



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

PPI | CAPP

PUBLIC PRIVATE INSURERS COLLABORATIVE
LA COLLABORATION DES ASSUREURS PUBLICS ET PRIVÉS

Public Private Insurers System Capacity Roundtable: Summary Report

Acknowledgments

The MHCC would like to thank members of the PPI Collaborative, with special thanks to Glenn Brimacombe, director, policy and public affairs, Canadian Psychological Association, and all chairs, speakers, facilitators, and participants who took part in the Strengthening Capacity in the Mental Health and Substance Use Health Sectors roundtable series.

Mental Health Commission of Canada team

Karla Thorpe, Allison Cowan, Catherine Willinsky, Zakariya Thraya, Meagan-Barrett-Bernstein, Alya Al-Shibli, and Katerina Kalenteridis

Public Private Insurers Collaborative

- Canadian Psychological Association (CPA)
- Government of Nova Scotia
- Health Canada
- Canadian Mental Health Association (CMHA) National
- Canadian Centre on Substance Use and Addiction (CCSA)
- TELUS Health
- GreenShield
- Manulife
- Canadian Life & Health Insurance Association (CLHIA)
- Canadian Institute for Health Information (CIHI)
- Canadian Counselling and Psychotherapy Association (CCPA)
- Mental Health Research Canada

This report was prepared by the Mental Health Commission of Canada (MHCC) on behalf of the Public Private Insurers (PPI) Collaborative. The MHCC's head office is located on the unceded traditional territory of the Algonquin Anishinaabe Nation, in what is now called Ottawa, Ontario. As a national organization, we also acknowledge that we work on the traditional lands of many different nations. We give credit to their stewardship and sacrifices and are committed to recognizing and contributing to a new and respectful relationship with the First Peoples.

[Ce document est disponible en français.](#)

Citation information

Suggested citation:

Mental Health Commission of Canada. (2025). *Public Private Insurers System Capacity Roundtable: Summary Report.*

<https://mentalhealthcommission.ca>

© 2025 Mental Health Commission of Canada.

ISBN: 978-1-77318-352-7

Legal deposit National Library of Canada.



Health Canada Santé Canada

The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this material is made possible through a financial contribution from Health Canada.

Table of Contents

Acknowledgments	2
A Call to Action	5
Executive Summary	6
Background	8
Roundtable Highlights	12
1. Public and private sector organizations are interested in collaborating to address system challenges, foster innovation, and provide seamless service delivery.	13
2. Strategic collaboration between the private and public sectors requires the explicit integration of equity, data-driven decision-making, and accountability.	14
3. There are a variety of opportunities for cross-sectoral collaboration.	15
A. Assessing current system capacity	15
B. Creating common standards of care	15
C. Adopting and promoting community-driven programming	16
D. Developing strategies to address workforce capacity challenges	16
E. Leveraging and scaling innovative practices	17
F. Continuing to build on efforts to enhance data sharing and system navigation	17
Appendix A: Event Summary	18
Appendix B: Roundtable meeting agenda	22





A Call to Action

Advancing equitable access to mental health and substance use health care for all Canadians

Publicly funded mental health services are only a part of the overall picture of mental health and substance use health (MHSUH) service provisions in Canada. [The Canadian Life and Health Insurance Association](#) reports that in 2023, 75% of Canadians had access to privately funded health insurance and over \$730 million was paid out in mental health supports, more than double the amount in 2019. Additionally, according to the [Canadian Standards Association](#), one in three disability claims are related to a mental health condition, accounting for 70% of total claim costs. However, despite high rates of access to at least some private insurance coverage and current expenditure on mental health supports, [nearly 1.5 million Canadians with a mental disorder in 2022 reported](#) unmet or only partially met care needs — underscoring gaps in timely, affordable, adequate, and appropriate supports, particularly for those without access to formal benefit plans.

The 2024 PPI Strengthening Capacity in the Mental Health and Substance Use Health Sectors roundtable series facilitated constructive dialogue on public-private collaboration, challenges across the MHSUH service system, and strategies for enhancing access to services and support. This purposeful dialogue provided valuable insights to participants, enhancing our understanding of the complexities involved in collaboration between the public and private sectors across the MHSUH system. The key findings highlight the significance of the PPI Collaborative.

