

TOWARD RECOVERY & WELL-BEING
A Framework for a Mental Health
Strategy for Canada
(January 2009 Draft)

Public Consultation

Report

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*Prepared for the Mental Health
Commission of Canada by:*

ascentum





*This report was prepared for
The Mental Health Commission of Canada by:*





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Executive Summary

The Mental Health Commission of Canada has been given the responsibility to initiate and guide a process that will result in the first mental health strategy for Canada. The purpose of this mental health strategy is to focus national attention on mental health issues and provide a roadmap for implementing a truly comprehensive approach to mental health and mental illness.

The transformation of the mental health system is a complex, multi-faceted undertaking. Recognizing this, the Commission has opted for a two-phased approach, focusing first on *WHAT* a transformed mental health system might look like, and then, in the second phase, on *HOW* to achieve this vision. At the heart of Phase 1 was the development of a draft Framework document, entitled ***Towards Recovery and Well-Being – A Framework for a Mental Health Strategy for Canada***. The draft Framework sets out eight high-level goals that are key to a comprehensive approach to mental health and mental illness in Canada. After extensive internal review across the broad Commission family, a public version of the draft Framework was published for external review in January 2009.

The Public Consultation Process

As part of this external review, the Commission sought to gather input from individuals and organizations that had an interest in mental health issues or were affected by mental health problems or illnesses across the country. A two-pronged consultation process was therefore launched, which included a series of by-invitation Regional Dialogues and a parallel Online Public and Stakeholder Consultation, which was open to everyone.

Over the months of February to April 2009, a total of twelve full-day **Regional Dialogues** were held in the cities of St. John's, Halifax, Montreal, Toronto, Thunder Bay, Winnipeg, Regina, Edmonton, Vancouver, Whitehorse, Yellowknife, and Iqaluit. In addition, three "focused consultations"¹ were held in Ottawa, with: representatives of First Nations, Inuit and Métis organizations; federal departments with responsibility for policies that have an impact on mental health and mental illness; and representatives of national organizations, including health professional associations.

*Approximately **450 individuals** participated in the Commission's Regional Dialogues, from coast to coast to coast, and representing a broad array of perspectives and experiences (a more detailed profile of participants is provided in Chapter 2). Close to **160,000 words of detailed notes** were produced from the Regional Dialogues.*

¹ Throughout this report, the term "Regional Dialogues" refers to both the twelve regional dialogues and the three focused consultations.



In parallel, the Commission’s **bilingual Online Public and Stakeholder Consultation** was launched to expand the reach of and complement the Regional Dialogues. It was designed to collect input from members of the general public, as well as from stakeholder groups, and ran from February 11 until April 19, 2009 (9.5 weeks, including a 2.5 week extension in response to popular demand). Both online audiences were provided with two options for participation: they could complete an **online workbook** and were provided with the opportunity to submit **qualitative feedback** on the Framework.

The online workbook provided a brief overview of each of the eight goals proposed by the Commission, and allowed participants to react to each goal through a mix of close-ended and open-ended questions. Members of the general public and representatives of stakeholder groups were asked to complete the same online workbook, to facilitate a comparative analysis of their respective perspectives.

*In total, over **1,700 members of the general public** and **300 stakeholder groups** availed themselves of the opportunity to share their views with the Commission. Together, they provided over **465,000 words of comments**² on the eight goals proposed by the Commission and on whether or not the goals taken together adequately described the direction and scope of change required to transform Canada’s mental health system (a more detailed profile of participants is provided in Chapter 2).*

The “Report Card”

On the whole, feedback on the Framework, and on the Commission’s work and approach, was very positive and enthusiastic. Moreover, the congruence in results across qualitative and quantitative feedback, and across the in-person and online consultation streams, is striking. While there are nuanced differences in perspectives on some issues – in particular regarding the role of families with respect to recovery, prevention and promotion – the overall messages heard for each goal, and for the 8 goals taken together, is extremely consistent, unequivocally pointing to a consensual basis for moving forward.

Moreover, while initial reactions to the Framework were, on the whole, very positive, they also stood the test of participants’ scrutiny. This is powerfully illustrated by the fact that participants’ initial reactions to each of the goal statements, and to the eight goals as a “package,” was positive across all audiences (scoring at least a 4 out of 5 rating) – and remained relatively stable following a more detailed examination of the Framework.

From a process perspective, and when reviewing the “mix” of participants online and offline, it becomes apparent that the combination of multiple modes of participation allowed for a greater diversity of voices to be heard. For example, the Online Consultation allowed for greater participation of persons

² By way of comparison, Leo Tolstoy’s famed “War and Peace” counts 460,000 words in its Russian edition and 560,000 (approximately 1,400 pages) in its English translation.



living with a mental health problem or illness, their families, and “concerned citizens” – while the Regional Dialogues had a slightly greater representation of health or social service workers, advocates, academics and government officials. This is somewhat in keeping with the nature of each process, with online participation being more easily accessible, more private and less onerous.

