

CHANGING DIRECTIONS CHANGING LIVES

The Mental Health Strategy for Canada
Summary



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

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FOREWORD

On behalf of the Mental Health Commission of Canada, it gives us great pleasure to place before you *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. The publication of this document represents the fulfillment of a key element of the mandate that was conferred upon the Mental Health Commission by the Government of Canada in April 2007.

The Commission has drawn on the experience, knowledge and advice of thousands of people across the country in the course of drafting this *Strategy*. The stories we have heard from people living with mental health problems and illnesses, their families, and the many dedicated people who work with them across the country have moved us, have angered us, and have inspired us.

This *Strategy* is about improving mental health and well-being for everyone and creating, together, a mental health system that can truly meet the needs of people of all ages living with mental health problems and illnesses, and their families. This is not a simple task. There are no miracle solutions and there is no single template that will work for everyone or for every jurisdiction.

This *Strategy* therefore tackles a broad range of issues and presents many recommendations for change. The hard work of putting these recommendations into practice now becomes the responsibility of governments, of providers of mental health and related services, and of the countless people in every corner of our land who use these services every year. The Commission will continue to do its part, but transforming the mental health system in this country is truly a job for us all.

We believe that there now exists an historic opportunity to make a difference. It will not be easy, but the winds of change have been swirling about the mental health system for many years.

We can and must defeat the stigma that has blighted people's attitudes for far too long and has fed the discrimination that so many have endured. We can and must ensure that everyone who confronts a mental health problem or illness is able to count on the same support, treatment and services as anyone who is facing a physical health challenge. We can and must promote mental health in all walks of life, and do everything possible to reduce people's risk of developing a mental health problem or illness, or of becoming so desperate as to contemplate suicide.

There are many positive signs of progress. The media is playing an increasingly constructive role. The economic significance of better mental health is becoming more apparent to employers and governments alike. Our knowledge of what works to promote recovery and well-being is growing with each passing day.

Changing Directions, Changing Lives provides the blueprint to translate aspiration for change into action, to draw together people's efforts across the country into an unstoppable movement to improve mental health. We hope that you will join with us to make this happen.



Michael Kirby



David Goldbloom



Louise Bradley

SUMMARY

This is the first mental health strategy for Canada. Its release marks a significant milestone in the journey to bring mental health 'out of the shadows' and to recognize, in both words and deeds, the truth of the saying that there can be no health without mental health.

Although there are several population groups and policy areas for which the federal government has important mental health responsibilities, the organization and delivery of health care, social services and education in Canada largely fall to provincial and territorial governments. Despite the fact that pan-Canadian initiatives could help all jurisdictions to improve mental health outcomes, planning documents that address these matters from the perspective of the country as a whole are rare. Jurisdictional challenges have been compounded by the stigma that has kept discussion of mental health issues out of the public arena for far too long.

Changing Directions, Changing Lives is the culmination of many years of hard work and advocacy by people across the country. A key driver behind its development has been the testimony of thousands of people living with mental health problems and illnesses. In increasing numbers they have found the courage to speak publicly about their personal experiences and the many obstacles they face in obtaining the help and support they need from an underfunded and fragmented mental health system. Family members have echoed this assessment while pointing to the many challenges that they also confront. Service providers (within the mental health system as well as outside of it), researchers, and policy experts have added their voice to the chorus calling for much-needed change. They have all had a voice in the development of this *Strategy*.

In any given year, one in five people in Canada experiences a mental health problem or illness, with a cost to the economy of well in excess of \$50 billion.¹

***Changing Directions, Changing Lives* is about improving mental health outcomes for all Canadians.** The release of the *Strategy* comes at a time of great opportunity and hope for mental health. Despite the many unanswered challenges, signs of progress are everywhere. Not only has there been unprecedented growth in media attention to, and corporate interest in, mental health, but many new provincial and territorial government strategies and other initiatives are also underway.

At the same time, our knowledge of how best to meet the needs of people living with mental health problems and illnesses increases by the day, as does the recognition that everyone can aspire to better mental health and well-being and to a life of meaning and purpose. People across the country—professionals as well as volunteers, peers and family members—have dedicated themselves to improving mental health outcomes, both by working with individuals and by seeking ways to enhance the social and economic conditions that influence everyone's mental health. Their successes are reflected in the many examples of excellence in every region.

This *Strategy* recognizes that we will never be able to adequately reduce the impact of mental health problems and illnesses through treatment alone. As a country, we must pay greater attention to the promotion of mental health for the entire population and to the prevention of mental illness wherever possible.

Compelling evidence for the effectiveness of promotion and prevention programs has been accumulating in Canada and internationally for many years, and we cannot afford to wait any longer to implement these programs as widely as possible.

Canada needed a plan to improve a system that is not working well. Considerable progress is being made across the country, yet we are still very far from where we need to be. In the words of the landmark 2006 report, *Out of the Shadows at Last*, “the status quo is not an option.”² Unlike for other health conditions, only one in three people who experience a mental health problem or illness—and as few as one in four children or youth—report that they have sought and received services and treatment.^{3,4}

There are many reasons for this. Stigma and the fear of being labeled prevent many people from looking for help. Finding the right service can be a serious challenge. Some people do not recognize that they have a problem, whether from lack of knowledge or because the illness itself can prevent people from understanding what is happening to them and that help would make a difference. The mental health system should be there for everyone who needs it, and now is the time to make this happen.

This Strategy is a blueprint for change. It has been developed by the Mental Health Commission of Canada (the ‘Commission’), in close consultation with people living with mental health problems and illnesses, families, stakeholder organizations, governments, and experts. The Commission is an independent, arms-length organization that was established by the federal government in 2007 in response to a key recommendation in the *Out of the Shadows at Last* report.

