



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

September 12, 2011

## **To All Canadians,**

In a Globe and Mail opinion piece written by André Picard and published on August 31, 2011, concerns were raised about the Draft Mental Health Strategy for Canada ([Globe and Mail article](#)). Today, we want to share our thoughts.

First, we want to thank Mr. Picard for his constructive criticism. We are considering his feedback and that of hundreds of other stakeholders as we continue to work on and improve the Mental Health Strategy for Canada.

On the whole, we were pleased with Mr. Picard's overall impression – that the MHCC “more or less has its priorities right” and “there is a lot of good in Canada's draft mental health strategy.” However, he ends his piece by saying “it's not good enough yet.” We agree – and that is why it is in draft format and why we continue to work on it before its release in 2012.

Our intention is to deliver a strategy that sets out priorities for action that will promote mental health, prevent mental illness wherever possible and create positive change for all people and families affected by the full range of mental health problems and illnesses. We recognize that the current draft does not sufficiently reflect the essential role neuroscience, treatment and psychiatry have to play, and we will make sure this is corrected in the final document.

There are other issues that were raised in the article that we would like to address.

### **Serious mental illness**

The Commission has not neglected, and will never neglect, the needs of people living with serious psychiatric illnesses or their families. The draft Strategy acknowledges people with severe and complex mental health problems and recommends improved access to services and supports to meet their needs. If this is not clear enough, we will do a better job articulating and strengthening this position.

It is important to remind the readers that the MHCC is conducting the largest scientific study in the world on homelessness and mental illness ([At Home project](#)). We are working with people with severe mental illness often compounded by substance misuse. This study is a clear testament to our commitment to improving the lives of those living with serious mental illnesses.

### **The recovery model**

There is not too much - but rather a purposeful emphasis - on the “recovery model” in our draft Strategy. Recovery has created a great ‘shift’ in the traditional approach to treating people living with a mental illness. Despite the evidence to support it, explaining it and putting it into practice has



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not come without its challenges. Contrary to what some might believe, this model is not in conflict with neuroscience, treatment, or psychiatry. This model is about enabling people to find the right combination of treatment, services and supports so they can optimize their functioning and attain the best possible mental health and quality of life.

The Commission stands by this approach and it does so in the belief – supported by evidence – that involving people as much as possible in deciding on the most appropriate combination of treatments, medication, services and supports will help to foster their recovery.

### **Social science vs. neuroscience**

With respect to the assertion that the “strategy gives too much credence to social science and not enough to neuroscience,” the Commission believes that it is not an either/or proposition. We need both. The final version of the Strategy will do a better job of making this clear. In addition there is no hidden “anti-treatment” agenda within the draft Strategy. It is not “treatment” or “peer support”, but rather making sure that a range of options is available to meet the full range of needs.

### **A thorough consultation for the first-ever Mental Health Strategy for Canada**

The work needed to develop the first-ever Mental Health Strategy for Canada began even before the Commission itself was created through the work of the Senate Social Affairs Committee, led by then-Senator Michael Kirby, who is now the Chair of the MHCC. The Committee’s final report, *Out of the Shadows At Last* was the most extensive mental health study in Canadian history. The Committee heard from thousands of individuals from coast to coast to coast who voiced their wishes for a better mental health system.

This was followed by a broad stakeholder consultation undertaken by the newly-created Mental Health Commission of Canada to develop a vision for change that would provide a framework for a mental health strategy. Released in 2009, *Toward Recovery and Well-Being* drew on the input gathered from fifteen meetings held in twelve different cities and from 1700 individuals and 250 organizations who participated in an online consultation. More recently, the draft Strategy was put under the microscope during another round of consultations with stakeholders representing a mixture of perspectives and constituencies.

Once complete, the Mental Health Strategy for Canada will reflect the input of literally thousands of people and we are confident it will be a document that will make us all proud.

The Commission will continue to improve the draft Strategy and address any gaps that exist. We appreciate the ongoing support, comments, criticisms and suggestions from the countless Canadians who are helping us shape a stronger mental health system for all.

Louise Bradley  
President and CEO