

TOWARD RECOVERY & WELL-BEING

A Framework for a Mental Health Strategy for Canada



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Mental Health Commission of Canada

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Foreword

On behalf of the Mental Health Commission of Canada, we are extremely pleased to present this document to everyone across the country who has been directly or indirectly touched by a mental health problem or illness, and to everyone concerned with mental health issues. We believe that this in fact describes just about every single person living in Canada.

It has often been – rightly – said that there is no health without mental health. For far too long, this simple truth has been obscured by the lack of public discussion of mental health issues. Despite important progress in recent years, the stigma that still attaches to mental illness, and the discrimination that continues to afflict so many of those with a lived experience of it, remains an important barrier to progress.

The work undertaken by the Mental Health Commission since its creation in the spring of 2007 by the Government of Canada, has helped accelerate efforts across the country to redress this situation. The publication of *Toward Recovery and Well-Being* marks an important step forward not only for the Mental Health Commission but for people everywhere in Canada.

We are enormously encouraged by the degree of support for the work of the Commission to date and by the growing momentum for change. Over the coming months, we look forward to working with people from all corners of the country to lay a solid foundation for a genuine, integrated mental health system that is truly person-centred and comprehensive in scope.



Michael Kirby

CHAIR



Michael Howlett

PRESIDENT AND CEO



Howard Chodos

DIRECTOR,
MENTAL HEALTH STRATEGY

Preface

Work on this document began in July 2008. At the end of August, a first draft was submitted to over 120 people who are active within the structure of the Mental Health Commission of Canada – members of the Board of Directors, members of the eight Advisory Committees and staff.

In September, an internal consultation process was initiated, beginning with all those who had lived experience of mental health problems and illnesses, followed by Advisory Committee members and staff. In parallel, we received feedback and advice from outside the Commission on the importance of embracing a comprehensive approach to mental health and mental illness – one that fosters recovery for people living with mental health problems and illnesses while promoting the mental health and well-being of the entire population. This phase of consultation culminated with Board approval of a draft for public discussion in January 2009.

The public consultation that then followed in the winter of 2009 had two elements. First, fifteen meetings were held in twelve cities from coast to coast to coast between February and April. People with a mixture of perspectives, reflecting all stakeholder constituencies, were invited to day-long sessions that enabled them to provide detailed feedback on the proposed goals.

Second, in order to gather input from as many people as possible, an electronic consultation was conducted with stakeholders and the general public. Over 1700 individuals and more than 250 organizations made submissions. All together, we collected over 475,000 words of commentary (the equivalent of over 1800 pages, or the unabridged edition of *War and Peace*).

Once this remarkable amount of feedback had been analyzed, we took the results back to the Commission ‘family’ for further discussion and refinement. This yielded the document you have before you. It was adopted by the Board of the Mental Health Commission in September 2009.

We believe that this framework represents an emerging consensus in Canada. The approach to mental health and mental illness and the basic thrust of the goals received strong support during the consultations (fully documented in the companion report produced by the team from Ascentum Inc.). The document was strengthened further by the many revisions that were made based on the input we received and now provides a powerful and coherent framework for change that is ambitious, realistic and necessary.

Our task is now to move on to the second phase of developing a mental health strategy – working with people across the country to produce a plan of action for achieving the goals described in the framework. At the same time, the framework will also enable us to introduce the wider mental health community, and the public at large, to the vision of hope and change that is at the heart of the work of the Mental Health Commission of Canada.

The input we have received has been crucial to producing this framework. To ensure success in the next phase it will be essential to marshal even greater contributions from ever wider circles of people.

Together, we can make a difference.

Acknowledgements

While the Mental Health Strategy team of the Mental Health Commission of Canada – Howard Chodos, Director, Gillian Mulvale, Senior Policy Advisor, Mary Bartram, Senior Advisor on Government Relations, and Louise Lapierre, Senior Advisor on Francophone Relations – ‘held the pen’ in writing this document, this work reflects the experience and collective thinking of thousands of people from across Canada. We thank everyone who offered their opinions and suggestions on previous drafts. Your input was invaluable in creating this Framework for a Mental Health Strategy for Canada.

In addition to acknowledging the significant contributions made by all the Commission’s Advisory Committees, we would also like to thank Phil Upshall, the Commission’s Special Advisor on Stakeholder Relations, for his help in organizing the public consultations. We would also like to thank all the members of the Mental Health Commission staff who provided their input at various stages, and Sarah Gosling for her excellent technical and administrative support with the consultations and the production of this document.

We could not have undertaken, let alone completed, the public consultation process without the stellar work of the entire team at Ascentum Inc., who provided excellent advice and outstanding facilitation. They were led by Manon Abud and Mary Pat MacKinnon, and ably supported by Sandra Zagon and Bryan Miles.

Special thanks go to the members of the Federal, Provincial, Territorial Mental Health Issues Group as well as to Health Canada for their excellent advice.

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INTRODUCTION

At the core we are all the same. There is no us and them.

Mental Health and Mental Illness

Mental health and well-being contribute to our quality of life and to our ability to enjoy life. Good mental health is associated with better physical health outcomes, improved educational attainment, increased economic participation, and rich social relationships.¹ In fact, good health is not possible without good mental health.

We will all experience varying levels of need related to our mental health at different times during our lives. Sometimes, people's mental health will be challenged by short-term reactions to difficult situations such as school pressures, work-related stress, relationship conflict, or grieving the loss of a loved one. These challenges are usually eased with time and informal support.

At other times, the degree of need will be sufficiently great that people will require more specialized assistance. Estimates suggest that, in any given year, about one in every five people living in Canada will experience diagnosable mental health problems or illnesses.² These can occur at any time of life, affecting infants, children and youth, adults, and seniors. No one is immune – no matter where they live, what their age, or what they do in life. This means that just about every family in the country will be directly affected, to some degree, by mental illness.

People can have varying degrees of mental health, regardless of whether or not they have a mental illness. For example, some people, whether they have a mental illness or not, have tremendous resilience, strength, healthy relationships, and a positive outlook. Others, whether they have a mental illness or not, may feel that day-to-day life is a struggle, that they have limited prospects, few friends, and are more easily set back by life's challenges.

The way the World Health Organization defines mental health makes clear that it is more than the absence of mental illness:



Mental health is a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community.³

Having good mental health helps to protect people from the onset of mental health problems and illnesses and to buffer the impact of the stresses and hardships that are part of life for everyone. Being mentally healthy involves having both a sense of coherence that helps people to function well despite the challenges they confront, and the resiliency to bounce back from setbacks. The evidence suggests that people who experience the best mental health – independently of whether or not they are living with symptoms of a mental illness – function better than those who are either moderately mentally healthy or in poor mental health.⁴

Not only is mental health essential for well-being and functioning in every setting, but mental, physical, and spiritual health influence one another. The idea that mental health and well-being is an integral part of overall health, and that it depends on how we interact with the world around us, is not new. For example, a holistic view of health and wellness has been common to most indigenous peoples for centuries.

Moreover, regaining mental health is an integral part of the journey of recovery and well-being for people of all ages living with mental health problems and illnesses. When an illness first develops or is first diagnosed, it can be devastating and difficult to manage. However, many people will become mentally healthy over time through various means – they learn how to manage their condition and come to enjoy mental health and well-being in spite of it. With early intervention and appropriate support, infants, children, and youth experiencing mental health problems or illnesses, can become mentally healthy as they develop.

When we speak of mental health problems and illnesses in this document, we are referring to clinically significant patterns of behaviour or emotions that are associated with some level of distress, suffering, or impairment in one or more areas such as school, work, social and family interactions, or the ability to live independently.⁵

There are many different kinds of mental health problems and illnesses. They range from anxiety and depressive disorders through to schizophrenia and bipolar disorder, and are often associated with a formal medical diagnosis.

There is no single cause for most mental health problems and illnesses. They are thought to be the result of a complex interaction among social, economic, psychological, and biological or genetic factors. The factors that play a role in the development of mental health problems and illnesses are very similar to those that influence our overall mental health and well-being, and vice versa.



“Not one person has asked to suffer from mental illness. ... the point I want to get across, is that people with mental illness should be helped a lot more, and should not be judged, and discriminated against.... I have written this story for my son because I want people to show compassion, and understand he didn’t ask to be born this way, and that he deserves a fair chance at life itself.” –

PUBLIC ONLINE PARTICIPANT

Estimates suggest that at least 70% of mental health problems and illnesses have their onset during childhood and adolescence.⁶ Mental health and mental illness need to be addressed across the lifespan, with particular attention to the developmental stage of each individual.

Untreated mental health problems and illnesses can take a tremendous toll on the people experiencing them, as well as on their family, friends, colleagues, and communities. Some mental health problems and illnesses can bring about profound feelings of hopelessness and worthlessness that can lead to suicidal thinking. These symptoms, particularly when combined with stressful life events or substance misuse, can lead to suicide.

Mental health problems and illnesses are often complicated by the presence of other health conditions and can be compounded by a variety of social problems. In particular, mental health and substance use problems, and addictions more generally, have large and significant areas of overlap. Substance misuse is often the result of an underlying mental health problem or illness; conversely, substance misuse can contribute to the development of mental health problems and illnesses.⁷

Similarly, people with chronic diseases, developmental disabilities, learning disabilities, dementia, or autism may also experience mental health problems and illnesses, as do many people who are homeless or involved with the corrections system.

A Strategy for Achieving the Best Possible Mental Health and Well-Being for Everyone

For too long, people who have been given a diagnosis of mental illness have been seen as fundamentally different. There was a time – not that long ago, even in Canada – when they were sent away and locked up, never to be seen again. Although thinking about how to treat mental illness has changed over the years, we have still not overcome these us-versus-them attitudes.

Good mental health and well-being is what we want to achieve for everyone. Mental health problems and illnesses can affect anyone, at any age, and everyone can benefit from improved mental health. Many people living with mental health problems and illnesses will need specialized services, treatments, or supports to help them to achieve a better quality of life; but, at the core, when it comes to mental health and well-being, we are all the same – whether we are currently experiencing a mental health problem or illness or not. There is no us and them.

The need to break down this distinction, and to recognize the common nature that ties us all together, lies behind the vision that guides this document. This vision is that:



All people in Canada have the opportunity to achieve the best possible mental health and well-being.

The purpose of a mental health system must be to help realize this vision. Unfortunately, as the Senate Committee report, *Out of the Shadows at Last*, made abundantly clear, no jurisdiction in the country can lay claim to having a genuine mental health system in place.⁸ Rather, what generally exists is a fragmented patchwork of programs and services, many of which face a constant struggle to find adequate resources to meet ongoing demands.

Over the years, tremendous progress has been made in developing treatments that help to alleviate the symptoms of many mental health problems and illnesses, and most jurisdictions have worked at improving the quality and availability of the services they provide. Yet, despite the hard work, dedication, and compassion of the thousands of people who work in the mental health system, many of the pressing needs of people confronting mental health problems and illnesses are not being met. Indeed, only one third of those who need mental health services in Canada actually receive them.⁹

Nor has enough been done to keep people from experiencing mental health problems and illnesses in the first place and to improve the mental health status of the whole population. The challenges in this regard are many, but the potential benefits are enormous. The evidence strongly suggests that mental health

promotion and illness prevention can both enhance the overall mental health and well-being of the population, and contribute to reducing the personal, social, and economic impact of mental health problems and illnesses.¹⁰

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“We inhabit our bodies; we live in our minds. The great paradox is that the very space within which we experience our lives, hold our memories, make our decisions and share the joys of being alive is at the same time the space that we most stigmatize and neglect in health care. Our health care could more easily move ahead by setting mental health on top.”

—STAKEHOLDER SUBMISSION

The development of a mental health strategy is one key vehicle for addressing this situation. In the broadest sense, the mental health system should encompass all those activities that help ensure that everyone living in Canada has the opportunity to achieve the best mental health possible and that they are able to take advantage of that opportunity.

The complexity of the factors that influence mental health and mental illness means that the mental health system must address a very wide range of issues. The word bio-psycho-social has been used to describe these factors. It indicates that, as we saw earlier, some of these factors derive from our individual biological and genetic makeup, others from our psychological disposition and others from the multiple ways that we interact with our social and physical environments.

Achieving the best mental health possible always involves an interaction between individuals and their surroundings, including communities, families, and friends. The key ingredients for mental health and well-being will be unique to each individual, as will the pathway to recovery for those living with mental health problems and illnesses. Different communities and different cultural, spiritual and religious traditions may well have a variety of ways to link their members together and express their shared outlook on life. This diversity must be respected.

A mental health strategy cannot provide a magic formula that will guarantee mental health and well-being for everyone. What it can do is to set out a plan for building a genuine mental health system that will foster and nourish the strengths,

capacities, and resources of people and communities, while lessening or removing the obstacles and barriers that stand in the way of achieving the best possible mental health for everyone.

A mental health system that acknowledges and addresses the complex interaction between the individual and social dimensions that influence mental health outcomes must be both person-centred and comprehensive in its approach to recovery and well-being.

It must be person-centred because each of us is a unique individual with particular strengths and capacities. Moreover, each of us is a whole person, and none of us is ever fully defined by any one of the many dimensions of our make-up or experience. As well, we all actively engage with the world around us, make choices about how to live our lives, and change and develop over time and across the lifespan. Most importantly, people should not be defined by the challenges they face as a result of the symptoms of an illness or disability.

Being person-centred means that the measure of success will be the actual impact of treatments, services, and supports on the health and well-being of people themselves. The system must be geared to meeting people's needs, not organized just to meet the requirements of funders or providers within the mental health system.

Being person-centred further means understanding the person in their context and includes acknowledging the strong connections to family, friends, and community which are central to everyone's mental health and well-being. For example, a person-centred mental health system will recognize the central role of family for infants, children, and youth and will understand that meeting the needs of families is often critical to meeting the needs of a child with a mental health problem or illness.

The objective must be to ensure that people of all ages living with mental health problems and illnesses are treated with the same dignity and respect as their fellow citizens, are actively engaged and supported in their journey of recovery and well-being, and are able to enjoy meaningful lives in their community while striving to achieve their full potential.

A mental health system must also be comprehensive. Being comprehensive means addressing the full range of factors that influence mental health and well-being for everyone living in Canada. Many of these factors will have to be tackled in conjunction with efforts taken outside of the mental health system (even when understood in its broadest sense). For example, ensuring adequate income and access to opportunities for work and study will involve multiple government departments as well as the private and voluntary sectors.

Being comprehensive also means acting in many different settings and addressing the needs of people living in Canada across their lifespans. Among other things, it means encouraging:

- ▶ improved access to treatments, services, and supports—for people living with mental health problems and illnesses and their families—that are oriented to fostering recovery and well-being;
- ▶ improved early recognition and diagnosis, as well as the ability to intervene in a timely manner as problems emerge, especially among children and youth;
- ▶ the development of initiatives that are targeted at people and communities at risk for mental health problems and illnesses;
- ▶ activities directed at improving the mental health of the whole population, such as the promotion of mental health literacy.

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“I do agree, we need to put more emphasis in Canada on mental health promotion and prevention. But this goal should not be pursued at the expense of improving services for people who are ill, nor should it ever be an either/or matter (between services and prevention). Both need to be addressed hand in hand.”

—PUBLIC ONLINE PARTICIPANT

Across all these activities it will be essential to break down silos within the mental health and health care systems and to co-ordinate efforts with people working in areas that are not usually thought to be part of the mental health system, such as broader primary health care services, schools, and workplaces.

For the Mental Health Commission of Canada, this means that in developing a mental health strategy for Canada we must work in close partnership with the many other people and organizations that deal with a variety of health and social issues. For example, the Commission agrees with those who have advocated that mental health and addictions policies, programs, services and supports must be better coordinated and integrated.

Most importantly, it will be essential to ensure that people with a lived experience of mental health problems and illnesses actively participate in all aspects of the design, implementation and evaluation of a comprehensive, person-centred mental health system.

Building on the Contributions of First Nations, Inuit, and Métis, and Addressing Their Needs

A mental health strategy for Canada must acknowledge and respond to the unique circumstances and contributions of First Nation, Inuit, and Métis in Canada. This is important not only for First Nations, Inuit, and Métis themselves but also for everyone living in Canada.

First Nations, Inuit, and Métis are descended from the first societies to have taken root in what is now Canada, and each group has unique rights and privileges established through treaties, self-government agreements, and other means. Although they represent distinct cultural groups, they also largely share a common understanding of well-being or wellness as something that comes from a balance of body, mind, emotion, and spirit, is embedded in culture and tied to the land, with a strong belief in family, community, and self-determination.



“It is in the balancing of physical, mental, emotional and spiritual aspects of being, that the mind is sound and ‘good’. It allows individuals to live in peace with themselves, their families and to also possess a high or higher level of functioning within the community.”

—STAKEHOLDER SUBMISSION

These rich cultural heritages and holistic understandings of the world have their roots in societies and ways of life that existed before the first contact with European cultures, and have been developing and evolving ever since. They have much to contribute to the transformation of the mental health system in Canada, which has for too long tended to separate the head and spirit from the body, and has too often cut the individual off from family, community, and environment.

However, the devastating impact of colonization, residential schools, and other policies that sought the assimilation of indigenous peoples, as well as other forms of cultural disruption, have eroded traditional cultural practices, family structures, and community support networks. This has contributed to the social and economic marginalization of First Nations, Inuit, and Métis, who have long experienced

poorer mental health outcomes – such as rates of depression, anxiety, substance abuse, and suicide that can be many times greater than the rates in the general population.¹¹

In the face of this tremendous adversity, indigenous peoples in Canada are renewing and developing innovative approaches to healing and wellness that can have value for us all. For example, many indigenous-led programs draw on the importance of cultural identity and self-determination, integrate traditional knowledge and the wisdom of elders with non-indigenous approaches, and recognize the close relationship between mental health, addictions, and inter-generational trauma.¹²

More recently, indigenous peoples in Canada have begun to refine and adapt the concept and practice of cultural safety first developed by Maori nurses in New Zealand. While the dialogue in Canada continues to evolve, cultural safety aims not only to improve the health outcomes of First Nations, Inuit, and Métis, but also to help transform how the broader health system responds to diverse needs across multiple cultural dimensions. In particular, it draws our attention to the need for people of all origins to think critically about their own approach to mental health and mental illness, and to seek ways to address the power imbalances and inequities that can have a major impact on health and social outcomes.¹³

What Should a Transformed Mental Health System Look Like?

Working out the concrete details of a mental health strategy that can help everyone living in Canada to achieve the best possible mental health and well-being is a complex undertaking. Canada is already an incredibly diverse country and, with immigration driving population growth, will only become more so. A mental health strategy must be flexible and adaptable enough to respond to the many dimensions of diversity, in every region of the country.

This Framework proposes seven linked goals for a transformed mental health system:

- 1 People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being.
- 2 Mental health is promoted, and mental health problems and illnesses are prevented wherever possible.
- 3 The mental health system responds to the diverse needs of all people living in Canada.
- 4 The role of families in promoting well-being and providing care is recognized, and their needs are supported.

- 5 People have equitable and timely access to appropriate and effective programs, treatments, services and supports that are seamlessly integrated around their needs.

- 6 Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured, and research is advanced.

- 7 People living with mental health problems and illnesses are fully included as valued members of society.

The purpose of this document is to provide a framework to guide the development of a balanced, comprehensive, and person-centred mental health strategy that is relevant to people of all ages and can be applied to the many and varied contexts that make up the fabric of Canada.

Transforming the mental health system will involve changes to ways of thinking and to many aspects of what, up until now, has been business as usual. To succeed, a mental health strategy must be ambitious – as there is much to be done – yet practical, useful, and adaptable to the differing realities of each jurisdiction and sector.

A mental health strategy for our country will only have meaning if those who have a direct responsibility for the organization, funding, and delivery of mental health services and supports use it to guide their own decision-making. This is why the Mental Health Commission believes that it is essential to build a broad consensus for a set of high-level goals before developing objectives and targets that are more focused on implementation (that is, on how to achieve these goals).

This document therefore presents seven goals that are designed to capture, in general terms, the elements that need to be addressed if we are to succeed in building a genuine mental health system in Canada. We have called it a framework because, as with the framework for a house under construction, the goals contained in this document define the basic shape of what a transformed mental health system will look like – one that can operate as a genuine system.

The goals provide the structure for developing a more detailed mental health strategy that will address the many specific issues that confront different constituencies and various segments of the population. At the same time, these goals lay out the key assumptions, concepts, and values that inform our vision of a transformed system.

Each of the seven goals in this framework examines one dimension of a transformed mental health system, yet is also closely tied to all the other goals. Together, this set of interconnected goals defines what it will take to have a system that is oriented toward both enabling the recovery of people living with mental health problems and illnesses and fostering the mental health and well-being of everyone living in Canada.

It is only by making progress toward the seven goals that are outlined in this framework, that a genuine mental health system can be created – a system that will support all people living in Canada as they journey toward recovery and well-being.

Goals at a Glance

Goal One:

People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being.

A transformed mental health system fosters hope for a better quality of life and respects the dignity and rights of each person at every stage of life. Building on individual, family, cultural, and community strengths, people are empowered and supported to be actively engaged in their own journey of recovery and well-being, and to enjoy a meaningful life in their community while striving to achieve their full potential. As they develop, infants, children, and youth are assisted to become resilient and to attain the best mental health possible. Older adults are supported to address additional needs associated with aging. People living with mental health problems and illnesses, service providers, family caregivers, peers, and others are partners in the healing journey.

Goal Two:

Mental health is promoted, and mental health problems and illnesses are prevented wherever possible.

A transformed mental health system attends to the complex interaction of economic, social, psychological, and biological or genetic factors that is known to determine mental health and mental illness across the lifespan. The public, private, and voluntary sectors work collaboratively to promote factors that strengthen mental health – such as adequate housing, vibrant communities, nurturing relationships, and resilience – and to reduce, wherever possible, those factors that increase the risk of developing mental health problems and illnesses – such as poverty, abuse, and social isolation. Efforts are directed at the population as a whole, at people and communities at risk, at those with emerging problems, and at people living with mental health problems and illnesses. Locations such as schools, workplaces, and long-term care facilities foster environments that promote the best possible mental health.

