Mental Health Commission of Canada

Commission de la santé mentale du Canada

Advancing the Mental Health Strategy for Canada

A Framework for Action (2017–2022)

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A Message from the President and CEO

Changing Directions, Changing Lives: The Mental Health Strategy for Canada (the *Strategy*) was the seminal work of the Mental Health Commission of Canada's first ten year mandate. Looking ahead, our task is now to take action on the *Strategy*'s valuable recommendations.

In 2015, we embarked on a series of broad consultations to lay the foundation for accelerating uptake of the *Strategy* over the next five years. We went across the country to seek the advice of local, regional and national groups, as well as agencies, governments and Indigenous peoples. People with lived experience were integral to this year-long dialogue, which set out to glean input around how to make the greatest possible improvements to the Canadian mental health system over the next half decade.

We also went one step further, bringing together a group of 36 ordinary Canadians from across the country in a Citizens Reference Panel to spend a week reflecting on how best to achieve the greatest possible impact for the greatest number. During this year we also learned that the federal government will create a new Health Accord in concert with provincial and territorial governments. The MHCC recommends targeted investments in mental health care across sectors which are tied to measurable outcomes. Taken together, in alignment with discussions across the mental health community – and with policy and decision makers – this work culminated in *Advancing the Mental Health Strategy for Canada: A Framework for Action* (the *Framework*).

The *Framework* is founded on the principle that people living with mental health problems and illnesses, their families, and circles of support must be at the centre of change. Its success hinges on the commitment of those who fund services and set policies, as well as those who regulate, accredit, monitor and deliver services.

The *Framework* is comprised of four key pillars:

1. Leadership and funding;
2. Promotion and prevention;
3. Access and services; and,
4. Data and research.

Each pillar represents a key area for achieving the vision set out in the *Strategy*.

In concert with these broader efforts, our Board of Directors led the internal development of an *MHCC Strategic Plan (2017-2022)* to focus the specific expertise of our organization, and to

leverage our unique capacity to best serve the broader goals of the *Framework*. This Strategic Plan will act as the MHCC's road map over the coming years. Further, its creation will allow us to actively measure our contribution to advancing the *Framework*.

The MHCC Strategic Plan is structured around three objectives:

1. Leadership, partnership, and capacity building;
2. Promotion and advancement of the *Mental Health Strategy for Canada;* and,
3. Knowledge mobilization.

On behalf of the MHCC, I would like to thank everyone who gave their time to this process. Your efforts are integral to shaping a future where, together, we can achieve the vision of mental health and wellness for all.

Sincerely,

Louise Bradley, MS, RN, CHE
President and CEO

THE MENTAL HEALTH COMMISSION OF CANADA

Introduction

Over the last year, the Mental Health Commission of Canada (MHCC) has led extensive consultations for developing a *Framework for Action* (the *Framework*), one that aims to improve the mental health and well-being of people in Canada and the services they need.

The MHCC asked a wide range of citizens and stakeholders from across Canada about their vision for how to accelerate the implementation of recommendations made in *Changing Directions Changing Lives: The Mental Health Strategy for Canada* (the *Strategy*). This *Framework* draws on wide-ranging feedback collected during consultations held between January 2015 and February 2016, including roundtable dialogues in each province and territory, an online survey, four focus group workshops, and a Citizens Reference Panel.

The *Framework* builds on extensive research and consultations that went into developing other MHCC publications, including: *Toward Recovery and Well-Being: a Framework for a Mental Health Strategy for Canada* (2009); *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* (2012); the *Guidelines for Recovery-Oriented Practice* (2015); and, numerous other research reports, guidelines, and papers generated since the MHCC was formed in 2007.

The main goal of this *Framework* is to outline ways in which the MHCC in particular might accelerate the uptake of the *Strategy* by setting out achievable areas for actions that are likely to have the greatest impact over a five-year time frame.

Background on Process

This document was prepared by an internal working group after systematically reviewing the advice from the series of regional roundtables, focus groups, online survey, and the Citizens Reference Panel. Recurrent themes that emerged from the consultations were identified by quantitatively measuring the number of times each topic was mentioned in the data sets, and qualitatively assessing these results based on when and in what context themes were discussed. Areas of most urgency and relevance were classified using this quantitative and qualitative analysis, and the working group arrived at a series of issues that could then be distilled into proposed pillars for the *Framework*. For example, the assessment process revealed that data collection, system performance measurement, and upscaling of evidence based

approaches across the continuum remain priority areas for mental health work across stakeholder groups, while improved access and increased funding to mental health services continue to be near-universal concerns for Canadians.