Looking ahead, there is optimism that the priorities that emerged and the connections forged will facilitate future developments in pursuit of seamless, accessible, equitable, and efficient care — delivered through collaborative cost-effective models that maintain standards of quality, integration, and accountability.

Advancing equitable access to MHSUH care will demand a coordinated and collaborative response across the public and private sectors. This collaboration is fundamental to collectively meet this challenge and move quickly to find innovative and sustainable strategies to increase system capacity and meet current and future demand for MHSUH care.



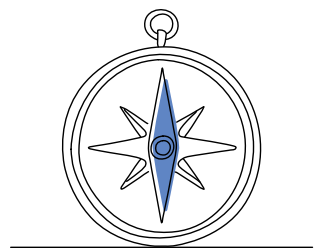
Executive Summary

In January and February 2024, the Mental Health Commission of Canada and the Public Private Insurers Collaborative held an invitational three-part virtual roundtable series that brought together diverse perspectives from the public and private sectors, people with lived and living experience (PWLLE), and mental health and substance use health (MHSUH) service providers. The goal of the roundtable series was **to cultivate discussion and explore collaborative strategies to address barriers and enhance access across public and private MHSUH services in Canada**. The event featured expert speakers representing a range of critical perspectives and provided opportunities for discussion and strategic engagement. This report summarizes the observations, learnings, and perspectives shared at the roundtable series.

Key messages

Throughout the virtual roundtable series, the following key messages emerged:

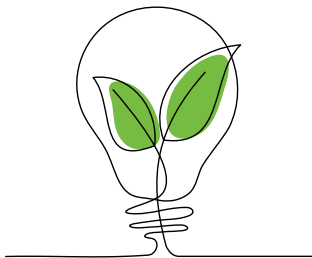
1. Public and private organizations are eager to explore system challenges and to collaborate to address them, foster innovation, and provide seamless service delivery.



2. Strategic collaboration between the private and public sectors should include the explicit recognition of equity considerations, data-driven decision-making, and public accountability.

3. There are a range of priority areas for collaborative focus:

- A. Assessing current system capacity.
- B. Creating common standards of care.
- C. Adopting and promoting community-driven programming.
- D. Developing strategies to address workforce capacity challenges.
- E. Leveraging and scaling innovative practices.
- F. Continuing to build on efforts to enhance data sharing and system navigation





Background

Canada's medicare system primarily covers hospital and physician services; many mental health and substance use health (MHSUH) services are delivered in community settings outside the scope of public funding. As a result, the public and private sectors have long played significant and interconnected roles in the delivery of MHSUH services across the country. Taking a collaborative approach and working together in new and better ways can improve and expand access to MHSUH services for all people across the country. Action is needed to meet emerging needs and address long-standing gaps effectively and equitably for people living in Canada.



To foster conversation and collaboration between the public and private sectors in the delivery of MHSUH services in Canada, the Mental Health Commission of Canada (MHCC) convened an invitational Public-Private Insurers (PPI) Forum in February 2022. The aim of the 2022 forum was to achieve consensus on key priorities in the MHSUH sector and ways to address them. Thirty key players across health care, business, government, and private insurers participated.

The collective vision of participants was that greater coordination and collaboration could enhance health-care systems and improve MHSUH outcomes across Canada. The forum identified three major priorities for collaboration:

- 1. Sharing data:** Participants agreed that data sharing among public and private payers would enable a fuller picture of Canada's MHSUH service needs to be developed. Acknowledging the complexity of data sharing and privacy concerns, participants highlighted *the crucial need to develop a values-based, person-centred data governance model*.
- 2. Strengthening system capacity:** Strengthening MHSUH service capacity was identified as a key priority. Participants highlighted *the need to build a more closely integrated system to support collaboration between various disciplines and providers*, and in and across different sectors, that could open the door to more innovative approaches.
- 3. Improving navigation and coordination:** Navigating the current system is a complex undertaking — MHSUH services are fragmented, particularly between publicly and privately funded systems, and service providers often do not have a full grasp of the spectrum of services available and how the pieces intersect. *A key priority is to improve the continuity of services, whether publicly or privately insured, with the goal of producing a seamless experience for people accessing services.*

