CHANGING DIRECTIONS CHANGING LIVES

The Mental Health Strategy for Canada

Mental Health Commission of Canada
Commission de la santé mentale du Canada

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CHANGING DIRECTIONS, CHANGING LIVES: THE MENTAL HEALTH STRATEGY FOR CANADA

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FOREWORD

On behalf of the Mental Health Commission of Canada, it gives us great pleasure to place before you *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. The publication of this document represents the fulfillment of a key element of the mandate that was conferred upon the Mental Health Commission of Canada by the Government of Canada in April 2007.

The Commission has drawn on the experience, knowledge and advice of thousands of people across the country in the course of drafting this *Strategy*. The stories we have heard from people living with mental health problems and illnesses, their families, and the many dedicated people who work with them across the country have moved us, have angered us, and have inspired us.

This *Strategy* is about improving mental health and well-being for everyone and creating, together, a mental health system that can truly meet the needs of people of all ages living with mental health problems and illnesses, and their families. This is not a simple task. There are no miracle solutions and there is no single template that will work for everyone or for every jurisdiction.

This *Strategy* therefore tackles a broad range of issues and presents many recommendations for change. The hard work of putting these recommendations into practice now becomes the responsibility of governments, of providers of mental health and related services, and of the countless people in every corner of our land who use these services every year. The Commission will continue to do its part, but transforming the mental health system in this country is truly a job for us all.

We believe that there now exists an historic opportunity to make a difference. It will not be easy, but the winds of change have been swirling about the mental health system for many years.

We can and must defeat the stigma that has blighted people's attitudes for far too long and has fed the discrimination that so many have endured. We can and must ensure that everyone who confronts a mental health problem or illness is able to count on the same support, treatment and services as anyone who is facing a physical health challenge. We can and must promote mental health in all walks of life, and do everything possible to reduce people's risk of developing a mental health problem or illness, or of becoming so desperate as to contemplate suicide.

There are many positive signs of progress. The media are playing an increasingly constructive role. The economic significance of better mental health is becoming more apparent to employers and governments alike. Our knowledge of what works to promote recovery and well-being is growing with each passing day.

Changing Directions, Changing Lives provides the blueprint to translate aspiration for change into action, to draw together people's efforts across the country into an unstoppable movement to improve mental health. We hope that you will join with us to make this happen.

Michael Kirby

David Goldbloom

Louise Bradley

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On listening, and including a diversity of views in the Strategy

"In one of the consultations, the Commission heard from other consumers and family members, and our voices were honoured and valued. There was a real interest in hearing about things like experiences of racism, homophobia and class discrimination as it related to mental health and mental health services. We don't have a good history in Canada in terms of how we deal with mental illness and have marginalized a number of people in our society. The Commission solicited opinions from people with lived experience of mental illness and all of our diverse views. The process was valuable and richer in the end."

Shana Calixte – Peer support advocate

EXECUTIVE SUMMARY

This is the first mental health strategy for Canada. Its release marks a significant milestone in the journey to bring mental health 'out of the shadows' and to recognize, in both words and deeds, the truth of the saying that there can be no health without mental health.

Although there are several population groups and policy areas for which the federal government has important mental health responsibilities, the organization and delivery of health care, social services and education in Canada largely fall to provincial and territorial governments. Despite the fact that pan-Canadian initiatives could help all jurisdictions to improve mental health outcomes, planning documents that address these matters from the perspective of the country as a whole are rare. Jurisdictional challenges have been compounded by the stigma that has kept discussion of mental health issues out of the public arena for far too long.

Changing Directions, Changing Lives is the culmination of many years of hard work and advocacy by people across the country. A key driver behind its development has been the testimony of thousands of people living with mental health problems and illnesses. In increasing numbers they have found the courage to speak publicly about their personal experiences and the many obstacles they face in obtaining the help and support they need from an underfunded and fragmented mental health system. Family members have echoed this assessment while pointing to the many challenges that they also confront. Service providers (within the mental health system as well as outside of it), researchers, and policy experts have added their voice to the chorus calling for much-needed change. They have all had a voice in the development of this *Strategy*.

In any given year, one in five people in Canada experiences a mental health problem or illness, with a cost to the economy of well in excess of $50 billion.[1]

Changing Directions, Changing Lives **is about improving mental health outcomes for all Canadians.** The release of the *Strategy* comes at a time of great opportunity and hope for mental health. Despite the many unanswered challenges, signs of progress are everywhere. Not only has there been unprecedented growth in media attention to, and corporate interest in, mental health, but many new provincial and territorial government strategies and other initiatives are also underway.

At the same time, our knowledge of how best to meet the needs of people living with mental health problems and illnesses increases by the day, as does the recognition that everyone can aspire to better mental health and well-being and to a life of meaning and purpose. People across the country—professionals as well as volunteers, peers and family members—have dedicated themselves to improving mental health outcomes, both by working with individuals and by seeking ways to enhance the social and economic conditions that influence everyone's mental health. Their successes are reflected in the many examples of excellence in every region.*

This *Strategy* recognizes that we will never be able to adequately reduce the impact of mental health problems and illnesses through treatment alone. As a country, we must pay greater attention to the promotion of mental health for the entire population and to the prevention of mental illness wherever possible. Compelling evidence for the effectiveness of promotion and prevention programs has been accumulating in Canada and internationally for many years, and we cannot afford to wait any longer to implement these programs as widely as possible.

Canada needed a plan to improve a system that is not working well. Considerable progress is being made across the country, yet we are still very far from where we need to be. In the words of the landmark 2006 report, *Out of the Shadows at Last,* "the status quo is not an option."[2] Unlike for other health conditions, only one in three people who experience a mental health problem or illness—and as few as one in four children or youth—report that they have sought and received services and treatment.[3,4]

* The *Strategy* highlights examples of programs that are demonstrating promising results from coast to coast to coast. These examples are not a comprehensive inventory of best and promising practices across the country, but are rather intended to illustrate what many of the *Strategy*'s recommendations can look like in practice.

There are many reasons for this. Stigma and the fear of being labeled prevent many people from looking for help. Finding the right service can be a serious challenge. Some people do not recognize that they have a problem, whether from lack of knowledge or because the illness itself can prevent people from understanding what is happening to them and that help would make a difference. The mental health system should be there for everyone who needs it, and now is the time to make this happen.

This *Strategy* is a blueprint for change. It has been developed by the Mental Health Commission of Canada (the 'Commission'), in close consultation with people living with mental health problems and illnesses, families, stakeholder organizations, governments, and experts. The Commission is an independent, arms-length organization that was established by the federal government in 2007 in response to a key recommendation in the *Out of the Shadows at Last* report.

The *Strategy* has been developed in two distinct phases. In 2009, the release of *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada* by the Commission marked the completion of the first phase.[5] The *Framework* put forward a vision and broad goals that reflect an emerging consensus spanning the diverse mental health community. It painted a vivid picture of the kind of mental health system we need, a system that:

- recognizes mental health as essential to our quality of life and draws on the best research and knowledge to help people address mental health problems and illnesses on a par with physical health challenges;
- offers everyone the hope and the possibility of recovery, supports families, and promotes the best possible mental health and well-being for the whole population;
- provides equitable access to a full range of high quality services, treatments and supports for all people, regardless of their origin, background, experience or circumstances;
- enables people confronting mental health problems and illnesses to be fully engaged citizens and active participants in all aspects of social and economic life.

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

— Vision Statement, Toward Recovery and Well-Being

We know what needs to be done. Drawing on the best available evidence and on input from thousands of people across Canada, *Changing Directions, Changing Lives* translates this vision into recommendations for action. The scope of the *Strategy* is broad and its recommendations are grouped into six key Strategic Directions. Each Strategic Direction focuses on one critical dimension and together they combine to provide a comprehensive blueprint for change. The six Strategic Directions are as follows:

1. **Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible.** Reducing the impact of mental health problems and illnesses and improving the mental health of the population require promotion and prevention efforts in everyday settings where the potential impact is greatest.

2. **Foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights.** The key to recovery is helping people to find the right combination of services, treatments and supports and eliminating discrimination by removing barriers to full participation in work, education and community life.

3. **Provide access to the right combination of services, treatments and supports, when and where people need them.** A full range of services, treatments and supports includes primary health care, community-based and specialized mental health services, peer support, and supported housing, education and employment.

4. **Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners.** Mental health should be taken into account when acting to improve overall living conditions and addressing the specific needs of groups such as new Canadians and people in northern and remote communities.

5. **Work with First Nations, Inuit, and Métis to address their mental health needs, acknowledging their distinct circumstances, rights and cultures.** By calling for access to a full continuum of culturally safe mental health services, the *Mental Health Strategy for Canada* can contribute to truth, reconciliation, and healing from intergenerational trauma.

6. **Mobilize leadership, improve knowledge, and foster collaboration at all levels.** Change will not be possible without a whole-of-government approach to mental health policy, without fostering the leadership roles of people living with mental health problems and illnesses, and their families, and without building strong infrastructure to support data collection, research, and human resource development.

***Changing Directions, Changing Lives* calls on all Canadians to play a role in improving the mental health system.** Not all of the recommendations in the *Strategy* can be accomplished at once, and, in a country as diverse as Canada, there will never be a 'one size fits all' approach to the complex task of transforming the mental health system. Despite the broad consensus on the key directions for change, there will never be universal agreement on everything that needs to be done or on what should be done in what order.

Mental health is also not the concern of the health sector alone. The policies and practices of multiple government departments (including education, justice, corrections, social services and finance) have a major impact on people's mental health and well-being. Beyond government, it is clear that workplaces, non-government organizations, the media, and many others all have a role to play.

It will be up to people in each region of the country and at every level of government to create their own plans for acting on the *Strategy*'s recommendations, in keeping with their particular circumstances. In this way, *Changing Directions, Changing Lives* offers an opportunity for everyone's efforts—large and small, both inside and outside the formal mental health system—to help bring about change.

It will take time to implement the recommendations in this *Strategy*, and it will take sustained commitment and leadership at many levels. The *Strategy* calls for:

- people living with mental health problems and illnesses and their families to become more engaged in the planning, organization, delivery and evaluation of mental health services, treatments and supports;
- mental health service providers to work with planners, funders, and users of the system to examine what changes are required in the way that they work in order to create a system that is better integrated around people's needs and fosters recovery;
- governments to take a comprehensive approach to addressing mental health needs, to re-focus spending on improving outcomes, and to correct years of underfunding of mental health;
- senior executives in both the public and private sectors to create workplaces that are as mentally healthy as possible, and to actively support the broader movement for improved mental health;
- all Canadians to promote mental health in everyday settings and reduce stigma by recognizing how much we all have in common—there is no 'us' and 'them' when it comes to mental health and well-being.

Strategic investment, clear indicators of progress, and a strong social movement are needed to drive change. *Changing Directions, Changing Lives* presents an ambitious plan, but it is one that can be achieved step by step. It identifies directions for change while building on the many excellent initiatives already underway across the country.

Many of its recommendations point to ways to maximize the benefits derived from existing resources.

At the same time, given the historical neglect of the mental health sector, the *Strategy* recognizes the need to invest more so that mental health outcomes can be improved. The proposed approach to funding is as follows:

- increase the proportion of health spending that is devoted to mental health from seven to nine per cent over 10 years;
- increase the proportion of social spending that is devoted to mental health by two percentage points from current levels;
- identify current mental health spending that should be re-allocated to improve efficiency and achieve better mental health outcomes; and
- engage the private and philanthropic sectors in contributing resources to mental health.

Setting out a plan, no matter how good, is never enough on its own. The impact of *Changing Directions, Changing Lives* needs to be measured over time and reviewed carefully after five years to assess the progress that has been made. The *Strategy* proposes an initial set of indicators that can be used to do this, and calls for the development and implementation of a long-term plan to strengthen Canada's capacity to track the overall mental health and well-being of the population.

Finally, the *Strategy* acknowledges that there must be a further dimension to efforts to bring about the scale of change that is required. The *Strategy* calls on Canadians from coast to coast to coast to become more engaged in mental health issues, to take action locally, regionally and nationally and create a broad social movement for improved mental health in Canada.

Changing Directions, Changing Lives is about making sure that Canada is on a course toward real change. By raising the profile of mental health issues and encouraging public discussion of them, the *Strategy* will help to reduce stigma in the minds of many, and further the elimination of the discrimination that feeds on this stigma.

The *Strategy* will help to ensure that people who experience mental health problems and illnesses—especially those with the most severe and complex mental health problems and illnesses—are treated with respect and dignity, and enjoy the same rights as all Canadians.

Together we can ensure that everyone living in Canada has the opportunity to achieve the best possible mental health and well-being.

There is a growing sense across Canada that the time for action on mental health is here. This *Strategy* will help to turn our aspirations for change into reality.

MENTAL HEALTH, MENTAL ILLNESS, RECOVERY, AND WELL-BEING

Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada, produced by the Commission in 2009, outlined the vision and broad goals for transforming the mental health system. The *Framework* also presented a way of understanding mental health, mental illness, recovery, and well-being that underpins the recommendations in *Changing Directions, Changing Lives*.

Mental health and mental illness. Mental health is different from the absence of mental illness, and is integral to our overall health. 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.[6]

Good mental health buffers us from the stresses and hardships that are part of life for us all, and can help to reduce the risk of developing mental health problems and illnesses. Even when someone develops a mental health problem or illness, they can nevertheless experience good mental health and this can contribute to their journey of recovery.[7] This *Strategy* proposes ways for us all to promote good mental health at home, and in our schools, workplaces and communities.

There are many different kinds of mental health problems and illnesses. They range from more common mental health problems and illnesses such as anxiety and depression to less common problems and illnesses such as schizophrenia and bipolar disorder. This *Strategy* does not attempt to draw a firm line between 'problems' and 'illnesses,' or to resolve all of the controversies surrounding the choice of terminology. Rather, the term 'mental health problems and illnesses' has intentionally been chosen to be respectful of a wide range of views.

In *Changing Directions, Changing Lives*, the phrase 'mental health problems and illnesses' refers to the full range of patterns of behaviour, thinking or emotions that bring some level of distress, suffering or impairment in areas such as school, work, social and family interactions or the ability to live independently.

The type, intensity and duration of symptoms of mental health problems and illnesses can vary widely from person to person as well as by type of problem or illness. Symptoms do not always follow a regular pattern, and can be a one-time event or cause episodes over many years. Some mental health problems and illnesses can bring about profound feelings of hopelessness and worthlessness, which can lead to thoughts of suicide.

People who live with chronic diseases, addictions, and neurological conditions such as dementia, developmental and learning disabilities, and autism can experience mental health problems and illnesses at the same time. While this *Strategy* does not address the full scope of issues relating to the many health, behavioural, and neurological conditions that are closely linked to mental health problems and illnesses, it does include recommendations to strengthen the coordination of prevention efforts as well as the delivery of services.

There is no single cause of any mental health problem or illness, and no one is immune, no matter where they live, how old or young they are or their social standing. Mental health problems and illnesses are thought to be the result of a complex mix of social, economic, psychological, biological, and genetic factors that also influence our overall mental health and well-being. Our understanding of these factors is improving through scientific research and study of many other sources of knowledge.

Some factors, such as poverty and homelessness, lie outside the realm of the mental health and health systems. However, it is important to recognize the impact of these and other social conditions on mental health and to identify relevant policy changes in the public and private spheres.

Recovery and well-being. The good news is that recovery is increasingly possible. In *Changing Directions, Changing Lives*, the concept of 'recovery' refers to living a satisfying, hopeful, and contributing life, even when there are on-going limitations caused by mental health problems and illnesses.

Promoting recovery is not about raising false hope. With the right combination of services, treatments and supports, many people who are living with even the most severe mental illnesses can experience significant improvements in symptoms and quality of life and engage in a life of meaning and purpose.[8] Recovery does not always imply 'cure,' but it does acknowledge that the full remission of symptoms is possible for some.

The concept of recovery is built on the principles of hope, empowerment, self-determination and responsibility. In a recovery-oriented system, people who experience mental health problems and illnesses are treated with dignity and respect. To the greatest extent possible, they control and maintain responsibility for their mental health and well-being, and they make their own choices about which services, treatments and supports may be best for them, informed by the advice of professionals, as well as family and peers.

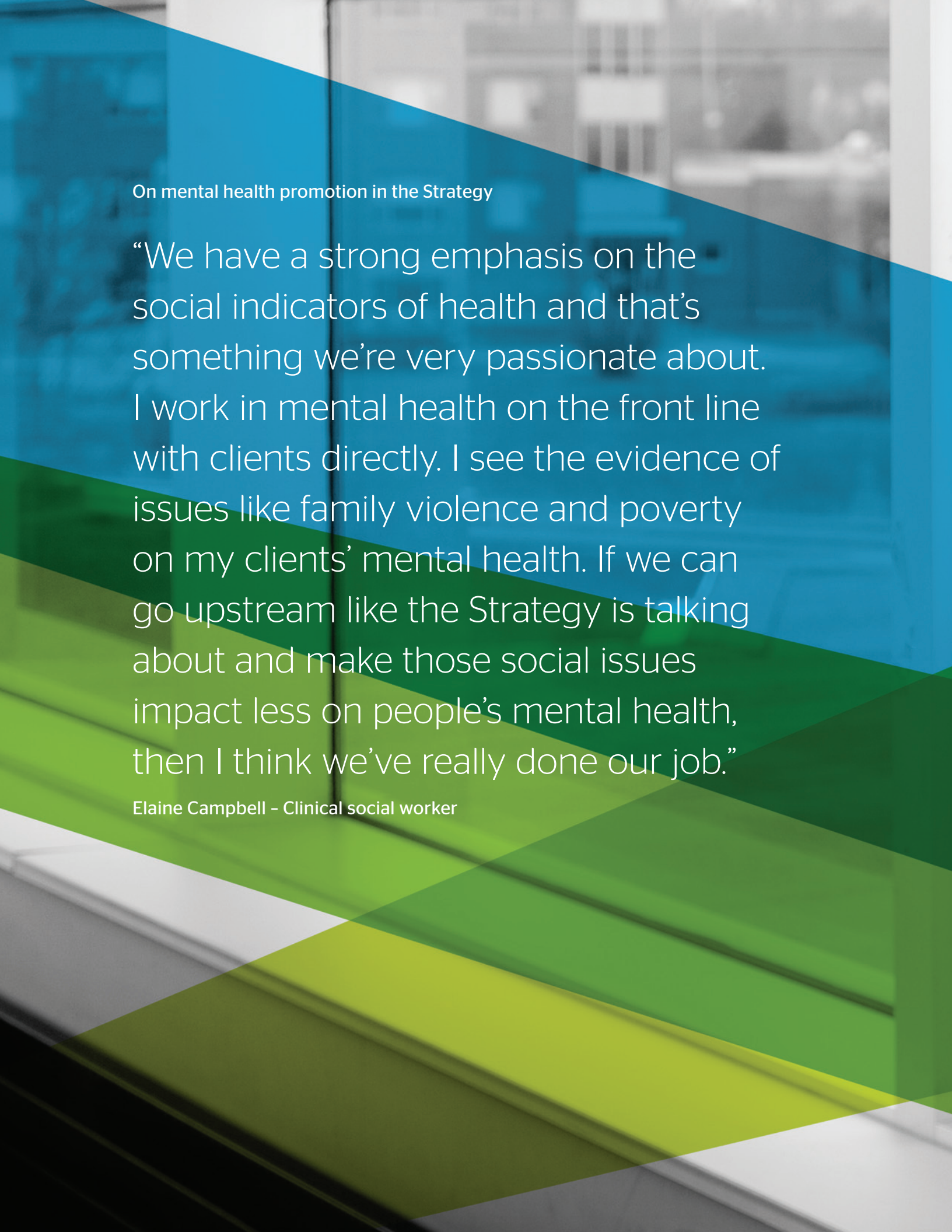
In *Changing Directions, Changing Lives*, the approach to recovery has been broadened to include the concept of well-being, so that, with some adaptations to the different stages of life, the principles of recovery can apply to everyone. With infants, children, and youth, for example, the focus is on becoming resilient and attaining the best mental health possible as they develop. For seniors, it is essential to address the additional challenges associated with aging. Good mental health and well-being are also important for all of us, no matter what our age and whether or not we experience mental health problems or illnesses.

Suicide Prevention in *The Mental Health Strategy for Canada*

Suicide has a devastating impact on individuals, families and communities in Canada. Suicide and mental health problems and illnesses need to be addressed together. Of the 4,000 Canadians who die every year as a result of suicide, most were confronting a mental health problem or illness.[9] Suicide and mental health problems and illnesses also share many common risk and protective factors.

Changing Directions, Changing Lives includes many recommendations that, when implemented, will significantly advance suicide prevention in Canada. These recommendations are also well aligned with the 2009 Canadian Association for Suicide Prevention National Suicide Prevention Strategy, as well as provincial and territorial initiatives such as the Nunavut Suicide Prevention Strategy.[10,11] These recommendations include:

- increasing the capacity of families, schools, workplaces and those involved with seniors to promote good mental health, reduce stigma, and prevent mental illness and suicide wherever possible; improving public awareness of how to recognize mental health problems and illnesses and seek help (mental health literacy); training front-line service providers in mental illness and suicide prevention (Strategic Direction 1);
- supporting families to address their own needs, including grief and loss from suicide; drawing on direct knowledge of suicide, suicide attempts, and suicide risk by actively involving individuals and families in decision making (Strategic Direction 2);
- improving access to mental health services, treatment and supports, including screening for mental health problems and suicide risk in primary health care (Strategic Direction 3);
- addressing common underlying risk factors, such as poverty and trauma; strengthening the response to the mental health needs of population groups with high overall suicide rates, such as older men, First Nations and Inuit youth, and lesbian, gay, bisexual, and transgendered youth (Strategic Directions 4 and 5); and
- establishing whole-of-government and pan-Canadian mechanisms to oversee mental health-related policies; strengthening data, research, knowledge exchange, standards and human resources related to mental health, mental illness and suicide prevention (Strategic Direction 6).



