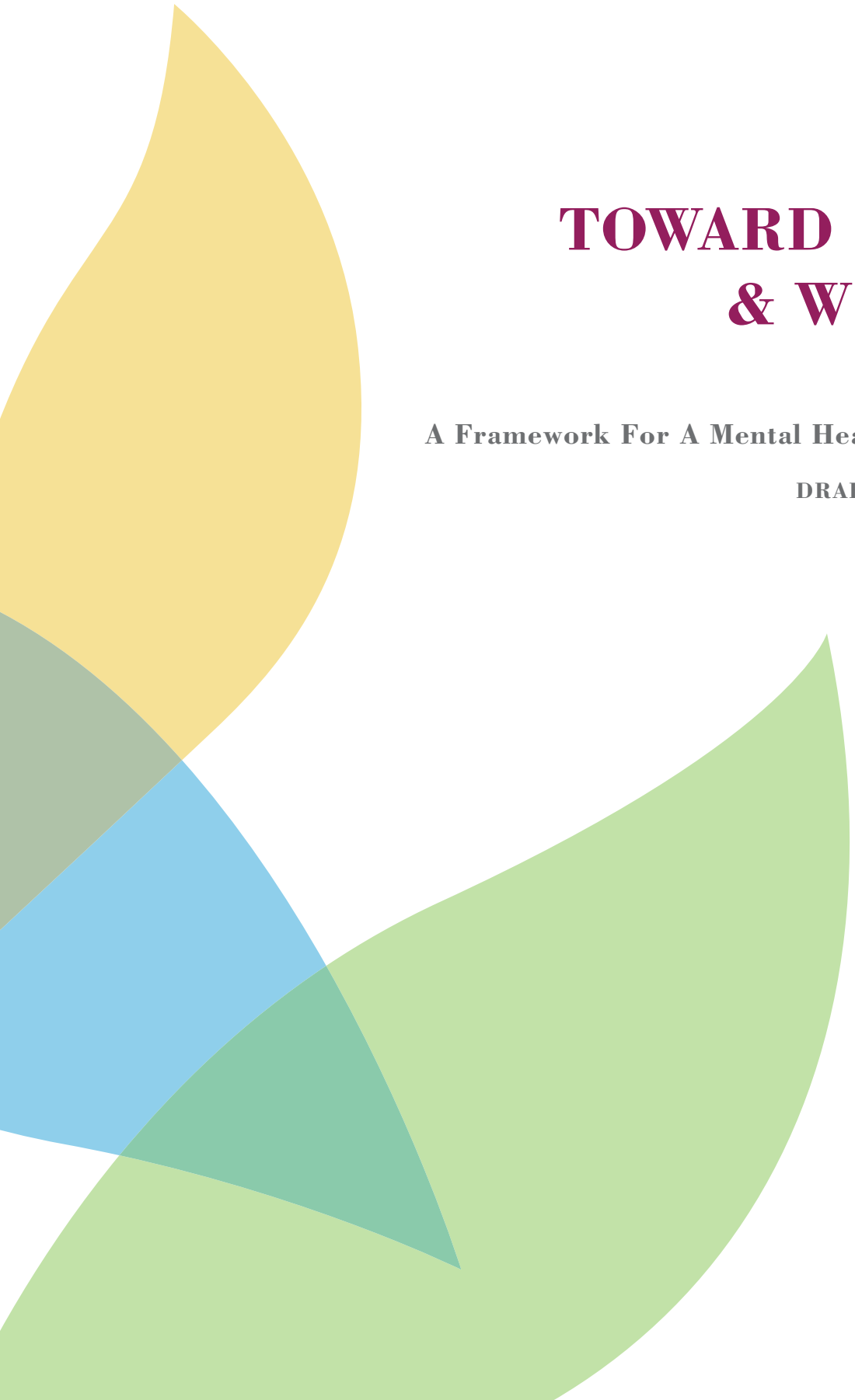
# TOWARD RECOVERY & WELL-BEING

## A Framework For A Mental Health Strategy For Canada

**DRAFT** | FOR PUBLIC DISCUSSION

January 2009



MENTAL HEALTH COMMISSION OF CANADA • COMMISSION DE LA SANTÉ MENTALE DU CANADA •

## Ce document est disponible en français.

This draft document is available on the Mental Health Commission of Canada website:

**http://www.mentalhealthcommission.ca**

# Foreword

*Toward Recovery and Well-Being* is the first document to be released for public discussion by the Mental Health Commission of Canada. We are excited at the prospect of engaging Canadians in a dialogue about transforming the mental health system in our country.

This document presents a draft framework for developing a comprehensive mental health strategy for Canada. The eight goals it sets out provide a vision for WHAT a transformed mental health system should look like – one that can both foster recovery for people living with mental health problems and illnesses, and promote the mental health and well-being of all Canadians.

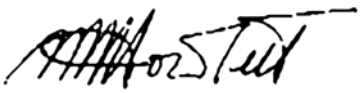
We invite your comments on this draft framework (please follow the links at **www.mentalhealthcommission.ca**). Once it is finalized, we will move on to the second phase of developing a mental health strategy – producing a detailed roadmap for HOW the eight goals can be achieved.

For this process to be a success, input will be required at each stage from Canadians from coast to coast to coast. There is much to be done but, judging by the many signs of growing public interest in mental health issues, the momentum for change is building.

Working together, we *will* be able to transform our current mental health system and enhance the mental health and well-being of all Canadians. Most importantly, we can – indeed, we must – improve the health and social outcomes for those living with mental health problems and illnesses, as well as their families.

It is up to all of us to ensure that mental health issues stay out of the shadows – *forever*.

**Michael Kirby**
Chair



**Michael Howlett**
President and CEO

**Howard Chodos**
Director, Mental Health Strategy

# Introduction

*Mental health issues are everyone's concern.*

Mental health and well-being contribute to our enjoyment of life. Good mental health is associated with better physical health outcomes, improved educational attainment, increased economic participation and rich social relationships.[1] In fact, good health is not possible without good mental health.

Moreover, we will all experience varying levels of need related to our mental health at different times during our lives. Sometimes, people's mental health will be challenged by short-term reactions to difficult situations such as school pressures, work-related stress, relationship conflict, or grieving the loss of a loved one. These challenges are usually eased with time and informal support.

At other times, the degree of need will be sufficiently great thatpeople will require more specialized assistance. Estimates suggestthat, in any given year, about one in every five Canadians willexperience a diagnosable mental health problem or illness. Thesecan occur at any point across the lifespan, among children andyouth, adults, and seniors. Every year, just about every family in the country will be directly affected, to some degree, by the impact of mental illness.

Finally, mental health issues have a major influence on our economy and on social life. The relative contribution of mental health problems and illnesses to the burden of disease is large now, and is forecast to become even greater.[2]

For all these reasons mental health issues are everyone's concern.

*What do we mean when we talk about mental health and mental illness?*

People can have varying degrees of mental health or mental well-being, without having a mental illness. For example, some people have tremendous resilience and strength, a positive outlook and feel that they are functioning well on all levels. Others may not have a mental illness and yet may feel that day-to-day life is a struggle, that they have limited prospects and are more easily set back by life's challenges.

At the same time, people who are living with a mental illness may be enjoying good mental health, in the sense of having a positive outlook, good self-esteem, a sense of coherence and healthy relationships.

**This means that mental health and mental illness are influenced by one another but are not polar opposites:** the absence of mental health does not necessarily mean the presence of mental illness, any more than the presence of mental illness implies a complete absence of mental health.

The way the World Health Organization defines mental health makes clear that it is more than the absence of mental illness:

**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.**

**Being mentally healthy involves having a sense of coherence that helps us to function well despite the challenges we confront, as well as having the resiliency to bounce back from setbacks.** The evidence suggests that people who experience the best mental health – independently of whether or not they are living with the symptoms of a mental health problem or illness – function better than those who are either moderately mentally healthy or in poor mental health.[3]

There is – as has often been observed – no health without mental health. Not only is mental health essential for well-being and functioning in every setting, but mental health, physical and spiritual health influence each other.

The idea that mental health and well-being is an integral part of overall health, and that it depends on how we interact with the world around us, is not a new one. For example, First Nations, Inuit and Métis cultures – although themselves diverse – broadly understand well-being or "wellness" to come from a balance of body, mind, and spirit, closely tied to cultural identity, self-determination, community and family, and the land.

Having good mental health helps to protect against the onset of mental health problems and illnesses as well as buffering the impact of the stresses and hardships that are part of life for everyone. Moreover, regaining mental health is an integral part of the journey of recovery from mental health problems and illnesses.

**When we speak of mental health problems and illnesses in this document we are referring to clinically significant patterns of behaviour or emotions that are associated with some level of distress, suffering or impairment in one or more areas such as school, work, social and family interactions or the ability to live independently.**

There are many different kinds of mental health problems and illnesses. They range from anxiety and depressive disorders through to schizophrenia and bipolar disorder and are often

associated with a formal medical diagnosis. Untreated mental health problems and illnesses, particularly when combined with stressful life events or substance misuse, can lead to suicide.

There is no single cause for most mental health problems and illnesses. They are thought to be the result of a complex interaction amongst social, economic, psychological and biological or genetic factors. Many similar factors influence our mental health and well-being, including our biological and genetic make-up, as well as many social and economic factors, such as the conditions we face at work or the availability of adequate and affordable housing.

As with health generally, disparities in socioeconomic status and level of education lead to differences in mental health status.[4] For example, hospitalization rates for all mental health conditions have been found to be almost two and one half times higher for people with the lowest socioeconomic status compared to those at the upper end of the scale.[5]

Moreover, mental health problems and illness are often complicated by the presence of other health conditions and can be compounded by a variety of social problems. In particular, mental health and substance use problems, and addictions more generally, have large and significant areas of overlap. Substance misuse is often the result of an underlying mental health problem or illness, and conversely substance misuse can contribute to the development of mental health problems and illnesses. Research has shown that 30% of people diagnosed with a mental illness will also have a substance abuse problem in their lifetime, and 37% of people who abuse alcohol (53% who abuse drugs) are also living with a mental illness.[6]

Similarly, people with chronic diseases, developmental disabilities, learning disabilities, dementia and autism, may also experience mental health problems and illnesses, as do many people who are homeless or involved with the corrections system.

For the Mental Health Commission of Canada, this means that in developing a mental health strategy for Canada we must work in close partnership with the many other people and organizations that deal with a variety of health and social issues. For example, the Commission agrees with those who have advocated that mental health and addictions policies, programs, services and supports must be better coordinated and integrated.

In general, for people living with a combination of challenges to their health and well-being, it will be essential to break down the silos that have so often posed barriers to them getting the care they need – sometimes with tragic consequences.

For governments, this means that consideration of mental health issues cannot be confined to health departments, but also need to be addressed across many social and economic portfolios. For the health care system, it means that it is important to take into account the whole person, and to understand all the factors that affect both mental health and well-being, and mental health problems and illnesses.

For too long, people who have been given a diagnosis of mental illness have been seen as fundamentally different. There was a time – not that long ago even in Canada – when they were sent away and locked up never to be seen again. Although thinking about how to treat mental illness has changed over the years, we have still not overcome the 'us' versus 'them' attitudes.

**Good mental health and well-being is what we want to achieve for everyone.** Everyone can benefit from improved mental health, although many people living with mental health problems and illnesses will need specialized services or supports to help them to achieve a better quality of life. At the core, when it comes to mental health and well-being, we are all the same – whether we are currently experiencing a mental health problem or illness or not. **There is no 'us' and 'them.'**

These general considerations form the backdrop to this document. But there are also important features of the current situation in Canada that are central to what follows.

## *The need for a mental health strategy*

It has often been noted that Canada – alone among the G8 countries – is without a mental health strategy. The Mental Health Commission of Canada has been given the responsibility to initiate and guide a process that will correct this situation and lead to the development of the first mental health strategy for this country.

Over the years, tremendous progress has been made in developing treatments that help to alleviate the symptoms of many mental health problems and illnesses. Yet despite the hard work, dedication and compassion of the thousands of Canadians who work in the mental health system, many of the pressing needs of people confronting mental health challenges are not being met. Indeed, only 1/3 of those who need mental health services in Canada actually receive them.

For far too long, stigma has kept mental health issues off the public agenda. Two and a half years ago, however, the Standing Senate Committee on Social Affairs, Science and Technology issued the landmark report on mental health, mental illness and addictions, *Out of the Shadows at Last*.[7] Its conclusion was that a profound transformation of the mental health system must be undertaken, and that:

**...what is needed is a genuine system that puts people living with mental illness at its centre, with a clear focus on their ability to recover.**

**The Mental Health Commission of Canada was created in order to help make this happen.** A mental health strategy for Canada can serve as a beacon to focus national attention on mental health issues. It can set out a roadmap for the transformation of the existing system into a comprehensive mental health system that will lead to improving the health and social outcomes of people with mental health problems and illnesses, as well as promoting the mental health and well-being of all Canadians.

## *Recovery and well-being*

The understanding that everyone can benefit from improved mental health and well-being, while also acknowledging that many people living with mental health problems and illnesses will need specialized services and supports to help them recover and achieve greater well-being, underpins our approach to transforming the mental health system.

This way of thinking is entirely consistent with the central conclusion drawn in *Out of the Shadows at Last.* That report insisted that "recovery must be placed at the centre of mental health reform." When applied to mental health care, the term recovery has a particular meaning which has been used by people living with mental health problems and illnesses for close to 20 years. Drawing on this tradition, in this document **recovery has been defined as:**

**...a journey of healing that builds on individual, family, cultural and community strengths, and enables people living with mental health problems and illnesses to lead meaningful lives in the community, despite any limitations imposed by their condition.**

In this sense, recovery is not the same thing as "cure," as it may or may not include a full and permanent remission of symptoms. But this approach to recovery affirms the ability of people to recover their lives, even if they do not fully "recover from" their illness; it highlights their capacity to retain or regain their mental health and well-being, while managing whatever symptoms of illness may remain. It draws on the idea that people living with mental health problems and illnesses will experience varying degrees of mental health, just as everyone does.