The steering committee for the 2022 forum evolved into a broader PPI Collaborative, comprised of 13 member organizations representing the public and private MHSUH sectors. Collaborative members met regularly, committed to improving access to MHSUH supports for people in Canada through advancing several strategic efforts: exchanging critical perspectives, forging partnerships, and responding to shared challenges faced across the public and private sectors. Since the 2022 forum, significant progress has been made in all three priority areas:

- 1. Data sharing:** The PPI Collaborative began work with the Canadian Life and Health Insurance Association (CLHIA), the Needs-Based Planning Initiative at the University of British Columbia, and the province of Nova Scotia to map service utilization across the province, including both publicly available and privately funded services. This unique initiative focuses on providing a fuller picture of service utilization and gaps than has previously been available.



2. Strengthening system capacity: To advance this priority, the PPI Collaborative hosted a virtual roundtable series on system capacity in 2024 with senior leaders from the public, community, and private sectors and provided an active opportunity for:

- collaboration between sectors and among leaders actively involved in policy making to impact the delivery of MHSUH programs, services, and supports
- information sharing on innovations in MHSUH service delivery and benefits coverage, identifying areas for improvement and highlighting gaps in coverage
- identification of priority areas for further discussion, partnership, and collaboration.

3. Improving navigation and coordination: The MHCC developed a tip sheet, [Where to Find Mental Health Care: A Guide to Navigating Public and Private Mental Health Services in Canada](#), to help individuals and caregivers navigate mental health services across the public and privately insured sectors. The resource is periodically updated to ensure it reflects the evolving landscape of services and incorporates feedback from the PPI Collaborative and the MHCC's Hallway Group members.

Through three unique virtual roundtable sessions, participants heard from experts and people with lived and living experience (PWLLE) on gaps, challenges, and opportunities in the MHSUH sector, focused on access, equity, and collaboration as well as innovations in virtual care and system design. Small group discussions were held to identify the most pressing gaps in the sector and strategize on how the public and private sectors can come together to collaborate and advocate for change.

Key highlights and takeaways from the event are detailed below. A breakdown of the three sessions can be found in Appendix A and the full meeting agenda can be found in Appendix B.

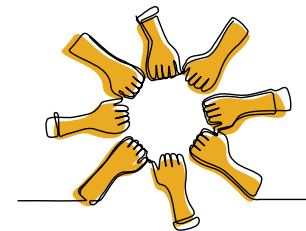




Roundtable Highlights

The 2024 PPI Strengthening Capacity in the Mental Health and Substance Use Health Sectors virtual roundtable series yielded rich collaborative discussion and learnings. The presentations, discussions, lessons learned, challenges, and key messages are summarized under the following themes.

1 Public and private sector organizations are interested in collaborating to address system challenges, foster innovation, and provide seamless service delivery.



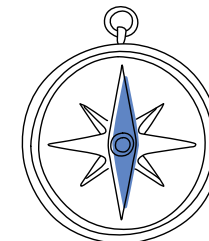
The public sector plays a critical role across the MHSUH system by delivering essential medical services to every person living in Canada. It encompasses primary care, public health programs, school-based programs, and culturally safe community services and supports, providing both upstream and downstream MHSUH care. In addition to delivering a wide range of MHSUH services, publicly funded mental health organizations also engage in advocacy, shaping government policy and funding, and ensuring regulatory compliance. The representatives of public organizations who participated in the 2024 roundtable series expressed interest in collaborating with the private sector, recognizing that collective focus and strength are needed to address MHSUH system challenges, advance innovation, and improve overall system performance.

Private insurance, most often through workplace benefits programs, play a growing role in the provision of services, including access to medication, diagnoses, and diverse therapeutic options. Private insurance representatives at the roundtable series discussed a shared goal of continuing to increase access to MHSUH services and transitioning toward sustained long-term care strategies to cultivate a healthier workforce, including actively expanding access to insurance supports for small businesses and educating employers on the benefits of increased MHSUH coverage.

While highlighting the important role of expanding coverage, private insurers also acknowledged that significant challenges persist across the MHSUH system and indicated interest in collaborating with public organizations to foster innovative approaches to providing seamless service delivery.