On mental health promotion in the Strategy

"We have a strong emphasis on the social indicators of health and that's something we're very passionate about. I work in mental health on the front line with clients directly. I see the evidence of issues like family violence and poverty on my clients' mental health. If we can go upstream like the Strategy is talking about and make those social issues impact less on people's mental health, then I think we've really done our job."

Elaine Campbell – Clinical social worker

STRATEGIC DIRECTION 1

Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible.

The goal of promoting mental health and preventing mental illness is straightforward: to increase the number of people who enjoy good mental health and reduce, to the greatest extent possible, the number of people whose mental health is poor, who experience the symptoms of mental health problems or illnesses, or who die by suicide. Achieving these objectives is not easy, but there is much that can be done.

Positive mental health—feeling well, functioning well and being resilient in the face of life's challenges—has always been something for which people strive. It improves the quality of their lives and is integral to their overall health and well-being. Currently, around the world, there is growing recognition that improving the state of mental well-being for the whole population brings social and economic benefits to society.[12] Even when there are on-going limitations caused by mental health problems and illnesses, people can nevertheless experience positive mental health, and this can contribute to their journey of recovery.[13]

At the same time, we must strengthen our efforts to prevent mental health problems and illnesses wherever possible. As noted at the outset of this *Strategy*, there is no single 'cause' of the mental health problems and illnesses that present real challenges to one in five people living in Canada every year. They are thought to be the result of a complex interaction of biological, genetic, economic, social and psychological factors.

At present, there is little that can be done to alter genetic predisposition to mental health problems and illnesses. Nonetheless, even for severe mental health problems and illnesses such as schizophrenia, there is a growing body of knowledge about the interaction between genetic risk factors and environmental triggers.[14]

In general, it is not possible to know in advance which individuals will experience the symptoms of a mental health problem or illness. However, we can enhance factors that are known to help protect people, diminish those factors that put them at risk, reduce the prevalence and delay the onset of some mental health problems and illnesses, reduce symptoms and disability, and support people in their journey of recovery.[15]

Protective factors include having a sense of belonging, enjoying good relationships and good physical health, feeling in control of one's life, and possessing good problem-solving skills. Examples of risk factors include childhood trauma, social isolation, substance use problems, and having a parent who lives with a mental health problem or illness. 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. Many of the same risk and protective factors that have an impact on mental health and mental illness can also have an impact on the risk of suicide and problematic substance use.

There is growing evidence about what kinds of programs can be effective. 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, home). They 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.[16,17] Better mental health promotion and mental illness prevention will improve well-being, reduce suffering and ease demand for more specialized services so that they are more readily available to those who need them most.

Mental health needs to be addressed in everyday places like schools, workplaces, long-term care facilities, and at home. Doing so will also contribute to achieving broader goals such as increasing productivity and rates of employment, improving physical health across the lifespan, helping people to do better in school, and reducing crime.[18,19] Addressing mental health and mental illness as everyday issues in the community will also help to change perceptions and reduce stigma and discrimination. To accomplish this, work is needed both inside and outside of health care and mental health settings. The role of the health and mental health systems is addressed in Strategic Direction 3.

It is important that, in promoting mental well-being and reducing risk factors for everyone, we do whatever we can to reduce the gap between those who are thriving and those whose mental health is most at risk. Strategic Direction 4 focuses on what can be done to reduce disparities across the population by attacking underlying risk factors, such as poverty and racism.

School-based FRIENDS for Life Program, British Columbia

The *FRIENDS for Life* program is an internationally recognized, school-based early intervention and prevention program that builds resilience and reduces the risk of anxiety disorders in children. Since 2004, *FRIENDS* has been implemented for students in grades 4 and 5 in BC schools across the province. A youth program for students in grades 6 and 7, a *Fun Friends* program for children in kindergarten and grade 1, and culturally relevant program materials for First Nations students have also been introduced. Over 75 parent workshops have also been delivered through the *FRIENDS* parent component.[20] Findings from international research have found that 86 per cent of children showing signs of anxiety disorders no longer display symptoms after completing the program, compared to 31 per cent of the control group. These benefits have been sustained from one to six years.[21]

PRIORITY 1.1

Increase awareness about how to promote mental health, prevent mental illness and suicide wherever possible, and reduce stigma.

It is important that we find ways to communicate the connection between mental well-being and economic prosperity, school performance, and physical health and well-being, so that mental health can be promoted in policies and practices in all areas of social and economic life.

At the individual and community levels, there are many things that can be done to protect and improve mental health. Some of the simple steps that can be easily integrated into our daily activities—such as making a conscious effort to connect with people around us, being physically active or doing something to help someone else—have been shown to contribute to our individual mental well-being.[22] We also need to work to create healthier communities and reduce barriers that can inhibit individuals from acting to foster better mental health.[23] For example, improving access to recreation for low-income families can help them to be physically active.

People also need knowledge and skills which help them to recognize mental health problems and illnesses, in themselves or others, so that everyone can obtain the support that they need as early as possible.[24] Ideally, acquiring this kind of knowledge of mental health and mental illness will become as widespread as training in first aid for physical injuries and illnesses. This, along with knowledge and skills in suicide prevention, is particularly important for front-line service providers, not only in health care, but also in the education and justice systems, as well as for those providing emergency, long-term care and social services. The people who are most directly involved in delivering services are best placed to recognize early warning signs, support people to get help, and prevent their mental health from deteriorating.

People living with mental health problems and illnesses often report that the experience of stigma—from members of the public, from friends, family and co-workers, and even at times from the very service systems that they turn to for help—has a more devastating impact on them than the illness itself.

Mental Health First Aid Canada.[25] Mental health first aid is the help provided to a person developing a mental health problem or experiencing a mental health crisis. Mental Health First Aid Canada (operated by the Commission) teaches people how to recognize the signs and symptoms of mental health problems and illnesses, provide initial help, and guide a person toward appropriate professional help.

1.1

RECOMMENDATIONS FOR ACTION

Changing attitudes and fighting stigma require more than just improving understanding of the signs and symptoms of mental health problems and illnesses. The best way to break down stigma is through 'contact-based education'—meeting and talking with people who can share their experiences of mental illness and recovery.[26]

Reducing stigma is important for changing how people think, but addressing discrimination, upholding rights and eliminating structural barriers are critical for changing how people act. This will be addressed as part of a broader discussion of rights in Strategic Direction 2, which also includes a description of *Opening Minds*, the Mental Health Commission of Canada's anti-stigma/anti-discrimination initiative.

1.1.1 Demonstrate to policy makers, employers, and the general public how positive mental health contributes to Canada's social and economic prosperity.

1.1.2 Increase people's understanding of how to improve their own mental health and well-being, and support communities to take action to foster mental health and well-being.

1.1.3 Increase people's understanding of how to recognize mental health problems and illnesses, how to get support if they need it, and how to get help for someone else.

1.1.4 Train front-line service providers of all kinds to identify mental health problems and illnesses early, promote mental health, and prevent mental illness and suicide wherever possible.

1.1.5 Fight stigma by including opportunities in promotion, prevention and early intervention initiatives to meet and talk with people living with mental health problems and illnesses.

PRIORITY 1.2

Increase the capacity of families, caregivers, schools, post-secondary institutions and community organizations to promote the mental health of infants, children, and youth, prevent mental illness and suicide wherever possible, and intervene early when problems first emerge.

Healthy emotional and social development lay the foundation for mental health and resilience in childhood and throughout life. Despite more than a decade of research that shows the benefits of mental health promotion and mental illness prevention throughout childhood, Canada does not do enough.[27]

This is particularly important because we know that up to 70 per cent of young adults living with mental health problems report that the symptoms started in childhood.[28] We also know that children who have mental health problems are more likely to become adolescents and then adults with mental health problems and illnesses.[29] In addition, promotion and prevention early in life can bring significant return on investment, by reducing demand for services in the mental health system and also in other sectors, such as the criminal justice system.[30]

Infants, children, and youth are best reached at home, school or post-secondary institutions through broad programs that promote mental health for all, complemented by targeted prevention programs for those at highest risk due to factors such as poverty, having a parent with a mental health or substance use problem, or family violence.

> **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.**
>
> *— Parent*

Comprehensive, home-based approaches can support parents to have healthy pregnancies and to foster social and emotional development in early childhood, which are the first steps toward mentally healthy lives for infants and young children. A close bond with parents, guardians and other caregivers provides a sense of safety and support that helps brain development and contributes to positive social relationships and enhanced self-esteem.[31, 32] Screening for developmental, social, and emotional delays, and focused initiatives for families with infants and young children affected by chronic stress can yield long-term benefits to the children, their families, and society, particularly when these programs are integrated with education and social services.[33, 34, 35]

As children move further out into the world, their need for a healthy social and emotional environment does not diminish. School-based programs can help to ensure that school is a haven rather than a source of stress, which is why we must make them a high priority. Such programs are most effective when they are fully integrated into comprehensive school health initiatives that reach all students, and include a focus on promoting healthy social and emotional development, building resilience, reducing bullying and other risk factors, and reducing stigma.[36, 37]

School-based efforts should include targeted programs for children and youth who are at greatest risk, and these need to be supplemented by additional home and community supports. Helping families can reduce aggressive or antisocial behaviour and substance abuse and help kids to do better in school.[38, 39] Children and youth in the child welfare system ('in care') have a rate of mental health problems far above that of the overall child population and

Mental Health Commission of Canada (MHCC) School-Based Mental Health and Addictions Services Project.[40, 41, 42] Led by the MHCC Child and Youth Advisory Committee, this project will provide practitioners and policy makers in education, health, child welfare, and related organizations and agencies with a variety of policy and practice options for the delivery of school-based mental health and addictions services, from promotion through treatment.

need special attention. Those who are not connected either to school or family will need special efforts by community organizations.[43]

In all settings, we need to increase our ability to recognize problems—whether they are developmental, social or emotional delays in infancy or severe mental illness in teenagers and young adults—as they first emerge. To accomplish this, mental health services, primary health care, child welfare and other services must work closely together.[44]

> **So many kids have real issues of depression, anxiety, bipolar...they need real help...it's not growing blues or being uncool and unhappy ...they deserve the treatment and the help.**[47]
>
> *— A friend of a young person living with a mental illness*

Raising Awareness about Depression in Secondary Schools, Quebec

Launched in the late 1990s in response to high youth suicide rates, *Partners for Life* is a depression awareness program for youth offered in Quebec secondary schools by the Mental Illness Foundation.[45] Classroom sessions use an interactive, youth-friendly approach to enable students to recognize the signs of depression, substance abuse and suicidal behaviour, and to know what they can do to get help for themselves or for friends. The program has reached 750,000 young people (approximately 60 per cent of secondary school students) as well as 8,000 parents and 22,000 care providers. It has both raised awareness of depression as a risk factor for suicide and enabled many youth to be referred and treated for depression.[46] Although suicide rates can be influenced by many factors, Quebec's youth suicide rate has dropped dramatically over the past decade.

1.2

RECOMMENDATIONS FOR ACTION

1.2.1 Increase support for parents and caregivers to promote healthy social and emotional development in infancy and early childhood, paying special attention to those at high risk.

1.2.2 Expand initiatives to identify developmental, social, and emotional delays in infants and young children, as well as the range of services and supports to address them.

1.2.3 Increase comprehensive school health and post-secondary mental health initiatives that promote mental health for all students and include targeted prevention efforts for those at risk.

1.2.4 Increase the availability of family-centred and community-based mental illness prevention programs for children and youth most at risk.

PRIORITY 1.3 Create mentally healthy workplaces.

Most adults spend more waking hours in the workplace than anywhere else, and many youth also work at least part-time. The workplace can contribute to mental well-being and play an essential part in helping people to attain their full potential. However, it can also be a very stressful environment that can contribute to the development of mental health problems and illnesses, such as depression and anxiety. No workplace is immune, no matter its size, whether it is in the private or public sector, manufactures goods or delivers services. Creating mentally healthy workplaces in all sectors benefits workers, their families, and employers, while contributing to the economic prosperity of the country.

The costs of not addressing mental health issues in the workplace are significant: mental health problems and illnesses typically account for approximately 30 per cent of short- and long-term disability claims, and are rated one of the top three drivers of both short- and long-term disability claims by more than 80 per cent of Canadian employers.[48, 49] In 2010, mental health conditions were responsible for 47 per cent of all approved disability claims in the federal civil service, almost double the percentage of twenty years earlier.[50] Mental health problems and illnesses also account for more than $6 billion in lost productivity costs due to absenteeism and presenteeism.[51] On top of shouldering these costs, employers are increasingly being held legally responsible for psychological health and safety in their workplaces—making them liable to claims, for example, if a worker is harassed or bullied or even chronically overworked.[52]

The Psychological Health and Safety Standard that is being developed for Canadian public and private sector workplaces will provide guidance for changing how mental health and mental illness are approached in the workplace and enable both employers and employees to measure progress.[53] However, a shift in workplace culture cannot be accomplished

MHCC WORKFORCE ADVISORY COMMITTEE PROJECTS

Psychological Health and Safety in the Workplace Standard.[54] This voluntary, national standard—like physical health and safety standards—is intended to provide organizations with the tools to achieve measurable improvement in psychological health and safety for Canadian employees.

MHCC Leadership Framework for Advancing Workplace Mental Health.[55] This website outlines the business case for creating a mentally healthy workplace, and provides tools and information for business leaders.

MHCC Improving Psychological Health and Safety in the Workplace.[56] This project is focused on examining ways to enhance mental illness prevention in the workplace. A review of best practices and an employer's handbook for mental health in the workplace have been developed.

by a Psychological Health and Safety Standard alone. Strong organizational leadership and a comprehensive approach to organizational change will be required.

Only 23 per cent of Canadians surveyed said they would feel comfortable talking to an employer about their mental illness.[57]

Workplace promotion, prevention and anti-stigma initiatives, training for management, and employee assistance programs all have a role to play.[58, 59] Efforts should include encouraging work-life balance, making sure that people have clear descriptions of their roles at work, and facilitating their participation in deciding how work gets done. Implementing policies and practices to deal with bullying and harassment will also help to reduce the risks for mental health problems.[60, 61]

In addition, workplaces should support the recovery of employees living with mental health problems and illnesses and enable their full participation in the workforce. As efforts to reduce stigma in Canadian society encourage more employees to feel comfortable in coming forward with their mental health problems and illnesses at work, workplaces that implement comprehensive approaches will be in a better position to respond.

1.3

RECOMMENDATIONS FOR ACTION

1.3.1 Implement the Psychological Health and Safety Standard in the private and public sectors.

1.3.2 Increase capacity to implement comprehensive approaches to mentally healthy workplaces.

PRIORITY 1.4

Increase the capacity of older adults, families, care settings, and communities to promote mental health in later life, prevent mental illness and suicide wherever possible, and intervene early when problems first emerge.

Seniors are the fastest growing population group in Canada. While there are many differences between most people in their sixties and those in their eighties and nineties, seniors nonetheless have many shared mental health needs.

Rates of mental illness for adults between the ages of 70 and 89, including but not limited to dementia, are projected to be higher than for any other age group by 2041.[62]

Older people have sometimes been viewed as simply a burden to society. Not only do these stereotypical views discount the contributions that seniors have made throughout their lives, but they also underestimate their on-going contributions to our communities and social life in general.[63, 64, 65]

Discrimination based on age ('ageism') and not being treated with dignity and respect can affect mental health.[66] Age-based discrimination compounds the stigma of mental illness and can get in the way of identifying and treating mental health problems and illnesses. Most notably, the tendency to assume that conditions such as anxiety or depression are a normal part of aging and that nothing can be done to delay the onset of dementia or slow its course must be countered.

A broad range of efforts is needed to promote the mental health of seniors and to prevent mental illness, dementia and suicide wherever possible. Good physical health, meaningful activities, and secure and supportive relationships all contribute to good mental health and quality of life for seniors, just as they do for people of any age. Age-friendly communities facilitate access to appropriate housing and transportation, and contribute to reducing the risk of social isolation.

Seniors' Mental Health Outreach Team, Alberta

A mobile multidisciplinary outreach team has been supporting agencies and caregivers to improve the care offered to seniors experiencing mental health problems in southwestern Alberta. The team provides non-emergency assessment and consultation, short-term care, therapeutic interventions, and referrals for seniors with mental health concerns, and builds up the capacity of collaborating agencies and family members. In 2008-2009, the most common reasons for referral were depression, bipolar disorder, schizophrenia, behavioural issues and anxiety. Referrals come from family physicians, hospitals, psychiatrists, community mental health, home care, continuing care, family members, police and self-referral. Within a year, 80 per cent of people referred were being contacted by the receiving agency within 72 hours, and 100 per cent were contacted within seven days. During a six-month period, 326 people participated in 16 formal education sessions and 311 people received informal education sessions.[67]

1.4

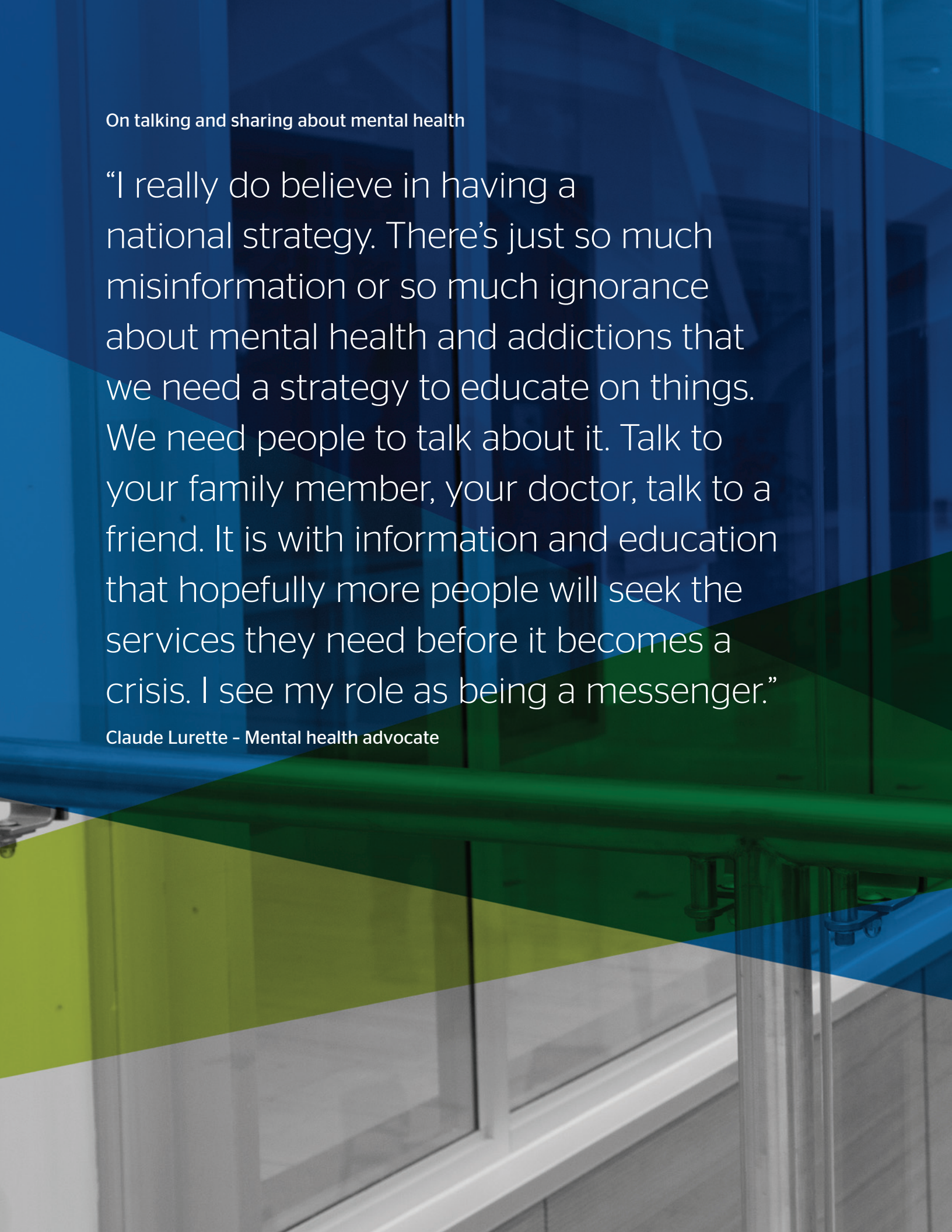
RECOMMENDATIONS FOR ACTION

Older adults, their families and those who work with them need access to education to recognize signs of mental health problems and illnesses, and risk of suicide.[68, 69, 70] This will facilitate access to support early in the course of an illness, helping to reduce demand for acute mental health services, and easing pressure on the health care system. Increased awareness of the signs and symptoms of elder abuse and neglect is also important.

1.4.1 Counter the impact of age discrimination on mental health.

1.4.2 Help older adults to participate in meaningful activities, sustain relationships and maintain good physical health.