The *Strategy* has been developed in two distinct phases. In 2009, the release of *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada* by the Commission marked the completion of the first phase.⁵ The *Framework* put forward a vision and broad goals that reflect an emerging consensus spanning the diverse mental health community. It painted a vivid picture of the kind of mental health system we need, a system that:

- recognizes mental health as essential to our quality of life and draws on the best research and knowledge to help people address mental health problems and illnesses on a par with physical health challenges;
- offers everyone the hope and the possibility of recovery, supports families, and promotes the best possible mental health and well-being for the whole population;
- provides equitable access to a full range of high quality services, treatments and supports for all people, regardless of their origin, background, experience or circumstances;
- enables people confronting mental health problems and illnesses to be fully engaged citizens and active participants in all aspects of social and economic life.

All people living in Canada have the opportunity to achieve the best possible mental health and well-being.

— *Vision Statement, Toward Recovery and Well-Being*

We know what needs to be done. Drawing on the best available evidence and on input from thousands of people across Canada, this *Strategy* translates this vision into recommendations for action. The scope of *Changing Directions, Changing Lives* is broad and its recommendations are grouped into six key Strategic Directions. Each Strategic Direction focuses on one critical dimension and together they combine to provide a comprehensive blueprint for change. A more detailed overview of each Strategic Direction can be found at the end of this summary. The six Strategic Directions are as follows:

- 1. Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible.** Reducing the impact of mental health problems and illnesses and improving the mental health of the population require promotion and prevention efforts in everyday settings where the potential impact is greatest.
- 2. Foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights.** The key to recovery is helping people to find the right combination of services, treatments and supports and eliminating discrimination by removing barriers to full participation in work, education and community life.
- 3. Provide access to the right combination of services, treatments and supports, when and where people need them.** A full range of services, treatments and supports includes primary health care, community-based and specialized mental health services, peer support, and supported housing, education and employment.
- 4. Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners.** Mental health should be taken into account when acting to improve overall living conditions and addressing the specific needs of groups such as new Canadians and people in northern and remote communities.
- 5. Work with First Nations, Inuit, and Métis to address their mental health needs, acknowledging their distinct circumstances, rights and cultures.** By calling for access to a full continuum of culturally safe mental health services, the Mental Health *Strategy* for Canada can contribute to truth, reconciliation, and healing from intergenerational trauma.
- 6. Mobilize leadership, improve knowledge, and foster collaboration at all levels.** Change will not be possible without a whole-of-government approach to mental health policy, without fostering the leadership roles of people living with mental health problems and illnesses, and their families, and without building strong infrastructure to support data collection, research, and human resource development.

***Changing Directions, Changing Lives* calls on all Canadians to play a role in improving the mental health system.** Not all of the recommendations in the *Strategy* can be accomplished at once, and, in a country as diverse as Canada, there will never be a 'one size fits all' approach to the complex task of transforming the mental health system. Despite the broad consensus on the key directions for change, there will never be universal agreement on everything that needs to be done or on what should be done in what order.

Mental health is also not the concern of the health sector alone. The policies and practices of multiple government departments (including education, justice, corrections, social services and finance) have a major impact on people's mental health and well-being. Beyond government, it is clear that workplaces, non-government organizations, the media, and many others all have a role to play.

It will be up to people in each region of the country and at every level of government to create their own plans for acting on the *Strategy's* recommendations, in keeping with their particular circumstances. In this way, *Changing Directions, Changing Lives* offers an opportunity for everyone's efforts—large and small, both inside and outside the formal mental health system—to help bring about change.

It will take time to implement the recommendations in this *Strategy*, and it will take sustained commitment and leadership at many levels. The *Strategy* calls for:

- people living with mental health problems and illnesses and their families to become more engaged in the planning, organization, delivery and evaluation of mental health services, treatments and supports;
- mental health service providers to work with planners, funders, and users of the system to examine what changes are required in the way that they work in order to create a system that is better integrated around people's needs and fosters recovery;
- governments to take a comprehensive approach to addressing mental health needs, to re-focus spending on improving outcomes, and to correct years of underfunding of mental health;
- senior executives in both the public and private sectors to create workplaces that are as mentally healthy as possible, and to actively support the broader movement for improved mental health;
- all Canadians to promote mental health in everyday settings and reduce stigma by recognizing how much we all have in common—there is no 'us' and 'them' when it comes to mental health and well-being.

Strategic investment, clear indicators of progress, and a strong social movement are needed to drive change. *Changing Directions, Changing Lives* presents an ambitious plan, but it is one that can be achieved step by step. It identifies directions for change while building on the many excellent initiatives already underway across the country. Many of its recommendations point to ways to maximize the benefits derived from existing resources.

At the same time, given the historical neglect of the mental health sector, the *Strategy* recognizes the need to invest more so that mental health outcomes can be improved. The proposed approach to funding is as follows:

- increase the proportion of health spending that is devoted to mental health from seven to nine per cent over 10 years;
- increase the proportion of social spending that is devoted to mental health by two percentage points from current levels;
- identify current mental health spending that should be re-allocated to improve efficiency and achieve better mental health outcomes; and
- engage the private and philanthropic sectors in contributing resources to mental health.

Setting out a plan, no matter how good, is never enough on its own. The impact of *Changing Directions, Changing Lives* needs to be measured over time and reviewed carefully after five years to assess the progress that has been made. The *Strategy* proposes an initial set of indicators that can be used to do this, and calls for the development and implementation of a long-term plan to strengthen Canada's capacity to track the overall mental health and well-being of the population.

Finally, the *Strategy* acknowledges that there must be a further dimension to efforts to bring about the scale of change that is required. The *Strategy* calls on Canadians from coast to coast to coast to become more engaged in mental health issues, to take action locally, regionally and nationally and create a broad social movement for improved mental health in Canada.

The Mental Health *Strategy* for Canada is about making sure that Canada is on a course toward real change. By raising the profile of mental health issues and encouraging public discussion of them, the *Strategy* will help to reduce stigma in the minds of many, and further the elimination of the discrimination that feeds on this stigma.

The *Strategy* will help to ensure that people who experience mental health problems and illnesses—especially those with the most severe and complex mental health problems and illnesses—are treated with respect and dignity, and enjoy the same rights as all Canadians.

Together we can ensure that everyone living in Canada has the opportunity to achieve the best possible mental health and well-being.