Participating public and private organizations identified **collaboration** as critical to address challenges across the MHSUH system and capitalize on opportunities for innovation. Specifically, they agreed that a shared, coordinated focus is required to address a wide range of challenges including workforce capacity issues, pervasive inequities, the profound impact of the social determinants of health, barriers to access, unmet needs, inadequate funding, cross-jurisdictional issues, data deficiencies, and a lack of accountability across the MHSUH system. Participants emphasized that private initiatives should complement the public system and that future innovations must be designed with public oversight and equity safeguards in place. At the same time, there are many emerging innovations and promising examples of collaboration, including the emergence of universal mental health care in Nova Scotia. Ultimately, the overarching goal of public and private collaboration is to ensure seamless access to equitable and comprehensive MHSUH services across Canada.

2 Strategic collaboration between the private and public sectors requires the explicit integration of equity, data-driven decision-making, and accountability.



Participants in the 2024 roundtable series identified **equity** as a critical focus for collaboration in the delivery of MHSUH services. This includes the integration of peer support and co-leadership with PWLLE for more equitable and effective MHSUH services and supports. An ongoing challenge across the system is to address the social determinants of health and ensure that populations have equitable access to culturally appropriate MHSUH services. Part of addressing this challenge is promoting community-driven MHSUH services and supports.

Data-driven decision making is a crucial part of MHSUH service delivery in the public and private sectors. Data is required to inform planning, identify opportunities for collaboration, enhance access, and evaluate quality, outcomes, and experiences associated with MHSUH services and supports. Both public and private organizations expressed concerns over the privacy and interoperability¹ of MHSUH data and the ability to coordinate between various parts of the health and MHSUH system. It is crucial for public and private organizations to align their approaches to data use, collection, coordination, privacy, and interoperability to facilitate strategic collaboration.

Both public and private organizations view **technology** as a key enabler across the MHSUH system, enhancing collaboration, communication, and service delivery.

Both sectors utilize a variety of virtual and e-mental health platforms, thereby facilitating broad access to MHSUH services and support and fostering a more connected service system. The integration of e-mental health services facilitates comprehensive data collection and monitoring, which is vital for the effective assessment and evaluation of MHSUH services and the identification of needs across Canada. Participants also emphasized the importance of making digital solutions inclusive, accessible, and integrated with in-person care, particularly in communities with limited digital literacy or infrastructure.

Accountability is a critical aspect of any collaboration between public and private organizations that requires a multifaceted approach. Maintaining accountability is essential for public transparency and allows public and private organizations to meet mutual goals and clarify decision-making processes. Federal, provincial, and territorial governments must ensure accountability across the public and private sectors and bolster the capacity of the MHSUH system to meet standards for equity, quality, and access. Participants emphasized the need to work together to maintain accountability across the MHSUH system to better serve people living in Canada.

1 The ability of the health system to seamlessly make use of and exchange data and information across various settings, systems, and services.

3 There are a variety of opportunities for cross-sectoral collaboration.



A. Assessing current system capacity

An initial step in cross-sectoral collaboration, as identified by public, community, and private leaders participating in the 2024 roundtable series, is to assess the capacity of the current system to identify what the public and private sectors can each supply to meet current MHSUH demands. This assessment should reflect the full range of services across both the public and private systems, including service availability, provider types, funding mechanisms, and who is accessing care. Expanding access to data on services funded by insurance or out-of-pocket presents an opportunity to build a more complete picture of overall capacity, population needs, and service gaps. A full assessment could also include examining the impact of the COVID-19 pandemic, leveraging existing resources and infrastructure, optimizing technology usage, and identifying points of transition between the public and private sectors. This type of integrated approach could help identify and eliminate redundancies, expand existing successful programs and initiatives, and facilitate seamless MHSUH service delivery across both sectors.

B. Creating common standards of care

Establishing shared standards of care is an important step toward ensuring that all people in Canada receive consistent, high-quality, and culturally safe MHSUH services — regardless of the service provider or funding model. Cross-sectoral collaboration is essential to co-develop standards that promote equity, transparency, and accountability. These could include definitions of core services, quality benchmarks, access timelines, culturally safe and responsive practices, and system-wide indicators for performance monitoring. Participants emphasized that these standards should be co-designed with governments, regulators, providers, and PWLLE to improve service quality, reduce disparities, support better outcomes across Canada, and enhance overall community well-being.