1.4.3 Increase the capacity of older adults, their families, and those who work with them to identify mental illnesses, dementia, elder abuse, and risk of suicide, and intervene early when problems first emerge.



On talking and sharing about mental health

"I really do believe in having a national strategy. There's just so much misinformation or so much ignorance about mental health and addictions that we need a strategy to educate on things. We need people to talk about it. Talk to your family member, your doctor, talk to a friend. It is with information and education that hopefully more people will seek the services they need before it becomes a crisis. I see my role as being a messenger."

Claude Lurette – Mental health advocate

STRATEGIC DIRECTION 2

Foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights.

As noted at the outset of this *Strategy*, the concept of 'recovery' refers to living a satisfying, hopeful, and contributing life, even with on-going limitations from mental health problems and illnesses.[71] It refers to a process or journey of healing in which, to the greatest extent possible, people are empowered to make informed choices about the services, treatments and supports that best meet their needs. A recovery-oriented mental health system is organized to support and sustain people throughout this journey.

> I have post-traumatic stress disorder (PTSD), war related. My ability to work has been affected. There are days when I don't feel like working at all. PTSD, for me, could be triggered by a smell, a sight or an emotion, or also a body reaction, like a vibration. What's helping me now in my recovery process are therapy, medication that I fought for some time not to be on, but realized that I needed, and also the support from my family and the tools that I learned to get better as quickly as I can. When I go fishing it takes my mind off everything and I sort of create an empty space in my brain and clear all of the issues or struggles I'm dealing with so that it becomes easier for me to continue after. It's like flushing everything and then restarting. My ultimate goal in my life is to have as many tools as I can and know myself as much as I can to be able to get back on my feet as quickly as I can when I'm triggered, or after I'm triggered. My advice for people who have other mental illnesses would be that you can get better but it's really hard if you want to do it on your own. But I suggest that you go get some help or support. And that it's not an easy road but it's better at the other end.
>
> *— Veteran*

An orientation toward recovery is helping to bring about important changes in the mental health systems of many countries. Here in Canada, recovery has strong roots in the advocacy efforts of people with lived experience and in the psychosocial rehabilitation field. It has been over five years since *Out of the Shadows at Last*, the final report of the Senate Committee, called for recovery to be "placed at the centre of mental health reform."[72] Recovery and well-being form the base of this *Strategy* and are now embraced by most provincial and territorial mental health policies. There are significant pockets of practice oriented toward recovery and well-being across the country.

Despite the evidence to support it, there are many challenges and misconceptions to overcome in explaining recovery and putting it into practice.[73, 74] Some people have understood recovery to be a synonym for 'cure' for all mental health problems and illnesses, and see it as promoting false hope. On the contrary, recovery is about supporting each individual's journey toward a meaningful life even with symptoms of mental illness. It does not mean expecting that everyone will be 'cured.' Others have feared that recovery

is about replacing medical treatment and medication with social services and peer support. Rather, recovery seeks to promote people's ability to choose and to ensure that options are available to meet the full range of people's needs.

Still others are concerned that recovery is only relevant for adults, or for people living with severe mental illnesses, or just for people living with more moderate mental illnesses. In fact, recovery is for everyone. Investing in recovery and well-being has the potential to provide hope and opportunities to thousands of people living with mental health problems and illnesses, and will also benefit families, communities and the country as a whole. Drawing on the recovery principles of hope, informed choice, dignity and responsibility will contribute as much to the well-being of children and seniors as to that of adults who are living with mental health problems and illnesses.

A recovery-oriented system strives to encourage partnerships with service providers, families, and friends to support people on their journey toward recovery and well-being. It encourages mental health professionals, health professionals and other service providers to build on people's strengths and to create genuine partnerships with people living with mental health problems and illnesses (and their families).

The expertise gained from lived experience should be complemented by professional expertise, not overwhelmed by it. All stand to benefit from ensuring that there are as few imbalances as possible in the distribution of power throughout the mental health system. This will not only enable people who use services to be actively engaged in all aspects of the mental health system, but will also allow the people who provide services to have a more positive context in which to offer their skills, experience, and knowledge.

Consistently upholding the rights of people living with mental health problems and illnesses is an integral part of fostering recovery and well-being. Barriers that can contribute to discrimination against people living with mental health problems and illnesses and hinder their full and effective participation in society must be eliminated. These barriers can be rooted in people's attitudes and behaviour, in the ways in which programs and institutions are organized, or in the ways in which our schools, workplaces and other everyday environments are structured.

The over-representation of people living with mental health problems and illnesses in the criminal justice system highlights the importance of respecting their right to the same level of services and supports that are available to all Canadians.[75] Efforts to reduce the numbers of people living with mental health problems and illnesses in the criminal justice system must be strengthened, and the shortfalls in mental health services, treatments and supports within this system must be addressed.

PRIORITY 2.1

Shift policies and practices toward recovery and well-being for people of all ages living with mental health problems and illnesses, and their families.

Experience in other countries and here at home tells us that it will take sustained action on many fronts to truly shift culture and practice in the mental health system toward recovery and well-being. Guidelines, indicators, tools, competencies, standards, curricula, leadership, on-going training and education, policies and legislation can all play a role in re-orienting policy and practice. A range of recovery initiatives in Canada must be developed and implemented. They should include a strong evaluation component to enhance our understanding of what works best for people of all ages and backgrounds.

In particular, by describing what recovery principles look like in practice, recovery guidelines can be an effective instrument for promoting change.[76] For example, Psychosocial Rehabilitation (PSR) Canada has developed practice standards for recovery-oriented services in the psychosocial rehabilitation field. Eight standards, including those for individual, family, and community participation, are defined, along with related indicators and examples.[77]

It is also important that education and training for all types of service providers (from mental health to health, education, justice, and social services) include a focus on recovery and well-being while also helping everyone to learn how to build genuine partnerships. This should be done with the active involvement of people living with mental health problems and illnesses, and their families. In the case of mental health professionals themselves, recovery and well-being should be established as core competencies.

Just as with the treatment of physical health problems, there is great benefit to enabling the people who provide services and those who use them to learn from each other and work collaboratively. People living with mental health problems and illnesses should be actively involved in developing and managing individual care plans that are oriented to recovery and well-being. Many mental health problems

Peer-Led Wellness Recovery Action Plan Workshop, Newfoundland/Labrador

Consumers' Health Awareness Network Newfoundland and Labrador (CHANNAL) is a provincial organization dedicated to building a strong self-help network among individuals who live with mental health issues.[78] CHANNAL offers a range of peer support programs and resources, including the workshop series A *Journey Forward* that it adapted from the Wellness Recovery Action Plan (WRAP). WRAP is a peer-led approach that enables people living with mental health problems and illnesses to take a proactive approach to their recovery by developing individual plans that incorporate tools to help maintain wellness, recognize triggers and early warning signs, and plan for crisis situations. In a U.S-based randomized control trial involving 519 people with severe and persistent mental illness, WRAP participants had fewer psychiatric symptoms, increased hopefulness, and enhanced quality of life.[79]

and illnesses are episodic and affect many aspects of people's lives, so these plans must be portable in order to go from one location, service or sector to another and to link services, treatments and supports over the longer term.

People who live with severe mental health problems and illnesses may be able to maintain more choice and control during crises by preparing advance directives as part of their care plan. These directives express an individual's preferences for services, treatments and supports if he or she should be deemed incapable of making such decisions. They offer an opportunity for people living with severe mental health problems and illnesses, their families, and service providers to discuss issues and build their partnership. They can also help to strike a balance between facilitating families' desire to provide support and respecting the rights of individuals. It will be important to conduct further research to evaluate the impact of such directives, including for seniors with cognitive impairments such as dementia.

Innovative ways need to be found to support people living with mental health problems and illnesses to exercise choice. One is through programs that let people directly manage a portion of their social service and health budgets.[80, 81] Evidence—largely from other countries—indicates that participants with some control over their service funding manage better in the community and have higher quality of life, without increasing costs.[82] Some progress has already been made in Canada to develop self-directed care models for people living with physical and developmental disabilities. In contrast to a block funding approach, some agencies have enabled people to directly manage a portion of their funding for social services, such as personal attendants and respite for families.[83, 84] How best to adapt this approach to the context of the Canadian mental health system needs to be explored.

Families—whether relatives or people drawn from broader circles of support—are critical partners in the recovery journey. Families often provide the bulk of support and care, and can be overtaken by stress and grief from the impact of mental illness and suicide. It is critical that they have access to the information and resources they need to sustain themselves, and that their voices be heard in the mental health system.[85] Failure to support families undermines mental health across the population, leads to poorer outcomes for people living with mental health problems and illnesses, and increases costs to the system. The unique role of families in fostering recovery and well-being across the lifespan must be better recognized. The false blaming of families must be stopped, and everything possible should be done to facilitate their becoming partners in the care and treatment of their loved ones.

MHCC Guidelines for Caregiver Support Services. Led by the MHCC Family Caregivers Advisory Committee, these guidelines will focus on supports for adult caregivers of relatives with mental illness.

2.1

RECOMMENDATIONS FOR ACTION

2.1.1 Implement a range of recovery-oriented initiatives in Canada, including the development and implementation of recovery guidelines.

2.1.2 Promote the education and training of mental health professionals, health professionals, and other service providers in recovery-oriented approaches.

2.1.3 Expand the use of individual care plans that are oriented to recovery and well-being.

2.1.4 Facilitate the use of advance directives for times when people with severe mental health problems and illnesses may be deemed incapable of making decisions.

2.1.5 Adapt approaches that enable people to directly manage a portion of their service budgets, to the mental health context in Canada.

2.1.6 Enhance support for families to foster recovery and well-being, provide care, and meet their own needs in handling stress and loss.

2.1.7 Improve knowledge among service providers, people with mental health problems and illnesses, and their families on the best ways to involve families while respecting confidentiality.

PRIORITY 2.2

Actively involve people living with mental health problems and illnesses and their families in making decisions about service systems.

People living with mental health problems and illnesses and their family members are 'experts by experience.' International experience shows that the active involvement of people with lived experience and their families in decision making at all levels is key to driving system change.[86] Participation must be meaningful, and policies and standards should ensure that people are fully supported to participate in decision making, including through training and leadership development.[87, 88]

The mental health workforce must also do more to welcome people with lived experience into positions at all levels, both to enhance the quality of the services provided and to contribute to the on-going transformation of the mental health system.[89] Broader human resource recommendations, along with the leadership roles of people with lived experience and their families in research and in setting overall mental health policy, are addressed in Strategic Direction 6.

> **If you really want to change something, ask some people who actually got better what works.**
>
> *— Father of a woman with schizophrenia*

Implementing the Recovery Approach in a Hospital Setting, Restigouche, New Brunswick
The Restigouche Hospital Centre in northern New Brunswick, when designing its new facility in 2008, took advantage of the opportunity to adopt a recovery-oriented service delivery model that would more effectively facilitate a return to community living and improve quality of life. New tools and programs are being implemented with on-going support from recovery experts at Yale University. Service users are more actively engaged in designing their treatment plans and in overall service delivery, greater use is being made of less coercive treatment approaches, and the annual rate of discharges has increased.[90] Staff and service users have begun sharing their results and tools across the province. A satisfaction survey in 2011 found that 86 per cent of service users and staff agreed with the activities, values and practices of the recovery-oriented model as implemented at the centre.

2.2

RECOMMENDATIONS FOR ACTION

2.2.1 Increase the active involvement of people living with mental health problems and illnesses and their families in governance, accreditation, monitoring, and advisory bodies in the service system.

2.2.2 Create opportunities for people living with mental health problems and illnesses to take up positions at all levels within the mental health workforce.

PRIORITY 2.3

Uphold the rights of people living with mental health problems and illnesses.

Canada's ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2010 provides a new touchstone for legislation, policies, and regulations that affect people living with mental health problems and illnesses. The CRPD is rooted in a social model of disability, a 'paradigm shift' in which disability is understood to arise from the ways in which external environments interact with people, and not just as a result of a person's condition.[91]

As a signatory of the Convention, Canada committed to adopting legislative and other measures as required to ensure that the human rights of all persons with disabilities are promoted and protected. The Convention highlights the need to implement these protections on a day-to-day basis, by taking steps to eliminate barriers to the full participation of people living with mental health problems and illnesses in schools, workplaces, and other sectors, as well as in communities in general.

For example, when police use the provisions of a Mental Health Act to apprehend a person who is in crisis, information about this incident is often recorded in police

MHCC Opening Minds.[92] This 10-year anti-stigma/anti-discrimination initiative is the largest systematic effort to reduce the stigma of mental illness in Canadian history. Instead of creating one program to reach the entire Canadian population, Opening Minds is taking a targeted approach. Its initial target groups are youth, health care providers, the workforce, and news media, with other groups to be added in future years.

Whenever possible, Opening Minds is building on the strengths of existing programs in Canada, by evaluating their effectiveness at reducing stigma and discrimination. The goal is to replicate successful programs, sharing toolkits and resources with other organizations across the country.

Opening Minds promotes *contact-based education*, which the international literature has identified as one of the most promising practices for reducing stigma. It involves individuals with lived experience of mental illness sharing their personal stories of illness, stigma and recovery.

Opening Minds is focused on *changing behaviours:* reducing stigma is important for changing how people think, but addressing discrimination, upholding rights, and eliminating structural barriers are critical for changing how people act.

databases. This information can subsequently be disclosed in routine 'police record checks,' even though no offence has been committed and no charge has been laid. This disclosure can make it difficult for some people living with a mental health problem or illness to volunteer, to get a job or travel outside the country. Some police agencies and provincial governments have already put an end to this practice. We must expand this change across the country.

Until now, Canadian mental health legislation has focused on the conditions under which it is legally permissible to restrict people's freedom against their will, such as when mental health problems and illnesses temporarily deprive people of their capacity to make informed choices regarding their health and safety. At such times, the CRPD calls for appropriate and effective safeguards to be in place. In ratifying the Convention, Canada reserved its right to continue to use substitute decision-making arrangements in appropriate circumstances and subject to appropriate and effective safeguards.

A key principle of both the CRPD and recovery-oriented mental health policy and legislation is to always employ the least intrusive and least restrictive interventions possible. Instances when people living with mental health problems and illnesses are placed in seclusion, physically restrained or restrained with medications should be examined to see if they represent a failure of the system. This approach is being adopted in parts of the United States and around the world.

MHCC Evaluation Project.[93] The MHCC Mental Health and the Law Advisory Committee has supported the first phase of the development of a tool to evaluate the extent to which existing mental health legislation, standards and policies in Canada are aligned with the UN Convention on the Rights of Persons with Disabilities.

> Seclusion and restraint aren't treatment options; they are treatment failures.[94]
>
> *— United States Substance Abuse and Mental Health Services Administration*

In some cases, seclusion and restraint have been virtually eliminated through the implementation of alternative approaches that are based on recovery principles and are sensitive to people's past experiences of trauma.[95, 96]

Advocacy by people living with mental health problems and illnesses is a key reason for the growing prominence of an orientation toward recovery and well-being around the world. Indeed, advocacy by organizations run by people with lived experience has brought about many positive changes in public policy, such as securing additional housing and obtaining subsidies for bus passes. At the same time, various factors—most notably the lack of adequate funding—continue to limit the ability of people living with mental health problems and illnesses to advocate.[97] Better support must be provided for advocacy organizations to educate people about their rights, about how to work toward solutions, and how to undertake court challenges and human rights complaints.

Reducing the Use of Seclusion and Restraint in a Hospital Setting, Hamilton, Ontario

In 2009, the Mental Health and Addiction Program at St. Joseph's Healthcare in Hamilton embarked on a comprehensive initiative to reduce the frequency and duration of seclusion and restraint. Activities now underway include: specialized training for staff; use of risk assessment tools, music therapy, comfort plans and rooms; deploying a range of trauma-informed practices; and conducting weekly community meetings. A commitment to minimize the use of seclusion and restraint is stated in the 'Patient Bill of Rights' and in all job postings. Support from senior leadership, involvement of both professional staff and hospital workers, and the meaningful inclusion of peer support workers, service users, and family members have been critical to the initiative's success in reducing the use of seclusion by 33 per cent.[98, 99]

2.3

RECOMMENDATIONS FOR ACTION

2.3.1 Remove barriers to full participation of people living with mental health problems or illnesses in workplaces, schools (including post-secondary institutions), and other settings.

2.3.2 Stop disclosure in 'police records checks' of apprehensions by police under mental health acts.

2.3.3 Review and, where necessary, update legislation and revise policies across jurisdictions and sectors to achieve alignment with the UN Convention on the Rights of Persons with Disabilities.

2.3.4 Develop and implement recovery-oriented, trauma-informed alternatives to the use of seclusion and restraint, with a view to reducing and eventually making these practices virtually unnecessary.

2.3.5 Support advocacy by people living with mental health problems and illnesses, and their families.

PRIORITY 2.4

Reduce the over-representation of people living with mental health problems and illnesses in the criminal justice system, and provide appropriate services, treatment and supports to those who are in the system.

The vast majority of people living with mental health problems and illnesses are not involved with the criminal justice system. In fact, they are more likely to be victims of violence than perpetrators.[100] Nevertheless, they are over-represented in the criminal justice system; that is, there is a much higher proportion of people living with mental health problems and illnesses in the criminal justice system than in the general population. The reasons for this over-representation are complex. Clearly, people are involved in the criminal justice system because of criminal behaviour. However, lack of access to appropriate services, treatments and supports have also had a powerful influence on this situation.[101] This over-representation has increased as the process of de-institutionalization of people with living with mental health problems and illnesses, coupled with inadequate re-investment in community-based services, has unfolded.[102] Estimates suggest that rates of serious mental health problems among federal offenders upon admission have increased by 60 to 70 per cent since 1997.[103]

First and foremost, efforts to reduce this over-representation should focus on preventing mental health problems and illnesses and providing timely access to services, treatments and supports in the community.[104] This is particularly important for youth, because of the great potential for prevention and early intervention to keep them out of the criminal justice system and to recoup initial investments through saving the costs of incarceration in the future.[105]

Diversion programs (including mental health courts and restorative justice programs) are the next line of defence. They can redirect people who are about to enter the criminal justice system by providing access to needed services, treatments and supports.[106] They do not work, however, unless there are services in the community to support the people who are being diverted. It is also important to ensure that people working in the justice system are aware of the value of diversion programs and know how to refer and encourage people to access services. In addition,

people with complex combinations of mental illness and developmental disabilities ('dual diagnosis') should also be able to benefit from diversion programs.

When people living with mental health problems and illnesses do end up in the criminal justice system—whether in remand, correctional or forensic facilities—they have a right to reasonable access to mental health services consistent with professionally accepted standards.[107] While some progress has been made in building capacity to deliver these supports and services, there continue to be significant shortfalls in meeting the mental health needs of youth and adults in the criminal justice system, particularly those with serious and complex mental health needs. Without access to appropriate treatment, these individuals can get caught up in a vicious cycle of isolation, restraint, and segregation.[108] A national strategy setting out expected outcomes for mental health services in correctional settings would be a significant step in the right direction.

Many criminal justice systems around the world are working more closely with 'civil' mental health systems. In some cases, this has involved a transfer of the responsibility for mental health service delivery with a view to enhancing the ability of the criminal justice system to deal with mental health issues, and improving the continuity of services from the time of people's first interactions with the police, throughout their involvement with the system, and as they return to life in the community.[109] We need to learn more about how these ideas would work in Canada, and learn from the provinces that have tried similar approaches.[110] At a minimum, correctional and forensic facilities need to make sure that everyone has a comprehensive plan to address continuity of mental health services following discharge, and to ensure

MHCC National Trajectory Project. With oversight by the MHCC Mental Health and the Law Advisory Committee, this project aims to improve the understanding of policy makers, clinicians, and the public of the implications of current regulation and practice for individuals declared not criminally responsible due to a mental disorder (NCR-MD). Through a large longitudinal cohort study in Quebec, Ontario, and British Columbia, the project is examining the ability of the *Criminal Code* to balance the need to protect the rights of individuals living with mental health problems and illnesses and to provide appropriate and targeted care, with the need to protect public safety.[111]

that the basic requirements, such as social support, housing, medication, and proper identification documents, are in place.

Finally, the police have a critical role to play in improving the response of the criminal justice system to mental health problems and illnesses. They are the gate-keepers of the criminal justice system and frequently the first on the scene when someone is experiencing a mental health crisis. That makes it essential for the police (and other front-line criminal justice and corrections workers) to have the very best education and training in how to interact with people living with mental health problems and illnesses. Most police agencies in Canada recognize the need to improve education and training in this area and are working actively to address this need.

MHCC Police Projects.[112, 113, 114] The MHCC Mental Health and the Law Advisory Committee has completed a review of basic and in-service police education and training in interactions with people living with mental health problems and illnesses, as well as a study of these interactions from the perspective of people living with mental health problems and illnesses.

2.4

RECOMMENDATIONS FOR ACTION

2.4.1 Increase the availability of programs to divert people living with mental health problems and illnesses from the corrections system, including mental health courts and other services and supports for youth and adults.

2.4.2 Provide appropriate mental health services, treatments and supports in the youth and adult criminal justice system, and ensure that everyone has a comprehensive discharge plan upon release into the community.

2.4.3 Address critical gaps in treatment programs for youth and adult offenders with serious and complex mental health needs.

2.4.4 Increase the role of the 'civil' mental health system in providing services, treatment, and supports to individuals in the criminal justice system.