Goal Three:

The mental health system responds to the diverse needs of all people in Canada.

In a transformed mental health system, policies, programs, treatments, services, and supports are culturally safe and culturally competent. The system responds to the diverse individual and group needs – as well as to the disparities – that can arise from First Nations, Inuit, or Métis identity; ethno-cultural background, experience of racism, and migration history; stage of life; language spoken; sex, gender, and sexual orientation; geographical location; different abilities; socio-economic status; and spiritual or religious beliefs.

Goal Four:

The role of families in promoting well-being and providing care is recognized, and their needs are supported.

The unique role of families – whether they are made up of relatives or drawn from a person's broader circle of support – in promoting well-being, providing care, and fostering recovery across the lifespan is recognized, as are the needs of families themselves. Families are engaged and helped through education and programs such as parenting and sibling support, financial assistance, peer support, and respite care. Wherever possible, families become partners in the care and treatment of their loved ones and are integrated into decision-making in a way that respects consent and privacy.

Goal Five:

People have equitable and timely access to appropriate and effective programs, treatments, services, and supports that are seamlessly integrated around their needs.

People of all ages have timely access to appropriate and effective mental health programs, treatments, services, and supports in their community, or as close as possible to where they live or work, regardless of their ability to pay. The mental health system is centred on fostering people's mental health and meeting the full range of people's needs – however complex – in the least restrictive way possible. It is seamlessly integrated within and across the public, private, and voluntary sectors, across jurisdictions, and across the lifespan. The pressing needs in under-served areas such as the north are addressed.

Goal Six:

Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured and research is advanced.

Mental health policies, programs, treatments, services, and supports are informed by the best evidence based on multiple sources of knowledge. They are evaluated on the basis of their contribution to improving the mental health and well-being of people of all ages living in Canada, and the health and social outcomes of people living with mental health problems and illnesses and of their families. Funding for the many kinds of research required to enhance our understanding of mental health and mental illness is increased in keeping with the economic and social impact of mental health problems and illnesses, and the translation of this knowledge into policy and practice is accelerated.

Goal Seven:

People living with mental health problems and illnesses are fully included as valued members of society.

Having a mental health problem or illness is no longer a source of shame or stigma for people and their families, and discrimination toward them is eliminated. People of all ages living with mental health problems and illnesses are accorded the same respect, rights, and entitlements and have the same opportunities as people dealing with physical illnesses and as other people living in Canada. Mental health policies, programs, treatments, services, and supports are funded at a level that is in keeping with the economic and social impact of mental health problems and illnesses.

- 1 Friedli, L., & Parsonage, M. (2007). Mental health promotion: Building an economic case. Northern Ireland Association for Mental Health.
- 2 Kessler, R. C., Chiu, W. T., Demler, O., Walters, E. E. (2005). Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 617-627.
- 3 World Health Organization (2007). What is mental health? Retrieved on September 12, 2009 from <http://www.who.int/features/qa/62/en/index.html>
- 4 Keyes, C.L.M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62(2), 95-108.
- 5 Canadian Psychiatric Association. (Undated). Youth and Mental Illness. Retrieved on September 12, 2009 from <http://publications.cpa-apc.org/browse/documents/20>. As cited in Kirby, M., & Keon, W. (2004), Mental health, mental illness and addiction: Overview of policies and programs in Canada, Interim Report 1, (p.68), Standing Senate Committee on Social Affairs, Science and Technology: Government of Canada.
- 6 Government of Canada. (2006). The human face of mental health and mental illness in Canada. Retrieved on September 12, 2009 from http://www.phac-aspc.gc.ca/publicat/human-humaino6/pdf/human_face_e.pdf
- 7 Research has shown that 30% of people diagnosed with a mental illness will also have a substance abuse problem in their lifetime, and 37% of people who abuse alcohol (53% who abuse drugs) are also living with a mental illness. Skinner, W., O'Grady, C., Bartha, C., & Parker, C. (2004). *Concurrent substance use and mental health disorders: An information guide*. Toronto: Centre for Addictions and Mental Health.
- 8 Kirby, M., & Keon, W. (2006). *Out of the shadows at last: Transforming mental health, mental illness and addictions services in Canada*. Standing Senate Committee on Social Affairs, Science and Technology: Government of Canada.
- 9 Statistics Canada. (2003). Canadian Community Health Survey: Mental health and well-being. *The Daily*. Retrieved on September 13, 2009 from <http://www.statcan.gc.ca/daily-quotidien/030903/dq030903a-eng.htm>
- 10 Friedli, L., & Parsonage, M. (2007). Op. cit.
- 11 Health Canada. (Undated). First Nations, Inuit and Aboriginal Health: Mental Health and Wellness. Retrieved on August 17, 2009 from <http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/index-eng.php>
- 12 The Strategic Action Plan for First Nations and Inuit Mental Wellness, which includes the Inuit-specific Alianait Mental Wellness Plan (First Nations and Inuit Mental Wellness Advisory Committee and Alianait Mental Wellness Task Group, 2007), is an other example of an innovative policy initiative, which calls for all jurisdictions to work together to provide a comprehensive continuum of culturally-safe services and supports, including both traditional and mainstream approaches.
- 13 National Aboriginal Health Organization. (2006). Fact Sheet: Cultural Safety. Retrieved on September 12, 2009 from <http://www.naho.ca/english/documents/Culturalsafetyfactsheet.pdf>



GOAL ONE

People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being.

Goal One

People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being.

A transformed mental health system fosters hope for a better quality of life and respects the dignity and rights of each person at every stage of life. Building on individual, family, cultural, and community strengths, people are empowered and supported to be actively engaged in their own journey of recovery and well-being, and to enjoy a meaningful life in their community while striving to achieve their full potential. As they develop, infants, children, and youth are assisted to become resilient and to attain the best mental health possible. Older adults are supported to address additional needs associated with aging. People living with mental health problems and illnesses, service providers, family caregivers, peers, and others are partners in the healing journey.

Mental health problems and illnesses can have a devastating impact on people's health and quality of life. Nonetheless, as discussed in the introduction, people who experience the symptoms of a mental illness can enjoy good mental health.

This means that a transformed mental health system must incorporate programs, treatments, services and supports that are not only geared to reducing the symptoms of mental health problems and illnesses, but also promote the ability of people living with mental health problems and illnesses to attain the best possible mental health and well-being. The right mix of these elements – appropriate treatments, services and supports, combined with the best programs and initiatives to promote mental health – will vary by individual, by community, and also across the lifespan.

In order to develop a comprehensive approach, it is important to: (a) identify the underlying principles that will inform all efforts to foster the best possible quality of life for everyone living with a mental health problem or illness; and (b) understand the key differences that mark our journey across the different stages of life.

Many different approaches have been put forward as ways of helping to improve health and social outcomes for people living with mental health problems and illnesses. These are referred to by different names and include psycho-social

rehabilitation, resiliency, healing and wellness, chronic disease management, mental health promotion, and illness prevention. They share many common elements, while each retains its particular characteristics.

One set of principles that has become central to mental health policy and practice in many countries around the world revolves around the concept of recovery. Here in Canada, *Out of the Shadows at Last* called for recovery to be “placed at the centre of mental health reform.”¹⁴ Numerous other reports and policy documents have also embraced a recovery orientation.

Nonetheless, we are just beginning to address the many dimensions of a recovery-oriented transformation. As part of the consultation process that supported the development of this framework, people were asked to share their views about recovery. While there was much support for the concept of recovery in many circles, there was also still much misunderstanding and confusion. Given the relative newness of the recovery concept to many in Canada, this is not surprising.

Part of the confusion arises because recovery has some limitations with regard to children, youth, and seniors (discussed further below). As well, the everyday meaning of the term recovery is not identical to its usage when applied to mental health. We commonly think of clinical recovery, which typically means a cure or complete remission of symptoms.

On the one hand, approximately 25% of people diagnosed with serious mental illnesses get to the point where they can be considered cured in that they show no observable signs or symptoms and experience no residual impairments.¹⁵ Even in the strict clinical sense, these individuals have recovered from mental illness.

On the other hand, when used by many people living with mental health problems and illnesses, recovery has a very different meaning, which may or may not include cure. As one widely used definition puts it, recovery “is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness.”¹⁶ In other words, a person can recover their life without recovering from their illness. This is the understanding of recovery used in this document.

There is no single, comprehensive definition of recovery and well-being that is shared by everyone. In part, this flows from the fact that each person’s journey of recovery is necessarily different, as they draw on their own unique set of resources, strengths, and relationships to confront the specific challenges they face.

At the same time, there is a growing consensus around the key components of recovery. These have been summarized in various ways. One such summary sees recovery as:

- ▶ Finding, maintaining, and repairing hope: believing in oneself; having a sense of being able to accomplish things; being optimistic about the future.
- ▶ Re-establishing a positive identity: finding a new identity which incorporates illness but retains a core, positive sense of self.
- ▶ Building a meaningful life: making sense of illness; finding a meaning in life, despite illness; being engaged in life and involved in the community.
- ▶ Taking responsibility and control: feeling in control of illness and in control of life.¹⁷

Recovery, in this sense, involves a process of growth and transformation as the person moves beyond the acute distress often associated with a mental health problem or illness and develops new-found strengths and new ways of being.

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“... Recovery is beautiful. It is the most wonderful place in the world to be...living inside my own skin has never felt so good. Take responsibility for your recovery ... educate and empower yourself...”

—PUBLIC ONLINE PARTICIPANT

Hope is the starting point from which a journey of recovery must begin. Research has shown that having hope plays an integral role in the process of recovery. It is essential to achieving the best possible outcome, and is equally important for family members and others supporting someone on their journey.¹⁸

People who experience the onset of a mental illness are often led to believe that they should not expect to get any better, that they will never be able to function in society, or that they will always be incapable of caring for themselves. This lack of hope can become self-fulfilling.

Nonetheless, some have expressed the concern that it is harmful to give people a false sense of hope. However, a focus on hope does not mean being naïvely

unrealistic about what can be achieved. Rather, the false sense of gloom that is communicated to people living with mental health problems and illnesses constitutes a much bigger problem. An absence of hope will prevent people from ever undertaking a journey of recovery.

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“I am a 25 year-old trauma survivor... Not a day went by that I did not think about suicide, I even attempted to take my own life at age 16. Thankfully, I survived. *THERE IS HOPE*. No matter what the statistics look like, or what any doctor says to you...there is always *HOPE*. I have come from the very bottom and the lowest of lows...up to the happiest most productive person I have ever been in my entire life. I fought every step of the way to survive through mental illness and addiction. I didn't always know how I would make it through to the next day, but deep down inside of me I never gave up on *HOPE*. Now I am a Social Worker student and my dream is to spread the hope of recovery.”

—PUBLIC, ONLINE PARTICIPANT

Experience has shown that the journey of recovery will likely not be a linear one, and that individuals may experience setbacks along the way. But whose life is otherwise, and why should there be a different standard for people seeking to pursue a journey of recovery than for those who are not experiencing mental health problems or illnesses?

The journey of recovery and well-being has no fixed end point; it is a path along which people can discover or rediscover their strengths and work to attain the best possible quality of life. This journey will build on individual, family, cultural, and community strengths and will reflect people's unique histories and traditions. For example, some people find that spiritual or religious beliefs and practices help promote their recovery, by helping them to understand their experience, while strengthening their sense of meaning and purpose.¹⁹



“Reconnecting your spirit to self is a key part of recovery.”

—PUBLIC ONLINE PARTICIPANT

Recovery cannot be done to, or on behalf of, people – even though supportive family, friends, peers, and service providers have a critical role to play. Recovery must be the result of individuals’ own efforts and must be accomplished using their choice of services and supports. Taking responsibility for and control of one’s own recovery means reclaiming the ability to make decisions for oneself wherever possible.

Because mental health problems and illnesses can rob people of their sense of themselves and of their capacity for self-directed activity, self-determination is both a means to achieving recovery and a goal in its own right. Sometimes people make the wrong decisions, and some will see in this an unacceptable risk associated with the recovery model. However, failure often presents an opportunity for growth. People living with mental health problems and illnesses have the right to make mistakes, just as others do.

At the same time, risk has to be managed, both by ensuring adequate support for people during their journey of recovery and by making sure that all jurisdictions have appropriate legislation in place to protect anyone at risk.

Restraint and coercion represent the ultimate in loss of control, and the ability for providers to impose these kinds of measures epitomizes the power imbalance that characterizes their relationship with people with mental health problems and illnesses. A principle of recovery-oriented mental health policy and legislation must be to always employ the least intrusive and least restrictive interventions possible.

It is also important to recognize that the journey of recovery may be challenged by social, political, and economic circumstances. For example, stigma and discrimination may discourage employers from hiring, and landlords from housing people who have a history of psychiatric diagnosis.

A key impetus for the growing prominence of recovery around the world has been advocacy by people living with mental health problems and illnesses. These individuals have recognized in recovery a guiding principle that is rooted in respect for their rights and dignity, and that focuses on their strengths and capacities.

There is also growing evidence that a recovery orientation can drive efforts to reform the organization and delivery of mental health services and supports, and that such a transformation can lead to improved health and social outcomes for people with mental health problems and illnesses.²⁰

To varying degrees, the principles that inform a recovery orientation – such as fostering hope, enabling choice, encouraging responsibility, and promoting dignity and respect – can, and must, apply to people of all ages, taking into account their developmental stage. However, it is also necessary to adapt the way in which they are applied to reflect the realities of people’s contexts and changing objectives as they move across the lifespan.

The term recovery, for example, implies recovering a sense of self and capacities that were lost – a concept that is most applicable to mid-life adult populations. The objectives for infants, children, youth, and seniors cannot be exactly the same.

In the first place, infants, children, and youth are not ‘little adults,’ and their symptoms of mental illness present very differently from those of adults. Because infants, children, and youth are in the process of forming an identity as they grow up, their symptoms must be considered in relation to each specific stage of development. Rather than re-establishing a positive identity, the goal for infants, children, and youth is to help them develop their identity throughout the various developmental stages, and to attain their best possible mental functioning and mental well-being by adulthood.²¹

Second, the family environment around infants, children, and youth is particularly important. Thus, “for children, family is not the support for mental health, but rather the crucible in which mental functioning and mental health is still being forged and shaped.”²²

This means that, although genetic, biological, and personality traits matter, the interaction between child characteristics and caregiver characteristics is especially important. Mental health interventions, therefore, are typically geared to the child and caregiver as a unit.²³

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“...We can now say that with the appropriate help and support, we feel more competent to parent this child, more able to accept him ourselves and to help him succeed with whatever he wants to do with his life, there are almost no limitations.”

—PUBLIC ONLINE PARTICIPANT

For people at the other end of the life cycle, the challenge to a recovery orientation arises from the simple fact that it may no longer be possible for people to expect to recover the kind of functioning that may once have been possible.

The goal for older adults at every stage of the aging process is to ensure that they attain the best possible quality of life, are treated with dignity and respect, and receive the best possible treatment for mental health problems and illnesses that may emerge as they pass through important transitions associated with aging – such as retirement, alterations in income level, physical decline, and changing social support networks, including spousal bereavement and increased social isolation.²⁴

Too often, mental illness is overlooked in older adults because the signs and symptoms are viewed as a natural part of the aging process and may remain unrecognized and untreated. For example, depression in the elderly is quite common, but presents in ways that can make it hard to diagnose (such as through changes in sleep patterns, decline in appetite, weight loss, or repeated minor aches and pains).²⁵ Moreover, many people, including some health care providers, think that depression is a natural part of aging.

In order to capture the importance of the principles underlying a recovery orientation for people of all ages, but also to recognize the differences in approach that must be adopted for different age groups, this framework insists on the need to empower and support people in their journey of recovery and well-being across the lifespan.

Of course, people's ability to participate actively in decision-making will vary. For example, family members or guardians will be the primary decision-makers for young children, or for older adults whose ability to make decisions for themselves may be compromised by a mental health problem or illness. Sometimes – as when people temporarily lose their ability to look after themselves – caregivers and providers will need to make decisions in the absence of any better option.

What then, will programs, treatments, services, and supports for people living with mental health problems and illnesses look like in a transformed mental health system?

First, people will be able to make meaningful choices among formal and informal programs, treatments, services, and supports to achieve the best possible health, social functioning, and overall quality of life. Enabling people to choose allows the relationship between people living with mental health problems and illnesses, their families, and those working to support their recovery and well-being to become a genuine partnership.

Second, many different kinds of practices or interventions – psychotropic medications and psychotherapies, peer-run services, community-based services, housing or employment support programs, spiritual guidance, and alternative approaches – can be oriented to recovery and well-being, and many current practices are at least partially compatible with such an orientation.

Third, in a transformed system, programs, treatments, services, and supports will be geared to sustaining people's own efforts on their journey. Professionals will share their expertise, assess, and educate about options, just as with physical illness. At the same time, service providers will facilitate people's ability to express and follow their preferences in tracing their own paths. They will assist them to make informed choices about which programs, treatments, services, and supports are the most beneficial, and help them to benefit from the support of families, friends, and communities.

Even when mental illness is at its most debilitating, service providers, families, and others – employing advanced directives and designating substitute decision-makers where necessary – can work together to support the greatest degree of self-determination and dignity possible.

Fourth, in a transformed mental health system, programs, treatments, services, and supports must also, to the greatest possible extent, be available in the community, and oriented to supporting people to live meaningful lives in the community of their choice. Moreover, many services and supports that operate outside of the realm of mental health (such as religious institutions and leisure and recreation organizations) can help promote recovery and well-being by connecting people with their communities, traditions, and cultures. In a transformed system, these organizations will welcome people living with mental health problems or illnesses and will accommodate their needs so as to enable them to participate fully in community life.

And, finally, services and supports organized and operated by people living with mental health problems and illnesses (from enterprises that offer employment to peer support initiatives), which repeatedly have been shown to be among the most valuable contributors to recovery and well-being, will be funded and fully integrated within a transformed system.²⁶ For many adults, holding a job or re-entering the workforce after an episode of mental illness makes a major contribution to their recovery and well-being.

Above all, service providers will share the hope and expectation that the people they are working to support can achieve a better quality of life.



“Hope needs to be grounded in the reality that radical change is not only possible, but commonplace in the lives of those of us who have experienced severe mental illness.”

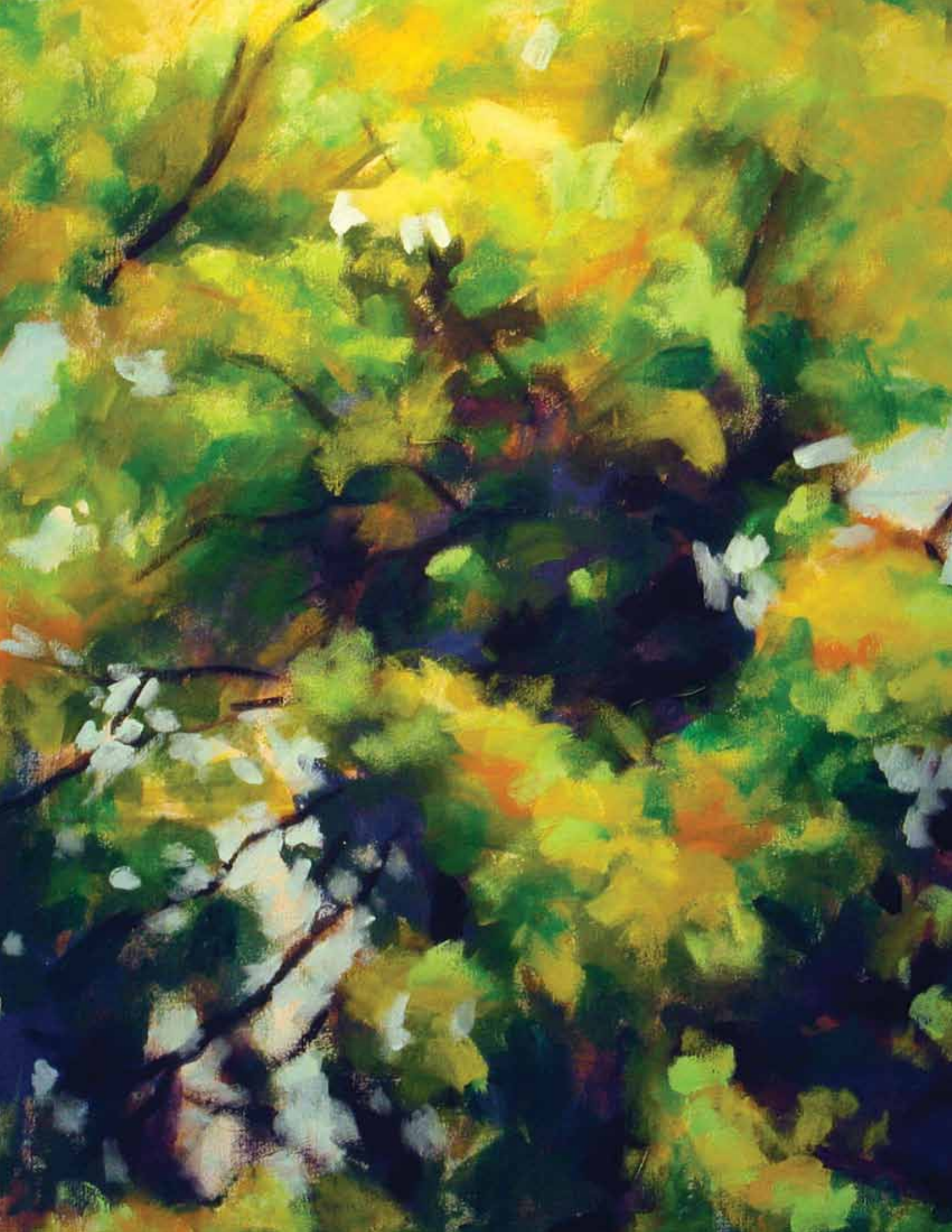
—PUBLIC ONLINE PARTICIPANT

It is important to stress that the implementation of an orientation toward recovery and well-being does not imply taking away existing elements of service delivery. Nor should it be used as an excuse for not adequately funding programs, treatments, services and supports for those groups or individuals who may be seen as less likely to achieve a full recovery. Instead, the full spectrum of services is required, from community supports to primary health care and hospital-based care. In indigenous communities, the contribution of elders, traditional healers, and those with lived experience will be fully recognized and supported.