C. Adopting and promoting community-driven programming

Considering the diverse and distinct needs in communities across Canada, participants indicated that public and private organizations should use an “access for all” approach by adopting and promoting community-driven MHSUH programs and supports. This is based on the recognition by all parties that no single system can fully address the diverse range of MHSUH needs. To expand access, a multi-faceted approach is ideal. By actively engaging diverse communities and PWLLE in the design, implementation, and evaluation of MHSUH services, the public and private sectors can ensure that they are collaborating to create effective, culturally relevant services and supports.

D. Developing strategies to address workforce capacity challenges

Cross-sectoral collaboration was also identified as beneficial in addressing workforce capacity challenges across the MHSUH system. This includes collaboration between public and private organizations for the recruitment, planning, education, training, and retention of health human resources to ensure an adequate MHSUH workforce to meet the growing demand for MHSUH services. It also involves drawing lessons from other countries such as England, Australia, and the United States to ensure Canada adopts international best practices in workforce development.

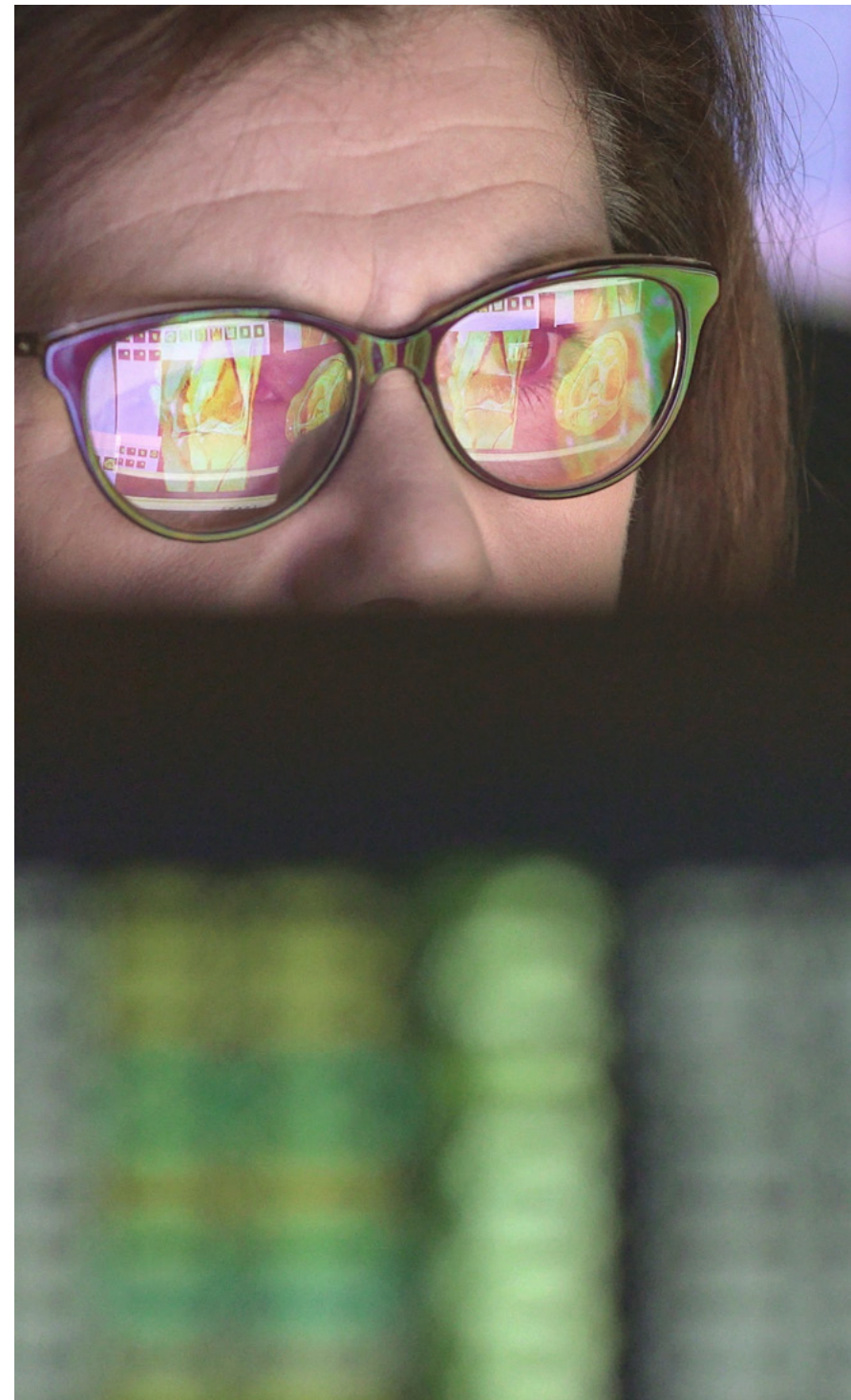


E. Leveraging and scaling innovative practices

Public and private organizations expressed interest in leveraging and scaling innovative practices to drive positive change across the MHSUH system. Universal models of care such as federal dental care and pharmacare frameworks, and provincial universal mental health in Nova Scotia, offer large-scale examples for collaboration. Learning from them as well as initiatives like Wellness Together Canada portal and the Stepped Care Approach underscore the importance of triaging models and integrated platforms in optimizing resource allocation and service delivery. Participants suggested establishing tables for coordination, proactively identifying areas for transformation, and spotlighting scalable innovations to enhance the quality and accessibility of care.

F. Continuing to build on efforts to enhance data sharing and system navigation

Data-driven decision making is essential for effective service planning, program delivery, and system navigation. Participants emphasized the need to continue to provide public education, enhance referral pathways, and develop and utilize culturally appropriate navigation tools. By continuing to work together on data sharing and system navigation, public and private organizations can reduce access barriers to MHSUH services and ensure that everyone in Canada receives timely and appropriate care. It is crucial for public and private organizations to build on current efforts to enhance data sharing and system navigation. Real-time data capture, comparing data from both sectors, and committing to a Pan-Canadian Health Data Strategy are essential for achieving a shared vision for interoperability and a comprehensive understanding of service provision and outcomes.





