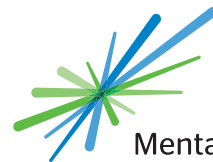


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THE MENTAL HEALTH STRATEGY FOR CANADA: A YOUTH PERSPECTIVE



Mental Health
Commission
of Canada

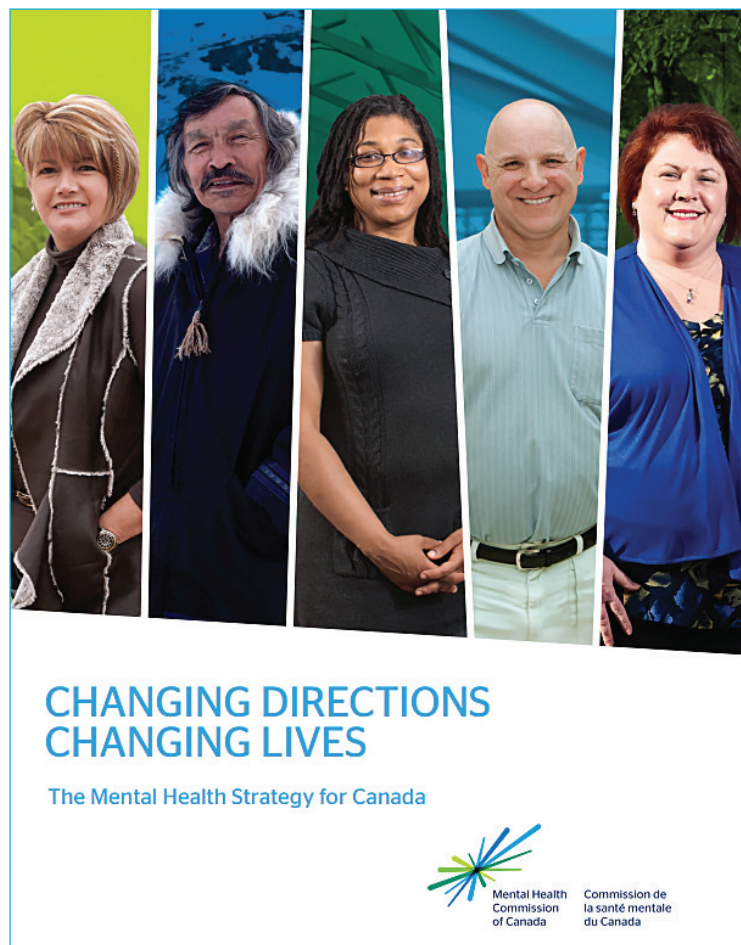
Commission de
la santé mentale
du Canada

In March 2013, the Mental Health Commission of Canada's Youth Council (YC) came up with the idea to rewrite or "translate," from a youth perspective, *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. Although every effort was made during the writing of the Strategy to reach as many audiences as possible, the YC decided to rewrite it to resonate better among their friends and peers – or anyone else interested in mental health discussions in Canada. The main aim of their project was to develop a supplemental document that highlights the experiences and vision of young people working toward system change, ultimately making the original Strategy a more accessible document to all.

Over the course of two years, the YC met in person four times to work through the Strategy, page by page. Using a critical youth lens, they rewrote all six strategic directions, drawing on personal experiences to make sense of a large policy document and turn it into something original. To our knowledge, never before has a group of Canadian youth designed a project of this scope or contributed to the field of knowledge exchange by translating a policy document written largely for, and by, adults. While the Strategy team consulted with hundreds of youth and their families during the initial writing process, the policy focus of the document meant that many people could find it challenging to access. The YC hopes that the new version helps to overcome this challenge.

The original Strategy is geared toward people of all ages and outlines a few specific recommendations for action on child and youth mental health. For example, the Strategy recommends that we:

- > Increase comprehensive school health and post-secondary mental health initiatives that promote mental health for all students and include targeted prevention efforts for those at risk (from Strategic Direction 1).
- > Remove barriers to full participation of people living with mental health problems or illnesses in workplaces, schools (including post-secondary institutions), and other settings (from Strategic Direction 2).
- > Remove financial barriers for children and youth and their families to access psychotherapies and clinical counselling (from Strategic Direction 3).
- > Remove barriers to successful transitions between child, youth, adult, and senior mental health services (from Strategic Direction 3).



This document builds on these recommendations and others in order to advance dialogue among mental health advocates, activists, students, community mental health workers, policy makers, or anyone interested in transforming Canada’s mental health system. We hope that you find this document useful for becoming even more engaged in policy discussions that directly impact people of all ages.

Despite being written by youth who highlight youth-specific examples, the report you are about to read is not a full mental health strategy for youth, nor is it intended to take the place of the original Strategy. If you are interested in more detailed policy recommendations on child and youth mental health, take a look at these other reports from the MHCC: [Evergreen: A Child and Youth Mental Health Framework for Canada](#), [School-Based Mental Health in Canada: A Final Report, Taking the Next Step Forward](#), and, of course, [The Mental Health Strategy for Canada](#).

The YC also understands and appreciates the range of experiences people have with mental illness and do not intend to use the term in any uniform way. For the purposes of this document, the YC chose “mental health issues” as a way of encompassing the vast range of diagnoses and lived experiences with mental health problems and illnesses. People living with schizophrenia, for example, may be at different stages of recovery than someone living with depression or may require much more complex services than others. Some people may have so few resources or support that conversations about recovery seem impossible. Either way, the YC acknowledges the diversity of experiences and understands, through their own lived experience, the complexity of mental illness and the range of services and supports our system needs in order to advance recovery for everyone.

On behalf of the Mental Health Commission of Canada (MHCC), we are delighted to share with you *The Mental Health Strategy for Canada: A Youth Perspective*.



The MHCC's Youth Council worked tirelessly to adapt *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* into a highly accessible format. Their enthusiastic effort saw the transformation of a 150-page - often technical - document into an engaging, fresh, and relevant take on mental health in this country.

Harnessing their keen minds, our Youth Council highlights issues and experiences unique to young Canadians. Yet, their worldview is broad enough to encompass the needs of ALL Canadians. Displaying an innate sensitivity to Canada's diverse population, they have created a resource that we believe will spur meaningful dialogue from coast-to-coast-to-coast.

IT ISN'T ENOUGH TO HEAR YOUNG PEOPLE.

They have far too much to offer to simply be a voice at the table. They must be active participants in setting the course for mental health policy and practice in Canada. The MHCC is privileged to benefit from the wisdom and experience of these thoughtful emerging leaders.

Now, our nation's dialogue on mental health is richer for their contribution.

So please, read on.



Handwritten signatures in blue ink. The first signature is 'Louise Bradley' and the second is 'Michael Wilson'.

Louise Bradley & the Hon. Michael Wilson, P.C., C.C.

FOREWORD	page i
MESSAGE FROM THE CHAIRMAN OF THE BOARD AND THE PRESIDENT AND CEO	page iii
TABLE OF CONTENTS	page iv
ACKNOWLEDGEMENTS	page 1
INTRODUCTION	page 2
STRATEGIC DIRECTION 1: PREVENTION	page 6
STRATEGIC DIRECTION 2: RECOVERY	page 10
STRATEGIC DIRECTION 3: ACCESS	page 13
STRATEGIC DIRECTION 4: DIVERSITY	page 18
STRATEGIC DIRECTION 5: FIRST NATIONS, INUIT & MÉTIS	page 23
STRATEGIC DIRECTION 6: COORDINATION & COLLABORATION	page 27
CALL TO ACTION	page 30

ACKNOWLEDGMENTS

The Mental Health Commission of Canada's Youth Council (YC) has many people to thank for helping to make this project a reality. When we decided to write a youth-translated version of the Mental Health Strategy for Canada, we were not prepared for how much work that would actually entail. After almost two years since we decided to do this project and after countless revisions, consultations, in-person meetings, brainstorming sessions, more revisions, graphic design, knowledge exchange planning, we are finally able – and delighted – to share this document with you.

The following people and organizations were instrumental in helping finish this project:

- > The Assembly of First Nations National Youth Council, the Inuit Tapiriit Kanatami Youth Council, and youth volunteers from the Métis Nation of British Columbia: thank you for helping us write certain sections of this document from culturally relevant and safe perspectives.
- > Sam Bradd, our image guy: thank you for bringing the Strategy to life with your amazing graphics.
- > Former YC members: thank you for your ideas and help on the early parts of this project and for your unconditional support from afar.
- > Original developers and writers of the Strategy: thank you for helping us keep our messages in line with *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*.

Sincerely,

Kristen Zaun (YC Chair)

Amanee Elchehimi (YC Vice-Chair)

Ally Campbell

Dustin Garron

Aaron Goodwin

Patricia Laliberté

Simran Lehal

Don Mahleka

Katie Robinson

Jack Saddleback

Marta Sadkowski

Nancy Savoie

Vanessa Setter



THE MENTAL HEALTH STRATEGY FOR CANADA: A YOUTH PERSPECTIVE

INTRODUCTION

DID YOU KNOW...

MORE THAN TWO-THIRDS OF YOUNG ADULTS LIVING WITH A MENTAL HEALTH PROBLEM OR ILLNESS SAY THEIR SYMPTOMS FIRST APPEARED WHEN THEY WERE CHILDREN?

That makes child and youth issues an especially important topic in mental health, one that the Mental Health Commission of Canada (MHCC) recognized early on when it created the Youth Council in 2008.

WHO ARE WE?

The MHCC's Youth Council (YC) represents young people with lived experience of mental health issues, whether personally or through family or friends. YC members are selected from across Canada with consideration given to the following: age and gender; province or territory of residence; cultural background; First Nations, Inuit, or Métis background; linguistic background; siblings or family members of persons with mental illness; experience with the child welfare system; sexual orientation and/or gender identities; or youth at risk with issues in housing, addictions, and/or the justice system.

WHAT DO WE DO WITH THE MHCC?

- > Advocate for young people with mental health issues.
- > Get involved with local, provincial, and national youth mental health networks.
- > Bring a youth perspective to MHCC projects.
- > Speak on behalf of youth at MHCC events.
- > Promote recovery and inspire other youth at public events.
- > Make sure youth have a voice in the decisions being made about Canada's mental health services and policies.

IN 2013, WE GOT TO THINKING...



We Added a
YOUTH
Perspective



to the Mental Health
Strategy for Canada



to make this important
info resonate for
EVERYONE!

SO WHY MAKE A DIFFERENT VERSION OF THE STRATEGY?

The Mental Health Strategy for Canada was published in 2012. It took over five years to research and write, with thousands of Canadians being consulted in the process. It looks at a lot of issues and recommends ways to improve the mental health system – but it's over 150 pages long and can be technical sometimes.

We thought – let's make sure these important messages reach as many people as possible. Young people, youth advocates, service workers, and the general population need to equip themselves with the right knowledge so that they can have an informed say in issues that affect Canadians now and in the future! We hope this document makes mental health policy more accessible to anyone advocating for system or service level changes.

HOW DID WE DO IT?

It took us two years to write this version. We looked at every priority and recommendation in the Strategy and rewrote them keeping our target audience in mind - Canadians who might not find current mental health policy documents accessible. We highlighted youth-specific examples to reflect our own experiences, but certainly there are more that could have been included to reflect the needs of people of all ages. Before starting, we had to think about a number of things:

- > How can mental health policies be written to make better sense to Canadians directly affected by the mental health system, services, and supports?
- > What examples of best practices could make the Strategy more meaningful to anyone engaged in mental health policy discussions across Canada?
- > What parts of the Strategy's recommendations are most relevant to youth?
- > How can a youth perspective on the Strategy inspire mental health system change and a sense of hope and optimism in young people?