There is a growing sense across Canada that the time for action on mental health is here. This *Strategy* will help to turn our aspirations for change into reality.

Mental health, mental illness, recovery, and well-being. *Mental health* is different from the absence of mental illness, and is integral to our overall health. Mental health is a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community.⁶

Mental health problems and illnesses are patterns of behaviour, thinking or emotions that bring some level of distress, suffering or impairment in areas such as school, work, social and family interactions or the ability to live independently. They range from more common mental health problems and illnesses such as anxiety and depression to less common ones such as schizophrenia and bipolar disorder.

There is no single cause of any mental health problem or illness, and no one is immune, no matter where they live, how old or young they are or their social standing. Mental health problems and illnesses are thought to be the result of a complex mix of social, economic, psychological, biological, and genetic factors that also influence our overall mental health and well-being.

The concept of recovery refers to living a satisfying, hopeful, and contributing life, even when there are ongoing limitations caused by mental health problems and illnesses. In this *Strategy*, the approach to recovery has been broadened to include the concept of *well-being*, so that, with some adaptations to the different stages of life, the principles of recovery can apply to everyone.

Suicide prevention in the *Mental Health Strategy for Canada*. Suicide has a devastating impact on individuals, families, and communities in Canada. Suicide and mental health problems and illnesses need to be addressed together. Of the 4,000 Canadians who die every year as a result of suicide, most were confronting a mental health problem or illness.⁷ Suicide and mental health problems and illnesses also share many common risk and protective factors. The *Mental Health Strategy for Canada* includes many recommendations that, when implemented, will significantly advance suicide prevention in Canada.

STRATEGIC DIRECTION 1

Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible.

By promoting mental health and preventing mental illness, we can increase the number of people who enjoy good mental health and reduce, to the greatest extent possible, the number of people whose mental health is poor, who experience the symptoms of mental health problems or illnesses, or who die by suicide.

Positive mental health—feeling well, functioning well, and being resilient in the face of life’s challenges—improves quality of life and is integral to overall health and well-being, even when there are on-going limitations caused by mental health problems and illnesses.⁸ Improving the state of mental well-being for the whole population brings social and economic benefits to society.⁹

By enhancing factors that are known to help protect people (e.g., having a sense of belonging, enjoying good relationships and good physical health) and diminishing those factors that put them at risk (e.g., childhood trauma, social isolation), we can reduce the onset of some mental health problems and illnesses, reduce symptoms and disability, and support people in their journey of recovery.¹⁰ Structural and social factors that reduce adversity and promote a sense of security, such as safe housing and stable income, are also of great importance.

There is growing evidence about what kinds of programs can be effective. The best results for mental health promotion, mental illness prevention, and suicide prevention have been achieved by initiatives that target specific groups (defined by age or other criteria) and settings (school, workplace, home). They address a combination of known risk and protective factors, set clear goals, support communities to take action, and are sustained over a long period of time.^{11,12}

Addressing mental health and mental illness as everyday issues will contribute to achieving broader goals such as increasing employability, improving physical health across the lifespan, helping people to do better in school, and reducing crime.^{13,14} To accomplish this, work is needed both inside and outside health care and mental health settings.

STRATEGIC DIRECTION 1: PRIORITIES

- 1.1 Increase awareness about how to promote mental health, prevent mental illness and suicide wherever possible, and reduce stigma.
- 1.2 Increase the capacity of families, caregivers, schools, post-secondary institutions and community organizations to promote the mental health of infants, children, and youth, prevent mental illness and suicide wherever possible, and intervene early when problems first emerge.
- 1.3 Create mentally healthy workplaces.
- 1.4 Increase the capacity of older adults, families, care settings, and communities to promote mental health later in life, prevent mental illness and suicide wherever possible, and intervene early when problems first emerge.

STRATEGIC DIRECTION 2

Foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights.

The concept of ‘recovery’ refers to a process or journey of healing in which, to the greatest extent possible, people are empowered to make informed choices about the supports, services and treatments that enable them to live a satisfying, hopeful, and contributing life, even with on-going limitations from mental health problems and illnesses.¹⁵ A recovery-oriented mental health system is organized to support and sustain people throughout this journey.

While significant pockets of practice are oriented toward recovery and well-being across the country, there remain many challenges and misconceptions to overcome in explaining recovery and putting it into practice.^{16,17} For example, recovery is not a synonym for ‘cure,’ nor does it imply that medical treatment and medication should be replaced with social services and peer support. Rather, recovery seeks to promote people’s ability to choose, and to ensure that options are available to meet the full range of people’s needs.

Drawing on the recovery principles of hope, informed choice, dignity and responsibility will contribute to the well-being of children and seniors as much as to that of adults who are living with mental health problems and illnesses. A recovery-oriented system strives to encourage partnerships—with service providers, families, friends—to support people on their journey towards recovery and well-being.

Consistently upholding the rights of people living with mental health problems and illnesses is an integral part of fostering recovery and well-being. Barriers—attitudinal, behavioural or structural—that contribute to discrimination against people living with mental health problems and illnesses must be eliminated.

The over-representation of people living with mental health problems and illnesses in the criminal justice system highlights the importance of respecting their right to the same level of services and supports that are available to all Canadians. Efforts to reduce the numbers of people living with mental health problems and illnesses in the criminal justice system must be strengthened, and the shortfalls in mental health services, treatments and supports within this system must be addressed.

STRATEGIC DIRECTION 2: PRIORITIES

- 2.1 Shift policies and practices toward recovery and well-being for people of all ages living with mental health problems and illnesses, and their families.
- 2.2 Actively involve people living with mental health problems and illnesses and their families in making decisions about service systems.
- 2.3 Uphold the rights of people living with mental health problems and illnesses.
- 2.4 Reduce the over-representation of people living with mental health problems and illnesses in the criminal justice system and provide appropriate services, treatment and supports to those who are in the system.

STRATEGIC DIRECTION 3

Provide access to the right combination of services, treatments and supports, when and where people need them.