2.4.5 Provide police, court and corrections workers with knowledge about mental health problems and illnesses, training in how to respond, and information about services available in their area.

On being a role model and changing perceptions

"I hope people in Canada will feel comfortable talking about mental illness like anything else. I was a cancer patient and I feel the difference when I talk about breast cancer and when I talk about my taking medications for depression. But we are role models as mental health providers. If patients see doctors can also be sick, it helps. The message is we're citizens—competent and capable and able to participate in society."

Manon Charbonneau – Psychiatrist

STRATEGIC DIRECTION 3

Provide access to the right combination of services, treatments and supports, when and where people need them.

We have made, and continue to make, progress in dealing with mental health problems and illnesses in Canada. Still, fragmented and underfunded mental health systems across the country are far from able to meet the mental health needs of Canadians. The emergence of mental health as a growing public priority offers a real opportunity to transform our approach to mental health and mental illness and improve access to the full range of services, treatments and supports that are needed to foster recovery and well-being.

People living with mental health problems and illnesses—whatever their age and however severe their mental health problem or illness—and their families should be able to count on timely access to the full range of options for mental health services, treatments and supports, just as they would expect if they were confronting heart disease or cancer.

For those needing assistance, the current system can feel like a maze, as it can to the thousands of dedicated people who provide the services, treatments and supports that people need. Unfortunately, there is no simple formula for creating a system that is truly integrated around people's needs and draws fully on their strengths.[115] Mental health-related services, treatments and supports are delivered in many locations by a wide variety of mental health professionals, health professionals, other service providers and volunteers. Each individual's journey to recovery and well-being is unique, and the right combination of services, treatments and supports will depend on what people want and need, as well as the nature of their condition. Each community has particular resources to draw upon and specific challenges to meet.

While there will never be a 'one-size-fits-all' solution, it is important to reduce fragmentation and achieve better integration of services. In order to identify the areas requiring the most attention, it is helpful to think in terms of different 'levels' or 'tiers' to the system. Such an approach allows us to focus both on the settings where services are located and on the level of intensity of service. It provides a way of thinking about how to improve the flow and efficiency of mental health-related services, so that people are able to access the most appropriate and least intensive services, treatments or supports required to meet their needs.[116, 117]

> **In her home community, my mother has access to a community mental health worker, crisis services, and a social group. However, this fragmentation of service has not facilitated her recovery, and her functioning remains the same as it was 15 years ago.**
>
> *— Family member*

Mental Health Training for Primary Care Networks, Prince Edward Island

As part of the development of five new primary health care networks in Prince Edward Island, the province is enhancing the service delivery model for primary mental health care. Staff and physicians in these new primary care networks will be offered training using the *Cognitive Behavioural Interpersonal Skills Manual*. This manual has achieved positive results with general practitioners in British Columbia, where participants agreed or strongly agreed that the training had improved their practice (91 per cent) and patient care (94 per cent), enhanced their diagnostic assessment and treatment skills (91 per cent), decreased their reliance on anti-depressant medication (41 per cent), and increased service users' ability to return to work (62 per cent).[118] In collaboration with service users, primary health care providers assess needs and strengths, develop action plans, make use of one-page handouts, and make referrals to more intensive services where necessary.

Each tier represents a cluster of services and supports with similar levels of intensity. At the lower tiers, the focus is on providing less intensive and less expensive services to large numbers of people. Services and supports at this level should be available in most communities, and can include population-wide mental health promotion and prevention initiatives. They may also include low-intensity supports in the community for people with mental health problems and illnesses, as well as school-based prevention programs and primary health care screening for depression.

In the upper tiers, the degree of intensity and level of specialization increase—along with the cost of delivery—but fewer people need to make use of these services. These more intensive and specialized services include psychiatric units in general and psychiatric hospitals as well as some community mental health services and crisis services. The top tier focuses on providing the most intensive and expensive services to address the most severe and complex needs, such as treatment for people with developmental delays and mental illness who may also be involved with the criminal justice system. While there is variation across the country, services at the upper tiers will often be available on a regional basis and can involve longer term, facility-based services.

People do not 'reside' in any specific tier. They need to be able to access services from multiple tiers at the same time. For example, a person with severe symptoms may need intensive services in the upper tiers, but will still need access to primary health care. We need a balanced approach so that people have ready access to intensive services, treatments and support when they need them, and are able to move easily among different levels of care as their needs change. Our goal should be to have a system in which every door is the right door to meeting people's mental health needs in the least intensive, most appropriate, and cost effective manner possible.

A more integrated mental health system must also be linked to, rather than isolated from, all parts of the community and other service systems. Family doctors, teachers, police personnel, and long-term care workers are among those who should work with each other and with mental health service providers to address people's mental health needs. A more coordinated and integrated system will make available multiple resources to help facilitate recovery: timely access to medications and to adequate and affordable housing; professional counselling, as well as readily available peer support; and help in setting and meeting educational and employment goals.

This Strategic Direction proposes five priority areas that will move us closer to achieving such a system for people of all ages.

Community-Based Discharge Planning Program, Sarnia, Ontario
This service, based in the Sarnia Lambton Canadian Mental Health Association, facilitates seamless access to community services for anyone over the age of 16 who is hospitalized at the Bluewater Health Mental Health Unit. The service works with people, their families, and others involved in providing support to develop a discharge plan while the person is still in hospital. Following discharge, the service makes sure that immediate needs are met and that people have been successfully linked to resources in the community. According to a program evaluation, the readmission rate within one month of discharge was 36 per cent lower in the year following the start of the program, and the overall readmission rate decreased by 40 per cent. A key factor in the program's success is having the discharge planning program located in an agency that also provides housing advocacy, case management, and other community-based mental health services.[119]

PRIORITY 3.1

Expand the role of primary health care in meeting mental health needs.

There are important reasons to provide mental health care in primary health care settings, which provide access to a range of primary health care providers. Since our mental and physical health are connected, they should be addressed together. Not only are people with chronic physical conditions at higher risk of developing mental health problems, but people with mental health problems and illnesses are also less likely to receive the care they need to maintain their physical health. Studies have found that adults with severe mental health problems and illnesses die up to 25 years earlier than adults in the general population, with cardiovascular disease being the most common cause of death.[120]

Canada has been a pioneer in finding effective ways to expand the role of primary health care in meeting mental health needs. Collaborative mental health care, defined as primary health care delivered by "providers from different specialties, disciplines, or sectors working together to offer complementary services and mutual support," has been embraced by most provinces and territories.[121] It is improving access and results, as well as producing greater satisfaction with care, all while using resources more efficiently. However, this needs to be done on a much larger scale across Canada.[122, 123]

MHCC Collaborative Healthcare: Exchange, Evaluation, Research (CHEER).[124] As part of the Commission's Knowledge Exchange Centre, this pan-Canadian initiative is engaging a wide variety of stakeholders, including people with lived experience, to identify, leverage and disseminate existing best practices in order to contribute to measurable improvements in the field of primary mental health and substance use care in Canada. Key focal points of CHEER are supported self-management approaches, building capacity and capability, and rural and remote communities.

The opportunity to further expand the role of primary health care in meeting mental health needs has never been better. People are more likely to consult their family physician about a mental health problem or illness than any other health care provider, and the on-going transformation of primary health care across the country has meant that 40 per cent of the population now has access to primary health care teams made up of a range of health care providers.[125, 126]

The health system is changing to better address chronic illnesses, such as heart disease and diabetes, through the implementation of chronic disease management models. Changes include the creation of multidisciplinary teams, the promotion of well-being, and the provision of support for people to manage their own health. Mental health and addictions systems are also being increasingly integrated. These developments are creating opportunities for improving the integration of mental health and primary health care and better promoting recovery and well-being.

Distance Treatment Service for Families, Nova Scotia

Strongest Families is a program developed by the IWK Health Centre in Halifax, and now run by the *Strongest Family Institute*. This program helps parents and children in four Nova Scotia health districts, as well as in B.C., Alberta and Ontario, to learn to deal with the challenges of common childhood behaviour and anxiety problems.[127] Families receive handbooks and skill-demonstration videos, and work through step-by-step modules at home, supported by telephone consultations with trained coaches. Research using randomized controlled trials found that *Strongest Families* was more effective than usual care services. The treatment drop-out rate was less than 10 per cent, and children in the *Strongest Families* program were significantly less likely to still have a diagnosable illness after eight and 12 months. In addition, positive treatment effects were sustained at one year follow-up, and parents reported high satisfaction with the quality of services.[128]

As the role of primary health care in mental health expands, it will be important for all family physicians and other primary health care providers to work in new interdisciplinary ways and to possess core mental health competencies that are oriented to recovery and well-being. Providers will need guidelines for screening and for providing services, treatments and supports for mental health and substance use, as well as for addressing the risk of suicide. Particular attention should be paid to the evolution of needs across the lifespan. People living with mental health problems and illnesses and their families must be involved in the design and evaluation of these services.

There are tremendous possibilities for new technology in promoting mental health and preventing mental health problems. Technology makes collaboration easier and can be a remarkable tool for supporting self-management, especially for younger people, who use the Internet in every aspect of their lives. The emerging world of e-health offers new opportunities for interaction and engagement between people who need services and providers. Electronic health records, telemedicine, Internet-based screening and treatment, videoconferencing, and on-line training are all tools that can enhance collaboration, access and skills. While telephone help lines have been a mainstay of community crisis services for decades, new forms of phone-based services are helping people to deal with moderate depression and anxiety, and to prevent and identify mental health problems and illnesses in childhood.[129]

3.1

RECOMMENDATIONS FOR ACTION

3.1.1 Strengthen collaborative approaches to primary and mental health care through better communication, supportive funding, and interdisciplinary education.

3.1.2 Integrate recovery approaches into primary health care, involving people living with mental health problems and illnesses and their families in planning, and facilitating self-management and peer support.

3.1.3 Implement guidelines for screening, services, treatments and supports for common mental health and substance use problems and suicide risk, especially for people with chronic physical health problems.

3.1.4 Ensure that people living with mental health problems and illnesses have timely access to appropriate physical health care.

3.1.5 Use technology to foster collaboration, increase access to services, and engage people in managing their mental health problems and illnesses.

PRIORITY 3.2

Increase the availability and coordination of mental health services in the community for people of all ages.

A transformed mental health system should *primarily* be based in the community, because obtaining services, treatments and support in communities improves quality of life and leads to spending less time in hospital.[130, 131] De-institutionalization—when Canada, along with many other countries, moved away from a long tradition of warehousing people with mental illness in institutions (or 'asylums')—was the right policy. Our failure was in not replacing institutional care with sufficient services and supports in the community.

This failure has contributed significantly to the proportion of people living with mental illness among the homeless population and in our jails and prisons, turning them into the 'asylums' of the 21st century. Lack of access in the community to crisis support, mental health and primary care services also drives people to emergency rooms for help, increasing waits and stretching resources.[132] Many community services do not even keep waiting lists, because it might give false hope to people in need that eventually their turn will come. Not only is it essential to do a better job of measuring waits for community-based services, but standards should also be set for wait times, similar to those that exist for several physical illnesses.[133, 134]

Community services—when they are working well—are responsive, focused on individual needs, and in tune with local realities. Among other benefits, community mental health teams have produced good results in ensuring engagement and satisfaction with services, as well as in continuity of care.[135] All services (mental

Reducing Wait Times for Mental Health and Addictions Services, Saskatchewan
As part of a broader provincial initiative, mental health and addictions services in Regional Health Authorities (RHAs) across Saskatchewan have been using the *'Lean'* approach to reduce wait times. *Lean* is an approach to evaluating service delivery in a workplace, which focuses on services users in order to make processes and procedures more efficient and more responsive.[136] One larger RHA has reduced wait times for adult mental health services from eight months to one month, and is meeting 80 per cent of urgent requests within seven days. A smaller RHA now has no waiting list for child and youth mental health and addictions services, and has reduced the waiting list for adult services by half.

health, addictions, health, social services, education, justice and other sectors) need to be better coordinated, including across the lifespan. People who are using such services need support in navigating their way through the system. One way to make this happen is to enable people living with mental health problems and illnesses to work with service providers on individualized plans that can help to ensure that all services, treatments and supports are better tailored to their individual recovery and well-being.

> **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.**
>
> *— Social worker with lived experience*

Children, youth, and seniors face particular challenges in gaining timely access to the right combination of services, treatments and supports.[137] In addition to addressing critical gaps in services, human resources, and research, mental health services across service systems which are specific to each stage of life—including day care and child welfare for children, and home care and long-term care for seniors—must be better coordinated.

Other services for which we know people are waiting too long, if they can get it at all, are psychotherapies and clinical counselling. There is strong evidence that these services, when provided by those who are qualified to deliver approaches that are based on the best available evidence, are cost effective and improve outcomes for many people living with mental health problems and illnesses.[138, 139] Publicly funded systems in countries such as Australia and the United Kingdom have made expanding access to these services a priority.

There are some publicly funded psychotherapies and clinical counselling in Canada in hospitals and mental health centres, but the waiting lists are very long and the criteria to access these services can be very restrictive. There are therapists and counsellors in private practice, but many people cannot afford them, and not enough is being done to fund and support innovative, team-based approaches to providing these services in community mental health and primary health care networks.

Given the potential benefits across the lifespan, it is especially urgent for governments to address the problem of 'two-tier' access to psychotherapies and clinical counselling in the area of child and youth mental health. It is not acceptable that young people whose families cannot afford to pay for privately delivered services should be made to wait for up to a year for publicly funded services. Governments must ensure that there are no financial barriers for children and youth who need timely access to psychotherapies or clinical counselling.

MHCC Evergreen: A Child and Youth Mental Health Framework for Canada.[140] The MHCC Child and Youth Advisory Committee developed this framework to be a resource for those involved in, affected by and responsible for child and youth mental health policy, plans, programs and services. Evergreen presents a set of values and strategic directions to guide child and youth mental health initiatives across Canada. It was developed through an innovative approach to gathering evidence and building consensus among national and international experts.

3.2

RECOMMENDATIONS FOR ACTION

3.2.1 Increase resources and capacity for a range of community mental health services that serve people of all ages.

3.2.2 Improve coordination and collaboration between and across mental health, health, addictions, and other service systems for people of all ages, and provide tools and supports for navigating the system.

3.2.3 Set standards for wait times for community mental health services for people of all ages.

3.2.4 Increase access to psychotherapies and clinical counselling by service providers who are qualified to deliver approaches that are based on best available evidence.

3.2.5 Remove financial barriers for children and youth and their families to access psychotherapies and clinical counselling.

PRIORITY 3.3

Provide better access to intensive, acute, and highly specialized services, treatments and supports when they are needed by people living with severe or complex mental health problems and illnesses.

An important measure of how well a transformed mental health system is working is the way in which it responds to the needs of people with the most severe or complex mental health problems and illnesses—in particular, whether it enables timely access to intensive or specialized services and makes sure that people are able to obtain all needed treatments.

People with severe mental health problems and illnesses, such as schizophrenia, generally do best in the community, supported by programs delivered by interdisciplinary teams, such as crisis intervention, case management, and assertive community treatment (an intensive, team-based model for people with severe or complex mental health problems and illnesses). Other social support services have to be there as well to help people to find and keep housing, avoid involvement with the criminal justice system or to assist them in moving from one part of the system to another.[141, 142, 143] Some community mental health services are also less expensive—up to five times less expensive—than hospital-based care.[144]

For some people, however, the nature of their symptoms means that they may need acute hospital services from time to time, and a small portion of the population may need highly specialized, longer-term services. Early psychosis intervention programs—offered to people when they first experience symptoms of psychosis—are also proving effective at preventing further episodes and increasing people's chances of returning to work and staying in school.[145] The right balance of intensive services in both community and institutional settings can be achieved by agreeing on and using benchmarks to guide planning at the regional level, recognizing that different benchmarks may be needed for children, youth, adults, and seniors.[146, 147, 148]

There have already been many changes to our mental health institutions, symbolized by their change of name from psychiatric

Early Psychosis Intervention, British Columbia

The *BC Early Psychosis Intervention* (EPI) program combines youth-focused awareness activities with early recognition of psychosis, referral, assessment, treatment and evaluation. EPI programs actively engage and empower young people in their recovery, promoting choice, the use of self-management tools, and facilitating access to newer medications. Services are offered in homes, clinics, or other settings where youth can remain connected with their families and communities, with hospitalization as a last resort.[149] The Fraser Health Authority South EPI program reports improved access to services, with 13 per cent more people seen within one week of referral, and 60 per cent of first treatments occurring in the community instead of in the hospital. Health outcomes have been positive as well, with 71 per cent of people experiencing significant improvements in psychiatric symptoms at six months, and 21 per cent having complete remission of symptoms at one year.

hospitals to mental health centres. There is an opportunity for these centres, as well as for intensive services in the community and highly specialized residential programs, to further orient their culture, policies and practices toward recovery and well-being. Supporting choice, conveying hope, and reducing the use of seclusion and restraint will contribute to ensuring successful transitions to a meaningful life in the community.

Such transitions do not depend on the institutional sector alone. People who get out of hospital often have trouble connecting with community mental health agencies or primary health care services. The services that they do find are often poorly coordinated and very challenging to navigate. Not getting needed services and supports upon discharge from hospital can have serious consequences for people with mental health problems and illnesses, and their families.

In a recent study, only 63 per cent of people who had been hospitalized for depression had a follow-up visit with a physician within 30 days after discharge, compared to 99 per cent of people with heart failure. In the same 30 days, 25 per cent of people who had been hospitalized for depression either visited an emergency room or were readmitted to hospital.[150] As already noted in Strategic Direction 2, better discharge planning is also required for people being released from correctional facilities in order to ensure a successful transition into the community.

> **My sister was discharged as soon as she had met the program goals, but without any on-going support or resources to help her continue healing at home, or any resources for us as family members to help her. Within a week, almost all of the work done while she was in the program was undone.**
>
> *— Family member*

MHCC Guidelines for Comprehensive Mental Health Services for Older Adults in Canada.[151] The MHCC Seniors Advisory Committee developed these guidelines, which present a model for a comprehensive, integrated mental health service system for older Canadians, as well as service benchmarks to provide concrete reference points for planning purposes.

Medications have played, and will continue to play, a vital role in the lives of many people living with mental health problems and illnesses. They are an essential part of the full range of options of services, treatments and supports that foster recovery and well-being. A broad range of issues related to medication must be addressed.[152]

First, inequities in access to medication are a significant barrier for many people living with mental health problems and illnesses. The cost of medications is only covered by public insurance when people are in hospital, unless they are eligible for public funding through disability support or targeted pharmacare programs (except in Quebec, which has mandatory prescription drug insurance). Otherwise, if people do not have private insurance, they must pay for their medications themselves. Since psychiatric medications can be very expensive, and since some people living with severe mental health problems and illnesses may require multiple medications, too many people are unable to afford to continue with their prescriptions. This is particularly problematic when people are transitioning from hospital or the criminal justice system into the community. In order for these people to continue with their recovery, uninterrupted access to medication is, in many cases, critical.

Second, inequities in access to medication also arise from provincial and territorial drug formularies that govern which medications are covered by public funding. Inconsistencies between jurisdictions mean that people living in different parts of the country have access to different medications. Only some, including those with private insurance coverage, have access to the newer, more expensive, and sometimes more effective medications.

People living with mental health problems and illnesses need to have access to the most effective medication to support their recovery. To the greatest extent possible, people must be supported to make informed and healthy choices regarding their medication options, just as would be expected by anyone experiencing a physical illness.[153]

Youth with severe and complex mental health problems and illnesses face additional barriers in access to intensive services, treatments and supports. Many fall through the cracks when they get too old to be served by the child and youth mental health system. They can lose access to youth services that are not always available in the adult system, and can also experience gaps in service because their move to adult services has not been properly organized.

At the other end of the age spectrum, it is essential that seniors with severe mental illnesses retain access to intensive services and supports in the community as they age. Existing 'silos' between systems that provide services to seniors must be dismantled.

MHCC Transitioning Youth to Adult Mental Health Services. A joint initiative of the MHCC Child and Youth, Service Systems, and Mental Health and the Law Advisory Committees, this project will provide guidance on what policy and practice options could be pursued to improve the outcomes of youth who are transitioning to adult mental health services and decrease disengagement rates.

Complex mental health problems and illnesses include those that involve more than one diagnosis, such as when children and adults with developmental disabilities also experience mental health problems and illnesses (called 'dual diagnosis'); when adults and seniors present with complex neurological conditions, such as Parkinson's disease or traumatic brain injuries; or when people who live with substance use problems also experience mental health problems and illnesses (called 'concurrent disorders'). Poor coordination of services, lack of understanding, and multiple forms of stigma leave these populations with some of the biggest challenges in getting appropriate services, treatments and supports. There is a tremendous need for improved coordination among health, education, mental health, developmental, justice, and social services, and for improved skills and knowledge among all service providers.[154]

In particular, while jurisdictions have made considerable progress in integrating mental health and addictions systems at the administrative level, much work remains to be done to translate this policy integration into appropriate and effective collaboration at the direct service level.

> I didn't get help for a long time because with psychiatry they said I had to stop taking drugs before getting any help and substance abuse programs said I had to deal with the mental illness. After an attempted suicide, I was referred to psychiatry for concomitant problems. I started looking for help in 1993 and I only found it in 2005.
>
> *— Turning the Key webinar participant*

3.3

RECOMMENDATIONS FOR ACTION

3.3.1 Establish benchmarks for the availability of intensive, acute, and highly specialized treatments and services for people of all ages living with severe or complex mental health problems and illnesses.

3.3.2 Adopt recovery and well-being approaches in policies and practices in intensive, acute, and highly specialized mental health services.

3.3.3 Facilitate successful transitions from intensive services, including prompt follow-up after discharge from hospital and support to gain access to community mental health services.

3.3.4 Address barriers to equitable access to medications.

3.3.5 Remove barriers to successful transitions between child, youth, adult, and seniors' mental health services.

3.3.6 Improve coordination of services for people living with mental health problems or illnesses who also have developmental disabilities or neurodegenerative disorders, and increase skills and knowledge for all those who provide services to them.

3.3.7 Improve collaboration in the delivery of services for people living with both substance use problems and mental health problems or illnesses ('concurrent disorders').

PRIORITY 3.4

Recognize peer support as an essential component of mental health services.

Peer support works because people who have experience with mental health problems and illnesses can offer support, encouragement, and hope to each other when facing similar situations. Peer support can be offered wherever people need it—at peer-run organizations, workplaces, schools or health care settings.

> **Beginning five years ago, I participated in a weekly support group over a two-year period. It changed my life knowing other people who had struggled and overcome... Even though I have struggled with illness on and off since the age of fifteen, until that point in time I hadn't realized what was lacking in my life.**
>
> *— Making the Case focus group participant*

Family Peer Support in the Emergency Department, Owen Sound, Ontario
When someone in crisis comes to the emergency department at Grey Bruce Health Services accompanied by a family member, a family peer support worker is available on location to answer the family's questions, provide reassurance, and help families to understand and navigate the mental health system. The Family Crisis Support program is a partnership between the hospital and HopeGreyBruce Mental Health and Addictions Services, which employs the peer support worker. The program greatly reduces the delay that family members can otherwise encounter in getting access to information about family support programs in the community.[155] Feedback from families has been overwhelmingly positive. Staff members have also observed other positive effects, including fewer misunderstandings and conflicts; families being more actively involved, better informed and better able to cope; and fewer repeat visits to the emergency department or recurring crises.[156]

MHCC Peer Project and Making the Case for Peer Support.[157, 158] The MHCC Service Systems Advisory Committee led the development of *Making the Case,* which made recommendations for advancing peer support in Canada based on findings from an international literature review and extensive focus groups. The MHCC *Peer Project* is building upon the recommendations by elaborating guidelines for practice that will encourage the development of more peer support capacity in Canada and create opportunities for a voluntary certification process. The project is also considering how best to gather evidence on the results obtained by offering peer support in the workplace.

3.4

RECOMMENDATIONS FOR ACTION

Independent, peer-run organizations play an essential role both by providing peer support directly and by supporting peers working in mainstream settings.[159] Peer support initiatives can also link families who have had similar experiences with a loved one who is living with a mental health problem or illness. This connection can help family members understand the mental health system, promote recovery, and improve their ability to care for themselves.[160, 161, 162]

Peer support for people living with mental health problems and illnesses can help to reduce hospitalization and symptoms, offer social support, and improve quality of life.[163] Despite its effectiveness, peer support gets very limited funding. The development of guidelines and standards of practice for peer support will enhance the credibility of peer support as an essential component of a transformed mental health system and encourage its use.[164, 165]

3.4.1 Increase appropriately resourced peer support initiatives in both independent, peer-run agencies and mainstream settings.

3.4.2 Increase peer support opportunities for families.

3.4.3 Develop nationally recognized guidelines for peer support, in collaboration with peer support organizations.

PRIORITY 3.5

Increase access to housing with supports, and to income, employment, and education support for people living with mental health problems and illnesses, and provide greater support to families.

Recovery is not possible without "the fundamental elements of community to which [everyone] should have access: housing, education, income, and work."[166] People living with mental health problems and illnesses should be supported to shape their lives in the community, choosing where they want to live and which community services they need. Their housing should be affordable, secure, and safe. There is strong evidence that improved housing helps people to do much better in recovery. Providing housing with supports saves money in comparison to inaction, which shifts the cost burden to acute care and the justice system.[167]

More adequate, affordable housing needs to be made available, and individualized housing options should be promoted. Assistance with rent should be provided where necessary. To make meaningful progress in addressing this issue, *Turning the Key* has indicated that it will be necessary to provide at least 100,000 people living with mental health problems and illnesses, and their families with access to housing and related supports over the next 10 years. As the population ages, the need for housing and supports for seniors living with mental health problems and illnesses will also increase.

Specific initiatives are needed to assist those who are already homeless. Depending on which study is cited, between 23 and 74 per cent of people who are homeless in Canada report having a mental health problem or illness.[168] A growing number of housing programs, often known as 'housing first,' are showing great promise for improving outcomes and quality of life for homeless people living with mental health problems or illnesses, both in Canada and internationally.[169] They provide housing and other recovery-oriented supports that people want, without requiring them to accept treatment, services or supports as a condition of housing.[170, 171, 172] These programs must be sustained and expanded across the country; the potential for these and other models to prevent long-term homelessness in youth must also be explored.

MHCC Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illnesses.[173] Led by the MHCC Service System Advisory Committee, *Turning the Key* takes stock of the current housing and community support needs of people living with mental health problems and illnesses in Canada, and reviews the best available evidence and promising practices across the country.

In Toronto, 67 per cent of shelter users in one project reported having had a mental illness at some point in their lives.[174]

Ultimately, providing appropriate housing and related supports to homeless people who are living with a mental health problem or illness either saves money or provides a better return on investment.[175] The cumulative costs of shelters and the increased use of health and other services can outweigh the costs of simply providing a place to live and support to stay there.[176, 177]

Action is needed on other fronts as well. Having meaningful work, education, and access to an adequate income contribute to everyone's ability to achieve and sustain a good quality of life. People living with mental health problems and illnesses have high rates of unemployment, and many are unable to develop their skills and talents.[178] This is particularly challenging for young adults, since the rates of mental health problems and illnesses reach their peak during prime working years.[179]

Among those with the most severe and complex mental health problems and illnesses, unemployment is estimated at between 70 and 90 per cent.[180]

Barriers that keep people with mental health problems and illnesses out of work must be removed, and supports that help people to obtain competitive employment should be increased.[181] There are peer-run organizations and a variety of social enterprises that employ people in a supportive environment, which are valuable alternatives for some. Supported education programs can help people get back on track if their mental health problems and illnesses have interrupted their schooling.[182, 183] There is enormous need for these supports, which is not now being met.

MHCC At Home/Chez Soi.[184] This research demonstration project is investigating mental health and homelessness in five Canadian cities: Moncton, Montreal, Toronto, Winnipeg and Vancouver. The overall goal is to provide evidence about what services and systems could best help people who are living with a mental illness and are homeless, with a particular focus on 'housing first' approaches. *At Home/Chez Soi* aims to answer the following questions: does 'housing first' work? If so, for whom? And, at what cost? This study—the largest of its kind in the world—is comparing the costs of 'housing first' with the cost of usual services. At the same time, the project is providing meaningful and practical support for hundreds of vulnerable people.

Canada lags behind many other developed countries in providing disability benefits.[185] Improvements are needed both to the assessment of who needs benefits and to benefits administration. In particular, sufficient adaptability is required to respond to the episodic nature of many mental illnesses. The system is not flexible enough to enable individuals to build on their strengths. In fact, it actually contains financial disincentives for people who want to return to work, taking away benefits when they try to do so. These include loss of medication coverage even when a person's income is not sufficient to allow them to pay for their medications themselves. No one should be discouraged from working because of their medication costs.

And there is another need for support that is often overlooked. For caregivers—including relatives and others who have taken on the role of family—providing unpaid care for a person living with a mental health problem or illness can hinder their own participation in the workforce and cause serious economic hardship. One study reported that 27 per cent of caregivers lost income and 29 per cent incurred major financial costs related to caring for a family member.[186] Caregivers need increased access to financial supports like tax credits, caregiver allowances, and respite care, as well as to workplace policies—such as allowing caregiver leaves and flexible hours—that would ease their burden.[187]

Individual Placement and Support (IPS) Program, Montreal, Quebec
Since 2001, this program based at the Douglas Mental Health University Institute has been helping people living with severe mental health problems and illnesses to find competitive employment. Its four staff members serve about 85 people at a time, helping each one to find a job (usually part-time at the beginning) that fits their particular interests and capabilities. Over time, many participants have progressed to working longer hours, even to full-time or near full-time status. In early 2012, 32 out of 84 people enrolled in the program were earning enough to no longer need disability income. This outcome is consistent with the results measured in a previous randomized controlled trial of the program. It found that over a 12-month follow-up period, 47 per cent of IPS participants in Montreal obtained at least some competitive employment, compared with 18 per cent of the control group.[188]

MHCC Aspiring Workforce Project.[189] The MHCC Workforce Advisory Committee is conducting a review of promising employment initiatives for people living with mental health problems and illnesses who aspire to enter the workforce, and developing a proposed legislative model for disability benefits.

3.5

RECOMMENDATIONS FOR ACTION

3.5.1 Increase the availability of safe, secure, and affordable housing with supports for people living with mental health problems and illnesses.

3.5.2 Expand approaches such as 'housing first' for homeless people living with mental health problems or illnesses.

3.5.3 Enhance supports for people living with mental health problems and illnesses to pursue education and obtain work.

3.5.4 Make disability benefit programs more adaptable to the individual needs of people living with mental health problems and illnesses, and remove financial disincentives that hinder their return to work or school.

3.5.5 Help caregivers with better financial supports, increased access to respite care, and more flexible workplace policies.

On helping to develop the Stratety, taking action and making life better

"I appreciated being invited and recognized as a caregiver who had an opinion and one that mattered. As a result of my participation I realized I could sit and wait for change to happen or as a caregiver, do something. Since then, I've become much more proactive. I'm part of an advocacy committee. I'm working with different organizations. To make life better for my son, I'm trying to make the world a bit better."

Louise Boulter – Family caregiver

STRATEGIC DIRECTION 4

Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners.

Everyone in Canada should have the opportunity to achieve the best possible mental health and well-being. Currently, that opportunity does not come equally.

Simply put, people with—among other things—better incomes, more education, and stronger social networks tend to be healthier. In Canada and around the world, the importance of addressing such disparities in order to improve health and social outcomes, including mental health outcomes, is increasingly recognized.[190, 191] Canada's Ministers of Health and Health Promotion have acknowledged that disparities in health exist and promised that, "where they can be changed, we will work together with our partners in and outside governments to try to reduce or remove such differences."[192]

This Strategic Direction focuses on what can be done to better address mental health needs that arise for people who are at greater risk of developing mental health problems and illnesses, or who experience disparities in access to appropriate mental health programs and services because of socio-economic status; ethno-cultural background,

experience of racism and other forms of discrimination, and reasons for emigrating; living in a northern or remote community; being part of an official language (Francophone or Anglophone) minority community; and gender and sexual orientation. The next Strategic Direction focuses on First Nations, Inuit, and Métis mental health, and the impact of inter-generational trauma.

Whenever we examine factors that are common among groups of people, we also have to bear in mind that everyone's mental health and well-being are shaped by the many intersecting dimensions of their lives. We are all multi-faceted individuals. For example, the mental health needs of everyone who is part of the immigrant population are not identical. They can differ because of other factors like gender, age, income, and because of their reasons for having emigrated. Similarly, women's needs and issues vary depending on age, background and income. Physical and other disabilities, stage of life, and spiritual and religious beliefs are other important dimensions that can have an important influence on our mental health and well-being.

PRIORITY 4.1

Make improving mental health a goal when working to enhance overall living conditions and health outcomes.

Poverty, inadequate housing, and problems finding work or getting an education put people at greater risk for developing mental health problems and illnesses. The conditions that people face in their lives shape whether they feel safe, secure, and supported at home and in their communities. These factors collectively are commonly referred to as the social determinants of health and have a significant influence on mental health. Working to reduce disparities in how these determinants affect people's opportunities in life and health outcomes will involve efforts at many levels to change social and health policy in Canada.

> **One factor lurks in the background of every discussion of the risks for mental, emotional, and behavioural disorders and antisocial behaviour: poverty. . . . We are persuaded that the future mental health of the nation depends crucially on how, collectively, the costly legacy of poverty is dealt with.**
>
> *— United States National Research Council and Institute of Medicine*

Canada must continue to build on successful approaches to addressing disparities in living conditions, such as innovative anti-poverty initiatives underway in different parts of the country. These are collaborative efforts spanning the public, private and voluntary sectors and involving multiple government departments. They have engaged senior political leaders and supported local communities in taking action.[193] There is an opportunity to strengthen these efforts even further by including a focus on the improvement of mental health.

However, it is possible that policies aimed at improving outcomes for a broad category of people will have a greater impact on some than on others. For example, women with lower incomes may be less likely than those with higher incomes to respond to an initiative to improve women's mental health, leading to an even wider gap in mental health status between these two groups. New mental health policies and programs should always be evaluated using tools such as 'health equity lenses,' to make sure that everyone benefits and that the gap decreases between those who are best and least well off.[194]

Much better data on the mental health of Canada's diverse population and on the specific services that best meet the needs of different population groups are needed. In general, data are sparse. Where available, the data often look only at the very broadest categories (such as women or immigrants as a whole) and lack details that can help to improve planning and services for sub-groups such as refugee youth or seniors from minority Francophone communities.

4.1

RECOMMENDATIONS FOR ACTION

4.1.1 Encourage government leaders to spearhead collaborative action to reduce disparities in living conditions, while also improving mental health outcomes.

4.1.2 Use 'health equity lenses' to ensure that new mental health policies and programs reduce disparities while improving mental health for the population as a whole.

4.1.3 Strengthen data and research to develop a better understanding of the mental health needs and strengths of diverse population groups.

PRIORITY 4.2

Improve mental health services and supports by and for immigrants, refugees, ethno-cultural and racialized groups.

People who are immigrants, refugees, members of ethno-cultural groups or who are likely to be racialized (that is, to have others make assumptions about them based on perceptions about race) face particular challenges that put their mental health at greater risk.

They often have difficulty getting a job, earning a decent income or obtaining adequate housing. For example, recent immigrants are finding it increasingly difficult to obtain employment, particularly employment that matches their level of skills and education.[195, 196]

Members of these groups also face significant barriers to their seeking or obtaining help.[197, 198] Too many people from the immigrant, refugee, ethno-cultural and racialized communities that make up a large part of Canada's population do not have access to services, treatments and supports that feel safe and are effective because they are attuned to that group's culture, experience and understanding. People from diverse backgrounds can have different values and traditions that inform their approach to health. They sometimes experience and describe mental health problems and illnesses differently, which can be challenging for service providers.

Mental Health Promotion Training Program for Settlement Workers, Toronto, Ontario
Journey to Promote Mental Health is a culturally sensitive training program designed to raise settlement workers' awareness of mental health issues faced by newcomers, and to enhance their capacity to provide effective support and timely intervention. It was developed in 2008 for front-line staff by the Hong Fook Mental Health Association of Toronto in collaboration with the Ontario Council of Agencies Serving Immigrants (OCASI), under the aegis of Citizenship and Immigration Canada. Thirty two-day training sessions involving about 685 front-line workers from 233 OCASI agencies were held between October 2008 and November 2011. 'Pre' and 'post' data show an increase in participants' ability to identify early signs of mental health problems, coping strategies, and the social determinants affecting immigrants' mental health. They also improved their knowledge of the mental health system and were less likely to engage in stereotyping.[199]

MHCC Issues and Options for Improving Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Groups.[200] Developed by the MHCC Service Systems Advisory Committee, this report makes 16 recommendations for improved planning, involvement of communities, and improving services for immigrants, refugees, and ethno-cultural and racialized groups.

Organizations and health professionals need to be attuned to those differences and work to modify services, treatments and supports to make them more welcoming and effective. This approach is often called cultural competence or cultural safety. To be fully effective these efforts should not only take into account cultural diversity, but also acknowledge the influence that social disparities and imbalances of power can have on relationships. Some health professional organizations such as the Canadian Nurses Association and the Royal College of Physicians and Surgeons have named cultural competence and safety as core competencies for their members—a practice that should be accelerated and expanded.[201, 202]

> **If I go to a service provider who doesn't know my language and is not familiar with my culture, first of all I will not be able to explain my problem to him/her as I want to say it.**
>
> *— Immigrant, Refugee, Ethno-cultural and Racialized Groups Project focus group participant*

About 20 per cent of Canada's population has a mother tongue other than English or French, and 12 per cent still speak a language other than French or English at home.[203] More information, services and supports in a variety of languages are needed. It is also important to evaluate

MHCC Multicultural Mental Health Resource Centre.[204] Developed by the MHCC Science Advisory Committee, this website provides resources with the aim of improving the quality and availability of appropriate mental health services for people from diverse cultural and ethnic backgrounds, including immigrants, refugees, and members of established ethno-cultural communities.

the potential of traditional knowledge, customs and practices to help with recovery from mental health problems and illnesses. Access to those customs and practices that work should be strengthened.

Because it is natural to start dealing with mental health issues by looking for help close to home and from people we know, it is important for all community-based organizations serving immigrants, refugees, ethno-cultural and racialized populations, and not just those that provide mental health services directly, to be linked to services and supports in the mainstream mental health system. In collaboration with mainstream mental health services and other service systems, these organizations also have an important role to play in assessing local mental health needs and strengths, and taking action on local priorities.

Across Boundaries: An Ethno-Racial Mental Health Centre, Toronto, Ontario

Across Boundaries is a project partner in the Toronto site of the At Home/Chez Soi Project.[205] Research at this site includes a focus on the experience of people from racialized groups who are homeless and have mental health needs. It aims to better understand the impact of racism and discrimination; the factors that contribute to resilience and the ability to cope; and the role that families play in recovery. *Across Boundaries* provides intensive case management services to 97 project participants, 87 of whom are living in housing that they have chosen themselves. To date, 20 participants have been re-housed once, with only three participants re-housed more than once.[206] *Across Boundaries* utilizes an anti-racism/anti-oppression framework which emphasizes a holistic approach to mental health care. Work is underway to identify the critical ingredients of the *Across Boundaries* framework and incorporate them into a tool that can be implemented by other organizations.

4.2

RECOMMENDATIONS FOR ACTION

4.2.1 Expand use of standards for cultural competency and cultural safety, including through accreditation bodies and professional associations.

4.2.2 Increase access to information and mental health services, treatments and supports in diverse languages.

4.2.3 Better evaluate the potential of traditional knowledge, customs and practices to address mental health problems and illnesses, and improve access to those that work.

4.2.4 Support immigrant, refugee, ethno-cultural and racialized community organizations in assessing local mental health needs and strengths and in taking action on local priorities, in collaboration with mental health and other service systems.

4.2.5 Develop and implement mental health plans in all jurisdictions to address the mental health needs of immigrants, refugees, ethno-cultural and racialized groups, with their full involvement.

PRIORITY 4.3

Tackle the pressing mental health challenges in northern and remote communities.

Northern and remote regions of the country confront some of the most challenging and complex mental health and social issues in Canada, from overcrowded housing and lack of access to clean water and affordable food, to high rates of suicide, chronic, and communicable diseases. They also face everything from shortages to a complete lack of services to address their mental health needs—many places do not even see a doctor more than a few times a year.

Tackling the complex issues that affect mental health in northern and remote regions will require different governments and organizations to work together to implement cross-sector solutions. It will also require funding that reflects the higher cost of providing services and the unique contexts in northern and remote areas. Programs developed in cities in the south cannot simply be transferred to northern and remote places and be expected to work. Communities should have access to funding and support to develop, implement, and evaluate their own solutions to addressing the mental health needs of their communities.

There is a persistent shortage of mental health professionals in northern and remote areas. Providing housing and other incentives could help to attract and retain service providers. Over the longer term, training programs should focus on preparing local people to fill mental health positions as they are more likely to make their lives in these areas.[207]

When northern and remote areas are better served, people will not have to travel as often to other communities or even to other jurisdictions to receive more specialized services. But some travel will be unavoidable, and better communication and coordination are needed between local resources (including providers and families) in home communities and providers in the larger centres.

Tele-mental health is increasingly used to provide services in northern and remote areas, and broader Internet-based approaches ('e-mental health') have tremendous potential, particularly for reaching youth. To be better utilized, however, these approaches must be better supported with adequate infrastructure, resources to operate and maintain the systems, and technical training and support. In addition to paying consultation fees to specialists, funding for tele-mental health should also cover case conferencing, education, and other approaches that build capacity for collaborative care.

Mental Health and Addictions *Community Counselling Program,* Northwest Territories

Through the *Community Counselling Program,* Health and Social Service Authorities deliver mental health, addictions and family violence services across the territory, including prevention, treatment and aftercare programs. Clinical supervisors and mental health and addictions counsellors provide therapeutic counselling services, while community wellness workers initiate prevention and promotion activities in the communities. A performance management framework has been established. Survey results show that the vast majority of service users either strongly agreed or agreed that they were satisfied and comfortable with the services; that they found their counsellor to practice in a culturally sensitive manner; and that they had improved their ability to cope and address their problems as a result of counselling.[208]

Rural Mental Health Program, Yukon

The *Rural Yukon Mental Health Program* provides mental health services to people living with serious mental health problems and illnesses in 14 small rural communities spread over a very large and challenging geographic area. The program combines itinerant specialized mental health nursing expertise with local capacity building and support, and uses telehealth to complement resident and itinerant services. Staff meetings, clinical supervision, training, family education, appointments with a consulting psychiatrist, and even group treatment are provided using videoconferencing. Seventy-five per cent of community health nurses, physicians and other professionals in these rural communities report having confidence in their ability to know when and how to refer people for assessment. Approximately 75 per cent of participants are fully engaged in their treatment and recovery, and most of those who have concurrent substance abuse problems have taken steps to reduce their use of substances.

