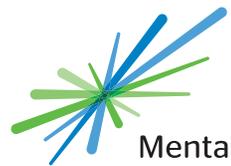


Answering the Call



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Strategic Plan **2021 | 2031**





Inquire

Opening Minds





Inspire

Opening Hearts





Improve

Opening Doors



Generational Change

a Message from Our **Board Chair**

When I think about the future of mental health care in Canada, I think about the aspirations that I have for my daughter. Hers is the first generation to grow up squarely in the era of **Bell Let's Talk**, with no memory of a time when stigma raged and was blatantly rampant. She was a toddler when the seminal Senate report, *Out of the Shadows at Last*, landed with a powerful thud on the desks of decision makers in Ottawa—a six-volume damnation of a system that was failing to meet the needs of millions of people in this country.

When I first became involved with the Mental Health Commission of Canada (MHCC), which was founded as a direct result of the crying need articulated in the thousands of pages of testimonials that made up that report, my daughter was in elementary school. While she was learning her times tables, I was getting an education in the social and economic toll mental illness takes in workplaces across this country, cutting a swath through our productivity and laying nearly 500,000 people low and unable to work each week.

Now, she's finishing high school, and I sit at the helm of one of the most influential mental health bodies in the world. This responsibility weighs heavily on my shoulders. Our work so far has been critical, even if our progress has been slower than we might wish. You can't build a house without a solid foundation—just as you can't open doors to care if there aren't treatments and supports waiting on the other side.

One of our landmark achievements, as a sector, was the thousands of people who came together in service of creating our nation's first mental health strategy, *Changing Directions, Changing Lives*. The MHCC's role in that work was to synthesise and articulate the passionate vision of people with intimate knowledge of mental illness and the desire for meaningful system change.

That blueprint has served virtually every province and territory as they set out bold plans to address mental health and substance use in their jurisdictions, and it is in proliferating

this positive ripple effect that we hit our stride at the MHCC.

Since the release of the strategy, we have embraced the role of convenor and amplifier. Using the bird's-eye view of our national platform, we have not only been able to identify scalable pockets of innovation, but also those areas of deepest need. Our efforts now must be centred on shifting thinking away from stagnant models of care and toward solutions that use new technologies, share innovative work, and create space for taking the measured risks that allow us to fail forward—working every day toward a better, brighter tomorrow.

If my daughter one day has children of her own, my hope is that they will be the first generation whose mental health needs are met from the very beginning.

Imagine what that could be like for us as a nation?

A country where an emphasis on prevention means that fewer mental health problems develop. A country

where problems are detected and treated early—with the benefit of a full range of psychological services that are fully funded by the public purse. A country where fewer people are sidelined from the workforce in the prime of their career. A country that leads not just in word, but in deed.

I hope my daughter's children are born into an era where mental health is valued on par with physical wellness. This could be the legacy of the leadership of our generation. Our children, and grandchildren, deserve nothing less.

It is no longer enough to name this need. We must stand together and be brave enough to **answer the call**.



Chuck Bruce
Board Chair

A Message of Gratitude

from Our **President and CEO**

My letter is one of gratitude.

To the more than 100 staff members who show up every day, with open hearts and open minds, turning your time and talent to further our work—thank you. Thank you for living and breathing the values that embody our highest purpose: ***Inspiring hope.***

To our Hallway Group, Youth Council, and advisory group members, past and present, your knowledge and expertise has enriched every project we've overseen and every project we've undertaken. Our successes are yours to celebrate. *Thank you.*

To the many, many stakeholder and partner organizations that lent their guidance to our fledgling organization as we wobbled on unsteady legs—thank you. Without your leadership and generosity of spirit, and the conviction that a national mental health body had an intrinsic role to play, we would not be standing, arms linked in solidarity with yours, more than a decade later. As we raise our voices, calling for greater access to services, improved outcomes and meaningful standards of care, we will always accomplish more together than we could hope to achieve alone.

A very special Megwetch to the many Indigenous leaders who have taken me under their wing and blanketed me with traditional teachings and ways of knowing. My commitment, in turn, is to offer every staff member at the MHCC the opportunity to discover what reconciliation means to them and afford them the time and space to embrace that knowledge.