**A recovery orientation is founded on the principles of hope, empowerment, choice and responsibility.** The hope for recovery, as it is defined in this document, is intended to be available to people with the full range of mental health problems and illnesses, of all ages, and from all backgrounds. The Commission is firmly convinced that a focus on recovery needs to occupy a central place in the transformation of the mental health system in Canada, as it has in many other countries around the world, including the United States, New Zealand, and the United Kingdom.

Achieving such a transformation will not be easy, as fully implementing a recovery orientation will require re-thinking "business as usual." The objective must be to ensure that people living with mental health problems and illnesses are treated with the same dignity and respect as their fellow citizens and have the opportunity to lead full and meaningful lives in the community, free from discrimination.

In particular, adopting a recovery orientation will mean that people living with mental health problems and illnesses will themselves determine what set of services and supports are right for them, in partnership with their families, service providers, and peers.

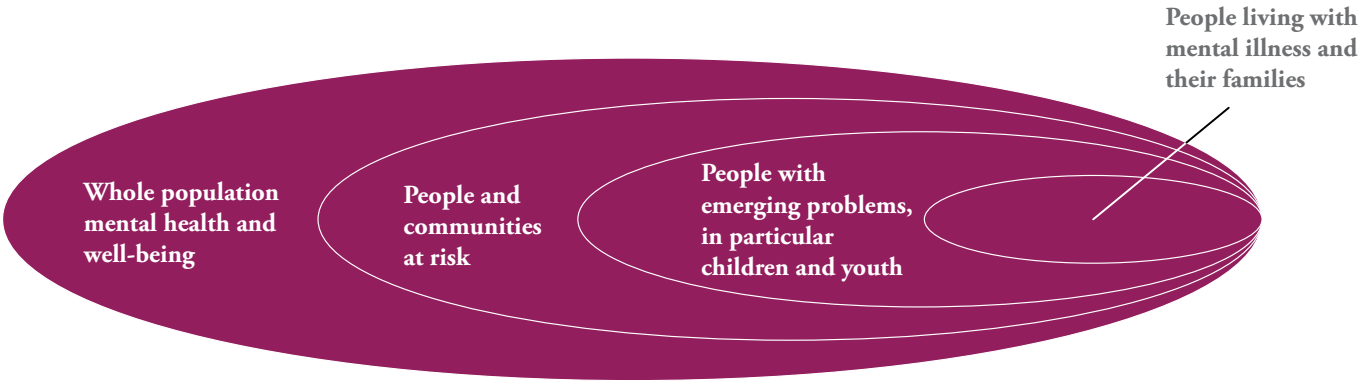
But in order to have a comprehensive mental health strategy, **we will also need to look at ways of keeping people from becoming mentally ill in the first place and at how to improve the mental health status of the whole population.** The challenges in this regard are many, but the potential benefits are enormous. The evidence strongly suggests that mental health promotion and illness prevention can both enhance the overall mental health and well-being of the population and also contribute to reducing the individual, social and economic burden of mental health problems and illnesses.

To accomplish all these objectives it will be important to act in many different settings and to address the needs of Canadians across their lifespan. In particular, we will need to:

- improve access to recovery-oriented services and supports for people living with mental health problems and illnesses and their families;
- improve early recognition and diagnosis, as well as our ability to intervene in a timely manner as problems emerge – before they become entrenched ¬– especially amongst children and youth;
- expand initiatives that are targeted at people and communities with high risk factors for mental health problems and illnesses;
- expand activities directed at improving the mental health of the whole population, such as the promotion of mental health literacy.

Across all these activities it will be essential to break down silos within the mental health system and coordinate efforts with people working in areas that are not normally thought to be part of the mental health system, such as schools and workplaces.

It is clear that a comprehensive approach must address the needs of all sectors of the population, whatever their current mental health status. Keeping in mind that people and communities move in between these various circles over time, such an approach is illustrated below.[8]



## *The nature of this framework*

Working out the concrete details of the first mental health strategy for our country will not happen overnight. The purpose of this document is to provide a framework to guide the development of a balanced and comprehensive mental health strategy that can be applied to the many and varied contexts that make up the fabric of Canada. We are a highly diverse country and a mental health strategy must be flexible enough to respond to diversity in all its forms, in every region of the country.

The mental health strategy for Canada will be developed in two phases. The first phase is the development of this framework document, which establishes high-level goals for WHAT a transformed mental health system should look like. The second phase will develop measurable objectives for HOW to achieve these high-level goals, in each sector (e.g. healthcare, justice, education, workplaces and so on) and across different population groups (e.g. children, youth, seniors, First Nation, Inuit and Métis and so on).

To succeed, the national mental health strategy must be ambitious, as there is much to be done, yet practical, useful, and adaptable to the differing realities of each jurisdiction and sector. Transforming the mental health "system" will involve changes to ways of thinking and to many aspects of what, up until now, has been "business as usual." It will only come about if those who have a direct responsibility for the organization, funding and delivery of mental health services and supports – activities that are all outside the mandate of the Mental Health Commission of Canada – are persuaded to adopt the strategy developed by the Commission.

This is why the Commission believes that it is essential to build broad consensus for its high-level goals before developing objectives and targets that are more focused on implementation (that is, on HOW to achieve these goals). The goals are intended to be applied to all populations groups within Canada and to describe what a comprehensive mental health system should look like. To this end, the release of this draft framework is intended to launch a dialogue about mental health system transformation in Canada.

The eight goals that make up this framework have already been the subject of discussion amongst the more than 100 members of the Commission's eight advisory committees, as well by its Board of Directors. Nevertheless they are still in draft form, pending consultation in the coming months with a wide range of stakeholders and interested Canadians.

By setting out a framework for discussing WHAT a transformed mental health system should be, this document presents a set of goals that are designed to capture, in general terms, the elements that need to be addressed if we are to succeed in transforming the mental health system in Canada.

In summary, this framework document argues that in a transformed mental health system:

1. The hope of recovery is available to all;
2. Action is taken to promote mental health and well-being and to prevent mental health problems and illnesses;
3. The mental health system is culturally-safe, and responds to the diverse needs of Canadians;
4. The importance of families in promoting recovery and well-being is recognized and their needs are supported;
5. People of all ages have equitable access to a system of appropriate and effective programs, services and supports that are seamlessly integrated around their needs;
6. Actions are based on appropriate evidence, outcomes are measured and research is advanced;
7. Discrimination against people living with mental health problems and illnesses is eliminated, and stigma is not tolerated;
8. A broadly-based social movement keeps mental health issues out of the shadows – **forever.**

## *Consulting with Canadians*

In launching this process, the Mental Health Commission of Canada is asking all Canadians – including not only those directly involved in the mental health system but also people working in other sectors and other concerned Canadians – to think through the implications of these eight goals for WHAT a transformed mental health system should look like, both as they apply to the system as a whole and to all its multiple parts.

With this in mind, the Commission invites input on all aspects of this draft framework document. Do the goals adequately describe the direction of change that is required to transform the organization and delivery of mental health programs, services and supports across the country? Do the goals fit together? Are they achievable? Do they go far enough? Are they comprehensive? Can they apply to everyone? Are there any others that should be added?

Based on these consultations, the goals will be revised and finalized for release in the spring of 2009. A second phase of consultations will follow during which we will talk to Canadians about HOW to achieve these goals for each subgroup of the population and each area of activity.

During this second phase, we will be looking to specify the actions that need to be taken to achieve the goals and realize the vision they collectively present; to define the time horizon under which they will be taken, who will be involved in achieving them and how we can measure progress. We will also need to examine successful models and practices that are consistent with the vision and offer the potential to be adapted to the unique circumstances of each jurisdiction and region.

There will be many choices to make in order to achieve a balance amongst the goals presented here and ensure that they work together as part of a comprehensive approach. In light of the many ongoing pressures on our health care system, it is worth stressing that it is precisely a comprehensive approach – one that focuses on improving services and supports for those living with mental health problems and illnesses, improving early recognition and intervention, reaching out to those at risk, and promoting the mental health and well-being of all Canadians – that has the greatest potential to contribute to the sustainability of the health care system over the longer term.

Both phases of consultation will offer the opportunity for input by governments, stakeholders and individual Canadians. These consultations, along with the research work being done by the Commission and its Advisory Committees, will lead to the completion of all the elements of a mental health strategy for Canada by the fall of 2011.

We need as many voices as possible to be heard if we are to succeed in improving the lives of people living with mental health problems and illnesses in this country and in promoting the mental health and well-being of all Canadians.

You are invited to participate in our electronic consultation on the framework document by completing the online workbook which is available at **www.mentalhealthcommission.ca**. We look forward to hearing from you.

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[1] Friedli, L., & Parsonage, M. (2007). *Mental health promotion: Building an economic case.* Northern Ireland Association for Mental Health.

[2] The annual cost to the Canadian economy has recently been estimated at $51 billion every year. See Lim, K.-L., 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), 92-97. Published by the Public Health Agency of Canada.

[3] Keyes, C.L.M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist,* 62 (2), 95-108.

[4] World Health Organization. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health.* Geneva: World Health Organization.

[5] Esmail, N., Hazel, M., Walker, M.A. (2008). National Psychiatry Waiting List Survey, 2008. An excerpt from *Waiting Your Turn: Hospital Waiting Lists in Canada,2008 Report. Retrieved from* http://www.fraserinstitute.org/commerce.web/product_files/PsychiatrySurvey2008.pdf

[6] Skinner, W., O'Grady, C., ,Bartha, C., & Parker, C. (2004). *Concurrent substance use and mental health disorders: An information guide.* Toronto: Centre for Addictions and Mental Health.

[7] Kirby, M., & Keon, W. (2006). *Out of the shadows at last: Transforming mental health, mental illness and addictions services in Canada.* Standing Senate Committee on Social Affairs, Science and Technology. Government of Canada.

[8] Adapted from British Columbia Mental Health and Substance Use Project. (2008). *Background Papers.* Unpublished evidence papers, BC Ministry of Healthy Living and Sport & BC Ministry of Health Services.

# Summary of Goals

## 1. THE HOPE OF RECOVERY IS AVAILABLE TO ALL.

*Recovery is understood as a journey of healing that builds on individual, family, cultural and community strengths, and enables people living with mental health problems and illnesses to lead meaningful lives in the community, despite any limitations imposed by their condition. Family caregivers, service providers, peers and others are partners in this journey of recovery.*

### Background

- People who experience mental health problems and illnesses are too often led to believe that they will never be able to improve their quality of life or regain the ability to function in society.
- In fact, even among those with the most serious mental illnesses, over time 25% have no observable symptoms, and with appropriate support, we can expect most will recover a meaningful life, and enjoy a significant improvement in their quality of life and well-being.
- People living with mental health problems and illnesses have been at the forefront of advocating for a recovery orientation for 20 years, and this approach is now a key element of mental health policy and practice in many countries around the world.

### Key Principles

- As used in this framework, recovery does not mean the same thing as cure. It is a journey of healing that enables people living with mental health problems and illness to lead meaningful lives in the community, despite any limitations imposed by their condition.
- A recovery orientation is founded on the principles of hope, empowerment, choice and responsibility.
- The hope of recovery is available even when mental illnesses are at their most debilitating.
- Recovery cannot be done to, or on behalf of, people living with mental health problems and illnesses.
- Each person's journey of recovery is different. People will make progress, face setbacks and start again. No one should be judged for failing to meet other people's expectations.
- The context of people's lives matters: creating a social context that promotes recovery means taking account of individual and community histories and traditions and building on individual, family, cultural and community strengths.
- Recovery principles should be adapted to individual circumstances, as needs change across the lifespan and over the course of a mental health problem or illness.
- Recovery-oriented mental health policy and legislation need to uphold the principle of least intrusive interventions.

### In a transformed mental health system:

- A person-centred mental health system makes promoting recovery for people living with mental health problems and illnesses the focus of the organization and delivery of mental health services and supports.
- People are able to choose amongst services and supports – ranging from psychotropic medications and psychotherapies, to peer-run services, to housing or employment support programs to spiritual guidance and so forth – that are oriented to promoting their recovery.
- Through genuine partnership, formal and informal services support people living with mental health problems and illnesses to achieve a better quality of life, and all service providers share the hope and expectation that people they are working with can achieve a meaningful life in the community.
- People living with mental health problems and illnesses are actively involved in the planning, design, organization, delivery and evaluation of mental health services and supports.

## 2. ACTION IS TAKEN TO PROMOTE MENTAL HEALTH AND WELL-BEING AND TO PREVENT MENTAL HEALTH PROBLEMS AND ILLNESSES.

*The public, private and voluntary sectors work together to promote the factors that strengthen wellness and the ability to face life's challenges – such as a balance of body, mind and spirit, resilience, nurturing families and vibrant communities – and to reduce factors that increase risk of mental health problems and illness – such as bullying at school or stressful work environments. Joint action is also taken to address the many social and economic factors that influence mental health and well-being, such as housing, income, education and employment.*

### Background

- Good mental health and well-being contribute to our enjoyment of life and are associated with better physical health outcomes, reduced crime, improved educational attainment, increased economic participation and rich social relationships.
- Mental health promotion and illness prevention can enhance mental health and well-being and help to reduce the individual, social and economic burden of mental health problems and illnesses.
- In addition to those listed above, protective factors for mental health include feeling in control of one's life, having a sense of belonging, good relationships, and good problem solving skills. Risk factors include genetic predisposition, childhood trauma, isolation, substance abuse, and family conflict.
- The potential for promoting mental health and preventing mental health problems and illnesses continues across the lifespan, and may be greatest among children and youth, as most (70% of) mental illnesses have their onset during childhood or adolescence.
- Many aspects of health and social policy in Canada – such as those related to public health, housing, income, education and employment – have a strong influence on mental health and mental illness.