In order to reflect the histories of First Nations, Inuit, and Métis (FNIM) in Canada, the YC also consulted with FNIM youth groups who helped us write certain sections from culturally relevant and safe perspectives. We understand that in order to truly transform Canada's mental health system, the needs and challenges of Canada's FNIM populations must be recognized and reflected in future mental health policies. We expand on what we mean by this in Strategic Direction 5.





“THE YOUTH COUNCIL IS A BRIDGE BETWEEN THE MHCC AND YOUTH EXPERIENCING MENTAL HEALTH ISSUES. WE MAKE SURE YOUTH ARE REPRESENTED IN MHCC’S DECISION-MAKING SO CHANGES IN THE MENTAL HEALTH SYSTEM WILL BENEFIT YOUTH.” - MARTA S.

WHAT DO YOU NEED TO KNOW BEFORE READING OUR REPORT?

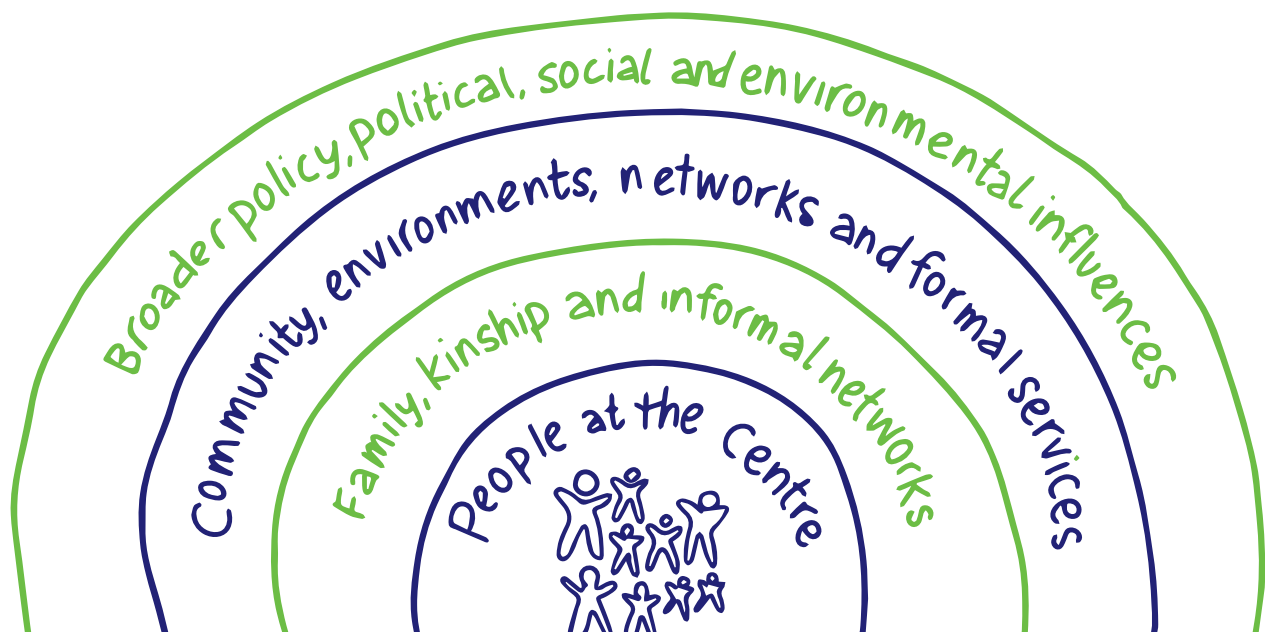
The priorities and recommendations in the Mental Health Strategy for Canada are grounded in mental health and recovery terminology. That means you have to understand these terms in order to really “get” the rest of this document.

GOOD MENTAL HEALTH AND MENTAL HEALTH ISSUES

Mental health is a state of wellbeing in which you can realize your own potential, cope with the normal stresses of life, work productively, and make a contribution to your community. Good mental health protects us from the stresses of our lives and can even help reduce the risk of developing mental health issues.

It’s important to recognize that good mental health is not the same as “not having a mental health issue.” Even if you develop a mental health issue, you can still experience good mental health and make progress along your personal journey toward recovery.

There is no single cause of any mental health issue. Whether a mild mental health problem or a severe mental illness, mental health issues are the result of a complex mix of social, economic, psychological, biological, and genetic factors.



RECOVERY

The Mental Health Strategy for Canada defines recovery as living a satisfying, hopeful, and meaningful life, even when there are ongoing limitations caused by mental health issues. With the right combination of services and supports, many people who are living with even the most severe mental illnesses can experience significant improvements in their quality of life.

Recovery does not imply a “cure.” Yes, the full remission of symptoms may be possible for some. But for others, mental health issues should be thought of in the same way as diabetes or other chronic health problems – something that has to be managed over the course of your life but does not prevent you from leading a happy, fulfilling life.

AT ITS CORE, THE CONCEPT OF RECOVERY IS ABOUT HOPE, EMPOWERMENT, SELF-DETERMINATION, AND RESPONSIBILITY.

Good mental health and wellbeing are important for all of us – no matter our age and whether or not we experience mental health issues. The principles of recovery apply to everybody. With children and youth, for example, a key focus should be on becoming resilient and attaining the best mental health possible as they grow. For seniors, it’s about addressing the additional challenges that come with aging.



“I ALWAYS THOUGHT BEING MENTALLY ILL MADE ME A BAD PERSON, EVEN BROKEN, BUT WHEN I REACHED RECOVERY I WAS ABLE TO SEE EVERYTHING THAT MY ILLNESS TAUGHT ME: COMPASSION, EMPATHY, APPRECIATION, AND RESILIENCY. WHEN I LEARNED TO LIVE AND THRIVE WITH IT, I REALIZED IT MADE ME A BETTER AND STRONGER PERSON IN THE END.” - NANCY S.

Our goal in doing this work was simple. We wanted to bring to life a document that is accessible to everyone, including youth, with the hope of sparking the minds of Canadians to want to be a part of changing the mental health policy landscape.

“THE YOUTH PERSPECTIVE ENRICHES THE WORK OF MHCC AND OTHER MENTAL HEALTH GROUPS. BECAUSE THERE ARE GAPS IN SERVICE PROVISION AND PROMOTION, THERE NEEDS TO BE MORE YOUTH LEADERSHIP, COORDINATION, EVIDENCE-INFORMED STRATEGIES, AND PARTICIPATION IN THESE SERVICES. YOUTH WITH LIVED EXPERIENCE NEED TO BE ENCOURAGED TO SPEAK OUT MORE ON VARIOUS ISSUES TO INSPIRE AND GIVE DIRECTION FOR BETTER CHANGE.” - DON M.





STRATEGIC DIRECTION 1



ENCOURAGE LIFELONG MENTAL HEALTH IN ALL SOCIAL ENVIRONMENTS WHERE PEOPLE LIVE OR SPEND TIME AND PREVENT MENTAL HEALTH ISSUES AND SUICIDE WHEREVER POSSIBLE.

Mental health issues can have many causes, ranging from the biological (such as chemical changes in the body) to the environmental (such as stressful life events). No one can predict for sure who will experience them and who won't. What we do know is that efforts to promote mental health, and to treat and prevent mental health issues and suicide, are more successful when they do the following:

KNOW WHO TO REACH



Prevention efforts work better when they're designed for one specific group - for example, people with the same age or from the same community.

STRENGTHEN PROTECTIVE FACTORS & REDUCE RISK FACTORS



When people live in a healthy and supportive environment, they tend to have better mental health and less risk of mental illness.

SET CLEAR GOALS



Knowing in advance what the goals are helps to measure success down the road.

GIVE COMMUNITIES WHAT THEY NEED TO TAKE ACTION



Communities have the potential to take care of people – as long as they have the right tools and enough resources.

PLAN FOR THE LONG-TERM



The best initiatives are those that last a long time, giving them more of a chance to be effective.

We all have a part to play in improving mental health. It isn't just something for therapists and clinics to deal with. Mental health must be addressed anywhere people spend their time – including home, school, and work.

KEY WORDS

Risk factor: Anything that makes a person more likely to suffer from mental health issues.

Protective factor: Anything that helps a person to keep their mental health.

Stigma: Negative attitudes and behaviours that make people with mental health issues feel judged and ashamed.

Ageism: Being prejudiced against someone because of their age – old or young.

Contact-based education: Meeting people who have experienced mental health issues and are willing to share their stories of recovery.

The Mental Health Strategy for Canada in Action

The TAMI (Talking About Mental Illness) Coalition's *Stomping Out Stigma* campaign in Durham, Ontario has been called a "best-in-class" example of mental health awareness and prevention for middle and high school students. It uses contact-based education to decrease stigma about mental health issues and promote help seeking. Speakers with lived experience go into schools giving teachers and students the opportunity to meet and interact with real people who have experienced mental health challenges. The program's website has helpful links for students, parents, and teachers, with separate curriculum-based teaching guides and toolkits specifically for middle school (Grades 7 and 8) and high school students. <http://tamidurham.ca/>

PRIORITIES

(1.1) HELP PEOPLE UNDERSTAND HOW TO ENCOURAGE MENTAL HEALTH, REDUCE STIGMA, AND PREVENT MENTAL HEALTH ISSUES AND SUICIDE.

Being mentally healthy helps us to do better at school, make a good living, and be physically well.

As youth, we have a unique opportunity to be young leaders – lend a hand, make a point to connect with others, take part in group recreation when possible. In our various communities, having access to programs that foster better mental health is a must.

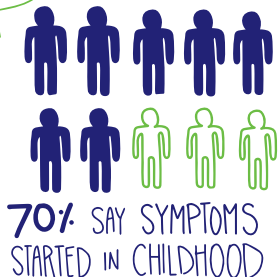
Many people with mental health issues experience stigma.

One of the best ways to break down stigma is through contact-based education.

It's important that people get support as soon as possible when experiencing mental health issues. We all need to be educated to be able to recognize symptoms of mental health issues in ourselves and others. For youth, for example, it's especially important that front-line workers have this expertise because people like teachers, coaches, and community workers are the ones young people usually turn to first.



“DURING THE PROCESS OF MY RECOVERY, I HAVE COME TO REALIZE THAT WE HAVE A RESPONSIBILITY AS INDIVIDUALS, COMMUNITIES, AND LEADERS WITHIN COMMUNITIES TO ADVOCATE FOR THE PREVENTION, PROMOTION, AND ACCESS TO QUALITY MENTAL HEALTH SERVICES FOR CHILDREN, YOUTH, AND ALL CANADIANS. TOGETHER, THROUGH THE STRENGTH OF OUR DIVERSITY (AS CANADIANS), WE CAN CREATE A DIALOGUE THAT IS NECESSARY TO FOSTER COLLABORATION AND INNOVATION FOR TANGIBLE, IMPACTFUL CHANGES IN MENTAL HEALTH.” - KRISTEN Z.



(1.2) HELP FAMILIES, CAREGIVERS, SCHOOLS, POST-SECONDARY INSTITUTIONS, AND COMMUNITY ORGANIZATIONS ENCOURAGE CHILD AND YOUTH MENTAL HEALTH AND INTERVENE EARLY WHEN SIGNS FIRST EMERGE.

70 per cent of young adults with mental illnesses report that their symptoms first started in childhood. It's kind of a no-brainer that encouraging good mental health early in life is important.

The best places to reach youth are at home, school, community centres and in the places where youth work.

We should have programs that take a very broad approach to mental health and more targeted programs that specifically address children and youth who have a high risk of mental health issues –due to poverty, family violence, or a parent having a mental health or substance use problem.