4.3

RECOMMENDATIONS FOR ACTION

4.3.1 Act to change poor living conditions that can undermine mental health, such as overcrowded or inadequate housing, and lack of access to clean water and affordable food.

4.3.2 Establish funding models that reflect the realities of providing care in northern and remote communities so that gaps in the continuum of mental health services, treatments and supports can be closed.

4.3.3 Provide housing and other incentives that will attract mental health service providers and encourage them to stay in northern and remote communities.

4.3.4 Enhance mental health training programs to match local people with local job opportunities in northern and remote communities.

4.3.5 Support northern and remote communities to develop and implement mental health programs and initiatives that will work in their context.

4.3.6 Strengthen coordination and communication between smaller communities and larger centres, and among provincial and territorial health systems when people need to travel to obtain specialized services.

4.3.7 Increase the use of tele-mental health and e-mental health by building better infrastructure, providing on-going training and support, and greater flexibility in how services are funded.

PRIORITY 4.4

Strengthen the response to the mental health needs of minority official language communities (Francophone and Anglophone).

Members of minority official language communities—Francophones living outside Quebec and Anglophones living inside Quebec—can face significant challenges in obtaining access to services in their first language. This is particularly true for those living in smaller communities.

Good communication is central to the successful interaction between users and providers of mental health services, treatments and supports. Not having access to these in your own language can have serious consequences: misunderstandings can result in the wrong diagnosis and inappropriate treatment. Language gaps can also get in the way of referrals for preventive services and follow-up.[209]

In general, members of minority official language communities attach considerable importance to being able to access health services in their own language. Eighty per cent of adults whose main language is French assign importance to getting health care services in French, while 87 per cent of adults inside Quebec whose main language is English feel that it is important to have access to services in English.[210]

There are almost one million people living outside Quebec whose first language is French, spread out over nine provinces and three territories.[211] Forty per cent of them said finding French-language health care is difficult, usually because of a lack of French-speaking health professionals.[212] As people age, communicating in one's first language can become even more important, and minority language communities tend to be older.[213]

While there are important historical differences in the institutional and human resources available to minority official language communities across the country, it is important to take measures to provide them with access to mental health services, treatments and supports in their mother tongue. Initiatives to improve access to information, as well as to services, treatments and supports in a person's first language should be encouraged. Programs are needed to identify, recruit, and keep mental health service providers who speak French in minority Francophone communities, and English in minority Anglophone communities.

4.4

RECOMMENDATIONS FOR ACTION

4.4.1 Improve access to mental health information, services, treatments and supports for minority official language communities.

4.4.2 Develop programs to identify, train, recruit, and retain mental health service providers who can offer services in the language of minority official language communities.

PRIORITY 4.5

Address the specific mental health needs related to gender and sexual orientation.

Mental health problems and illnesses affect men and women differently and at different stages in life.[214] For example, women are more likely than men to experience anxiety and depression, including depression following the birth of a child.[215] Men are more likely to develop schizophrenia at a younger age.[216] Girls and women attempt suicide at higher rates, but men and boys (particularly older men) die by suicide more often.[217]

The different ways that gender makes a person vulnerable to mental health problems and illnesses mean that the impact of gender needs to be considered in prevention and early intervention efforts. Key risk factors for women are often interrelated: women have more caregiving responsibilities, higher rates of poverty, and are more likely to suffer domestic violence and abuse.[218] Childhood sexual abuse is linked to mental health problems and illnesses later in life for both girls and boys, but girls are more likely to be abused.[219] Factors that threaten their sense of success and achievement, such as job loss, have a particular impact on men. Men may be less likely to recognize that they have an emotional problem, may feel that they should handle it alone, and may delay seeking help. In addition, men do not always present signs and symptoms in ways that are easily recognized by service providers.[220]

Stigma and discrimination on the basis of sexual orientation have an impact on the mental health of lesbian, gay, bisexual, two-spirited, trans-gendered, and trans-sexual (LGBT) people.[221] Sexual and physical assault are also risk factors, as is bullying for youth.[222] Risks for LGBT youth can be reduced by an accepting family and connection with other LGBT youth.[223, 224] Older people may be particularly reluctant to access mental health services because of past negative experiences with the service system, including prejudice, discrimination and lack of knowledge.[225]

Stereotypes of all kinds can have an impact on the way LGBT people living with mental health problems and illnesses are treated both within the mental health system and within the LGBT community. On the one hand, mental health service providers must be mindful not to stereotype or discriminate against LGBT people because of their sexual orientation, and also to recognize the impact that discrimination and stigma can have on an LGBT person's mental health.[226] People who provide mental health services, treatments and supports to the LGBT community need to have a positive attitude and to be knowledgeable about the needs of people from these communities, while at the same time not making global assumptions that can obscure differences among the individual people whom they serve.[227]

On the other hand, LGBT organizations should seek to strengthen their understanding of stigma and other issues related to mental health and mental illness, and be ready to provide support.[228]

4.5

RECOMMENDATIONS FOR ACTION

4.5.1 Increase professional and public understanding of differences in mental health related to gender and sexual orientation.

4.5.2 Provide mental health services that are gender and LGBT sensitive.

4.5.3 Take action to reduce the serious risk factors for women's mental health, including poverty, the burden of caregiving, and family violence.

4.5.4 Improve the capacity of LGBT organizations to address the stigma of mental illness and to work with local mental health services to support their community.

On stigma, and sharing issues from the North to help develop the Strategy

"It was inspiring to be a part of it. My interest in Nunavut has been mental health because a large part of the population has been through trauma of some kind, but they are hesitant to seek help because of stigma. The priority should be mental health in Nunavut. I hope that governments, federal, provincial or territorial, will take it seriously and that the issues and recommendations are acted upon."

Jack Anawak – Mental health advocate

STRATEGIC DIRECTION 5

Work with First Nations, Inuit, and Métis to address their distinct mental health needs, acknowledging their unique circumstances, rights, and cultures.

First Nations, Inuit, and Métis cultures and holistic understandings of the world have much to contribute to the transformation of the mental health system in Canada. The priorities identified here are important for everyone living in Canada, just as the rest of the priorities and recommendations for action set out in the *Strategy* also apply to First Nations, Inuit, and Métis.

This Strategic Direction includes distinct streams for First Nations, Inuit, and Métis. While there are certainly similarities in each stream, this approach respects the important differences in the culture and history of each group, and the distinct rights established through treaties, legislation, self-government agreements, and other means. It is also in keeping with the call for nation-to-nation relationships that was expressed by the 1996 Royal Commission on Aboriginal Peoples.[229]

At the same time, some common priorities have been identified regarding the mental health needs of First Nations, Inuit, and Métis in urban and rural areas, and with respect to several complex social issues that have an impact on First Nations, Inuit, and Métis mental health regardless of where people live. The unique needs of people living in northern and remote communities (including First Nations, Inuit, and Métis) are addressed in Strategic Direction 4.

Priorities for action have been developed through on-going dialogue with the Assembly of First Nations, Inuit Tapiriit Kanatami, Métis National Council, the Congress of Aboriginal Peoples, the Native Women's Association of Canada, and other stakeholder organizations such as the National Association of Friendship Centres. The priorities in this section of the *Strategy* are broad and are intended to support more detailed priorities and planning at national, regional, and community levels.

This Strategic Direction places a strong emphasis on the on-going efforts by First Nations, Inuit, and Métis families and communities to heal from the intergenerational impacts of colonization. A broad range of legislation and policies aimed at assimilation have undermined mental health and well-being for more than 200 years. For example, residential schools and the child welfare system have disrupted the ability of parents and Elders to pass on traditional ways of parenting, language and other cultural knowledge.[230] This has contributed to high rates of mental health problems, addictions, and suicide among First Nations, Inuit, and Métis, linked with complex problems such as family violence and involvement in the criminal justice and child welfare systems.

MHCC Cultural Safety Project.[231, 232] Led by the MHCC First Nations, Inuit and Métis Advisory Committee, this project is focused on improving our understanding of cultural safety and relational practice, including best and promising practices in the Canadian context, a curriculum for cultural safety and cultural competence education, and a supporting DVD.

To support healing from the intergenerational impacts of colonization, First Nations, Inuit, and Métis—wherever they reside—need access to a full continuum of culturally safe mental health services, treatments and supports, delivered through a collaboration of mainstream and First Nations, Inuit, and Métis organizations. Cultural safety is grounded in indigenous knowledge and experience, and is based on the recognition of cultural diversity and the influence that social inequalities and imbalances of power have on relationships between the service provider and service user. On-going efforts by all levels of government to address broader, systemic issues such as racism, governance, and poverty are also needed.

Although suicide is not a universal problem in First Nations, Inuit, and Métis communities, it is a significant challenge in many such communities across the country.[233] First Nations youth commit suicide about five to six times more often than non-Aboriginal youth. The suicide rates for Inuit are among the highest in the world, at 11 times the national average, and for young Inuit men the rates are 28 times higher.[234, 235] Less is known about suicide rates among Métis.

Just as for the population as a whole, mental health and suicide need to be addressed together through the promotion of good mental health for all; the prevention of mental health problems for those at risk; early identification and timely access to services, treatments and supports for mental health problems and illnesses; and the reduction of the stigma of mental health problems and illnesses. The recommendations in this Strategic Direction, along with the recommendations in the *Strategy* as a whole, will contribute to preventing suicide among First Nations, Inuit, and Métis, while also helping to reduce the impact of mental health problems and illnesses.

With its strong focus on First Nations, Inuit, and Métis mental health issues, this *Strategy* can contribute to raising awareness across the country and help to inform the recommendations of the Truth and Reconciliation Commission process that is currently underway. The Truth and Reconciliation Commission of Canada has a five-year mandate that extends through to 2014, which entails gathering statements from individuals affected by residential schools, as well as hosting a series of national gatherings to promote and foster reconciliation.

> **There is an emerging and compelling desire to put the events of the past behind us so that we can work towards a stronger and healthier future. The truth-telling and reconciliation process as part of an overall holistic and comprehensive response to the Indian Residential School legacy is a sincere indication and acknowledgment of the injustices and harms experienced by Aboriginal people and the need for continued healing. The truth of our common experiences will help set our spirits free and pave the way to reconciliation.**
>
> *— Mandate of the Truth and Reconciliation Commission of Canada*[236]

FIRST NATIONS STREAM PRIORITY 5.1

Establish a coordinated continuum of mental wellness services (mental health and substance use services) for and by First Nations, which includes traditional, cultural, and mainstream approaches.

The First Nations way of life has traditionally been based upon values, spirituality, culture, and relationship with the land. This way of life included well-functioning societies that valued the role played by each person within the community at each stage of life, including women, men and two-spirited people.[237] First Nations have a holistic vision of health and well-being that is based on a balance of spiritual, mental, emotional and physical health, as well as social and economic well-being.[238]

> **First Nations people look at health holistically; the four components of health—spiritual, emotional, physical, and mental—are not separate. It is all integrated. When everyone looks at health this way, it will have more positive results.**
>
> *— First Nations nurse*

This way of life was nearly abolished through the process of colonization, which included legislation and policies aimed at assimilation. Forced attendance and widespread abuse at Indian Residential Schools and sweeping apprehensions and adoptions commonly known as the '60s scoop' shaped the mental health landscape for many First Nations.[239] Even today five per cent of all children living on reserve are in the child welfare system, eight times the proportion of the general population of children in Canada who are 'in care.'[240] The impact of this experience across generations has contributed to high rates of substance use and mental health problems, suicide, incarceration and family violence.[241, 242] Many First Nations communities also experience high rates of poverty, shortages of adequate housing, unsafe drinking water, and a lack of educational, employment and economic opportunities, all of which undermine health and well-being.

First Nations recognize that in order to effect change, healing from this historical trauma must occur. They have established initiatives at the national, regional and community levels to address gaps and fragmentation in the continuum of mental wellness services, while recognizing communities as their own best resource and drawing on traditional and cultural knowledge. For example, the Indian Residential School Resolution Health Support Program

Land-Based Healing Program, Kwanlin Dun First Nation, Yukon
This program provides a land-based approach to healing from addictions, intergenerational trauma, grief and loss, and other related mental health challenges. Land-based and cultural experiences, First Nations therapeutic approaches and ceremony are combined with mainstream methods to strengthen cultural identity and a sense of self by restoring relationships with the land, family, and community. The model incorporates a preparation period, up to four weeks on the land, and a welcome home ceremony. Follow-up involves staged aftercare and support in the community. Evaluation results from three gender-specific pilot programs have been positive. Retention rates and satisfaction with the program have been strong. Participants registered improvements in quality of life, reflected in a better balance of the spiritual, mental, emotional and physical dimensions of their lives. High-risk use of drugs and alcohol was reduced, a range of symptoms related to anxiety and depression were alleviated, and better relationships were reported.[243]

has recognized Elders as key service providers, and the National Native Alcohol and Drug Abuse Program (NNADAP) is piloting mental wellness teams that integrate traditional, cultural, and mainstream approaches.

The recommendations for action in this section build on these initiatives, and reflect the priorities of First Nations communities. The actions are fully aligned with goals set out in the *First Nations and Inuit Mental Wellness Strategic Action Plan,* which was developed to address both mental health and substance use problems through collaboration among First Nations, Inuit, federal, provincial, and territorial government representatives.[244]

First Nations continue to experience many challenges in obtaining timely access to appropriate mental wellness services, particularly in northern, rural and remote communities. Those First Nations communities that have the resources to offer services often have difficulty recruiting and retaining qualified service providers.[245] Better supports are needed for current and future First Nations service providers to strengthen service delivery over the long term. At the same time, all service providers must be trained to practice in ways that are culturally safe and effective.

First Nations collectively continue to pursue self-determination and to strengthen their relationships with federal, provincial and territorial governments. As part of that process, First Nations have long advocated for improved mental wellness services, but progress has been slow. To create more meaningful change, a continuum of services that is coordinated across jurisdictions needs to be established.

5.1

RECOMMENDATIONS FOR ACTION

5.1.1 Close critical gaps in the continuum of mental wellness services, treatments and supports for First Nations, including traditional, cultural, and mainstream approaches.

5.1.2 Disseminate and share knowledge about promising traditional, cultural, and mainstream approaches to mental wellness, such as mental wellness teams and recognizing the role of Elders.

5.1.3 Support and recognize the community as its own best resource by acknowledging local knowledge and by developing community capacity to improve mental wellness.

5.1.4 Enhance the knowledge, skills, recruitment and retention of the range of service providers able to provide effective and culturally safe services, treatments and supports for First Nations mental wellness.

5.1.5 Strengthen collaborative relationships among federal, provincial, territorial and First Nations governments to improve policies, programs and services related to mental wellness.

INUIT STREAM PRIORITY 5.2

Establish a coordinated continuum of mental wellness services (mental health and substance use services) for and by Inuit, which includes traditional, cultural, and clinical approaches.

Inuit define mental wellness as "self-esteem and personal dignity flowing from the presence of harmonious physical, emotional, mental, spiritual wellness and cultural identity."[246] Living on the land, Inuit have learned to work together to survive. This has shaped a worldview that is focused on strengths. Inuit mental wellness must be addressed in a way that promotes well-being, resilience, and healthy, productive and sustainable communities through culturally based approaches.

The recommendations for action in this section reflect the realities faced by Inuit in their day-to-day lives and the needs of their communities. They draw on the *Alianait Mental Wellness Action Plan,* which was developed to address both mental health and substance use problems through collaboration among Inuit, federal, provincial and territorial government representatives.

The Inuit experience of colonization and contact with Europeans occurred relatively recently in the history of Canada. Many Inuit who are now adults grew up living on the land year-round, until their families began to rely more on trading or were pushed to settle in communities.[247] Inuit attended residential schools that were organized as day schools, and the children were housed in residences/hostels, boarded with families or were sent away to the south. Inuit children experienced abuse and loss of their culture and language.[248] Other traumatic experiences included the forced relocation of communities, famine, disease, and the mass killing of sled dogs. A disruption of culture, language, and way of life ensued, with dramatic and negative consequences for mental health and well-being. Many Inuit today continue to live a traditional life and to speak a traditional language, but they also experience high levels of suicide, addictions, abuse, violence, and depression.[249]

> **What takes several generations to develop will take at least the same amount of time to address. Resources will need to be in place long enough to sustain the mental health and wellness programs that are needed.**
>
> *— Inuk participant in Nunavut focus group*

Addressing the social determinants of health is a key priority for Inuit as communities experience high rates of unemployment, lack of education, inadequate and

Ilisaqsivik Family Resource Centre, Clyde River, Nunavut

This innovative centre focuses on family healing and provides a range of programming for people of all ages.[250] Of the 820 people who live in Clyde River, as many as 100 receive counselling services each month, which are provided by Elders, as well as by family, addictions, and youth counsellors. Over 40 youth have participated in a hip hop program that is helping to reduce self-harm, smoking, and marijuana use, and is contributing to an overall decrease in crime rates and suicidal thoughts. Land-based programs are offered which integrate mainstream and traditional approaches to enable participants to learn and experience traditional ways of life and to facilitate healing. Ilisaqsivik has also developed a two-year counselling training program that is tailored to reflect northern traditions and way of life. To date, 25 students have successfully completed the program, and the majority of them are working in northern communities.

overcrowded housing conditions. There are also many issues that relate to food security, which means having secure access to enough healthy food. These issues include the high cost of purchased goods, the effects of climate change, and contaminants in the food supply.[251]

Inuit embrace a holistic approach to mental wellness that is based on traditional and cultural practices, with support from clinical approaches. Traditional and cultural approaches focus on promoting well-being, enabling people to support each other and draw on community strengths, and taking people out on the land to learn about the traditional Inuit way of life.

When it comes to clinical approaches, there is a lack of basic mental health services which results in many Inuit having to travel outside of their communities. High staff turnover and under-resourcing of programs and services are persistent problems that must be addressed. In addition, more Inuit need opportunities for education and training in mental wellness, to build capacity among the local population and provide access to services in Inuit languages. Non-Inuit mental health workers require more training in cultural competency and cultural safety so that they can deliver services in a manner that respects and understands Inuit culture. This training should provide an understanding of the intergenerational impacts of colonization and recognize the imbalances of power that can occur in the helping relationship.

The priorities for action outlined in this *Strategy* are focused on supporting Inuit to achieve the mental wellness goals they have identified, in collaboration with key partners.

5.2

RECOMMENDATIONS FOR ACTION

5.2.1 Close critical gaps in the continuum of mental wellness services, treatments and supports for Inuit, including traditional, cultural, and clinical approaches.

5.2.2 Support Inuit to respond to their mental health needs by drawing on the knowledge and strengths in their communities.

5.2.3 Provide adequate, sustained funding and support to develop the mental health workforce and strengthen recruitment and retention of mental health workers.

5.2.4 Increase the availability of Inuit-specific mental wellness data, research, information, knowledge and training.

5.2.5 Bring about transformation in mental wellness services through strong partnerships with government, non-government organizations, foundations and the private sector.

MÉTIS STREAM PRIORITY 5.3

Build Métis capacity to improve mental health and to improve access to mental health and addictions services through meaningful, inclusive, and equitable engagement processes and research.

The mental health of Métis people is tied to their distinct and unique culture, history, rights and circumstances, which are not well understood in Canada. Métis are descendents of European fur traders and Indian women. Distinct Métis communities developed along the fur trade routes and across the Northwest, and continue to exist today. Even before Canada became a country in 1867, Métis culture had emerged with its own traditions, language (Michif), way of life, collective consciousness, and sense of nationhood. According to the 2006 census, almost 400,000 people reported they were Métis with almost 90 per cent living in the 'Métis homeland' (western Canada and Ontario).[252]

Métis traditional environmental knowledge was developed from community practices and has evolved into a unique Métis holistic worldview with distinct values and spiritual beliefs. Métis understand the environment in terms of sacred relationships that link such things as language, tradition, and land in order to foster community spiritual, physical, intellectual and emotional health.[253]

For generations, Métis people have tended not to acknowledge their Métis ancestry openly. The aftermath of the Métis uprisings and the execution of Louis Riel in 1885, the lack of Métis land rights, and the negative experiences of many Métis children in both residential schools and the mainstream school system (even to this day) have been powerful disincentives to doing so.[254]

It was only in 1982 that the federal government recognized Métis as one of three distinct Aboriginal groups in the Constitution.[255] Nonetheless, Métis people have only limited access to federally funded mental health and addictions programs, and continue to fall largely under provincial and territorial jurisdiction where there are varying degrees of Métis-specific programs and services. Gaps in access to Métis-specific services are particularly challenging for vulnerable groups such as children in care and Métis women exposed to violence.

SASH Youth Outreach Program, Winnipeg, Manitoba

The *SASH* program is focused on meeting the needs of Métis youth who are at risk because of sexual exploitation, gang involvement, addictions and violence (whether as victims or perpetrators). *SASH* is offered by Métis Child, Family and Community Services and is dedicated to returning youth to a safe environment. Using a non-judgmental, culturally based approach, outreach workers develop safety plans with youth, their families and involved community members in three program stages: safety, stabilization and prevention. A key focus is on linking youth with other community programs, including mental health services and supports. The *SASH* program's unique approach has successfully enabled a number of youth to be stabilized and either get off the streets or become connected to appropriate community programs. In the 2010-2011 fiscal year, the *SASH* program provided services and supports to 41 youth at risk.[256]

5.3

RECOMMENDATIONS FOR ACTION

> **It is important that our partners are aware of and understand Métis culture so we can ensure they are appropriately serving our people.**
>
> *— Métis National Council Health Committee*

More research is needed on the intergenerational impact of colonization and its effects on the mental health needs of Métis people today. What is known is that Métis experience many risk factors for mental health problems and illnesses, such as overcrowded housing, substance abuse, family violence, involvement in the criminal justice system, and children being in care.[257]

Métis people have remained strong and resilient. Canadian courts have increasingly recognized Métis rights, and Métis have expanded their role in health and social services and intergovernmental negotiations.[258] At the same time, more Métis are reconnecting with their culture, traditions and histories and are working collectively to improve their health and well-being. Accordingly, the priorities for action outlined in this *Strategy* are focused on strengthening capacity to better understand and address Métis mental health needs.

5.3.1 Consult and engage Métis people to develop a Métis-specific mental health and substance use strategy.

5.3.2 Build Métis knowledge through research to understand fully the intergenerational effects of colonization and the mental health needs of Métis people today.

5.3.3 Develop, increase and sustain Métis mental health human resources.

5.3.4 Improve access to a full continuum of culturally competent and culturally safe mental health services, treatments and supports for Métis people.

5.3.5 Develop and strengthen collaborative relationships at all levels of government to advance and improve Métis mental health and well-being.

PRIORITY 5.4

Strengthen the response to First Nations, Inuit, and Métis urban and rural mental health issues, and to complex social issues that affect mental health.

The recommendations contained in the three distinct streams of this Strategic Direction are relevant to First Nations, Inuit, and Métis, regardless of where they live. There are also additional issues that need to be addressed. The unique mental health issues faced by people living in northern and remote communities (including First Nations, Inuit, and Métis) were examined in Strategic Direction 4. This priority focuses on the particular mental health challenges faced by First Nations, Inuit, and Métis in urban and rural areas, as well as on a number of complex social issues that require specific attention.

The latest census shows that more than 50 per cent of First Nations, Inuit, and Métis people live in urban and rural centres, with considerable movement to and from their home communities (typically these include First Nations reserves, remote Inuit communities, and smaller Métis communities).[259] In bigger cities and towns there is a strong sense of community that draws First Nations, Inuit, and Métis people together, either collectively or within their own cultures.

The reasons for moving from smaller communities to larger cities and towns will be familiar to anyone in Canada who has made a similar choice: better access to economic opportunities and employment; better access to health and other services; the appeal of an urban lifestyle; and in some cases the chance to leave a bad situation. For many, this choice does lead to improvements in key protective factors for mental health, such as better access to education and employment.[260] Unfortunately, a substantial portion of First Nations, Inuit, and Métis living in urban and rural centres continue to live in poverty, particularly single mothers.[261]

The mental health of First Nations, Inuit, and Métis in urban and rural centres has also been affected by the process of colonization and intergenerational trauma. Even within larger urban centres, there are problems with access to services such as long waiting lists, lack of transportation, as well as lack of awareness and understanding of the differences in cultures between service providers and those receiving services.

Increased access to a full continuum of mental health services, treatments and supports is important. Services must be culturally safe, and First Nations, Inuit, and Métis people living in urban areas should be encouraged and supported to pursue careers in mental health. Increased capacity is needed to deliver services

through both mainstream and First Nations, Inuit, and Métis organizations that are often under-resourced. In particular, more capacity is needed to deliver specialized services that integrate traditional, cultural, and mainstream approaches and can address complex issues.

More research is needed to deepen our understanding of First Nations, Inuit, and Métis mental health issues in urban and rural centres, and to inform the development of an urban and rural mental health and substance use strategy. Stronger relationships with all levels of government are also required to increase capacity and improve access across the service system.

Whether First Nations, Inuit, and Métis reside in urban or rural centres, on First Nations reserves or in remote Inuit or smaller Métis communities, there are important and complex social issues that have a major impact on their mental health and well-being. Three priorities are addressed here: violence against women and girls, and over-representation in both the child welfare and criminal justice systems.

Efforts to address these issues must be coordinated across all levels of government to support healing from intergenerational trauma and to address underlying social determinants of health such as poverty and inadequate housing.

Both men and women have been affected by violence, including physical and sexual abuse experienced in residential schools. The statistics for violence against First Nations, Inuit, and Métis women and girls are particularly alarming, including high rates of extreme, life-threatening violence, stalking, and homicide. In some communities, up to 90 per cent of women are victims of violence.[262] The many causes of violence are systemic and include poverty, racism and discrimination, intergenerational impacts of colonization and residential schools, and higher levels of involvement in the child welfare and justice systems.[263] Services and supports need to focus on community and family healing (including healing for both men and women) and promoting a better future for the next generation.

Estimates suggest that 30 to 40 per cent of children living in out-of-home care in Canada are Aboriginal, yet Aboriginal children represent fewer than five per cent of children in Canada.[264]

To address the over-representation of First Nations, Inuit, and Métis children and youth in the child welfare system, broad policy changes are required. First Nations, Inuit, and Métis need to be involved in processes that affect their children. Services should be culturally safe and First Nations, Inuit, and Métis approaches to child welfare, based on respecting language and culture, need to be incorporated into all aspects of the child welfare system, including prevention, early intervention and support to families in crisis. First Nations, Inuit, and Métis families who adopt or provide foster care need to be fully supported to do so. Access to cultural activities, traditional teachings and extended family should be available whether the child is 'in care' or adopted.

The number of Aboriginal women incarcerated under federal jurisdiction increased steadily from 84 in 1999-2000 to 157 in 2008-2009, an increase of 86.9 per cent in the last 10 years. The increase in incarcerated Aboriginal men was 17.4 per cent over the same period, rising from 2,095 to 2,460. In 2008-2009, Aboriginal offenders represented 17.2 per cent of the total federal offender population while Aboriginal adults represent 4.0 per cent of the Canadian adult population.[265]

Over-representation in the criminal justice system is also a challenge for First Nations, Inuit, and Métis, regardless of where they reside. First Nations, Inuit, and Métis offenders tend to be younger, to have health problems (including mental health problems), to have gang affiliations, and to be convicted numerous times.[266] Although efforts have been made to ensure that the justice system is more responsive to First Nations, Inuit, and Métis mental health needs, there is still a need for improved access to diversion programs, mental health services in correctional centres, and supports for re-integration into the community. More focus is also required on mental health promotion and mental illness prevention programs for youth to help foster resiliency and healing, and to reduce exposure to the criminal justice system in the first place.

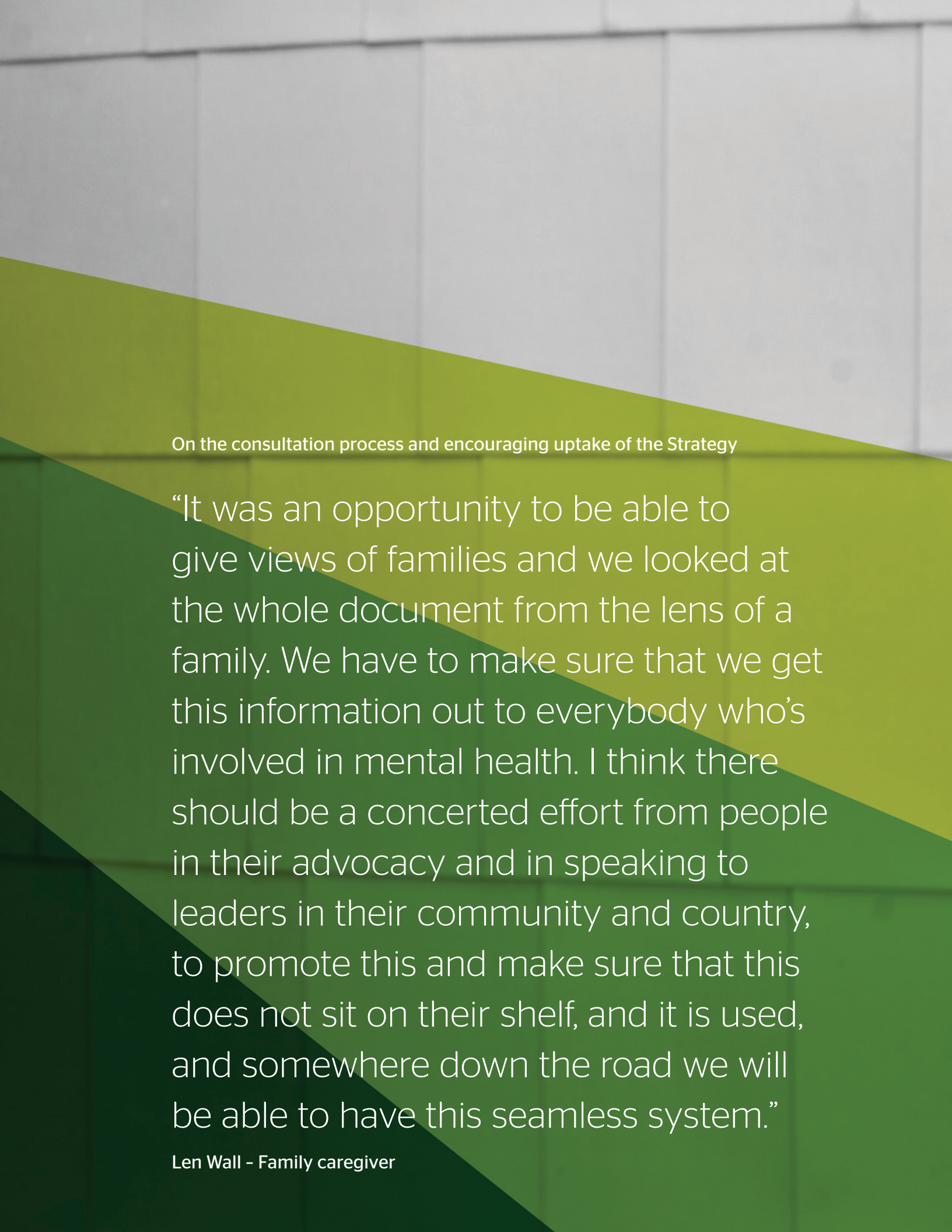
5.4

RECOMMENDATIONS FOR ACTION

5.4.1 Develop a mental health and substance use strategy for First Nations, Inuit, and Métis in urban and rural centres.

5.4.2 Increase capacity to provide access to a full continuum of mental health services, treatments and supports for and by First Nations, Inuit, and Métis in urban and rural centres.

5.4.3 Take collaborative action across all levels of government to address complex social issues that undermine First Nations, Inuit, and Métis mental health, such as violence against women and over-representation in the child welfare and criminal justice systems, regardless of where people live.



On the consultation process and encouraging uptake of the Strategy

"It was an opportunity to be able to give views of families and we looked at the whole document from the lens of a family. We have to make sure that we get this information out to everybody who's involved in mental health. I think there should be a concerted effort from people in their advocacy and in speaking to leaders in their community and country, to promote this and make sure that this does not sit on their shelf, and it is used, and somewhere down the road we will be able to have this seamless system."

Len Wall – Family caregiver

STRATEGIC DIRECTION 6

Mobilize leadership, improve knowledge, and foster collaboration at all levels.

The objectives set out in *Changing Directions, Changing Lives* will take time to accomplish. However, momentum for change has been building over the past decade and there has never been a better moment for everyone to work together to transform the mental health system and achieve better mental health for all people living in Canada.

The past few years have seen a remarkable rise in the attention paid to mental health issues in the media, by government, and by people right across the country. *Out of the Shadows at Last*, the report on mental health by the Standing Senate Committee on Social Affairs, Science and Technology, shone a spotlight on the urgent need to transform mental health systems across the country and led to the creation of the Mental Health Commission of Canada by the federal government. Parallel to the work of the Commission, most provincial and territorial governments have undertaken work to develop their own mental health plans and strategies.

Many have already played an important leadership role; leadership at many levels will be required to sustain this momentum.

As is increasingly being done around the world, governments in Canada need to take a 'whole-of-government' approach to the coordination of policies and practices across the full range of mental health issues, from mental health promotion and mental illness prevention to improving access to services, treatments and supports.[267, 268] In Canada, whole-of-government approaches—and even 'whole-systems' approaches that also engage the voluntary and private sectors—are now being successfully applied in a number of jurisdictions in areas such as poverty reduction, healthy children programs, and community safety.[269, 270, 271]

The organization and delivery of health and other services are largely the responsibility of the provinces and territories, but there are many areas in which the federal government has an important role and where pan-Canadian initiatives could help all jurisdictions to improve mental health-related outcomes. Strengthening data collection, expanding research capacity, and doing more to share knowledge about what works to foster recovery and well-being across the population would all contribute to progress. Measuring this progress across the country is essential and will require common indicators and measures.

In addition, the development of a range of guidelines and standards is needed to help accelerate the translation of knowledge into action and enhance quality. Better planning to address current mental health human resource shortages and to help the mental health workforce adapt to new and expanded service requirements will be critical to achieving change.

Many countries report that the participation of people living with mental health problems and illnesses, and their families, in leadership roles is a critical element in transforming mental health systems. The value of leadership by people with lived experience needs to be better appreciated across the mental health system, and more opportunities need to be made available for them to exercise this leadership. This will require investing in leadership training and organizational development for people with lived experience at the local, regional and national levels.

PRIORITY 6.1

Coordinate mental health policies across governments and across sectors.

Mental health and mental illness are much more than 'just' a health issue or 'just' a challenge for some individuals. Issues relating to mental health and mental illness affect us all in varying ways and to varying degrees and are relevant to many aspects of government and private sector activity. Policy and approaches—on everything from child and youth services, to housing and social benefits, to the criminal justice system, to workplace health and safety—need to incorporate an understanding of what works best for the mental health of the population. Working to promote mental health and prevent mental illness should become an everyday activity across all sectors of society.

Responsibility for these many different programs, services and supports falls to different government departments and agencies whose efforts are far too rarely linked. However, there are many examples at home and abroad of successful approaches that connect efforts across departments and agencies and work to eliminate silos. Coordinated planning and service delivery can be done by designating a single authority as responsible for coordinating activity across ministries or by designating one ministry as the leader. But while the approach will vary from one jurisdiction to the next, the evidence suggests that it is very important for leadership to be provided by those at the highest level of the government.[272]

Similarly, there are areas that require better federal, provincial, and territorial collaboration. In accordance with their rights and responsibilities, First Nations, Inuit, and Métis leaders and their governments must be engaged by the highest levels of federal, provincial and territorial governments. Such a forum is needed to address the many complex jurisdictional and governance issues that have a significant impact on policies, programs

Whole-of-Government Approach to Healthy Children, Manitoba

Established in 2000 by the Premier and under the leadership of the Healthy Child Committee of Cabinet, *Healthy Child Manitoba* (HCM) is a strategy to improve outcomes for children across the province by coordinating and integrating policies and programs across government ministries.[273] HCM has implemented evidence-based programs for parents and children that have been shown to contribute to long-term improvement in health outcomes, such as the *Families First Home Visiting Program*, the *Triple P – Positive Parenting Program, Roots of Empathy,* and *PAX Good Behaviour Game*.[274, 275, 276] According to an HCM study, the implementation of *Roots of Empathy* in Manitoba has yielded promising reductions in violent behaviour among children.[277] HCM also collects data on early childhood development to assist its network of Parent-Child Centred Coalitions in fostering local community initiatives. Legislation requires that a report on the status of Manitoba's children and youth be completed every 5 years.

and outcomes related to First Nations, Inuit, and Métis mental health. The federal government also has significant responsibilities for addressing the mental health needs of veterans, the military, the RCMP, and new immigrants and refugees, and there are issues for these populations that need to be tackled through better coordination across federal, provincial and territorial jurisdictions.

National and regional voluntary organizations have a large role to play in bringing the experience of people on the front lines into planning at all levels. There are voluntary organizations for service providers, for families, for various health professions, for particular illnesses, and for people living with mental health problems and illnesses. Effective coalitions are very good at building a shared understanding of complex issues and overcoming differing perspectives which, if left unresolved, can become reasons for inaction. In Canada, coalitions have already contributed to building common ground over the past decade, and will need to play a strong role in mobilizing leadership for the implementation of this *Strategy*.[278]

6.1

RECOMMENDATIONS FOR ACTION

6.1.1 Establish a mechanism in every jurisdiction, with the full engagement of political leaders, to oversee development and implementation of government-wide mental health policies, with links to a similar pan-Canadian mechanism.

6.1.2 Improve collaboration and coordination among all levels of government regarding the mental health of First Nations, Inuit, and Métis, as well as other groups for whom the federal government has significant responsibilities for service delivery.

6.1.3 Encourage broadly based coalitions in the non-government sector to help mobilize leadership and build shared approaches to complex issues.

PRIORITY 6.2

Improve mental health data collection, research, and knowledge exchange across Canada.

There is a growing Canadian and international evidence base that is guiding system change. Nevertheless, there is a need to make significant progress in our ability to understand what is working well to improve mental health and well-being and to use this expanded knowledge to measure progress in transforming the system and improving outcomes.

Accurate data on the demand for various mental health services, their use, and their effectiveness are needed in order to improve the quality of mental health services, treatments and supports. Good data on mental health outcomes and the impact of the social determinants of health on them are needed to support efforts to foster recovery and well-being wherever possible. Agreement on a comprehensive set of indicators would allow each jurisdiction to measure its progress in transforming the system and improving outcomes over time.

While there are areas of strength in mental health data collection, particularly physician billing and hospital data, there is a long way to go before we have the data that are needed. There are many areas for which data are very limited, such as satisfaction with mental health services or which initiatives best contribute to recovery. Other information is collected differently around the country, such as information about community mental health services or data related to suicidal behaviour and cause of death.

It will not be possible to fill in all of these gaps at once, as it takes time, effort and resources to plan the collection and

Community Mental Health Common Assessment Project, Ontario

The Ontario Common Assessment of Need (OCAN) is a fully evaluated, standardized, service planning tool that allows key information to be gathered electronically in and across more than 300 programs in the province.[279] It is based on the Camberwell Assessment of Need, the most internationally recognized and researched assessment tool available, supplemented by additional elements that focus on an Ontario-based approach to recovery.[280] OCAN gives people living with mental health problems and illnesses an effective way to voice their needs and preferences, and enables them to play a more active role in developing their individual care plans. In this way, OCAN enables service providers to focus on the specific needs and strengths that have been identified by each individual. It also supports the ability of community mental health services to share information (with full consent) and to enable clinical information to be tracked across both hospital and community settings.

gathering of data. It should be possible, however, to take advantage of the work already done by governments and agencies across the country and to draw on existing sources of data, despite their limitations.

This will mean proceeding along two tracks. The first track entails identifying indicators for which data could be collected relatively easily—even though these data will only paint a partial picture. A set of potential indicators for this first track is outlined in the Call to Action section of this *Strategy*, on page 128. The second track will involve the development of a framework for compiling comprehensive data on the range of health and social outcomes related to recovery and well-being over the longer term, and the establishment of a system to collect the required data.

Research has yielded important advances in our understanding of mental health and mental illness, in areas such as the structure and functioning of the brain; the impact of genetic, psychological and environmental factors; the importance of people being actively involved in their own health care; and the social determinants of mental health. The thoughtful and diligent planning, conduct, interpretation, communication, implementation and evaluation of research are essential to improving health and social outcomes for people living with mental health problems and illnesses, and are a critical element for helping to advance the mental health and well-being of all people living in Canada.

Compared to other areas of research and relative to the impact of mental health problems and illnesses on society—whether in terms of the number of people affected or the economic cost—mental health research continues to be seriously underfunded in Canada. This imbalance needs to be corrected and a research agenda developed to enable research funding to be put to the best possible use. Such an agenda should draw on and integrate multiple sources of knowledge and span the full range of mental health issues. It should also enhance opportunities for people living with mental health problems and illnesses to help set the research agenda and participate meaningfully in all aspects of research including as lead researchers.

There is no shortage of important questions to stimulate research. For example:

- What can be learned from the experiences of people living with mental health problems and illnesses, and their families?
- How can neuroscience strengthen our understanding of the causes of mental illnesses and the relationship between mental illness and the brain, and contribute to the development of more effective medications, treatments, and interventions?
- What is the impact of aging on mental health?
- What can be learned from the traditional knowledge and customs of diverse cultures?
- What is the impact of psychological, social and environmental factors on mental health and on mental illness across the lifespan?
- What clinical approaches are most effective?
- What are the best ways to organize services and resources so that they support people of all ages and backgrounds on their journey toward recovery and well-being?

Translating new knowledge into policy and practice across the mental health system should also be accelerated, which starts with doing a better job of sharing information and research results about, among other things, promising practices and successful initiatives in all regions of the country. It will be important to build on existing efforts to improve the translation of knowledge into action and to create the infrastructure needed to sustain this exchange of knowledge over time.

The release of this *Strategy* is only one step in the planning that must be done to make real changes in the mental health system. The development of more in-depth guidelines and standards is essential to improve the quality of all mental health-related policies and practices and to better address the needs of specific population groups. For example, this *Strategy* calls for the development of recovery guidelines, for the implementation of new psychological health and safety standards in the workplace, and for setting standards for wait times to access community mental health programs and services. Coordinating efforts around these activities and other similar initiatives across Canada will help to minimize duplication of effort.