We have made, and continue to make, progress in dealing with mental health problems and illnesses in Canada. Still, fragmented and underfunded mental health systems across the country are far from able to meet the mental health needs of Canadians. People living with mental health problems and illnesses—whatever their age and however severe their mental health problem or illness—and their families should be able to have timely access to the full range of options for mental health services, treatments and supports, just as they would expect if they were confronting heart disease or cancer.

Mental health-related services, treatments and supports are delivered in many locations by a wide variety of mental health professionals, health professionals, other service providers and volunteers. For those needing assistance, the current system can feel like a maze, as it can to the thousands of dedicated people who provide the services, treatments and supports that people need. While there will never be a 'one-size-fits-all' solution, our goal should be to have a system in which every door is the right door to meeting people's mental health needs in the least intensive, most appropriate and cost effective manner possible.

We need a 'balanced' approach so that people have ready access to intensive services, treatment and support when they need them, and are able to move easily among different levels of care as their needs change. Each individual's journey to recovery and well-being is unique, and the right combination of services, treatments and supports will depend on people's preferences and on the nature of their condition. Each community has particular resources to draw upon and specific challenges to meet.

A more integrated mental health system must also be linked to all parts of the community and other service systems. Family doctors, teachers, police personnel, and long-term care workers are among those who should work with each other and with mental health service providers to address people's mental health needs. A more coordinated and integrated system will make available multiple resources to help facilitate recovery: timely access to medications and to adequate and affordable housing; professional counselling as well as readily available peer support; and help setting and meeting educational and employment goals.

STRATEGIC DIRECTION 3: PRIORITIES

- 3.1 Expand the role of primary health care in meeting mental health needs.
- 3.2 Increase the availability and coordination of mental health services in the community for people of all ages.
- 3.3 Provide better access to intensive, acute, and highly specialized services, treatments and supports when they are needed by people living with severe or complex mental health problems and illnesses.
- 3.4 Recognize peer support as an essential component of mental health services.
- 3.5 Increase access to housing with supports, and to income, employment, and education support for people living with mental health problems and illnesses, and provide greater support to families.

STRATEGIC DIRECTION 4

Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners.

Everyone in Canada should have the opportunity to achieve the best possible mental health and well-being. Currently, that opportunity does not come equally.

This Strategic Direction focuses on what can be done to better address mental health needs that arise for people who are at greater risk of developing mental health problems and illnesses, or who experience disparities in access to appropriate mental health programs and services because of socio-economic status; ethno-cultural background, experience of racism and other forms of discrimination, and reasons for emigrating; living in a northern or remote community; being part of a minority official language community (Francophone or Anglophone); and gender and sexual orientation.

Social determinants such as poverty, inadequate housing, and problems finding work or getting an education can influence mental health and put people at greater risk for developing mental health problems and illnesses. In northern and remote communities, lack of access to clean water, affordable food, and basic health services are also challenges. Leadership on many levels is required to bring about the changes in health and social policy that are needed to reduce these disparities and their impact on mental health outcomes.

Access to appropriate services can also be challenging for many groups. Treatments and supports need to be welcoming and effective for the country's diverse population. Organizations and service providers need to be attuned to differences in culture, language, gender, sexuality, and experience of discrimination. This approach includes providing access to mental health services and information to minority official language communities (Francophone and Anglophone), as well as in other languages.

In addition, mental health capacity needs to be strengthened locally, among organizations and local service providers that work with specific communities. It is also important to evaluate the potential of traditional knowledge, customs, and practices to address mental health problems and illnesses among immigrants, refugees, ethno-cultural, and racialized communities, and to improve access to those that work.

STRATEGIC DIRECTION 4: PRIORITIES

- 4.1 Make improving mental health a goal when working to enhance overall living conditions and health outcomes.
- 4.2 Improve mental health services and supports by and for immigrants, refugees, ethno-cultural and racialized groups.
- 4.3 Tackle the pressing mental health challenges in northern and remote communities.
- 4.4 Strengthen the response to the mental health needs of minority official language communities (Francophone and Anglophone).
- 4.5 Address the specific mental health needs related to gender and sexual orientation.

STRATEGIC DIRECTION 5

Work with First Nations, Inuit, and Métis to address their distinct mental health needs, acknowledging their unique circumstances, rights, and cultures.

First Nations, Inuit, and Métis cultures and holistic understandings of the world have much to contribute to the transformation of the mental health system in Canada. The priorities identified in this Strategic Direction are important for everyone living in Canada, just as the rest of the priorities and recommendations for action set out in the *Strategy* also apply to First Nations, Inuit, and Métis.

This Strategic Direction includes distinct streams for First Nations, Inuit, and Métis. This approach respects the important differences in the culture and history of each group, and the distinct rights established through treaties, legislation, self-government agreements, and other means. At the same time, some common priorities have been identified regarding the mental health needs of First Nations, Inuit, and Métis in urban and rural areas, and with respect to several complex social issues that have an impact on First Nations, Inuit, and Métis mental health regardless of where people live.

Priorities for action have been developed through on-going dialogue with the Assembly of First Nations, Inuit Tapiriit Kanatami, Métis National Council, the Congress of Aboriginal Peoples, the Native Women's Association of Canada, and other stakeholder organizations, such as the National Association of Friendship Centres.

This Strategic Direction places a strong emphasis on efforts by First Nations, Inuit, and Métis families and communities to heal from the intergenerational impact of residential schools, child welfare policies, and other aspects of colonization that have undermined mental wellness. To support this healing process, First Nations, Inuit, and Métis—wherever they reside—need access to a full continuum of culturally safe mental health services, treatments and supports, delivered through a collaboration of mainstream and First Nations, Inuit, and Métis organizations. On-going efforts by all levels of government to address systemic issues such as racism, governance, and poverty are also needed.

Although suicide is not a universal problem in First Nations, Inuit, and Métis communities, it is a significant challenge in many such communities across the country. Just as for the population as a whole, mental health and suicide need to be addressed together.