The Mental Health Strategy for Canada in Action

The Thunder Bay Youth Suicide Prevention Task Force (TBYSPTF) is made up of 30 organizations working together to address the issues of youth suicide. Their goals are to increase awareness of issues related to youth suicide, to work collaboratively to prevent suicides in our community, and to mobilize services to respond quickly to a youth suicide or other tragic event. The Task Force has run public health campaigns for teachers, coaches, and parents, with posters and quick-reference cards about spotting early warning signs of mental illness plus tips on what to say and where to get help. Check out their web site at <http://www.heresthedeal.ca>



(1.3) CREATE MENTALLY HEALTHY WORKPLACES.

Just as mentally healthy schools are important for children and youth, mentally healthy workplaces have a significant influence on the mental health of everyone who spends time at work. We need to make sure workplaces influence in a positive and not a negative way, otherwise they can also contribute to the development of mental health issues like depression and anxiety.

To encourage good mental health and fight stigma, workplaces need to:

- > Have strong leaders and managers willing to make change happen and to play their part in stopping bullying and harassment.
- > Implement management training, employee assistance, and promotion and prevention programs.
- > Encourage a positive work-life balance.
- > Support recovery for employees living with mental health issues.



MENTALLY HEALTHY WORKPLACES

The Mental Health Strategy for Canada in Action

National Standard of Canada for Psychological Health and Safety in the Workplace

Championed by the Mental Health Commission of Canada, and developed by the Canadian Standards Association and the Bureau de normalisation du Québec, the Standard is a voluntary set of guidelines, tools and resources focused on promoting employees' psychological health and preventing psychological harm due to workplace factors.

(1.4) ENCOURAGE GOOD MENTAL HEALTH IN SENIORS.

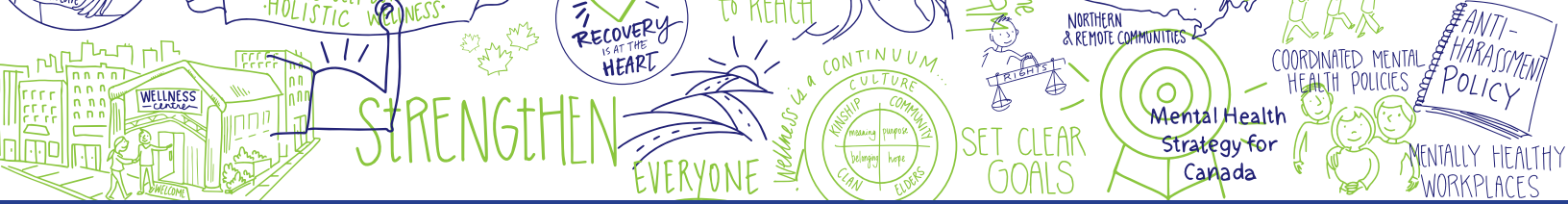
Many of you can probably remember a time when you or someone you know has been stereotyped or discriminated against because of their age (ageism). This can affect people at all stages of life.



Take depression for example. Many people don't take depression later in life seriously (including seniors themselves) because they think it goes hand in hand with the aging process. If we want to stop stereotypical attitudes based on age, we need to challenge the idea that mental illness is just a normal part of aging. We need to better understand the difference between age and illness.



A range of efforts is needed to help promote physical and mental wellness in seniors and to prevent mental illness, dementia, and suicide wherever possible.



STRATEGIC DIRECTION 2

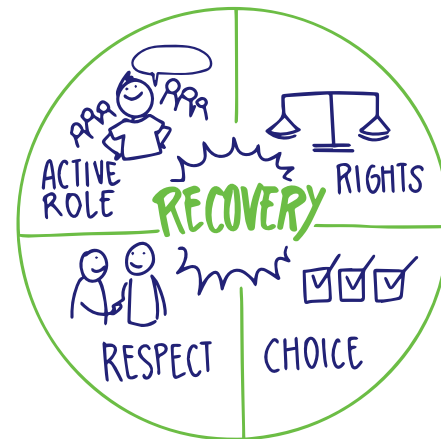
FOCUS THE MENTAL HEALTH SYSTEM ON RECOVERY AND WELLBEING FOR PEOPLE OF ALL AGES AND PROTECT THE RIGHTS OF PEOPLE WITH MENTAL HEALTH ISSUES.

Recovery is an important concept in mental health, but it is not always well understood. When a mental health system is focused on recovery, it helps those with mental health issues to live satisfying, hopeful, and meaningful lives (as defined by each individual person).

Recovery and wellbeing are for everyone – people living with mental health issues, their families and communities, and the country as a whole. In 2006, the *Out of the Shadows at Last* report¹ said recovery should be “at the centre of mental health reform” in Canada. But even today, our mental health system is still not focused enough on the full range of services, treatments, and supports that promote recovery and wellbeing. That means there’s still a lot of work to be done.

To truly put recovery at the centre of the system, we need to make sure that:

- > People with lived experience are able to play an active role alongside mental health professionals.
- > The rights of people with mental health issues are protected.
- > People with mental health issues are treated with respect in every setting and situation.
- > People can choose the service, treatment, and support options that work for them.



KEY WORDS

Recovery: The process through which a person is able to live a satisfying, hopeful, and meaningful life (as defined by that individual), even when there are ongoing limitations caused by mental health issues.

Wellbeing: The physical and emotional state that comes from living a balanced, fulfilling life. Wellbeing can mean different things to different people and can even change depending on where a person is in his or her recovery journey.

The Mental Health Strategy for Canada in Action

Student-athletes can face incredible pressure to perform in sport and in the classroom and, like many youth, they can also be reluctant to talk about their mental health. The Student-Athlete Mental Health Initiative (SAMHI) was created to protect and promote the mental health of student-athletes and to support those struggling with mental illness. Because one of the keys to recovery is opening up and realizing other people have been through the same journey, a highlight of SAMHI’s work is the “SAMHI Champion Series.” Student-athletes are invited to write about their real-life experiences with recovery and mental illness on the blog so others can learn from their challenges and victories. The blog also provides links to help connect student-athletes with counselling resources and other mental health services.

<http://www.samhi.ca>



“WHEN YOU RECOGNIZE THE IMPORTANCE OF YOUR MENTAL HEALTH, YOU CAN DETERMINE THE BEST ROUTE TO ATTAINING GOOD MENTAL HEALTH. FOR ME, THIS INCLUDED HOSPITALIZATION AND SEEING A THERAPIST. FOR OTHERS, THIS MIGHT INVOLVE PHYSICAL ACTIVITY OR MEDICATIONS. WE CAN GET TO THE SAME DESTINATION BY TAKING DIFFERENT ROUTES.” – DUSTIN G.

¹ The *Out of the Shadows at Last* report, produced by the Senate of Canada in 2006, can be viewed online at: <http://www.parl.gc.ca/Content/SEN/Committee/391/soci/rep/rep02may06-e.htm>.

PRIORITIES

(2.1) PUT RECOVERY AND WELLBEING AT THE HEART OF MENTAL HEALTH POLICIES AND PRACTICES.

Canada's mental healthcare system needs to shift its focus to recovery and wellbeing. Guidelines, indicators, tools, standards, on-going training, and leadership are all essential pieces in creating this shift from the current policies and practices to recovery-oriented ones.

There also needs to be greater collaboration between those who provide services and those who use them. People living with mental health issues must be actively involved in developing and managing their own care plans.

Families and friends need information, resources, and supports to be partners in the recovery journey, while respecting people's right to keep things confidential. For youth, siblings and peer networks are often important members of the circle of care and those siblings and friends need supports and services themselves.



"RECOVERY IS A JOURNEY. THE ONLY THING I SEE ON THE MAP IS WHERE I AM TODAY AND THE DISTANCE FROM MY STARTING POINT. IT'S ALSO ABOUT GIVING MYSELF PERMISSION TO STRUGGLE – AND HAVING THE SUPPORT AND COPING RESOURCES TO GET THROUGH THAT STRUGGLE FOR A LITTLE LONGER EACH DAY." – ALLY C.



(2.2) ACTIVELY INVOLVE PEOPLE LIVING WITH MENTAL HEALTH ISSUES AND THEIR FAMILIES.

Anyone who has experienced or been close to someone affected by mental health issues has unique expertise and perspective that can help change the mental health system.

People with lived experience should be actively involved on boards and advisory bodies that make decisions about the system and welcomed into the mental health workforce – not just as peer support workers but at all levels within an organization. Who better to help guide the changes that need to be made to the system than individuals who have gone through the process themselves and know where the pitfalls lie?

The Mental Health Strategy for Canada in Action

Youth advocates are changing lives across Canada and around the world. Youth with lived experience can play a major role in the recovery process. Consider Kevin Breele, a Vancouver stand-up comic whose TED talk on depression has received more than three million views – highlighting how youth can give voice to their struggles with suicide in a way that resonates with others around the world. http://www.ted.com/talks/kevin_breele_confessions_of_a_depressed_comic



Convention on the Rights of Persons with Disabilities: Article 1 - Purpose

The purpose of the present Convention is to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity. Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

(2.3) RESPECT AND PROTECT THE RIGHTS OF PEOPLE LIVING WITH MENTAL HEALTH ISSUES.

Canada signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2010. The CRPD is a commitment to making sure our laws and regulations include and protect the human rights of all people with disabilities, including those with mental health issues.

What exactly do we mean?

Here's an example: When police are called in to respond to a mental health crisis, information about the incident may be recorded and then disclosed in police record checks, which can make it difficult for the person to get a job or travel outside the country. Some police agencies have already stopped this practice. Now we need to make sure they all do.

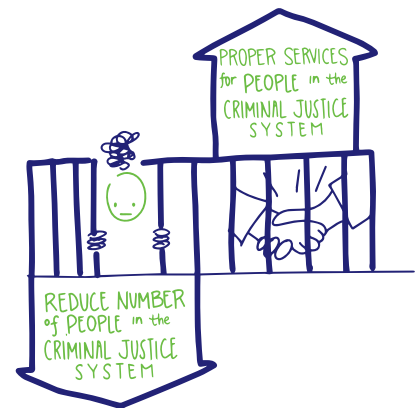
When mental health issues cause people to be potentially harmful to themselves or others, the CRPD says safety measures should be the least “intrusive” and “restrictive” possible. That is, any decision to restrain the individual, whether physically or through the use of medication, or to isolate them, should be evaluated in terms of his or her human rights. The caregiver needs to ask, “Are human rights being respected?”

(2.4) REDUCE THE NUMBER OF PEOPLE IN THE CRIMINAL JUSTICE SYSTEM LIVING WITH MENTAL HEALTH ISSUES AND PROVIDE PROPER SERVICES AND SUPPORTS TO PEOPLE ALREADY IN THE SYSTEM.

Most people living with mental health issues have no involvement with the criminal justice system. But those who do are “over-represented” – meaning there are more of them in the system than the general average. Where youth are concerned, it's hard to know exactly how common mental health issues are because many young people are not diagnosed until they leave jail and are placed in group homes or foster care.

Changing this trend will require:

- > A focus on prevention and early intervention, which can help keep youth out of the criminal justice system for their entire lives. How? By preventing mental health issues from developing and by providing help quickly when they do.
- > Adequate access to professional mental health services in correctional settings.
- > A “continuity” of services – from a person's first interaction with the justice system all the way through to when he or she returns to life in the community – that involves more than just a check-in with a parole officer.
- > More training and resources for police and corrections workers, teaching them how to interact with people living with mental health issues, including youth.