To those mentors in my life who have modelled servant leadership, humility, and the courage to tell your truth—*thank you*. You lit a path toward the sharing of my own lived experience, which has been the defining journey of my professional life.

To my dearest friend Mar-Cha, who did not live to see the strides we have made—thank you. On those darkest of days, when mental health parity seems a distant dream, I think of you. As a young nurse working in mental health, I had seen our system fail my patients. It took your loss for me to truly understand how system failure feels.

Words cannot express how grateful I am that you were my friend. My work, in service to your memory, will never be finished.

To the millions of people in this country thriving while managing a mental illness—and to the millions more in search of a path toward recovery—you are at the heart of this strategic plan.

A handwritten signature in black ink, appearing to read 'Louise Bradley', with a stylized, flowing script.

Louise Bradley
President and CEO

Our Purpose

Inspiring hope:

Our *lives depend*
on it.



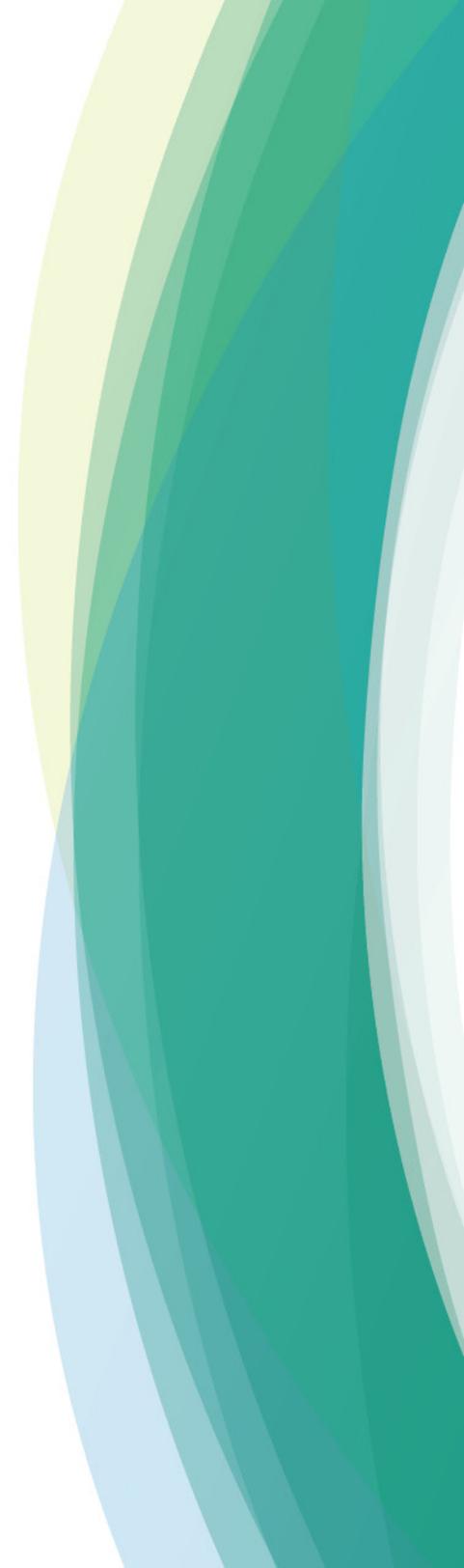
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Our Journey

In 2007, thousands of voices of people with lived experience of mental illness were captured in the landmark senate report *Out of the Shadows at Last*. It was the power of their stories—some heartbreaking, others more hopeful—that inspired the creation of a national entity charged with the most daunting and worthwhile of tasks: break down stigma; create a national mental health strategy; and share the best, most promising, evidence-informed research to shrink the gap between what we know, and what we do.

The Mental Health Commission of Canada (MHCC) was born into a rapidly evolving landscape, and the pace of our work hasn't slowed in over a decade. Concerted anti-stigma efforts have seen hundreds of thousands of people in Canada receive mental health training in workplaces and communities. We are working to dismantle the structural stigma



reflected in legislation, regulations and service delivery—exacerbated by mental health’s inadequate spending envelope of seven percent of total health dollars, despite an annual price tag of \$50 billion and counting.

