



One Year Later – the Mental Health Commission of Canada

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Background

Ladies and Gentlemen, *Mesdames et Messieurs*, l'année passée, le gouvernement canadien a annoncé la formation de la nouvelle Commission de la santé mentale du Canada. Last year, the Canadian government announced the formation of the Mental Health Commission of Canada. The Commission grew out of the most extensive consultation on mental health ever conducted in this country. That consultation became the basis of a report by a Senate Committee chaired by Senator Mike Kirby called *Out of the Shadows At Last -- De L'ombre À La Lumière*. One of the recommendations of this report was to establish a national organization to address mental health issues.

Mike Kirby stepped down as senator and, in a demonstration of his personal commitment to the cause, became the Chair of the Commission. I was brought on as President and CEO in May of this year.

Once we understood the enormity of the challenge we were facing, we rolled up our sleeves. We have begun building infrastructure and capacity, we have determined our path, and have started to get the word out. I'd like to give you a brief overview of what we've accomplished in our few short months of existence.

Infrastructure and Capacity

The Commission is non-profit organization with a mandate to focus national attention on mental health. We're funded by the federal government, but operate at arm's length from all levels of government. We've had to build our organization from scratch. And we've given careful thought to the skills and types of individuals we need.

Our Board of Directors includes 11 non-government members and 7 members appointed by the federal, provincial and territorial governments.

There was intense interest for the 11 non-government positions. Nearly 500 applications were received from people across the country who were excited at the prospect of helping bring the Commission into being. This widespread support told us that there is a real opportunity to create a national movement dedicated to improving the health and social connections of people living with a mental illness.

The make-up of the Board reflects the diversity of Canadians involved with mental health issues. Three members of the Board live with a mental illness. Two represent Canada's Aboriginal people – one First Nations and one Inuit. Others



are family caregivers, peer support workers, and service providers at the community level, in hospitals and in private clinical practice.

In addition to appointing our Board and growing our executive and staff team, we established eight advisory committees with specialists from all over the country dealing with specific target areas. I'll review each of them briefly. You can check out our website for more information.
(www.mentalhealthcommission.ca)

One -- Child and Youth

About 70 percent of adults with mental health issues have their onset in childhood or early adolescence. The Child and Youth Advisory Committee believes that identifying children and youth at risk -- and intervening as close to onset as possible -- are critical to improving life trajectories and productivity -- and to reducing the prevalence of mental health issues in adulthood. Successful intervention with children and youth will also help create a long-term change in attitudes and behaviours related to mental illness.

Each advisory committee, like Child and Youth, has embarked on a number of projects. The committee is developing a Canadian vision for child and youth mental health. Another project is to provide a variety of options for mental health and addictions services in schools. The committee has begun to evaluate various child and youth anti-stigma programs and will make recommendations for this component of the Commission's anti-stigma campaign. A first step has been taken to deal with self-stigma in children and youth, as well as the stigma experienced by parents and caregivers. With the input from a National Parent Table and an international review, recommendations to deal with this issue will be developed. A Youth Reference Group will provide input on these and other projects.

Two -- Mental Health and the Law

The Advisory Committee for Mental Health and the Law is examining how society considers the rights of people with mental health issues, especially the legal system. Here in Nova Scotia, you've demonstrated leadership in this area with your Mental Health Advocates Training program to improve accessibility to the legal system for people with mental health issues. In addition, Newfoundland now has a new act which provides a rights-based approach for involuntary commitment.

The committee has a number of projects already underway. One project will look at the protection of human rights for people living with mental illness. This will involve a review of legislation with a special analytical framework, followed by recommendations to upgrade human rights protection legislation where required.



The Police Project involves a review of police services across the country to determine best practices for interaction between police officers and people living with mental illness. Out of this review will come guidelines and best practices for police training and a common set of principles and guidelines to help police services develop comprehensive and appropriate response strategies. Another project will review procedures involving those found not criminally responsible to help ensure they get the help they need before they are involved with the criminal justice system. Gaps in the correction system will be the focus of yet another project, which will make recommendations to ensure the best mental health services for both youth and adults.

Three -- Seniors

Mental illness is not a normal consequence of aging and all seniors have the right to receive services and care related to their mental health needs. The mission of the Seniors Advisory Committee is to ensure that the mental health of seniors is addressed through the inclusion of a lifespan perspective in all the Commission's work.