The Mental Health Strategy for Canada in Action

Putting mental health at the front lines of police response: The Mental Health Emergency Services Program run by Vancouver Coastal Health features a mobile response unit called Vancouver's Car 87 which pairs police officers with registered psychiatric nurses to provide onsite interventions for people experiencing mental health crises. The nurses and officers respond to calls together and then work as a team in assessing, managing, and deciding the most appropriate action. Similar steps are taken by Toronto's Mobile Crisis Intervention team, which has its own crisis line supported by crisis workers, specially trained police officers, and mental health nurses who provide secondary responses to calls for people in crisis.

<http://www.torontopolice.on.ca/community/mcit.php>



STRATEGIC DIRECTION 3

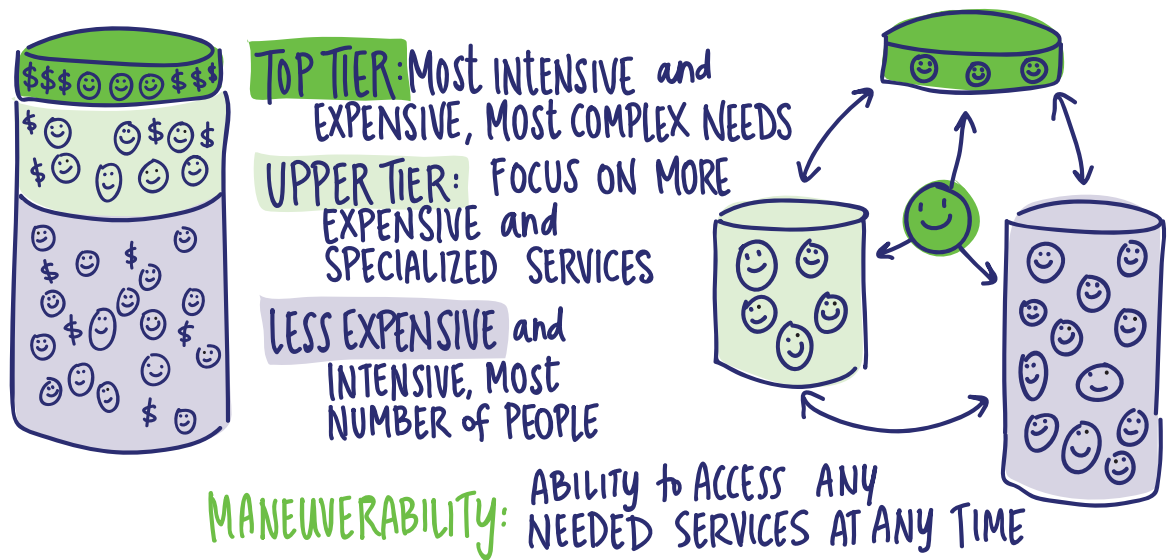
GIVE PEOPLE ACCESS TO THE RIGHT SERVICES, TREATMENTS, AND SUPPORTS WHEN AND WHERE THEY NEED THEM.

Everybody should be able to access the full range of mental health services, treatments, and supports. Yet for a lot of people, the mental health system often feels like a maze, one with lots of cracks that are easy to fall through.

Because each person's recovery journey is unique, there will never be a "one-size-fits-all" solution for mental health services. Still, there's much that can be done to ensure "every door is the right door" – meaning no matter where a person enters the system, they can get the care they need.

In order to improve the flow and efficiency of mental health services, it's helpful to think of the system in tiers (or as having levels). Each represents a cluster of services of similar intensity. In order for the system to function in a way that makes sense, access to all services should be available to everyone with no barriers to entry and exit.

THINKING IN TIERS



INTEGRATING AND COORDINATING

Doctors, teachers, police officers, and social workers should all work together with mental health service providers to help people along the journey to recovery – whether that means providing timely access to medication, affordable housing, professional counselling, or peer support.

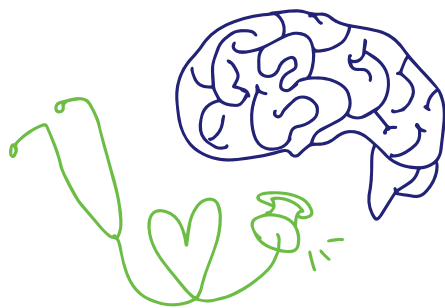
The Mental Health Strategy for Canada in Action

Combining the skills and experiences of a wide range of professionals is key to delivering effective services. This is especially true at the Nova Scotia Early Psychosis Program (NSEPP), a specialized, community-focused outpatient program for youth experiencing a first episode of psychosis. NSEPP involves a team of psychiatrists, nurses, occupational therapists, social workers, people with lived experience, and more, all working together to provide timely care in any form required. NSEPP also provides art therapy programs as well as follow-up services and continuity of care for up to five years – along with courses that encourage family members to become more involved in the recovery process. <http://earlypsychosis.medicine.dal.ca/>

PRIORITIES

(3.1) GIVE PRIMARY HEALTHCARE A LARGER ROLE IN MENTAL HEALTH.

Mental and physical health are deeply connected and people are more likely to talk to their family doctor about a mental health issue than any other healthcare provider. Fortunately, many of the same approaches primary healthcare providers



use to deal with chronic illnesses like heart disease and diabetes can be applied to mental health. These include working in multidisciplinary primary healthcare teams (that is, teams of people with different skills and training) and giving people the tools they need to better manage their own health.

Technology can also help in a big way. Electronic health records and video chats

are all making it easier for doctors to provide people with the information they need. New kinds of online and mobile services are also helping connect people to the care they need, with many of them designed specifically for youth.

What family doctors, nurses, and other healthcare professionals need now are stronger mental health skills and training as well as a clear recovery approach in their work – all shaped by input from people with lived experience.

YOUTH COUNCIL TIPS: GETTING THE MOST FROM YOUR DOCTOR APPOINTMENTS

A family doctor is often the first place people go with a mental health issue – but given the short amount of time you usually have with your doctor, it's important to be prepared. Here are some tips to make the most of your appointment.

- > **Don't be afraid to ask questions. It might help to write your questions down in advance so you don't forget any of them.**
- > **Don't be intimidated by the doctor and remember that you're allowed to bring a parent or friend into your appointment if it will help you feel more comfortable.**
- > **Keep in mind that medication is only one type of treatment option. Be sure to ask about all of the options that might be available to you.**
- > **Don't lose your voice. If you don't understand the doctor's technical jargon, be sure to ask for a simpler explanation.**
- > **Only you know what's going on inside your head. Be totally honest and explain things as clearly as possible; otherwise, your doctor will have a harder time helping you.**

KEY WORDS

Barriers: Anything that keeps people from accessing services or moving through the system in the way they want.

Primary Healthcare: Healthcare provided by family doctors, nurses, and other health professionals, often in collaborative teams.

Peer Support: People who have experience with mental health issues offering support, encouragement, and hope to each other when facing similar situations.

Recovery First: A recovery-oriented approach that focuses on providing permanent, independent housing and additional supports to homeless populations in order to end homelessness.

Mental Health Strategy for Canada in Action

Distance Treatment Service for Families, Nova Scotia

Strongest Families is a program developed by the IWK Health Centre in Halifax and now run by the Strongest Family Institute. This program helps parents and children in four Nova Scotia health districts, as well as in B.C., Alberta, and Ontario, to learn to deal with the challenge of common childhood behaviour and anxiety problems. Families receive handbooks and skill-demonstration videos and work through step-by-step modules at home, supported by telephone consultations with trained coaches. Research using randomized controlled trials found that Strongest Families was more effective than usual care services. The treatment drop-out rate was less than 10 per cent and children in the Strongest Families program were significantly less likely to still have a diagnosable illness after eight and twelve months. In addition, positive treatment effects were sustained at a one year follow-up and parents reported high satisfaction with the quality of services.

“MY RECOVERY BEGAN WHEN I WAS ABLE TO BE HONEST WITH MYSELF ABOUT WHAT WAS GOING ON AND TO BE ABLE TO VERBALIZE IT. IT WAS IMPORTANT TO IDENTIFY THAT THIS WAS REAL AND WAS NOT JUST ALL IN MY HEAD.” - VANESSA S.



(3.2) MAKE MENTAL HEALTH SERVICES MORE READILY AVAILABLE IN THE COMMUNITY FOR PEOPLE OF ALL AGES.

When mental health services and treatments aren't available in the community, people living with mental health issues can end up homeless, in jail, or constantly going to the emergency room for support. Unfortunately, many communities are stretched to the limit. Some no longer keep waiting lists for mental health services because it might give false hope to people in need that eventually their turn for support will come.

Everyone should have the same access to a full range of services and care, no matter how old they are, where they live, or their income level. If people can't afford to pay, they shouldn't be prevented from getting services like psychotherapy that are mostly not covered by provincial health plans. Children and youth stand to benefit the longest from



better access to services and better youth mental health means lower costs over the long-run for governments as well.

Community services must also be better coordinated so people can “navigate” between them easily as their needs change. One way to do this is to have people with mental health issues work with service providers on personal plans tailored to their individual recovery journey.



(3.3) GIVE PEOPLE LIVING WITH COMPLEX MENTAL HEALTH ISSUES BETTER ACCESS TO THE SPECIALIZED SERVICES AND TREATMENTS THEY NEED.

The mental health system must be able to meet everybody's needs, including those with complex mental health issues like schizophrenia and people with multiple diagnoses – for example, youth with both autism and anxiety.

In some cases, people with complex mental health issues need “acute” (short-term but intensive) hospital services. Others may require specialized, long-term services. There is a major need for better coordination between health, education, justice, and social services and for improved skills and knowledge among service providers.

Because of this poor coordination, youth with complex mental health issues often “fall through the cracks” as they age, losing access to services that may be unavailable or difficult to access in the adult system. They might also encounter gaps because their move to adult services is not properly organized.



Another barrier relates to the accessibility of medication, which is usually not covered by public insurance outside of hospitals. This is a problem especially for people transitioning back into the community, when uninterrupted access to medication is often critical. From the youth perspective, many are unable to afford their medications once they become adults.

Striking the right balance of intensive services in community and institutional settings requires “benchmarks” to guide planning. In other words, it’s about knowing what different people – children, youth, adults, seniors – require by way of care. It also requires everybody with a role to play – police, doctors, social workers, families – to contribute in a coordinated community-based support system.

The Mental Health Strategy for Canada in Action

MHCC Youth Transitioning to Adult Mental Health Services Project

Identifying gaps and best practices in the mental health system leads to better services and outcomes for all people living with mental illnesses. This project is an initiative of the MHCC launched to guide policy and practice that will improve how youth make the shift to adult mental health programs as they grow older.

(3.4) INCLUDE PEER SUPPORT AS AN ESSENTIAL PART OF MENTAL HEALTH SERVICES.

A peer is someone who has something in common with you, such as age, background, or qualifications.

Peer support works because people who have experience with mental health issues can offer encouragement and hope to each other – often reducing hospitalization, providing social support, and improving quality of life. It can also connect families experiencing similar situations, helping them better understand the mental health system and improving their ability to take care of their loved one’s needs.

Despite its effectiveness, peer support gets very limited funding. Continuing to develop standards and guidelines will help make peer support more credible and seen as a key part of the mental health system. Because peers have such a significant influence on youth, the contributions of younger peer support workers, including high school students, must also be taken more seriously.

