The College of Family Physicians Canada
- The Canadian Nurses Association
- Fédération des médecins omnipraticiens du Québec.

CHA Learning’s [Mental Health Structural Stigma in Healthcare eLearning Course](#) – also developed in collaboration with the MHCC – is accredited by Canadian College of Health Leaders.

By the Numbers

As of May 30, 2024

901 people had registered for *Facing the Difficult Topic Together: Empowering Nurses, Instilling Hope in Patients* and **373** people had **completed** the course.

27 people had registered for *Habiliter les infirmières/infirmiers et redonner l'espoir aux clients.*

151 people had registered for *Facing the Difficult Topic Together: Empowering Physicians, Instilling Hope in Patients* and **48** people had **completed** the course.

9 people had registered for *Donner du pouvoir aux médecins, donner de l'espoir aux patients.*

Post-course evaluation

After taking the course:

93% of respondents
said that they are aware of **possible
risk factors for suicide.**

95% said they are aware of some
**potential protective
factors for suicide.**

92% said they are aware of **how to
address the topic of suicide
safety with patients.**

85% feel confident about
**talking to their patients
about suicide.**

Anonymous comments from AMHSA post-course evaluations

“I will be more mindful of signs and risks, and I will also continue to learn about the different assessments, and communication tools to use with clients...”

“I am more comfortable bringing up the subject of suicide”

“In my practice, we are usually so focused on the symptom the patient presents with and offer a medication as a solution, we don’t delve deeper to determine suicide risk — this will change now that I am more aware.”

“I now feel prepared if a client presents with risk factors for suicide. I understand my responsibilities as the health-care provider and I will follow through with them.”


“I am now much better prepared to be able to help people who present with suicidal risk factors.”

Separating the Wheat from the Chaff

Identifying the safest, most effective e-mental health

People and organizations in Canada — and around the world — now have an effective way to choose the mental health apps most likely to meet their needs. Published in June 2023, the Assessment Framework for Mental Health Apps is the result of a multi-year effort led by MHCC and involving more than 200 Canadian and international stakeholders, including people with lived and living experience, policy makers, government officials, app developers and designers, academic researchers, and caregivers.



A photograph of a man and a young girl looking at a tablet together. The man is on the right, wearing a blue t-shirt, and the girl is on the left, with her hair pulled back. They are both looking intently at the screen of the tablet. The background is bright and out of focus.

“The E-MH Collaborative has provided a mechanism for collaboration and connections with others in the field of e-mental health that has been invaluable.”

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

“The interest in the MHCC framework by international jurisdictions highlights a growing global commitment to prioritizing mental well-being in digital health care. This work and collaborative spirit exemplifies the transformative power of partnerships in advancing scalable and sustainable mental health approaches on a global scale.”

Professor Anil Thapliyal,
*Executive director, eMental Health
International Collaborative*

In recent years, the number of apps designed to promote mental health and wellness has skyrocketed. While the potential benefits are significant — easy to use, always available — so too are the potential drawbacks — unproven effectiveness, leaks of personal information. The framework establishes the standards needed to make informed decisions based on more than 400 criteria related to clinical evidence, privacy, cultural safety, and more. The MHCC is working with health authorities in several provinces to develop libraries of apps assessed using the framework. A long-term goal is to create a publicly accessible national database of assessed apps.

A separate MHCC project is also helping to realize the potential of digital mental-health technologies. The Toolkit for e-Mental Health Implementation and associated learning modules, launched in 2021, support the development and delivery of evidence-based programs. The modules, developed in collaboration with the Centre for Addiction and Mental Health and accredited by the Canadian College of Health Leaders, have attracted more than 1,300 learners.

Key partnerships

Based in New Zealand, the eMental Health International Collaborative (eMHIC) focuses primarily on knowledge exchange and networking. The MHCC is helping to organize the 2024 eMHIC International Congress, set for September in Ottawa, Ontario.

The MHCC E-Mental Health Collaborative is comprised of 26 experts, including people with lived and living experience, from across Canada. Members meet twice a year and provide strategic advice to the MHCC.