Seniors with mental illnesses face a "double whammy" -- the stigma of aging in addition to the stigma of mental illness. One of the committee's first projects will address this issue as part of the Commission's Anti-stigma campaign. Another project will involve updating the Guidelines for Comprehensive Services to Elderly Persons with Psychiatric Disorders, which has been a major reference for mental health care planners and advocacy groups in the past.

Four -- Workforce

The Workforce Advisory Committee's goal is to ensure that workforce leaders make mental health a priority in the workplace. The committee is also focusing on identifying and removing the barriers related to: job re-entry, finding employment, sustainable income, skill development, and even housing for people with mental health issues.

Five -- First Nations, Inuit and Métis

The First Nations, Inuit and Métis Advisory Committee is dedicated to promoting overall mental health and reducing the threats to well-being among Indigenous people living in communities on and off reserves in Canada. There will be many challenges to overcoming historical issues that have destroyed the substance of family and community, and have contributed to mental health issues in the Aboriginal population. The committee will help increase knowledge and understanding of issues related to cultural safety, social justice, ethical accountability and diversity competency.



The committee is initiating a cultural safety project that will create a working definition of 'cultural safety' and a report to show how the concept of 'cultural safety' is applied in mental health practice with Aboriginal groups and other Canadians. Another project will create an ethical framework to guide prevention and treatment program development and delivery for Aboriginal populations.

Six -- Family Caregivers

The Family Caregivers Advisory Committee's vision is that families -- and other supporters -- will be provided with all the relevant information, education, guidance and support needed in a culturally sensitive way, so they can best help relatives living with mental illness. The hardships that come with long-term care often affect the caregiver's own well-being. Proper support is required so that families can carry out their responsibility as caregivers, while maintaining the integrity of their own well-being.

The committee's mission is to help create conditions that will promote full and meaningful lives for people diagnosed with mental illness and for their families and friends who often serve as their primary support network. The first project of the committee will be to set up a structure for virtual peer support for family caregivers through a pilot project.

Seven -- Service Systems

The Service Systems Advisory Committee's mission is to provide advice on the necessary components to create high performing mental health systems that meet the needs of people living with a mental illness. Such components will include: diversity, peer support and consumer-operated programs, supportive housing, human resources planning, the ability to deal with multiple issues, and the interface between primary health care and mental health systems.

The committee will tackle a number of initiatives, including a comprehensive review of the state of peer support programs in Canada and internationally, and the development of recommendations on how to increase the supply and variety of peer supports across the country. Another project will focus on multi-cultural aspects of mental health care, while a third project will look at ways to increase supportive housing for people with mental health issues. You may want to chat with Steve Lurie and Judy Watson if you are interested in more information about the committee's activities. They are among a number of CMHA members involved with our advisory committees.

Eight -- Science

The Science Advisory Committee provides advice to the Commission about research methods and findings to support the work of the Commission and the



other Advisory Committees. Through its Consumer Research Network Development Project, the committee is developing a network for people with mental health issues to engage in research projects and to evaluate resources, including online materials and national networking strategies. Another project will develop and evaluate the impact of specific resources to address issues of cultural diversity in mental health care.

Four Major Initiatives

The Advisory Committees will provide input to the Commission as it sets out to accomplish four key initiatives:

1. Facilitating the development of a national mental health strategy,
2. Conducting a 10-year anti-stigma campaign
3. Building a Knowledge Exchange and
4. Addressing the homelessness issue through five research projects

For each of these initiatives – in fact, in everything we do – we intend to work collaboratively with all stakeholders and existing mental health organizations, including the CMHA. We appreciate the input from the three discussion papers that the CMHA has already provided as well as its review of the *Out of the Shadows at Last* report. We are looking forward to continuing collaboration.

I will now review these four initiatives briefly.

1. National Strategy

Can you believe that we are the only G-8 country not to have a national mental health strategy? As we get down to business, we are very aware that a national strategy must be useful and practical. A strategy that sits on a shelf does no one any good.

Our Chair Mike Kirby likes to say that the Commission's national strategy must be "just inside the outer edge of political feasibility." That is, we must push the system as hard as possible while still ensuring progress is achieved. It must be a challenge, but doable. A strategy that is perfect -- but never implemented because it's not politically feasible -- is useless.

There is an additional reason that the national strategy must be practical. As you all know, the delivery of health and social services in this country falls to the provinces and territories, although the federal government does have important



responsibilities towards specific populations such as First Nations and Inuit and immigrants and refugees.

