



Mental Health Commission of Canada

Development of a Mental Health Strategy for Canada – Phase II

Roundtable Meeting on Recovery & Well-Being

March 22-23, 2010, Ottawa

Roundtable Highlights Report

Prepared April 30, 2010 by



Date: March 22-23, 2010

Location: Delta Hotel, Ottawa, ON

Participants: 25

Participant Profile: Health or social service professionals (39%), Academic/Researchers (17%), Advocates (13%), Persons living with mental health illness (13%), Government officials (9%), Family members/friends (4%), Concerned Individuals (4%); Age: over 50% in the 45 to 64 age band with under 5% under 25 years of age; one quarter in the 35 to 44 age group and 14% aged 65 to 74

1. Where we are and where we want to get to: Participants emphasized that the mental health system needs to be much more integrated and collaborative with greater resources devoted to training and education. They saw a big gap between the concept of recovery and on-the-ground practice, a lack of inclusive decision-making processes, and limited choice in funded services. They wrestled with definitional clarity around recovery, with some being unsure about the merits of using 'recovery' language. Participants affirmed a vision for a mental health system that is cohesive and integrated, person-directed, easy to access, values the involvement of people with lived experience, holistic taking into account social determinants of health, supported through education and training for professionals and families, hope-centred, and aims to reduce and eliminate stigma.

Following table and plenary discussions, participants provided feedback through the use of electronic keypads. In response to the question "Taking into account the contributions of the room and the background paper, how well have we captured the current understanding and application of an orientation to recovery and well-being", 56% of participants indicated 'somewhat' and 43% opted for 'well' or 'very well'. Their response to "How well the contributions of the room and the background paper captured a recovery and well-being orientation for Canada", revealed that just over half (52%) thought 'well' or 'very well,' and 44% choose 'somewhat' and the remaining 4% opted for 'inadequately'. (See Figures 2.1 and 2.2)

2. Controversial Issues and Critical Gaps in Evidence: Participants advised that the following areas merit greater attention and focused thinking: how evidence is collected and used; ways of involving people with lived experience at all levels; accreditation of peer support workers; whether a formal diagnosis is needed to qualify for services; funding of the system components, recovery for less serious

conditions; access to care; and how to integrate mental health services within the broader context of health and non-medical different treatment options. They pushed for more Canadian-based evidence on: the context in which recovery takes place; the role of family in recovery; peer support initiatives; diversity; funding models; the economic benefits of recovery; how to measure recovery; system integration; and stigma and discrimination within the mental health system itself.

Responses to key pad questions revealed that about two-thirds of participants (65%) felt that the background paper and the Roundtable contributions captured the controversial issue areas that need to be considered ‘very well’ or ‘well,’ with the other third indicating ‘somewhat well’. Turning to the question about how well critical gaps in evidence were captured, participants were more divided with 50% indicating ‘well’ or ‘very well’, 42% choosing ‘somewhat well’ and 8% choosing ‘inadequately.’ (See Figures 3.1 and 3.2)

3. Possible Strategic Directions: In unpacking the strategic directions identified in the background paper, participants called for an array of refinements and additional elements including: broadening training and education at the community level; additional peer support workers at all levels; more family support; a more holistic and collaborative approach to recovery and well-being that fully engages people with lived experience; more research and knowledge dissemination; legislative changes; greater focus on social determinants of health; system-wide culture change; more flexible funding models; and high-level buy-in. Participants’ responses to the question, “to what extent do you agree with the possible strategic directions that you have collectively chosen” produced this result: one third (33%) somewhat agreed, almost half strongly agreed (48%) and the remaining 19% somewhat disagreed.

4. Participant Evaluations: In general the evaluations were positive: they valued the opportunity to participate, found the agenda to be relevant, and thought that the background paper was useful. They also identified areas for improvement, including: greater participant diversity, more time for in-depth discussion, translation of all documents into French, increased involvement of those with lived experience, more focused questions, and more time on the background paper.