“The Mental Health Commission of Canada has been a champion in moving e-mental health services to the forefront. Through their work publishing research and best practices, fostering collaboration and supporting digital solutions, MHCC has been critical to the advancement and future of e-mental health in Canada.”

Alisa Simon,
Executive Vice-President,
E-mental Health Transformation,
and Chief Youth Officer, Kids Help Phone

By the Numbers

More than **20,000** mental health apps are currently available.¹

Global spending on **mobile** mental health and well-being apps will reach close to

US \$500 million in 2022, more than **doubling** since 2019.²

In a January 2022 Angus Reid Institute study,

one in three (36%) Canadians said they were **struggling with their mental health**, reporting symptoms of depression, anxiety, and frustration.³

- 1 Clay, R. A. (2021, January 1). Mental health apps are gaining traction. Monitor on Psychology. American Psychological Association. <https://www.apa.org/monitor/2021/01/trends-mental-health-apps>
- 2 Auxier B., Bucaille A. & Westcott, K. (2021, December 1). Mental health goes mobile: The mental health app market will keep on growing. Deloitte Insights. <https://www2.deloitte.com/xe/en/insights/industry/technology/technology-media-and-telecom-predictions/2022/mental-health-app-market.html>
- 3 Angus Reid Institute. (2022, January 24). Pandemic fatigue: One-in-three Canadians report struggles with mental health; 23% say they're 'depressed.' <https://angusreid.org/pandemic-mental-health-addictions/>



Empowering Youth Champions

Some 200 students of secondary and middle schools in Burlington, Ontario, increased their awareness and knowledge of mental health thanks to a partnership among firefighters and service clubs. The driving force behind the project was firefighter Derek Baranowski, a passionate advocate for mental health.



“The importance of actively promoting mental health has become increasingly clear to me in recent years,” says Baranowski. “Before the pandemic, I completed The Working Mind (TWM) facilitator training. I’m proud to say that Burlington has since made TWM First Responders mandatory for all firefighters.”

“HEADSTRONG empowers young people to talk openly and honestly about mental health and wellness with their friends and families,” says Baranowski.

Keen to help others learn about mental health at an earlier age, Baranowski devised a plan to bring HEADSTRONG to Burlington. Informed by five years of research, and developed by MHCC in collaboration with educators and students, HEADSTRONG provides students in grades 6 through 12 the framework they need to effectively challenge stigma and to promote mental wellness and early help-seeking. It involves a two-step process: students from multiple schools gather for a summit; afterwards, participants from each school design and deliver activities and initiatives based on what they’ve learned. Since its inception in 2014, HEADSTRONG has engaged tens of thousands of young people across Canada.

To fund the February 2024 summit, Baranowski secured donations from Burlington Professional Firefighters Association Local 1552, along with the Knights of Columbus, Rotary Club and Lions Club – “virtually every service organization in the city,” he says. Money left over from the summit is being used to fund follow-on projects at each participating school.

Project video

<https://www.youtube.com/watch?v=xnOW5Pw3BDk>



“As a society, we have to get rid of the stigma associated with mental health issues and HEADSTRONG helps achieve this goal,” Baranowski says. “Since school populations change regularly, I hope to stage a summit every few years.”



Hand in Hand and Step by Step

Dismantling structural stigma in health care

The Mental Health Commission of Canada (MHCC) led a broadly inclusive, collaborative, and methodical effort to produce a guide that is both groundbreaking and timely. As its title suggests, *Dismantling structural stigma in health care* is a practical guide to reducing stigma related to mental health and substance use health (MHSUH) embedded within health-care organizations.



Structural stigma refers to the policies and actions of organizations and systems that deliberately or inadvertently create and maintain social inequalities for people with lived and living experience of mental health problems and illnesses and/or substance use.

Compared with the general population, people living with MHSUH issues have greater difficulty accessing services due in large part to resource maldistribution, denial of care, and fragmented care.