### Key Principles

- Good mental health and well-being is what we want to achieve for everyone.
- Mental health promotion and mental illness prevention should be integrated into mental health policy and practice, and into Canadian public health and social policy more broadly.
- Targeted approaches should be used to enhance protective factors and diminish risk factors for different populations (e.g. children and youth, seniors, ethno-racial groups) and across multiple settings (e.g. schools, workplaces etc.).
- Mental health promotion and prevention initiatives must engage communities and respond to their unique strengths and needs.

### In a transformed mental health system:

- Mental health promotion and mental illness prevention are fully integrated throughout the mental health system, as well as in broader public health activities and social policy initiatives.
- Mental health literacy programs raise awareness and public discussion of mental health issues and educate the public about stress-reduction, self-care and the signs and symptoms of mental illness.
- Joint actions are taken across departments and levels of government and across schools, workplaces, primary care and correctional systems to address structural factors such as housing, income, education and employment.

# 3. THE MENTAL HEALTH SYSTEM IS CULTURALLY SAFE, AND RESPONDS TO THE DIVERSE NEEDS OF CANADIANS.

*In a transformed mental health system, programs, services and supports are culturally safe, and respond to the diverse needs of Canadians, including those arising from migration, ethno-racial background, age, language, gender, sexual orientation, or geographic location.*

## Background

- The diverse needs of the Canadian population include those based on age, language, gender, race, migration, sexual orientation and geographic location.
- Culture, ethnicity and race influence the way people understand and communicate their mental health status, how they perceive and are perceived by mental health providers and how they use and respond to treatments.
- Imbalances of power and the experience of discrimination can contribute to poorer mental health outcomes for minority groups and may diminish their likelihood of receiving care as well as the quality of care received.
- Culturally-safe practices help to improve peoples' engagement in treatment, treatment outcomes and satisfaction with treatment and can improve job satisfaction for service providers.
- "Cultural" differences exist not only between people of different ethnicity or race, but also amongst health care professionals, the service system, people in urban, rural or remote regions, the gay, lesbian and transgendered communities, and between men and women.

## Key Principles

- The entire mental health community needs to share the common aim of developing services and supports that are culturally safe and address the diverse needs of the Canadian population.
- The traditions and outlooks of those who receive services must be recognized and each person's knowledge and reality must be accepted as valid and valuable.
- We are all multi-faceted and rarely are defined by one "cultural identity" or set of experiences.
- There is much to be learned from diverse cultures about how to support mental well-being. For example, many traditions find meaning in suffering that can help people to make sense of illness.

## In a transformed mental health system:

- Service providers recognize the cultural values, as well as the historical and political contexts, of those with whom they are working in order to develop trusting partnerships.
- Providers practice in a way that takes in to account the social, political, linguistic and spiritual realities of the people they work with and recognize and address issues of power and discrimination.
- Whatever a person's cultural identity or background, these are seen as a potential source of resilience, meaning and value.
- Training in cultural safety begins early for all mental health care providers so an awareness of and responsiveness to diversity become commonplace.
- Accreditation bodies and professional organizations adopt standards that require the implementation of culturally-safe practices.
- Socioeconomic disparities are addressed in order to minimize differences in mental health outcomes and promote mental health and well-being.

## 4. THE IMPORTANCE OF FAMILIES IN PROMOTING RECOVERY AND WELL-BEING IS RECOGNIZED AND THEIR NEEDS ARE SUPPORTED.

*The unique role of family relationships in promoting recovery and well-being is recognized and supported through programs such as parenting support, peer support and respite care. With the consent of adults living with mental health problems and illnesses, and in their role as parents of dependent children and youth, family members are partners in the recovery process and integrated into decision-making. Family members are also supported to meet their needs that arise from their role as caregivers.*

### Background

- Family members are typically the primary support for people living with mental health problems and illnesses, but have traditionally been marginalized by the mental health system and often unjustifiably blamed as being the cause of mental illness.
- The caregiving burden can exact a heavy toll on family members, physically, emotionally and economically.
- Failure to support families in their caregiving role increases the costs of care by contributing to worse outcomes for their ill relatives and, in many cases, for their own health.
- As 70% of mental health problems and illnesses have their onset during childhood and adolescence, parents and guardians have a critical role to play in ensuring that intervention happens early.
- Many factors related to family life can support recovery and well-being, such as healthy pregnancies, nurturing parenting styles, and a family's ability to deal with conflict.
- Other factors can make it more difficult for families, such as substance abuse problems and difficult life circumstances arising from poverty.

### Key Principles

- Family relationships play a unique role in promoting recovery and well-being, and protecting against the onset of mental illness.
- Family relationships are one aspect of a complex interaction amongst social, psychological, and biological or genetic factors that influence mental health and mental illness.
- The choice of how much and how often family support is required belongs to people living with mental health problems and illnesses, with due consideration for what is age-appropriate.
- People may decide at different points in their lives to substitute peers or close friends to play the role of 'family' in their circle of care.
- Family caregivers should be supported to meet their needs that arise from their caregiving role.

### In a transformed mental health system:

- Families have access to information, education, guidance and support through programs such as parenting support, peer support and respite care.
- "System navigators" help guide families through the system, offer support and provide referrals to relevant services.
- With the consent of adults living with mental health problems and illnesses, and in their role as parents of dependent children and youth, family members are partners in the recovery process and integrated into decision-making.

# 5. PEOPLE OF ALL AGES HAVE EQUITABLE ACCESS TO A SYSTEM OF APPROPRIATE AND EFFECTIVE PROGRAMS, SERVICES AND SUPPORTS THAT IS SEAMLESSLY INTEGRATED AROUND THEIR NEEDS.

*People of all ages have access to effective programs, services and supports in their community, or as close as possible to where they live. The system is centred on meeting people's needs, and is seamlessly integrated across the public, private and voluntary sectors and across the lifespan. In addition, the special needs of Canadians living in northern, remote and rural areas are addressed.*

## Background

- Only 1/3 of people living with a mental health problem or illness actually get access to services and supports; the situation is worse for some populations and for remote and rural communities in the north and elsewhere.
- Stigma and fear keep many people from seeking help; many others are confused about where to find appropriate services and supports; while others cannot afford services or treatments that fall outside the publicly funded system.
- It is inaccurate to call the array of programs and services that currently exists a "mental health system;" rather, people seeking help often confront a confusing and fragmented maze made up of programs that have been developed at different times, at every level of government, straddling numerous ministries, departments and agencies, as well as involving the private, community and voluntary sectors.
- Shortages throughout the "system" lead to overcrowded hospital emergency rooms, and contribute to many people with mental health problems ending up in the justice system or on the street.
- Public mental health spending per capita is lower in Canada than in most developed countries.

## Key Principles

- Services should be available as close as possible to where people live and be oriented to helping people live meaningful lives in the community.
- The full range of services and supports – first line, intensive, and highly specialized services, as well as housing, income and employment support – should be available, tailored to the resources and situation in each community.
- In a recovery-oriented system, each person should have the opportunity to choose which mix of services is right for them.
- Mental health promotion and mental illness prevention should be integrated throughout the mental health system as well as being an integral part of primary health care, the education sector and the workplace.
- There should be smooth transitions among different services across the lifespan.

## In a transformed mental health system:

- Services are offered in a flexible, yet integrated manner that is centred on the particular needs of each person and their family, with a clear focus on promoting recovery and well-being.
- An optimal mix of appropriately-resourced informal and formal services and supports is available in the community and is oriented to enabling people to live meaningful lives in the community.
- Interdisciplinary primary care models are linked to community and hospital services and to social services such as housing, employment, education, recreational and vocational services.
- The potential of technologies such as telemental health is fully exploited in northern, remote and rural communities.
- People who have multiple needs – such as living with both a mental health and substance misuse problem – can access all the different services and supports they require.
- Efforts to promote mental health and prevent mental illness are integrated throughout the mental health system, and with the broader health and social sectors.
- New funding approaches enable people to choose from among publicly and privately funded services the ones that best meet their needs.
- Whole of government approaches coordinate services within the health sector and across all areas of government activity that influence mental health and mental illness.
- Peer support workers, as well as new types of mental health workers such as "system navigators," are included in an expanded mental health workforce that is able to better meet the needs of all those who seek help.

## 6. ACTIONS ARE BASED ON APPROPRIATE EVIDENCE, OUTCOMES ARE MEASURED AND RESEARCH IS ADVANCED.

*Mental health policies, programs, services and supports are informed by evidence that is based on diverse sources of knowledge. They are evaluated on the basis of their contribution to improving the mental health and well-being of all Canadians and the health and social outcomes of people living with mental health problems and illnesses and their families. The support provided for mental health and mental illness research is in keeping with the economic and social burden of mental health problems and illnesses on society, and the translation of this research into practice is accelerated.*

### Background

- Research has brought important advances in our understanding of mental health and mental illness, and has been central to the development of new and successful options for promotion, prevention, treatment and care.
- Overall, Canada does not spend nearly enough on mental health research, and some areas – such as improving service delivery, understanding stigma, recovery and well-being, and funding models – have received even less attention.
- We also lack an adequate information base upon which to monitor the mental health status of Canadians, and to evaluate the effectiveness of mental health policies, programs and services.
- There is little coordination of performance monitoring, with jurisdictions often developing their own approaches and measures.
- There is an unacceptable lag in the translation of new knowledge into practice – estimates suggest that it can take up to 15 years.

### Key Principles

- What works should be given priority and practices that are ineffective or cause harm should be avoided.
- Only with a solid commitment to research can we ensure that the most appropriate and effective services and supports are available to people living with mental health problems and illnesses, as well as gain a better understanding of what can be done to promote the mental health and well-being of all Canadians.
- There is no single, unequivocal way of judging what works and there will never be a single research method that will guarantee success in all circumstances; a diversity of approaches – drawing on the best evidence from scientific research, the experiences of people living with mental health problems and illnesses, and traditional and customary knowledge – must be nurtured.

### In a transformed mental health system:

- Spending on research will be in keeping with the social and economic burden of mental illness, and will be focused on social as well as biological factors.
- Research will be based on diverse sources of knowledge – scientific, lived experience, and traditional.
- There will be robust and well-coordinated monitoring of mental health status and measuring of performance.
- There will be more researchers with lived experience of mental health problems and illnesses as well as of those with personal knowledge of Canada's diverse communities.
- The translation of knowledge gains into practice will be accelerated.

# 7. DISCRIMINATION AGAINST PEOPLE LIVING WITH MENTAL HEALTH PROBLEMS AND ILLNESSES IS ELIMINATED, AND STIGMA IS NOT TOLERATED.

*People living with mental health problems and illnesses and their families are fully included in community life. They are accorded the same respect, consideration, rights and entitlements as people dealing with physical illnesses and as all Canadians, and mental health service providers are similarly respected. Mental health programs and policies are funded and supported at a level that is based on the economic and social burden of mental health problems and illnesses and is consistent with the funding provided to the rest of the health and human services sectors.*

## Background

- Stigma and discrimination have a huge negative impact on people living with mental health problems and illnesses, affecting all aspects and stages of their lives – dealings with friends, family, educators, employers and the health care system itself.
- Stigma refers to beliefs and attitudes about mental health problems and illnesses that lead to the negative stereotyping of people living with mental health problems and illnesses and to prejudice against them and their families.
- There are many forms of discrimination: it can be overt and direct, involving the exercise of power over people, and it can also be passive or "structural," meaning that it is reflected in policies, practices and laws.
- Forms of discrimination also occur within the health care system itself, and people working within the health care system are not immune from having stigmatizing attitudes.
- When internalized, self-stigma can cause people with mental illnesses to become isolated from others and to avoid taking on new challenges.
- The most effective anti-stigma strategies are targeted at specific populations or settings and encourage direct contact with people living with mental health problems and illnesses.
- Great progress has been made in eliminating many forms of discrimination and stigma associated with other illnesses and disabilities.

## Key Principles

- People living with mental health problems and illnesses and their families should be given the same respect, consideration, entitlements and rights as people dealing with physical illnesses and as all Canadians.
- People living with mental health problems and illnesses who access social programs should be treated in a comparable fashion to other Canadians who rely on these programs.
- Mental health service providers must be recognized and respected for the valuable role they play.

## In a transformed mental health system:

- Discrimination against people living with mental health problems and illnesses will be eliminated and stigmatizing and demeaning attitudes and language will not be tolerated.
- Mental health programs and policies will be funded and supported at a level that is based on the economic and social burden of mental health problems and illnesses and is consistent with the funding of the rest of the health care and related human services sectors.
- Workplaces, schools and other community settings will create an atmosphere that is open, accommodating and supportive of people living with mental health problems and illnesses.
- Changing attitudes and behaviours towards people living with mental health problems and illnesses is a challenge that is taken up by all Canadians on a daily basis.