It should be noted however that the vast majority of participants in both the online and in-person consultations were from within the mental health community, broadly defined. As such, the Commission must make it a priority to continue to expand its reach and its scope of engagement as it moves to Phase 2 of its work. Continued emphasis must be placed on: reaching out to the broader public, to other sectors (e.g., justice, education), to French-speaking Canadians (inside and outside Quebec) and to marginalized groups – particularly First Nations, Inuit and Métis, new Canadians, Canadians belonging to ethno-racial groups and those living in rural, remote, and Northern communities.

Key Findings by Goal

Keeping in mind that the Commission’s objective was to obtain feedback on how to strengthen and improve its draft Framework document, the following synthesizes qualitative and quantitative results for each goal, with emphasis on the most frequently recurring themes across the various data sets.

Goal 1: The Hope of Recovery is Available to All

Recovery should be actively expected, promoted, encouraged and supported to all individuals with mental health issues from the time of diagnosis. This not only instills hope to the individual, but also their families. It is much easier to foster and encourage hope before it is lost than it is to rebuild it once it has been lost.

*Online Participant
Ontario*

1. Hope and recovery are central drivers for transforming the mental health system.
2. Person-centred and holistic approaches are fundamental to recovery and should include the concept of self-determination.
3. The role of “communities” in supporting recovery must be elevated, while recognizing their complexity and diversity.
4. Mental health service providers are key partners in the recovery process, and as such, must integrate a recovery focus into their practices.



Goal 2: Action is taken to Promote Mental Health and Well-Being and to Prevent Mental Health Problems and Illnesses

*L'importance
d'intervenir sur
les facteurs
socio-
économiques –
c'est dans le
texte mais pas
assez clair/fort
dans l'énoncé et
le 1er
paragraphe.*

*Regional Dialogue
Participant
Montreal, Quebec*

1. Mental health promotion and mental illness prevention must be an integral part of the Framework.
2. The critical role of social determinants of health (SDH) in mental health promotion and mental illness prevention merits greater recognition throughout the Framework.
3. Emphasize that the education system and health human resources training play a key role in raising awareness about mental health promotion and mental illness prevention, and in supporting early identification and intervention.
4. This goal should demonstrate the effectiveness of prevention and promotion strategies by highlighting pertinent research and more compelling examples.
5. Prevention and promotion will require much greater coordination and collaboration across all sectors and spheres.

Goal 3: The Mental Health System is Culturally Safe, and Responds to the Diverse Needs of Canadians

*We are talking about
values, beliefs, biases,
how we see each other,
relationships, what we
bring to the table...it's
about listening to the
individual and finding out
what their belief system is
all about, hearing what
they are saying...*

*Regional Dialogue Participant
Halifax, Nova Scotia*

1. The concepts underlying “cultural safety” are important and should be included in the Framework, but the term’s accessibility and utility as presented in the Framework is cause for concern.
2. This goal needs to be more explicit and carefully framed to present the full complexity of cultural safety issues, avoid over-simplification, and maintain the focus on person-centred approaches and practices.
3. This goal should further clarify the role and importance of mental health service providers in providing “culturally safe” services and supports.
4. First Nations, Inuit and Métis have a unique place in Canada’s history and society – this goal should recognize their unique histories and status in Canada.



Goal 4: The Importance of Families in Promoting Recovery and Well-Being is Recognized and Their Needs are Supported

I think more emphasis needs to be placed on the fine balance between respecting the care giving role of the family while not undermining the autonomy of the individual. Of course, this is likely clearer cut when [...] individuals are deemed competent to give consent.

*Online Participant
British Columbia*

1. This goal must more fully reflect efforts to balance the individual’s right to choice, privacy and consent, with families’ need for information and their potential contribution to the individual’s recovery.
2. More clarity is required about the right of individuals to determine who is included in their “family” and the extent to which their designated family is involved in their care.
3. More emphasis is required on the needs of families – particularly caregiving families – for services and supports, including financial supports and respite care.
4. A more inclusive definition of “family” should be provided early on in the Framework and included within this goal.

Goal 5: People of all Ages Have Equitable Access to a System of Appropriate and Effective Programs, Services and Supports that is seamlessly Integrated Around Their Needs

I think that funding for and availability of mental health resources is a huge area where our current system is lacking. There are huge waitlists for essential services, a lack of supported housing for people with mental illness, and inadequate “follow-up” resources in the community to help people once they get out of hospital. There also needs to be more funding for rehabilitation services in the community to help people set and achieve goals to improve their quality of life.

*Online Participant
Alberta*

1. The ideas included in Goal 5 are absolutely essential to the Framework.
2. The goal statement should be revised to include the notion of “timeliness” of access.
3. Closing the large gap between current reality and the envisioned future will pose a significant challenge – a serious cause for concern in the eyes of many.
4. This goal must place more emphasis on the need for an expanded array of coordinated, integrated and person-centred services.



Goal 6: Actions are Based on Appropriate Evidence, Outcomes Are Measured and Research is Advanced

It is important to recognize that qualitative research and paradigms other than controlled clinical trials are valid forms of research.