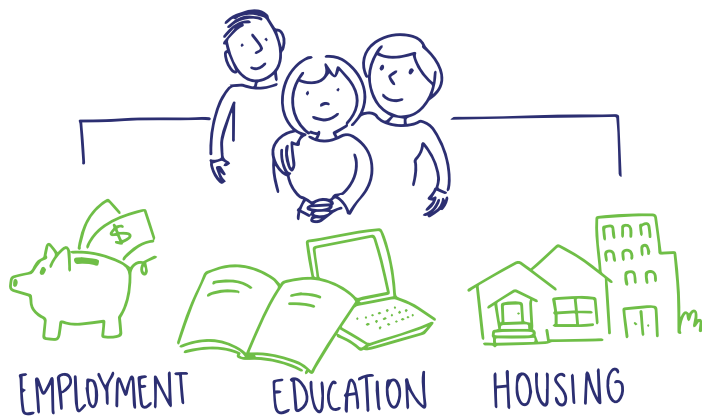


The Mental Health Strategy for Canada in Action

Guidelines for the Practice and Training of Peer Support

Published in 2013, the guidelines were created to provide direction to policy makers, decision makers, program leaders, and the public about the practice of peer support and to help enhance the credibility of peer support as an essential component of a transformed mental health system. The guidelines focus on a structured form of peer support that fosters recovery. Peer support workers from across the ten provinces and three territories came together to develop the guidelines in conjunction with the MHCC.

(3.5) GIVE PEOPLE LIVING WITH MENTAL HEALTH ISSUES AND THEIR FAMILIES AND CAREGIVERS BETTER ACCESS TO HOUSING, EMPLOYMENT, AND EDUCATION.



Recovery isn't just about having access to mental health care. It's also about having a place in a supportive community with everything a person needs to ensure their wellbeing.

At least 100,000 people living with mental health issues and their families will need access to affordable, adequate housing and related supports over the next ten years, with options that suit each family's needs.

Specific initiatives are also needed to assist people who are homeless and have mental health issues. For example, housing first programs provide housing and other recovery-oriented supports without requiring

people to accept treatment as a condition of housing. From a youth perspective, these and other models should be further explored to prevent long-term homelessness in youth specifically.

Action is needed on other fronts, too. Today, people with serious mental health issues have high rates of unemployment and often lack opportunities to develop their talents. Barriers that keep people out of the workforce must be removed. At the same time, supports that help them obtain employment should be increased.

Canada also needs to improve the ways it handles disability benefits. The current system often discourages people from returning to work, taking away benefits – such as medication coverage – when they try to do so. Youth often find it quite difficult to access disability benefits because they don't know how to navigate the system or even where to begin. Many simply give up trying, putting themselves at financial risk.

Caregivers, including relatives and friends, who provide unpaid care for a person living with mental health issues can also be held back from participating in the workforce. An estimated 27 per cent of caregivers lost income because of the time they spent caring for a family member. For youth, providing care to a sibling, parent, or partner not only makes it difficult to hold down a job, but it can also take away time from their studies. Caregivers need access to financial supports like tax credits and caregiver allowances, as well as the support of school and workplace policies like caregiver leaves and flexible hours to help ease their burden.



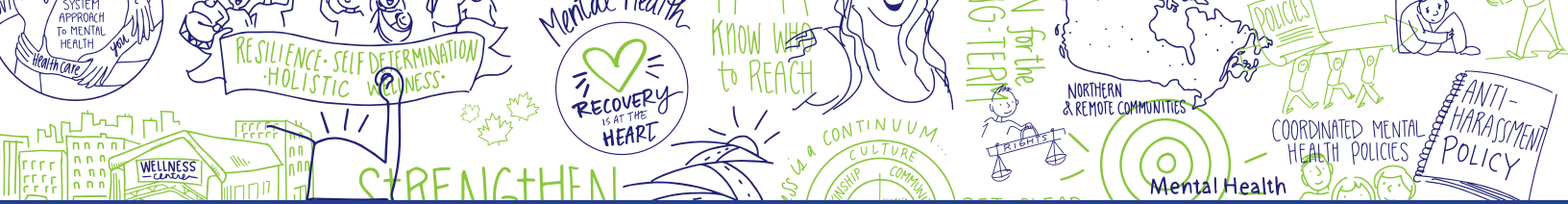
"MY MENTAL HEALTH IS ABOUT BALANCE BETWEEN MY RELATIONSHIP WITH OTHERS AND MY RELATIONSHIP WITH MYSELF. IT'S ABOUT BEING ABLE TO EXPERIENCE A BROAD RANGE OF EMOTIONS AND STILL BEING ABLE TO KEEP MY INDEPENDENCE." - PATRICIA L.

The Mental Health Strategy for Canada in Action

In 2008, the Government of Canada allocated \$110 million to the MHCC to undertake a research demonstration project on mental health and homelessness. The result? [At Home/Chez Soi](#), a four-year project in five cities that aimed to provide practical, meaningful support to Canadians experiencing homelessness and mental health problems. In doing so, the MHCC is demonstrating, evaluating, and sharing knowledge about the effectiveness of the "housing first" approach, where people are provided with a place to live and then offered recovery-oriented services and supports that best meet their individual needs.

The Mental Health Strategy for Canada in Action

Halifax's Laing House is a youth-driven, community-based organization offering programs to help young people living with mental illnesses get the support they need. Its Employment Program, for example, helps with job searching, résumé writing and interview skills. Through its Independent Living Program, Laing House helps youth develop the skills to find and maintain safe, affordable housing, with workshops on apartment hunting, tenant rights and obligations, income assistance, and more. Other programs include Creative Arts, Healthy Living, Family Support Group, and Hospital and Community Outreach. <http://www.lainghouse.org/>



STRATEGIC DIRECTION 4

ENSURE EVERYONE HAS ACCESS TO APPROPRIATE MENTAL HEALTH SERVICES BASED ON THEIR NEEDS, ESPECIALLY IN DIVERSE AND REMOTE COMMUNITIES.

Income, location, race, education, and many other factors have a profound influence on our physical and mental wellbeing. In general, people with higher incomes, more education, and stronger relationships tend to be healthier than those who do not have such advantages.

Because of these “social determinants of health,” different people face unique realities and have different needs. Some groups in particular face more discrimination and stigma, or require better access to services and supports. These include:

- > Immigrants and refugees
- > Lesbian, gay, bisexual, transgender, two-spirit and queer (LGBTQ) communities
- > Faith groups
- > People with differing abilities
- > Those living in the North or in remote communities.

We need to recognize the strengths of diverse peoples. Because every community is different, the way services are delivered to each needs to be different. In fact, every *individual* is different – meaning that community-specific services should be tailored even further to provide a truly “person-centered approach” to mental health.

KEY WORDS

Social determinants of health: Factors like income, education, housing, etc., that affect opportunities for health and wellbeing.

Person-centered approach: Making sure any mental health service meets the specific needs of an individual instead of using a “one-size-fits-all” model.

Health equity: Ensuring that every person can access the healthcare programs and services they need.

Racialized groups: Group about whom others make assumptions based on race.



“MENTAL HEALTH IS MORE THAN THE ABSENCE OF MENTAL ILLNESS. IT MEANS STRIKING A BALANCE AMONG BEING EMOTIONALLY, MENTALLY, PHYSICALLY, AND SPIRITUALLY WELL. AND JUST AS FINGERPRINTS DIFFER FROM ONE PERSON TO ANOTHER, SO TOO DOES MENTAL HEALTH.”
- SIMRAN L.

The Mental Health Strategy for Canada in Action

The Positive Spaces Initiative (PSI) is a project of OCASI - Ontario Council of Agencies Serving Immigrants. PSI supports the immigrant- and refugee-serving sector in Ontario to work respectfully and effectively with LGBTQ+ (lesbian, gay, bisexual, trans, queer, intersex, asexual, etc.) newcomers. They provide consultations, four modules of online/offline training for service providers, a Positive Space Assessment Tool, and an online database of resources. PSI also participates in regional networks, partnerships, and special events around Ontario to connect LGBTQ+ newcomers, staff, volunteers, and community members. <http://www.positivespaces.ca>

PRIORITIES

(4.1) IMPROVE MENTAL HEALTH BY IMPROVING PEOPLE'S LIVING CONDITIONS.

Poverty, a lack of affordable housing, underemployment, and other factors all affect people's risk of developing mental health issues. Working towards better mental health goes hand in hand with working towards better living conditions. For example, mental health can be improved through anti-poverty initiatives, which are often collaborative efforts between public and private organizations and on-the-ground agencies.

Any new mental health policy or program should contribute to "health equity." A health equity approach makes sure that all individuals are able to get the same degree of benefits from a policy or program. Health equity is not about giving everyone the same level of services. It's about making sure that everyone can get the services they need.

To know if vulnerable groups such as LGBTTQ or homeless youth are treated equitably, we need to gather more data.

EQUALITY VS. EQUITY AND HEALTH EQUITY

Don't understand what we mean by health equity? Take a look at the picture below to get a better understanding of what equity is first.

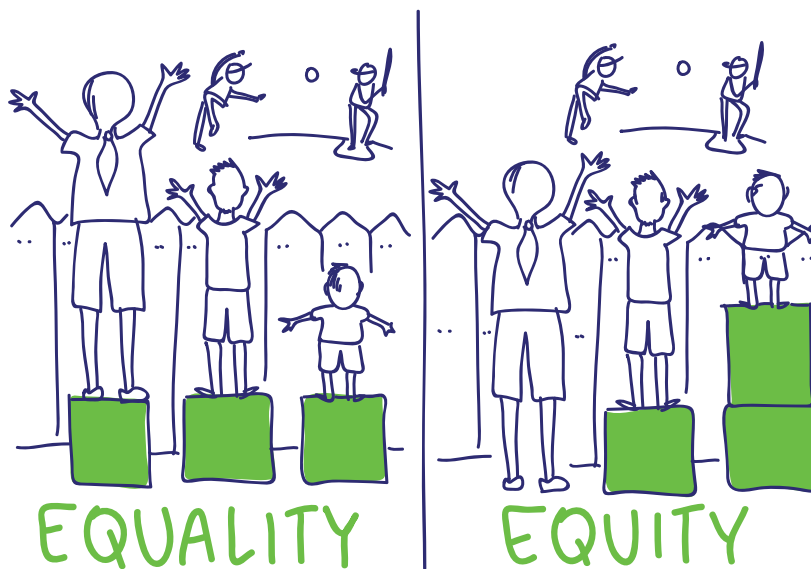


Image credit: United Way of Columbia-Willamette

The same idea applies to "health equity" – it is not enough that the government provides equality (sameness) in healthcare. There needs to be equity (fairness), meaning that barriers are removed that hinder people from diverse or remote communities from getting the same care as the rest of the population.

Examples of these barriers include language, religion, culture, living conditions, and more.