# 8. A BROADLY-BASED SOCIAL MOVEMENT KEEPS MENTAL HEALTH ISSUES OUT OF THE SHADOWS – FOREVER.

*There is a sustained national effort to improve health and social outcomes for people living with mental health problems and illnesses, and to improve the mental health and well-being of all Canadians. A broad and dynamic social movement actively contributes to the achievement of all the goals set out in this framework and helps to keep mental health issues out of the shadows forever.*

## Background

- Over the course of a lifetime virtually no one is left untouched by mental health issues.
- Organizations and social movements that exist for breast cancer, AIDS, diabetes, and heart and stroke have succeeded in transforming attitudes, beliefs and behaviours; all these illness-specific initiatives share two critical features – they each have a strong organization of dedicated volunteers and they each have a charitable body that enables the volunteers to raise money for research and other purposes.
- Mental health organizations have worked hard over the years to bring mental health issues into the public eye, but have long faced an uphill battle against stigma, and against the fragmentation of the system; moreover, they have lacked sufficient infrastructure and resources – financial, human and technological.
- Working towards the kind of mental health system embodied in the goals set out in this framework will require substantial change on the part of everyone – especially those involved in the planning, funding, organization and delivery of mental health services and supports from coast to coast to coast.

## Key Principles

- All Canadians must join in the efforts to improve the health and social outcomes for people living with mental health problems and illnesses, and to improve the mental health and well-being of all Canadians.
- The development of a broadly-based and dynamic social movement, with a well-organized grassroots group of volunteers, is essential if the mental health system is to be transformed.
- Change is never easy, and all Canadians will need to look for ways they themselves can contribute to changing attitudes, to changing behaviour and to changing the way the system itself is run.

## In a transformed mental health system:

- The entire mental health community joins together in forming a truly national social movement that successfully engages all Canadians.
- This broadly-based social movement plays an essential role in realizing the vision of a profoundly transformed mental health system contained in this framework document.
- A dynamic social movement presses governments to make sure there are adequate resources for all Canadians to have equitable access to mental health programs, services and supports and urges both governments and service providers to overcome the fragmentation of the current mental health system.
- The mental health community has the fundraising infrastructure in place that will allow it to replicate the success of other illness-based social movements.
- Mental health issues are kept out of the shadows – forever.

# Goal 1

## THE HOPE OF RECOVERY IS AVAILABLE TO ALL.

*Recovery is understood as a journey of healing that builds on individual, family, cultural and community strengths, and enables people living with mental health problems and illnesses to lead meaningful lives in the community, despite any limitations imposed by their condition. Family caregivers, service providers, peers and others are partners in this journey of recovery.*

Over the past 15 years, fostering the recovery of people living with mental health problems and illnesses has become central to mental health policy and practice in many countries around the world. Here in Canada, numerous reports and policy documents have embraced a recovery orientation. At the same time, some providers of services and supports have moved in the same direction.

However, there has not yet been a systematic discussion in this country of the precise meaning of recovery, and many service providers have never been exposed to a recovery approach. Nor have the implications of using recovery as a primary focus for changing the way the mental health system is structured been examined in detail. The Mental Health Commission of Canada intends to facilitate this discussion as part of the process of developing a mental health strategy for Canada.

The Commission shares the view of the Senate Committee report, *Out of the Shadows at Last*, that in order to improve the health and social outcomes for people living with mental health problems and illnesses "recovery must be placed at the centre of mental health reform." The understanding that everyone can benefit from improved mental health and well-being, while also acknowledging that many people living with mental illness will need specialized services and supports to help them to recover, underpins our approach to transforming the mental health system.

Recovery is similar to approaches and concepts that may be more familiar in Canada, such as psycho-social rehabilitation, resiliency, healing and wellness, optimal health, chronic disease management, mental health promotion, and well-being. Recovery is compatible with these approaches, but goes further in highlighting elements such as hope, choice, community, and peer support. The hope for recovery as it is defined in this goal is intended to be available to people with the full range of mental health problems and illnesses, from all cultural backgrounds, and of all ages.

A key impetus for the growing prominence of recovery around the world has been advocacy by people living with mental health problems and illnesses themselves. They have recognized in recovery a guiding principle that is rooted in respect for their rights and dignity, and that focuses on their strengths and capacities. Also, looking through a recovery lens forces all of us to stop defining people by their mental health problem or illness, and to see "people" rather than "labels."

As well, there is the growing evidence that a recovery orientation can drive the reform of the organization and delivery of mental health services and supports and that recovery-oriented services and supports – such as supported housing, peer-support initiatives, family education, and treatment that values self-determination, a meaningful life in the community, and hope – lead to improved health and social outcomes for people with mental health problems and illnesses.[9]

Nonetheless, the use of the term "recovery" to describe the desired outcome for people living with mental health problems and illnesses can be understood in different ways. What exactly does it mean? Is it being used in the same sense as "I recovered from a bout of the flu"? If so, is that really possible for people living with mental health problems and illnesses, especially the more severe ones?

In fact, for many it is. Despite commonly held views to the contrary, studies have found that, over time, approximately 25% of people diagnosed with a serious mental illness get to the point where they show no observable signs or symptoms and experience no residual impairments.[10] The evidence shows that even in the strict clinical sense, these individuals have "recovered" from mental illness.

However, it is important to stress that "recovery," as it is used throughout this document, does not mean the same thing as "cure." Being "in recovery" will not necessarily mean that a person no longer experiences any further symptoms associated with their mental health condition.

**As one widely used definition puts it, recovery "is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness."[11] In other words, a person can recover their life without "recovering from" their illness.**

For example, one study showed that 62% of people diagnosed with schizophrenia who were followed over a 32-year period met some combination of three of the following four criteria:

- They had a social life similar to others in the wider community
- They held a paid job or were volunteering
- They were symptom free
- They were no longer taking psychiatric medications[12, 13]

Recovery, in this sense, can have meaning for everyone. For example, a senior citizen struggling with a mental illness and dementia and facing declining health, could nonetheless work with family, friends and care providers to make choices about treatment and support options. They could be involved in decisions about assistance with daily living, choice of residence

and social activities that have meaning in their life and help enhance their sense of dignity.

There is no single, comprehensive definition of recovery that is shared by everyone. In part, this flows from the fact that **each person's journey of recovery is necessarily different, as individuals draw on their own unique set of resources and relationships to confront the specific challenges of their condition.**

At the same time, there is a growing consensus around the key components of recovery. These have been summarized in various ways. One such summary sees recovery as:

- *Finding, maintaining and repairing hope* – believing in oneself; having a sense of being able to accomplish things; being optimistic about the future.
- *Re-establishing a positive identity* – finding a new identity which incorporates illness, but retains a core, positive sense of self.
- *Building a meaningful life* – making sense of illness; finding a meaning in life, despite illness; being engaged in life and involved in the community.
- *Taking responsibility and control* – feeling in control of illness and in control of life.[14]

Hope is the starting point from which a journey of recovery must begin. Although the course of that journey will be particular to each person and each family, the belief that it is possible to embark on this journey is required in order to take the first step. Furthermore, hope is essential to achieving the best possible outcome – research has shown that having hope plays an integral role in an individual's recovery.[15] And it is equally important for family members and others supporting someone on a journey of recovery.

A concern is sometimes expressed that it is harmful to give people a false sense of hope. On the one hand, it is true that it is impossible to know in advance how far, or how fast, any given individual will be able to travel along a journey of recovery. Recovery does not happen in a pre-defined timeframe. A focus on hope does not mean being naïvely unrealistic about what can be achieved. Nor does it mean pressuring those who are on a recovery journey to "recover faster", to go back to work before they are ready, or blaming or abandoning those whose condition does not immediately improve.

On the other hand, people who experience the onset of a mental illness are all too often led to believe that they should not expect to get any "better," that they will never be able to function in society or that they will always be incapable of caring for themselves. It is the false sense of gloom that is communicated to people living with mental health problems and illnesses that constitutes the much bigger problem. **An absence of hope will prevent people from ever undertaking a journey of recovery.**

Recovery cannot be done to, or on behalf of, people, even though supportive family, friends, peers and service providers will have a critical role to play. Recovery must be the result of an individual's own efforts and accomplished using his or her choice of services and supports. This is essential because dealing with mental health conditions that can rob people of their sense of themselves and of their capacity for self-directed activity must involve regaining those capacities. Self-determination is both a means to achieving recovery and a goal in its own right.

Taking responsibility for and control of one's own recovery means reclaiming the ability to make decisions for oneself wherever possible. This in turn implies that people may sometimes make the "wrong" decisions. We do not question the right for healthy individuals to make wrong decisions; moreover, failure often presents an opportunity for growth. People living with mental illness have the right to err, just as others do.

Some see in this an unacceptable risk associated with the recovery model. But we need to ask whether the possibility of "failure" involves a greater risk than that entailed by not allowing people to try. At the same time, risk has to be managed, both by ensuring adequate support for people during their journey of recovery and by making sure all jurisdictions have appropriate legislation in place to protect anyone at risk.

Restraint and coercion represent the ultimate in loss of control, and epitomize the power imbalance between service providers and people with mental health problems and illnesses. For some, fear of restraint is like an elephant in the room, a continuous threat that shadows the recovery process. **Recovery-oriented mental health policy and legislation need to uphold the principle of least intrusive interventions.**

Experience has shown that the journey of recovery will likely not be a linear one, and that individuals may experience setbacks along the way. But whose life is otherwise, and why should there be a different standard for people seeking to pursue a journey of recovery than for those who are not experiencing mental health problems?

Different people will be more or less ready to take responsibility for their own recovery journey depending on "where they are at." For example, at the onset of a mental health condition, an individual may just want someone else to make decisions for them. As time goes on, this same individual could be prepared to

take on more responsibility for decision-making, and ultimately to set their own recovery goals.

Of course, some people will have a limited ability to participate actively in decision-making. For example, we expect that parents or guardians will be the primary decision-makers for young children. This does not mean that a recovery approach is not being adopted; rather, it means that the approach must be adapted to the reality of each individual. Hope, identity, a meaningful life, and responsibility can have meaning for children and youth according to their stage of development, and can also have meaning for their parents and guardians.

Recovery does not take place in a vacuum. It will build on individual, family, cultural and community strengths, and will reflect unique histories and traditions. However, it also means that recovery can be challenged by social, political and economic circumstances. For example, stigma and discrimination in a society can be a major challenge to a person's recovery. A reduction or elimination of symptoms will not help someone deal with an employer who refuses to hire people who have a record of psychiatric diagnosis.

Recovery is also not a fixed end point – it is a path along which people can rediscover their strengths and their potential for growth. People living with mental health problems and illnesses will likely require varying degrees of support and assistance on their journey of recovery, both from formal mental health services and from families and informal networks of support and care. The supports required by children and youth and their families and guardians will also vary according to developmental stage. Nonetheless, the underlying assumption must be that people living with mental health problems and illnesses have the capacity to know what a 'good life' means for them.

What then, will services and supports for people living with mental health problems and illnesses look like in a transformed mental health system? A recovery-oriented mental health system is one in which people are able to make meaningful choices amongst services and supports that are oriented to promoting their recovery.

The role of formal and informal services and supports then becomes one of assisting people living with mental health problems and illnesses to attain a better quality of life and to achieve the best possible health and social functioning. This allows the relationship between people living with mental health problems and illnesses, their families, and those working to support their recovery to become a genuine partnership. This is especially important during the period of 'trial and error' that is often required to find the best combination of treatments and supports to foster recovery.

A recovery focus can be applied to and supported by many different kinds of practices or interventions that run the gamut from psychotropic medications and psychotherapies, to peer-run services, to housing or employment support programs to spiritual guidance and so forth. Many, if not most, current practices are at least partially compatible with a recovery orientation. Nonetheless, it will always be important to encourage service providers to adhere explicitly to a recovery orientation so that they can openly work towards building a partnership with those they are seeking to support.

To be recovery oriented, services and supports must sustain people's efforts on their journeys of recovery. Professionals need to share their expertise, assessing and educating about options, just as with physical illness. At the same time, service providers need to facilitate people's ability to express and follow their preferences in tracing out their path to recovery, and make informed choices about the services and supports (including medication) that are most beneficial to them, and facilitate support from their families, friends and communities.

**Above all, service providers need to share the hope and expectation that the people they are working to support can achieve a better quality of life.** Even when mental illness is at its most debilitating, service providers, families and others can work together to support the greatest degree of self-determination and dignity possible, employing advanced directives and designating substitute decision-makers where necessary.

Recovery-oriented services and supports must also, to the extent possible, be available in the community, and be oriented to supporting people to live meaningful lives in the community. Moreover, there are many services and supports that operate outside of the realm of mental health – such as religious institutions, leisure and recreation organizations – that have an important role to play in promoting recovery and well-being by helping people connect with their communities, traditions and cultures. These organizations need to welcome people living with a mental health problem or illness and accommodate their needs, so as to enable them to participate fully in the community.

It is also essential to look beyond the formal mental health system to promote the development of services and supports organized and operated by people living with mental health problems and illnesses themselves – from enterprises that offer employment to peer support initiatives – as these have both been repeatedly shown to be amongst the most valuable contributors to recovery.[16] These must not stand apart from the rest of the

system, but must be funded and fully integrated within it. In indigenous communities, the contribution of elders, traditional healers, and those with lived experience also need to be recognized and supported.

It is important to stress that a recovery orientation does not imply taking away existing elements of service delivery. Instead, the full spectrum of services is required, from community supports, to primary health care and hospital-based care. Medical and other professional treatments, including medication, can contribute to fostering recovery alongside supportive housing and peer support.

Finally, it is important to note that a recovery orientation should not be used as a basis for 'judging' people, or as an excuse for not adequately funding services and supports for those groups or individuals who may be seen as less likely to achieve a "full" recovery.

Most importantly, at all levels, in all jurisdictions and across all sectors and organizations, it is critical that people living with mental health problems and illnesses, as well as their families, become actively involved in the planning, design, organization, delivery and evaluation of mental health services and supports.