Appendix A: Event Summary

The three-day roundtable event included presentations from experts and stakeholders from a diverse range of backgrounds, including the public and private sectors, as well as people with lived and living experience (PWLLE) of mental health and/or substance use health (MHSUH) concerns. The invitation-only event was attended by over 50 individuals from across Canada. The discussions were productive and collaborative, with the objective of identifying challenges, gaps, and needs within the MHSUH sector, as well as opportunities for cross-sectoral collaboration. The full agenda, including information on the presenters and topics, can be found in Appendix B.

Day 1

Day 1 of the series featured presentations from Marcel Saulnier (Santis Health), Leanne Minichillo (advocate and advisor for ADHD awareness), Paula Allen (TELUS Health), and Dr. Kim Corace (University of Ottawa). The speakers shared a variety of critical perspectives on the current context of and access to MHSUH services in Canada and highlighted challenges and opportunities to address gaps through virtual care models. The key takeaways from the presentations and question and answer periods included the following:

- **The need for greater investment in accessibility and attention to disparities.** Concerns were raised about the adequacy of public funding for MHSUH services and disparities in accessibility across different regions. The need for greater public investment and standardization to ensure equitable access to care was emphasized.
- **The important role of employers in providing mental health benefits and supporting employee well-being.** Participants highlighted the importance of expanding workplace coverage and promoting awareness of available resources in the workplace.
- **Fostering greater coordination and collaboration** among government agencies, health-care providers, employers, and community organizations. Participants stressed the need for cohesive strategies and integrated approaches to address systemic challenges in MHSUH care delivery.
- **The need for policy reform and structural change** to address gaps in mental health coverage and service delivery. Participants identified proactive measures to improve funding mechanisms, enhance service integration, and prioritize mental health as a public health priority.
- **The necessity of data-driven decision making and evidence-based practices** for optimizing resource allocation, identifying gaps in services, and evaluating the effectiveness of interventions.