Published in 2012, *Changing Directions, Changing Lives* remains the seminal blueprint for addressing the gaps in our patchwork of mental health services, and reminds us that trauma-informed, culturally appropriate and readily accessible care are basic human rights denied far too many people in this country.

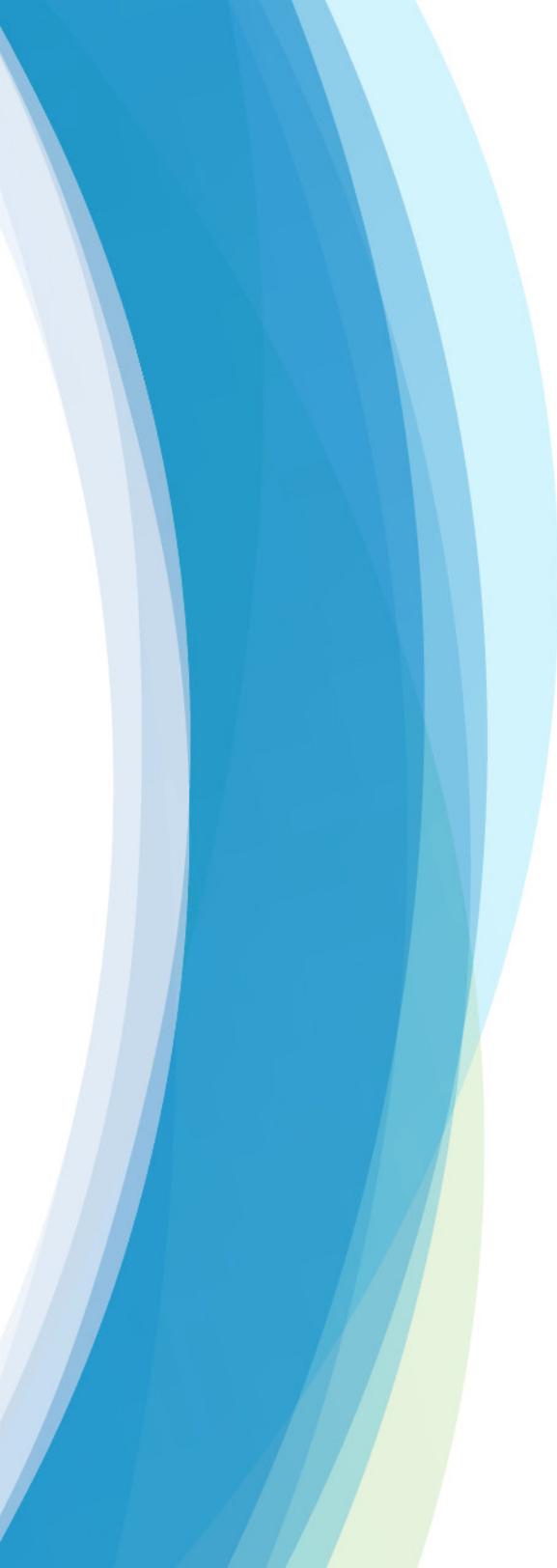
With nearly 12 million Canadians lacking access to employer funded psychological services, 1.6 million people reporting an unmet need for mental health care, and five in six children unable to access treatment, our country is at once-in-a-generation cross-roads.

We have a historic opportunity to strive for a society underpinned by a truly universal system of care. Where seeking treatment for mental illness is seen as no less legitimate, or treatable, than getting help for a physical ailment.

Our collective successes have ushered in an era where mental health is better understood than ever before. With the work of our stakeholder partners, we are making real and powerful change. But with greater awareness and lessened stigma, our over-stretched system is bowing under the weight of those who are naming their need.

It’s up to all of us to answer the call.

“With the work of our stakeholder partners, we are making real and powerful change.”



A Shifting *Landscape*

In addition to more than a decade of work in mental health, the MHCC undertook specific research to underpin the development of this strategic plan and ensure that our goals reflect diverse stakeholder perspectives, leverage employee insights, complement decision makers' objectives and remain true to the lived and living experience of our core constituency. The interviews at the heart of this process were supplemented by quantitative research to connect the dots across a vast and varied landscape. This extensive consultation process confirmed that our compass is pointing where it should—to our magnetic north: the moral imperative for system transformation expressed time and again by people who live with, work in, or study mental illness in Canada.