Given the changed context of a new federal government in the fall of 2015, the working group reached out to key national stakeholders and partners with a draft document for feedback and review. Based on their advice, the focus of the document shifted slightly to suggest key areas for action for each set of objectives rather than specific actions.

The working group also took into account the tremendous increase in momentum that has taken place since the creation of the MHCC across the non-governmental and corporate sectors. At that point, rather than being an Action Plan for Canada, the document was renamed *Advancing the Mental Health Strategy for Canada: A Framework for Action.*

The working group synthesized the feedback and results into themes and issues in order to arrive at four pillars, a set of cross-cutting themes, and identified actions that MHCC had the capacity to undertake to help achieve the objectives.

First Nations, Inuit and Métis

The Mental Health Strategy for Canada highlights that past and ongoing colonial systemic processes have disrupted the wellness of individuals, families and communities, causing 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.

Strategic Direction 5 in the *Strategy* recognizes the distinct mental wellness needs of First Nations, Inuit, and Métis, and acknowledges the unique circumstances, rights, and cultures of Indigenous peoples.

The experiences of First Nations, Inuit, and Métis in Canada over the past several hundred years have been marked by consistent colonial intervention aimed at assimilation. The Truth and Reconciliation Commission of Canada (TRC) has qualified these assimilationist policies as tantamount to cultural genocide.

The TRC has emphasized the importance of building a new path forward in partnership with Indigenous peoples, and this has been echoed by the federal government in the each department's mandate letter. The *Framework* recognizes and respects the nation-to-nation relationship between First Nations, Inuit, Métis and the Government of Canada. While First Nations, Inuit and Métis nations and communities may face shared challenges, important differences in culture and history must be honoured and distinct rights established through treaties, legislation, self-government agreements, and other means.

First Nations, Inuit and Métis across Canada are mobilizing their knowledge and expertise to develop programs and services that are tailored to their needs in order to foster and sustain mental wellness in their communities.

The MHCC is committed to a process of reconciliation and learning that positions us to walk alongside communities who are leading efforts to address their mental wellness needs.

The MHCC recognizes that the Métis people have not yet engaged in a process of reconciliation and we are committed to working in partnership with the Métis National Council as the process unfolds. Internally, the MHCC is taking measures to build cultural competence, and is dedicating resources to sustained and meaningful engagement with First Nations, Inuit and Métis.

Strong relationships of trust and mutual respect between the MHCC and First Nations, Inuit and Métis governments, organizations, professionals, scholars, and communities will support the MHCC's ability to serve as an ally in building on Strategic Direction 5 of the *Strategy*, which calls for closing gaps in services, sharing knowledge about approaches to mental wellness, increasing community capacity, and strengthening collaborative relationships.

Cross-cutting Considerations

The *Framework* offers an outline for advancing the recommendations laid out in the six strategic directions in the *Strategy*, focusing on actions that are likely to have the greatest impact in the shortest amount of time on the mental health of people in Canada and on the Canadian mental health system.

Actions that advance the *Strategy* must take into account a number of cross-cutting, conceptual considerations. These considerations have their roots in the foundational principles that were set out in *Toward Recovery and Well-Being,* which include: a focus on recovery; fostering positive mental health universally; respecting diversity and addressing inequities; including families and caregivers in care and decision-making; informing action based on diverse sources of evidence and knowledge; and, fully including people living with mental health problems and illnesses in society.

The following cross-cutting values and priorities emerged from these foundational principles, as well from the insights provided by the Citizens Reference Panel and other in-person consultations that proceeded the writing of this *Framework*.

People with lived experience and family caregivers must be at the forefront of the mental health system in Canada. It is the people who are living with mental health problems and illnesses, often referred to as people with lived experience, who have been the key drivers for, and are themselves at the heart of, the current momentum for change in mental health.

The *Strategy* includes a number of recommendations that focus on building the capacity of people with lived experience to be meaningfully engaged in decision making in mental health, as well as on strengthening the capacity of the collective voices of people living with mental health problems and illnesses, locally, regionally and nationally.

Family relationships play a unique and invaluable role in promoting well-being and providing care for people with mental health problems and illnesses across the lifespan. There is a growing diversity of family relationships in Canada, including and not limited to different cultures and same sex relationships. The *Strategy* and the *National Guidelines for a Comprehensive Service System to Support Family Caregivers* also reinforce the need to ensure that families themselves are supported and that family and caregiving voices are part of decision making at all levels across the system.