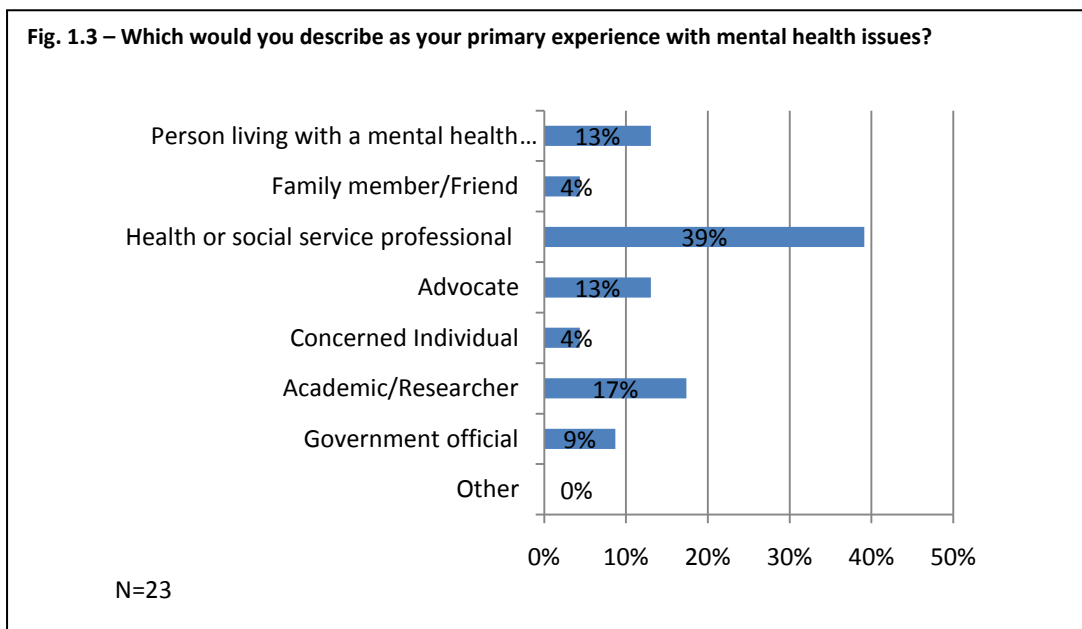


Fig. 2.1 – Overall, taking into account the contributions of the room and the background paper, how well have we captured the current understanding and application of an orientation to recovery and well-being in Canada?

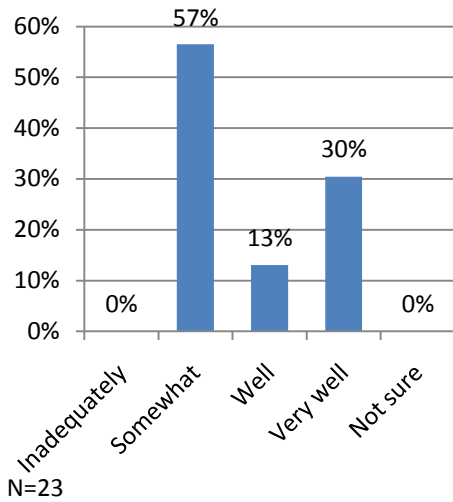


Fig. 2.2 – Overall, taking into account the contributions of the room and the background paper, how well have we captured a recovery and well-being orientation for Canada?

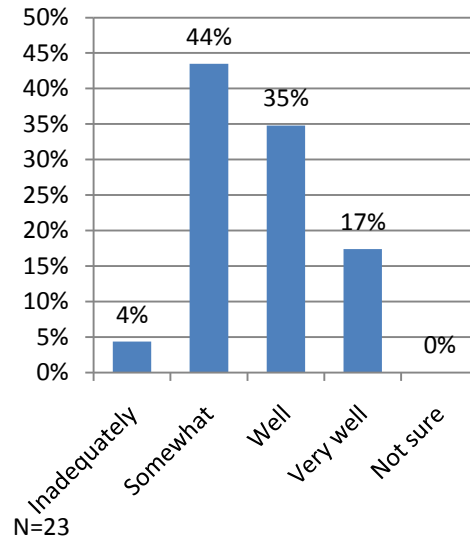


Fig. 3.1 – Overall, taking into account the contributions of the room and the background paper, how well you do think we have identified the controversial issue areas that need to be considered?

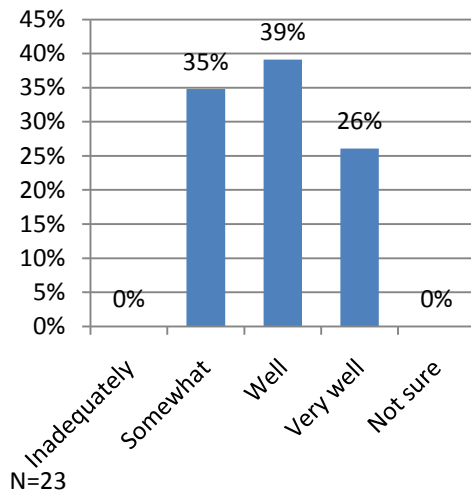


Fig. 3.2 – Overall, taking into account the contributions of the room and the background paper, how well you do think we have identified the critical gaps in evidence that need to be considered?

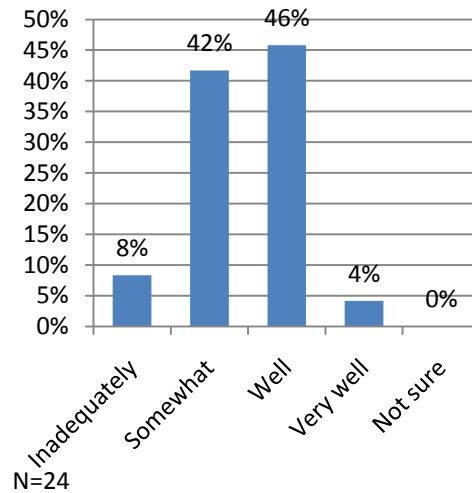


Fig. 4.1 – To what extent do you agree with the possible strategic directions that you have collectively chosen?