MHCC Knowledge Exchange Centre (KEC) and System Performance Initiative.[281] The KEC aims to help improve the lives of people living with mental illness by creating ways for Canadians to access information, share knowledge, and exchange ideas about mental health. The Systems Performance Initiative seeks to facilitate a more comprehensive and coordinated collection of data on mental health in Canada, which will help to improve decision making as it relates to mental health programs and policies.

6.2

RECOMMENDATIONS FOR ACTION

6.2.1 Gather and report to the public on data from the initial set of indicators for the *Strategy* (see page 128) while developing a framework for gathering and reporting on comprehensive data on outcomes over the longer term.

6.2.2 Develop a mental health research agenda for Canada, encompassing psychosocial and clinical research, neuroscience, as well as knowledge from lived experience and diverse cultures.

6.2.3 Enhance support for people living with mental health problems and illnesses to lead and participate meaningfully in all aspects of research.

6.2.4 Accelerate the translation of knowledge into action through a collaborative, coordinated knowledge-exchange infrastructure approach.

6.2.5 Establish guidelines and standards to foster continuous quality improvement in mental health-related policies and practices

PRIORITY 6.3 Strengthen mental health human resources.

People are the most important resource in the mental health system.

There are many dimensions to promoting the development of a mental health workforce that has the right people with the right skills in the right places. The mental health workforce is highly complex, consisting of regulated and unregulated direct care providers, as well as administrators and educators. Human resources represent roughly 80 per cent of direct care spending on mental health problems and illnesses.[282]

As in other areas, better data are needed, but it is clear that currently there are shortages of professionals in many disciplines (especially in areas such as child, youth, and seniors' mental health), providers are not evenly distributed across the country (affecting rural and remote regions in particular), and some services are not able to hire certain providers due to funding and remuneration policies.[283, 284, 285]

Implementing the recommendations in *Changing Directions, Changing Lives* will entail changes to the composition and training of the mental health workforce, from increasing the number of peer support workers to offering more training in interdisciplinary practice, in the recovery approach, and in cultural competence and safety. It will also be important to engage workers in many sectors, including health care providers, teachers, police, corrections workers and home care providers, in discussing how best to promote mental health and respond to the needs of people who live with mental health problems and illnesses.

Collaboration among jurisdictions and a shared mental health human resources strategy are critical to addressing current shortages and adapting to future needs. A mental health human resource planning capacity that can help to forecast requirements based on the mental health needs of the population is required to guide progress.

A pan-Canadian workforce education and development strategy could enable the development of core competencies common to all mental health professional disciplines, shape interdisciplinary training guidelines, and help to build bridges to other sectors.[286] In addition, such a strategy could create opportunities for people living with mental health problems and illnesses to take up positions at all levels of the mental health workforce (see Strategic Direction 2).

6.3

RECOMMENDATIONS FOR ACTION

6.3.1 Strengthen pan-Canadian mental health human resources planning capacity to guide the development of a workforce that is the right size, has the right skills and the right mix of providers.

6.3.2 Develop a pan-Canadian mental health workforce development strategy, including core competencies for all mental health service providers.

PRIORITY 6.4

Expand the leadership role of people living with mental health problems and illnesses, and their families, in setting mental health-related policy.

People living with mental health problems and illnesses must be actively involved in all aspects of planning, delivery, evaluating, monitoring, and researching programs and policies that affect their lives, including government policy that relates to mental health.

Around the world, the leadership of people living with mental health problems and illnesses, and their families (including both relatives and broader circles of support), has been a key lever in transforming approaches to mental health and mental illness and promoting a shift toward a recovery orientation. This leadership must be supported through investments in organizations at the local, regional, and national levels. The Mental Health Council of Australia provides a good example of an organization that is structured to represent a range of mental health stakeholders while encouraging and supporting leadership development of people with lived experience.[287]

Strong leaders with lived experience and their families working within strong organizations will not only contribute to the transformation of service delivery, planning and administration, but their involvement will also help to end stigma and discrimination.

6.4

RECOMMENDATIONS FOR ACTION

6.4.1 Establish guidelines to ensure that people living with mental health problems and illnesses—as well as their families—have leadership roles in developing and implementing mental health policies.

6.4.2 Build the capacity of local, regional and national organizations, led by and representing the interests of people living with mental health problems and illnesses, to ensure that their voices are heard.

On challenges, recovery and collaboration

"We don't always see eye to eye in mental health, but I love the way the Commission so strived to get a consensus amongst all the different players at the table. We're big supporters of the recovery approach and we'll continue to make sure that gets adopted the way the Commission has suggested that it might be. We hope that we can continue to work collaboratively like we have during this process and that we don't let our differences get in the way of moving forward. This is too important for too many people."

Karyn Baker – Family social worker

CALL TO ACTION

The priorities and recommendations for action across the six Strategic Directions of *Changing Directions, Changing Lives* provide Canada with a blueprint for change. For the first time, our country has created a shared vision and a set of priorities that can enable all Canadians to contribute to improving mental health outcomes.

Changing Directions, Changing Lives builds on the many excellent initiatives already underway across the country. Its recommendations are informed by the best available evidence and knowledge, and reflect the concerns and aspirations of people from every part of the country who contributed their time and wisdom. The *Strategy* has drawn on the extensive testimony that informed the Senate Committee report, *Out of the Shadows at Last*, as well as on the stakeholder engagement that has been central to the many Commission initiatives and projects.

Regional dialogues, online surveys, roundtables on key topics, and focus groups with stakeholders from coast to coast to coast have engaged:

- people who have experienced mental health problems and illnesses, and their families;
- federal, provincial, and territorial governments;
- non-government organizations;
- a wide range of providers of mental health services;
- national Aboriginal organizations and other stakeholder organizations that represent First Nations, Inuit, and Métis;
- researchers and policy experts;
- providers of services in other sectors; and
- the general public.

It has taken the input of thousands of people to create this *Strategy*, and it will require the combined efforts of many more to bring about the changes that it recommends.

While everyone across the country has a role to play in supporting the implementation of the recommendations in this *Strategy*, governments at all levels have a particular responsibility. They have the ability to invest more—and crucially, to invest more efficiently—in mental health. They are also in the best position to better measure the impact of everyone's efforts to improve mental health outcomes.

Now is the time to invest more, and more efficiently, in mental health. Investing more in mental health and making better use of current investments to achieve the changes described in this *Strategy* are the right things to do. Reversing the many years of underresourcing of the mental health sector and making the mental health system more

efficient will enable tens of thousands of people in the country to improve the quality of their lives. It will also contribute to the economic prosperity of the country and to the sustainability of the health care system.

The economic impact of mental health problems and illnesses is enormous. There are different, but complementary, estimates of the overall economic impact of mental health problems and illnesses. According to new findings from a study by the Mental Health Commission of Canada, mental health problems and illnesses cost the Canadian economy $48.5 billion every year.[288] An earlier study took a somewhat different approach and calculated the total costs at $51 billion per year.[289]

No studies to date have been able to calculate the full costs of mental illness incurred in the justice and education systems, the costs borne by family caregivers, or the costs of poor mental health to people who have not experienced the symptoms of illness. Nevertheless, it is clear that the total costs of mental health problems and illnesses to the Canadian economy are at least $50 billion per year, and are likely significantly greater.

These costs touch us all—as employers, employees or taxpayers. Mental health problems and illnesses are estimated to account for nearly 30 per cent of short- and long-term disability claims and $6 billion in lost productivity costs.[290, 291] Young adults in their prime working years are also among the hardest hit by mental health problems and illnesses.[292]

Moreover, as has been noted earlier, up to 70 per cent of mental health problems and illnesses begin in childhood or adolescence, and as many as three in four children and youth with mental health problems and illnesses do not access services and treatments. Children who experience mental health problems or illnesses are at much higher risk of experiencing them as adults, and are also more likely to have other complicating health and social problems.[293] A recent report in the U.S. estimated that the lifetime economic cost of childhood mental health disorders was enormous—$2.1 trillion, which with our smaller population would roughly translate to $200 billion in Canada.[294]

Children with conduct disorders are 8 times more likely to develop ADHD as teenagers. Teens with ADHD are twice as likely as other children to develop anxiety or a substance use disorder as adults.

— MHCC, The Life and Economic Impact of Major Mental Illnesses in Canada[295]

There are many things that can be done to make better use of the resources already being invested in the mental health system. For example, preventing conduct disorders in one child through early intervention has been found to result in lifetime savings of $280,000.[296] Given that 85,000 children in Canada are currently experiencing conduct disorders, this represents significant potential savings.[297] Improving a child's mental health from moderate to high has been found to result in lifetime savings of $140,000.[298] Improved access to peer support, housing, and community-based services can improve quality of life and help to keep people living with mental health problems and illnesses out of hospitals and out of the criminal justice system.[299]

But these kinds of savings will only take us so far. There should be no doubt that achieving the kind of transformation that is needed for mental health will take money, and that Canada will need to increase what it spends on mental health as a share of overall health and social spending.

Canada spends considerably less on mental health than several comparable countries, with only just over seven cents out of every public health care dollar (seven per cent) going to mental health. This is far below the 10 to 11 per cent of public health spending devoted to mental health in countries such as New Zealand and the U.K.[300]

Changing Directions, Changing Lives calls for Canada to increase the amount spent on mental health from seven to nine per cent of health spending over 10 years. Of course, simply spending more money without transforming the mental health system would not be a wise use of public funds, and therefore this increase in investment should be guided by the full range of recommendations in the *Strategy*. Since this proposed increase represents a Canadian average, each jurisdiction will need to examine the budget adjustment required for it to contribute its share toward meeting this goal.

At the same time, because mental health is not just a health issue, an equivalent increase in mental health's share of social spending is required. While the data do not exist at the national level to establish a precise benchmark, a comparable investment would mean increasing the amount spent on mental health by two percentage points within social spending envelopes, such as education, housing, and the criminal justice system.

Canada and the world are facing difficult economic times, which make this type of investment challenging. It will take sustained effort from the public to generate the political will required to make the necessary increases in mental health spending. Support from the private sector and philanthropic organizations will be required as well. But in a world that depends increasingly on brain power, Canada cannot afford not to invest in the future mental health and well-being of its population. This means allocating resources to the priorities identified in this *Strategy*.

FUNDING PROPOSAL

- Increase the proportion of health spending that is devoted to mental health from seven to nine per cent over 10 years.
- Increase the proportion of social spending that is devoted to mental health by two percentage points from current levels.
- Identify current mental health spending that should be re-allocated to improve efficiency and achieve better mental health outcomes.
- Engage the private and philanthropic sectors in contributing resources to mental health.

These resources should be used to transform the mental health system, contribute to making it more efficient and effective, and lead to improved outcomes.

Measuring progress. Of course, it is important to know the effect of these efforts and increased investments. A better understanding is needed of what actually helps to improve mental health and well-being, in particular for those experiencing mental health problems and illnesses. It is clear that Canada is under-spending relative to other leading countries, but experience also shows that increasing investment does not automatically guarantee better results. It will only be possible to know if time, money and energy are well spent if what is being accomplished is being measured.

Despite some improvements in recent years, far too little is known about the effect that many mental health programs and activities actually have on people's mental health outcomes. Not enough data are collected, and what are collected are too rarely shared across jurisdictions, government departments, and the mental health sector. Ideally, robust and comprehensive data collection systems would make it possible to set and monitor clear targets for the availability and effectiveness of services, as is being done in Australia and other countries that are leading the way with regard to mental health data. Such data would also make it possible to monitor critical elements of a recovery-oriented system, such as quality of life, satisfaction with services, and how involved people with lived experience are in making decisions at all levels.

As was set out in Strategic Direction 6, a two-track approach to data is required. Along one track, careful planning is needed to build up capacity to better measure mental health outcomes over the longer term. Work along a second track, as described below, should enable us to know much sooner whether our efforts are beginning to produce the desired results.

As a starting point, the Commission asked experts to identify a set of measures that could be used to track progress based on data that are already being collected or that could be collected fairly easily. In light of the existing gaps in data, finding indicators and data sources for some of the Strategic Directions in *Changing Directions, Changing Lives* was more challenging than for others. Nevertheless, a list of potential indicators has been compiled, which can tell at least part of the story and provide an early measure of important changes in outcomes and to the service system.

POTENTIAL INDICATORS AND DATA SOURCES

Strategic Direction 1

- Increase in the percentage of people who report positive mental health *(Canadian Community Health Survey [CCHS] Mental Health 2012)*
- Decrease in the prevalence of aggression, anxiety, and hyperactivity in 5-year-olds *(Early Development Instrument)*
- Increase in the uptake of psychological health and safety standards in the workplace *(Canadian Centre for Occupational Health and Safety)*
- Increase in the percentage of people who report a strong sense of community belonging *(CCHS Annual Survey)*

Strategic Direction 2

- Decrease in the number of people over the age of 15 who feel that someone held negative opinions about them or treated them unfairly during the past 12 months because of their past or current emotional or mental health problems *(CCHS – Mental Health Experiences Module)*
- Decrease in the percentage of people who are identified as having a mental health problem or illness upon admission to the correction system *(Corrections Services Canada; provincial and territorial corrections services)*

Strategic Direction 3

- Increase in the proportion of people with mood or anxiety disorders in the past year who consult a professional *(CCHS Annual Survey)*
- Increase in the life expectancy of people living with severe mental illnesses *(Vital Statistics / Statistics Canada and linked physician data)*
- Decrease in hospital readmission rates for mental illness within seven and 30 days *(Statistics Canada)*
- Reduction in the number of people living with mental health problems and illnesses who are homeless or without adequate housing *(Canada Mortgage and Housing Corporation; Canadian Institute for Health Information)*
- Increase in the number of supportive housing units for people living with mental health problems and illnesses *(Canada Mortgage and Housing Corporation)*
- Increase in the rates of employment for people living with mental health problems and illnesses *(Human Resources and Skills Development Canada; Canadian Community Health Survey Labour Force Module)*

Strategic Direction 4

- Increase in the proportion of immigrants experiencing emotional problems who are getting help from someone other than a family member or friend *(Longitudinal Survey of Immigrants to Canada)*

Strategic Direction 5

- Increase in the percentages of First Nations, Inuit or Métis adults who have access to traditional medicine, healing or wellness practices *(Aboriginal Peoples Survey; First Nations Regional Longitudinal Health Survey)*
- Increase in the percentages of First Nations, Inuit or Métis adults who have accessed mental health professionals in the past year *(Aboriginal Peoples Survey; First Nations Regional Longitudinal Health Survey)*

Of course, the impact that is measured by these indicators will be contingent upon numerous factors, not just the implementation of this *Strategy*. The many new mental health strategies, plans and initiatives that provincial and territorial governments have launched, for example, will have their own impact, as will any broad changes that may occur in people's attitudes toward mental health and mental illness. Nonetheless, regardless of the source of the change, it is important for Canada to monitor progress in the transformation of the mental health system.

Even though gathering the data for this second track of indicators and reporting on them is feasible, it will nonetheless require a collaborative effort among governments and various agencies to make it happen. It will take hard work by many partners both to report on these initial indicators and to develop a comprehensive mental health outcomes framework by 2017, at the five-year mark of the release of this *Strategy*. Improved accountability for mental health outcomes depends critically on this collective effort.

Call to action. Not everything recommended in *Changing Directions, Changing Lives* can be accomplished at the same time, and each government will have to set its own priorities for acting on the *Strategy*'s recommendations. However, there are critical factors that will help to determine Canada's success in achieving change.

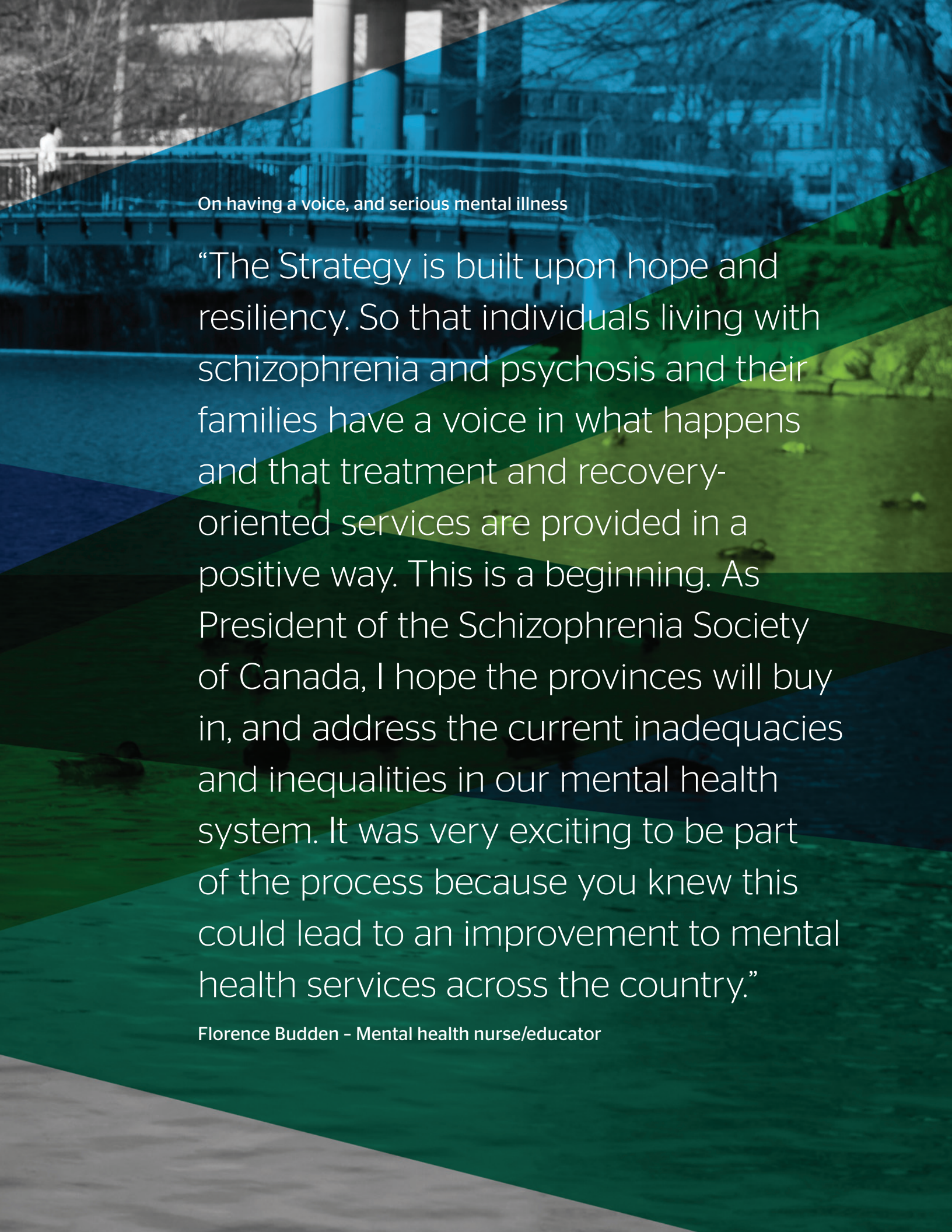
A common vision and direction for change are needed, and *Changing Directions, Changing Lives* can become the shared blueprint that enables the combined effect of everyone's efforts—large and small—to contribute to system transformation.

Committed leadership at many levels is required. People with lived experience and their families must work together with governments and leaders from many sectors, both public and private, to achieve the common priorities presented in this *Strategy*. In its capacity as a catalyst for change, the Commission will work with stakeholders to build on existing initiatives and identify opportunities to accelerate the adoption of this *Strategy*.

The mobilization of the Canadian public to take action on mental health issues is essential in order to ensure that mental health remains a high priority for action by both the public and private sectors.

There is a growing sense across Canada that the time to act for mental health is now. *Changing Directions, Changing Lives* will help to turn our aspirations for change into reality.

Partners for Mental Health.[301] *Partners for Mental Health* has one focused goal: to catalyze a social movement that will empower individuals and organizations to take action to improve mental health. As a catalyst for change, *Partners for Mental Health* will be an important vehicle for the general public to become involved and engaged in supporting the *Mental Health Strategy for Canada*. *Partners for Mental Health* was launched in April 2012 as a national non-profit organization, established with support from the Mental Health Commission of Canada.



On having a voice, and serious mental illness

"The Strategy is built upon hope and resiliency. So that individuals living with schizophrenia and psychosis and their families have a voice in what happens and that treatment and recovery-oriented services are provided in a positive way. This is a beginning. As President of the Schizophrenia Society of Canada, I hope the provinces will buy in, and address the current inadequacies and inequalities in our mental health system. It was very exciting to be part of the process because you knew this could lead to an improvement to mental health services across the country."

Florence Budden – Mental health nurse/educator

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This is the first mental health strategy for Canada.

Its purpose is to help improve mental health and well-being for all people living in Canada and to create a mental health system that can truly meet the needs of people of all ages living with mental health problems and illnesses and their families.

The publication of this document comes at a time of great opportunity and hope for mental health and represents the fulfillment of a key element of the mandate conferred upon the Mental Health Commission of Canada by the Government of Canada.

This *Strategy* draws on the experience, knowledge and advice of thousands of people across the country. This *Strategy* provides an opportunity for everyone's efforts—large and small, both inside and outside the mental health system—to help bring about change.

The signs of progress are everywhere. Together we can create an unstoppable movement to improve mental health. We hope that you will join with us to make this happen.