Social determinants of health affect how people thrive in their own lives and in society. Mental well-being is deeply impacted by social determinants of health, such as precarious housing, poverty, social exclusion, and racism. Certain populations are more likely to be exposed to these determinants and are therefore at increased risk for developing mental health problems and illnesses. Collectively, we are failing to provide services capable of addressing these determinants. If the mental health system does not take into account social inequality and poverty, then time and resources will be wasted and results will be diminished.

Mental health policy, programs and services must employ an inclusive lens that takes into consideration the incredible diversity of Canada's population. Recognizing that the language and approaches used in the field of mental health are powerful tools to communicate inclusivity or discrimination, the words we use and the way we work must respect and include all individuals.

We must avoid practices that define or exclude people based on their race, culture, religion, linguistic background, sexual orientation, gender identity, ethnic background, socioeconomic status, and/or mental health status or diagnosis.

Services, treatments, and supports must be delivered in culturally competent and culturally safe ways. Cultural safety is grounded in the recognition of cultural diversity but also the influence of social inequalities and imbalances of power that impact relationships between service providers and service users. Ongoing efforts by all orders of government to address broader, systemic issues such as discrimination based on ethnicity, governance, and poverty are also needed.

Prevention and early detection improves people's quality of life and can reduce the demand for intensive services later in life. To improve prevention and early detection, we need to decrease the stigma attached to mental illness so people and communities are more open to recognizing mental health problems and to seeking help.

Increasing training for frontline professionals and raising awareness in workplaces can reduce stigma surrounding mental illness and increase an individual's likelihood of accessing care when they need it.

Principles and practices of recovery promote ways of living a socially inclusive, productive, satisfying, hopeful, and meaningful life, even when there may be ongoing limitations related to mental health problems and illnesses. These principles encompass a foundational belief that not only is recovery possible but that it should be an expected goal regardless of diagnosis, situation, or life stage.

Best practices are needed to ensure that we do not focus only on intervention for people who are experiencing or showing signs of suicidal thoughts or behavior, but provide a prevention and postvention focus as well. From a public health perspective, we must work to build resiliency at the individual, family, and community levels and reduce the risk of suicide. We must also provide appropriate follow-up to individuals, families or communities after a suicide or a suicide attempt occurs.

Accelerating change requires actions that focus on innovative processes, programs, procedures, technologies, and services to improve health outcomes for people with mental health problems or illnesses and their families. There is good evidence in the mental health sector for what works, but we often lack the resources and leadership to translate evidence into practice or to scale up already promising practices.

Interdisciplinary, cross-sectoral collaboration in mental health care can enhance early detection and diagnosis, service delivery, research, education, and data collection. Collaborative practices between professionals, sectors, mental health and substance-use fields, and institutions and organizations will lead to a more successful continuity of care, decreased costs of providing care, and monitoring and reporting of health outcomes.

Funding decisions, policy decisions, and program design must be informed by a broad range of evidence, both qualitative (including traditional knowledge, cultural practices, and lived experiences) and quantitative (including clinical trials and surveys). Measuring progress based on timely and good information will allow people in Canada to know how well we are making progress on the Mental Health Strategy and where to adjust approaches.

Pillars and Objectives

Building on these values and priorities, the *Framework* is structured around four pillars as focal points for change:

1. Leadership and funding;
2. Promotion and prevention;
3. Access and services; and,
4. Data and research.

The following section provides a brief description of the scope of each pillar and corresponding objectives, along with a brief description of considerations for each objective and the potential role and actions that the MHCC can undertake to achieve each of the objectives.

Pillar 1: Leadership and Funding

Leaders need to be mobilized and collaborate in order to better resource mental health in Canada, increasing the capacity to deliver quality, evidence-based and integrated services across the five tiers[1] and better meet the needs of diverse populations in all areas of Canada.

Funding alone, however, will not improve access or quality of services. Leaders must also focus on achieving parity between physical and mental health care, better integrating mental health and physical health, and fostering collaboration across the health, social, education and justice sectors.

Pillar 1 Objectives

1.1 MAKE TARGETED INVESTMENTS TO MENTAL HEALTH WITHIN FEDERAL, PROVINCIAL/TERRITORIAL AND REGIONAL HEALTH BUDGETS, AS WELL AS IN SOCIAL SPENDING ENVELOPES SUCH AS EDUCATION, HOUSING, AND JUSTICE.

The renewal of the Health Accord presents an opportunity for governments to make a shared commitment to place a higher priority on mental health. One mechanism would be to agree on specific areas of improvement. Agreement on shared priorities can offer a focus for targeted investments that are tied to measurable outcomes. Shared priorities and increased investments should focus on all sectors that intersect with mental health, such as, but not limited to, health, education, housing, and justice, to ensure that the social determinants of health are adequately addressed.