An orientation toward recovery and well-being must not be used as a basis for judging people’s success in meeting preconceived notions of what recovery should look like. Most importantly – at all levels, in all jurisdictions, and across all sectors and organizations – it is critical that people of all ages living with mental health problems and illnesses, and their families, become actively involved in the planning, design, organization, delivery, and evaluation of mental health services and supports.

The Mental Health Commission of Canada is committed to deploying the principles of recovery and well-being as part of the foundation for improving the health and social outcomes of people living with mental health problems and illnesses across the lifespan. To achieve this goal, it is essential that we build on promising examples of excellence wherever they exist across the country – or indeed elsewhere in the world – while simultaneously questioning those aspects of current practice that do not foster recovery and well-being.

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- 14 Standing Senate Committee on Social Affairs, Science and Technology (2006), p. 42.
 - 15 Davidson, L., & Roe, D. (2007). Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery. *Journal of Mental Health*, 16(4), 459-470.
 - 16 Anthony, W.A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16, 11-23.
 - 17 Andresen, R., Caputi, P, & Oades, L. (2006). Stages of recovery instrument: Development of a measure of recovery from serious mental illness. *Australian and New Zealand Journal of Psychiatry*, 40, 972-980. As cited in Shepherd, G., Boardman, J., & Slade, M. (2008). *Making recovery a reality*. London, UK: Sainsbury Centre for Mental Health.
 - 18 President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America*. Retrieved Sept. 13, 2009, from <http://www.mentalhealth-commission.gov/reports/FinalReport/downloads/FinalReport.pdf>
 - 19 Fallot, R. (2008). Spirituality and religion. In K. Mueser, & D. Jeste (Eds.), *Clinical handbook of schizophrenia* (pp.592-603). New York: The Guilford Press.
 - 20 Davidson, L., Harding, C., & Spanoil, L. (2005). *Recovery from severe mental illnesses: Research evidence and implications for practice*. Boston: Boston University.
 - 21 Canadian Academy of Child and Adolescent Psychiatry. (2009). *Towards recovery and well-being: Observations and comments from the Academy of Child and Adolescent Psychiatry*. Submission to Mental Health Commission of Canada.
 - 22 Canadian Academy of Child and Adolescent Psychiatry (2009).
 - 23 Frameworks Institute. (2009). *Child mental health: A review of the scientific discourse*. Retrieved Aug. 17, 2009, from http://www.frameworksinstitute.org/assets/files/PDF_childmentalhealth/child-mentalhealthreview.pdf
 - 24 MacCourt, P. (2008). *Promoting seniors' well-being: The seniors mental health policy lens toolkit*. Victoria: British Columbia Psychogeriatric Association. Retrieved Sept. 12, 2009, from http://www.seniorspolicylens.ca/Root/Materials/Adobe Acrobat Materials/1634_PM_SMHPL_2009_Toolkit4.pdf
 - 25 MacCourt (2008).
 - 26 Davidson, Harding, & Spanoil (2005).



GOAL TWO

Mental health is promoted, and mental health problems and illnesses are prevented wherever possible.

Goal Two

Mental health is promoted, and mental health problems and illnesses are prevented wherever possible.

A transformed mental health system attends to the complex interaction of economic, social, psychological, and biological or genetic factors that is known to determine mental health and mental illness across the lifespan. The public, private, and voluntary sectors work collaboratively to promote factors that strengthen mental health—such as adequate housing, vibrant communities, nurturing relationships, and resilience—and to reduce, wherever possible, those factors that increase the risk of developing mental health problems and illnesses—such as poverty, abuse, and social isolation. Efforts are directed at the population as a whole, at people and communities at risk, at those with emerging problems, and at people living with mental health problems and illnesses. Locations such as schools, workplaces, and long-term care facilities foster environments that promote the best possible mental health.

A strategy that is based on a comprehensive approach to mental health and mental illness cannot focus only on assisting people who are already experiencing the symptoms associated with mental health problems and illnesses. It also must promote the mental health and well-being of all people living in Canada, help to keep people from becoming ill in the first place, and strive to minimize the impact that mental health problems and illnesses have on individuals, on communities, and on society as a whole.

This will require many different kinds of action, including: targeted prevention initiatives for people and communities at greatest risk; early intervention strategies that address all dimensions of people's needs (e.g., medical, social, and employment support) when problems do emerge; and activities that promote the mental health and well-being of the population as a whole, including those who are living with mental health problems and illnesses.

It is becoming increasingly clear that there are limits to what can be done to reduce the impact of mental illness through treatment alone. Recent findings illustrate just how important it is to prevent people, wherever possible, from developing a mental illness in the first place. For example, a study using robust Australian mental health

data suggests that, even if everyone with a mental health problem or illness had access to services that follow current best practices, only 40% of the overall impact of mental illness on society could be averted.²⁷

Moreover, as noted in the introduction, mental health and well-being have value independent of their potential contribution to reducing the impact of mental illness. Good mental health is associated with better physical health outcomes, reduced crime, improved educational attainment, increased economic participation, and rich social relationships.²⁸ Poor mental health has the opposite association. For example, people with poor mental health – regardless of whether or not they are living with a mental illness – have been found to be at increased risk for developing a cardiovascular disease.²⁹

In general, it is impossible to predict with any certainty who will experience the symptoms of a mental health problem or illness. The complex interactions among economic, social, psychological, and biological or genetic factors that determine mental health outcomes can create more favourable circumstances for some than for others. But nothing is guaranteed. Some people who face very difficult situations never develop a serious mental health problem or illness, while the most devastating illnesses can affect people without major challenges or stressors, seemingly “out of the blue.”

Still, there is much that can be done. By enhancing protective factors and diminishing risk factors, good mental health can be fostered, the onset of mental health problems and illnesses can be prevented wherever possible, and their impact can be reduced.

Protective factors are those that help to reduce the chances of developing mental health problems and illnesses, aid in maintaining good mental health, and assist in developing resilience in the face of adversity. They include: having a sense of belonging, enjoying good relationships, feeling in control of one’s life, and possessing good problem-solving skills. Structural and social factors that reduce adversity and promote a sense of security, such as safe housing and stable income, are also of great importance.



“ I feel that if children can become comfortable expressing their emotions in the early years, this can be seen as natural and desirable and provide a greater sense of security knowing their concerns are heard and that they can get help as necessary.”

—PUBLIC ONLINE PARTICIPANT

Risk factors are associated with an increase in the likelihood that people will develop mental health problems or illnesses. These include childhood trauma, social isolation, and personal or family drug or alcohol abuse. Risk factors can also worsen existing conditions, and contribute to poor mental health by interfering with a person's ability to handle the everyday stresses of life.

One of the most devastating and tragic consequences of serious mental health problems or illnesses occurs when someone takes his or her own life. Not only is the potential of the person lost, but there are tremendous losses for those left behind: parents, grandparents, siblings, friends, and colleagues.³⁰

Suicide is not always associated with the presence of a mental illness. But, tragically, for some people whose experience of excruciating despair and feelings of hopelessness and worthlessness are combined with the distorted thinking that can accompany serious mental health problems and illnesses, or for those who live with the enduring desperation associated with past trauma, suicide may seem like the only way out. Sadly, many people who experience such devastating feelings and confused thinking may truly believe that others would be better off without them, even though the reality could not be more different.

Many of the same risk and protective factors that have an impact on mental health and mental illness can also influence the risk of suicide. For example, a recent study that explored the relationship between socio-economic status and youth suicide found that youth living in poorer neighbourhoods were four times more likely to attempt suicide than youth living in more affluent neighbourhoods.³¹

At the present time, there is little that can be done to alter our biological makeup or genetic predisposition to mental health problems and illnesses. But we can hope to influence many of the economic, social, and psychological risk factors through appropriate programs and education. Many of the factors that have a strong influence on mental health and mental illness, and also on the risk of suicide (such as housing, income, education, and employment) are tied to just about all aspects of health and social policy in Canada, and will require a concerted effort – on the part of many jurisdictions and organizations – that extends well beyond the mental health field as such. Nonetheless, intervention is possible and necessary.

The concept of the social determinants of health has been used to focus attention on risk and protective factors that can be addressed at a societal, rather than individual, level. The influence of socio-economic inequities on mental health status is increasingly being recognized around the world.³² These disparities are evident not just between individuals, but also between whole communities.

This means that, to address underlying risk and protective factors, mental health promotion and mental illness prevention must be integrated not only into mental health policy but also more broadly into public health and social policy.³³

The Mental Health Commission of Canada's mandate to develop a mental health strategy for Canada presents an opportunity to advance this integration. The development of this strategy can act as a springboard for collaborative action on the social determinants of health across the health and social sectors, at the public, private, and voluntary levels. Individuals, families, communities, schools, workplaces, governments, and businesses must work together to accomplish the common objectives of preventing mental illness wherever possible, and promoting the mental health and well-being of all people living in Canada.

In so doing, it will be important to come to a shared understanding of the different contexts of each sector and of diverse population groups. For example, the language used to address mental health issues may be different in workplaces than in school settings, in the correctional system, in primary health care settings, or in the mental health system itself. Yet people involved in these diverse sectors can be brought together in the pursuit of a common objective: working to provide everyone living in Canada with the opportunity to achieve the best possible mental health and well-being.

In order to move forward, several key questions must be addressed: Where should efforts be focused? What works to enhance protective factors and reduce risk factors and what does not? What is feasible?

There is growing evidence about what kinds of programs can be effective.³⁴ The best results for mental health promotion, mental illness prevention, and suicide prevention have been achieved by initiatives that target specific groups (defined by age or other criteria) and settings (school, workplace, family), address a combination of known risk and protective factors, set clear goals, support communities to take action, and are sustained over a long period of time.

The opportunity to prevent mental health problems and illnesses appears to be greatest among children and youth. We know that most mental health problems and illnesses – estimates suggest at least 70% – have their onset during childhood or adolescence.³⁵ Early intervention at this stage, therefore, offers an opportunity to address problems before they become entrenched.



“It is important that teachers are informed on how to recognize a mental health issue, as they are often the first people in a position to respond outside of a family member.”

—PUBLIC, ONLINE PARTICIPANT

Good mental health is fundamental to healthy development throughout childhood, and mental health promotion with children and youth and their families can enhance protective factors, such as resilience and self-esteem. Conversely, child abuse and maltreatment are among the most tragic social problems we face, and have been found to have significant and lasting impacts on a whole range of health and social outcomes, including mental health and mental illness.³⁶

Effective promotion and prevention models for infants, children, and youth do exist. For example, one home visiting program, delivered by nurses to high-risk mothers over a 15-year period, was able to demonstrate a 43% drop in child abuse and maltreatment in a randomized control trial.³⁷ Similarly, parenting skills training has been found to improve the mental health of parents and the mental health, behaviour, and long-term opportunities of children. A recent review found that programs which support families with young children are also the most cost-effective mental health promotion programs.³⁸

Mental health promotion and mental illness prevention can have a significant role in maintaining quality of life across the lifespan, including for elderly populations. Too often, the mental health needs of older adults are unjustly discounted because of ageism. And yet, for many, these years can be tremendously fulfilling. In some cultures, older adults may experience an increase in social standing in their family and community. Many initiatives have been shown to provide benefits (including exercise programs for seniors that help to improve life satisfaction and positive mood and to reduce psychological distress and depressive symptoms).³⁹

There is also much that can be done to promote mental health in the workplace. Some firms have demonstrated good results in accommodating employees with mental health problems and illnesses, and in encouraging a better work-life balance. Others have recognized the importance of providing facilities such as on-site daycare or access to fitness training that can contribute to creating a mentally healthy workplace.⁴⁰ In addition to improving overall mental health and well-being, such efforts can also help to improve the productivity of the workforce and reduce the growing costs of insurance claims for both physical and mental health conditions.

Regardless of the setting or population being targeted, community engagement has been found to be critical for the success of mental health promotion and prevention initiatives. The involvement of the community is key to ensuring that initiatives respond to its unique needs, strengths, and cultural values. For example, mental health promotion initiatives in First Nations, Inuit, and Métis communities may be more successful if the advice of elders is sought and emphasis is placed on the balance of body, mind, emotion, and spirit.

Community engagement has the added value of strengthening the fabric of community life. This is particularly important for communities and population groups with greater risk - those, for example, that have lived through major adversities such as extreme poverty, wars, or colonization, or have experienced racism or other forms of discrimination. Addressing the needs of entire communities will often require a whole of government approach – one that engages communities in the process of integrating programs and services across multiple levels and departments of government.

Finally, broad public education campaigns contribute to raising awareness and fostering a positive climate for the public discussion of mental health issues. For example, mental health literacy initiatives can inform people about the importance of stress reduction and self-care, at the same time as they educate the public about the signs and symptoms of mental health problems and illnesses.

While economic studies on mental health promotion and mental illness prevention programs have been limited to date, a study done for Northern Ireland stresses that the benefits of programs directed to preventing mental illness through early intervention can be substantial, and more than offset the program costs.⁴¹



“I would encourage a program of going to the High Schools to speak about mental illness, create within the schools events to support people who are ill (the kids all know about breast cancer because they have all been out running to raise funds). Mental illness often develops in the late teens and early twenties. What a help it would be to these young people if their friends already knew about mental illness and were helpful and supportive when it began.”

—STAKEHOLDER SUBMISSION

Prevention efforts also can help to alleviate the economic impact of mental illness on individuals and on the wider community by having a positive influence on educational performance, employment, income, personal relationships, and social participation. These programs also can result in reduced costs to the health care system itself, to family and friends who provide informal care, and to the economy in terms of reduced output losses.

At the same time, there are significant potential benefits in many areas to improving the mental health of the population as a whole. These include cost savings associated with better physical health, reduced in crime, enhanced community cohesion, and more sustainable development.

As one example, the authors of the Northern Ireland study estimate that the prevention of child conduct disorders through early intervention results in savings in lifetime costs of approximately £150,000 (\$280,000) per case and that improving the mental health of children and youth (from moderate to high levels) results in savings in lifetime costs of approximately £75,000 (\$140,000) per case. The largest proportion of these savings is linked to avoided crime, followed by savings in the cost of supporting adults living with mental illness.

There is still much to learn about promoting mental health and preventing mental health problems and illnesses. Nevertheless, there is growing evidence to support the effectiveness of many programs and policy approaches aimed at the population as a whole, people and communities at risk, people with emerging problems, and people living with mental health problems and illnesses. These programs and approaches have enormous potential to increase the opportunities for all people living in Canada to flourish and to reduce the impact of illness.

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- 27 The study also found that the current level of access to services and current quality of services would appear to be averting only 13% of the overall burden of mental illness, which underscores the need to improve access to high-quality services. It is also important to note that, while 40% of the overall burden of mental illness appears to be averted with optimal treatment and coverage, this varied by disorder from 66% for generalized anxiety disorder to 20% for schizophrenia. See Andrews, G., Issakidis, C., Sanderson, K., Correy, J., & Lapsley, H. (2004). Utilising survey data to inform public policy: Comparison of the cost-effectiveness of treatment of ten mental disorders. *British Journal of Psychiatry*, 184, 526-533.
- 28 Friedli & Parsonage (2007).
- 29 Keyes (2007).
- 30 For a discussion of suicide prevention and the need for a national suicide prevention strategy in Canada, see Canadian Association for Suicide Prevention. (2004). The CASP blueprint for a Canadian national suicide prevention strategy. Retrieved Sept. 12, 2009, from <http://www.casp-acps.ca/Publications/BlueprintFINAL.pdf>
- 31 Dupéré, V., Leventhal, T., & Lacourse, É. (2009). Neighborhood poverty and suicidal thoughts and attempts in late adolescence. *Psychological Medicine*, 39(8), 1295-1306.
- 32 World Health Organization. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Geneva: Author.
- 33 Pan-Canadian Planning Committee for Mental Health Promotion and Mental Illness Prevention. (2009). *Toward flourishing for all: National mental health promotion and mental illness prevention – best advice on a policy for Canadians*. Retrieved Aug. 17, 2009, from <http://www.utoronto.ca/chp/mentalhealthpdf/final/Toward%20Flourishing%20for%20All%20Policy%20Recommendations%20Final%20April.pdf>
- 34 World Health Organization. (2004). *Prevention of mental disorders: Effective interventions, and policy options*. Geneva: Author; World Health Organization. (2005). *Promoting mental health: Concepts, emerging evidence, practice*. Geneva: Author.
- 35 Government of Canada (2006).
- 36 Felletti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of deaths in adults: The Adverse Childhood Experience (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-58.
- 37 Olds, D.L., Eckenrode, J., Henderson, C.R., Kitzman, H., Powers, J., Cole, R., et al. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *Journal of the American Medical Association*, 278(8), 637-643.
- 38 Friedli & Parsonage (2007).
- 39 World Health Organization (2004).
- 40 Human Resources and Social Development Canada. (n.d.). *Organizational profiles: Husky Injection Molding Systems*. Retrieved Aug. 17, 2009, from http://www.hrsdc.gc.ca/eng/lp/spila/wlb/ell/08husky_injection_molding_systems.shtml
- 41 Friedli & Parsonage (2007).



GOAL THREE

The mental health system responds to the diverse needs of all people in Canada.

Goal Three

The mental health system responds to the diverse needs of all people in Canada.

In a transformed mental health system, policies, programs, treatments, services, and supports are culturally safe and culturally competent. The system responds to the diverse individual and group needs—as well as to the disparities—that can arise from First Nations, Inuit, or Métis identity; ethno-cultural background, experience of racism, and migration history; stage of life; language spoken; sex, gender, and sexual orientation; geographical location; different abilities; socio-economic status; and spiritual or religious beliefs.

Valuing diversity as a source of strength is a hallmark of contemporary Canadian society. The diversity of people living in Canada enriches the common cultural and social fabric and can also contribute to our shared understanding of mental health and mental illness.

At the same time, for all people in Canada to have the opportunity to achieve the best possible mental health and well-being, the way mental health policies, programs, treatments, services, and supports are oriented, organized, and delivered must be sensitive to the diverse needs of individuals and groups. Over the years, progress has been made in this regard through the development of culturally specific programs, the training of mental health service providers, the acknowledgment of gender differences, and the recognition that power imbalances and discrimination can jeopardize the achievement of good health and social outcomes.

Yet there is still a long way to go. There are significant barriers that keep people from seeking help, or from finding programs, treatments, services, and supports that both feel safe and are effective. Many population groups in Canada continue to experience poorer mental health outcomes than the population as a whole. In some cases, these disparities are acute.

For example, First Nations, Inuit, and Métis, while representing distinct cultural groups, have long experienced poorer mental health outcomes than other people who live in Canada. Rates of depression, anxiety, substance abuse, and suicide among indigenous people in Canada can be many times the rates in the general population. The underlying causes of these challenges are directly linked to the historical legacy of colonization, residential schools, and other policies that sought the assimilation of indigenous peoples, as well as to other forms of cultural disruption.⁴² These and other discriminatory policies have eroded traditional

cultural practices, family structures, and community support networks and have contributed to social and economic marginalization.

Other groups, such as refugees and immigrants to Canada, can confront particularly challenging circumstances that put them at risk for mental health problems and illnesses. Because migration can mean breaking with family, friends, and established social networks, immigrants and refugees often are under enormous stress. Some of them may have experienced armed conflict, hunger, human rights violations, or other traumatic experiences. Upon arrival, many face economic uncertainty and may experience a sense of isolation and loss of home, career, and standing in society. Many of these challenges continue across second and third generations as families adjust to Canadian society.⁴³

There are also important differences in the ways in which mental health problems and illnesses affect men and women. These include differences in the prevalence of some conditions, how problems are communicated and understood, and willingness to seek help for problems and engage in treatment. There are also important differences in the economic and social contexts for men and women in Canada that have an impact on mental health outcomes. As well, lesbian, gay, bisexual, and transgendered people have historically faced discrimination from the mental health system and society as a whole.

As another example, minority French-speaking communities across Canada face specific challenges associated with the delivery of mental health services in communities that are struggling to maintain their linguistic and cultural heritage and to give day-to-day meaning to the existence of two official languages in Canada.

The mental health system must also respond to the diverse needs that arise from evolution across the lifespan, the experience of racism, geographical location, different abilities, socio-economic status, and spiritual or religious beliefs. This is a tall order. However, there is good evidence to affirm that ignoring the diversity of needs and experience can hinder access to valuable services and contribute to disparities in health outcomes.

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“In the North, women are often left in precarious positions in the system – gender safety in the mental health realm is critical.”

—PARTICIPANT, YELLOWKNIFE REGIONAL DIALOGUE

It is important to emphasize that addressing these disparities requires that attention be paid to structural barriers related to housing, income, education, access to services, and other factors. Mainstream approaches to mental health – which typically focus on individual symptoms and disorders – often ignore these social, political, and historical contexts.

Attention will also need to be paid to differences in background and experience, instead of assuming that what works in the mainstream (or for the adult population, or for men) will necessarily work for all population groups and communities.⁴⁴ For example, approaches that are more holistic take into account not just individual, but also family and community, wellness. These models may work better with particular age groups or cultures.

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“Aboriginal culture provides different explanations of mental health and illness from Western practices. ... Aboriginal mental health is relational; strength and security are derived from family and community. ... The value of wholeness speaks to all of Creation, the community or group as opposed to the individual.”

—STAKEHOLDER SUBMISSION

Similarly, different cultural groups may discuss mental health difficulties in a variety of ways. In many cultures, people focus on the bodily or physical aspects of mental health problems, such as headache or stomach ache. In some languages, there are no direct translations of the words mental health, mental illness, or depression. Cultures often have a rich fund of metaphors to describe physical and emotional distress. These metaphors may be misunderstood by helpers unfamiliar with a person’s cultural and linguistic background, leading to inappropriate diagnosis and treatment.