Day 2

Day 2 of the series featured presentations from Harriet Ekperigin (GreenShield Health), Michael Cooper (Mental Health Research Canada), Anita David (BC Mental Health and Substance Use Health Services), Dr. Javed Alloo (Centre for Addiction and Mental Health), Dr. Georgia Pomaki (Manulife), and Sheila Burns (Canadian Life and Health Insurance Association). Panellists highlighted the importance of tailored approaches to address the needs of diverse populations, including those without access to comprehensive workplace benefits. Various facets of mental health care delivery, including workforce capacity strengthening, peer support, and equitable access to drug coverage, were also explored. The key takeaways from the presentations and question and answer periods included the following:

- **The importance of and critical need for collaboration between the public and private sectors** to strengthen MHSUH workforce capacity and effectively address gaps in mental health care provision. Collaborative efforts were identified as essential to tailor mental health care plans to meet the specific needs of diverse populations, including those employed by small- and medium-sized businesses. Participants highlighted the point that comprehensive resource compilation efforts can facilitate referrals and enhance access to mental health services.
- **The critical role of peer support specialists in mental health care and the workplace.** The inclusion of PWLLE helps to create safe spaces for those seeking support. Expanding peer support programs beyond the health-care system to various workplaces can significantly enhance mental health support networks.
- **The need for equitable access to drug coverage** for MHSUH needs. Proactive follow-up systems can help individuals navigate medication regimens effectively, reducing the burden on individuals managing mental health conditions.
- **Patient-centred approaches**, with a focus on inclusion of PWLLE, are crucial for shaping innovative solutions in mental health care. Participants highlighted the critical need for comprehensive support networks to address the diverse needs of individuals transitioning through the mental health care system.

Day 3

The third and final day of the event series featured presentations from Dr. Kim Hollihan (Canadian Counselling and Psychotherapy Association) and Dr. Kwame McKenzie (Wellesley Institute) as well as facilitated discussions in small groups. Panellists highlighted the persistent inequities in MHSUH access and outcomes, the need for greater understanding and prioritization of health equity in the sector, and the need to expand coverage to improve access to MHSUH services. Small group discussions focused on how the public and private sectors can address long-standing gaps in the MHSUH sector and on identifying opportunities for cross-sectoral collaboration. Key takeaways from day 3 included the following:

- **Significant inequities exist in access to MHSUH services and employee and family assistance programs (EAP/EFAP),** particularly for marginalized and racialized populations and for people who are not employed. Standardization of benefit plans, increase in access to EAP, and expansion of coverage to include young adults and older parents were highlighted.
- **Using data enhances understanding of the needs of the populations being served and drives coordination and communication between sectors.** Participants highlighted the need to collect and report data on service gaps, needs, and experiences (including race-based and Indigenous identity data to better understand and serve diverse populations) and the importance of sharing data between sectors.
- **People with lived and living experience are critical changemakers.** Engaging and collaborating with PWLLE is crucial in understanding the needs, experiences, and preferences of people accessing MHSUH care and identifying and addressing gaps in services across sectors. Participants highlighted the importance of patient-centred approaches that focus on lived and living experience and that address and meet the specific needs of diverse populations.
- **Community and public sector services need to be amplified and adequately resourced.** Conversations highlighted the critical need for long-term human health resources planning to ensure there are sufficient mental health professionals to meet the growing demand for MHSUH care and services



Appendix B: Roundtable meeting agenda

Strengthening Capacity in the Mental Health and Substance Use Health Sectors:

A Roundtable to Foster Collaboration Across Public and Private Insurers

Three-Part Virtual Roundtable

Dates: January 15, January 22, February 15

Times: 1:00 - 3:00 p.m. ET | Location: Zoom

Roundtable Objectives:

1. To foster collaboration between senior leaders from the public, community, and private sectors who are actively involved in policy making that impacts the delivery of mental health and substance use health (MHSUH) programs, services, and supports
2. To share information on innovations in MHSUH service delivery and benefits' coverage, share diverse perspectives, and identify areas for improvement and/or gaps in coverage across the public, community, and private sectors
3. To identify potential areas/gaps for further discussion, partnership, and/or collaboration

Day 1: Jan. 15, 2024

1:00 - 3:00 p.m. ET

Webinar Format

Welcome

1:00 - 1:15 p.m.