As outlined elsewhere in this Framework, there is broad agreement that priorities should focus on ensuring timely and equitable access to a continuum of services, creating or scaling up of promotion and prevention activities, and increasing the capacity for data collection and research. For example, targeted investments in mental health could address the mental health needs of emerging adults by incentivizing shared investments and collaboration among health, education, justice, housing, and child welfare sectors, in order to create an integrated continuum of services for this population.

The MHCC can play a supportive role to the federal government by undertaking background policy research and analysis, informed by work with its Provincial Territorial Advisory Group (PTAG) and other key stakeholders.

[1]The tiered model is referenced in the *Strategy* and a number of provincial/territorial strategies to frame the various levels of care within the health care system. It is usually depicted as a triangle, with the bottom tier often called the universal tier, which focuses on promotion and prevention serving the largest number of people; the top tier refers to the most acute, intensive, and costly services needed by fewer people at any given point in time.

This may take the form of a reporting system to track outcomes, which would be coordinated and produced by the MHCC at regular intervals with input from the federal, provincial, and territorial governments.

1.2 INCREASE ACCESS TO EVIDENCE-BASED COMMUNITY MENTAL HEALTH SERVICES AND PSYCHOTHERAPIES DELIVERED BY QUALIFIED PROVIDERS.

As current research shows, timely access to psychological therapies, whether in combination with other services or on their own, are cost effective and can significantly improve mental health outcomes. Access to these services, however, is usually limited to those who can afford to pay privately. People who have health benefits may have some access to these services, yet many health insurance plans often do not cover the number of sessions prescribed. As well, wait lists are extremely long for those whose only access is through the public mental health system.

Canada can draw on models developed in the United Kingdom and Australia to guide its strategies for improving access to psychological services. In collaboration with key experts and stakeholders, the MHCC can play a role in developing knowledge exchange products to help stakeholders communicate the business case for improving access to psychological services. The MHCC can help to identify and communicate options for removing or reducing financial barriers for accessing services—both within the public health care system and through employee health benefits.

The MHCC may also help to identify innovative approaches for improving access to evidence-based, psychological services through e-mental health, and help to develop monitoring mechanisms that track and report on where progress has been made.

1.3 IMPROVE COLLABORATION IN THE DELIVERY OF SERVICES FOR PEOPLE LIVING WITH SUBSTANCE ABUSE AND ADDICTIONS PROBLEMS AND MENTAL HEALTH PROBLEMS OR ILLNESSES.

While most jurisdictions now have combined addiction and mental health services at the administrative level, integration and collaboration on the front line of care continues to present challenges.

Building on the best advice document, *Collaboration for Addiction and Mental Health Care* (2014) developed jointly by the MHCC, the Canadian Centre on Substance Abuse, and the Canadian Executive Council on Addictions, the MHCC can increase its collaborative efforts with the substance abuse sector and its knowledge translation and mobilization activities in this area.

1.4 INCREASE INITIATIVES THAT ADDRESS THE DISPARITIES IN THE SOCIAL DETERMINANTS OF HEALTH THAT SIGNIFICANTLY INFLUENCE MENTAL HEALTH.

Indigenous peoples in Canada are an especially high priority for closing the gap on the social determinants of health. In the general population, a successful journey of recovery for people living with mental health problems or illnesses includes access to stable housing, adequate income and access to employment and education.

Greater investments in social policy need to accompany investments in mental health services. This includes increasing supported and social housing and other anti-poverty strategies, such as income support and employment policies that meet the needs of people living with mental health problems and illnesses.

The MHCC can play an important applied research and knowledge translation role to support stakeholders and policy makers in implementing these strategies and in achieving national investments.

1.5 DEVELOP A CANADIAN MENTAL HEALTH HUMAN RESOURCE PLAN.

A pan-Canadian Human Resource Plan is needed to project the human resource needs across the spectrum of disciplines, including peer support workers. It should provide a roadmap for how the mental health system can get the right mix of qualified providers with the right skills across disciplines, sectors, and populations. The Human Resource Plan would support improved access to services across the continuum of care and monitor and report on the progress of its implementation by the end of year five.

The MHCC can work with mental health stakeholders and governments to develop a business case to federal, provincial and territorial health ministers with the aim of establishing and maintaining a national collaborative. It can also play a role in convening the collaborative and providing support through knowledge translation and policy development work.