However, the Commission itself operates at arms' length from all levels of government, and cannot impose its vision on anyone. This means that when it comes to implementing the national strategy, we will need to convince all stakeholders, including government, of its merits.

We'll not be able to do that unless we have a very practical strategy that shows the way forward. Nor can we afford to wait until the end to know that our plan has broad support. In order to succeed, we need to build that support as we go, to engage with stakeholders every step along the way.

We plan to begin that conversation in earnest this fall with a draft statement that will propose a foundation for building the strategy. This statement will reaffirm our commitment to the fundamental orientation contained in the Senate Committee report that gave birth to the Commission -- to a wellness and recovery orientation that includes the need to deliver mental health care in the community, and to support people so they can live in the communities of their choice.

Based on the feedback we receive over the course of the fall, we'll finalize this foundational statement. We'll then begin a conversation on how best to turn the vision into reality -- sector by sector, constituency by constituency -- until we have a workable plan. The exact timeline remains to be worked out, but we are hopeful we can get the job done by early 2011.

The strategy will provide a blueprint for implementing an effective, comprehensive approach to mental health and mental illness in Canada. The strategy will help make Canada a society in which people living with mental health problems can participate in the community to the full extent of their abilities and in which they receive timely access to quality services, regardless of where they live.

Les personnes atteintes de maladie mentale ont le droit d'obtenir les services et le soutien dont elles ont besoin. Elles ont le droit d'être traitées avec la même dignité et le même respect que le respect et la dignité qui sont accordés aux personnes qui luttent contre toute forme de maladie.

People living with mental illness have the right to obtain the services and support they need. They have the right to be treated with the same dignity and respect accorded people living with other illnesses.



2. Stigma

The national strategy is not the only initiative on the Commission's agenda, however. A second – but not less important -- task is to undertake a major, national 10-year anti-stigma and discrimination reduction campaign. A systematic effort to reduce the stigma associated with mental illness -- and to combat the discrimination that people with mental illness experience -- are key elements in the Commission's mandate.

De nombreuses personnes atteintes de maladie mentale mentionnent que parfois la stigmatisation de la maladie mentale les fait beaucoup plus souffrir que la maladie même.

People living with a mental illness say that the stigma and discrimination they experience are sometimes worse than the mental illness itself.

Stigma creates a major barrier to accessing treatment, maintaining employment and full community participation for people with mental health issues. If stigma and discrimination are reduced, people with mental health issues will be more likely to seek support and treatment earlier. They will also be more likely to keep their housing and employment, continue educational pursuits, and maintain social and community networks. All of these can contribute to their recovery.

The anti-stigma campaign will take a multi-pronged approach that will include education, promoting contact with those living with mental health issues, and challenging discriminatory policies and practices.

We're planning a meeting in the fall with mental health organizations, including CMHA, to draft the principles, guidelines and objectives for the anti-stigma campaign. With this collaboration, we hope that all organizations will be speaking with the same voice.

The anti-stigma campaign will initially be targeted at children and youth, and healthcare professionals. Children and youth because they are more open and accepting of new ideas than us old folks. And also because the onset of mental illness often begins in the earlier years. Healthcare professionals because people with mental illness tell us that they experience stigma from service providers in the healthcare system.

To begin, there will be a national public awareness campaign, a contact and education strategy that will include a Speakers' Bureau, and a media watch



program. The long-term anti-stigma campaign will ultimately encourage change in individual attitudes and behaviour, as well as help governments and organizations develop policies and practices to prevent discrimination.

3. Knowledge Exchange

Our third major initiative is the creation of a web-based Knowledge Exchange. The Knowledge Exchange will provide a user-friendly, national gateway to information and knowledge about mental health and mental illness. It will promote the development of a national conversation on mental health issues and policy, and help the Commission achieve its mandate.

People living with mental health issues and their families, as well as the public, service providers and decision-makers, will be able to access general information about mental illnesses as well as the latest findings of the researchers. There will be a strong focus on promoting information, knowledge and skills that are based on evidence, experience, and promising practices.

4. Homelessness

Finally, our fourth major initiative is in the area of mental health and homelessness. Over the last few years we've all become increasingly aware of the growing number of homeless people in our cities. As many as 80 percent of the homeless also have mental illnesses. Because of this, the Federal Government is providing 110 million dollars for research demonstration projects related to mental health and homelessness in Vancouver, Toronto, Winnipeg, Montreal and Moncton. In each of these cities there will be an emphasis on a different demographic population. For example, in Vancouver, the emphasis will be on homeless mentally ill people who also have addiction problems. In Winnipeg, there will be emphasis on Aboriginal people.