- **Karla Thorpe**
*Vice-president, external affairs and development,
Mental Health Commission of Canada*
- **Glenn Brimacombe**
*Director, policy and public affairs,
Canadian Psychological Association*

Navigating the Landscape: Gaps and Innovations in the MHSUH Sector

1:15 - 1:45 p.m.

- **Marcel Saulnier**
Associate, Santis Health

Panel and Discussion: Innovation in Virtual Delivery

1:45 - 2:50 p.m.

- **Leanne Minichillo**
*Advocate and advisor for ADHD awareness
and inclusion and mental health and parenting*
- **Dr. Kim Corace**
Associate professor of psychiatry, University of Ottawa
- **Paula Allen**
*Global leader and SVP, research and client insights,
TELUS Health*
- **Sheila Burns**
*Director, Health and Disability Policy,
Canadian Life and Health Insurance Association*
- **Q & A and Discussion**

Day 1 Closing Remarks and Next Steps

2:50 - 3:00 p.m.

Day 2: Jan 22, 2024

1:00-3:00 p.m. ET

Webinar Format

Welcome

1:00 - 1:10 p.m.

- **Karla Thorpe**
*Vice president, external affairs and development,
Mental Health Commission of Canada*
- **Paula Allen**
Global leader and SVP, research and client insights, TELUS Health

Closing the Gaps: Opportunities and Solutions for MHSUH

1:10 - 1:40 p.m.

- **Harriet Ekperigin**
Vice-president, mental health, GreenShield Health
- **Michael Cooper**
*Vice-president, development and strategic partnerships,
Mental Health Research Canada*

Panel and Discussion: Innovative System Design for Equitable Access

1:40 - 2:50 p.m.

- **Anita David**
Lived experience strategic advisor, BC Mental Health and Substance Use Services; co-chair, Hallway Group, Mental Health Commission of Canada
- **Dr. Javed Alloo**
Family physician and educator, Centre for Addiction and Mental Health and Trillium Health Partners; co-chair, Joint Working Group on Shared Mental Health Care, College of Family Physicians of Canada and Canadian Psychiatric Association
- **Dr. Georgia Pomaki**
Director, mental health best practices, Canadian disability and group life, Manulife; chair of Mental Health Committee, Canadian Life and Health Insurance Association
- **Sheila Burns**
*Director, health and disability policy,
Canadian Life and Health Insurance Association*
- **Q & A and Discussion**

Day 2 Closing Remarks and Next Steps

2:50 - 3:00 p.m.

Day 3: Feb. 15, 2024

1:00-3:00 p.m. ET

Roundtable Format

Welcome and Setting the Context

1:00 - 1:15 p.m.

- **Karla Thorpe**
*Vice-president, external affairs and development,
Mental Health Commission of Canada*
- **Glenn Brimacombe**
*Director, policy and public affairs,
Canadian Psychological Association*

Reimagining Access: Mental Health for All

1:15 - 2:00 p.m.

In this session, leaders will share diverse perspectives on innovative approaches and creative solutions to promote collaboration across sectors to increase access.

- **Dr. Kwame McKenzie**
CEO, Wellesley Institute
- **Dr. Kim Hollihan**
CEO, Canadian Counselling and Psychotherapy Association

Accelerating Solutions:

Facilitated Discussion in Small Groups

2:00 - 2:30 p.m.

Building capacity and increasing access to MHSUH services and care requires collaboration and innovation. In this session, participants will exchange perspectives, discuss innovations, and explore opportunities in small groups.

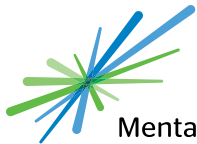
Plenary Discussion

2:30 - 2:45 p.m.

Following roundtable exchanges, participants will reconvene to share perspectives, identify collaborative opportunities, and strategize for future action.

Closing Remarks and Next Steps

2:45 - 3:00 p.m.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Financial contribution from



Health
Canada

Santé
Canada

Mental Health Commission of Canada

Suite 1210, 350 Albert Street
Ottawa, ON K1R 1A4
Tel: 613 683-3755
Fax: 613 798-2989

 @MHCC_  /theMHCC
 /1MHCC  @theMHCC  @theMHCC
 /Mental Health Commission of Canada

mhccinfo@mentalhealthcommission.ca
www.mentalhealthcommission.ca