What we know to be true

Access to services must improve. With more than 1.6 million people in Canada reporting an unmet need for mental health care, it's no wonder that one in two report that they have experienced a delay in accessing services (or know someone who has). The need for quality, timely, accessible and culturally appropriate mental health care cannot be overstated. As the tide of stigma recedes, we must not leave people standing on the shore without help.

We must close the gap between what we know and what we do. (Otherwise known as the innovation to implementation gap.) Some areas of Canada are gifted with pockets of excellence in mental health services and supports, while others are sorely underserved. The status quo cannot stand. We must share leading practices to achieve equitable care across the country.

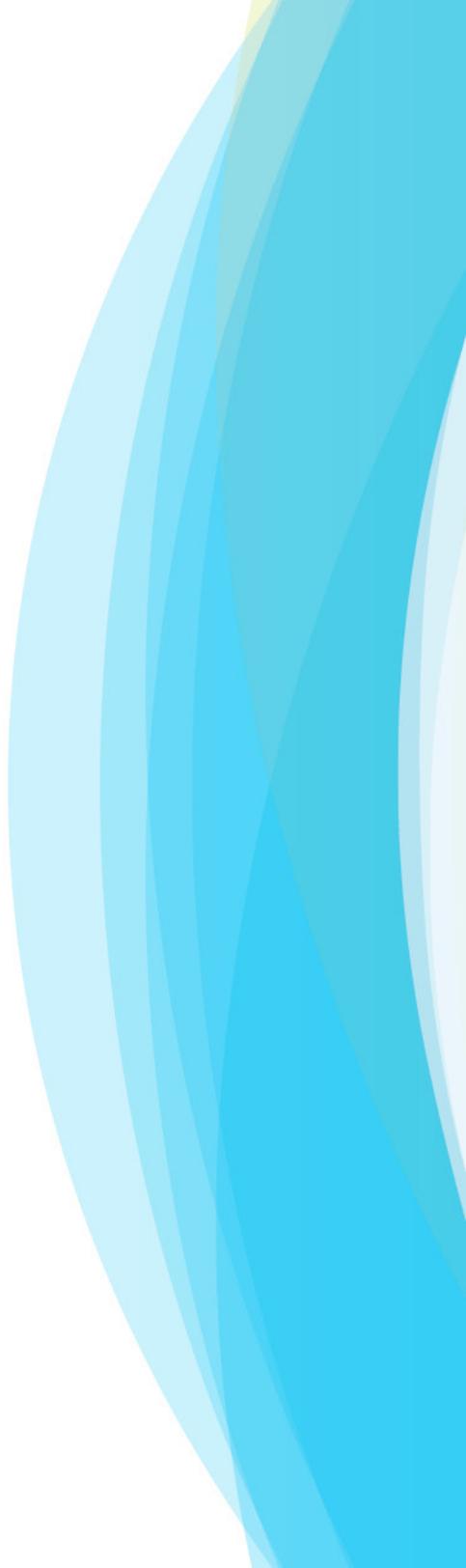
Together, we must learn from the past for a better tomorrow. We acknowledge that the wellness needs of First Nations, Inuit, and Métis are unique and recognize their distinct circumstances, rights, and cultures. We also affirm our commitment to reconciliation and acknowledge that to do this work well is to leave room for mistakes and missteps. If we do not embrace the failure that teaches us to learn, we cannot grow stronger together.

Today's challenges—and opportunities—are ever changing. Collectively, we have reaped many rewards from the advancement of rapidly evolving technologies. We live longer. We enjoy greater freedom of movement. We benefit from rapid-fire communication. But these advantages aren't without cost. From climate change to social isolation, our brave new world requires a rethink when it comes to addressing the mental health implications of 21st-century living.



Living our *Values*

How we work is as important as the work that we do. The values that guide our decision making inform the projects we pursue, the partnerships we cultivate, and the people we attract to work with us. Five intersecting core philosophies are the foundation on which all our work is built.