STRATEGIC DIRECTION 5: PRIORITIES

- 5.1 FIRST NATIONS STREAM: Establish a coordinated continuum of mental wellness services (mental health and substance use services) for and by First Nations, which includes traditional, cultural, and mainstream approaches.
- 5.2 INUIT STREAM: Establish a coordinated continuum of mental wellness services (mental health and substance use services) for and by Inuit, which includes traditional, cultural, and clinical approaches.
- 5.3 MÉTIS STREAM: Build Métis capacity to improve mental health and to improve access to mental health and addictions services through meaningful, inclusive, and equitable engagement processes and research.
- 5.4 Strengthen the response to First Nations, Inuit, and Métis urban and rural mental health issues, and to complex social issues that affect mental health.

STRATEGIC DIRECTION 6

Mobilize leadership, improve knowledge, and foster collaboration at all levels.

Leadership at many levels, guided by the best available knowledge, is required to achieve the objectives set out in this *Strategy*. Mental health and mental illness are much more than ‘just’ a health issue or ‘just’ a challenge for some individuals. Issues relating to mental health and mental illness affect us all in varying ways and to varying degrees, and are relevant to many aspects of government and private sector activity.

Governments across the country need to take a ‘whole-of-government’ approach to the coordination of mental health-related policies and practices across multiple departments, with the full engagement of political leaders. In addition, while the organization and delivery of health and other services are largely the responsibility of the provinces and territories, there are many areas in which the federal government has an important role to play and where pan-Canadian initiatives could help all jurisdictions to improve mental health outcomes.

Measuring progress in improving outcomes across the country is essential and will require common indicators and measures, supported by accurate data. To get there, we need to proceed along two tracks: first, identifying indicators for which data could be collected relatively easily and, second, developing a comprehensive data collection framework and a system to collect the required data.

The serious underfunding of mental health research must be corrected and a research agenda developed to enable research funding to be put to the best possible use. In addition, the development of a range of guidelines and standards is needed to help accelerate the translation of knowledge into action and enhance quality. Better planning to address current mental health human resource shortages and to help the mental health workforce adapt to new and expanded service requirements will also be critical to achieving change.

The value of leadership by people with lived experience needs to be better appreciated and more opportunities made available for them to exercise this leadership. This shift will require investing in leadership training and organizational development for people with lived experience at the local, regional and national levels.

STRATEGIC DIRECTION 6: PRIORITIES

- 6.1 Coordinate mental health policies across governments and across sectors.
- 6.2 Improve mental health data collection, research, and knowledge exchange across Canada.
- 6.3 Strengthen mental health human resources.
- 6.4 Expand the leadership role of people living with mental health problems and illnesses, and their families, in setting mental health-related policy.





FULL LIST OF PRIORITIES AND
RECOMMENDATIONS FOR ACTION

STRATEGIC DIRECTION 1

Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible.

- 1.1 Increase awareness about how to promote mental health, prevent mental illness and suicide wherever possible, and reduce stigma.
 - 1.1.1 Demonstrate to policy makers, employers and the general public how positive mental health contributes to Canada's social and economic prosperity.
 - 1.1.2 Increase people's understanding of how to improve their own mental health and well-being, and support communities to take action to foster mental health and well-being.
 - 1.1.3 Increase people's understanding of how to recognize mental health problems and illnesses, how to get support if they need it, and how to get help for someone else.
 - 1.1.4 Train front-line service providers of all kinds to identify mental health problems and illnesses early, promote mental health and prevent mental illness and suicide wherever possible.
 - 1.1.5 Fight stigma by including opportunities in promotion, prevention and early intervention initiatives to meet and talk with people living with mental health problems and illnesses.
- 1.2 Increase the capacity of families, caregivers, schools, post-secondary institutions and community organizations to promote the mental health of infants, children, and youth, prevent mental illness and suicide wherever possible, and intervene early when problems first emerge.
 - 1.2.1 Increase support for parents and caregivers to promote healthy social and emotional development in infancy and early childhood, paying special attention to those at high risk.
 - 1.2.2 Expand initiatives to identify developmental, social, and emotional delays in infants and young children, as well as the range of services and supports to address them.
 - 1.2.3 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.
 - 1.2.4 Increase the availability of family-centred and community-based mental illness prevention programs for children and youth most at risk.
 - 1.3 Create mentally healthy workplaces.
 - 1.3.1 Implement the Psychological Health and Safety Standard in the private and public sectors.
 - 1.3.2 Increase capacity to implement comprehensive approaches to mentally healthy workplaces.
- 1.4 Increase the capacity of older adults, families, care settings, and communities to promote mental health later in life, prevent mental illness and suicide wherever possible, and intervene early when problems first emerge.
 - 1.4.1 Counter the impact of age discrimination on mental health.
 - 1.4.2 Help older adults to participate in meaningful activities, sustain relationships and maintain good physical health.
 - 1.4.3 Increase the capacity of older adults, their families and those who work with them to identify mental illnesses, dementia, elder abuse, and risk of suicide, and intervene early.

STRATEGIC DIRECTION 2

Foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights.

2.1 Shift policies and practices toward recovery and well-being for people of all ages living with mental health problems and illnesses, and their families.

2.1.1 Implement a range of recovery-oriented initiatives in Canada, including the development and implementation of recovery guidelines.

2.1.2 Promote the education and training of mental health professionals, health professionals, and other service providers in recovery-oriented approaches.

2.1.3 Expand the use of individual care plans that are oriented to recovery and well-being.

2.1.4 Facilitate the use of advance directives for times when people with severe mental health

problems and illnesses may be deemed incapable of making decisions.

2.1.5 Adapt approaches that enable people to directly manage a portion of their service budgets, to the Canadian context.

2.1.6 Enhance support for families to foster recovery and well-being, provide care, and meet their own needs in handling stress and loss.

2.1.7 Improve knowledge among service providers, people with mental health problems and illnesses, and their families on the best ways to involve families while respecting confidentiality.

2.2 Actively involve people living with mental health problems and illnesses and their families in making decisions about service systems.

2.2.1 Increase the active involvement of people living with mental health problems and illnesses and their families in governance, accreditation, monitoring, and advisory bodies in the service system.

2.2.2 Create opportunities for people living with mental health problems and illnesses to take up positions at all levels within the mental health workforce.