The Mental Health Commission of Canada is committed to encouraging the adoption of a recovery orientation as a foundational element for improving the health and social outcomes of people living with mental health problems and illnesses across the lifespan. In order to accomplish this objective it is essential that we build on promising examples of excellence wherever they exist across the country – or indeed elsewhere in the world – while simultaneously questioning those aspects of current practice that do not foster recovery.

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# Goal 2

## ACTION IS TAKEN TO PROMOTE MENTAL HEALTH AND WELL-BEING AND TO PREVENT MENTAL HEALTH PROBLEMS AND ILLNESSES.

*The public, private and voluntary sectors work together to promote factors that strengthen wellness and the ability to face life's challenges – such as a balance of body, mind and spirit, resilience, nurturing families and vibrant communities – and to reduce factors that increase risk of mental health problems and illness – such as bullying at school or stressful work environments. Joint action is also taken to address the many social and economic factors that influence mental health and well-being, such as housing, income, education and employment.*

To be truly comprehensive, a mental health strategy for all Canadians must help to improve the quality of life for everyone, and contribute to reducing the growing burden of mental illness over the longer term. This will require action to keep people from becoming ill in the first place, in particular through targeted prevention initiatives for people at greatest risk. And it will be necessary to promote the mental health and well-being of the population as a whole.

There are limits to what can be done to reduce the burden of mental illness through treatment. A recent study used robust Australian mental health survey data regarding the prevalence of mental disorders and the services used to treat mental disorders. In light of current knowledge, even if everyone with a mental health problem or illness had access to services that follow current best practices, it appears to only be possible to avert 40% of the overall burden of mental illness.[17] Of course, this figure points to the need to improve and develop new best practices. However, these findings also illustrate just how important it is to prevent as many people as possible from developing a mental illness in the first place, given the limitations of current treatment methods, and the critical role for mental health promotion and mental illness prevention in reducing the burden of mental illness.

Mental health and well-being also have value independently of their potential contribution to reducing the burden of mental illness. As noted in the introduction, good mental health is associated with better physical health outcomes, reduced crime, improved educational attainment, increased economic participation and rich social relationships.[18] Poor mental health yields the opposite. For example, people with poor mental health have been found to have the same level of risk for developing a cardiovascular disease as those who smoke.[19]

There are many factors that influence mental health and mental illness. **By enhancing protective factors and diminishing risk factors, it is possible to foster good mental health and reduce the burden of mental health problems and illnesses.**

Protective factors are those that help to reduce the chances of developing mental health problems and illnesses, aid in maintaining good mental health and assist in developing resilience in the face of adversity. They include having a sense of belonging, good relationships, feeling in control of one's life, and possessing good problem solving skills, as well as structural factors that reduce adversity and promote a sense of security, such as safe housing and stable income.

Risk factors are those that are associated with an increase in the likelihood that people will develop mental health problems or illnesses. Risk factors can also worsen existing conditions, and contribute to poor mental health by interfering with a person's ability to handle the everyday stresses of life. Examples of risk factors include: genetic predisposition, childhood trauma and its impact on brain development, isolation, personal or family drug or alcohol abuse, family conflict, challenging socio-economic circumstances or the experience of discrimination.

Suicide prevention is distinct from, yet shares many similarities with mental illness prevention. Suicide is not an illness but instead is a fatal action.[20] While mental health problems and illnesses are clearly significant risk factors for suicidal behaviour, people who die by suicide may or may not have had a mental health problem or illness. Nonetheless, many of the same risk and protective factors which influence mental health and mental illness also have an impact on the risk of suicide. For example, a recent study explored the relationship between socio-economic status and youth suicide and found that youth living in poorer neighbourhoods were found to be four times more likely to attempt suicide than youth living in more affluent neighbourhoods.[21]

Many of the factors that have a strong influence on mental health and mental illness – such as housing, income, education and employment – are tied to just about all aspects of health and social policy in Canada. Socioeconomic inequities are increasingly being recognized around the world as important causes of ill health in general and these are also important causes of disparities in mental health status.[22] These disparities are evident not just between individuals, but also between whole communities.

**As a result, it is imperative for mental health promotion and mental illness prevention to be integrated, not just into mental health policy, but also into Canadian public health and social policy more broadly.**

The Mental Health Commission of Canada's mandate to develop a mental health strategy for Canada presents an opportunity to advance this integration. As this framework makes clear, mental health promotion and mental illness prevention will be integrated into the Commission's comprehensive mental health strategy for Canada.

Of equal importance, this strategy can act as a springboard for collaboration across the health and social sectors. In so doing, we will need to come to an understanding of the different contexts of each sector. For example, the language used to address mental health issues may be different in our workplaces than in a school setting, in the correctional system, in primary care settings, or in the mental health system itself. Yet all sectors can and must work together to accomplish the common objectives of preventing

mental illness and promoting the mental health and well-being of all Canadians.

As we move forward, several key questions arise: Where should efforts be focused? What works to enhance protective factors and reduce risk factors, and what does not? What is feasible?

Keeping in mind that what works to promote mental health also often works to prevent mental illness, there is growing evidence about what kinds of programs can be effective.[23,24] 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, family), 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. This echoes anti-stigma research which indicates that targeted approaches are the most effective way to change the way people think and behave.[25]

To take an example drawn from the world of work, Husky Injection Moulding Systems' comprehensive employee health and wellness program is geared to prevention and to getting people back to work quickly, and offers an illustration of a successful targeted initiative. In addition to a non-hierarchical work environment and incentives for volunteer work, Husky provides access to on-site daycare and fitness facilities, and to a wellness centre which includes the services of physicians, physiotherapists, a naturopath, and massage therapy. Indicators of a healthier workforce include lower rates of absenteeism (2.25 days per year compared to the Canadian average of 5.7 days) and lower drug costs per employee ($153 compared to $495 sectoral average).[26]

The opportunity to prevent mental health problems and illnesses appears to be greatest among children and youth. We know that most (70% of) mental health problems and illnesses have their onset during childhood or adolescence.[27] Early intervention at this stage therefore offers an opportunity to address problems before they become entrenched. We also know that good mental health is fundamental to healthy development throughout childhood, and that mental health promotion with children and youth and their families can enhance protective factors, such as resilience and self-esteem.

A recent review found that the most cost effective mental health promotion programs are those which support families with young children.[28] For example, parenting skills training has been found to improve the mental health of parents and the mental health, behaviour and long-term opportunities of children.

As a result of ageism, the mental health needs of older adults are often unjustly discounted. And yet, for many these years can be tremendously fulfilling. Mental health promotion and mental illness prevention continue to have a significant role to play in maintaining quality of life across the lifespan. For example, programs for seniors which focus on exercise have been shown to provide many benefits, including improved life satisfaction and positive mood, and reduced psychological distress and depressive symptoms.[29]

Regardless of the setting or population being targeted, community engagement has been found to be critical for the success of mental health promotion and prevention initiatives. Not only does community engagement ensure that initiatives respond to a community's unique needs and strengths, it has the added value of strengthening the fabric of community life.

Addressing the needs of entire communities will often require a whole of government approach – that is an approach which integrates programs and services across all government departments, not just those with direct responsibility for mental health. This is particularly important in communities and population groups that have lived through major adversity such as extreme poverty, wars, and colonization, as well as for those that have experienced racism or other forms of discrimination.

Finally, broad public education campaigns have also been found to contribute to raising awareness and fostering a positive climate for the public discussion of mental health issues. For example, mental health literacy initiatives can inform people about the importance of stress-reduction and self-care, at the same time as they educate the public about the signs and symptoms of mental health problems and illnesses.

While economic studies on mental health promotion and prevention programs have been limited to date, a recent study done for Northern Ireland stresses that the benefits of programs directed to preventing mental illness through early intervention can be substantial, and more than offset the program costs.[30]

Prevention efforts can also help alleviate the economic burden of mental illness on individuals and on the wider community by having a positive impact on educational performance, employment, income, personal relationships and social participation. The benefits also include reduced costs to the health care system itself, to family and friends who provide informal care, to the economy in terms of output losses as well as attenuating the personal costs associated with a lower quality of life.

At the same time, there is a significant potential benefit in many areas to improving the mental health of the population as a whole. These include cost savings associated with better physical health, a reduction in crime, enhanced community cohesion, and more sustainable development.

As one example, the authors of the Northern Ireland study estimate that in their country the savings in lifetime costs for the prevention of child conduct disorders through early intervention is estimated to be approximately £150,000 ($280,000) per case; and for promoting the mental health of children and youth from moderate levels to high levels to be approximately £75,000 ($140,000) per case. The largest proportion of these savings is linked to avoided crime, followed by savings in the cost of adult mental illness and increases in lifetime earnings.

There is still much to learn about promoting mental health and preventing mental health problems and illnesses. Nevertheless, there is growing evidence to support the effectiveness of many programs and policy approaches, and there is enormous potential to both increase the opportunities for all Canadians to thrive and to reduce the burden of illness.

[17] The study also found that the current level of access to services and current quality of services would appear to only be averting 13% of the overall burden of mental illness, which underscores the need to improve access to high quality services. It is also important to note, that while 40% of the overall burden of mental illness appears to be averted with optimal treatment and coverage, this varied by disorder from 66% for generalized anxiety disorder to 20% for schizophrenia. See Andrews, G., Issakidis, C., Sanderson, K., Correy, & J., Lapsley, H. (2004). Utilising survey data to inform public policy: Comparison of the cost-effectiveness of treatment of ten mental disorders. *British Journal of Psychiatry,* 184, 526-533.

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# Goal 3

## THE MENTAL HEALTH SYSTEM IS CULTURALLY SAFE, AND RESPONDS TO THE DIVERSE NEEDS OF CANADIANS.

*In a transformed mental health system, programs, services and supports are culturally safe, and respond to the diverse needs of Canadians, including those arising from migration, ethno-racial background, age, language, gender, sexual orientation, or geographic location.*

In addition to recovery and well-being, the Commission believes that there is another principle – cultural safety – that must underpin the way in which mental health policies, programs, services and supports are oriented, organized and delivered.[31]

The term cultural safety will be new to many people. The aim of promoting culturally-safe practices is to encourage service providers, regardless of their cultural background, to communicate and practice in a way that that takes into account the social, political, linguistic and spiritual realities of the people with whom they are working. Culturally-safe services provide an environment in which people feel safe to express themselves and deal with problems without fear of judgement.

Achieving a culturally-safe environment depends on service providers' sensitivity to the cultural background and social context of each person, and their competence in responding in an appropriate fashion to that person's needs. Culturally-safe practices respect the traditions and outlooks of those who receive the service and recognize that each person's knowledge and reality is valid and valuable. Culturally-safe practices also recognize and attend to the structural barriers that can limit access to appropriate programs, services and supports for people from diverse backgrounds.

A number of different approaches have been developed that aim to improve mental health services and supports so that they respond to the needs of diverse population groups. For example, while concepts such as cultural sensitivity and cultural competence have emphasized the need to respect the traditions and outlooks of those who receive services, other approaches have placed greater emphasis on the importance of addressing issues of racism and oppression in society directly in order to reduce disparities and close the gap in mental health outcomes.

The Commission acknowledges that there are many important considerations that inform these different approaches, and that differing historical experience may also shape how each group identifies its most pressing concerns. For some populations, differences in cultural background may be considered the major impediment to the development of adequate mental health services and supports, whereas others may see racial discrimination as the fundamental obstacle that needs to be overcome.

The group, or groups, with which people identify influences the way they approach the world around them. When it comes to mental health and mental illness, culture, ethnicity and race matter. They have an impact on the way people understand and communicate the distress they are feeling, how they explain the causes of their mental health problems, how they perceive and are perceived by mental health providers and the way they use and respond to treatments. [32]

It is often thought that such differences only exist between groups that come to be defined by ethnicity or race, but the reach of cultural differences is very broad. For example, health care professionals have their own culture, the service system has its own culture, gay and lesbian communities have their own cultures, and people living in an urban area may have one culture, while people living in a rural or a remote region may have a different one. We also know that there are important differences based on gender in terms of how problems are communicated and understood by men and women, as well as differences in their willingness to seek help for problems and engage in treatment.

The Commission hopes that it will be possible for the entire mental health community to pursue a common aim – the development of services and supports that are able to address all the diverse needs of the Canadian population. The Commission is proposing to extend the use of the term "cultural safety" to encompass not only the notions of cultural sensitivity or competence, but also to draw attention to issues of power and discrimination that can contribute to poorer health outcomes for minority groups, and that may diminish the quality of care they receive. The aim is also to ensure that mental health practices recognize that cultural identity and background can be a source of resilience, meaning and value.

Canada needs a mental health system that is capable of providing culturally-safe care to First Nations, Inuit and Métis, to new immigrants, and to the many communities with diverse ethnic and racial backgrounds that are flourishing across the country. Culturally-safe care is also needed to respond to other dimensions of diversity, including age, language, gender, sexual orientation and geographic location.

Adopting a culturally-safe approach offers important benefits for people living with mental health problems and illness and for mental health service providers. The Commission believes that developing culturally-safe practices will help to improve treatment outcomes and quality of care as well as peoples' engagement in and satisfaction with treatment. Practising in a culturally-safe way can also allow service providers to expand their knowledge, enhance the quality of their work and potentially to derive greater satisfaction from it.

In order to develop culturally-safe practices it is important to reflect critically on how we approach issues of mental health and mental illness. The prevailing model of health has traditionally focused on diagnosing and curing illness. However, in order to

be culturally safe and to minimize the barriers that keep people from seeking help, services and supports will need to be able to engage people in a way that recognizes many different approaches to understanding illness.