Approaches that are adapted to the many specific needs of different groups and communities will need to be adopted, although it is clearly unrealistic to expect each and every service provider to know all things about all cultures. Therefore it will be important for a transformed mental health system to encourage a general approach that is based on a respect for, and interest in, the diversity of people’s needs and that builds on their existing strengths.

The ability of service providers to reflect critically upon their own cultural values, to recognize and respect the cultural values of those with whom they are working

and to take historical and political contexts and power imbalances into account is fundamental to the development of a trusting partnership that will enhance health and social outcomes for people regardless of their background.

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“When my teenager was threatened and stalked, caught up in an abusive relationship and the family disintegrating we went to our “community” mental health provider ... At the second session I was told my fears of my son being harassed by the police instead of helped by them, as a black teenager were groundless (despite the recent study in our community showing that was exactly what was going on). The therapist said “my son has a lot of black friends and they never have problems.” He then threatened to put our son in a group home if we couldn’t get our act together and manage him ourselves. Way to punish the victim of abuse!”

—PUBLIC, ONLINE PARTICIPANT

However, it is important to stress that, in responding to the shared needs that can arise from a common background or set of experiences, one must always guard against stereotyping. Although two individuals may share a common cultural heritage, they may also be very different in other ways (age, gender, sexual orientation, religious or spiritual beliefs). We are all multi-faceted individuals, and our individual identities are shaped by the many intersecting dimensions of our lives. Any given person can be expected to have special needs that arise from a variety of sources.

Moreover, culture and identity are not static and they evolve both for individuals and for communities. Our individual thinking will often depend on the context and our particular concerns at different stages of our lives (such as fitting in with our peers at school, trying to pass on our heritage to our children, and reflecting back on who we are and what we have achieved in life). The communities with which we each identify are also affected by their interaction with other communities.

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“Listen to the person, not the culture.”

—PARTICIPANT, TORONTO REGIONAL DIALOGUE

At the same time, it is important to acknowledge that efforts to address the diverse needs of people in Canada must always respect the laws of the country, and that practices that cause harm to people cannot be tolerated.

A number of different approaches have been developed that aim to improve mental health services and supports so that they respond to the diverse needs of the many population groups in Canada and provide them with the opportunity to achieve the best possible mental health and well-being. Of particular significance are the efforts that have been made to define and implement cultural competence and cultural safety.

Although, to many people, the term cultural safety may be less familiar than cultural competence, these are largely complementary frameworks that have emerged in response to the experience of different communities. They both aim to encourage service providers, regardless of their cultural background, to communicate and practise in a way that takes into account the social, political, linguistic, and spiritual realities of the people with whom they are working. Culturally safe and culturally competent services provide an environment in which people feel safe to express themselves and deal with problems without fear of judgement.

Cultural safety has its origins in the indigenous experience of colonization and was first developed by Maori nurses in New Zealand. In Canada, the concept and practice of cultural safety is being developed and adapted by indigenous peoples with the aims of improving the health outcomes of First Nations, Inuit, and Métis and transforming how the health system responds to diverse needs across multiple cultural dimensions.⁴⁵ The Canadian dialogue continues to evolve, and must do so in a way that respects indigenous values and is mindful of the context surrounding the sharing of knowledge. With this in mind, cultural safety can be described in general terms.

Achieving a culturally safe environment depends on service providers' sensitivity to the cultural background and social context of each person, and their competence in responding in an appropriate fashion to that person's needs. Culturally safe practices respect the traditions and outlooks of those who receive the service and recognize that each person's knowledge and reality is valid and valuable, and can be a source of resilience and strength. Culturally safe practices also recognize and attend to the structural barriers that can limit access to appropriate programs, treatments, services, and supports for people from diverse backgrounds.

The need for cultural safety draws attention to issues of power and discrimination that can contribute to poorer health outcomes for minority groups and that may diminish the quality of care they receive. Increasingly,

approaches that build on cultural competence have also emphasized the necessity of addressing these dimensions. It is worth noting that this emphasis links both cultural safety and cultural competence to the core values of a recovery orientation.

The need for cultural safety and cultural competence has been gaining increased acceptance in Canada. For example, cultural safety has recently been approved as a core competency for physicians and nurses both by the Royal College of Physicians and Surgeons, in partnership with the Indigenous Physicians Association of Canada, and by the Canadian Nursing Association, in partnership with the Aboriginal Nursing Association of Canada.⁴⁶

Nevertheless, mental health service providers of all backgrounds will need to develop greater levels of skill in responding to diverse needs if they are to provide more culturally safe and culturally competent care.

Training in such competencies needs to start very early, so that awareness of and responsiveness to diverse needs becomes commonplace. Accreditation bodies, as well as provider organizations, will need to explicitly adopt standards that require the implementation of culturally safe and culturally competent practices. Such guidelines must include the need to reach out actively to underserved communities.

Educational institutions, for their part, need to ensure that curricula are oriented to cultural safety and cultural competence and to train service providers to respond flexibly to all forms of diverse needs. The mental health workforce needs to become more representative through support for the training of people from diverse backgrounds as mental health service providers. The roles of natural community supports, traditional healers, elders, practitioners of Eastern medical traditions and alternative approaches, and religious or spiritual leaders also need to be recognized and respected.

The lack of capacity to provide mental health services in both official languages in all regions of Canada is a problem that must be addressed. In addition, as 12% of people living in Canada most often speak a language other than English or French at home, comprehensive strategies to improve access to services and information in different languages will be of great importance.⁴⁷ Providers will need to be trained in how best to use interpretation services and cultural liaison workers, including understanding the potential pitfalls. For example, because of confidentiality concerns, some groups may be reluctant to rely on an interpreter who lives in their community. Mental health literacy and anti-stigma educational materials in a range of languages in addition to English and French are also needed.

Meeting the diverse mental health needs of everyone living in Canada presents a considerable challenge: the development of a mental health strategy will require us to build on existing initiatives and to ensure that there is close collaboration among diverse population groups so that everyone's specific needs are addressed.⁴⁸ By adopting an inclusive approach – one that recognizes the importance of cultural safety and cultural competence and takes advantage of the opportunity to learn from one another – we can work together to promote the recovery and well-being of all people living in Canada.

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- 42 Health Canada. (n.d.). First Nations, Inuit and Aboriginal health: Mental health and wellness. Retrieved Aug. 17, 2009, from <http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/index-eng.php>
- 43 Chen, A., Kazanjian, A., & Wong, H. (2008). Determinants of mental health consultations among recent Chinese immigrants in British Columbia, Canada: Implications for mental health risk and access to services. *Journal of Immigrant and Minority Health*, 10, 529-540; Chui, T., Tran, K., & Maheux, H. (2007). Immigration in Canada: A portrait of the foreign-born population, 2006 Census. Catalogue no. 97-557-XIE. Ottawa: Statistics Canada. Retrieved Sept. 14, 2009, from <http://www12.statcan.ca/english/census06/analysis/immcit/pdf/97-557-XIE2006001.pdf>
- 44 World Federation of Mental Health. (2007). Mental health in a changing world: The impact of culture and diversity. Retrieved Sept. 12, 2009, from <http://www.wfmh.org/PDF/Englishversion2007.pdf>
- 45 National Aboriginal Health Organization (2006).
- 46 Indigenous Physicians Association of Canada & Royal College of Physicians and Surgeons of Canada. (2009). Promoting culturally safe care for First Nations, Inuit and Métis patients: A core curriculum for residents and physicians. Winnipeg & Ottawa: IPAC-RCPSC Core Curriculum Development Working Group. Retrieved Aug. 17, 2009, from http://www.ipac-amic.org/docs/21118_RCPSC_CoreCurriculum_Binder.pdf; Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing, & Canadian Nurses Association. (2009). Cultural competence and cultural safety in nursing education: A framework for First Nations, Inuit and Métis nursing. Ottawa: Aboriginal Nurses Association of Canada. Retrieved Aug. 17, 2009, from <http://www.anac.on.ca/Documents/Making%20It%20Happen%20Curriculum%20Project/FINALFRAMEWORK.pdf>
- 47 Statistics Canada. (2007, Dec. 4). Immigration, citizenship, language, mobility, and migration. The Daily: 2006 Census. Retrieved Sept. 12, 2009, from <http://www.statcan.gc.ca/daily-quotidien/071204/dq071204a-eng.htm>.
- 48 There are many examples of existing initiatives that the mental health strategy can build upon. See, for example: First Nations and Inuit Mental Wellness Advisory Committee and Alianait Mental Wellness Task Group (n.d.); Central Local Health Integration Network, Diversity Working Group. (2009). Cultural competency in the CLHIN mental health and addictions agencies and programs. Markham, ON: Author; Hankivsky, O., & Cormier, R. (2009). Intersectionality: Moving women's health research and policy forward. Vancouver: Women's Health Research Network.



GOAL FOUR

The role of families in promoting well-being and providing care is recognized, and their needs are supported.

Goal Four

The role of families in promoting well-being and providing care is recognized, and their needs are supported.

The unique role of families—whether they are made up of relatives or drawn from a person’s broader circle of support—in promoting well-being, providing care, and fostering recovery across the lifespan is recognized, as are the needs of families themselves. Families are engaged and helped through education and programs such as parenting and sibling support, financial assistance, peer support, and respite care. Wherever possible, families become partners in the care and treatment of their loved ones and are integrated into decision-making in a way that respects consent and privacy.

Family members – whether they are made up of relatives or drawn from a person’s circle of support – have special emotional relationships with one another. They know one another’s history and provide a connection to the diverse cultural and community contexts in which they all live. Families, therefore, potentially have a unique role to play in fostering mental health and well-being, and can be an invaluable resource in promoting recovery from mental health problems and illnesses.

Families are typically the primary support network for, and provide unpaid care to, those living with mental health problems and illnesses. Families can be the best source of support, as evidenced by the selfless way that many families re-organize their lives to provide care to loved ones who are faced with the challenges associated with the onset of mental health problems and illnesses.

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“Personally my family has been a huge support through my illness and recovery. As someone who had acute psychosis, my family witnessed me being very ill. This was a very traumatic experience for them and one that they still struggle with dealing with emotionally. Support and care for the family is essential and something that was really lacking in my experience.”

—PUBLIC, ONLINE PARTICIPANT

Many factors related to family life can promote mental health and well-being, play a role in the early detection of the onset of mental health problems and illnesses, and assist a family member's journey of recovery and well-being. These include healthy pregnancies, nurturing parenting styles, and a family's ability to deal effectively with conflict.

As well, although not all mental health problems and illnesses can be prevented (at least not at this time), a growing number of family-focused programs are demonstrating good results. Interventions targeting parents and pre-school children have been found to reduce mental health problems and illnesses and to improve mental health and well-being over the long-term.⁴⁹

In addition, there is substantial research evidence to suggest that enhancing the competence of family caregivers in their daily responsibilities – by providing information and education and by helping them to improve their communication skills and problem-solving capacities – can have an impact on the course of mental illness, at least by helping to delay relapse and hospitalization.⁵⁰

Unfortunately, family members have often been marginalized by the mental health system. In *Out of the Shadows at Last*, the voices of family members were clearly expressed: they felt ignored by the mental health systems in their communities.

Whether because of a mistaken belief that family relationships were to blame for mental illness, or because of laws that were designed to protect the privacy of people living with mental health problems and illnesses, family members have frequently been shut out of the treatment and recovery process. As a result, family members often feel helpless when they are denied access to information about the care and treatment of a loved one, or when information they want to share is dismissed out of hand.

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"As family, we are not my brother's enemy. But we are treated as strangers, since he has no wife or children. It is frustrating to see him spiral into the depths and not be able to take any action except to stand by and watch till he crashes...."

—PUBLIC, ONLINE PARTICIPANT

Nonetheless, as everyone knows, family relationships can be quite complex and present many challenges that go with people being in close relationship with each other. Families can be very supportive, but there are also times when families can be a poor source of support – especially when they are hampered by lack of

information and the effects of stigma, or when they are confronting difficult life circumstances. Sometimes, a family may even disengage and refuse to help its family member. There are also circumstances, such as in situations of abuse, where it is not in the person's best interest to involve family members in decision-making.

The choice of how much and how often family support is required needs to be the decision of people living with mental health problems and illnesses themselves, to the greatest extent possible. People may decide at different points in their lives to substitute peers or close friends to play the role of family in their circle of support.

A circle of support can include spouses, parents, siblings, extended family, close friends, health care professionals, peer support workers, and other concerned individuals. The members of a circle of support and their roles may change over the course of a person's life, and may vary across different cultural settings. For this reason, while recognizing that parents have a unique role with their children, when we use the term family in this goal we mean those members of a circle of support that the person considers to be their family. Moreover, people living with mental health problems and illnesses may choose to use advance directives to specify who will make decisions for them when they are not able to do so for themselves.

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"I am not sure we want to make family members partners in every circumstance. There is no doubt that they can be essential partners, but they also can be very toxic and a primary source of stress. I think it is essential that the person with the mental health problem have the autonomy to determine who their primary supports will be; that is, we should not assume it will be family."

—PUBLIC, ONLINE PARTICIPANT

People living with mental health problems and illnesses face complex issues with respect to informed consent and privacy. This is because their condition itself may, at times, compromise their ability to make appropriate judgements and decisions. It is important, therefore, to strike a suitable balance between facilitating the family's ability to contribute effective support for the journey of recovery and well-being and the need to respect the privacy rights of the person living with the mental illness. No simple formula exists for achieving this balance.

It is important, however, to begin with the assumption that family can play a potentially positive role in the journey of recovery and well-being. People of all ages living with mental health problems or illnesses can be assisted on their journey by developing a sense that they are capable of recovery and healthy development, that they are not alone, and that they matter to the people in the world around them. Families – broadly defined – are frequently at the very heart of that world and, for this reason, the inclusion of family to the greatest extent possible can be very valuable. How this is achieved will vary from case to case depending on the willingness and the capacity of the family to participate, and on the consent of the person living with mental health problems and illnesses.

In order to be able to offer the most helpful support possible, families of people of all ages with mental health problems or illnesses require information, education, guidance, and support. Families should be able to choose the forum in which interventions are provided. While some feel comfortable in a group setting, others may choose individual counselling.

Helping a child, teenager, or adult with a mental health problem or illness do what he or she wishes to do, and do the best he or she can, is not an easy task, and the role of family members in supporting a person's journey is often a fluid one. As with the support given by a parent to a child – who is completely dependent in infancy and later strives for independence in the teenage years – there is a need for family members to adapt the nature of support they provide as the person moves through different stages of their journey. Of course, in the case of an infant, child, or youth with mental health problems and illnesses, this is doubly true as families also have to navigate different stages of development.

Indeed, there may be times when it is more appropriate to refrain from involving family members in decision-making and participation in the journey. For example, in some cases with children and youth, it may be important to help them to develop more autonomy. Family members may need to take a step back, even when it is natural to feel reluctant about doing so, to allow people to make their own decisions and to develop their capacities and resilience for handling the challenges of living with mental illness.

Moreover, when a family member of any age has a mental health problem or illness, there can be grief associated with the initial loss of dreams, not only for the individual but for the family as a whole. In fact, the entire family system may experience a crisis, and each member will need to learn how to be supportive of the others. As well, family members may question whether they have somehow contributed to the mental health problems of their loved one or could have done something differently to prevent it.

The impact of mental health problems and illnesses on family caregivers cannot be over-estimated. Lives can be overtaken by grief and distress. What is more, stigma may generate a tremendous sense of unwarranted shame and guilt, which can undermine caregivers' confidence and well-being and have a long-lasting impact.⁵¹

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“Most of society doesn’t even have a clue, what one family or any family dealing with mental illness goes through on a daily basis. I can’t count the times I have had to leave work, or call into work, because I have to take care of [name] and keep him safe. At the age of 11 [name] was self medicating with drugs and alcohol so he didn’t always feel like he was crawling out of his skin. As a parent this is devastating. Not to mention all the suicide attempts and thank god he hasn’t succeeded. I don’t know where [name] would be if it wasn’t for the love and support of his family.”

—PUBLIC, ONLINE PARTICIPANT

Families need help to deal with these feelings, for their own sake and so that they can contribute to the recovery process of their relatives. In this sense, families also have a journey of recovery and well-being to undertake. Just as recovery is a journey of learning that can involve much trial and error for the person with the mental health problem or illness, it is also a journey of growth and learning for families. It is important to note that caregivers can need support whether their loved one lives with them or not, and whether they are highly involved as caregivers or not.

Providing care for a person with a mental health problem or illness can exact a heavy toll – physically, emotionally, and economically. In one study, 27% of caregivers reported a reduction in income and 29% incurred major financial costs.⁵² In another study, 58% of family caregivers said that no one else was available to provide the care. It is important to recognize that the caregiving role also falls primarily to women, who were found to make up 70% of family caregivers.⁵³

The needs of family members include: assistance in their caregiving responsibilities; support for themselves, including emotional support to deal with grief and loss; affordable, viable opportunities for respite; and income support when the caregiving role prevents their participation in the workforce or causes serious economic hardship.

Special challenges arise for children or youth who have a parent with a mental illness. They are at greater risk for developing a mental illness themselves and may be vulnerable to blaming themselves for their parents' illness.⁵⁴ Children and youth in these situations need extra support to help them sort through the conflicting feelings they experience and to understand and adjust to their role in the family. Other challenges arise for families with a loved one suffering from dementia.

In a system that is oriented to recovery and well-being, families need to be helped to build on their strengths, survive their crises, meet their challenges, and enhance the quality of their lives. They also need help to remember that the person they love is still there – despite the illness – so that they can find joy in the person's strengths and successes. As soon as possible, family members should be offered assistance to be able to navigate both the health care system and the realities associated with the mental health problem or illness of their loved one.

Unlike in the past, when the vast majority of people with mental illnesses were kept in hospitals and families were little involved and had distant relationships with the mental health system, families today often act as informal case managers for their loved ones. Family navigators could play an important role by helping guide families through an often complex and fragmented system, as well as helping families adjust expectations and cope with other consequences of mental health problems and illness.

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"... I have become an advocate, this has changed who I am forever, I have tasted first hand of the faulty mental health system. My daughter is now a part of forensics, the justice system, has a parole officer, and is trying on the road to recovery, putting one foot in front of another each day. [We now understand] the maze of the justice system, and what goes on in the jail to someone who is mentally ill and very vulnerable."

—PUBLIC, ONLINE PARTICIPANT

Whether the focus is on the role of families in supporting recovery, preventing mental illness, or promoting well-being, programs and supports for families need to be responsive to the diversity of the Canadian population. Families are the main carriers of cultural values and beliefs, and understanding these diverse values and beliefs is essential for the successful delivery of programs and services for

families. Responsiveness to family diversity also entails: considering cultural safety; accounting for differences in language, generations, and immigration histories; and understanding the importance of gender and sexual orientation.

The Mental Health Commission firmly believes that families, in all their diversity, must be better supported in the important contribution they can make toward recovery and well-being. Failure to do so will not only pass up the opportunity to improve the well-being of all people living in Canada, but will also increase the costs of care, and produce worse health and social outcomes both for people living with mental health problems and illnesses and for family members themselves. It is therefore in our best interests as a society to recognize the importance of the role of families and provide them with proper support.

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- 49 Friedli & Parsonage (2007).
- 50 Fallon, I.R.H. (2005). Research on family interventions for mental disorders: Problems and perspectives. In N. Sartorius, J. Leff, J.J. Lopez-Ibor, M. Maj, & A. Okasha (Eds.), *Families and mental disorders: From burden to empowerment* (pp. 235-257). Chichester, UK: Wiley.
- 51 Marsh, T.D. (1998). *Serious mental illness and the family: The practitioner guide*. New York: Wiley.
- 52 Dore, G., & Romans, S. (2001). Impact of bipolar affective disorder on family and partners. *Journal of Affective Disorders*, 67, 147-58.
- 53 Government of Canada (2006).
- 54 Ramchandani, P., & Stein, A. (2004). The impact of parental psychiatric disorder on children. *British Medical Journal*, 327, 242-243.



GOAL FIVE

People have equitable and timely access to appropriate and effective programs, treatments, services, and supports that are seamlessly integrated around their needs.

Goal Five

People have equitable and timely access to appropriate and effective programs, treatments, services, and supports that are seamlessly integrated around their needs.

People of all ages have timely access to appropriate and effective mental health programs, treatments, services, and supports in their community, or as close as possible to where they live or work, regardless of their ability to pay. The mental health system is centred on fostering people's mental health and meeting the full range of people's needs – however complex – in the least restrictive way possible. It is seamlessly integrated within and across the public, private, and voluntary sectors, across jurisdictions, and across the lifespan. The pressing needs in under-serviced areas such as the north are addressed.

The testimony of people from across Canada to the Senate Committee made it clear that, despite the dedication, hard work, and compassion of the many thousands of people across the country trying to make the mental health system work, many of the pressing needs of people confronting mental health problems and illnesses are not being met.

Every day, people living with mental health problems and illnesses face frustration in trying to access the programs, treatments, services, and supports they need. Research tells us that only about one third of individuals in Canada who have mental health problems or illnesses actually access the services and supports that could help them.⁵⁵ When it comes to children and youth, the situation is even worse – only 25% receive specialized treatment services.⁵⁶ In other words, two out of every three adults and three out of every four children and youth who need help do not get it.

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“So much money and productivity could be saved by ensuring that assistance is received early. A key element in this, I believe, is making the process of finding assistance as easy as possible to those who reach out.”

—PUBLIC, ONLINE PARTICIPANT

The mental health system is supposed to be there to help people sort through their options, and to organize and provide the help a person needs. In most cases, this does not happen because the so-called mental health system is not really a system at all. What actually exists is an array of often under-funded programs and services that have been developed at different times and at every level of government; straddle numerous ministries, departments, and agencies; and involve the private, community, and voluntary sectors. In northern, rural, remote and other under-served areas of the country, these challenges are often compounded by isolation, higher cost of service provision, complex social and jurisdictional issues, and cultural diversity.