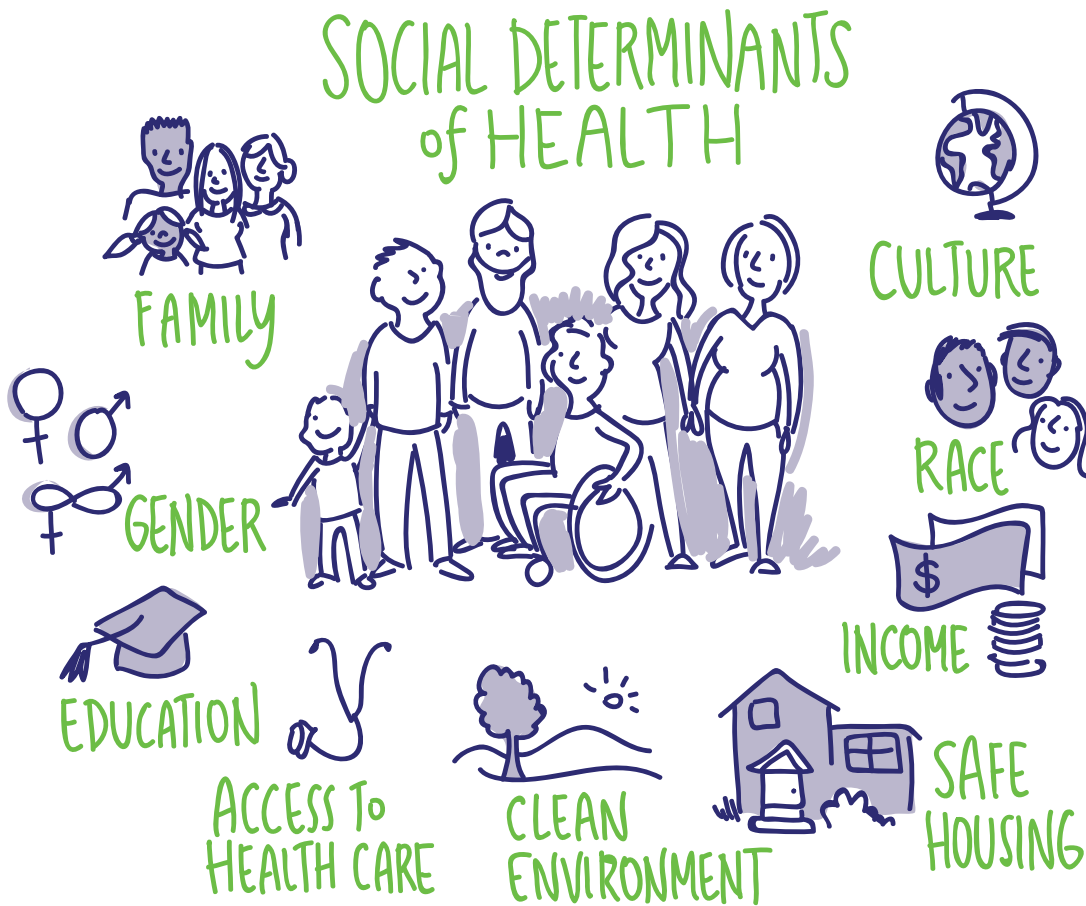
(4.2) IMPROVE MENTAL HEALTH SERVICES FOR IMMIGRANTS, REFUGEES, ETHNOCULTURAL, AND RACIALIZED GROUPS.



Different cultures often have unique ideas about mental health that can sometimes make it difficult to start the conversation about mental health issues. But, there are things we can do to make it easier.

Above all, stigma and stereotypes need to be eliminated. Mental health professionals must have access to training in how to deliver culturally safe and appropriate services and supports, so that their services are welcoming to people from all backgrounds. This is especially helpful for youth who may have to deal with family members who don't understand the mental health issues they face. These same youth may also feel that professionals are not understanding them or their culture. People need to feel as though they can get the help they need in a way that works for them. The value of traditional knowledge and practices for healing and recovery must also be considered.

To be fully effective, this will require more than just service provider familiarity with cultural diversity. Service providers must also acknowledge the influence that social inequalities can have on a person's wellbeing.



(4.3) TACKLE THE MENTAL HEALTH CHALLENGES FACED IN CANADA'S TERRITORIES AND IN NORTHERN AND REMOTE COMMUNITIES.

People living in Canada's territories and northern or remote communities have tremendous strengths. However, they also experience some of the toughest social challenges in the country, including overcrowded housing, poor access to clean water and affordable food, and high rates of suicide and disease. Services to address mental health needs are scarce or not offered at all. Some places receive doctor visits only a few times a year.

To meet the requirements of these communities, we have to attract skilled service providers such as doctors, nurses, and community support workers to live in Canada's territories or in northern or remote communities. We must also train local people to fill these roles.

Technology can help by overcoming the isolation of communities even when a service provider can't physically be there. Telehealth and online "e-health" services are both good options for reaching people remotely. Youth especially would be likely to take advantage of technology-based services. What's required is infrastructure, faster networks, and more reliable applications to make sure these kinds of services are readily available.

The Mental Health Strategy for Canada in Action Nunavut Kamatsiaqtut Help Line

Kamatsiaqtut means "thoughtful people who care" in Inuktitut. The Nunavut Kamatsiaqtut Help Line provides anonymous and confidential telephone counselling for Northerners in crisis. Trained volunteers are available 365 days a year and come from many different walks of life – and all of them are ready to provide a listening ear in English, French, or Inuktitut. 1-800-265-3333, <http://www.nunavuthelpline.ca>



(4.4) RESPOND BETTER TO THE MENTAL HEALTH NEEDS OF MINORITY FRANCOPHONE AND ANGLOPHONE COMMUNITIES.



People should have access to services and treatments in their language of preference to ensure that they are understood in a culturally relevant way. Yet francophones living outside of Quebec and anglophones living in Quebec can find it hard to access services in their first language, especially in smaller communities.

We need to encourage initiatives that improve access to information, services, treatments, and supports in a person's first language. This means launching programs to identify, recruit, and keep French-speaking mental health service providers in minority francophone communities and English-speaking providers in minority anglophone communities.

(4.5) MEET MENTAL HEALTH NEEDS RELATED TO GENDER AND SEXUAL ORIENTATION.

Men and women face different mental health risks at different stages of life. For example, while women are more likely to experience anxiety and depression, men are more likely to develop schizophrenia at a younger age.

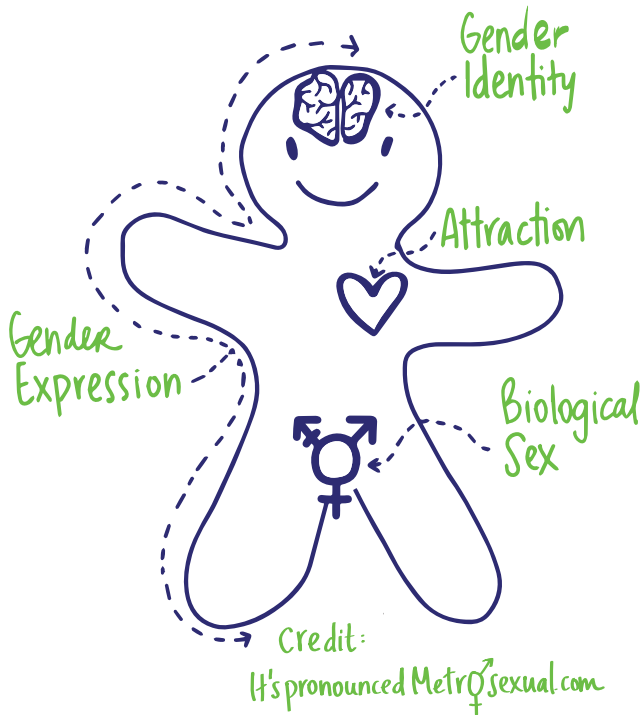
Our current system is especially difficult for trans-identified people, as our society looks at gender as a binary system (men/women) and not as a spectrum, which is inclusive of all peoples.

Sexuality and gender issues also affect a person's risk for mental illness. LGBTTQ youth, for example, may be bullied or assaulted. An accepting family and contact with other LGBTTQ youth can reduce risk for these young people; an unaccepting family and no peer contact can increase risk. Stereotypes of all kinds can affect the way LGBTTQ people living with mental health issues are treated by the mental health system.

Mental health service providers have to be careful not to stereotype or discriminate against LGBTTQ people. They also need to better understand the impact discrimination and stigma can have on an LGBTTQ person's mental health.



The Genderbread Person



Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.



Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.



Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.



Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

“AT TIMES I FORGET THE FACES OF ALL THOSE WHO HELPED ME ALONG THE WAY TO RECOVERY; IN THE NUMEROUS HOSPITALS, DOCTOR’S OFFICES, COUNSELLING OFFICES, AND PSYCHIATRIC PRACTICES. BUT I WILL NEVER FORGET THE FEELING OF BEING TREATED WITH KINDNESS, UNDERSTANDING, AND COMPASSION. WHEN I GET ON THE EDGE OF RELAPSING BACK INTO DEPRESSION AND SUICIDAL THOUGHTS, I REMEMBER THAT I AM NOT ALONE AND THAT I DO HAVE PEOPLE TO TALK TO.” – JACK S.





STRATEGIC DIRECTION 5

WORK WITH FIRST NATIONS, INUIT, AND MÉTIS TO MEET THEIR DISTINCT MENTAL HEALTH NEEDS, WHILE RESPECTING THEIR UNIQUE EXPERIENCES, RIGHTS, AND CULTURES.



This Strategic Direction highlights three distinct streams for First Nations, Inuit, and Métis, an approach that respects the important differences in the cultures and histories of each group. The three streams identify the unique needs of, and complex social issues affecting, First Nations, Inuit, and Métis, and also highlight a few common priorities regarding the mental health of all people.

Working with concepts such as resilience, self-determination, and holistic understandings of wellness, First Nations,

Inuit, and Métis cultures have much to contribute to the transformation of the mental health system in Canada. At the same time, the problems they often face are serious.

For example, although suicide is not a universal problem in First Nations, Inuit, and Métis communities, it is a significant challenge in many communities across Canada. First Nations youth die by suicide five to six times more often than non-Aboriginal youth. The suicide rates for Inuit are among the highest in the world, at 11 times the national average. For young Inuit men, those rates are 28 times higher. Less is known about suicide rates for Métis youth. Mental health and suicide need to be addressed together through the promotion of good mental health for all.

There is no “one-size-fits-all” answer, because every community has unique strengths and challenges. But we need to do something, especially about:

- > The harms caused by colonization, the residential school system, and other policies that kept First Nations, Inuit, and Métis parents from passing their culture and history on to their kids.
- > How hard it is for people in Canada’s territories and northern or remote areas to get mental health professionals to live and work in their communities.
- > How hard it is to access basic mental health services in Canada’s territories and northern or remote areas, which often results in having to travel outside of one’s own community for support.
- > The ongoing impact of racism, poverty, and other systemic issues on mental and physical wellbeing.

The Mental Health Strategy for Canada in Action

One of the keys to providing effective services to First Nations, Inuit, and Métis (FNIM) is to take an approach that involves all aspects of mental, physical, emotional, and spiritual health. In downtown Calgary, the Elbow River Healing Lodge provides a range of primary health care services such as health assessments and examinations, specialized services, advocacy for social supports, street outreach, and spiritual and cultural supports for FNIM people. An Adult Aboriginal Mental Health team is also on site and provides culturally appropriate mental health services (assessment, treatment, information, referral, and outreach). As part of a broader primary health care framework to ensure a culturally appropriate and respectful approach to health service delivery adaptable to individual and community needs, the clinic is implementing Integrated Primary Care Standards. These standards are based on a holistic model of care and treatment characterized by the integration of physical, emotional, spiritual, and mental components of health and wellbeing identified in First Nations, Inuit, and Métis cultures.



excerpted from HEALTH.afn.ca FIRST NATIONS MENTAL WELLNESS CONTINUUM MODEL (draft)

Kanatami, the Métis National Council, the Congress of Aboriginal Peoples, and the Native Women's Association of Canada.

KEY WORDS

Colonization: Settling among and setting up political control over the indigenous people of an area.

Residential schools: Church-run, government-funded boarding schools that separated Aboriginal children from their families to have them learn English, embrace Christianity and adopt Canadian customs. The first school opened in the 1840s; the last closed in 1996. Physical and sexual abuse were widespread.

Cultural safety: When services recognize Aboriginal experience, power imbalances between service providers and service users, and systemic issues such as racism and poverty.

PRIORITIES

(5.1) ADDRESS GAPS AND ENSURE GREATER COORDINATION BETWEEN MENTAL HEALTH AND ADDICTIONS SERVICES FOR AND BY FIRST NATIONS, INCLUDING TRADITIONAL, CULTURAL, AND MAINSTREAM APPROACHES.

For First Nations, wellbeing is about balancing spiritual, mental, emotional, and physical health. That way of life was nearly destroyed by residential schools and the child welfare system. Combined with poverty, poor housing, and a lack of educational opportunities, the history of trauma suffered by First Nations has led to high rates of mental health issues, substance use, suicide, and family violence in many communities.

First Nations also have a hard time accessing mental health services in all areas and regions of Canada, with rural and remote communities finding it especially difficult to recruit and keep healthcare workers.

To promote their own healing, First Nations are using traditional, cultural, and mainstream approaches, including recognizing the key role of Elders. At the same time, *all* mental health professionals who serve First Nations communities must be trained in culturally safe practices.

First Nations collectively continue to pursue self-determination and strive to strengthen their relationships with federal, provincial, and territorial governments. First Nations have long advocated for improved mental wellness services, but progress has been slow. To create more meaningful change, a continuum of services that is coordinated across jurisdictions is needed.



(5.2) ADDRESS GAPS AND ENSURE GREATER COORDINATION OF MENTAL HEALTH AND ADDICTIONS SERVICES FOR AND BY INUIT, INCLUDING TRADITIONAL, CULTURAL, AND CLINICAL APPROACHES.

Inuit define mental wellness as “self-esteem and personal dignity flowing from the presence of harmonious physical, emotional, mental and spiritual wellness, and cultural identity.”² Because their traditional way of life centres on working together to survive in the North, individual strengths – and those of the community – are very important. Inuit experienced colonization recently and rapidly; many who are now adults grew up living off the land year-round. Traumatic experiences, such as seeing children sent away to residential schools and being forcefully made to relocate communities, have disrupted Inuit culture and language, resulting in high levels of depression, suicide, and addiction.

²Alianait Inuit-Specific Mental Wellness Task Group (2007). *Alianait Mental Wellness Action Plan*. Ottawa: Inuit Tapiriit Kanatami. <https://www.itk.ca/publication/alianait-inuit-mental-wellness-action-plan>.

Inuit mental wellness has to promote resilience as well as productive, sustainable communities, based on traditional and cultural practices with the support of clinical approaches. Yet many Inuit have to travel outside their communities to receive even basic mental health services. More Inuit need education and training so they can provide services to their own people in their own language. Non-Inuit mental health workers also require more training in cultural safety so they can deliver services in a way that respects and understands Inuit culture.

Despite the challenges faced by Inuit communities, Inuit youth are working towards raising awareness about mental health. The Inuit Tapiriit Kanatami³ (ITK) National Inuit Youth Council, for example, is developing a strategy aimed at the following priority areas affecting Inuit youth in all areas of Canada: suicide prevention; health and substance use; culture and language; youth political involvement; youth facilities and resources; housing and poverty reduction; and education and research. These priority areas build on ITK's commitment to advancing Inuit knowledge in research and policy development within national and international contexts.

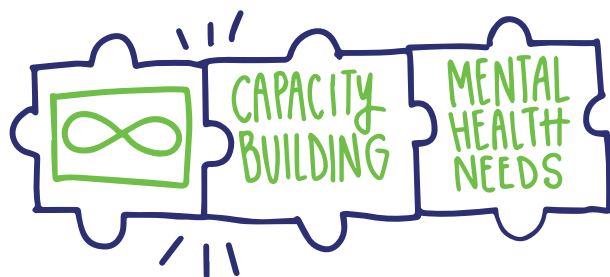


**The Mental Health Strategy for Canada in Action
Ilisagvik Family Resource Centre**

Located in Clyde River, Nunavut, this centre focuses on family healing and has a range of programs for people of all ages provided by Elders as well as family, addictions and youth counsellors. The centre's hip-hop program helps reduce self-harm and drug use among youth and is contributing to an overall decrease in crime rates and suicidal thoughts. Programs are also offered that integrate mainstream and traditional approaches to help youth learn and experience traditional ways of life. <http://ilisagvik.ca/>

(5.3) BUILD MÉTIS CAPACITY TO BETTER UNDERSTAND AND ADDRESS THEIR MENTAL HEALTH NEEDS.

The descendants of European fur traders and First Nations women, Métis people have a unique culture with their own traditions, language, and way of life. For a number of reasons – such as the aftermath of the Métis uprisings and the execution of Louis Riel – Métis people have tended not to acknowledge their ancestry openly. As well, it took until 1982 for the federal government to recognize Métis as one of the three distinct Aboriginal groups in Canada.



Even today, Métis have limited access to federally funded mental health and addictions programs. Instead, they continue to fall under provincial and territorial jurisdiction, resulting in gaps in the availability and quality of Métis-specific services.

More research is needed to understand how colonization has affected the mental health of Métis people. What we do know is that Métis people have many risk factors for mental health issues, including overcrowded housing, substance abuse, and family violence. Fortunately, Canadian courts are increasingly recognizing Métis rights – and more and more Métis are reconnecting with their culture and history, working together to improve their mental health and wellbeing.

**The Mental Health Strategy for Canada in Action
MCFCS High Risk/At Risk Support Program**

The Metis Child family and Community Services High Risk/At Risk Support Program focuses on helping Métis youth at risk because of gang involvement, addiction, violence, sexual exploitation, and mental health issues. Taking a culturally based approach, the program focuses on working with the youth's social workers, caregivers, and supportive circle to provide **stabilization, prevention, and safety oriented services and supports**. The program is relationship and strength-based and focuses on working closely with the youth and their supportive circle of caregivers, family, and peers to develop and implement strategies to reduce the youth's risk and enhance their potential. <http://www.metiscfs.mb.ca/index.php>

³Inuit Tapiriit Kanatami (ITK), formerly Inuit Tapirisat of Canada, is the national voice of 55,000 Inuit living in 53 communities across the Inuvialuit Settlement Region (Northwest Territories), Nunavut, Nunavik (Northern Quebec), and Nunatsiavut (Northern Labrador), land claims regions. More information here: <http://www.itk.ca>

(5.4) ADDRESS THE MENTAL HEALTH NEEDS OF FIRST NATIONS, INUIT, AND MÉTIS LIVING IN URBAN AND RURAL CENTRES AND THE COMPLEX SOCIAL ISSUES THAT AFFECT MENTAL HEALTH.

More than 50 per cent of First Nations, Inuit, and Métis live in urban and rural centres, with considerable movement to and from their home communities (typically these include First Nations reserves, remote Inuit communities, and smaller Métis communities). The reasons for moving from smaller communities to larger cities and towns might be better access to economic opportunities and employment, better access to health care, and the appeal of urban living. For many, this choice does lead to improvements in key protective factors of mental health, such as better access to education and employment.

Unfortunately, a significant number of First Nations, Inuit, and Métis continue to live in poverty. Even within larger urban centres, there are problems with access to services, such as long waiting lists, lack of transportation, as well as lack of awareness and understanding of the differences in cultures between service providers and those receiving services.

Efforts to address factors like poverty and inadequate housing in urban and rural centres have to be coordinated across all levels of government. Better support is also needed to deliver specialized mental health services that integrate traditional, cultural, and mainstream approaches. Finally, more research is required to deepen our understanding of the mental health issues faced by First Nations, Inuit, and Métis living in urban and rural settings so that we can develop more effective mental health and substance use strategies.

At the same time, there are complex social issues that affect the mental health of First Nations, Inuit, and Métis whether they reside in urban or rural centres, on First Nations reserves, in remote Inuit, or smaller Métis communities. Three priorities are addressed here:

- > **Violence against women and girls:** In some communities, up to 90 per cent of women are victims of violence. With the causes of violence including poverty, racism, and discrimination, services must focus on community and family healing.
- > **Over-representation in the child welfare system:** While First Nations, Inuit, and Métis children represent less than five per cent of all children in Canada, they make up between 30 and 40 per cent of those living in out-of-home care. Changing this requires First Nations, Inuit, and Métis families to be more involved in the processes affecting their children. Culturally based approaches also need to be built into all aspects of the child welfare system, with access to cultural activities and traditional teachings available whether the child is “in care” or adopted.
- > **Over-representation in the criminal justice system:** Greater access to culturally appropriate mental health services is still needed in Canada’s correctional centres. More focus must be placed on programs that help foster resiliency among youth to reduce their exposure to the criminal justice system in the first place.



“CULTURE WAS A HUGE PART OF MY ROAD TO RECOVERY. BEING ABLE TO TAKE PART IN CEREMONIES AND STAY CONNECTED TO MY COMMUNITY ALONG WITH GOING TO THERAPY FOR MY DEPRESSION, HELPED TO CREATE A FEELING OF BELONGING WHILE IN RECOVERY. MY FAMILY AND COMMUNITY WERE VITAL IN HELPING ME CREATE A HOLISTIC EXPERIENCE OF THERAPY THAT RESPECTED MY NEED FOR MY CULTURE.” - JACK S.



STRATEGIC DIRECTION 6

INSPIRE LEADERSHIP, SHARE KNOWLEDGE, AND ENCOURAGE COLLABORATION AT ALL LEVELS.

Mental health is getting more public attention in Canada than ever before, from media, governments, and individuals all across the country.

We need to turn that attention into shared, collaborative action across all levels of government and throughout the volunteer and private sectors. An approach like this will help bring consistency to the ways mental health issues are handled and ensure people don't fall through the cracks.



To make this integrated, coordinated approach to mental health a reality, we must:

- > **SHARE:** find better ways to share mental health information and best practices.
- > **RESEARCH:** encourage more research so that we can learn what really works to improve mental health and wellbeing.
- > **GUIDE:** develop guidelines that will turn knowledge and evidence into action.
- > **COLLABORATE:** increase collaborations with the addictions system since we know that drugs are a common coping mechanism for people with mental health issues.
- > **EQUIP:** communities and organizations need to have the right tools, skills, and resources available to meet people's needs and to adapt to new standards as they come into place.
- > **LEAD:** give people with lived experience an opportunity to provide leadership within the mental health system.

KEY WORDS

Knowledge exchange:

Gathering the best knowledge available and making it universally accessible so it can be acted on.

Knowledge translation:

Turning knowledge into action.

The Mental Health Strategy for Canada in Action

Good things happen when young people with lived experience have the chance to be leaders. Ottawa's Youth Net/Réseau Ado is a bilingual adolescent mental health program that works from a strong youth engagement philosophy. As they say, "We are a, for youth, by youth organization." Based within the Children's Hospital of Eastern Ontario (CHEO), Youth Net's goal is to promote balanced mental health while decreasing the stigma that surrounds mental illness and its treatment. They offer programs and services which focus on suicide prevention and intervention, mental health education, research, and advocacy. Web: <http://www.youthnet.on.ca> Facebook: <https://www.facebook.com/YNRAOttawa> Twitter: @cheoyouthnet

PRIORITIES

(6.1) COORDINATE MENTAL HEALTH POLICIES ACROSS GOVERNMENTS AND SECTORS.



For best results, mental health policies need to be coordinated – across government, in child and youth services, throughout the housing and criminal justice systems, in workplace health and safety – so that the various promotion, prevention, and treatment approaches work well together. Where First Nations, Inuit, and Métis mental health policy is discussed, it is essential that they be fully represented.

Volunteer organizations can help bring frontline experience into the mix. There are voluntary organizations for service providers, families, various health professions, specific illnesses, and for people living with mental health issues. Collaboration among the volunteer organizations helps build shared understanding, which makes stronger action possible.