Pillar 2: Prevention and Promotion

This pillar underscores shared aspirations among experts, stakeholders, and governments for an improved focus on upstream efforts at all levels of care.

It encompasses more emphasis on holistic prevention strategies, promotion of mental wellness, increased awareness and education about positive mental health across the lifespan, and a more refined focus on the social determinants of health in culturally competent and safe manners. It also encompasses continued efforts to uphold human rights, improve social inclusion, and eliminate stigma and discrimination.

Pillar 2 Objectives

2.1 SCALE UP /INCREASE AVAILABILITY OF PROGRAMS THAT PROVIDE PUBLIC AND FRONT LINE EDUCATION AND TRAINING ABOUT MENTAL HEALTH.

Achieving this objective will require expanding the reach of evidence-based and promising educational and training programs that increase the understanding about mental health and reduce stigma. It also requires tools for maintaining mental health, seeking help when experiencing problems, and dealing with stresses, including the unique stresses of caregiving. These programs should be aimed at all populations across the lifespan and delivered in universal settings, such as schools, post-secondary institutions, workplaces, and community based programs. Initiatives need to include a focus on creating culturally appropriate programs for Canada's diverse populations.

The MHCC's role can continue to focus on expanding the reach of Mental Health First Aid, Working Mind, and the Road to Mental Readiness (R2MR), on promoting the implementation of *The National Standard of Canada for Psychological Health and Safety in the Workplace*, and promoting the uptake of the MHCC *National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses*.

2.2 INCREASE THE AVAILABILITY OF ADEQUATE, AFFORDABLE, AND STABLE HOUSING WITH RELATED SUPPORTS THAT MEET THE NEEDS OF PEOPLE WITH MENTAL HEALTH PROBLEMS AND ILLNESSES.

Housing is an important factor for health promotion, prevention, and in fostering recovery. A continuum of social housing and related supports, including Housing First approaches, is needed to meet mental health needs of people living with mental health problems and illnesses. The cost of adequate social housing is offset by costs in health care, shelters, and other social services. The MHCC report *Turning the Key: Assessing Housing and Related Supports for*

Persons Living with Mental Health Problems and Illness (*Turning the Key*) estimates that we will need at least 100,000 units and related social supports in the next 10 years for people living with mental health problems and illnesses and their families. There is also a growing need for housing and supports for seniors living with mental health problems and illnesses.

The commitment of the current federal government to make new investments in social infrastructure like affordable housing and to create a housing strategy advances the findings of MHCC's *At Home/Chez Soi Housing First* study and the recommendations contained in *Turning the Key*.

The MHCC can continue to promote best practices and participate in national roundtables and conferences that are working towards improved social housing for people living with mental health problems and illnesses. The MHCC can also play a role in disseminating findings from the At Home/Chez Soi study, support social housing coalitions, and promote recommendations from *Blended Financing for Impact*: *The Opportunity for Social Finance in Supportive Housing* report (2013).

2.3 IMPLEMENT INITIATIVES THAT PROMOTE POSITIVE MENTAL HEALTH AND WELLNESS AND PREVENT SUICIDE IN A CULTURALLY COMPETENT AND SAFE MANNER.

A strong focus on promoting mental wellness and preventing mental illnesses benefits mental health and physical health. Mental health promotion needs to be integrated into all areas of health care, including and especially primary care. We also need population-wide promotion strategies to get more uptake of the many, often simple things that individuals and communities can do to protect and improve their mental health across the lifespan. To complement positive mental health initiatives, we need to place greater emphasis on community-based suicide prevention strategies.

Following the approach used with the At Home/Chez Soi study, the MHCC can partner with funders and stakeholders to scale up the implementation and evaluation of community-based, suicide prevention programs.

The MHCC has the capacity to work with governments and stakeholders to develop tools and educational materials that promote positive mental health for the general population, as well as for specific populations, including LGBTQI and immigrant, refugee, ethnocultural and racialized (IRER) populations.

2.4 SCALE UP THE IMPLEMENTATION OF GOOD PRACTICES IN PREVENTION AND EARLY INTERVENTION DURING THE EARLY CHILDHOOD DEVELOPMENT YEARS.

Healthy emotional and social development in early years lay the foundation for mental health and resilience throughout life. We know that for up to 70% of people living with mental health problems and illnesses, their problems started when they were young. There is decades of research and evidence about the return on investment in programs focused on healthy development, building resiliency and addressing high risk factors in the early years. This evidence recommends that young people are best reached at home, school or in post-secondary institutions through broad-based 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 illness or substance abuse problem, or family violence.