For example, it is important to acknowledge that most cultures and religions find meaning in suffering; in some instances suffering may strengthen the person's feelings of connection with others or with a higher power. These meanings can help people to make sense of illness and to move toward greater well-being.

Different cultural approaches also affect how mental health difficulties are discussed. In many cultures, people focus on the bodily or physical aspects of mental health problems, such as headache or stomach ache. In some languages there is no direct translation of the word depression. Cultures also have a rich fund of metaphors to describe physical and emotional distress. These metaphors may be misunderstood by helpers unfamiliar with a person's cultural and linguistic background, leading to inappropriate diagnoses and treatment.

Similarly, the readiness to disclose mental health difficulties can vary considerably across different groups. In general, the existing model of services expects people to reveal all their problems and conflicts to a professional, despite the fact that this may cut across deep rooted concepts of family pride, shame and guilt. In some cultures the stigma associated with a mental illness is seen as a tremendous source of shame for the entire family.

In other cultures, it may be inappropriate to contradict the 'expert' therapist, and this may cause people not to express their concerns when a treatment was not found to be helpful. Nor can the impact of history and the experience of oppression or racial discrimination be underestimated. For instance, people who have experienced oppression or institutionalized racism may be more likely to be fearful of anything that relates to government institutions. People from many different cultures have suffered racial discrimination, but their experiences of racism itself can also have an impact on the way they perceive services and experience treatment. All these concerns may be further compounded by language barriers.

At the same time, it is important to note that we are all multi-faceted individuals and are rarely defined by one "cultural identity" or one set of experiences. Moreover, culture and identity are not static and they may affect our thinking in different ways depending on the context and our particular concerns at different stages of our lives – from fitting in with our peers at school, to trying to pass on our heritage to our children, to reflecting back on who we are and what we have achieved in life.

Of course, it is not possible for each individual service provider to be aware of the considerable variety of cultural approaches, and all the different ways people can perceive and present their symptoms. However, it is possible for providers to create an environment where people feel safe enough to interact, confide, and communicate with respect to the difficulties they are experiencing.

**The ability of service providers to recognize the cultural values of those with whom they are working and to take historical and political contexts into account is fundamental to the development of a trusting partnership that will enhance health and social outcomes for people regardless of their background.**

The mental health system must respond to the diverse needs of all Canadians, many of which are acute. For example, First Nations, Inuit and Métis have long faced poorer mental health outcomes, serious issues with respect to substance abuse, as well as higher rates of suicide than the general population. The underlying causes of these challenges are directly linked to the historical legacy of the Indian residential schools and child welfare systems, which are known to have eroded traditional First Nations, Inuit and Métis cultural practices, family structures, parenting skills, and community support networks, and to have also contributed to social and economic marginalization.[33]

The situation of refugees and new immigrants to Canada provides another example. They are often under enormous stress as migration can mean breaking with family, friends, and established social networks. Some may have lived through armed conflict, and have experienced hunger, human rights violations or other traumatic experiences. Upon arrival, many face economic uncertainty, and may experience a sense of isolation and loss of home, career, and standing in society.

**All mental health professions will need to develop greater levels of competence in dealing with the issue of diversity if they are to provide culturally-safe care.** Training in such competencies needs to start very early, so that an awareness of and responsiveness to diversity becomes commonplace. Accreditation bodies, as well as professional organizations, will need to assist in creating a culturally-safe context by explicitly adopting standards that require the implementation of culturally-safe practices.

Educational institutions, for their part, need to ensure that curricula are oriented to cultural safety, and train professionals to respond flexibly to diversity in all of its forms. Training will need to build understanding of the different outlooks of diverse cultural groups, the role of traditional healing practices, the

dynamics of power relationships between different cultures and the impact of the experience of racism and other forms of oppression on mental health and mental illness. Clinical experience in culturally diverse service settings will be an important component of this training, as will building the capacity to carry out culturally-safe assessments and care plans.

Since 12% of the Canadian population speaks a language other than English or French most often at home, comprehensive language competence strategies will be needed.[34] Providers will need to be trained in how best to use interpretation services and cultural liaison workers, including understanding the potential pitfalls. For example, because of confidentiality concerns, some groups may be reluctant to rely on an interpreter unless they live in another community. Culturally-safe mental health literacy and anti-stigma educational materials in a range of languages are also needed.

The tremendous diversity of the Canadian population presents a considerable challenge if we are to meet everyone's mental health needs. At the same time, it also offers important opportunities. By adopting an inclusive approach, one that recognizes the importance of cultural safety and takes advantage of the opportunity to learn from each other, we can work together to promote the recovery and well-being of all Canadians.

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[31] The term cultural safety has its origins in the experience of indigenous peoples, initially in New Zealand. For an overview of the development of this concept, see the National Aboriginal Health Organization. (2006) Fact sheet: Cultural Safety. Retrieved from http://www.naho.ca/english/documents/Culturalsafetyfactsheet.pdf

[32] World Federation of Mental Health. (2007). *Mental health in a changing world: The impact of culture and diversity.* Retrieved from http://www.wfmh.org/PDF/Englishversion2007.pdf.

[33] In order to address these issues, *the Strategic Action Plan for First Nations and Inuit Mental Wellness* (First Nations and Inuit Mental Wellness Advisory Committee, 2007) calls for all jurisdictions to work together to provide a comprehensive continuum of culturally-safe services and supports, including both traditional and mainstream approaches.

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# Goal 4

## THE IMPORTANCE OF FAMILIES IN PROMOTING RECOVERY AND WELL-BEING IS RECOGNIZED AND THEIR NEEDS ARE SUPPORTED.

*The unique role of family relationships in promoting recovery and well-being is recognized and supported through education and programs such as parenting support, peer support and respite care. With the consent of adults living with mental health problems and illnesses, and in their role as parents of dependent children and youth, family members are partners in the recovery process and are integrated into decision-making. Family members are also supported to meet their needs that arise from their role as caregivers.*

Family members have special emotional relationships with each other. They know each other's history and provide a connection to the diverse cultural and community contexts in which they all live. Families therefore have a potentially unique role to play in fostering mental health and well-being, and they can also be an invaluable resource in promoting recovery from mental health problems and illnesses.

The critical role played by families in promoting recovery and well-being is perhaps most obvious in the case of a young child or teenager, or for older people who are no longer able to care for themselves. For example, children and youth depend on their parents or guardians to nurture them, teach them, meet their basic needs, and, when required, to advocate for appropriate services and supports. As was noted earlier, we know that 70% of adults living with mental health problems and illnesses report that their illnesses began in childhood and adolescence, which means that parents and guardians can also play a critical role in intervening early when the first symptoms of mental health problems and illnesses appear.[35]

At the same time, family relationships can be quite complex. Families can be the best source of support, but they can also present many challenges that go with people being in close relationship with each other.

In the past, families were often unjustifiably blamed as the cause of mental illness. Now, mental illnesses are understood to be caused by complex interactions amongst social, psychological and biological or genetic factors. Family relationships are but one aspect of this complex interaction.

Many factors related to family life can promote mental health and well-being, protect against the onset of mental health problems and illnesses, and assist a family member's journey of recovery. These include factors such as healthy pregnancies, nurturing parenting styles, and a family's ability to deal with conflict. Other factors can make it more difficult for families, such as mental health problems and illnesses and substance abuse problems, and difficult life circumstances arising from poverty.

Family members are typically the primary support network, and provide unpaid care to those living with mental health problems and illnesses. Unfortunately, family members have largely been marginalized by the mental health system. In the Senate Committee Report, *Out of the Shadows at Last* (see in particular Chapter 2), the voices of family members were clearly expressed: they felt ignored by the mental health systems in their communities.

Whether because of a mistaken belief that family relationships were to blame for mental illness, or because of laws that are designed to protect the privacy of people living with mental health problems and illnesses, family members have frequently been shut out of decision-making and excluded from encounters with care providers. As a result, family members feel helpless when they are denied access to information about the care and treatment of a loved one, or when information they want to share is dismissed out of hand. Excluding families from decision-making can unnecessarily pit people with a mental health problem or illness against their families.

In order to be able to offer the most helpful support possible, families of people of all ages with a mental health problem or illness require information, education, guidance and support.

Helping a child, teenager or adult with a mental health problem or illness do what he or she wishes to do, and do the best he or she can, is not an easy task. Moreover, when a family member of any age has a mental health problem or illness there can be grief associated with the initial loss of dreams, not only for the individual but for the family as a whole. In fact, the entire family unit may experience a crisis, and each member will need to learn how to be supportive of the others. As well, family members may question whether they have somehow contributed to the mental health problems of their loved one, or could have done something differently to prevent it.

Family members need help to deal with these feelings, for their own sake, and so that they can contribute to the recovery process of their relatives. In this sense, family members also have a journey of recovery to undertake. Just as recovery is a journey of learning that can involve much trial and error for the person with the mental health problem or illness, it is also a journey of growth and learning for family members.

In addition, the caregiving burden can exact a heavy toll, physically, emotionally and economically, and family members themselves can also be adversely affected by stigma. Family members need to have access to the resources they require to sustain themselves. These include affordable, viable opportunities for respite as well as income support when the caregiving role prevents family members' participation in the work force or causes serious economic hardship.

Families need information about mental illness and about the services that may be available to them; they need help in coping with illness and its consequences, including in acquiring skills for problem solving, conflict resolution, and stress management; and they need support for themselves to be able to cope with the challenges of caring for someone with a mental illness as well as to be able to address their own emotional needs.

In a system that is oriented to recovery and well-being, families need to be helped to build on their strengths, survive their crises, meet their challenges and enhance the quality of their lives. In particular, family members need assistance in order to be able to navigate the system. In the past, when the vast majority of people with mental illness were kept in hospitals, families were little involved and had distant relationships with the mental health "system". Today families often act as informal case managers for their loved ones and are frequently confronted by a complex and fragmented "system." **"System navigators" could play an important role by helping guide the family through the system, and offering information, support, and referrals to relevant services**.

The role of family members in supporting a person's journey of recovery is often a fluid one. As with the support given by a parent to a child – who is completely dependent in infancy and later struggles for independence in the teenage years – there is a need for family members to adapt the nature of support they provide as the individual moves through different stages of recovery. Of course, in the case of a child or youth with mental health problems and illnesses this will be doubly true, as families navigate different stages of development in addition to different stages of recovery.

It also needs to be understood and respected that the choice of how much and how often family support is required needs to be the choice of people living with the mental health problems and illnesses, with due consideration for what is age-appropriate. Indeed, there may be times when people choose not to include immediate family members in decision-making, or, in the case of children and youth, a time may come where they need to develop more autonomy. Family members may need to take a step back in order to allow their relatives to make their own decisions, even when they have doubts about them.

We can think of a 'circle of care' around people living with mental health problems and illnesses. This circle of care can include family members, extended family, close friends, health care professionals, peer support workers, and other concerned individuals. The members of this circle of care may change over the course of a person's life, and may be different in different cultural settings.

For example, adults and older youth with mental health problems and illnesses may decide to substitute peers or close friends to play the role of 'family' in their circle of care. While this may not be easy for family members to accept, this decision remains in the hands of adults with mental health problems and illnesses, and older youth when appropriate. Moreover, people living with mental health problems and illnesses may choose to utilize advance directives to specify who will make decisions for them when they are not able to do so for themselves.

Parents and guardians also play a critical role in promoting mental health and preventing mental illness. A growing number of family-focused mental health promotion and prevention programs are demonstrating good results. For example, interventions targeting parents and pre-school children have been found to reduce mental health problems and illnesses and to improve mental health and well-being over the long-term.[36]

Whether the focus is on the role of families in supporting recovery, preventing mental illness, or promoting well-being, programs and supports for families need to be responsive to the diversity of the Canadian population. Families are the main carriers of cultural values and beliefs, and understanding these diverse values and beliefs is essential for the successful delivery of programs and services for families. Responsiveness to family diversity also calls for consideration of cultural safety, language and generational differences, immigration histories, and gender and sexual orientation.

The Commission firmly believes that families, in all their diversity, must be better supported in the important contribution they can make toward recovery and well-being. Failure to do so will not only pass up the opportunity to improve the well-being of all Canadians, but will also increase the burden of care, and produce worse health and outcomes both for people living with mental health problems and illnesses and for family members themselves. It is therefore in our best interests as a society to recognize the importance of the role of families and provide them with proper support.

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[35] Government of Canada. (2006). *The Human Face of Mental Health and Mental Illness in Canada.* Retrieved from http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf.

[36] Friedli, L., & Parsonage, M. (2007). *Mental health promotion: Building an economic case.* Northern Ireland Association for Mental Health.

# Goal 5

## PEOPLE OF ALL AGES HAVE EQUITABLE ACCESS TO A SYSTEM OF APPROPRIATE AND EFFECTIVE PROGRAMS, SERVICES AND SUPPORTS THAT IS SEAMLESSLY INTEGRATED AROUND THEIR NEEDS.

*People of all ages have access to effective programs, services and supports in their community, or as close as possible to where they live. The system is centred on meeting people's needs, and is seamlessly integrated across the public, private and voluntary sectors and across the lifespan. In addition, the special needs of Canadians living in northern, remote and rural areas are addressed.*

This goal statement reflects the scope of the challenges that people living with a mental illness face every day. The testimony of Canadians to the Senate Committee made it clear that despite the dedication, hard work, and compassion of the many thousands of people across the country trying to make the mental health system work, many of the pressing needs of Canadians confronting mental health problems and illnesses are not being met.

As *Out of the Shadows at Last* stated, "the status quo is not an option." It will not be enough to reform the system by 'tweaking it around the edges'. What is needed is a profound transformation that will enable the creation of a comprehensive mental health system that is seamlessly integrated so that it can address needs across the lifespan.

Such a system will provide Canadians of all ages with equitable access to the programs, services and supports to promote their mental health and well-being, prevent mental illnesses, and offer recovery-oriented treatment services when required. In order for these programs, services and supports to be appropriate and effective, it is critical that they be offered in a flexible, yet integrated manner that is centred on the particular set of needs of each person and their family as they change across the lifespan.

Research tells us that only about one third of individuals in Canada who have a mental health problem or illness actually access the services and supports that could help them.[37] When it comes to children and youth the situation is even worse – only 25% receive specialized treatment services.[38] In other words, two thirds of Canadians and three out of every four children and youth who need help do not get it.

In order to address problems of access, we must first understand the different factors that explain why so few people are receiving help.

**First, people will not receive care if they don't seek it.** Acknowledging and accepting help for a mental health problem or illness is not an easy decision. People may feel so 'not themselves' that they don't even recognize that there is a problem; or they may be in extreme distress and feel so overwhelmed that they may not be able to sort out what to do.

Moreover, because of the stigma attached to mental illness, they may be afraid to talk to their usual supports, such as friends, family, or colleagues at work, because of very real concerns about how they may react. For example, in a survey conducted in Ontario in April 2008, 38% of parents of a child with mental illness indicated they would not seek help for their child because of the stigma.[39]

Even once they realize there is a problem, people may be afraid to seek care – fearing how it will affect their employment situation or their family life. They may also be afraid of being put on a medication that will affect their brain, or of being put into a psychiatric hospital for the rest of their lives.

The combined effects of the overwhelming feelings they are experiencing and a lifetime of exposure to stigmatizing images and attitudes can easily override the common sense approach most people would normally use to obtain help for a physical illness. Hence, reducing the stigma associated with mental illness is an essential part of enabling people to access the care that they need.

**Second, people will not receive care if there are no services available,** or if those that exist are inappropriate. All too often people make the first step toward getting help only to be told: "We can't help you for the next 12 months."

Lengthy wait lists for just about every type of service bear witness to the acute shortages of appropriate services and the serious lack of mental health service providers that underpins them. These shortages prevent people from getting the care they need, contribute to overcrowding in emergency rooms and to the overrepresentation of people with mental health problems in homeless shelters and in the justice system.

Northern, remote and rural areas face even more acute service and provider shortages. For example, there are large areas of northern Canada where there are no physicians at all, let alone psychologists or psychiatrists, or other specialized services.

**Third, people may give up their efforts to seek care if the system is so confusing that it is impossible to find the appropriate services.** The "mental health system" is supposed to be there to help people sort through their options, and to organize and provide the help a person needs. In most cases this does not happen because the so-called "mental health system" is not really a "system" at all.

What actually exists is an array of programs and services that have been developed at different times, at every level of government, that straddle numerous ministries, departments and agencies, as well as involving the private, community and voluntary sectors.

The person who is seeking care must sort out where to begin and who can help them – do they need a psychiatrist? A doctor? A psychologist? A social worker? A nurse? A support group? An addictions counsellor? Someone to help them find housing? Someone to help them to find another job or obtain social supports?

All too often after a lengthy wait to try one service, they are told: "Sorry, we can't help you, you came to the wrong service; you'll have to start over somewhere else."

**Fourth, people may drop out of care if they can't afford services.** Although publicly-funded health care in Canada must cover services provided in hospital or by physicians, publicly-funded coverage for prescription drugs and the services of non-physician mental health providers such as psychologists, psychiatric nurses, social workers and occupational therapists will vary widely by jurisdiction. This can mean that many Canadians – **usually those living in the most disadvantaged circumstances and who do not have private insurance coverage through an employer – face substantial financial barriers to obtaining the help they need.**

Given these challenges to accessing services, what should a transformed mental health care system that provides equitable access to integrated services look like?

Existing shortages point to the pressing need for more financial and human resources in order to ensure that people across country of all ages have equitable access to appropriate and effective programs, services and supports. The fact that, according to a recent study, public mental health spending is lower in Canada than in most developed countries adds further weight to this need.[40]

There will never be a single template for how to transform the mental health system. Each jurisdiction, each region, each municipality, will have its own history and will need to confront its own specific set of circumstances. Each will need to consider: What human and financial resources are available? How have programs, services and supports been traditionally organized and delivered, and by whom?

Yet there are important elements that we know must be included in a comprehensive, integrated system. In the first place, services and supports need to be oriented towards enabling people to live meaningful lives in the community. Research shows that people living with mental health problems and illnesses achieve better outcomes when the proper services and supports are provided in the community and are designed to help keep people in the community. Community-based services are also easier to adapt to the unique needs and values of each community itself.

While the objective must be to assist people in living in the community, it is essential to recognize that a full range of institutional and community-based services and supports will be needed. A balanced model would focus on providing services in community settings close to the population served, with hospital stays as brief as possible, promptly arranged and used only when necessary.

The range of services that need to be available include: first line services (ranging from primary health care providers, to crisis response teams, to hospital emergency rooms); intensive services and supports in both community and institutional settings that address the ongoing needs of people with serious conditions; as well as highly specialized services (including assertive community treatment teams as well as residential treatment centres) and many important services that cut across all these levels such as housing, income and employment support services.

The people involved in providing these services include psychiatrists, psychologists, occupational therapists, social workers, nurses, family physicians, peer support and community mental health workers, as well as those involved in the justice and corrections systems. Although this list of types of services and providers appears long on paper, the reality of what is available on the ground is an entirely different matter.

It will therefore be important to make sure that this workforce is the right size, has the right skills, and has the right mix of specialities. In order to address the human resource shortages across the mental health system, more resources must go into training mental health service providers of all types. As part of this effort, it will be necessary to expand the number of peer support workers and also explore the potential for new types of service providers such as system navigators and mental health support workers. For northern, remote and rural communities it will be important to make sure that the potential of technologies such as telemental health is fully exploited.

It will also be necessary to ensure that mental health promotion and mental illness prevention are integrated throughout the mental health system. They need to become an integral part of primary health care provision, as well as of community mental health programs. Moreover, it will be important to work cooperatively with people in the education sector as well as in workplaces and communities to develop joint efforts to promote mental health and prevent mental illness. A key component of this activity will be the development of mental health literacy programs that help people to identify early signs of a mental health problem, assist them to access the care they need and learn how to promote their own mental well-being.

There will never be equitable access to effective services unless they are fully integrated around the range of health and social needs of people and their families, across the lifespan. In other words, mental health services and supports must be "person-

centred" and the mental health system as a whole must place the person needing assistance at its centre.

Such a person-centred approach will enable people to make use of an integrated system of services and supports in the most appropriate way. In a person-centred system that is oriented to recovery and well-being, each person should have the opportunity to choose which mix of services is right for them, based on their particular circumstances and their social, political and cultural contexts. An integrated system also must have the flexibility to offer a seamless system of services that will allow for adjustments as personal goals and family needs change across the lifespan, and allow for smooth transitions from child and youth to adult to older adult services.

Consider three potential examples of how the set of services will need to be integrated around each person's needs in a way that is flexible. The first is an eight-year old child of new immigrants, who is experiencing problems at school, having difficulty integrating with his peers, has language barriers and is disrupting teaching to the point that he is being labelled as having a conduct disorder. The second is a 40-year old man who has been diagnosed with schizophrenia, is also addicted to street drugs, has been unable to work, was recently evicted from his home and would like to retrain to find employment and start over. The third is a 65-year old woman who is recently widowed, has a history of anxiety disorders which are becoming increasingly obtrusive and who feels she can no longer continue to keep up her own home, yet wants to maintain her existing social networks.

As is apparent from these three examples, it would be almost impossible to create one administrative system that would meet all the needs of just these three people. So in practice what is needed is a system where, at the level of service delivery, people have access to services that are integrated, regardless of the administrative arrangements through which these services are organized and funded. **This will mean that no matter where someone first seeks help, there is 'no wrong door,' and everyone gets connected to the appropriate part of the system, without having to tell their story over and over again.**

Creating a person-centred, integrated system will require innovative approaches. In particular, it will be important to build on existing efforts across the country to develop team-based, interdisciplinary primary health care models. Such team-based collaborative models can integrate mental health professionals into the primary care setting and offer a number of advantages. They are less stigmatizing for patients, help family physicians deal with the growing burden of mental health problems and illnesses, offer more holistic care, and improve communication between various service providers while also ensuring that the physical health needs of people living with mental health problems and illnesses are addressed.

Such an approach would require a way to seamlessly link the services offered in primary care with more specialized community and hospital-based services as well as to services outside the health care system, such as housing, employment, education and vocational services, social-recreational services and services to promote family and community development. Developing seamless integration will mean that specialists in each of these areas will need to learn how they can work together to address each person's needs in a person-centred way.

This means silos must be broken. For example, the unnecessary barriers that continue to stymie the integration of mental health and addictions services must be eliminated. And the contributions of all those providing services and supports, whether professionals or non-professionals, peer-support workers or family caregivers, must be better integrated.

As well, creative funding and financing mechanisms need to be found to enable people to choose among publicly funded and privately funded services which work together for the good of the people using the services, and to allow for coordination of services which are funded through separate administrative departments of government.

Governments, for their part, must find better ways to coordinate their activities not only within the health sector, but also across the different ministries, departments and agencies (including health, education, justice, corrections, finance, housing, sports and recreation, and other human and social services) that are involved in the funding, organization and delivery of services and supports that influence mental health. New and innovative forms of government coordination and funding need to be explored to ensure that mental health priorities are addressed using a "whole of government" approach.

As we think about how to transform the current mental health system, it is clear that that there are many potentially competing demands. We know that resources will always be scarce and that hard decisions about priorities will always have to be made. No one group of service providers is ever likely to get everything it would like, or even everything that they need. We also know that more financial and human resources are not the only answers. In order to ensure the long-term sustainability of the system we must use existing resources more efficiently, and fund only those programs, services and supports that have been shown to be effective.

To create the transformed system that we are envisaging will take concerted effort on the part of many people to develop an optimal service delivery model which is adapted to the unique strengths and needs of each region and supported by adequate human and financial resources. Nonetheless, such a system will not only improve the health and social outcomes of people living with mental health problems and illnesses, it will also improve the mental health and well-being of all Canadians.

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[40] Jacob, P., Yim, R., Ohinmaa, A., Eng, K., Dewa, C.S., Bland, R., Block, R., Slomp, M. (2008). Expenditures for mental health and addictions for Canadian provinces in 2003-2004. *The Canadian Journal of Psychiatry,* 53(5), 306-313.

# Goal 6

## ACTIONS ARE BASED ON APPROPRIATE EVIDENCE, OUTCOMES ARE MEASURED AND RESEARCH IS ADVANCED.

*Mental health policies, programs, services and supports are informed by appropriate evidence that is based on diverse sources of knowledge. They are evaluated on the basis of their contribution to improving the mental health and well-being of all Canadians and the health and social outcomes of people living with mental health problems and illnesses and their families. The support provided for mental health and mental illness research is in keeping with the economic and social burden of mental health problems and illnesses on society, and the translation of this research into practice is accelerated.*

Over the years, research has yielded important advances in our understanding of mental health and mental illness, from the structure and functioning of the brain and the impact of genetics, to psychological and behavioural factors, to the social conditions that influence mental health and well-being. New and successful options for mental health promotion, prevention, treatment and care based on these advances have contributed to generating the sense of hope that recovery of a meaningful life in the community for people with mental health problems and illnesses is not only possible, but should be expected, and that all Canadians can enjoy greater mental well-being.

Only with a solid commitment to research can Canada ensure that the most appropriate and effective services and supports are available to people living with mental health problems and illnesses, as well as develop a better understanding of what can be done to promote the mental health and well-being of all Canadians. However, just as mental health issues have often been neglected on the public policy agenda, the level of resources devoted to mental health research has also been disproportionately low relative to other areas of health research, given the number of people with mental health problems and illnesses and the economic impact of mental health issues on society.

The Senate Committee report stated clearly that Canada does not spend nearly enough on mental health research. While it will no doubt be necessary to invest more, it will also be important to broaden the scope of research being undertaken in order to inform the development of a transformed mental health system as described in this framework document.

More research is needed that examines the full range of psychosocial factors that influence mental health and well-being, and that explores a broader range of treatments and supports that are consistent with a recovery-orientation. Research on the best way to structure community-based systems of service delivery and prevention and promotion programs is also required. At the same time, the scope of research will need to expand in areas such as whole of government approaches to health and social services and policy-making, including exploring new ways to fund and organize initiatives that may cross several government administrative and funding structures.

There is also much we need to learn about how to translate knowledge about the impact of structural determinants of mental health, such as housing and employment, into sound and feasible public policy. Other areas for expanded research include how to reduce stigma and discrimination across all of Canada's diverse population groups, and topics related to the promotion of mental health and well-being such as how to promote mental health literacy.

Most importantly, we do not have the data needed to obtain an adequate picture of the mental health status of Canadians. We lack a national information base on the prevalence of mental health problems and illnesses in all their diverse forms, as well as the information system required to monitor the mental health and well-being of Canadians. Nor do we have the information required to evaluate the effectiveness of mental health policies, programs and services.

Without this data it is not possible to determine the level of programs, services and supports needed, and to evaluate the quantity and quality of the programs, services and supports that are currently offered (including the extent to which they are oriented to recovery, well-being and cultural safety). This lack of information also limits the extent to which policy-makers and people throughout the mental health system can be held accountable. Moreover, it makes it more difficult to obtain appropriate funding since it is impossible to tell if the funds are being spent effectively.

Being able to undertake an assessment of effectiveness is in everyone's interest – from government to service providers, to people using mental health services and their families, to the Canadian population as a whole. Understanding what works and what does not work will allow for the best possible use of scarce human and financial resources, and will directly help to improve health and social outcomes of people living with a mental illness, and contribute to improving the mental health and well-being of all Canadians.