Above all, clear leadership has to come from the highest levels of government. In Canada, that includes the prime minister and provincial and territorial premiers.

The Mental Health Strategy for Canada in Action Whole-of-Government Approach to Healthy Children, Manitoba

Established in 2000 by the Premier and under the leadership of the Healthy Child Committee of Cabinet, Healthy Child Manitoba (HCM) is a strategy to improve outcomes for children across the province by coordinating and integrating policies and programs across government ministries. HCM has implemented evidence-based programs for parents and children that have been shown to contribute to long-term improvement in health outcomes, such as the Families First Home Visiting Program, the Triple P – Positive Parenting Program, Roots of Empathy, and PAX Good Behaviour Game. According to an HCM study, the implementation of Roots of Empathy in Manitoba has yielded promising reductions in violent behaviour among children. HCM also collects data on early childhood development to assist its network of Parent-Child Centred Coalitions in fostering local community initiatives. Legislation requires that a report on the status of Manitoba's children and youth be completed every 5 years.

(6.2) IMPROVE MENTAL HEALTH RESEARCH AND KNOWLEDGE SHARING ACROSS CANADA.

Canada has come a long way in gathering evidence to drive change in the mental health system. But we still have much further to go in being able to use this knowledge to measure progress and improve outcomes for people.

Compared to other areas of research – and considering how big an impact mental health issues have – mental health research is seriously underfunded in Canada. We need a clear, committed research agenda that will explore questions such as:

- > What can we learn from the experiences of people living with mental health issues?
- > How can we improve the transition from child and youth to adult mental health and addiction services?
- > What are best practices for school-based mental health promotion?
- > What can we learn from the traditional knowledge and customs of various cultures?
- > What are the best ways to organize services and resources so they support people of all ages and backgrounds on their journey toward recovery?

We also need better ways to track how the mental health system is performing and a way to monitor trends over the long term. With better knowledge exchange, we can be faster about “knowledge translation” – that is, turning research findings into policy and practice. Developing in-depth guidelines and standards will also help improve the quality of mental health services and better meet the needs of specific populations.

The Mental Health Strategy for Canada in Action

This report is an innovative example of knowledge exchange with youth, for youth. By providing a youth perspective on the Strategy, members of the MHCC's Youth Council are equipping themselves to be leaders in mental health policy and helping other youth across the country to have an informed say in mental health policy issues that affect them now and in the future.

(6.3) STRENGTHEN MENTAL HEALTH HUMAN RESOURCES.

One of the keys to an effective mental health system is ensuring the right people with the right skills are in the right places. Where youth are concerned, the “right people” are those who can deliver culturally safe mental health services that are person-centered and relevant to, and appropriate for, youth.

Addressing the gaps related to mental health human resources will require us to:

- > Establish a cross-country approach to workforce training and development to ensure consistency in mental health approaches.
- > Embed recovery principles into workforce training and development.
- > Create opportunities for people living with mental health issues to participate in the mental health workforce.
- > Increase the number of peer support workers across Canada.

**“THE YOUTH COUNCIL
ALLOWS US TO EXPRESS
OUR UNIQUE VIEW ON THE
SUBJECT OF MENTAL HEALTH.
WE ALL HAVE DIFFERENT
PERSPECTIVES AND
EXPERIENCES BUT SHARE ONE
COMMON GOAL: CREATING A
MORE ACCESSIBLE, EFFICIENT,
AND INCLUSIVE MENTAL
HEALTH SYSTEM.”**
- KATIE R.



(6.4) ENSURE PEOPLE LIVING WITH MENTAL HEALTH ISSUES HAVE A LEADERSHIP ROLE IN SETTING MENTAL HEALTH POLICY.

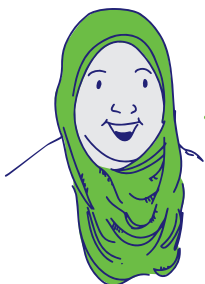
Around the world, people living with mental health issues (and their families, friends, and support circles) are helping transform mental health policies and promote recovery.

Strong leaders with lived experience, working within strong organizations, will not only contribute to the transformation of service delivery, planning, and administration, but will also help to end stigma and discrimination. Youth have an important voice to bring to the conversation – they just need more opportunities to make that voice heard.

The Mental Health Strategy for Canada in Action

Supporting today's youth leaders is incredibly important and so is identifying who the leaders of tomorrow will be. The New Mentality, a program of Children's Mental Health Ontario (CMHO), hosts an annual summer leadership camp called Disable the Label. Youth and adult allies come together from youth mental health agencies across Ontario to brainstorm ideas and get training in leadership and facilitation. These youth then return to their communities to implement projects that raise awareness of mental health and reduce stigma. <http://thenewmentality.ca/>

**“AS A GROUP, YOUTH ARE
TOO OFTEN EXCLUDED FROM
PROVIDING VALUE OR INPUT
INTO THE DECISION-MAKING
PROCESS. THE YOUTH COUNCIL
PROVIDES A FORUM FOR THE
YOUTH VOICE TO BE ENGAGED
IN MENTAL HEALTH ADVOCACY
AND POLICY-MAKING ON A
NATIONAL SCALE.”**
- AMANEE E.



The Mental Health Strategy for Canada in Action

St Joseph's Healthcare Youth Wellness Centre in Hamilton, Ontario focuses on youth experiencing signs of mental health and/or addiction difficulties for the first time and youth who need support moving from child and youth mental health and addiction services to adult mental health and addiction services. This program helps to:

- Raise awareness of mental health and addiction issues through education and outreach in the community, especially schools.
- Assess the symptoms and needs of youth and the areas of life affected by their difficulties, in order to provide the right kind of support as quickly as possible.
- Offer a thorough assessment for youth experiencing signs of mental illness and/or addiction for the first time and working with youth and their families on a plan for recovery.
- Provide transition support and system navigation to youth who are moving into the adult mental health and addiction system.

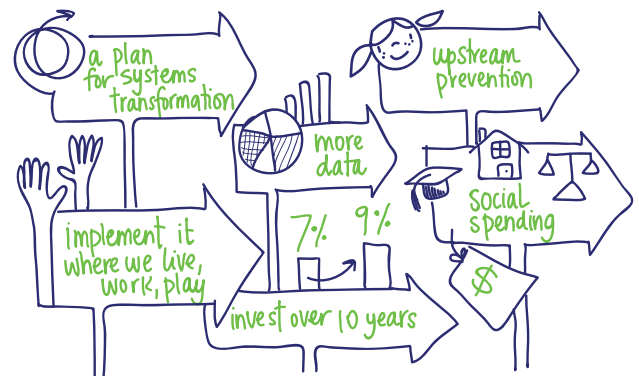
<http://www.stjoes.ca/hospital-services/mental-health-addiction-services/mental-health-services/youth-wellness-centre>

The Mental Health Strategy for Canada: A Youth Perspective is intended to accompany the original Strategy, written in 2012. The MHCC's Youth Council hopes that this new version inspires others – especially youth – to become more informed about mental health policy discussions in Canada, and more involved in changing perceptions of mental health and wellbeing. If this document inspires you, we encourage you to read the full *Mental Health Strategy for Canada* and think about how its contents can also help shape future discussions in your work.

It will take time to implement the many recommendations found in the *Mental Health Strategy for Canada*. Each Canadian provincial and territorial government sets its own priorities. Provincial, territorial, or local governments may find some recommendations more useful than others at any particular time, and there is no one way for people to use the Strategy to impact policy or practice. That is what makes the Strategy so important; it is a blueprint for change. However, to change the system, we need people, organizations, and governments to champion and implement its recommendations where they live, work, and play.

While everyone has a role in the implementation of the recommendations found in the Strategy, governments at all levels have a particularly important responsibility. They have to invest more, and more efficiently, in mental health.

Now is the time to invest more in mental health. Studies suggest that the full economic impact of mental health problems and illnesses in Canada is between \$48.5⁴ and \$51 billion per year.⁵ No studies to date have been able to measure the costs of mental illness on the criminal justice system, on the education system, the costs borne by family caregivers, or the cost of poor health to people who have not experienced the symptoms of illness. Nevertheless, the total costs of mental health problems and illnesses to the Canadian economy are enormous and very likely to increase unless action is taken soon.



Up to seventy percent of mental health problems and illnesses begin in childhood or adolescence and as many as three in four children and youth with mental health problems and illnesses do not access services and treatments. Children who experience mental issues are at much higher risk of experiencing them as adults and are also more likely to have other complicating health and social problems. These numbers are alarming because the lifetime economic cost of childhood mental health problems and illnesses is enormous – roughly \$200 billion in Canada.⁶

There are many things that can be done to make better use of the resources already being invested in the mental health system. For example, improving a child's mental health has been found to result in a lifetime savings of \$140,000.⁷ Improved access to peer support, housing, and community-based services can increase one's quality of life and help to keep people living with mental health problems and illnesses out of hospitals and out of the criminal justice system.⁸

The Strategy calls for Canada to increase the amount spent on mental health from seven to nine per cent of health spending over ten years. This investment should be accompanied with a system transformation guided by the recommendations in the Strategy. We all have a shared role in advocating for greater and more efficient mental health resources.

Mental health is not just a health issue, and any system transformation also benefits from better investment in social spending. **This would mean, for example, increasing the amount spent on mental health by two per cent within the education system, housing programs, and the criminal justice system.**

⁴ Smith, P., Stiff, D., Briante, C., Adair, C., Ahmed, S., & Khan, M. (2011). *The life and economic impact of major mental illnesses in Canada: 2011 to 2041*. Risk Analytica, on behalf of the Mental Health Commission of Canada.

⁵ Lim, K., Jacobs, P., Ohinmaa, A., Schopflocher, D. & Dewa, C.S. (2008). A new population-based measure of the economic burden of mental illness in Canada. *Chronic Diseases in Canada*, 28(3), 92-98.

⁶ Smith, J.P., & Smith, G.C. (2010). Long-term economic costs of psychological problems during childhood. *Social Science & Medicine*, 71(1), 110-115.

⁷ Friedli, L., & Parsonage, M. (2007). *Mental Health Promotion: Building an Economic Case*. Belfast: Northern Ireland Association for Mental Health. Retrieved from http://www.chex.org.uk/media/resources/mental_health/Mental%20Health%20Promotion%20%20Building%20an%20Economic%20Case.pdf

⁸ Community Support and Research Unit, Centre for Addiction and Mental Health, & Canadian Council on Social Development. (2011). *Turning the key: Assessing housing and related supports for persons living with mental health problems and illnesses*. Calgary, AB: Mental Health Commission of Canada. Retrieved from <http://www.mentalhealthcommission.ca>

Measuring progress of mental health outcomes is also extremely important, and not enough data are currently being collected to measure the critical elements of a recovery-oriented mental health system, such as quality of life, satisfaction with services, and how involved people with lived experience are in making decisions at all levels. New comprehensive data collection systems would make it possible to set and monitor clear targets for the availability and effectiveness of services.

Committed leadership is needed if the Strategy is to have any impact. People with lived experience, youth, families, and champions of mental health have an important, shared role in working together with governments and leaders in all sectors to achieve the recommendations found in this document and in *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*.

The Mental Health Strategy for Canada in Action

The MHCC's *Informing the Future: Mental Health Indicators for Canada* project aims to create a national set of mental health and mental illness indicators that will identify gaps in service, allow stakeholders to gauge progress, and strengthen efforts to address the recommendations outlined in the Strategy. *Informing the Future* represents a critical step in a larger conversation in Canada about the effective collection and use of data to support efforts in mental health and recovery.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



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