2.3 Uphold the rights of people living with mental health problems and illnesses.

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| <p>2.3.1 Remove barriers to full participation of people living with mental health problems or illnesses in workplaces, schools (including post-secondary institutions), and other settings.</p> <p>2.3.2 Stop disclosure in 'police records checks' of apprehensions by police under mental health acts.</p> <p>2.3.3 Review and, where necessary, update legislation and revise policies across jurisdictions and sectors to achieve alignment with the</p> | <p>UN Convention on the Rights of Persons with Disabilities.</p> <p>2.3.4 Develop and implement recovery-oriented, trauma-informed alternatives to the use of seclusion and restraint, with a view to reducing and eventually making these practices virtually unnecessary.</p> <p>2.3.5 Support advocacy by people living with mental health problems and illnesses, and their families.</p> |
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2.4 Reduce the over-representation of people living with mental health problems and illnesses in the criminal justice system and provide appropriate services, treatment and supports to those who are in the system.

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| <p>2.4.1 Increase the availability of programs to divert people living with mental health problems and illnesses from the corrections system, including mental health courts and other services and supports for youth and adults.</p> <p>2.4.2 Provide appropriate mental health services, treatments and supports in the youth and adult criminal justice system, and ensure everyone has a comprehensive discharge plan upon release into the community.</p> | <p>2.4.3 Address critical gaps in treatment programs for youth and adult offenders with serious and complex mental health needs.</p> <p>2.4.4 Increase the role of the 'civil' mental health system in providing services, treatment and supports to individuals in the criminal justice system.</p> <p>2.4.5 Provide police, court and corrections workers with knowledge about mental health problems and illnesses, training in how to respond, and information about services available in their area.</p> |
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STRATEGIC DIRECTION 3

Provide access to the right combination of services, treatments and supports, when and where people need them.

3.1 Expand the role of primary health care in meeting mental health needs.

- 3.1.1 Strengthen collaborative approaches to primary and mental health care through better communication, supportive funding, and interdisciplinary education.
- 3.1.2 Integrate recovery approaches into primary health care, involving people living with mental health problems and illnesses and their families in planning, and facilitating self-management and peer support.
- 3.1.3 Implement guidelines for screening, services, treatments and supports for common mental health and substance use problems and suicide risk, especially for people with chronic physical health problems.
- 3.1.4 Ensure that people living with mental health problems and illnesses have timely access to appropriate physical health care.
- 3.1.5 Use technology to foster collaboration, increase access to services, and engage people in managing their mental health problems and illnesses.

3.2 Increase the availability and coordination of mental health services in the community for people of all ages.

- 3.2.1 Increase resources and capacity for a range of community mental health services that serve people of all ages.
- 3.2.2 Improve coordination and collaboration between and across mental health, health, addictions and other service systems for people of all ages, and provide tools and supports for navigating the system.
- 3.2.3 Set standards for wait times for community mental health services for people of all ages.
- 3.2.4 Increase access to psychotherapies and clinical counselling by service providers who are qualified to deliver approaches that are based on best available evidence.
- 3.2.5 Remove financial barriers for children and youth and their families to access psychotherapies and clinical counselling.

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- 3.3 Provide better access to intensive, acute, and highly specialized services, treatments and supports when they are needed by people living with severe or complex mental health problems and illnesses.
- 3.3.1 Establish benchmarks for the availability of intensive, acute, and highly specialized treatments and services for people of all ages living with severe or complex mental health problems and illnesses.
 - 3.3.2 Adopt recovery and well-being approaches in policies and practices in intensive, acute, and highly specialized mental health services.
 - 3.3.3 Facilitate successful transitions from intensive services, including prompt follow-up after discharge from hospital and support to gain access to community mental health services.
 - 3.3.4 Address barriers to equitable access to medications.
 - 3.3.5 Remove barriers to successful transitions between child, youth, adult, and seniors' mental health services.
 - 3.3.6 Improve coordination of services for people living with mental health problems or illnesses who also have developmental disabilities or neurodegenerative disorders, and increase skills and knowledge for all those who provide services to them.
 - 3.3.7 Improve collaboration in the delivery of services for people living with both substance use problems and mental health problems or illnesses ('concurrent disorders').
- 3.4 Recognize peer support as an essential component of mental health services.
- 3.4.1 Increase appropriately resourced peer support initiatives in both independent, peer-run agencies and mainstream settings.
 - 3.4.2 Increase peer support opportunities for families.
 - 3.4.3 Develop nationally recognized guidelines for peer support, in collaboration with peer support organizations.
- 3.5 Increase access to housing with supports, and to income, employment, and education support for people living with mental health problems and illnesses, and provide greater support to families.
- 3.5.1 Increase the availability of safe, secure, and affordable housing with supports for people living with mental health problems and illnesses.
 - 3.5.2 Expand approaches such as 'housing first' for homeless people living with mental health problems or illnesses.
 - 3.5.3 Enhance supports for people living with mental health problems to pursue education and obtain work.
 - 3.5.4 Make disability benefit programs more adaptable to the individual needs of people living with mental health problems and illnesses, and remove financial disincentives that hinder their return to work or school.
 - 3.5.5 Help caregivers with better financial supports, increased access to respite care, and more flexible workplace policies.

STRATEGIC DIRECTION 4

Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners.