Uplift our partners

As a sector we rise when we work together. In a field as diverse and complex as mental health, we need to leverage the strength of grassroots change makers, highlevel policy makers, and corporate thought leaders to level the playing field in pursuit of mental health parity.

Amplify lived and living experience

People with lived and living experience of mental illness are uniquely placed to walk hand in hand with us as we develop recovery-oriented projects and processes. By embracing their knowledge and expertise, our work will reflect the needs and preferences of those who matter most.

Build a bigger table

People do not develop mental illness in isolation from the social, biological, and cultural influences they are immersed in. From supporting the mental wellness needs of diverse groups, such as the Indigenous communities, LGBTQ2S+ community and immigrant, refugee, ethnocultural, and racialized people, we must free the airways so the true voices of experience can be heard above the noise. We need to invite a diversity of experiences if we wish to truly know how mental health problems are understood within different backgrounds and among underserved populations. Our work, in its development and execution, should strive to mirror the nation's vast diversity and rich cultural mosaic.

Embrace the best evidence

The way we collect evidence informs the best practices we develop. While academic research is critical to address knowledge gaps, so too is getting into communities and developing an evidence base rooted in lived experience. To fully embrace recovery-oriented practice as the cornerstone of our efforts, we need to ensure our academic research includes the expertise born of lived and living experience.

Challenge the status quo

To effect meaningful change, we cannot be afraid to take calculated risks, welcome fresh ideas, and be willing to fail forward. A prescription for improved mental health care in this country requires the courage to tear down silos, work collaboratively, and challenge assumptions.



Strategic
Objectives
and
Priorities

1. Inquire

1.1

Identify what works to erase the duplication of effort and multiply the impact of innovation

Our role is to research and articulate leading practices found in Canada and around the world, which we can apply to bridge gaps and meet our current needs. This includes developing, delivering, and evaluating scalable solutions to overcome lack of access to services.

Avoiding the duplication of effort and piggybacking on existing innovation allows us to leap over the usual lag time between knowing and doing.

1.2

Drive system transformation through the development of meaningful mental health measures.

Recognizing our role as convener, we will strive to build consensus around which mental health outcomes need to be measured.

We can't count what we don't measure, and too often, what doesn't get measured doesn't count.

2. Inspire

2.1

Achieve mental and physical health equity by uplifting the strong stakeholder community and amplifying the voices of lived and living experience.

Until mental health is understood as being of equal importance to physical wellness, we have work to do. The parity we seek goes above and beyond just dollars and cents. Mental illness is legitimate and treatable and must be respected as such. Mental health is health.

2.2

Create an inclusive and discrimination-free Canada, where recovery from mental illness isn't just possible – it's expected.

Recovery can be hindered by a multitude of factors: from barriers thrown up by health-care providers to system-level discrimination, the lack of access to services, and self-stigmatizing behaviours.

Tearing down impediments to accessing services means addressing stigma and naming discrimination – be it at the interpersonal or systemic level.

2.3

Influence governments and organizations to put mental health at the top of the agenda.

Our role is to inspire and influence with the most powerful tools at our disposal: strong evidence, hard-won consensus, and innovative solutions. From improving access to reducing suicides, the more we share knowledge, the better our systems and organizations become.

3. Improve

3.1

Advance the need for pan-Canadian strategies to address inequities in mental health programs and services.

By building on our expertise as stewards of Canada's groundbreaking mental health strategy, our pan-Canadian reach, and our ability to foster consensus, we are well-positioned to address the areas most in need of attention. From suicide prevention to youth mental health, good strategies can serve as a blueprint for all orders of government.

A high-level strategy is crucial for on-the-ground solutions.

3.2

Support First Nations, Inuit, and Métis in creating meaningful solutions to address the wellness needs of their communities.

As we acknowledged in our Declaration of Reconciliation, we will commit to learning from cultural and traditional ways of knowing as the foundation for mental wellness. We will also advocate for a trauma-informed system of care, with humility and cultural safety at its core. Our commitment is to walk in a good way with Indigenous communities and organizations, striving to be an ally and ready to serve when called upon.

3.3

Improve resiliency and mental health literacy to build greater informal support networks to augment strained clinical services.

As we strive to improve access to clinical services, mental health literacy training can help bridge the gap and support a person in crisis.

