ANNUAL REPORT 2018-2019

Mental Health Commission of Canada

Commission de la santé mentale du Canada

Annual Report 2018-2019
Mental Health Commission of Canada, 2019

Ce document est disponible en français

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A message from Louise Bradley, President and CEO

There is an oft-cited statistic that one in five people will experience a mental health problem or illness in any given year. It's a shocking number, overshadowing the prevalence of heart disease and diabetes combined. But it's also misleading. Because each and every one of us is walking on the thin edge of the wedge when it comes to our mental wellness.

> *The MHCC is striving to create communities where there is awareness of mental illness, knowledge of the appropriate response, and big picture policy improvements to address service gaps.*

Years of stigma have stifled our understanding of mental health: how to identify problems when they arise – both in ourselves, and others – how to articulate them, and what to do about them. The Mental Health Commission of Canada (MHCC) is striving to reach people where they are, to provide training to build a common language and offer practical tools for use in daily life.

Our work builds this capacity from the ground up, while our influence and expertise shapes policy from the top down. As a society, we're responsible for heeding the warning signs of threats to population wellness: we responded to road fatalities with mandatory seat belts. We reacted to childhood obesity with a refreshed food guide. We are responding to the opioid crisis with an unprecedented campaign to raise awareness about the importance of safer prescribing.

Yet – as more than 4,000 people tragically take their own lives each year, our reaction time is far too slow. Suicide rates in this country are a big, red, flashing warning sign. They are a litmus test for how our health system is responding to mental illness, and each death represents a series of system failures. That's where the MHCC comes in: building safeguards like physician and first responder training; upholding best-practices for a recovery-oriented approach; fostering mental health literacy in schools; creating tools for employers wishing to hire aspiring workers living with mental illness; laying the foundation for improved mental health on college and university campuses, and the list goes on.

The MHCC is striving to create communities where there is awareness of mental illness, knowledge of the appropriate response, and big picture policy improvements to address service gaps. If high schools, university campuses, workplaces, and health-care settings are better equipped, there are more safeguards in place for those who may be vulnerable.

Think of it this way: if children were falling into a churning river, we wouldn't keep fishing them out. We'd build a fence. We'd patrol the waters. And, above all else, we'd teach them to swim.

We all have mental health to promote and protect, regardless of whether we live with a mental illness.

We are all the **#fiveinfive.**

Louise Bradley
President and CEO

A message from Chuck Bruce, Board Chair

Since 2015, the Hon. Michael Wilson served as the MHCC's indomitable board chair. I'd been involved with the MHCC since its inception in various advisory roles and was delighted to see a business leader I had long admired step into this crucial role.

> *Ultimately, we are going to affect generational change by freeing young people from stigma and by getting them appropriate help at the first sign they need it.*

Years later, being hand-selected by Michael to act as vice-chair was one of the proudest moments of my professional life. In the short time I was fortunate enough to work closely with him, Michael revealed himself to be everything I hoped for in a mentor and a board chair.

Always respectful, Michael wasn't just a passionate mental health advocate. He was a clear-eyed businessman with an uncommon ability to bridge the worlds of finance and non-profit. I've often said the best way to get the most out of people is to set your expectations high and watch them rise to the occasion. Michael also adhered to that credo.

Oftentimes, the circumstances life throws at us are beyond our control. In Michael's final months, I intuited the tremendous weight he carried and endeavoured to lift some of that burden. I didn't take a moment of his time for granted. I socked away bits of wisdom, jotted down ideas, and availed myself of all the learning I could.

Michael laid a tremendous foundation for our ongoing success. He overhauled our board governance structure, and more than doubled Indigenous representation.

As a former cabinet minister and ambassador, Michael leveraged his credibility and brought the same gravitas to the mental health movement. He advocated for more research to improve pharmacological treatments for mental illness and better understand the brain and its response. He called on governments to make investments in mental illness proportionate to the burden of the disease. And he called for "the sound economics of creative approaches," noting the commitment to innovation we need if we want to tackle mental illness in the 21st century.