- 4.1 Make improving mental health a goal when working to enhance overall living conditions and health outcomes.
 - 4.1.1 Encourage government leaders to spearhead collaborative action to reduce disparities in living conditions, while also improving mental health outcomes.
 - 4.1.2 Use 'health equity lenses' to ensure that new mental health policies and programs reduce disparities while improving mental health for the population as a whole.
 - 4.1.3 Strengthen data and research to develop a better understanding of the mental health needs and strengths of diverse population groups.
- 4.2 Improve mental health services and supports by and for immigrants, refugees, ethno-cultural and racialized groups.
 - 4.2.1 Expand use of standards for cultural competency and cultural safety, including through accreditation bodies and professional associations.
 - 4.2.2 Increase access to information and mental health services, treatments and supports in diverse languages.
 - 4.2.3 Better evaluate the potential of traditional knowledge, customs and practices to address mental health problems and illnesses, and improve access to those that work.
 - 4.2.4 Support immigrant, refugee, ethno-cultural and racialized community organizations in assessing local mental health needs and strengths and in taking action on local priorities, in collaboration with mental health and other service systems.
 - 4.2.5 Develop and implement mental health plans in all jurisdictions to address the mental health needs of immigrants, refugees, ethno-cultural and racialized groups, with their full involvement.
- 4.3 Tackle the pressing mental health challenges in northern and remote communities.
 - 4.3.1 Act to change poor living conditions that can undermine mental health, such as overcrowded or inadequate housing, and lack of access to clean water and affordable food.
 - 4.3.2 Establish funding models that reflect the realities of providing care in northern and remote communities so that gaps in the continuum of mental health services, treatments and supports can be closed.
 - 4.3.3 Provide housing and other incentives that will attract mental health service providers and encourage them to stay in northern and remote communities.

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- 4.3.4 Enhance mental health training programs to match local people with local job opportunities in northern and remote communities.
 - 4.3.5 Support northern and remote communities to develop and implement mental health programs and initiatives that will work in their context.
 - 4.3.6 Strengthen coordination and communication between smaller communities and larger

centres, and among provincial and territorial health systems when people need to travel to obtain specialized services.

- 4.3.7 Increase the use of tele-mental health and e-mental health by building better infrastructure, providing on-going training and support, and greater flexibility in how services are funded.

4.4 Strengthen the response to the mental health needs of minority official language communities (Francophone and Anglophone).

- 4.4.1 Improve access to mental health information, services, treatments and supports for minority official language communities.

- 4.4.2 Develop programs to identify, train, recruit, and retain mental health service providers who can offer services in the language of minority official language communities.

4.5 Address the specific mental health needs related to gender and sexual orientation.

- 4.5.1 Increase professional and public understanding of differences in mental health related to gender and sexual orientation.
- 4.5.2 Provide mental health services that are gender and LGBT sensitive.

- 4.5.3 Take action to reduce the serious risk factors for women's mental health, including poverty, the burden of caregiving, and family violence.
- 4.5.4 Improve the capacity of LGBT organizations to address the stigma of mental illness and to work with local mental health services to support their community.

STRATEGIC DIRECTION 5

Work with First Nations, Inuit, and Métis to address their distinct mental health needs, acknowledging their unique circumstances, rights, and cultures.

- 5.1 FIRST NATIONS STREAM: Establish a coordinated continuum of mental wellness services (mental health and substance use services) for and by First Nations, which includes traditional, cultural, and mainstream approaches.
- 5.1.1 Close critical gaps in the continuum of mental wellness services, treatments and supports for First Nations, including traditional, cultural, and mainstream approaches.
 - 5.1.2 Disseminate and share knowledge about promising traditional, cultural, and mainstream approaches to mental wellness, such as mental wellness teams and recognizing the role of Elders.
 - 5.1.3 Support and recognize the community as its own best resource by acknowledging local knowledge and by developing community capacity to improve mental wellness.
 - 5.1.4 Enhance the knowledge, skills, recruitment and retention of the range of service providers able to provide effective and culturally safe services, treatments and supports for First Nations mental wellness.
 - 5.1.5 Strengthen collaborative relationships among federal, provincial, territorial and First Nations governments to improve policies, programs and services related to mental wellness.
- 5.2 INUIT STREAM: Establish a coordinated continuum of mental wellness services (mental health and substance use services) for and by Inuit, which includes traditional, cultural, and clinical approaches.
- 5.2.1 Close critical gaps in the continuum of mental wellness services, treatments and supports for Inuit, including traditional, cultural, and clinical approaches.
 - 5.2.2 Support Inuit to respond to their mental health needs by drawing on the knowledge and strengths in their communities.
 - 5.2.3 Provide adequate, sustained funding and support to develop the mental health workforce and strengthen recruitment and retention of mental health workers.
 - 5.2.4 Increase the availability of Inuit-specific mental wellness data, research, information, knowledge and training.
 - 5.2.5 Bring about transformation in mental wellness services through strong partnerships with government, non-government organizations, foundations and the private sector.

5.3 MÉTIS STREAM: Build Métis capacity to improve mental health and to improve access to mental health and addictions services through meaningful, inclusive, and equitable engagement processes and research.

5.3.1 Consult and engage Métis people to develop a Métis-specific mental health and substance use strategy.

5.3.2 Build Métis knowledge through research to understand fully the intergenerational effects of colonization and the mental health needs of Métis people today.

5.3.3 Develop, increase and sustain Métis mental health human resources.

5.3.4 Improve access to a full continuum of culturally competent and culturally safe mental health services, treatments and supports for Métis people.

5.3.5 Develop and strengthen collaborative relationships at all levels of government to advance and improve Métis mental health and well-being.

5.4 Strengthen the response to First Nations, Inuit, and Métis urban and rural mental health issues, and to complex social issues that affect mental health.

5.4.1 Develop a mental health and substance use strategy for First Nations, Inuit, and Métis in urban and rural centres.

5.4.2 Increase capacity to provide access to a full continuum of mental health services, treatments and supports for and by First Nations, Inuit, and Métis in urban and rural centres.

5.4.3 Take collaborative action across all levels of government to address complex social issues that undermine First Nations, Inuit, and Métis mental health, such as violence against women and over-representation in the child welfare and criminal justice systems, regardless of where people live.

STRATEGIC DIRECTION 6

Mobilize leadership, improve knowledge, and foster collaboration at all levels.

6.1 Coordinate mental health policies across governments and across sectors.

- 6.1.1 Establish a mechanism in every jurisdiction, with the full engagement of political leaders, to oversee development and implementation of government-wide mental health policies, with links to a similar pan-Canadian mechanism.
- 6.1.2 Improve collaboration and coordination among all levels of government regarding the mental health of First Nations, Inuit, and Métis, as well as other groups for whom the federal government has significant responsibilities for service delivery.
- 6.1.3 Encourage broadly based coalitions in the non-government sector to help mobilize leadership and build shared approaches to complex issues.

