



**The Mental Health Commission of Canada
– the Way Forward**

**By Michael Howlett
President/CEO
Mental Health Commission of Canada**

**Monday, September 15, 2008
The 2008 International Conference on Special Needs
Offenders
Niagara Falls, Ontario**

Background

Ladies and Gentlemen, the Mental Health Commission of Canada 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. One of the recommendations of this report, called *Out of the Shadows At Last*, was to establish a national organization to address mental health issues.

I am here today to tell you about the new Commission and the work we're doing that will have an impact on our criminal justice system.

As you are aware, most people with a mental illness do not commit crimes. But still, youth and adults with diagnosed mental illnesses are over-represented in our country's correctional facilities.

Why is that? It's because our criminal justice system has become a system of last resort for many marginalized members of our society. Individuals with mental health problems often come to society's attention through the police, rather than through the medical system. Our medical system has failed to identify and treat many of these people. The courts have tried to address this gap. But our court system, based on a black-and-white model of guilt and innocence is not well suited for such interventions.

I am certain that we are all here at this conference to identify and understand what interventions and policies are effective at promoting mental health, preventing delinquency and criminal activity, and reducing the risk of repeat offenses for special needs offenders such as those living with mental illness.

Our Commission has begun to look at these issues. I'd like to tell you about some of our initiatives, and then talk about one of the most serious shortcomings of our justice system – addressing the mental health needs of young offenders.

Four Major Initiatives

In April 2007, the Mental Health Commission of Canada was established as a 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.

In its initial mandate, the Commission has four key initiatives:

- facilitating the development of a national mental health strategy,
- conducting a 10-year anti-stigma campaign
- developing a Knowledge Exchange Centre and
- undertaking homelessness demonstration research projects

For each of these initiatives – in fact, in everything we do – we hope to work collaboratively with all stakeholders and existing organizations and their stakeholders, including the justice and correctional systems.

These four initiatives in brief:

Shaping a National Strategy

Can you believe that we are the only G-8 country not to have a national mental health strategy? As we begin to tackle this initiative, we're 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 create a blueprint for a mental health system that achieves the maximum positive effect for consumers. But it must be doable.

A strategy that seeks perfection -- but is never implemented because it's not politically feasible -- is useless.

To develop the strategy, the Commission will first create a Framework. That document we expect will be out for wide public consultation later this Fall.

The next step will be the development of issues and options papers that focus on the needs of specific groups.

Then these papers will be consolidated into a draft strategy, which will be distributed for broad consultation with people living with mental health problems and their families, with governments, non-governmental organizations, service providers, and the Canadian public. To ensure it is done right will take some time. We hope to finalize that National Strategy by 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.

Service delivery is not part of the Commission's mandate. The implementation of the strategy will be undertaken at the provincial, territorial and community level.

The national strategy is not the only initiative on the Commission's agenda. 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.

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. This means that they will be much less likely to end up in the court and corrections systems.

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. 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 anti-stigma campaign will initially targeted children and youth, and healthcare professionals. Children and youth because they are more open and accepting of new ideas. 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.

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.

Our third major initiative is the creation of a web-based Knowledge Exchange Centre. The Knowledge Exchange Centre 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.

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 number of homeless people in our cities. As many as 80 percent of the homeless are living with a mental illness and many of them end up in the already stressed court system.

In fact, with the closure of mental health facilities in the past 10 to 15 years, coupled with many other social pressures in our complex society, larger numbers of people with mental illness have ended up on the street, and ultimately in jail. The number of mentally ill in the correctional system has risen from eight percent to approximately 20 percent.¹

Clearly, the streets are not the place for anyone let alone people with mental illness. The Federal Government has granted us 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.

¹ Conversation with Ted Ormston

In Winnipeg, the emphasis will be on Aboriginal people. In Toronto on the ethno-cultural population, in Montreal on the different governmental structure and in Moncton on a smaller but very rapidly growing city.

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 Board members, our advisory committees our staff 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 and we look forward to your expressions of interest.

Advisory Committees

In addition to the four major initiatives, we've also established ongoing advisory committees composed of specialists from all over the country. These committees are focusing on eight specific target areas. There is a committee addressing mental health and the law. The other seven areas are: seniors, workforce, First Nations, Inuit and Metis, family caregivers, science, service systems, and child and youth. I'll review each of these committees briefly, since, in many cases, their work could have either a direct or indirect impact on the criminal justice system. For more information check our website at <http://www.mentalhealthcommission.ca>.

One -- 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, and a focus on seniors' issues in the Commission's initiatives.

Two -- Workforce

Our 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 then removing the barriers related to: job re-entry, finding employment, sustaining income, skill development, and even housing for people with mental health issues. With these supports, they will be less likely to end up in the court system.

Three -- First Nations, Inuit and Metis

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. The committee will help increase knowledge and understanding of issues related to cultural safety, social justice, ethical accountability and diversity competency.

The committee is beginning by creating a working definition of 'cultural safety' and a report to show how the concept of 'cultural safety' can be applied in mental health practice.

Another project will create an ethical framework to guide the development and delivery of prevention and treatment programs for Aboriginals. These efforts, the Committee anticipates, will ultimately reduce the number of Aboriginal people with mental illness in the court system and will also allow those who are there to receive appropriate and effective treatment.

Four -- 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 who have mental health issues. The hardships that come with providing care over the long term often affect the caregiver's own well-being.

The first project of the committee will be to set up a structure for virtual peer support for family caregivers through a pilot project that targets special groups such as Aboriginals and children. Providing more support for family caregivers will ultimately contribute to keeping the family member with mental illness at home and out of the court system.

Five -- Science

The Science Advisory Committee provides advice to the Commission about research methods and findings. Through its Consumer Research Network Development project, the committee is developing a network for people with mental health issues to engage in research projects.

This network group will also help evaluate resources, including online materials and national networking strategies. Another project will develop and evaluate the impact of specific resources put in place to address issues of cultural diversity in mental health care.

Six -- 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 self-help programs, supportive housing, planning, mental health specialists, and the interface between primary health care and mental health systems.

This committee will tackle a number of initiatives. It will conduct a comprehensive review of the state of peer support programs in Canada and internationally. It will develop 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.

The Commission's advisory committee on Mental Health and the Law is headed by His Honour Justice Edward Ormston, who was appointed to the Ontario Court of Justice in 1989. Ted was instrumental as you heard earlier in creating the world's first Mental Health Court. He has currently been seconded as Chair of the Mental Health Consent and Capacity Board. He also lectures extensively on mental health issues to judges across Canada and internationally.

This committee has a number of projects already underway.

Evaluation Project will address the protection of human rights under Canadian legislation for people living with mental illness. This will involve a review of legislation using a special analytical framework, followed by the development of recommendations to upgrade human rights protection where required. This initiative will reduce discrimination against people with mental illness.

Another project involves police services. Police officers interact regularly with several mental health systems, as well as individuals with mental illnesses. There is inconsistency from one jurisdiction to another and a lack of clear guidance and training for police officers on how to deal with an individual who may have a mental illness. Police officers often bring these people to hospital emergency rooms, but wait times for a bed are so long, so the individual ends up in the court system instead.

The **Police Project** involves a review of police services across the country to determine best practices related to dealing with people living with mental illness. Out of this review will come recommendations for police training and a set of principles and guidelines to help police services develop response strategies for dealing with people with mental health issues. The ultimate objective is to ensure that these response strategies are respectful of the needs of people with mental illness. The strategies must also be consistent with contemporary policing principles and guided by the experiences and expectations of people with mental illnesses.

A related initiative called **The Trajectory Project**, will review procedures involving people found 'not criminally responsible' to help ensure they get the help they need before they're involved with the criminal justice system. This project will hopefully encourage the civil mental health care system to provide mentally ill people with improved access to hospital care -- before the manifestations of their mental illness leave them to be dealt with by the criminal justice system.

Out of the Shadows at Last identified that except for sexual offenders, there is limited access to mental health services for offenders in Canadian correctional systems. Broken legs and other physical ailments get attention, but mental illness does not. These kinds of gaps will be the focus of **The Corrections Project**.

This project will make recommendations to ensure that mental health services are available for offenders. Special training is needed for mental health professionals who work in the correctional system. This project will also include the development of guidelines for colleges and universities and educational materials for training programs.

With 20 percent of the offender population suffering from mental illness² – there also needs to be special training for all correctional staff, from correctional officers to kitchen staff and instructors. They need to be sensitive to mental health issues. For example, if an offender with a mental illness can't stand still in line and starts walking in circles, he shouldn't end up in solitary confinement, which would further traumatize him.

² Conversation with Ted Ormston

Youth and Mental Health

I've saved my description of the Commission's Child and Youth Advisory Committee to last. Did you know that about 80 percent of adults with mental health issues have their onset in childhood or early adolescence? If we address mental health in our children, we will be heading many problems off at the pass. Successful intervention with children and youth will also help create a long-term change in attitudes and behaviours related to mental illness.

Our Child and Youth Advisory Committee has many projects underway. One in particular is developing a Canadian vision for child and youth mental health. Another will provide a variety of options for the delivery of mental health and addictions services – from prevention to treatment -- for schools.

In the area of stigma, the committee is evaluating child and youth anti-stigma programs with a goal to making recommendations. A first step has already 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 is also being created to provide input on these and other child and youth related projects.

There is a lot more work to be done. Challenges exist.

I would like to read you a portion of a letter that Justice Ted Ormston received not too long ago, a Canadian forensic psychiatrist who focuses on children and adolescents. Dr. Mejia writes:

“I have recently done a survey about forensic services, similar to those related to adult services currently in existence. I found that there is almost nothing in comparison and that there are no plans, as far as I know, to implement any forensic services for adolescents... I think we are missing an enormous opportunity to have a great impact in the future of mentally ill adolescents that otherwise would go on into criminal careers.”

We believe that more than 60 percent of incarcerated youth have diagnosable mental health and substance abuse problems over and above their conduct disorders.³ Sixty percent!! And that there are no mental health services available for them.

We owe it to our children – and their children – to ensure that these young people get the help they need, so they don't go on to become hardcore criminals. But you know it can't be done alone.

We'll all need to collaborate and work together. We won't succeed if we maintain our separate silos. You can see that the work of our other advisory committees will impact the criminal justice system, just as your work will impact theirs. You bring that very special international ingredient to our Canadian planning and action.

³ Simon Davidson

Our ultimate goal is to build a truly civil society, where those less fortunate can get the assistance they need and not be punished for behavior that they can't help. I speak from first-hand knowledge. Personally and professionally, I ask you to join with us, the Mental Health Commission of Canada, to bring mental illness *out of the shadows forever*.