Across the country, lengthy wait lists for just about every type of service bear witness to the shortages which prevent people from getting the care they need and contribute to over-crowding in emergency rooms and to the over-representation of people with mental health problems in homeless shelters and in the justice system. The fact that, according to a recent study, public mental health spending is lower in Canada than in most developed countries further highlights the critical need for increased funding, a point that was also made in *Out of the Shadows at Last*.⁵⁷



“...until funding is tied to the principles and practices outlined in this framework substantive change will prove elusive.”

—STAKEHOLDER COMMENT

In fact, the Senate Committee clearly stated that “the status quo is not an option.”⁵⁸ It will not be enough to reform the system by tweaking it around the edges. This goal statement calls for a profound transformation of the array of separate services that now exists, so that everyone living in Canada can benefit from a truly comprehensive system that addresses the full spectrum of mental health needs in a timely and equitable fashion.

There will never be a single template for how to transform the mental health system. Each jurisdiction, each region, and each municipality will have its own history and will need to confront its own specific set of circumstances. Yet there are important elements that we know must be included in a comprehensive, integrated, and person-centred system.

Such a system will provide people of all ages and their families with a choice among medical, psychiatric, psychological, and other treatment services – whether delivered in primary health care settings, by specialized services, or in hospital

– as well as the ability to choose from a full range of community-based services – including access to peer support and clubhouses, psycho-social rehabilitation, assertive community treatment, case management, supportive housing, employment support, and recreational activities. Many people living with mental health problems and illnesses have also found alternative approaches helpful, and these should be considered and integrated with other treatments, services, and supports where appropriate.

The system will have the capacity to intervene early when symptoms first emerge and to provide a full range of services oriented toward recovery and well-being that can address the diverse needs of everyone living in Canada. Services will be co-ordinated across the lifespan and will be responsive to changing needs as people age. People and their families will be supported as they move from child/youth to adult and older adult services, and any barriers to a smooth transition between these various parts of the system will be addressed.

Programs, treatments, services, and supports will be oriented toward enabling people to live meaningful lives in their community. Research shows that people living with mental health problems and illnesses achieve better outcomes when the proper services and supports are provided in the community and are designed to help keep people in the community.⁵⁹ Community-based services are also easier to adapt to the unique needs and values of each community itself.



“With innovative thinking, creative initiatives and a true spirit of partnership throughout the system, it is absolutely realistic to expect that all Canadians should have access to service and supports in the communities where they live. A mix of services supported by adequate funding [is needed] to ensure the success and sustainability of such a model.”

—PUBLIC, ONLINE PARTICIPANT

It should be noted that an orientation toward meeting people’s needs in the community was one of the objectives of the de-institutionalization that occurred in past decades. However, as the Senate Committee noted, the promise of de-institutionalization was never fully realized, largely because the savings that were made possible from closing psychiatric facilities were never fully transferred to the community.

While the objective must be to assist people to live in their communities, it is essential to recognize that a full range of institutional and community-based

programs, treatments, services, and supports will be needed. A balanced model will focus on meeting needs in community settings close to the population served. It will refer people to hospital promptly and only when necessary, while keeping stays as brief as possible (with decisions based on individual needs and not on the need to contain costs). There must also be a firm commitment to offer services in the least intrusive and least restrictive way possible and to ensure that mechanisms such as advanced directives are in place for people when their decision-making ability may be compromised.

A comprehensive system will also include programs to promote mental health and to prevent mental health problems and illnesses wherever possible. Mental health literacy programs will help people gain awareness and understanding of the complex causes of mental health problems and illnesses and will educate people about the signs and symptoms of emerging problems. Clear information will be provided about where to go for help. As well, a sustained effort to address stigma and discrimination – through initiatives directed at families, schools, workplaces, and the health care system itself – will make it possible to reduce the fear of how other people will react that prevents many people from seeking help.⁶⁰

Creating a person-centred, integrated system will require innovative approaches. Family physicians and other primary health care providers are usually the first and often the only contact for people living with mental health problems and illnesses.⁶¹ In particular, it will be important to build on existing efforts across the country to develop team-based, inter-disciplinary primary health care models. Such team-based collaborative models can integrate mental health professionals, as well as others such as peer support workers, into the primary health care setting and offer a number of advantages.⁶² They are less stigmatizing for patients, help family physicians to deal with the growing demand for mental health services, offer the potential of more holistic care, and help to improve communication between various service providers.

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“This is one [goal] that will be central to fixing ‘the system’ as we know it now. This means a lot more than ‘choice’, ‘peer support’ and ‘community-based’. It means addressing primary care integration, it means ensuring that we have a primary, secondary, tertiary care system that is fluid and of the highest quality and responsiveness.”

—STAKEHOLDER SUBMISSION

Governments, professional organizations, and educational institutions will need to ensure that the workforce is the right size, has the right skills, and has the right mix of specialties. Funding must be made available to support the people involved in providing services, including: psychiatrists, psychologists, occupational therapists, social workers, nurses, family physicians, family therapists and counsellors, peer support and community mental health workers, those involved in the school, justice, and corrections systems, and other new provider groups that may emerge. More resources must go into training mental health service providers of all types.

A key priority for a mental health strategy must be to address the pressing needs of under-serviced areas such as the north and many rural and remote regions of the country. These regions face some of the most challenging and complex mental health and social issues in Canada, such as a suicide rate among young Inuit men that is 50 times the national average. They often confront not merely shortages but a complete absence of basic services. For example, many northern communities may only be visited by a physician a few times a year.⁶³

Funding models are needed that better acknowledge the higher cost of service provision in these regions, and enable them to fully take advantage of the potential of new technologies such as tele-mental health. Innovative approaches to recruitment and retention must be expanded and supported, including incentives to attract and retain a wide range of providers. Training programs designed for local people that can build community capacity over the longer term are also needed. In order to improve access to culturally competent and culturally safe care, communities must be supported to develop, implement, and evaluate their own solutions to their mental health issues. Moreover, meaningful solutions must be found for critical issues related to basic determinants of health such as housing, income, education, and employment.

There are additional challenges related to integration in northern, rural, and remote regions of the country. In a transformed system, additional local capacity will mean that people living in under-serviced areas will not have to travel as often to other jurisdictions to receive more specialized services. When this is unavoidable, there will be strong communication and co-ordination between the local resources (health care providers, families, and natural supports in a person's home community), and the providers in the larger centres. Efforts will also be made to align the laws and policies in each jurisdiction. In addition, the roles and responsibilities of the federal, provincial, territorial, and Aboriginal governments will be clarified so that the mental health needs of First Nations, Inuit, and Métis no longer fall through the cracks.

In a transformed system that is oriented to recovery and well-being, it will be everyone's responsibility to ensure that that every door is the right door. People will no longer be told, after a lengthy wait to try one service that they came to the wrong

place and need to start over elsewhere. Instead, providers will ensure that people are engaged with the right service as quickly as possible through improved system navigation and user-friendly information technology. This will mean that no matter where individuals first seek help, there is no wrong door and they will get connected to the appropriate part of the system, without having to tell their story over and over again.

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“...The usually confident, hardworking and sociable man [my husband] is overwhelmed with despair and is no longer able to hang on at work. He recognized the need for counselling and reached out.... After a confusing string of voice mail instructions, he was instructed to leave a message. He hadn’t heard back after a week and gave up. I followed-up myself and found the process frustrating to navigate through. When I finally spoke with somebody, I was told that there weren’t any available counsellors and that I should contact [another service].... If small tasks can seem insurmountable to a depressed person, finding help must seem nearly impossible. I can’t imagine how hopeless it must seem to the most isolated - those with little family support, disabilities and/or poor literacy skills.”

—PUBLIC, ONLINE PARTICIPANT

Consider three hypothetical examples of how the set of services will need to be integrated around each person’s needs in a flexible way. The first is an eight-year-old child of new immigrants who is experiencing problems at school, is having difficulty integrating with his peers, has language barriers, and is disrupting teaching to the point that he is being labelled with a conduct disorder. The second is a 40-year-old man who has been diagnosed with schizophrenia, is also addicted to street drugs, has been unable to work, was recently evicted from his home, and would like to retrain to find employment and start over. The third is a 65-year-old woman who is recently widowed, has a history of anxiety disorders which are becoming increasingly obtrusive, and – despite wanting to maintain her existing social networks – feels she can no longer continue to keep up her own home.

As is apparent from these examples, it would be almost impossible to create a single administrative system that would meet all the needs of just these three people. So, in practice, what is needed is a system in which people have access to services that are integrated at the point of delivery, regardless of the administrative arrangements through which these services are organized and funded. For too long, these services have been organized to meet the requirements of administrative and funding arrangements, and have contributed to sustaining silos that separate mental health from other health and social services.

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“Too many tragedies occur when medical workers cannot easily connect their patients with social workers and community professionals and vice versa. There is usually an arbitrary division between health, correctional, social and community services. Efficient care cannot be given when these departments are being directed by different leaders, often at odds with each other and competing with each other for scarce resources. There must be cooperation as well with private and non-profit care-givers.”

—PUBLIC, ONLINE PARTICIPANT

As well, just as the brain must no longer be ‘severed from the body,’ the mental health system cannot be divorced from the rest of the health care system. People’s physical and mental health needs must both be addressed in an integrated manner. In a transformed system, governments, regional health authorities, and service providers will need to work together to ensure that the services offered in primary health care settings are seamlessly linked with more specialized community and hospital-based services, as well as with services outside the health care system, such as housing, employment, education and vocational services, social-recreational services, and services to promote family and community development.

Clearly, not every person with a mental health problem or illness will need all of these services. In a recovery-oriented system, people will be empowered to choose the mix of programs, treatments, services, and supports that will allow them to meet the goals they set in collaboration with their care team. In addition, the contributions of all those providing treatments, services, and supports – whether professionals or non-professionals, publicly or privately funded, peer-support workers or family caregivers – will be better integrated.

In a transformed system, people who have multiple and complex mental health needs – such as mental health problems in combination with addictions, learning disabilities, chronic diseases, or developmental delays – will have all their needs met in a holistic, co-ordinated fashion. No longer will they risk falling through the cracks while being passed from one type of service to another.

Governments, for their part, must find better ways to co-ordinate their activities not only within the health sector, but also across the different ministries, departments, and agencies (including health, education, justice, corrections, finance, housing, sports and recreation, and other human and social services) that are involved in the funding, organization, and delivery of programs, services, and supports that deal with and influence mental health. New and innovative forms of government co-ordination and funding need to be explored so that mental health priorities can be addressed using a whole of government approach.⁶⁴

Finally, in a transformed system, people should have access to the treatments, services, and supports they require without incurring undue financial hardship. Canada's publicly funded health care system ensures universal access to hospital and physician services, but publicly funded insurance coverage for prescription drugs, as well as for the services of non-physician mental health providers (such as psychologists, psychiatric nurses, social workers, and family and occupational therapists) varies widely by jurisdiction.

Many people living in Canada – usually the working poor who do not have private insurance coverage through an employer – face substantial financial barriers to obtaining the medication and professional help they need. Further, even among those with private insurance, coverage for professional services is often quite limited.

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“We went to a private family therapist, a social worker who charges \$90 a session. It was worth it, but I can't even deduct the \$3000 it cost us to get through this from my income tax. I can deduct eyeglasses but not for the social worker cause he's not “prescribed” by my family doctor and not a “psychotherapist” I'd like to see that changed.”

—PUBLIC, ONLINE PARTICIPANT

In a transformed system, novel approaches must be developed to enable people, regardless of their income level, to exercise genuine choice among services and service providers, whether or not they fall under the public funding arrangements of a given jurisdiction. It will also be important to remove the inherent bias in the current system that tends to emphasize the use of medications, and often makes it difficult to fully explore the complexity of issues people are facing or to empower them to be active participants in their own care.

As we think about how concretely to engage in the process of developing a comprehensive mental health system, it is clear that there are many potentially competing demands that must be addressed. One of the key tasks of a mental health strategy will be to present a sustainable service delivery model that can be adapted to the unique strengths and needs of each region. Hard decisions about priorities will always have to be made. No one group is ever likely to get everything it would like, or even everything that it needs. More financial and human resources will not be enough on their own. To ensure the long-term sustainability of the system, we must use existing resources more efficiently.

The many pockets of excellence that exist across the country provide a powerful springboard for progress. Still, the creation of a comprehensive mental health system will take concerted effort on the part of many people over an extended period of time. To this end, it will be essential to ensure that people living with mental health problems and illnesses, as well as their families, are active participants at every stage of this process.

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“...My life has been hard and long but I am now a mentor for others living with mental health issues, I work in the system, and I understand what my clients are going through. I believe I’m a better person for it. But it should not have taken as long, it should not have been as hard, and services should be more available. When I tell someone I’m sorry I don’t know where to send them for help, I know only too well how it feels.”

—PUBLIC ONLINE PARTICIPANT

Working together, it will be possible not only to improve the health and social outcomes of people living with mental health problems and illnesses, but also to enhance the mental health and well-being of all people living in Canada.

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- 55 Statistics Canada (2003).
- 56 Waddell, C., McEwan, K., Shepherd, C.A., Offord, D.R., & Hua, J.M. (2005). A public health strategy to improve the mental health of Canadian children. *Canadian Journal of Psychiatry*, 50(4), 226-33.
- 57 Jacob, P., Yim, R., Ohinmaa, A., Eng, K., Dewa, C.S., Bland, R., et al. (2008). Expenditures for mental health and addictions for Canadian provinces in 2003-2004. *Canadian Journal of Psychiatry*, 53(5), 306-313.
- 58 Standing Senate Committee on Social Affairs, Science and Technology. (2006), p. 37.
- 59 Davidson, Harding, & Spanoil (2005).
- 60 Kinark Child and Family Services. (2008). Study shows children's mental health still taboo in Canada. Retrieved Sept. 12, 2009, from <http://www.kinark.on.ca/news/newso2StudyMediaRelease.aspx>. In this survey, which was conducted in Ontario in April 2008, 38% of parents of a child with mental illness indicated they would not seek help for their child because of the stigma.
- 61 Macfarlane D. (2005). Current state of collaborative mental health care. Mississauga, ON: Canadian Collaborative Mental Health Initiative. Retrieved Sept. 14, 2009 from http://www.ccmhi.ca/en/products/documents/12_OverviewPaper_EN.pdf
- 62 Pautler K., & Gagné, M.A. (2005, September). Annotated bibliography of collaborative mental health care. Mississauga, ON: Canadian Collaborative Mental Health Initiative. Retrieved Sept. 14, 2009, from http://www.ccmhi.ca/en/products/documents/03_AnnotatedBibliography_EN.pdf
- 63 Working Group for a Suicide Prevention Strategy for Nunavut. (2009). Qaujijausimajuni Tunngaviqarniq: Using knowledge and experience as a foundation for action. A discussion paper on suicide prevention in Nunavut. Retrieved Aug. 27, 2009, from <http://www.tunngavik.com/documents/publications/2009-04%20SP%20WG%20ENG%20discussion%20paper.pdf>
- 64 Commonwealth of Australia. (2008), National mental health policy. Retrieved Sept. 12, 2009, from <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-polo8>. While it needs to be adapted to the Canadian context, the term whole of government is central to mental health reform in Australia.



Goal Six

Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured, and research is advanced.

Mental health policies, programs, treatments, services, and supports are informed by the best evidence based on multiple sources of knowledge. They are evaluated on the basis of their contribution to improving the mental health and well-being of people of all ages living in Canada, and the health and social outcomes of people living with mental health problems and illnesses and of their families. Funding for the many kinds of research required to enhance our understanding of mental health and mental illness is increased in keeping with the economic and social impact of mental health problems and illnesses, and the translation of this knowledge into policy and practice is accelerated.

Research has yielded important advances in our understanding of mental health and mental illness, including the structure and functioning of the brain, the impact of genetics, psychological and behavioural processes, and the social determinants of mental health and well-being. Research that draws upon multiple sources of knowledge – such as science, clinical practice, the personal experience of people living with mental health problems and illnesses and their families, the lessons learned from previous attempts at reforming policy and service delivery, and knowledge embedded in diverse cultural traditions – has helped to generate successful treatment and prevention approaches, as well as improved policies, practices, and mental health promotion activities.

The thoughtful and diligent planning, conduct, interpretation, communication, implementation, and evaluation of research is essential to improving health and social outcomes for people living with mental health problems and illnesses, and is a critical element for helping to advance the mental health and well-being of all people living in Canada. An increased commitment to develop new knowledge is needed to ensure that the most effective and appropriate treatments, services, and supports become available and that the best possible initiatives for promoting mental health and well-being are advanced.

Despite the profound personal, economic, and social impact of mental illness and poor mental health, the allocation of resources to mental health research has been disproportionately low relative to other areas of health research. The Canadian Institutes of Health Research and other federal, provincial, and local research

funding agencies need to increase dramatically the funding that is available for the full range of mental health research. While it is necessary to invest more, it will also be important to review and expand the scope of research so that it covers the full range of approaches needed to fully understand mental health issues.

For example, the evaluation of psychiatric medications for the treatment of mental illness has remained a primary focus of research for decades. Medications have played, and will continue to play, a vital role in the lives of many people living with mental health problems and illnesses. And yet, they are not the only treatment option for most, and for some they may not be appropriate.

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“...I cannot help wondering how much of this recent development [phobia about leaving the apartment] is due to the long-term use of this strong medication - the results of this [long-term use] do not appear to be fully understood and which appear to be the subject of ongoing research. In my opinion, more attention must be given to the long-term effects of these medications, rather than just increasing each time another symptom emerges.”

—PARTICIPANT, ONLINE CONSULTATION

In a transformed mental health system, research to test the effectiveness of various medications will continue to be important. However, as the system places more emphasis on providing a broader array of programs, treatments, services, and supports, it will be important to enhance our understanding of the influence of psychological, psychosocial, and environmental factors on mental health and mental illness across the entire population.

In this regard, research is needed on the effects of policy and funding mechanisms, the impact of workplace and school environments, and the effect of co-existing chronic diseases and addictions. Researchers also need to look at overall health outcomes for people living with mental health problems and illnesses who, despite being at greater risk of physical illness, tend to receive a lower standard of health care in general. Research on mental health and mental illness across the lifespan, particularly in childhood and in the later stages of life, is another area that requires more attention.

A better understanding of the experience of people living with mental health problems and illnesses and their views on the care and services they receive must

also be developed. As well, much needs to be learned about how to develop and put into practice effective public mental health policy that is based on an understanding of the broad determinants of mental health, such as housing, income stability, education and employment.

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“...evidence-based research must be conducted with clubhouses and other community mental health programs to ensure that consumers are receiving services that are the best that they can possibly be both from a client satisfaction perspective and an outcome measure perspective.”

—STAKEHOLDER SUBMISSION

Research also facilitates regular, ongoing monitoring and analysis of information that is needed to maintain and improve effective services and supports, and that assists in the design and implementation of mental health promotion efforts. Current gaps in knowledge have a direct impact on the quality of services that can be provided. They limit the ability of policy-makers and providers to evaluate and respond to mental health needs and diminish their ability to measure the effectiveness of their efforts.

Assessment of the effectiveness of mental health policies and practices is in everyone’s interest – governments, service providers, people using mental health services and their families, and, indeed, the Canadian population as a whole. Understanding what works and what does not work will allow for the best possible use of scarce human and financial resources, and will directly help to improve health and social outcomes of people living with mental health problems and illnesses, and contribute to improving the mental health and well-being of all people living in Canada.

More and better data are needed on the prevalence of mental health problems and illnesses across the country in all their diverse forms, as are better information management systems that will allow the mental health and well-being of people in Canada to be monitored over time. Good information on mental health outcomes is required in order to evaluate the effectiveness of mental health policies, programs, treatments, services, and supports.

The challenges of evaluation are significant. Resources must be built into the system and the recognition of the need to include evaluation must become part of the prevailing culture. At the national level, some efforts have been made to gather data on mental health and mental illness, but these efforts have been inconsistent

and fall short of the comprehensive and co-ordinated data collection that is required. The extent of performance monitoring within the mental health sector varies widely across programs and regions, but it is generally absent.

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“It will not be possible to state that mental health services, and all other interventions funded by governments with the intention of improving the mental health status of Canadians, are doing anything until there is measurement. This measurement must be detailed enough to allow government health departments and regional mental health managers to make service delivery decisions.” –

STAKEHOLDER SUBMISSION

Research on certain topics has too often focused on the adult male population on the assumption that this can provide a sufficient basis from which to identify approaches that are applicable to everyone. However, there are important variations in how people experience mental health problems as well as in the approaches that are the most helpful to the journey of recovery and well-being.

To support a mental health system that is culturally competent, safe, and responsive, it is necessary for researchers to address variations in age (especially children, youth, and seniors), sex, and gender, as well as the distinctive experiences of immigrants, refugees, ethno-cultural groups, and First Nations, Inuit, and Métis communities. Issues of racism and discrimination can have a profound effect on mental health and well-being and require systematic research to support efforts to reduce the health disparities experienced by some groups.

There are many useful research methods and it is essential to match the type of research to the nature of the research questions being asked. Both quantitative methods (numerically based measures) and qualitative methods (such as, focused on the narratives of those with mental health problems and illnesses and their families) are important to gain a rich understanding of mental health and illness, and to evaluate the effectiveness of interventions and programs.

As well, participatory research – in which those with mental health problems and illnesses and their families are equal partners – can enhance efforts to advance knowledge and understanding. Such participation will help to determine appropriate research questions and how to effectively apply research findings.



“If we are to have research projects in the North, they need to be the kind we can translate into practical or policy application for us. Need to have measurable outcomes, show results: something we can apply.”

—PUBLIC, ONLINE PARTICIPANT

Decisions on a course of treatment or on tracing a path toward recovery and well-being need to include consideration of personal values and preferences. To strengthen our understanding of what works best to promote recovery, well-being, and the overall quality of life, it is necessary to build on efforts to evaluate a broad range of outcomes from the person’s perspective. These include: measuring emotional and spiritual well-being; the existence of strong social connections; people’s sense of mastery over their lives and of being in control of the treatments, services, and supports they receive; and the extent to which people have access to education and employment.

Each person’s perspective is informed by the cultures and communities to which he or she belongs. Cultural knowledge and practices provide ways of understanding adversity, coping with mental health problems, and finding pathways to recovery and well-being.

Traditional and customary types of knowledge that inform the various ways in which different cultures understand their relationship to the world around them – such as the emphasis on lived experience and the oral transmission of knowledge in First Nations, Inuit, and Métis cultures – have historically been undervalued. Research that adopts methods that honour and respect these traditions must be expanded by incorporating this knowledge into the design of mental health programs, services, and supports.

Research practices must recognize and value ethical considerations that respect and protect the rights and freedoms of participants in mental health research studies. Research should always appropriately recognize the contributions of participants – be they individuals, communities, or others who are involved in gathering data or undertaking other research functions. Respectful approaches include attention to intellectual property issues (including ownership, control, access, and possession of knowledge and information).

The training and education of current and future service providers, planners, and policy-makers requires making use of the best available research evidence, as well as input based on the experience of people living with mental health problems and

illnesses. Investments in the training of new researchers will be required to develop and maintain a skilled body of research personnel. Special efforts are needed to encourage and welcome researchers with personal knowledge of Canada's diverse communities and people living with mental health problems and illnesses, and to make sure that they play a leading role in the development of research. This will also require the development and maintenance of an adequate mental health research infrastructure in various academic and health service organizations across Canada.

It can take up to 15 years to translate gains in knowledge into clinical practice or into policy-making.⁶⁵ Efforts are needed to accelerate this process so that the best services, interventions, and supports are available to people living with mental illness and their families and so that policy-makers are able to put appropriate programs in place to promote the mental health and well-being of all people living in Canada.

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"In mental health and addictions service delivery, we know what we need to do frankly. We know, to a large extent, what will make people well faster and more efficiently. We need now to do this work. Research is essential and needs to complement advances in practice and implementation. It is equally essential that research does not become a pre-requisite for enacting change."

—STAKEHOLDER SUBMISSION

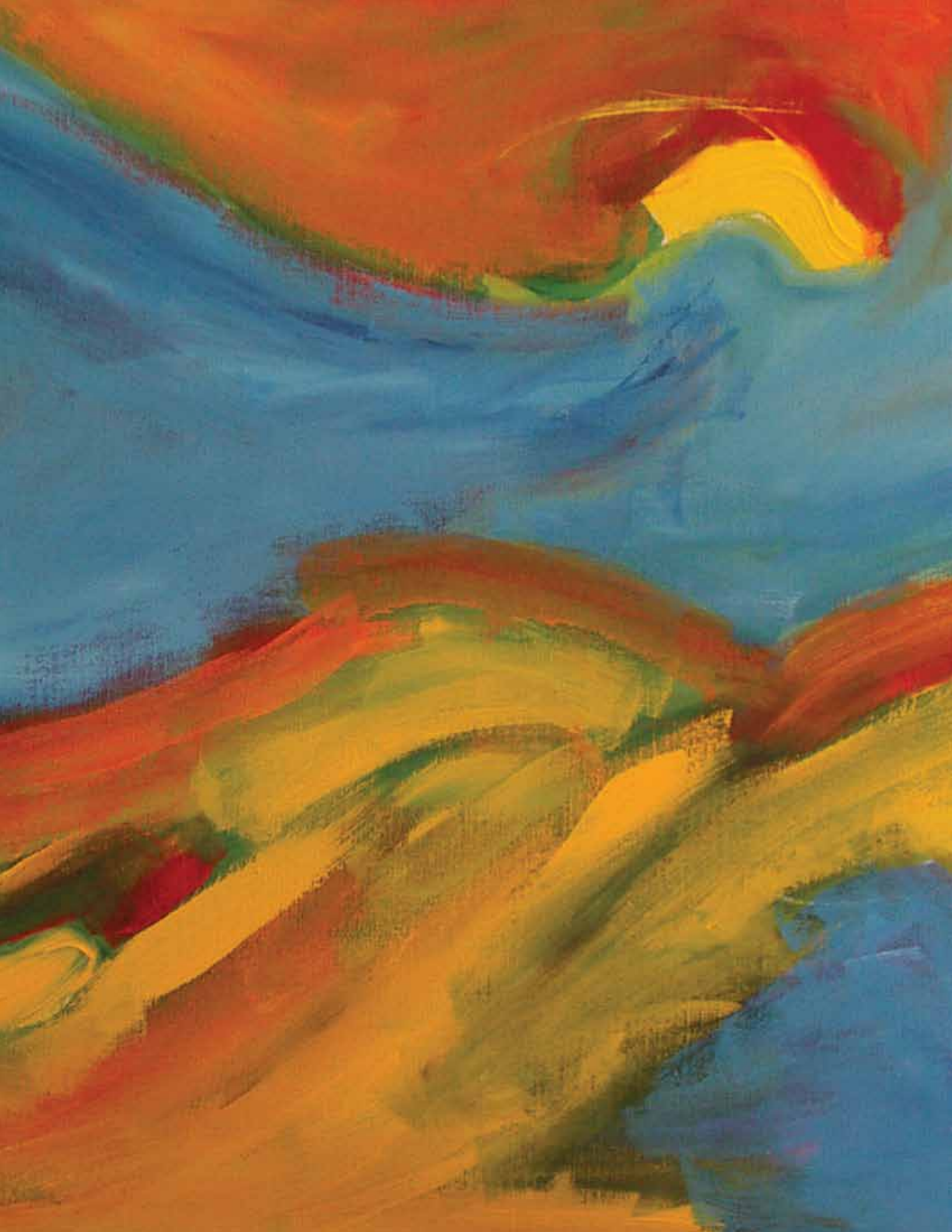
A greater commitment to integrate knowledge exchange and translation activities into standard research and policy practice will be required. By facilitating the sharing of information across geographical and jurisdictional boundaries, it will be possible for everyone in Canada to benefit from existing research and to learn from successful and emerging programs. Key findings should be presented in ways that are accurate and accessible to people living with mental health problems and illnesses and their families, as well as to the general public, health service providers, and policy-makers.

To accelerate the translation of new knowledge into policy and practice, all stakeholders will need to work in a collaborative manner. Agencies that collect pertinent data – such as the Canadian Institute of Health Information, the Public Health Agency of Canada, and Statistics Canada – need to work together with the Mental Health Commission, federal, provincial, and territorial governments,

researchers, and non-governmental organizations to develop the necessary infrastructure. In order to develop priorities for the generation of new knowledge, ongoing dialogue and partnerships will be required among research institutions, funders, researchers, service providers, and people with lived experience of mental health problems and illnesses and their families.

No single approach to the development of new knowledge can be used in all circumstances – a diversity of approaches must be nurtured and appropriately supported, and multiple sources of knowledge must be used. The primary objective must be to advance and deploy the best knowledge and evidence so that people living with mental health problems and illnesses and their families have timely access to appropriate and effective programs, services, treatments, and supports and that all people living in Canada have the opportunity to achieve the best possible mental health and well-being.

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- 65 Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, D.C.: National Academy Press. As cited in President's New Freedom Commission on Mental Health (2003).



GOAL SEVEN

People living with mental health problems and illnesses are fully included as valued members of society.

Goal Seven

People living with mental health problems and illnesses are fully included as valued members of society.

Having a mental health problem or illness is no longer a source of shame or stigma for people and their families, and discrimination toward them is eliminated. People of all ages living with mental health problems and illnesses are accorded the same respect, rights, and entitlements and have the same opportunities as people dealing with physical illnesses and as other people living in Canada. Mental health policies, programs, treatments, services, and supports are funded at a level that is in keeping with the economic and social impact of mental health problems and illnesses.

On the basis of the recommendations of *Out of the Shadows at Last*, the Mental Health Commission of Canada has been given a mandate to engage in a ten-year initiative to address and reduce the stigma and discrimination relating to mental health problems and illnesses. At the same time that it commits to carrying out its own mandate, the Commission believes that the work to reduce stigma and eliminate discrimination must be actively taken up by everyone across the country. Only then will it become possible for people living with mental health problems and illnesses to be fully included as valued members of Canadian society.

It can be argued that stigma and discrimination are the major reasons that mental health issues have remained in the shadows for so long, away from the attention of the general public and government policy-makers. Indeed, reducing stigma, eliminating discrimination, and fostering the full inclusion of people living with mental health problems and illnesses must become central to the transformation of the mental health system.

Stigma and discrimination have a huge negative impact on people living with mental health problems and illnesses, affecting all aspects and stages of their lives – dealings with friends, family, communities, educators, employers, mental health service providers, and the justice and health care systems. The Senate Committee heard that stigma and discrimination frequently have at least as great an effect on people as does their mental health problem or illness itself, seriously impeding their ability to participate fully in society and attain the best possible quality of life.



“...when a person calls 911 seeking mental health assistance and/or the police end up being dispatched if a person has a social anxiety episode in the community, a police record is created that adds insult to injury by stigmatizing that person for life in some places. ... Selective discrimination, negative bias and profiling are things that mentally ill people should not have to cope with, overcome and deal with on top of their medical and financial problems.”

—PUBLIC, ONLINE PARTICIPANT

Stigma refers to beliefs and attitudes about mental health problems and illnesses that lead to the negative stereotyping of people living with mental health problems and illnesses and to prejudice against them and their families. These are often based on ignorance, misunderstanding, and misinformation.

The labelling of people that occurs as a result of this prejudice can become all-encompassing to the point that it leads some to no longer view people living with mental health problems or illnesses as people, but rather as nothing more than their mental health problems or illnesses. As a result, people with mental health problems are defined by a label, rather than by who they really are.

Historically, the media have sensationalized the lives of people with mental health problems and illnesses in inaccurate, stigmatizing, and damaging ways. In the past few years there have been important signs of improvement, particularly with sensitive and accurate coverage in several major Canadian newspapers. However, there is still a long way to go.

Many mistaken beliefs are widespread. For example, a recent Canadian survey indicated that almost half of respondents believe that people claim mental health problems as an excuse for poor behaviour.⁶⁶ Among the most common stereotypes about people living with mental health problems and illnesses are the beliefs that they are generally violent or dangerous, that they are unpredictable, or that they are incapable of managing their own affairs.

While these beliefs are inaccurate, people who agree with them – in whole or in part, consciously or not – are liable to translate these beliefs into discriminatory behaviour. Discrimination refers to the various ways in which people, organizations, and institutions unfairly treat people living with mental health problems and illnesses, often based on an acceptance of these stereotypical and prejudicial beliefs and attitudes.

There are many forms of discrimination. It can be overt and direct, involving the exercise of power over people, as when people living with mental health problems or illnesses are denied employment or housing opportunities or access to homecare. And it can take the form of simply avoiding contact with them.

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“... I am still deeply affected by the termination and how the company treated me. [Company name] discriminated against me due to the fact that they did not want to spend the time or effort to work with a dedicated person who had a mental illness. I understand companies look at the bottom line and want to make a profit, but at what cost?”

—PUBLIC, ONLINE PARTICIPANT

Discrimination can also be passive or structural, meaning that it is reflected in policies, practices, and laws. Examples include levels of funding for mental health research that do not reflect the profound economic and social impact of mental health conditions on society, and the fact that people living with mental health problems and illnesses are less likely than the rest of the population to be able to obtain adequate and affordable housing.

Moreover, discrimination occurs within both the mental health and broader health care systems. For example, research has shown that individuals who have mental health problems or illnesses do not receive the same quality of health care as other people.⁶⁷ Stigma has also contributed to long wait times and the often poor treatment people experiencing mental health problems receive in emergency departments and other health services.

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“I think there needs to be some education for not only health professionals to recognize the signs of mental illness, but also others who may be involved: like the police and teachers. People assume that an oddly behaving person, sitting on a street corner has to be on drugs or is some crazy loser that is a discard of our society: someone that cannot get better. Next time you look at a young person on the street or an older adult, think of them as your son or daughter, or maybe your sister or brother. They could be.”

—PUBLIC, ONLINE PARTICIPANT

Stigma has also made it difficult for some mental health and health service providers to embrace the hope of recovery. In spite of strong evidence that recovery is much more common than most people think, even for those diagnosed with severe mental illnesses, some providers continue to believe that mental illness automatically consigns people to a slow and painful downward slide and may therefore be less inclined to share in the hope that recovery and well-being are possible.

At the same time, stigma negatively affects people who work in the mental health sector and can deter others from going into the field. For example, psychiatrists are not seen as real doctors by some of their colleagues in other areas of medicine. Moreover, psychiatrists remain among the lowest-paid medical specialists.

Stigma and discrimination of all kinds are often anticipated by people living with mental health problems and illnesses themselves, and are among the key barriers that keep many people who could benefit from help from seeking it. This is often referred to as self-stigma, where people living with mental health problems and illnesses accept and internalize false beliefs about their own condition. Self-stigma can also keep people from trying to do things that they are, in fact, capable of doing.

Stigmatizing attitudes can also be present among family members. For example, in one study, 38% of parents of children with mental illnesses indicated that they would not seek help for their children because of stigma.⁶⁸ At the same time, as noted under Goal 4, families themselves also experience the negative impact of stigma.

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What I believe is that if family members weren't so full of shame, maybe we could spread the word about mental illness and how it affects all of us in society, not just the person that suffers with it."

—PUBLIC, ONLINE PARTICIPANT

For the most part, stigma and discrimination do not arise out of malice and the intention to do harm to others. People who stigmatize are not usually purposefully choosing to be unjust. Rather, they are reacting in ways that they have come to accept as normal. Nonetheless, the result of these beliefs is terribly damaging to people living with mental health problems and illnesses and their families and constitutes a major barrier to their full participation in all areas of social life.

Other communities and groups also experience prejudice, discrimination, and social exclusion to varying degrees. Multiple forms of prejudice and discrimination—on the basis of such things as ethnic origin, skin colour, gender, age, sexual orientation, history of substance abuse or involvement with the corrections system—can interact with the stigma associated with a mental health problem or illness in complex ways. For example, the impact of colonization and discrimination, through policies such as the Residential School system, has been one of the key contributors to undermining the health and wellness of Canada's First Nations, Inuit, and Métis over multiple generations.

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"Women with mental health problems (especially if criminalized) also need to be paid special consideration as they are more likely to be misdiagnosed, pathologized, over-prescribed drugs and dismissed when presenting with mental health problems that are more a symptom of structural inequalities than of their poor coping mechanisms - the same can be said for minorities. Structural, not personal problems need to be addressed!"

—PUBLIC, ONLINE PARTICIPANT

It is worth remembering that, in the not-too-distant past, racist, sexist, and prejudiced beliefs, attitudes, and behaviours went largely unchallenged in Canada. It was also not that long ago that people confronting many health problems, including cancer, were afraid to speak in public about their condition, and that the needs of people dealing with physical challenges that required the use of a wheelchair were largely ignored.

To the extent that progress has been made over the past two decades on these other issues, we can be hopeful that the same can be accomplished – indeed must be accomplished – with respect to mental health problems and illnesses. In some cases, such as dealing with the challenges associated with physical disabilities, attitudes have changed to the point where stigma is no longer socially acceptable, and legal and policy frameworks have been put in place that not only offer protection from discrimination but also promote full inclusion in Canadian society.⁶⁹

Ultimately, addressing stigma and discrimination is an issue of equity. People living with mental health problems and illnesses and their families must be accorded the same respect, rights, and entitlements, and have the same opportunities, as people dealing with physical illnesses such as cancer, diabetes, AIDS, and, indeed, as the general population.

To foster full inclusion in society, it is particularly important that efforts focus on the positive contributions to the community and to society at large made by people living with mental health problems and illnesses, as well as on their ability to recover and experience well-being.⁷⁰ People living with mental health problems and illnesses must not only be able to access the services and supports they need to assist in their journey of recovery, but must have the opportunity to be active citizens and to participate fully in community life, as employers, workers, students, volunteers, teachers, caregivers, and parents.

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“What about the obligations of our communities beyond my already enshrined right to freedom from discrimination? (This already exists in our Charter.) ... But how will we find a place where I can enjoy the benefits of membership in my community? Where will finding that balance lie? What will it look like? What about discussions on social inclusion?”

—PUBLIC, ONLINE PARTICIPANT

Moreover, mental health programs and policies must be appropriately funded and supported at a level that is in keeping with the profound economic and social impact of mental health problems and illnesses on Canadian society, and that is consistent with the funding provided to the rest of the health care and related human services sectors. Mental health service providers must be recognized for the valuable role they play, and institutes of higher learning must provide adequate educational and training opportunities to meet the shortages of mental health service providers in Canada.

Clearly, inequities related to the broad determinants of health (such as income, education, and housing) have an impact on people living with mental health problems and illnesses, much as they have on the mental health and well-being of all people living in Canada. A mental health strategy must: (a) draw attention to the impact of these complex underlying issues on people living with mental health problems and illnesses and on the general population; and (b) call on all sectors to work together to address them.

It will be essential to directly and forcefully address all instances where people living with mental health problems or illnesses are discriminated against under existing social programs or in access to services. For example, existing income support, health insurance, and workers' compensation programs should be examined to see if they treat people living with mental health problems and illnesses in a comparable fashion to other people in Canada who rely on them. What is more, it will be very important to initiate multi-sectoral action to address issues related to housing in order to eliminate the discriminatory gap that exists between the 15% of the population as a whole who need access to adequate and affordable housing and the 27% of people living with mental health problems and illnesses who confront the same challenge.⁷¹

Tackling the many dimensions of the issues relating to stigma and discrimination will require a multi-pronged approach. Research has shown that, as with mental health promotion initiatives more generally, the most effective anti-stigma strategies are targeted at specific populations or settings. They are responsive to diverse needs and cultures across the lifespan, and include a strong community engagement component. They also encourage direct contact with people living with mental health problems and illnesses.⁷²

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“Those of us who have suffered from schizophrenia or psychosis require opportunities to retell our experiences. This can be therapeutic and is sometimes educational and inspiring for others. We have often survived not only the illness but sub-standard treatment in sub-standard facilities where we have been housed because more appropriate services were unavailable. We need to be involved in the education of mental health workers and related professionals. No strategy will work unless this happens.

—PUBLIC, ONLINE PARTICIPANT

There are many ways in which people can begin immediately to tackle stigma and discrimination and to foster inclusion – and many of these are not difficult to do. For example, each of us can refrain from using language that labels and demeans people living with a mental health problem or illness, and talk with friends or family about our own or family members’ experiences with mental health problems and illnesses. We can question inaccurate portrayals of people confronting mental health problems and illnesses in the media, and do whatever we can to create an open, accommodating, and supportive atmosphere for people living with mental health problems or illnesses at work, at school, or in our communities.

Each of us must also take care of our own mental health, and the mental health of those closest to us. The more everyone living in Canada succeeds in improving their own mental health and well-being, and the more Canadian society as a whole values mental health and well-being, the more likely it is that those with mental health problems and illnesses will also be better supported.⁷³ We must overcome us-versus-them thinking, and realize that we are all the same, working to achieve the best possible mental health.

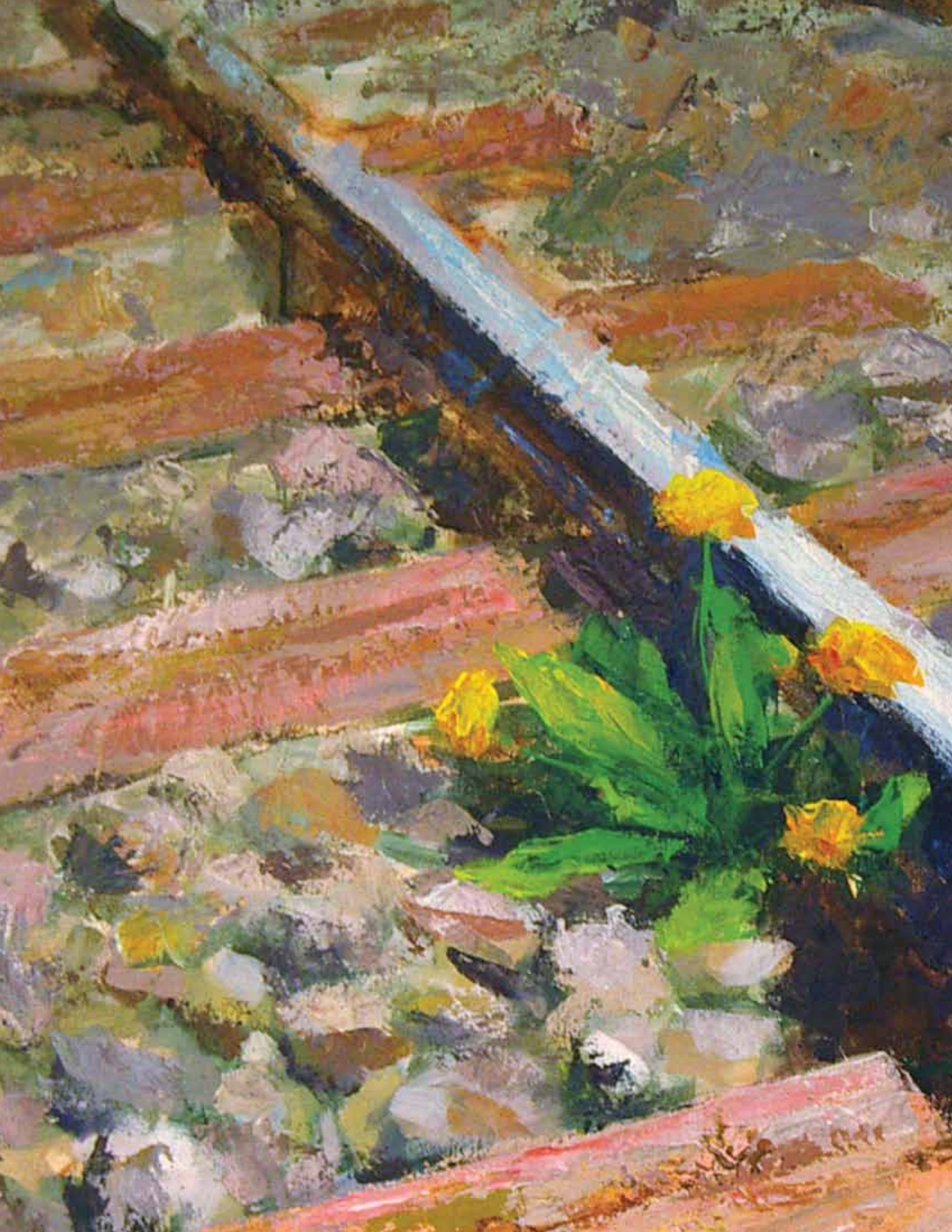
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“A few years ago my friend, was having his meds adjusted and there were a lot of other stressful factors going on around him. He was sinking into a very bad, dark place... We spoke at great lengths about what had taken place and I finally asked him the question that helped me to remain his friend; “What can I do as your friend if something like this ever happens again?”... His reply was “Just let me know that you still love me and that you know that it isn’t me...it’s the illness”. Once I truly wrapped my mind around that statement... I was able to be the rock that my friend sometimes needs and we have nurtured one of the best friendships I have ever known.”