A dear friend and mentor, Michael's loss will reverberate, not only in the halls of the MHCC, but throughout the country's mental health landscape. Now, the mantel is ours to shoulder.

Ultimately, we are going to affect generational change by freeing young people from stigma and by getting them appropriate help at the first sign they need it. By doing this, we're also going to bend the cost curve and create a more productive, psychologically healthier workforce. These efforts will usher in the first generation of Canadian seniors who've had their mental health needs met from day one.

Imagine what that world could look like. That is the world Michael would want.

Acting as board chair is not a role I planned on. But Michael set his expectations high, and it's my job now, together with the formidable team at the MHCC, to rise to the occasion.

Our vision, as an organization, is mental health and wellness for all.

We are all the **#fiveinfive.**

Chuck Bruce
Board Chair


In Memoriam
1937-2019

Today, we are poised to see the promise of better mental health care come to fruition. But for that to happen, we need to continue the tremendous momentum built so far and be wary of its greatest threat: complacency.

The Hon. Michael Wilson, PC, CC

Mental health's bright future: Giving voice to young people

Three-quarters of the people living with mental health problems report that they first arose between the ages of 16 and 25.

This year, one in five young people will experience a mental health problem.

Four out of ten parents won't disclose that fact – not even to their family doctor.

The MHCC is reaching young people where they are – high schools, post-secondary institutions, and communities across the country – and is giving them tools to break down stigma and change these narratives.

HEADSTRONG

HEADSTRONG summits improve help-seeking behaviour, build mental health leadership, and foster mental health literacy. Since the inaugural First Nations summit in 2016, Indigenous-focused summits make up **40 per cent** of our ongoing work with young people.

95 per cent of students who attend a HEADSTRONG summit leave feeling inspired and motivated to take a stand against stigma.

Headstrong summits in 2018-19:

38

Total to date: 94

Schools represented in 2018-19:

312

Total to date: 923

Students reached in 2018-19:

172,000

Total to date: 460,000

2018-19 HEADSTRONG FIRSTS

Métis **HEADSTRONG** summit in Canada, with 60 attendees

Joint **HEADSTRONG/ Mental Health First Aid** conference held in Constance Lake First Nation, Ontario with 140 attendees

International **HEADSTRONG** summit in Dublin, Ireland, with 85 attendees

HEADSTRONG featured on Sportsnet's Hometown Hockey

Chosen as a charter cause by **Alan Doyle's A Dollar A Day Foundation**, donating $15,000 to support 15 summits with a reach of 82,000 young people

BUILDING CAPACITY ON CAMPUS

Post-Secondary Student Standard

Establishing a standard for psychologically healthy and safe campuses.

70+ Community dialogues

held to inform the development of the PSS Standard

2,500+ Survey respondents

in both official languages.

The Inquiring Mind Post-Secondary

promotes mental health and reduces the stigma of mental illness.

3,000 Students trained

Across 8 campuses

since program launch in 2017

IN THEIR OWN WORDS

> *LGBTQ2S+ youth are the true experts of their own lives, experiences, and well-being. They know all too well the gaps that LGBQT2S+ youth fall through when accessing services. They have the answers – it's time we listened to them.*
>
> **– Fae Johnson, MHCC**
> LGBTQ2S+ advisory group member

LGBTQ2S+ rainbow forum

More than **70 young LGBTQ2S+ attendees** gathered to share ideas on how to make health-care spaces safer and more inclusive. The full report on the forum is being shared with key policy and decision makers.

Recovery-oriented practice

Food for Thought: A Youth Perspective on Recovery-Oriented Practice is a video (10,000+ views) that breaks down what young people see as core principles of recovery-oriented mental health and addiction services. The accompanying discussion guide offers key messages and reflective questions that can be used in a variety of settings.

Emerging adults video series

21 videos (3,800 views) empowering young people (ages 16-25) to share personal stories of recovery and hope while highlighting the need to bridge child and youth services with the adult system using a "warm hand-off." The livestream launch (1,500 views) at Algonquin College featured a panel of health-care professionals and speakers with lived experience.