Following the 2012 Provincial and Territorial Mental Health Summit, Mental Health Promotion and Mental Illness Prevention for All, hosted by Manitoba's Minister of Health, a think tank was convened to identify and recommend mechanisms that support the scaling up of mental health promotion, mental illness prevention innovation and best practices within and across jurisdictions.

The think tank generated a draft report entitled *Best Practices to Innovation to Scale-Up: Creating a Blueprint for Mental Health Promotion and Mental Illness Prevention in Canada*. The report includes key principles and desired outcomes for the scaling up of mental health promotion and mental illness prevention across Canada, and operational elements to support the scale-up and testing of evidence-based best practices and innovations in mental health promotion and mental illness prevention across sectors.

The MHCC can work with its Provincial Territorial Advisory Group (PTAG) and the Public Health Agency of Canada to identify resources that scale up the implementation of best and promising practices. The MHCC may develop a case for investing in early intervention and mental health promotion that includes a compilation of evidence and examples of leading practices in Canada.

The MHCC can also work with stakeholders and professional societies to develop training tools for primary care providers that improve their knowledge about early brain development and developing resiliency.

Pillar 3: Access and Services

People living with mental health problems and illnesses and their families should be able to expect timely access to high quality, evidence-based services equivalent to that available for people with physical illnesses, regardless of where they live or when they need them.

Involvement of people with lived experience and their caregivers has to be integral at all service points and in the policy development process for improving availability and quality of care. To support continuous quality improvement, front-line service providers need tools that translate best available evidence through guidelines, standards, and accreditation requirements. Pillar 1 focuses on system resourcing and capacity building, while this pillar focuses on what needs to be done inside the service system to provide the right combination of mental health services, treatments, and supports when and where people need them.

Pillar 3 Objectives

3.1 IMPROVE THE AVAILABILITY OF QUALITY MENTAL HEALTH SERVICES ACROSS THE CONTINUUM OF CARE AND THE LIFESPAN.

Achieving this objective means making timely access to evidence-based, integrated, person-centred, holistic, high quality mental health services across the continuum of care a priority, including mental health promotion, early identification, primary care, specialized treatment, ongoing support and long term care. Special attention is needed to improve the experience of transitions across life stages and to anchor the continuum of services on recovery-oriented policies and practices.

In collaboration with stakeholders and experts, the MHCC can play a convening and facilitative role in reaching out to a wide range of sectors to promote and raise understanding about the *Guidelines for Recovery-Oriented Practice,* including developing guidelines on seclusion and restraint.

The MHCC may work with stakeholders to develop data for, and report on, waiting times on the full continuum of services, including community and support services. The MHCC may implement a knowledge exchange strategy for

promoting and measuring progress on the uptake of the recommendations arising from: the *Consensus Conference on the Mental Health of Emerging Adults*; the *National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses*; and, the *Guidelines for Comprehensive Mental Health Services for Older Adults in Canada*. The MHCC will also continue to promote the role of peer support in mental health services.

3.2 IMPROVE COLLABORATION ACROSS SECTORS, INCLUDING HEALTH CARE, ADDICTIONS, EDUCATION, JUSTICE, AND CORRECTIONS.

Because mental health is necessarily interdisciplinary and inter-sectoral, mental health and substance abuse care has to be delivered collaboratively across the health care system and sectors, and with smooth transitions across life stages, including as young people emerge into adulthood and as they age.

A person with a mental health problem or illness should only have to tell their story once. Cross-ministry frameworks and cross sectoral protocols are important tools to facilitate integration and remove silos.

The MHCC can play a convening role in establishing a cross-sectoral collaborative that includes representatives from the provinces and territories. The goal of this collaborative would be to identify leading practices for overcoming barriers to collaboration, to undertake knowledge exchange activities that increase uptake of these practices, and to measure progress on the recommendations arising from the Consensus Conference on the Mental Health of Emerging Adults. It can also ensure that it takes an inter-sectoral approach in all its initiatives.

3.3 IMPROVE AVAILABILITY OF HIGH-QUALITY, CULTURALLY COMPETENT AND SAFE SERVICES FOR CANADA'S DIVERSE POPULATIONS.

Access for all means that the continuum of services across the mental system must be welcoming, inclusive, and competent at meeting diverse needs. It also means taking into consideration the ways in which racialization, immigration status, sexual orientation, gender identity, homelessness, and other social determinants increase the vulnerability of people living with mental health problems and illnesses. Strategies include training and policies to become culturally safe and competent; incorporating wellness models and treatment approaches preferred by Canada's diverse populations; and involving people living with mental health problems and illnesses and their caregivers in planning, setting policies, and program design. For some communities, especially in First Nations, Inuit and Métis communities, it means prioritizing filling critical gaps in services.