Reducing MHSUH-related stigma has been central to the MHCC’s mandate since its inception in 2007. During this time, the MHCC has led and partnered on a long list of projects and initiatives to combat the three most common forms of this stigma: personal, public, and structural. The last of these is particularly difficult to address because it is embedded in policies, laws, and processes – in how we choose to govern ourselves and organize our communities. Structural stigma results in biases and inequities that are invisible to most people. For those living with MHSUH issues, however, the impacts are often stark: structural stigma hinders access to the opportunities readily available to others. Several years ago, the MHCC took aim at structural stigma embedded in health-care organizations.

“Dismantling stigma in health-care organizations is essential, because the way we organize and run health-care systems directly influences whether – and how – people living with mental health and substance abuse issues seek help,” says Javeed Sukhera, a psychiatrist, educator, and social scientist who played a key role in the MHCC-led project. “Some of the ways we’ve designed our health-care systems really dehumanize people when they’re in their most vulnerable state.”

Along with a comprehensive literature review and environmental scan, the MHCC-led project began with a series of focus groups comprised of people with lived and living experience. A key finding was that while long-term success requires tackling stigma at all levels and across all domains, dismantling structural stigma in health-care organizations is particularly important.

The next step in the project saw the MHCC issue a public call for examples of innovative models of care, quality-improvement initiatives, interventions, programs, policies, and practices related to reducing structural stigma in health care. Of the 62 submissions received, six were selected and subjected to an in-depth analysis.



“When I recognized the humility behind the MHCC-led project — they said openly that they didn’t know how to proceed — I recognized an opportunity for real change,” says Bill Hill, the visionary and founder of Biigajiiskaan Indigenous Pathways to Mental Wellness, one of the six programs chosen for study. A mental health nurse, social worker, and educator, Hill is also known as Ro’nikonkatste (Standing Strong Spirit) and is a Mohawk from Six Nations of the Grand River, near London, Ontario.

“During the process, we sat in a circle as people, and set aside our professional identities, credentials, and biases,” Hill says. “Through a relationship of mutual respect and understanding, we identified a way forward.”

Champions and Changemakers, published in 2021, documents the in-depth research conducted into the six initiatives, along with lessons learned. Additional consultations and analysis inspired the development of an 11-point theory of change. Dismantling structural stigma in health care presents this theory, along with the practical tips, advice, tools, and resources health-care organizations need to effect lasting change.

“It’s impossible to change attitudes without first addressing the structures that inspire them,” says Dr. Javeed Sukhera. “MHCC is the only organization that has the platform, capacity, and mandate needed to lead this work. It’s been both a privilege and a pleasure to participate in the project.”

Spreading the word

Since the December 2023 publication of *Dismantling structural stigma in health care*, MHCC staff continue to conduct a range of activities to promote uptake. The guide is posted to the [MHCC website](#) and was featured in an [MHCC podcast](#) and a [CHA Learning podcast](#).

Conference presentations (completed):

- The Ontario Public Health Convention, April 2024
- Health Quality British Columbia, April 2024
- Together Against Stigma June 2024, Reykjavík, Iceland
- Canadian Collaborative Mental Health Care Conference, June 2024

In memoriam: Dr. Manon Charbonneau

It is with heavy hearts that we mourn the passing of Dr. Manon Charbonneau, a clinical psychiatrist, a cherished former board member of the Mental Health Commission of Canada from 2013-2019, and an unwavering champion for the Mental Health First Aid program in Quebec.

Manon Charbonneau's dedication and tireless efforts in advancing mental health literacy and support have left an indelible mark on communities across Canada and beyond. As an ambassador for Bell Let's Talk, she shared her experiences with depression and cancer. She was moved to share her personal story to inspire others. "Working in health care, it's hard to admit to being less than 100 per cent, but everyone close to me told me that I had to do it, and they were right," she said in an MHCC article in 2022. "Vulnerability is what leads to change."

Her leadership and advocacy led to the creation of the Canadian Psychiatric Association's working group on stigma and discrimination, which she chaired

for ten years. This passion for creating a more compassionate and understanding society has inspired countless individuals and organizations.

We extend our deepest condolences to Dr. Charbonneau's family, friends, and all those whose lives were touched by her remarkable work. Manon's legacy will continue to shine brightly as we strive to create a world where mental health is understood, valued, and supported by all.

Michel Rodrigue
President and CEO,
Mental Health Commission of Canada





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