Meeting people where they are: Building mental health literacy in the workplace

Two-thirds of Canadian adults spend 60 per cent of their waking hours at work.

Seven out of ten people in Canada are concerned about the psychological safety of their workplace.

You cannot thrive in your chosen field, no matter how intelligent you are, if you don't have access to tools and resources to cope well with work and life stresses.

– The Hon. Michael Wilson and the Hon. Perrin Beatty,
President and CEO, Canadian Chamber of Commerce published in *The Hill Times* on Feb 4, 2019

WORKPLACES

The MHCC is bringing the mental health conversation into workplaces across the country. The Working Mind (TWM), based on the mental health continuum model, gives employees a common language to understand their state of well-being along with cognitive behavioural therapy techniques to manage the stresses of everyday life.

TWM fosters more supportive working environments and provides a vocabulary for stigma-free conversations. By better managing workplace mental health, organizations can reduce productivity losses by up to 30 per cent.

Employees trained in The Working Mind in 2018-19:

23,068
(1,584 sessions)

Total to date:

54,500

HEALTH-CARE PROVIDERS

People with lived experience of mental health problems and illnesses frequently report feeling devalued, dismissed, and dehumanized by the health-care professionals providing their care. Yet, for someone seeking mental health support, the first point of contact is often a primary care provider – even though many of these providers feel unqualified to address mental health concerns.

2018-19 training enrolments:

- **1,200+ physicians for Combatting Stigma**, an online continuing medical education course that teaches how to recognize and correct stigmatizing attitudes
- **1,200 nurses and health-care providers for Understanding Stigma**, a free online course to improve care for people with mental health and addiction problems
- **130 physicians, 35 nurse practitioners,** and **60 medical office assistants** in Nova Scotia and Newfoundland and Labrador for the Adult Mental Health Practice Support Program, a course with three interactive learning modules (and supported action periods) designed to give physicians skills and tools to support clients who live with mental illness
- **3,000+ nurses and physicians for Suicide: Facing the Difficult Topic Together,** an accredited online suicide prevention module to help providers evaluate and understand risk, gain confidence, and learn about available tools and resources

In addition, the MHCC distributed our best advice guide one-pager for Recovery-Oriented Mental Health and Addiction Care in the Patient's Medical Home to about **37,000 family physicians** across Canada and shared 500 full guides with stakeholders at relevant conferences.

> *As health care providers, we must continue to challenge our own attitudes and co-create strategies with our patients to address stigma. Together we can make a difference.*
>
> **– Dr. Ivan Silver, Vice-President, Education,** Centre for Addiction and Mental Health

We have been working with the MHCC for many years now, and they have been the grounding force behind the mental health file within the [paramedic] community.

– **Randy Mellow, President,**
Paramedic Chiefs of Canada

FIRST RESPONDERS

Diagnosed mental health problems among public safety workers are four times higher than the general population.

2018-19 training:

- **17,200+ first responders** trained in The Working Mind First Responders, with more than **105,700** trained since inception
- **2,500+ Ontario provincial police officers** for Mental Health First Aid Police (piloted in September 2018), a course designed to improve police interactions by helping officers build the knowledge, skills, and confidence to respond effectively to a person who may be experiencing a mental health crisis (nationwide rollout planned for fall 2019)

The national standard for *Psychological Health and Safety in the Paramedic Service Organization*, released in May 2018 (180+ downloads), has the potential to reach **40,000 paramedics in Canada.**

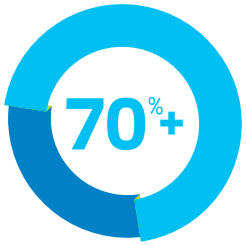
The MHCC produced **13 videos** (1,600+ views) showcasing stories of recovery and resilience to facilitate contact-based education.

ASPIRING WORKFORCE

In April 2018, the MHCC launched *A Clear Business Case for Hiring Aspiring Workers*, a summary report (distributed to 8,000+ stakeholders) that shows how opening doors for aspiring workers is a win-win for employers and employees.