6.2 Improve mental health data collection, research, and knowledge exchange across Canada.

- 6.2.1 Gather and report to the public on data from the initial set of indicators for the *Strategy* while developing a framework for gathering and reporting on comprehensive data on outcomes over the longer term.
- 6.2.2 Develop a mental health research agenda for Canada, encompassing psychosocial and clinical research, neuroscience, as well as knowledge from lived experience and diverse cultures.
- 6.2.3 Enhance support for people living with mental health problems and illnesses to lead and participate meaningfully in all aspects of research.
- 6.2.4 Accelerate the translation of knowledge into action through a collaborative, coordinated knowledge-exchange infrastructure approach.
- 6.2.5 Establish guidelines and standards to foster continuous quality improvement in mental health-related policies and practices.

6.3 Strengthen mental health human resources.

- 6.3.1 Strengthen pan-Canadian mental health human resources planning capacity to guide the development of a workforce that is the right size, has the right skills and the right mix of providers.
- 6.3.2 Develop a pan-Canadian mental health workforce development strategy, including core competencies for all mental health service providers.

6.4 Expand the leadership role of people living with mental health problems and illnesses, and their families, in setting mental health-related policy.

- 6.4.1 Establish guidelines to ensure that people living with mental health problems and illnesses—as well as their families—have leadership roles in developing and implementing mental health policies.
- 6.4.2 Build the capacity of local, regional and national organizations, led by and representing the interests of people living with mental health problems and illnesses, to ensure that their voices are heard.

REFERENCES

1. Smetanin, P., Stiff, D., Briante, C., Adair, C., Ahmad, S. & Khan, M. (2011). *The life and economic impact of major mental illnesses in Canada: 2011 to 2041*. RiskAnalytica, on behalf of the Mental Health Commission of Canada.
2. Canada, Parliament, Senate. (2006). Standing Senate Committee on Social Affairs, Science and Technology. M.J.L. Kirby (Chair) & W.J. Keon (Deputy Chair). *Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada*. 38th Parl., 1st sess., p. 42. Retrieved from <http://www.parl.gc.ca/Content/SEN/Committee/391/soci/rep/rep02may06-e.htm>.
3. Statistics Canada. (2003). Canadian community health survey: Mental health and well-being. *The Daily*, 3 September. Retrieved from <http://www.statcan.gc.ca/daily-quotidien/030903/dq030903a-eng.htm>.
4. Waddell, C., McEwan, K., Shepherd, C.A., Offord, D.R., & Hua, J.M. (2005). A public health strategy to improve the mental health of Canadian children. *Canadian Journal of Psychiatry*, 50 (4), 226-233.
5. Mental Health Commission of Canada. (2009). *Toward recovery & well-being: A framework for a mental health strategy for Canada*. Retrieved from <http://www.mentalhealthcommission.ca>.
6. World Health Organization (2001). *Strengthening mental health promotion*. (Fact sheet, No. 220). Retrieved from <https://apps.who.int/inf-fs/en/fact220.html>.
7. Statistics Canada. (2011). *Mortality, summary list of causes: 2008*. (Statistics Canada catalogue No. 84F0209X). Retrieved from <http://www.statcan.gc.ca/pub/84f0209x/84f0209x2008000-eng.pdf>.
8. Provencher, H.L., & Keyes, C.L.M. (2011). Complete mental health recovery: Bridging mental illness and positive mental health. *Journal of Public Mental Health*, 10 (1), 57-69.
9. Kirkwood, T., Bond, J., May, C., McKeith, I., & Teh, M. (2008). Foresight mental capital and wellbeing project. *Mental capital through life: Future challenges*. London, U.K.: The Government Office for Science. Retrieved from http://www.bis.gov.uk/assets/biscore/corporate/migratedD/ec_group/99-08-FO_on.

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10. World Health Organization. (2004). *Prevention of mental disorders: Effective interventions, and policy options. Summary report*. Retrieved from http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf.
 11. Ibid.
 12. World Health Organization. (2005). *Promoting mental health: Concepts, emerging evidence, practice*. Retrieved from http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf.
 13. Friedli, L.I., & Parsonage, M. (2009). *Promoting mental health and preventing mental illness: The economic case for investment in Wales*. Cardiff, Wales: All Wales Mental Health Promotion Network. Retrieved from [http://www.publicmentalhealth.org/Documents/749/Promoting%20Mental%20Health%20Report%20\(English\).pdf](http://www.publicmentalhealth.org/Documents/749/Promoting%20Mental%20Health%20Report%20(English).pdf).
 14. Seymour, L., & Gale, E. (2004). *Literature and policy review for the joint inquiry into mental health and well-being in later life*. London U.K.: mentality. Retrieved from <http://www.seniorspolicyLens.ca/Root/Materials/Litandpolicyreview-Fulltextofreport%5B1%5D.pdf>.
 15. Anthony, W.A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16, 11-23.
 16. Davidson, L., Harding, C., & Spanoil, L. (2005). *Recovery from severe mental illnesses: Research evidence and implications for practice*. Boston: Boston University.
 17. Mulvale, G., & Bartram, M. (2009). Recovery in the Canadian context: Feedback on the framework for mental health strategy development. *Canadian Journal of Community Mental Health*, 28 (2), 7-15.

This is the first mental health strategy for Canada.

Its purpose is to help improve mental health and well-being for all people living in Canada and to create a mental health system that can truly meet the needs of people of all ages living with mental health problems and illnesses and their families.

The publication of this document comes at a time of great opportunity and hope for mental health and represents the fulfillment of a key element of the mandate conferred upon the Mental Health Commission of Canada by the Government of Canada.

This *Strategy* draws on the experience, knowledge and advice of thousands of people across the country. This *Strategy* provides an opportunity for everyone's efforts—large and small, both inside and outside the mental health system—to help bring about change.

The signs of progress are everywhere. Together we can create an unstoppable movement to improve mental health. We hope that you will join with us to make this happen.



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada