



The Hallway Group: Consumer Reference Toronto, June 27, 2009

Introduction and Background of the Mental Health Commission

The Mental Health Commission of Canada (MHCC) grew out of the *Out of the Shadows* report. It received funding in March 2007, and its Board met for the first time in September of the same year. It is a not-for-profit organization, operating at arm's-length from government, whose mandate is to improve the quality of life for people living with mental illness and mental health problems. It does not provide services, but acts as a catalyst to help bring about action for reform, such as promoting collaboration amongst mental health agencies that are working in isolation from one another, to help them meet their common goals more effectively. Eight Advisory Committees provide the Commission with expertise from across the country in the areas of Service System; Science; Family Caregivers; Mental Health and the Law; Workforce; Children and Youth; First Nations, Inuit and Métis; and Seniors. There is no separate consumer advisory committee, but there are consumers on all the committees as well as on the Board. The Commission's original key initiatives mandated by government are to develop a national mental health strategy, an anti-stigma initiative, and a Knowledge Exchange Centre. There are now two additional key initiatives: a national homelessness research initiative and Partners for Mental Health, aiming to build a national movement around mental health and mental illness.

We hope this meeting is the beginning of a process that will grow in expanding circles outward. This group can help us find new voices: people with opinions who are prepared to state them, people who have not been part of the MHCCs discussions. Your networks will be very important in this regard. Our goal is one we share with you: to make a difference in the lives of people living with a mental illness or mental health issues. Unless we are one unified common voice working toward this common cause, the public will not take us seriously. Stigma is the starting point, but should not limit the scope of this meeting. It is also fine to discuss other areas, and identify gaps that the MHCC may not be currently addressing. (Note: the group agreed not to get caught up in terminology issues, and to use the term "consumer" for the purposes of this meeting.)

Group Response to National Movement in particular

People with mental illness should be the starting point of any initiative to mobilize Canadians; there is discomfort with the image of the Commission reaching down to the grass roots to build a movement. We are more comfortable with the notion of the movement developing organically out of the grass roots from the ground up, with consumers as managers and in other staff positions. The question should be how to provide the consumer movement with strength, rather than how to draw strength from it. We need funding to bring together elements of the consumer infrastructure across the country, non-consumers to work with us, and more explicit involvement of consumers in the MHCC, including a distinct Consumer Advisory Committee.

There may be room for both a robust consumer movement and a broad national movement. From the perspectives of MHCC representatives, it could be possible to build a movement from the ground up to engage the Canadian public, including those outside the mental health sector, while also building the consumer movement. The MHCC needs to set up the groundwork for people to feel safe to come forward and for the public to be accepting, and to draw on support from the general public and bring them on board. But it can't happen in isolation or if we continue in separate fragmented directions.

Background of this Group

This historical groundwork that anchors this Group includes:

- Formation of MHCC and its Anti-Stigma program
- Identification of a need for a group like this, that can provide the MHCC with input on the Anti-Stigma program as well as on a broader range of issues
- Not part of MHCC, unaffected by MHCC thinking; reflective of the interests and advocacy activities of the consumer community
- A guide for the MHCC in developing policies and activities

Outside of the MHCC, there have historically been expressions of discontent from the consumer community about their feelings of not being heard. That was not the reason for developing this Group, but if it will help to address those concerns, that will be a positive, if unintended, consequence.

The Role of this Group

We are a collection of individuals with our own leadership roles and mental health issues, yet common experiences through painful, difficult processes. We speak from the perspective of our own experience as well as what we've learned from engaging with other consumers. We are not representative in the sense of speaking formally on behalf of an individual or group, but we can stand in proxy for others who may not have the opportunity to speak out.

Our role is to bring information about our work here back to our networks, and to bring back to the Commission the information we've collected about consumer views, struggles, interests, advocacy activities. Recognizing we cannot reach the whole consumer constituency of the country, our consultation style will be casual; we will connect with our communities using natural structures (networks, community, groups) and existing processes (conversation, dialogue, newsletters, web, email) or whatever ways work for us and for them. We will not conduct polls or scientific or in-depth surveys, and may not tap the whole community, but can sample opinions and still get a sense of the thoughts of people we talk to. If a more formal approach is needed, we can discuss how to address this once we've begun to share the information with our groups.

We recognize that ours are not the only voices – there is also the Consumer Council, and voices missing from communities such as rural, underserved, Aboriginal, and diverse cultures and languages (included in the MHCC in different ways, but still gaps to continue to watch for). For the present this group needs to gel as it is, but we will return to the gaps in future.

This group's role should be flexible so that it might serve as a reference group for other initiatives besides anti-stigma. For example, it might address the National Strategy, or develop a template to gauge all MHCC initiatives in terms of their response to the perspectives of the consumer community.

Way of Working

Our working principles will include:

- Respect for people's opinions; we recognize that members will have different experiences in regard to mental health issues and varying opinions
- Honesty, keeping issues on the table instead of behind the table
- Making our meetings a safe and comfortable place to express opinions
- Allowing the MHCC to hear honest perspectives reflective of consumers

We will plan on 2 face-to-face meetings plus 2 teleconferences per year, to be set up by Phil. We can communicate between meetings and organize special meetings as needed.