For each accommodated worker, the study found potential net savings for employers (projected over five years) of between **$56,000** and **$204,000**. The workers' net benefit over five years ranged from **$31,000** to **$67,000**.

A number of randomized controlled trials have shown that when people living with mental illness are employed, they make far fewer hospital visits and use other health services much less often.



More than 7 out of 10 people living with a serious mental illness are unemployed

By **2031** there is expected to be a labour shortage of close to **two million workers**

A winning formula for engaging [the aspiring workforce] demographic could equally be applied to people living with other episodic illnesses. Tapping into their talents will require creative hiring and retention practices. However, the MHCC is hoping to prove, as we did with housing first and the national standard for psychological health and safety in the workplace, that social responsibility and economic pragmatism are not mutually exclusive.

– The Hon. Michael Wilson,
from an April 6, 2017,
Globe and Mail article

Planting seeds of resiliency: Roots of Hope

More than 4,000 people take their own life in Canada each year

Roots of Hope, a community-led suicide prevention initiative, is flourishing across the country – in communities from Nunavut to Newfoundland and Labrador. It is building on local expertise and is tailored to the specific needs of each population.

Roots of Hope participation:

- Total communities: **8**
- Communities joining in 2018-19: **4**
- Combined population of participating sites: **1.8 million**

Roots of Hope's five pillars:

Specialized supports – prevention, crisis, and postvention (community response to suicide) services, including peer support, support groups, workplace interventions, coordinated planning, and access to services

Training and networks – learning opportunities for health-care providers and community "gatekeepers," such as first responders, human resources staff, and teachers

Public awareness campaigns – local mental health campaigns (posters, brochures, social media, etc.) and collaboration with the media

Means safety – limiting access to the methods used for suicide; for example, building barriers on bridges and at railway crossings or protocols for safer prescribing

Research – setting research priorities, surveillance and monitoring, and evaluation

The program, which will lead to suicide prevention guidelines and tools, also has the potential to reduce suicide rates in participating communities by **20 per cent** over two years. That could mean saving **800** or more lives every year.

> *For every life that ends in suicide, at least 25 people are forever changed. My life is one of them.*
>
> **– The Hon. Michael Wilson,**
> *Toronto Star*, Nov. 11, 2018

Setting the agenda for mental health policy

OPIOID CRISIS AND FRONT-LINE WORKERS

The MHCC's Opening Minds anti-stigma program – traditionally focused on mental health – is training its lens on substance use.

In 2017, there were nearly **4,000 apparent opioid-related deaths** in Canada.

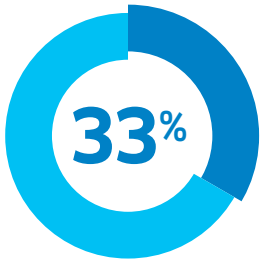
To better understand how stigma affects first responders' ability to provide care, the MHCC developed a ***Stigma and the Opioid Crisis*** study (soon to be released).

Knowing what can colour the perceptions of first responders and front-line health-care providers is important for identifying training programs and other resources to combat stigmatizing attitudes and behaviours that may interfere with care.

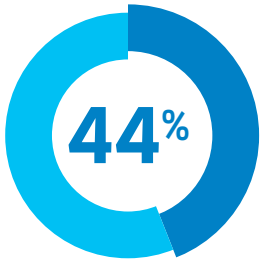
This study will inform the evaluation of anti-stigma initiatives directed to first responders on the front lines of the opioid crisis.

Key findings:

- People who use supervised consumption sites tend to live within one kilometer.
- Eight out of ten overdoses occur outside the public's view.
- Moral ambivalence around emergency rescue treatments like Naloxone is causing compassion fatigue among first responders.
- People who use opioids, especially those in marginalized populations, frequently mistrust the health system.



In 2016-17, almost **one-third** of hospitalizations for opioid poisonings were a result of purposely **self-inflicted harm** – including suicide attempts.

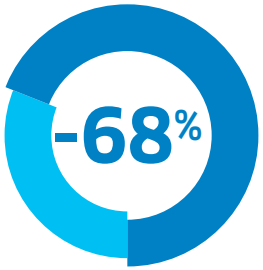


For **young people between 15 and 24**, that number jumps to **44 per cent**.