Les projets de recherche se dérouleront au cours d'un intervalle de cinq ans et serviront collectivement à établir un ensemble d'éléments probants qui permettra au Canada de devenir un chef de file en matière de prestation de services aux personnes sans-abri qui vivent avec la maladie mentale.

These projects will take place over a period of five years and the information gained will help Canada become a leader in addressing the needs of homeless people living with mental illness.

Activity is well underway on this major initiative. Initial engagement of researchers, service providers, provincial and city governments, and others has taken place in each jurisdiction. We are currently in the process of hiring site



coordinators in the five cities. By the end of September, we expect to have local advisory councils established.

As well, a national research team has been established. This national team is currently working on development of a Request for Applications for local collaborations involving researchers and service providers in each of the cities.

Early Success Projects

The Commission's four key initiatives are large undertakings that will take a number of years to complete. But each year, shorter-term projects will also be undertaken. These projects may be proposed by Commission staff, Board members or by outside individuals and organizations who want to partner with the Commission. Part of the work of our advisory committees is to identify projects where the Commission can partner with other groups. Your group may be interested in participating in some of these projects and we look forward to your expressions of interest. Partnering and collaboration are key to the Commission's ability to be effective. We need your help to achieve our goals.

Engaging Canadians

No matter how good our overall national mental health strategy is, it will be useless without the political will to implement it. Given the magnitude of the changes required, this political will must exist across multiple jurisdictions and over a sufficiently long period of time to allow us to get the job done.

It is critical to the success of the Commission that it engage stakeholders and the Canadian population at large. The Commission must earn the support of all Canadians in order to achieve its mission.

Throughout my career, I have been drawn to social and health-related causes, serving on the boards of The Children's Aid Foundation, The Institute for the Prevention of Child Abuse, Meritus, Portage, and the United Way. Most recently, I served as President and CEO of the Canadian Diabetes Association.

I bring my own personal family experiences to my new position with the Commission.

I plan to use the experiences I have gained during my career – as well as my personal and family experience -- to help build a robust volunteer network for the Commission and establish a not-for-profit charitable organization. These initiatives will help us acquire the human and financial resources we need to establish a strong presence across Canada.



Actions to engage Canadians will focus on four areas:

1. Engaging stakeholders, by soliciting input on the development of the national strategy, the anti-stigma and discrimination campaign, and the Knowledge Exchange;
2. Engaging Canadians, through a volunteer program that will attract a large number of individual Canadians to support the Commission's goals;
3. Engaging the private sector -- particularly large corporations -- as funding sources; and
4. Engaging governments, by initiating discussions on how to actively involve them in developing and implementing the national strategy and other initiatives.

The Commission has already undertaken a number of activities to reach out, including:

- Conducting a stakeholder consultation
- Preliminary work on the design of the volunteer program, and
- Speaking at public events and conferences such as this one.

Certainly we hope to count on the CMHA as one of our key collaborators. As one of the oldest, national volunteer organizations addressing mental illness, your organization has provided – and will continue to provide – many initiatives that are critical for people living with mental health issues. We already have strong connections between our organizations. For example, Glenn Thompson, who is a consultant with the Commission and our past President and CEO, is also a former CEO of the CMHA's Ontario Division and national organization. John Stokdijk, our Director of Finance, is a past President and Treasurer of CMHA in Calgary and Alberta. As I mentioned earlier, Judy Watson, current President of the National Board of Directors of the CMHA, is a member of our Service Systems Advisory Committee. Steve Lurie, the Executive Director of CMHA's Toronto Branch, is also Chair of our Service Systems Advisory Committee. And Ron LaJeunesse, a member of the Workforce Advisory Committee, is a past Executive Director of CMHA's Alberta Division.

La CSMC travaillera en étroite collaboration avec la grande communauté de la santé mentale, qui comprend le public, les intervenants et les professionnels. Elle agira comme catalyseur, en mobilisant et en orientant les actions des autres.

The Commission will work collaboratively with the broad mental health community, including the public, stakeholders and professionals. Our goal is to be a catalyst for reform -- to enable others to act. We'll create new partnerships and engage a new generation of volunteers who will build a great social

movement to ensure that mental health stays out of the shadows forever. We hope you will join us in our journey.