*Online Participant
Ontario*

1. The case for greater investments in research must be made even more strongly – albeit with some caveats.
2. The need for – and importance of – research that incorporates knowledge derived from lived experience, qualitative methods, and traditional learning and wisdom must be further emphasized.
3. This goal should be broadened to include a discussion on the need for knowledge transfer and exchange (KTE), success and performance indicators and program evaluation.

Goal 7: Discrimination against People Living with Mental Health Problems and Illnesses is Eliminated and Stigma is Not Tolerated

Normalize mental illness as an anti-stigma technique – the more people talk about it, the more people realize that it can affect anyone, the better. 40% of the population is affected... Mental illness is really normal! We need to convince ourselves of that.

*Regional Dialogue Participant
St. John's, Newfoundland and
Labrador*

1. Fighting stigma and discrimination is critical to improving the lives of persons living with mental health problems and illnesses (and their families), and should be a core element of the Framework.
2. This goal must more explicitly recognize that stigma and discrimination are embedded in parts of the mental health and health systems – a fact which has had very negative consequences for people living with mental health problems and illnesses.
3. This goal's correct emphasis on the mobilization of broad, societal-level momentum must be accompanied by the use of more positive language to normalize mental health problems and illnesses and effectively address stigma and discrimination.
4. Fighting stigma and discrimination will also require the active use of legislative, regulatory and policy levers, along with clear indicators of success.



Goal 8: A Broadly-Based Social Movement Keeps Mental Health Issues Out of the Shadows – Forever

Social movements more than watching famous people come forward – it's also about everybody coming forward, feeling free to say I'm going to my psychiatrist, I have depression...it's also about personal transformation.

*Regional Dialogue Participant
Yellowknife, North West Territories*

1. A successful social movement could help foster change, but the nature of the social movement suggested in the Framework is unclear.
2. A number of key success factors are required to foster and sustain a successful social movement and should be clearly outlined in this goal.
3. Notwithstanding support for the idea and importance of a social movement, many questioned its inclusion as a Framework “goal.”

In addition, the following **overarching themes** emerged from participants’ comments. These emerged as recurring topics or ideas in a majority of the Regional Dialogues, as well as in the feedback collected online. They also surfaced as common threads across multiple goals.

1. Hope and recovery, which are pivotal to the achievement of a transformed mental health system, must be more systematically woven into the fabric of the Framework.
2. Holistic and person-centred approaches need to be centrally positioned within the Framework and integrated into all goals because without them, the mental health system will not be transformed.
3. The application of a social determinants of health (SDH) lens must be more clearly reflected in the revised Framework and goals.
4. The Commission must acknowledge First Nations, Inuit and Métis (FNIM) needs and realities through specific and explicit recognition within the Framework (emphasized in Regional Dialogues).
5. The Framework should reflect an understanding of the inherent tension between a) families as critical partners in prevention, promotion and recovery and b) the right of the individual to determine who his or her “family” is comprised of and the extent of their involvement.
6. The Framework and the Commission must stress the urgency of moving to implementation as quickly as possible.
7. The Framework should value and reference to a greater extent the diverse kinds of research and evidence needed to achieve and sustain a transformed mental health system.



8. To promote attitudinal and behavioural changes needed for transformation, the Framework must highlight the importance of informing and engaging all Canadians (emphasized in public and stakeholder online comments).

In addition to the eight overarching themes outlined above, participants also articulated a number of other important recurring issues and/or concerns that emerged across sessions and from their online comments. They also provided very specific comments on ways to improve the coherence and presentation of the Framework, and on how to sharpen and clarify language – all with a view to making the document more precise, more effective and more accessible to a broad array of Canadians. This feedback adds further insight into participants’ perspectives on the Framework document, which is summarized in Chapter 5 of this report.

Closing Thoughts

It bears re-stating that the Mental Health Commission of Canada’s public consultation process on the draft Framework document ***Towards Recovery and Well-Being – A Framework for a Mental Health Strategy for Canada*** generated over half a million words of comments, and that almost 2,500 individuals participated in this process, from all corners of the country. More importantly, however, it is the enthusiasm of participants, their collective sense of hope, and the constructive spirit in which they offered their comments, which is most heartening.

The next phase of the Commission’s work – articulating a mental health strategy for Canada, and supporting implementation strategies – is no small challenge. However, the degree of congruence that emerged across different individuals, groups, and organizations that participated in this consultation process, especially given the volume and diversity of participants, attests to an emerging consensus and momentum, which the Commission must nurture and strengthen as it moves forward. Moreover, it also confirms that both citizens and stakeholders can and wish to contribute to the Commission’s work, and illuminates the value and pertinence of their contributions.

I would like the commission to really consider what has been said by all participants in this survey and treat everything very seriously. If there is a genuine desire to help promote good mental health and prevent bad mental health then the problems that have been addressed need to be taken very seriously [...]. I don't know how strongly I can put it to be heard but I certainly hope you will listen.

Online Participant
Ontario