Increasingly, our understanding of the intermingling of mental illness and substance use is becoming clearer. The work being done on both fronts is of crucial importance, but it's in the blurry zone where the two intersect that greater attention and focus is required.

– from an August 31 2018, *Globe and Mail* article by **Kim Corace**, PhD, Director of Clinical Programming and Research in the Substance Use and Concurrent Disorders Program at the Royal Ottawa Mental Health Centre, and **Louise Bradley**

Recent implementation of Stepped Care 2.0 across Newfoundland and Labrador, in **15 primary care clinics** and **two community-based sites**, involves **188 clinicians** serving a **total population of 292,658**



Since 2017-18, wait times for mental health and addiction services **decreased by 68 per cent,** in part due to Stepped Care 2.0.

E-MENTAL HEALTH

Almost 90 per cent of Canadians are connected to the internet, yet e-mental health remains underdeveloped in Canada.

In rural and urban Newfoundland and Labrador, the MHCC oversaw the scale-up and evaluation of Stepped Care 2.0, which combines

- face-to-face therapy
- same-day care
- 24-7 access to e-mental health tools.

Stepped Care 2.0, originally developed for students at Memorial University, allowed the university's mental health services to eliminate wait lists and help **15 per cent** more students.

Among those who receive walk-in services, 45 to 50 per cent say that one session is enough to address their needs.

E-mental health has the potential to reach 1.6 million Canadians who say their mental health needs are not being met.

> *Through the use of advanced technologies, we can track and trace wait times while at the same time tackling the challenges of serving rural and remote communities, reaching First Nations, Inuit and Métis populations, and reaching Canada's youth.*
>
> **– The Hon. Michael Wilson,** *Globe and Mail*, April 6, 2017

ACCESS TO PSYCHOLOGICAL SERVICES

A new MHCC discussion paper explores lessons learned from efforts in Australia and the United Kingdom to increase access to psychotherapy.

Expanding Access to Psychotherapy: Mapping Lessons Learned from Australia and the United Kingdom to the Canadian Context was distributed to more than 400 stakeholders, including participants in the MHCC's access to psychotherapies roundtable and webinars. The paper is summarized in the February 2019 issue of *Healthcare Management Forum*, the official peer-reviewed journal of the Canadian College of Health Leaders.

Canadian reforms could include

- offering a range of qualified providers and evidence-based psychotherapies
- allowing flexibility on referral mechanisms and the cap on number of sessions
- targeting mild to moderate mental health problems before broadening their scope
- including psychotherapy explicitly for substance use
- engaging people with lived experience in transforming the design and delivery of psychotherapy programs and integrating peer support.

Over 12 million Canadians without employer-funded psychological services must pay out of pocket or wait for limited publicly funded services.

Every dollar invested in psychological services saves **two dollars in expenditures.**

Throwing money at a problem rarely yields the desired results. So, part of the answer lies in making thoughtful, measurable investments centred on promoting innovation and sharing best practices.

– The Hon. Michael Wilson,
Globe and Mail, April 6, 2017

MEASURING PROGRESS

Measuring Progress: Resources for Developing a Mental Health and Addiction Performance Measurement Framework for Canada was released in July 2018.

The central aims of the project were to

- compile resources
- map common policy priorities across provinces and territories
- learn from existing performance measurement frameworks.

The report was shared with 120 influential people and knowledge experts in mental health performance measurement across Canada.

The MHCC...

"The MHCC is seen internationally as a leader in mental health innovations and in how to successfully operate a mental health commission."

– Fran Silvestri,
President and CEO,
International Initiative for
Mental Health Leadership

...around the world

The suicide mortality rate is one of two indicators in the UN's sustainable development goals for Health Target 3.4: "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being."