Targeted areas of focus for the MHCC could include working alongside First Nations, Inuit and Métis organizations to increase progress on improving services in their communities; working with the IRER sector to promote and monitor progress on the uptake of the forthcoming MHCC report, *The Case for Diversity*; developing guidelines for mental health services for LGBTQI populations, along with other knowledge exchange strategies.

3.4 INCREASE THE AVAILABILITY OF RECOVERY-ORIENTED MENTAL HEALTH SERVICES, TREATMENTS, AND SUPPORTS IN THE CRIMINAL JUSTICE SYSTEM.

An objective of this pillar is to intervene early and provide access to mental health services to help prevent people living with mental health problems and illnesses from entering the criminal justice system.

While most people living with mental health problems and illnesses are not involved with the criminal justice system, they are over-represented in it. At the same time, mental health services in the system remain seriously inadequate.

The MHCC can play a convening role to bring together a roundtable with federal, provincial and territorial leaders, subject matter experts, and stakeholders to review prior reports aimed at improving mental health services in the criminal justice system, develop a consensus on concrete actions that can be taken, and report to the federal, provincial and territorial ministers of health and justice.

It can also help support the criminal justice system through training programs such as Mental Health First Aid and the Road to Mental Readiness. The MHCC may also help to conduct background research and provide stakeholders and governments with an independent analysis of innovative approaches.

Pillar 4: Data and Research

Aside from encompassing the creation of benchmarks and the ongoing evaluation of system performance, as well as the translation of evidence-based mental health knowledge into policy and practice, the scope of this pillar includes:

Supporting comprehensive, innovative, interdisciplinary research and evaluation on mental health problems and illnesses, and mental health programs and treatments; facilitating the involvement of people living with mental illnesses in research; improving data collection systems and population-level monitoring to collect comprehensive information on mental health, wellness, illness, service access, and wait times, in an ongoing manner across Canada; and ensuring that publicly-funded data is available to researchers and policy makers.

Pillar 4 Objectives

4.1 INCREASE SUPPORT FOR INTERDISCIPLINARY, CROSS-SECTORAL RESEARCH.

In order to advance understanding of the social determinants of health, effective interventions, and links between mental well-being and other health conditions, support for interdisciplinary and cross-sectoral research must be increased. A greater emphasis is needed on a coordinated approach to mental health research among researchers, organizations, and agencies.

The MHCC can play a supportive role by leveraging its expertise and resources in the field of knowledge exchange to undertake activities around projects that link mental health with other conditions, and promote evaluation of effectiveness of interventions.

4.2 IMPROVE ROUTINE DATA COLLECTION, MONITORING OF AND REPORTING ON KEY INDICATORS IN THE MENTAL HEALTH SECTOR.

Improved routine data collection and monitoring of key indicators will include tracking inputs, rates of mental health problems and illnesses, health outcomes, and evaluation of models of service delivery. Investments need to be made to enhance data collection in key topic areas and populations where data gaps have been identified. This includes,

but is not limited to, improved data on community mental health services, wait times, access, serious and persistent mental health problems, FNIM, LGBTQ, IRER, rural and remote, and emerging adult populations.

Populations need to be included in the research and evaluation process. Several elements are key to meeting this objective. The broad need for consistent measures across jurisdictions so comparable statistics can be gathered, and a commitment to continuity in order to understand trends over time, must be addressed. Additionally, better measures on recovery, including treatment outcomes, are required in order to guide the identification of training, services, or models of care aimed at improving the lives of of people living with mental health problems and illnesses.

Research that incorporates the voices and perspectives of people living with mental illnesses and data that speaks to the lived experience of those accessing care also needs to be enhanced.

In its role as convener, the MHCC can support the creation of a collaborative to develop a base Canadian mental health data set, and provide knowledge exchange support to the Public Health Agency of Canada on the Canadian Chronic Disease Surveillance System (CCDSS).

4.3 DEVELOP A FRAMEWORK FOR REGULAR REPORT CARDS ON MENTAL HEALTH SYSTEM PERFORMANCE ACROSS JURISDICTIONS.

Establishing benchmarks and/or aspirational targets for system performance across jurisdictions, and tracking performance through a report-carding framework, would enable policy makers, service providers, agencies, and researchers to evaluate initiatives already underway, and plan future directions. A pan-Canadian report-carding framework would allow jurisdictions to share successes and lessons learned, as well as monitor trends over time.