—PUBLIC, ONLINE PARTICIPANT

Changing attitudes and behaviours toward people living with mental health problems and illnesses and fostering their full inclusion as valued members of society are the challenges that must be taken up by all individuals, communities, and organizations in Canada, starting now.

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- 66 Canadian Medical Association. (2008). 8th annual national report card on health care. Retrieved Sept. 12, 2009, from http://www.cma.ca/multimedia/CMA/Content_Images/Inside_cma/Annual_Meeting/2008/GC_Bulletin/National_Report_Card_EN.pdf
- 67 Mitchell, A.J., Malone, D., & Doebbeling, C.C. (2009). Quality of medical care for people with and without comorbid mental illness and substance misuse: Systematic review of comparative studies. *British Journal of Psychiatry*, 194(6), 491-499.
- 68 Kinark Child and Family Services (2007).
- 69 For example, the United Nations Convention on the Rights of Persons with Disabilities, which entered into force in 2008, includes the principle of “full and effective participation and inclusion in society.” Retrieved Sept. 13, 2009, from <http://www.un.org/disabilities/default.asp?id=259>
- 70 Martin, N., & Johnston, V. (2007). A time for action: Tackling stigma and discrimination. Retrieved Sept. 12, 2009, from http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Anti-Stigma/TimeforAction_Eng.pdf
- 71 Canada Mortgage and Housing Corporation, Letter to the Standing Senate Committee on Social Affairs, Science and Technology, as cited in Senate Standing Committee on Social Affairs, Science and Technology (2006).
- 72 Martin & Johnston (2007).
- 73 Friedli & Parsonage (2007).



A CALL TO ACTION: BUILDING A SOCIAL MOVEMENT

Title: Temporary Beauty
Artist: Julian Hahn
Collection: The Art Studios

A Call to Action: Building a Social Movement

In this framework, the Mental Health Commission of Canada has set out a vision and seven broad goals to guide the development of a comprehensive and person-centred mental health system in Canada. The vision is an ambitious one – it calls for a profound, large-scale transformation. Developing the plan for achieving the vision cannot be done by the Commission alone; the Commission will work in collaboration with people of all ages living with mental health problems and illnesses and their families, service providers, federal, provincial and territorial governments, researchers, mental health organizations and other key stakeholders to develop concrete recommendations for how to achieve this vision and these broad goals across diverse sectors and population groups. This framework and future documents that outline how to achieve the vision and goals will comprise the Mental Health Strategy for Canada.

What will it take for this strategy to be brought to life, to be implemented on a scale that will make a real difference in people’s lives? In addition to the support of all key stakeholders, the Commission firmly believes that a dynamic, broadly based social movement is essential to realizing this vision of a profoundly transformed mental health system.

Mental health is everyone’s business. Not only can everyone in Canada benefit from improved mental health at every stage of their lives, but it has been rightly observed that, over the course of a lifetime, virtually no one is left untouched – either directly or indirectly – by the impact of mental health problems and illnesses. The corollary of these observations is that all people in Canada have an interest in working in concert to improve the health and social outcomes for people living with mental health problems and illnesses and to improve overall mental health and well-being.

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“ In my opinion, any Mental Health Strategy for Canada should include tandem representation from the business, public service, and other sectors: thoughtful company leaders/employers, urban planners and developers, essential service providers, high tech leaders – those at the forefront of creating societal structures and systems in which Canadians live and work and who are influencing the ways we interact with one another. ... For the benefit of all Canadians ... I think we should welcome every sector and every citizen aboard this initiative and together, we should strive to achieve this.”

—PUBLIC, ONLINE PARTICIPANT

It is not simply a question of doing what is right for others. Many of the conditions that will foster the recovery and well-being of people living with mental health problems and illnesses will also contribute to enhancing mental health and the quality of life for everyone in our communities, schools, workplaces, and homes.

Developing supportive, caring communities – those that create trust, enable all groups and individuals to feel included, and build community spirit – can help to promote the mental health of everyone living in Canada, while sustaining the best conditions for fostering recovery and well-being for those living with mental health problems and illnesses. Building such a society is a job for everyone.

Working toward the kind of mental health system embodied in the goals set out in this framework will require substantial change on the part of everyone – especially those involved in the planning, funding, organization, and delivery of mental health services and supports across the country. Change is never easy, and every one of us will need to seek ways to contribute to changing attitudes, to changing behaviour, and to changing the way the system itself is run.

In considering how to achieve the profound transformation that is required, the Commission examined other areas of health care that have succeeded in establishing a strong presence in Canadian society and a place on both public- and private-sector agendas. Of course, there are important differences between some of the challenges facing organizations concerned with physical illnesses and those surrounding mental health problems and illnesses, particularly with regard to the nature and degree of stigma.

The Commission applauds the tremendous efforts of mental health organizations over the years in terms of education, fundraising, and policy initiatives to bring mental health issues into the public eye. But they have long faced an uphill battle against stigma and against the fragmentation of the system that makes it hard to develop a powerful common voice. Moreover, they have lacked the infrastructure and resources—financial, human, and technological—that are needed to move everything to the next level.

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“So far, we have social movements of people living with mental illness but we need a broader movement because we cannot do it alone as it is hard for a severely marginalized group to make headway. It should be largely grassroots because if government controls it – then it never gets told what it does not want to hear!”

—PUBLIC, ONLINE PARTICIPANT

There is much to be learned from the success of other illness-specific organizations, such as the organizations of volunteers for breast cancer, diabetes, heart and stroke, AIDS, and so on. In particular, there are two critical features that all these illness-specific initiatives share: each has a strong organization of dedicated volunteers and each has a charitable body that enables the volunteers to raise money for research and other purposes.

Through a variety of means – including broad education campaigns – each of these illness-specific organizations has made its health cause better understood by all people living in Canada, and especially by public and private sector policy-makers. In addition, these organizations have made public discussion of personal experiences with these illnesses acceptable. Some of them, such as breast cancer and AIDS, were once highly stigmatized. They have also alerted people to the fact that no one is immune from their potential effects.



“Mental health issues will not come “out of the shadows” until people speak out. Power comes from acknowledgment. Healing comes from action.”

—PUBLIC, ONLINE CONSULTATION

The organizations that are at the heart of these initiatives have all succeeded in mobilizing a committed and passionate cohort of volunteers, who do many different things: they raise money; they volunteer in health institutions; they mount campaigns to persuade government to increase funding for treatment and research; they openly talk about their experiences to anyone who will listen; and they make sure that the public never loses sight of their concerns.

In short, broadly based social movements for change have emerged around these illness-specific causes. We can and must duplicate the success of these social movements by working together to develop one that is focused on mental health and mental illness.

This is not to say that such a movement should duplicate the work of, or substitute itself for, the mental health system, or that the mental health system should download onto volunteers and non-profit organizations the task of providing services that should be delivered by the public and private sectors. However, without a broadly based and dynamic social movement, without a well-organized grassroots group of volunteers, it will not be possible to transform the mental health system.

There are many ways that a social movement can take up and help to achieve the goals described in this framework. For example:

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- ▶ Imagine the impact that active campaigning around mental health and mental illness would have on public attitudes in communities across the country – there is no better way to challenge stigma and to fight discrimination, as the movements around AIDS and around breast cancer have demonstrated (Goal 7).
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- ▶ Think about the effect a vast network of mental health volunteers would have not only on the public at large, but also in each and every workplace across the country – encouraging measures that promote mentally healthy work environments and ensuring that people with mental health needs are accommodated at their place of work (Goal 2).
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- ▶ Consider the influence a dynamic social movement would have in pressing governments to make sure there are adequate resources for all people living in Canada to have equitable access to the programs, treatments, services and supports they need to improve their mental health, while urging both governments and service providers to overcome the fragmentation of the current mental health system and to break down existing silos (Goal 5).
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- ▶ A social movement would help to ensure that mental health research was adequately funded not only by helping to raise funds for research itself, but also by making it clear that both governments and the private sector must do their share (Goal 6).
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- ▶ An inclusive and broadly-based social movement that reflects the full breadth of diversity of Canada’s population would itself illustrate the importance of addressing the diverse mental health needs of all people living in Canada, while providing a strong platform for addressing inequity and discrimination (Goal 3).
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- ▶ By being part of a unified social movement, families and other caregivers would be able to build networks of support while making sure that meeting their specific needs is always on the agenda (Goal 4).
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- ▶ Finally, a social movement that embraces the message that recovery and well-being are possible would reinforce the sense of hope that a better quality of life is possible for people of all ages and provide a vehicle for the active participation of those living with mental health problems and illnesses in the transformation of the mental health system (Goal 1).
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This is why the Commission is calling for the entire mental health community to join together and launch a social movement from coast to coast to coast that can successfully engage all people living in Canada.

Now is the time for existing organizations to come together and share information and resources so that issues relating to mental health and mental illness can be placed high on the agenda of governments, policy-makers, businesses, researchers, schools, and communities and become a focus for all people in their day-to-day activities. Such a movement will be able to build on existing grassroots initiatives and to ensure that the voices of people with lived experience of mental health problems and illnesses are heard loudly and clearly.

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“My brother Martin died on March 17th, 2009 from throat cancer. He suffered from schizophrenia and homelessness. On March 28th, a memorial service was held for him at St. John’s Community Kitchen, in Kitchener, Ontario, and a walk in his honour followed where police officers closed the main street while those on the walk posted his pictures in all the spots he used to frequent leaving red roses behind. The walk was attended by the Mayor, members of the police and justice department, nurses, mental health professionals, and countless members of the community. I don’t think that a homeless man with schizophrenia has ever, in history, received such attention and support. My brother never changed. What changed was everyone around him - how they viewed him - how they reached out to him. I used to always ask myself why did this happen? Now I know my brother had a purpose in life. It was to change the way the KW region responds to people suffering from mental health issues forever. ”

—PUBLIC, ONLINE PARTICIPANT

The Mental Health Commission has established Partners for Mental Health in order to bring into being a vast network of volunteers, and will collaborate with existing organizations – including those that are led by people and families with lived experience of mental health problems and illnesses – to make sure that this happens. The Commission will also work with the recently created charitable organization Mental Health Partnerships of Canada to ensure that the mental health community has the fundraising infrastructure in place that will allow it to replicate the success of other social movements.

Working together, we can transform the way people in Canada think about mental health and mental illness and achieve all of the goals that the Commission has outlined in this framework. Together, we can ensure that all people living in Canada have the opportunity to achieve the best possible mental health and well-being and that mental health problems and illnesses stay out of the shadows – forever.



SUMMARY

Title: Évadés du trottoir
Artist: Mireille Bourque
Collection: Vincent et moi
Photo: Simon Lecomte

Introduction

MENTAL HEALTH AND MENTAL ILLNESS

- ▶ Mental health is more than the absence of mental illness.
- ▶ People can have varying degrees of mental health, whether or not they have a mental illness.
- ▶ Mental health problems and illnesses are believed to result from a complex interaction among social, economic, psychological and biological or genetic factors.
- ▶ Mental health contributes to our enjoyment of life, to physical health, as well as to our ability to achieve our goals at work, at school and in our relationships.
- ▶ Having good mental health helps to reduce stress, prevent mental health problems and illnesses, and foster recovery.
- ▶ Each year, about one in every five Canadians will experience a diagnosable mental health problem or illness.

ACHIEVING THE BEST POSSIBLE MENTAL HEALTH AND WELL-BEING FOR EVERYONE

- ▶ When it comes to mental health and well-being we are all the same – there is no us and them.
- ▶ Our vision is that: All people in Canada have the opportunity to achieve the best possible mental health and well-being.
- ▶ The mental health system must be centred on meeting people’s needs across the lifespan.
- ▶ The system must also be comprehensive – promoting mental health for people of all ages, supporting those at risk, intervening early, and assisting people to recover.
- ▶ People living with mental health problems and illnesses must be able to participate actively in all aspects of the mental health system.

THE CONTRIBUTIONS AND NEEDS OF FIRST NATIONS, INUIT AND MÉTIS

- ▶ A mental health strategy for Canada must acknowledge the unique circumstances, rights, and contributions of First Nations, Inuit and Métis in Canada and respond to their needs.
- ▶ An indigenous, holistic understanding of wellness – rooted in culture, the land, family, community and self-determination – can help to transform the mental health system.
- ▶ Despite the devastating impact of colonization and policies such as residential schools, indigenous peoples are developing innovative approaches to healing, such as cultural safety.

GOALS FOR A MENTAL HEALTH STRATEGY

- ▶ A mental health strategy must be flexible enough to respond to the many and diverse needs of people across the country if it is to be implemented.
- ▶ The seven goals in this framework are interconnected and provide the structure for a strategy that will help guide the transformation of the mental health system.
- ▶ With support and input from people across the country, it will be possible to progress toward achieving all the goals and create a system that supports all people in Canada as they journey toward recovery and well-being.

Goal One:

People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being.

A transformed mental health system fosters hope for a better quality of life and respects the dignity and rights of each person at every stage of life. Building on individual, family, cultural and community strengths, people are empowered and supported to be actively engaged in their own journey of recovery and well-being, and to enjoy a meaningful life in their community while striving to achieve their full potential. As they develop, infants, children and youth are assisted to become resilient and to attain the best mental health possible. Older adults are supported to address additional needs associated with aging. People living with mental health problems and illnesses, service providers, family caregivers, peers, and others, are partners in the healing journey.

BACKGROUND

- ▶ People who experience mental health problems and illnesses are too often led to believe that they will never improve their quality of life or be able to function in society.
- ▶ Recovery principles have been adopted by people living with mental health problems and illnesses as an approach that focuses on their strengths and capacities.
- ▶ A recovery orientation is being used to transform mental health systems around the world.
- ▶ ‘Recovery’ does not necessarily mean ‘cure’; rather, it focuses on people recovering a meaningful life in their community while striving to achieve their full potential.

KEY PRINCIPLES

- ▶ Underlying recovery principles – including hope, choice, responsibility, dignity and respect – apply to everyone but must be adapted to changing realities across the lifespan.
- ▶ Each person’s journey of recovery and well-being is necessarily different, and will build on individual, family, cultural and community strengths.
- ▶ The goal for infants, children and youth is to attain the best possible mental health as they develop, and the goal for older adults is to attain the best possible quality of life with dignity.

IN A TRANSFORMED MENTAL HEALTH SYSTEM:

- ▶ People are able to choose among programs, treatments, services and supports to achieve the best possible health, social functioning and overall quality of life.
- ▶ Services and supports are adapted to people’s needs across the lifespan, and oriented to helping people lead a meaningful life in their community.
- ▶ There is a genuine partnership between people living with mental health problems and illnesses, their families, and those working to support their recovery and well-being.
- ▶ People living with mental health problems and illnesses, and their families, are actively involved in the all aspects of the mental health system.

Goal Two:

Mental health is promoted, and mental health problems and illnesses are prevented wherever possible.

A transformed mental health system attends to the complex interaction of economic, social, psychological and biological or genetic factors that is known to determine mental health and mental illness across the lifespan. The public, private and voluntary sectors work collaboratively to promote factors that strengthen mental health – such as adequate housing, vibrant communities, nurturing relationships, and resilience – and to reduce, wherever possible, those factors that increase the risk of developing mental health problems and illnesses – such as poverty, abuse, and social isolation. Efforts are directed at the population as a whole, at people and communities at risk, at those with emerging problems, and at people living with mental health problems and illnesses. Locations such as schools, workplaces, and long-term care facilities foster environments that promote the best possible mental health.

BACKGROUND

- ▶ Good mental health is associated with better physical health, reduced crime, improved educational attainment, increased economic participation, and rich social relationships.
- ▶ Poor mental health has the opposite associations.
- ▶ Protective factors help to maintain good mental health, develop resilience, and reduce the chances of developing mental health problems and illnesses.
- ▶ Risk factors increase the likelihood of developing mental health problems or illnesses and can also worsen existing conditions.
- ▶ The opportunity to prevent mental health problems and illnesses appears to be greatest among children and youth.

KEY PRINCIPLES

- ▶ It is impossible to predict with any certainty who will experience the symptoms of a mental health problem or illness.
- ▶ Mental health promotion and mental illness prevention must be integrated throughout mental health policy and practice, as well as into public health and social policy more broadly.
- ▶ Addressing complex social determinants of health such as housing and employment can create better conditions for people to flourish and help to prevent mental health problems and illnesses.
- ▶ A mental health strategy can encourage collaborative action by the public, private and voluntary sectors.

IN A TRANSFORMED MENTAL HEALTH SYSTEM:

- ▶ Promotion and prevention initiatives are targeted to the population as a whole, to specific groups and settings, address a combination of known risk and protective factors, and are sustained over a long period of time.
- ▶ Effective approaches are implemented in families, schools and workplaces, as well as being adapted to meet the unique needs of diverse communities and to build upon their strengths.
- ▶ Whole of government approaches help to integrate programs and services across multiple levels and departments of government.
- ▶ Mental health literacy initiatives inform people about the signs and symptoms of mental health problems and illnesses.

Goal Three:

The mental health system responds to the diverse needs of all people in Canada.

In a transformed mental health system, policies, programs, treatments, services and supports are culturally safe and culturally competent. The system responds to the diverse individual and group needs of – as well as to the disparities – that can arise from First Nations, Inuit or Métis identity; ethno-cultural background, experience of racism, and migration history; stage of life; language spoken; sex, gender, and sexual orientation; geographic location; different abilities; socio-economic status; and spiritual or religious beliefs.

BACKGROUND

- ▶ Many population groups in Canada continue to experience poorer mental health outcomes than the population as a whole; in some cases, these disparities are acute.
- ▶ Culture and language influence how mental health is understood; misunderstandings can lead to inappropriate diagnosis and treatment.
- ▶ Significant barriers remain that keep people from finding services that feel safe and are effective, or from seeking help in the first place.
- ▶ Power imbalances and discrimination can contribute to poorer mental health outcomes, and may reduce access to care for affected groups, as well as the quality of care received.

KEY PRINCIPLES

- ▶ Cultural safety and cultural competence are complementary frameworks that encourage service providers to take social, political, linguistic and spiritual realities into account.

- ▶ People are multi-faceted and any given person can be expected to have needs that arise from a variety of sources.
- ▶ Efforts to address diverse needs must avoid stereotyping and always respect the law – practices that cause harm to people cannot be tolerated.
- ▶ Dialogue on cultural safety must respect the values of indigenous peoples and be mindful of the context surrounding the sharing of knowledge.

IN A TRANSFORMED MENTAL HEALTH SYSTEM:

- ▶ Service providers recognize each person's reality and knowledge as valid and valuable, reflect critically upon their own cultural values, and take historical and political contexts into account.
- ▶ Issues of power and discrimination are addressed, as are structural barriers that relate to housing, income, education, and access to services.
- ▶ There is improved access to information and services in English, French, and multiple languages, including interpretation services.
- ▶ Accreditation bodies and provider organizations adopt standards that require culturally-safe and culturally-competent practice.
- ▶ People from diverse backgrounds are better represented in the mental health workforce.
- ▶ The roles of natural community supports, traditional healers, elders, practitioners of Eastern medicine, and religious or spiritual leaders are recognized and respected.

Goal Four:

The role of families in promoting well-being and providing care is recognized, and their needs are supported.

The unique role of families – whether they are made up of relatives or drawn from a person’s broader circle of support – in promoting well-being, providing care and fostering recovery across the lifespan is recognized, as are the needs of families themselves. Families are engaged and helped through education and programs such as parenting and sibling support, financial assistance, peer support and respite care. Wherever possible, families become partners in the care and treatment of their loved ones and are integrated into decision-making in a way that respects consent and privacy.

BACKGROUND

- ▶ Many factors related to family life can promote mental health, assist in detecting the onset of mental health problems and illnesses, and foster recovery and well-being.
- ▶ Families are typically the primary support for people living with mental health problems and illnesses, but have traditionally been marginalized by the mental health system.
- ▶ Families can also be a poor source of support, particularly when hampered by lack of information, stigma, or difficult life circumstances.
- ▶ Failure to support families undermines mental health across the population, increases the costs of care and worsens health and social outcomes.

KEY PRINCIPLES

- ▶ It is important to begin with the assumption that families can play a potentially positive role in recovery and well-being.
- ▶ Families can be made up of relatives or be drawn from a person’s broader circle of support.
- ▶ Wherever possible, people living with mental health problems and illnesses need to choose who will play the role of “family,” and how much family support is required.
- ▶ At times, a mental health problem or illness may compromise a person’s ability to make appropriate judgments and decisions.
- ▶ A suitable balance must be found between facilitating the family’s ability to provide effective support, and respecting the privacy rights of the person living with the mental illness.