In 2018, the World Health Organization (WHO) – in collaboration with the MHCC – released Preventing Suicide: A Community Engagement Toolkit, a step-by-step guide for people who wish to initiate suicide prevention activities in their community. It is based on the MHCC's successful 338 Conversations campaign, which invited each of Canada's members of Parliament to hold a community discussion about suicide prevention. WHO worked collaboratively with the MHCC to adapt this participatory approach for global use.

In October 2018, the first international HEADSTRONG summit was held in Dublin, Ireland, with 85 attendees from 21 schools.

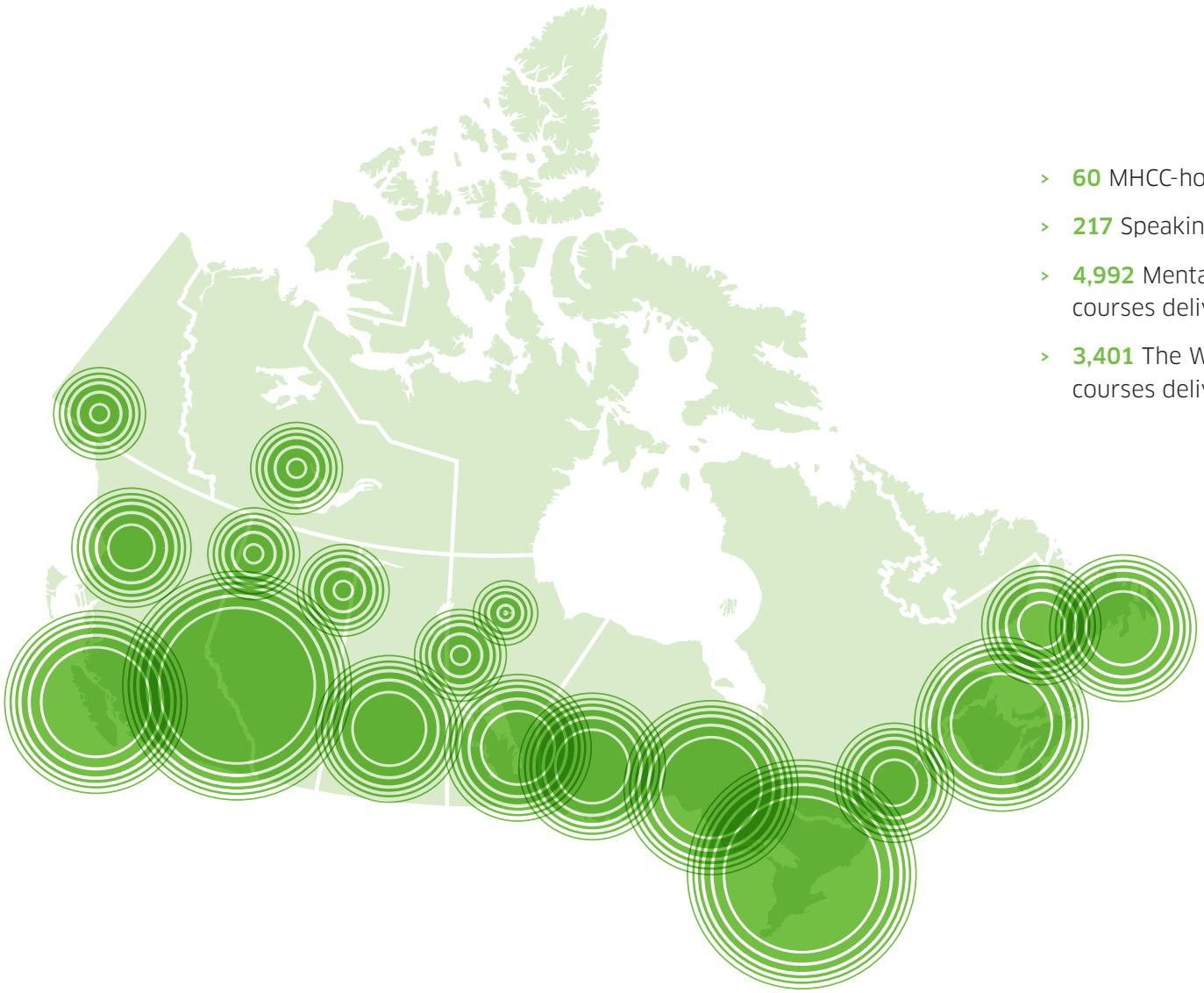
In the fall of 2018, three Canadian master trainers travelled to Australia to teach instructors how to deliver **The Working Mind First Responders** program to

- Melbourne's Metropolitan Fire Brigade
- the state of Victoria's County Fire Authority
- Lifeline, a national crisis support service that will be rolling out the program across Australia in 2019.