The MHCC can work with partner organizations to produce and disseminate an initial report and/or discussion paper on benchmarks. The MHCC can also convene relevant stakeholders to develop a plan for ongoing reporting on indicators and benchmarks.

4.4 BUILD NETWORKS WITHIN MENTAL HEALTH AND OTHER SECTORS, AND PROMOTE BEST AND PROMISING PRACTICES.

Promote best and promising practices for mental health promotion, mental illness prevention and treatment. Build networks for information exchange to reduce silos among fields of work, ministries and organizations to increase capacity.

Building on the Recovery Inventory, the MHCC can develop online tools that promote the sharing of resources linked with best practice portals, as well as support the establishment of networks in areas of need and where none exist.

Appendix A: Descriptions of Consultation Sessions

Online Survey

An online survey was launched on March 31, 2015 and stayed active until June 5, 2015, garnering a total of 1,509 responses on mental health topic areas and system-level changes that need more attention from the MHCC and its partners.

In-Person Consultations

In order to identify priority areas in the six strategic directions from the *Mental Health Strategy for Canada,* between January and July 2015, the MHCC conducted a series of in-person consultations with stakeholders in each province and territory, as well as specialized and population-specific consultations. These took place between January and July 2015.

These consultation sessions set out to transform complex strategic directions and ideas into concrete actions for uptake, adoption, and implementation, and to identify areas in which a broader approach to mental health could be improved over the next decade of the MHCC's renewed mandate.

Citizens Reference Panel

The MHCC convened a national Citizens Reference Panel – the first national panel of its kind. Like a jury, members were asked to deliberate on an issue of public importance and to work on behalf of others. The 36 panelists were drawn from a pool of 515 volunteers, each of whom had each replied to one of 10,000 letters sent to randomly addressed households across the country. They were selected in such a way that the Panel matched the demographic profile of Canada, and they travelled to Ottawa for five days where they worked to represent all 36 million Canadians.

The 36 members of the Citizens Reference Panel were asked to work together to identify mental health issues and actions that are most urgent for Canada, as well as the results that people, organizations, and governments should focus on achieving together in the next five years. Their conclusions were carefully considered and were incorporated by the MHCC into the design and structure of the *Framework*.

The Citizens Reference Panel's report narrows the many recommendations from the Mental Health Strategy for Canada even further in order to highlight actions for inclusion in the *Framework*. The report focuses on specific actions that are likely to have the greatest impact on the mental health system over the next five years.

National Stakeholders and Key Informants

In late 2015, the working group reached out to key stakeholders and partners with a draft document – focusing on hearing from national mental health stakeholders, provincial and territorial officials, the MHCC's advisory bodies, as well as a sample of agencies and individuals who participated in the regional roundtables.

A total of 111 organizations and/or individual experts were invited to complete an online survey and to participate in an online dialogue space to discuss their responses with other stakeholders.

They were asked to:

- Provide feedback on the overall scope of the draft document;
- Advise on measures of success for each of the objectives;
- Identify five top actions for the MHCC in each objective plus provide feedback on the substance of those actions; and,
- Make suggestions for actions by themselves or others.

Most of the respondents to this round of consultations supported the *Framework* format, commented that it was comprehensive, applauded the objectives, and said that the document identified actions that would have the most potential to accelerate change to Canada's mental health system. Suggestions included shortening the *Framework*'s timeframe, having fewer objectives, and clarifying its indicators of success for action items.

Respondents also asked for a focus on population health and endorsed the use of both population-wide measures and targeted efforts. They emphasized better services for children and youth and suggested that people with lived experience be seen as integral to the implementation of the *Framework*. Respondents recommended that the mental wellness of First Nations, Inuit, and Métis become a greater focus within the *Framework*, with more objectives pertaining to their wellness.

A priority on systemic changes was also reflected in respondents' feedback. Respondents called for greater funding for mental health programs, including increased government spending. Respondents also highlighted the need for an

integrated and collaborative system that includes cooperation across sectors (such as health, justice, and education) and which includes all health practitioners and informal partners such as caregivers and families.

A few respondents suggested that the MHCC could play a convener role in cross-sectorial, multi-disciplinary approaches to care. Some respondents stated that the greatest priority in the *Framework* should be system access, and actions should be focus on building to capacity to increase access.

Respondents also spoke to the role the MHCC plays within the mental health system, stating that the MHCC should only include objectives in the *Framework* that it could direct and on which it could deliver.

Mental Health Commission of Canada

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