Tools to improve self-awareness, stimulate conversation, and increase help-seeking behaviour can be put to good use as we strive for mental health parity.

Inspiring hope: Our *lives depend* on it.

Strategic Objectives and Priorities

1. Inquire

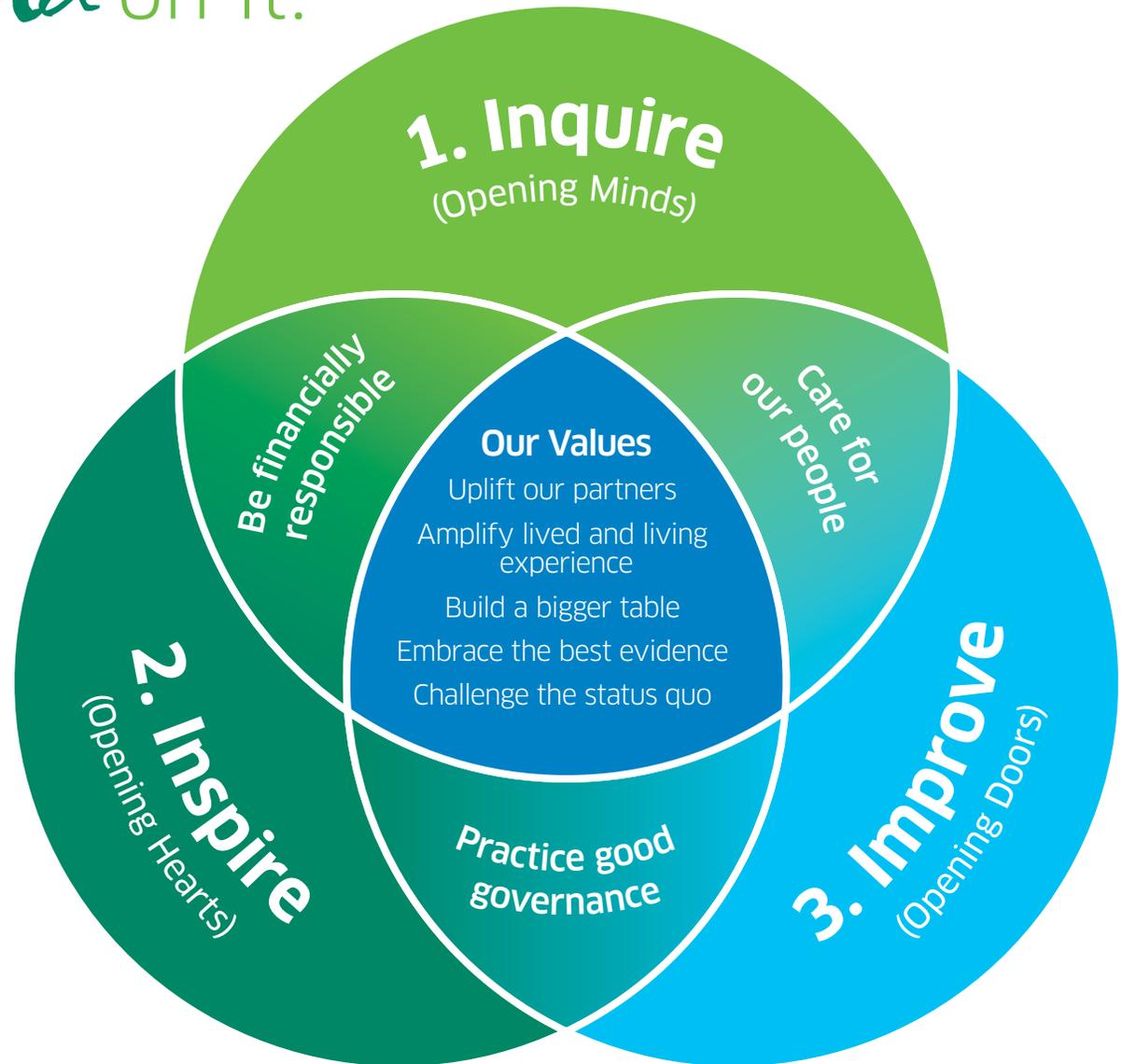
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