IN A TRANSFORMED MENTAL HEALTH SYSTEM:

- ▶ Families have access to the information, education, guidance and support they need in order to foster recovery and well-being, and to respond to their own needs.
- ▶ Wherever possible, families are partners in the care and treatment of their loved ones, and are integrated into decision-making in a way that respects consent and privacy.
- ▶ “Family Navigators” and other providers assist families to navigate both the health care system, and the realities associated with mental health problems and illnesses.
- ▶ Programs and supports for families are responsive to the diversity of the Canadian population.

Goal Five:

People have equitable and timely access to appropriate and effective programs, treatments, services and supports, that are seamlessly integrated around their needs.

People of all ages have timely access to appropriate and effective mental health programs, treatments, services and supports in their community, or as close as possible to where they live or work, regardless of their ability to pay. The mental health system is centred on fostering people's mental health and meeting the full range of people's needs – however complex – in the least restrictive way possible. It is seamlessly integrated within and across the public, private and voluntary sectors, across jurisdictions, and across the lifespan. The pressing needs in under-serviced areas such as the north are addressed.

BACKGROUND

- ▶ Despite the dedicated efforts of many thousands of people, two out of every three adults and three out of every four children who need help do not get it.
- ▶ The situation is worse in northern, rural, remote and other underserved areas.
- ▶ Public mental health spending is lower in Canada than in most developed countries.
- ▶ Lengthy waiting lists are all too common; too many people with mental health problems end up in homeless shelters and the justice system as a result.

KEY PRINCIPLES

- ▶ People should have timely and equitable access to the mental health system, without incurring undue financial hardship.
- ▶ No matter where people first seek help, they should be connected to the appropriate part of the system, linked to the rest of the health care system as well as to other needed services.

- ▶ People should be able to choose the mix of programs, treatments, services and supports that allow them to meet their goals.
- ▶ The principle of employing the least intrusive and least restrictive interventions possible should be upheld.
- ▶ Each jurisdiction must be able to adapt the common elements of a transformed mental health system to its own specific set of circumstances.

IN A TRANSFORMED MENTAL HEALTH SYSTEM:

- ▶ Programs, treatments services, and supports are linked in order to promote people's mental health and meet the full range of people's needs, however complex.
- ▶ Government activity is coordinated through a "whole of government" approach.
- ▶ The existing mental health workforce is expanded and new provider roles are introduced as required.
- ▶ The pressing and distinct needs of northern, remote and rural areas are addressed, through innovative approaches to service delivery and action on housing, education and employment.
- ▶ People living with mental health problems and illnesses, as well as their families, actively participate in the redesign and transformation of the system.

Goal Six:

Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured, and research is advanced.

Mental health policies, programs, treatments, services and supports are informed by the best evidence based on multiple sources of knowledge. They are evaluated on the basis of their contribution to improving the mental health and well-being of people of all ages living in Canada, and the health and social outcomes of people living with mental health problems and illnesses and their families. Funding for the many kinds of research required to enhance our understanding of mental health and mental illness is increased in keeping with the economic and social impact of mental health problems and illnesses, and the translation of this knowledge into policy and practice is accelerated.

BACKGROUND

- ▶ Research has brought important advances in our understanding of mental health and mental illness, and of effective approaches to promotion, prevention, treatment and care.
- ▶ Overall, Canada does not spend nearly enough on mental health research.
- ▶ Canada lacks an adequate information base to enable it to monitor the mental health status of the population, and to evaluate the effectiveness of the mental health system.
- ▶ There is an unacceptable lag in the translation of new knowledge into practice – estimates suggest that it can take up to 15 years.
- ▶ Diverse sources of knowledge – such as lived experience and traditional or customary knowledge – have not been sufficiently valued.
- ▶ There has been a disproportionate concentration of research on certain topics (e.g. the evaluation of psychiatric medications).

KEY PRINCIPLES

- ▶ A solid commitment to research and to the development of new knowledge is essential.
- ▶ No single approach to the development of new knowledge can be used in all circumstances – multiple research methods are required and diverse sources of knowledge are needed.
- ▶ While research into the effectiveness of treatments for mental health problems and illnesses will always be important, the scope of research must be expanded.
- ▶ Research practices must respect and protect the rights and freedoms of participants in mental health research.

IN A TRANSFORMED MENTAL HEALTH SYSTEM:

- ▶ Spending on research is in keeping with the social and economic impact of mental illness and addresses the full range of determinants of mental health and mental illness.
- ▶ Improved data supports the evaluation of the mental health system.
- ▶ People with diverse backgrounds and with lived experience of mental health problems and illnesses are encouraged to participate in and lead research.
- ▶ All stakeholders work together to accelerate the translation of new knowledge into policy and practice.

Goal Seven:

People living with mental health problems and illnesses are fully included as valued members of society.

Having a mental health problem or illness is no longer a source of shame or stigma for people and their families, and discrimination toward them is eliminated. People of all ages living with mental health problems and illnesses are accorded the same respect, rights and entitlements, and have the same opportunities as people dealing with physical illnesses and as other people living in Canada. Mental health policies, programs, treatments, services and supports are funded at a level that is in keeping with the economic and social impact of mental health problems and illnesses.

BACKGROUND

- ▶ Stigma and discrimination have a significant negative impact on the lives of people of all ages living with mental health problems and illnesses, and seriously impede their ability to participate fully in Canadian society.
- ▶ Stigma refers to negative beliefs and attitudes about mental health problems and illnesses.
- ▶ Discrimination refers to unfair treatment of people living with mental health problems and illnesses.
- ▶ Stigma and discrimination keep mental health issues in the shadows, prevent people from seeking care and lead to poorer quality of care.

KEY PRINCIPLES

- ▶ People living with mental health problems and illnesses must be accorded the same respect, rights and entitlements, and have the same opportunities, as other people living in Canada.

- ▶ The same progress that has been made in challenging stigma and discrimination related to other health challenges can be accomplished with respect to mental illness.
- ▶ It is important to focus on the positive contributions made by people living with mental health problems and illnesses, as well as on their ability to recover.

IN A TRANSFORMED MENTAL HEALTH SYSTEM:

- ▶ People living with mental health problems and illnesses have the opportunity to participate as active citizens in all aspects of social life.
- ▶ Mental health programs are funded at a level in keeping with the economic and social impact of mental health problems and illnesses on society.
- ▶ Mental health service providers are recognized for the valuable role they play.
- ▶ All sectors work together to address inequities related to the broad determinants of health.
- ▶ Discrimination under existing social programs or in access to services is directly and forcefully addressed.
- ▶ Anti-stigma strategies target diverse populations and settings, and encourage direct contact with people with lived experience of mental health problems and illness.
- ▶ Changing attitudes and behaviours towards people living with mental health problems and illnesses is a challenge that is taken up daily by all people living in Canada.

A Call to Action: Building a Social Movement

- ▶ The Commission will work in collaboration with stakeholders to develop concrete recommendations for how to achieve the vision contained in this framework and the seven goals for transforming the mental health system.
- ▶ This framework and future documents that outline how to achieve the vision and goals will comprise the Mental Health Strategy for Canada.
- ▶ The Commission firmly believes that a dynamic, broadly-based social movement is essential to implementing this framework on a scale that will make a real difference in people's lives.
- ▶ Mental health is everyone's business. Many of the conditions that will foster recovery will also contribute to enhancing everyone's well-being – in our schools, workplaces, and homes.
- ▶ Every one of us – especially those directly involved in the mental health system – will need to contribute.
- ▶ The Commission applauds the tremendous efforts of mental health organizations to bring mental health issues into the public eye.
- ▶ There is much to be learned from the success of other illness-specific volunteer organizations, such as those concerned with breast cancer, diabetes, heart and stroke, AIDS and so on.
- ▶ Their volunteers raise money, work in health institutions, mount campaigns, openly talk about their experiences, and make sure that the public never loses sight of their concerns.
- ▶ The Commission is calling for the entire mental health community to join together and launch a social movement that can successfully engage all people living in Canada.
- ▶ Mental health issues must be placed high on the day-to-day agendas of governments, policy-makers, businesses, researchers, schools, and communities.
- ▶ The Commission has launched an initiative, Partners for Mental Health, to help build a vast network of people across the country.
- ▶ This social movement will build on existing initiatives, from the grassroots to the national arena, and ensure that the voices of people with lived experience of mental health problems and illnesses are clearly heard.
- ▶ The Commission will work with the recently created charitable organization, Mental Health Partnerships of Canada, to ensure that the necessary fundraising infrastructure is in place.
- ▶ Working together, it will be possible to ensure that all people living in Canada have the opportunity to achieve the best possible mental health and well-being and keep mental health problems and illnesses out of the shadows – forever.

GLOSSARY



Clarification of Terms

Glossary: Clarification of terms

COMMUNITY The capacity to participate in, and contribute to, the life of one's community is of great importance for recovery and well-being. How people choose to exercise this capacity, and the community or communities in which they choose do so, will vary. The mental health system must be oriented to offering services in the community as close as possible to where people live, and all services – regardless of where they are provided – should be geared to helping people to live meaningful lives in their community. For people who require institutional support, such as that provided in long-term care facilities or specialized residential treatment programs, it is still possible to encourage the sense of community that can help promote the best possible quality of life.

CULTURAL SAFETY AND CULTURAL

COMPETENCE These are evolving and largely complementary frameworks that have been developed to address the diverse mental health needs of people living in Canada. They encourage service providers, regardless of their cultural background, to communicate and practice in a way that respects and takes into account the cultural, social, political, linguistic and spiritual realities of the people with whom they are working. Cultural safety has its origins in the indigenous experience of colonization, and draws attention to issues of power and discrimination, as well as to structural barriers that can limit access to appropriate care for people from diverse backgrounds. Approaches that build on cultural

competence have also emphasized the necessity of addressing these dimensions.

DIVERSITY AND DIVERSE NEEDS Diversity and diverse needs refer to the variety of backgrounds, experiences and needs that have a bearing on people's engagement with the mental health system and the effectiveness of the care they receive. Diversity and diverse needs may arise from First Nations, Inuit or Métis identity, ethno-cultural background, experience of racism, migration history, age, language spoken, sex, gender, sexual orientation, geographic location, different abilities, socio-economic status, and spiritual or religious beliefs. A transformed mental health system must be sensitive to diverse needs and related disparities, and respond appropriately.

EQUITABLE ACCESS 'Equitable access' means 'fairness' in access to services. It means that people living with mental health problems and illnesses are entitled to fair access to those programs, treatments, services and supports they need to assist them on their journey of recovery and well-being. 'Equitable access' may or may not mean 'equal' or 'identical' access given the many variations – for example, size, geographic location, differences in health care systems – that mark different communities and regions across the country.

FAMILIES Families can be made up of relatives, such as spouses, parents and siblings, or people drawn from a person's broader circle of support, which may include extended family, close friends, health care professionals, peer support workers, and other concerned individuals.

INDIGENOUS PEOPLES This document largely uses the specific terms "First Nations," "Inuit" and "Métis" when referring to these distinct groups. Occasionally, the document uses the more general term "indigenous" or "indigenous peoples." This is in keeping with international policy developments. In Canada, the terms "Aboriginal" and "Aboriginal peoples" have been more commonly used.

KNOWLEDGE, EVIDENCE, AND RESEARCH As used in this document, knowledge and evidence are closely related but not identical terms. In its broadest sense, knowledge refers to all the ways in which we individually and collectively understand ourselves and our world. Evidence is knowledge which has met an agreed-upon standard, such as qualitative rigour associated with participatory action methods, quantitative testing, or traditional or customary methods of validation. Research involves the generation of new, as well as the organization of existing, knowledge and evidence. This document acknowledges and calls for research to draw on all the many possible sources of knowledge

and evidence –including science, personal and policy-making experience, traditions and customs – in order to enhance our understanding of mental health and mental illness, and to translate this knowledge and evidence into policy and practice.

LEAST RESTRICTIVE CARE The least restrictive care refers to provision of safe, competent and ethical care which respects individual rights, dignity and autonomy, with the least possible recourse to mechanical, chemical, environmental or physical measures used to limit the activity or control the behaviour of a person or a portion of their body.

MENTAL HEALTH AND WELL-BEING In addition to indicating that 'mental health' is more than the absence of illness, the WHO definition highlights the close connection between the two concepts 'mental health' and 'well-being': "Mental health is a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community." There are individual, psychological and social factors that are known to influence each person's ability to achieve the best possible mental health and well-being. This document emphasizes the importance of creating those conditions that enable people to pursue their individual journey toward mental health and well-being.

MENTAL HEALTH PROBLEMS AND ILLNESSES

In this document, the phrase "mental health problems and illnesses" refers to clinically significant patterns of behaviour or emotions that are associated with some level of distress, suffering or impairment in one or more areas such as school, work, social and family interactions or the ability to live independently.

This document does not attempt to draw a clear distinction between 'problems' and 'illnesses,' or to resolve all the controversies surrounding the choice of terminology. There are many views: some people prefer the phrase 'mental illness' as it emphasizes the seriousness of the conditions experienced by people; others prefer 'mental health problem' because they see it as less stigmatizing; others prefer mental 'disorder' as potentially encompassing both 'problems' and 'illnesses' while also acknowledging the non-medical dimension; others prefer 'mental health issues' as being broader and less connected to a purely 'biomedical approach'; others see their symptoms as 'gifts' rather than 'problems,' and still others would reclaim the term 'madness.'

Still, some term needs to be employed consistently to avoid confusion. The phrase "mental health problems and illnesses" was intentionally chosen with a view to being flexible in response to this diversity of opinion and to allow people with a range of views to identify with it to some extent at least. The use of the term 'problem' does not imply in any way that 'people are a problem' but rather that mental health problems and illnesses cause 'problems for many people.' Given the range of views, not everyone will agree with this choice.

MENTAL HEALTH ISSUES We reserve the use of this term to refer to ‘issues’ in the sense of questions to be resolved through policy-making or practice that pertain to both ‘mental health and well-being’ and ‘mental health problems and illnesses’.

MENTAL HEALTH PROMOTION AND MENTAL ILLNESS PREVENTION Mental health promotion aims to foster mental health in a positive sense for all people in Canada, regardless of whether they are living with a mental health problem or illness, while prevention focuses on measures taken to prevent mental health problems and illnesses, to the greatest extent possible. Efforts to promote mental health and well-being can overlap with those directed at preventing mental health problems and illnesses. This document does not seek to draw a firm dividing line between the two.

Promotion and prevention efforts can both be directed at:

- ▶ the population as a whole, to prevent the development of mental health problems and illnesses;
- ▶ people and communities at risk, to focus resources on vulnerable populations;
- ▶ those with emerging problems, to increase opportunities for early intervention, prevent the progression of a mental health problem or illness, and improve recovery;
- ▶ people living with mental health problems and illnesses, to contribute to their ability to achieve their full potential.

PEOPLE LIVING WITH MENTAL HEALTH PROBLEMS AND ILLNESSES There is no one term that is universally accepted to refer to people with a lived experience of mental health problems and illnesses. In light of the lack of consensus around terms such as ‘patient,’ ‘consumer,’ ‘psychiatric survivor,’ ‘client,’ and so forth, this document adopts the plain language approach taken by the Senate Committee in *Out of the Shadows at Last* which emphasizes that people do in fact ‘live with’ mental health problems and illnesses and can, with appropriate support, enjoy good mental health and live meaningful lives in their communities.

POLICIES, PROGRAMS, TREATMENTS, SERVICES AND SUPPORTS To be truly comprehensive, the mental health system must encompass policies, programs, treatments, services and supports. These span multiple sectors – mental health, health, justice, education, the workplace, etc. – as well as both the ‘formal’ care-giving system and the ‘informal’ care provided by people who are not paid for their services. Policies refer to principles, actions, measures or legislation adopted by governments, organizations, institutions or communities to address mental health issues. Programs refer broadly to activities in the mental health sector, including those directed at mental health promotion and mental illness prevention. Treatments, services and supports refer to the broad range of activities designed to address the symptoms of mental health problems and illnesses and to foster recovery and

well-being. This document does not attempt to draw a sharp distinction between the terms ‘treatments,’ ‘services’ and ‘supports’.

PROTECTIVE FACTORS Protective factors are those that help to reduce the probability of developing mental health problems and illnesses, aid in maintaining good mental health and assist in developing resilience in the face of adversity. They include having a sense of belonging, good relationships, and problem solving skills, and feeling in control of one’s life; as well as structural factors in society that reduce adversity and promote a sense of security, such as safe housing and stable income.

RECOVERY Recovery is understood as a process in which people living with mental health problems and illnesses are empowered and supported to be actively engaged in their own journey of well-being. The recovery process builds on individual, family, cultural and community strengths and enables people to enjoy a meaningful life in their community while striving to achieve their full potential.

Fostering recovery for people living with mental health problems and illnesses is central to the approach taken in this document. Recovery does not necessarily mean ‘cure,’ although it does acknowledge that ‘cure’ is possible for many people. Recovery principles – including hope, empowerment, self-determination and responsibility – are

relevant to everyone experiencing mental health problems or illnesses, but must also be adapted to the realities of the different stages of life.

RISK FACTORS Risk factors are those that increase the likelihood that people will develop mental health problems or illnesses. They can also worsen existing conditions, and contribute to poor mental health by interfering with a person's ability to handle the everyday stresses of life. They can include genetic predisposition, economic, social and psychological factors, childhood trauma and its impact on brain development, isolation, incarceration, personal or family drug or alcohol abuse, family conflict, and the experience of discrimination.

SOCIAL DETERMINANTS OF HEALTH It is widely accepted that health, including mental health, is determined by much more than biological or genetic endowment. Social, economic, environmental and cultural factors – such as income, place within a social hierarchy, level of education, access to adequate housing, experience of inequality – are major contributors to health outcomes. The impact of many of these factors is often only identifiable when outcomes are examined across large segments of the population and these factors are often best addressed at a societal, rather than individual level.

STIGMA AND DISCRIMINATION Stigma refers to beliefs and attitudes about mental health and mental illness that lead to the negative stereotyping of people and to prejudice against them and their families. These are often based on ignorance, misunderstanding and misinformation. Discrimination refers to the various ways in which people, organizations and institutions unfairly treat people living with mental health problems or illnesses, often based on an acceptance of these stereotypical and prejudicial beliefs and attitudes. This document sees stigma and discrimination as two sides of the same coin. Both must be addressed.

TRANSFORMED MENTAL HEALTH SYSTEM This document uses the term 'transformed mental health system' to indicate the extensive scale of the changes that will be required to have a genuine 'system' that can address the full range of mental health needs of all people living in Canada. A transformed mental health system will be integrated with the rest of the health care system, with community-based care, housing, and employment support, and will maintain strong links to other sectors such as justice, education, and the workplace. A transformed system will replace the fragmented patchwork that is all too often the norm today with a system that is organized to achieve all the goals outlined in this framework.



Title: Timbrés et affranchis
Artist: Mireille Bourque
Collection: Vincent et moi
Photo: Simon Lecomte



Title: Soleil brûlant
Artist: Linda Dumont
Collection: Vincent et moi
Photo: Simon Lecomte



Title: Évadés du trottoir
Artist: Mireille Bourque
Collection: Vincent et moi
Photo: Simon Lecomte



Title: L'Espérance
Artist: Marise Pelletier
Collection: Vincent et moi
Photo: Simon Lecomte



Title: Promised Green
Artist: Julian Hahn
Collection: The Art Studios



Title: Poppy Bee
Artist: Cló Laurencelle
Collection: The Art Studios



Title: L'Automne de la vie
Artist: Hélène Cloutier
Collection: Vincent et moi
Photo: Simon Lecomte



Title: Taken for a Ride
Artist: Bev Knight
Collection: The Art Studios



Title: Le Coeur est un oiseau
Artist: Gérard Lever
Collection: Vincent et moi
Photo: Simon Lecomte



Title: Blue Orange
Artist: Sandra Yuen Mackay
Collection: The Art Studios



Title: Temporary Beauty
Artist: Julian Hahn
Collection: The Art Studios

>> Imagine

“Imagine walking into a room...it’s bright and cheerful. There is someone there to greet you. The chairs are comfortable. There are plants and flowers all around, and posters on the walls say DREAM, IMAGINE, and HOPE. You are offered something to drink. You don’t sense that they are afraid of you. Within a short period of time, you are talking about your needs. Do you need to be admitted to a hospital, you wonder? Is that [the only] option? Can a support worker stay with you tonight at your home? What about someone who can bring you to a friend’s house? Do you know what you need? You may be afraid that someone is going to see you in this place. You have a job and you don’t want anyone to know that you have “problems.” You get help quickly and you are offered a private room discreetly. By the time you leave, you have a plan. It may be simple but you have one. You feel more in control. You know you can come back here at anytime, day or night. A counsellor can see you within the next 72 hours. Resources in the community are explained to you. You feel respected, understood, and that you are not the problem, but that you have one, and that your problems can be solved and that there are people to help you solve it. This is the mental health system we dream of. Places people can go. To feel safe. To feel comfortable. To talk. What kind of mental health system do you want? Now is a time to dream and to imagine.”

—PUBLIC ONLINE PARTICIPANT, ABRIDGED



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This document presents seven goals that are designed to capture, in general terms, the elements that need to be addressed if we are to succeed in building a genuine mental health system in Canada. These goals reflect extensive input from people living in Canada from coast to coast to coast, gathered through regional dialogues and an online consultation process held early in 2009.

We have called it a framework because, as with the framework for a house under construction, the goals contained in this document define the basic shape of what a transformed mental health system will look like – one that can operate as a genuine system.

The goals provide the structure for developing a more detailed mental health strategy that will address the many specific issues that confront different constituencies and various segments of the population. At the same time, these goals lay out the key assumptions, concepts, and values that inform our vision of a transformed system.

Each of the seven goals in this framework examines one dimension of a transformed mental health system, yet is also closely tied to all the other goals. Together, this set of interconnected goals defines what it will take to have a system that is oriented toward both enabling the recovery of people living with mental health problems and illnesses and fostering the mental health and well-being of everyone living in Canada.

It is only by making progress toward the seven goals that are outlined in this framework, that a genuine mental health system can be created – a system that will support all people living in Canada as they journey toward recovery and well-being.