In Suriname, in November 2018, **Understanding Stigma** training – to help providers confront their own biases when treating people living with mental illness – was delivered to the country's health minister, along with 35 family physicians and health-care workers.

Five South American countries are applying the MHCC-funded Opening Minds Scale for Health Care Providers in community health-care clinics. The anti-stigma scale, a validated tool to measure attitudes among health-care providers toward people living with mental illness, has been translated into seven languages and accessed over 15,000 times by researchers and organizations around the world.

...across Canada



- **60** MHCC-hosted events
- **217** Speaking engagements
- **4,992** Mental Health First Aid courses delivered
- **3,401** The Working Mind courses delivered

Financial results

FINANCIAL POSITION

As at March 31	2019	2018
	$	$
Assets		
Total current assets	**7 230 516**	6 125 252
Capital assets, net	**859 117**	1 160 364
	8 089 633	7 285 616
Liabilities and net assets		
Total current liabilities	**3 862 827**	3 805 860
Deferred capital contributions	**215 015**	360 127
Deferred tenant lease inducements	**1 059 526**	1 191 102
Total liabilities	**5 137 368**	5 357 089
Net assets		
Unrestricted	**2 952 265**	1 928 527
	8 089 633	7 285 616

RESULTS OF OPERATIONS

Year ended March 31	2019	2018
	$	$
Revenue	**23 119 992**	20 077 216
Expenses	**22 096 254**	19 424 059
Excess of revenue over expenses for the year	**1 023 738**	653 157
Net assets, beginning of year	**1 928 527**	1 275 370
Net assets, end of year	**2 952 265**	1 928 527

SALARY RANGE DISCLOSURE

Board of Directors

Compensation for Board of Directors	Annual retainer	Per diem for meetings where minutes are taken	Estimated annual total (based on 6 meeting day/yr)
Chair (for all Board and Committee duties)	Declined	Declined	Declined
Chairs of the Governance and Nominating, Human Resources and Audit and Finance Board Committees	$5,000	$500	$8,000
Non-government members and Government Appointed Private Citizens	–	$500	$3,000
Travel time (when traveling to a meeting where overnight accommodation is required)	–	$250	$750
Participation in Board/ Board Committee/ subcommittee teleconference >60 minutes	–	$250	$750

Compensation for Senior Leadership			
Position Title	**Annualized base minimum**	**Annualized base midpoint**	**Annualized base maximum**
President & CEO	$220,000	$245,000	$316,000
Vice Presidents	$144,000	$160,000	$200,000
Directors	$111,600	$124,000	$155,000

Board of Directors 2018-2019

ABBOTT, John (Ret.)

BRUCE, Charles (Chuck)
Board Chair

CALSAFERRI, Kim (Ret.)

CHARBONNEAU, Manon

CHANDRASEKERA, Uppala (Ret.)

DALTON, Mike

DONOGHUE, Christine

FRASER, Cheryl

GARRETT, Kellie

HACHE, Arlene

HOURIGAN, Anne-Marie

JOCK, Richard

KENNEDY, Simon

LeBLANC, Marc-André

MAYHEW, Neilane

McVEY, Lynne

PRAAMSMA, Alisa

SHANKARUK, Carole

WILSON, Michael

Executive Leadership Team

Louise Bradley
President and
Chief Executive Officer

Ed Mantler
Vice-President,
Programs and Priorities

Michel Rodrigue
Vice-President,
Organizational Performance
and Public Affairs

Robert Thomas
Vice-President,
Corporate Services and
Chief Financial Officer

Mental Health Commission of Canada

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