In a transformed mental health system, it is possible to imagine a "virtuous circle" being created. It would begin by using the best available knowledge and evidence to inform practice. The outcomes from practice would then be measured, and the lessons learned would allow further improvements to be made. It would then be possible to develop standards for quality and quantity of services that could be implemented through mechanisms such as accreditation, certification, and mental health policies at the provincial, territorial and national level.

However, it will not be easy to make this virtuous circle a reality.

The challenges associated with collecting the data to support such a process are significant. The extent of actual performance monitoring within the mental health sector varies widely from province to province, as does the degree of reporting to stakeholders. There is little coordination across the country, with individual provinces and territories often developing their own approaches and measures. At the national level, some efforts have been made to gather data on mental health and

mental illness, but these efforts have been inconsistent and fall short of the comprehensive data collection that is required.

There is also a need to take a comprehensive approach to research to ensure that knowledge and evidence are obtained from diverse sources. Of course, everyone agrees that what works should be given priority and those practices that are ineffective or cause harm should be avoided. The challenge is that, amidst ongoing controversies with respect to what constitutes the best available evidence for informing policy and practice, there is no single, unequivocal way of judging what works.

For example, the use of randomized controlled trials is often seen as providing the "gold standard" for scientific evidence. When assessing medications, this type of trial would typically involve comparing the performance of the drug against a placebo. However, particular care needs to be taken in using randomized control trials for some interventions, such as the use of various 'talk therapies' as these are much harder to standardize for the purposes of a controlled trial. There are also situations that can raise ethical issues with respect to offering a 'placebo' to people who may be at risk.

Also, in some situations, the findings from a controlled experimental study may not translate well into day-to-day practice, where there can be many influences on people's behaviour. All these considerations point to the need to support a broad range of research approaches, and to expand the use of natural experiments and experimental designs that are adapted to day-to-day settings.

Furthermore, physical measures, such as blood tests or electrocardiograms that are used for other medical experiments, do not exist with respect to mental health conditions. This poses challenges not only for diagnosis, but also for research. Moreover, the "biopsychosocial" nature of mental health problems and illnesses means that the social sciences, and not only medical science, will play an important role in understanding what types of interventions are effective. In particular, qualitative and participatory research methods may be well-suited to exploring questions such as what constitutes a "meaningful life," or establishing when practices are culturally safe, from the perspectives of those with lived experience of mental health problems and illnesses.

Interpretation of evidence poses its own challenges. In the first place, there is a range of professions involved in providing treatment and care (including psychiatrists, psychologists family physicians, social workers, occupational therapists, and many more) each of which have different perspectives. These issues can be even more complex in the case of traditional healers and elders in indigenous cultures, or other providers of services and supports that are rooted in the traditions of other cultures.

Moreover, decisions on a course of treatment or on tracing a path towards recovery and well-being will seldom entail only "clinical facts." Other aspects of a person's circumstances will be important to consider. For example, personal values will be important when weighing the potential advantages of a particular form of medication against its anticipated adverse effects.

In order to strengthen our understanding of what works best to promote recovery, well-being and cultural safety, it will be important to measure a broad range of outcomes from the person's perspective, such as emotional well-being, the existence of strong social connections, self-determination, and access to education and employment. People with mental health problems and illnesses and their families of all ethnic, racial and cultural backgrounds will need to be partners in research and evaluation, and careful attention will need to be paid to their lived experience.

Each person's perspective will also be informed by the culture to which he or she belongs. Traditional and customary types of knowledge that inform some cultures' ways of understanding, such as the emphasis on lived experience and storytelling in First Nations, Inuit and Métis cultures, have historically been accorded lesser value than "scientific" evidence. We need to expand the use of research that adopts methods that honour and respect these traditions so that we become able to take cultural differences into account in developing services and supports that are culturally safe and adapted to reach across cultural boundaries.

It has been estimated that it can take up to 15 years to translate gains in knowledge into clinical practice or into policy-making.[41] Aggressive efforts will need to be made to accelerate this process, so that the best services and supports are available to people living with mental illness and their families, and so that policy-makers are able to put appropriate programs in place to promote the mental health and well-being of all Canadians. As part of these efforts to dramatically accelerate the translation of new knowledge into practice, we need to embrace emerging and promising practices and advance their testing.

In addition, the training and education of current and future service providers must be done on the basis of the best available knowledge and evidence from the scientific literature and from knowledge of lived experience and research conducted in the field. Providers must also be encouraged and assisted to engage in critical self-reflection regarding their cultural values in order to help bring about a culturally-safe environment.

Taking into account all of these factors in order to develop a coherent strategy to advance the collection of appropriate data and develop priorities for research will require ongoing dialogue and partnerships amongst research institutions, funders, researchers themselves, and service providers, as well as people living with mental health problems and illnesses and their families. A particular effort will need to be made to increase the representation of researchers with personal knowledge of Canada's diverse communities, as well as of those with lived experience of mental health problems and illnesses (while creating a research environment in which they are comfortable disclosing their experience).

There will never be a single research method that should be used in all circumstances – a diversity of approaches must be nurtured and appropriately supported. It will be critical to always keep in mind the objective of advancing and utilizing the best available knowledge to ensure that people living with mental health problems and illnesses and their families have timely access to appropriate and effective services and supports, and that all Canadians have the opportunity to maximize their mental health and well-being.

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[41] Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century.* Washington, D.C.: National Academy Press. As cited in the following. The President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America.* Retrieved from http://www.mentalhealthcommission.gov/reports/FinalReport/downloads/FinalReport.pdf

# Goal 7

## DISCRIMINATION AGAINST PEOPLE LIVING WITH MENTAL HEALTH PROBLEMS AND ILLNESSES IS ELIMINATED, AND STIGMA IS NOT TOLERATED.

*People living with mental health problems and illnesses and their families are fully included in community life. They are accorded the same respect, consideration, rights and entitlements as people dealing with physical illnesses and as all Canadians, and mental health service providers are similarly respected. Mental health programs and policies are funded and supported at a level that is based on the economic and social burden of mental health problems and illnesses and is consistent with the funding provided to the rest of the health and human services sectors.*

Based on the recommendations of the Senate Committee report, *Out of the Shadows at Last*, the Mental Health Commission of Canada has been given a mandate to engage in a ten-year initiative to address and reduce stigma and discrimination. At the same time that it commits to carrying out its own mandate, the Commission believes that the work to reduce stigma and eliminate discrimination must be actively taken up by all Canadians. Only then will people living with mental health problems and illnesses be fully included in community life.

It can be argued that stigma and discrimination are the major reason that mental health issues have remained in the shadows and away from the attention of the general public and government policy-makers for so long. Indeed, **reducing stigma and eliminating discrimination must become central to building a person-centred, recovery-oriented and culturally-safe mental health system.**

Stigma and discrimination have a huge negative impact on people living with mental health problems and illnesses, affecting all aspects and stages of their lives – dealings with friends, family, educators, employers and the health care system itself. The Senate Committee heard that stigma and discrimination frequently have at least as great an effect on people as does their mental health condition itself, seriously impeding their ability to attain the best quality of life possible.

Stigma refers to beliefs and attitudes about mental health problems and illnesses that lead to the negative stereotyping of people living with mental health problems and illnesses and to prejudice against them and their families. These are often, though not always, based on ignorance, misunderstanding, and misinformation. The labelling of people that occurs as a result of this prejudice can become all-encompassing to the point that it leads some people to no longer view individuals living with mental health problems or illnesses as people, but rather as nothing more than their mental health condition. As a result, people with a mental health problem are defined by their label, rather than by who they really are.

There are many mistaken beliefs that are widespread. For example, a recent survey indicated that almost half of Canadians believe that people claim mental health problems as an excuse for poor behaviour. Among the most common stereotypes about people living with mental health problems and illnesses are the beliefs that they are generally violent or dangerous, that they are unpredictable or that they are incapable of managing their own affairs.

While these beliefs are inaccurate, people who agree with them – in whole or in part, consciously or not – are liable to translate these beliefs into discriminatory behaviour. Discrimination refers to the various ways in which people, organizations and institutions unfairly treat people living with mental health problems and illnesses, often based on an acceptance of these stereotypical and prejudicial beliefs and attitudes.

There are many forms of discrimination. It can be overt and direct, involving the exercise of power over people, as when people living with mental health problems or illnesses are denied employment or housing opportunities, or access to homecare. And it can take the form of simply avoiding contact with them. This is especially unfortunate, since just living, working, or spending leisure time with people with a mental health problem or illness can be a powerful way to change unfounded beliefs about them.

Forms of discrimination also occur within the health care system itself. To take but one example, research has shown that individuals who seek help for a cardiac problem are three times more likely to be referred to a cardiologist if they do not mention that they have a mental health condition.

Stigma also contributes to long wait times and the often poor treatment people experiencing mental health problems receive in emergency departments.

At the same time, stigma and discrimination also negatively affect people who work in the mental health sector and can deter others from going into the field. Psychiatrists are frequently seen as "not real doctors" by their colleagues in other areas of medicine, and remain among the lowest paid medical specialists.

Discrimination can also be passive or "structural," meaning that it is reflected in policies, practices and laws. Examples include levels of funding for mental health research that do not reflect the economic and social burden of mental health conditions on society, and the fact that people living with mental health problems and illnesses are more likely than the rest of the population to not be able to obtain adequate and affordable housing.

Stigma and discrimination of all kinds are often anticipated by people living with mental health problems and illnesses themselves, and are among the key barriers that keep many people who could benefit from help from seeking it. This is often referred to as self-stigma, where people living with a mental health problem or illness accept and internalize false beliefs about their own condition. It can also keep people from trying to do things they are in fact capable of doing.

An example of such a mistaken belief that arises because of stigma is "Why should I apply for a job when everyone knows

that people diagnosed with schizophrenia never work again?" If this mistaken belief is internalized by people with schizophrenia, it prevents them from trying to work, becomes self-fulfilling and the mistaken belief is then further reinforced.

For the most part, stigma and discrimination do not arise out of malice and the intention to do harm to others. People who stigmatize are not usually purposefully choosing to be unjust. Rather, they are reacting in ways that they have come to accept as "normal." Although seen as normal, the result of these beliefs is nonetheless terribly damaging to people living with mental health problems and illnesses and their families.

Other communities and groups also experience prejudice and discrimination to varying degrees, on the basis of such things as ethnic origin, skin colour, gender, age or sexual orientation. Multiple forms of prejudice and discrimination can interact in complex ways. For example, the impact of colonisation and discrimination, through policies such as the Indian Residential School system, has severely undermined the health and wellness of Canada's First Nations, Inuit and Métis over multiple generations.

It is worth remembering that it was not that long ago that racist and prejudiced beliefs, attitudes and behaviours went largely unchallenged in Canada. In addition, people confronting many health problems, including cancer, were afraid to speak in public about their condition, and the needs of people dealing with physical challenges that required the use of a wheelchair were largely ignored.

To the extent that progress has been made over the past two decades on these other issues, we can be hopeful that the same can be accomplished – indeed must be accomplished – with respect to mental health problems and illnesses. In some cases, such as physical disabilities, attitudes have changed to the point where stigma is no longer socially acceptable, and legal and policy frameworks have been put in place that offer protection from discrimination.

There is, however, much to be done. Tackling the many dimensions of the problem, including changing people's attitudes, will require a multi-pronged approach. Research has shown that, as with mental health promotion initiatives more generally, the most effective anti-stigma strategies are targeted at specific populations or settings. They also encourage direct contact with people living with mental health problems and illnesses. It is particularly important that efforts focus on the positive contributions to the community and to society at large made by people living with mental health problems and illnesses, as well as on their ability to recover.

Ultimately, addressing stigma and discrimination is an issue of equity. People living with mental health problems and illnesses and their families must be accorded the same respect, consideration, rights and entitlements as people dealing with physical illnesses and, indeed, as all Canadians. Mental health programs and policies must be appropriately funded and supported at a level that is based on the economic and social burden of mental health problems and illnesses on Canadian society and is consistent with the funding of the rest of the health care and related human services sectors. Mental health service providers must be recognized for the valuable role they play, and institutes of higher learning must provide adequate training opportunities to meet the shortages of mental health service providers in Canada.

Clearly, inequities related to the broad determinants of health, such as income, education, and housing, have an impact on people living with mental health problems and illnesses, much as they have on the mental health and well-being of all Canadians. It is beyond the scope of the Mental Health Commission to directly consider all social and economic problems for either the general population or for people with mental health problems and illnesses.

The Commission can, however, draw attention to the impact of complex underlying issues on both people living with mental health problems and illnesses and on the general population, and can call on all sectors to work together to address them. In this way, a mental health strategy for Canada can act as an impetus for collaboration across the health and social sectors.

Moreover, the Commission can directly and forcefully address all instances where people living with a mental health problem or illness are discriminated against under existing social programs or in access to services. Discrimination against people living with mental health problems must be eliminated.

For example, the national mental health strategy that will be proposed by the Commission will call on all sectors to work together on issues related to income, but will not recommend or specify a guaranteed annual income for all Canadians. It will, however, examine existing income support programs to see if they treat people living with mental health problems and illnesses in a comparable fashion to other Canadians who rely on them (and there is good reason to believe that they do not always do so).

Similarly, the national mental health strategy will call on all sectors to work together to address issues related to housing, but will not make specific recommendations related to housing shortages in the general population. However, it will recommend that the discriminatory gap that exists between

the 15% of the population as a whole that are in need of adequate and affordable housing, and the 27% of people living with mental health problems and illnesses that confront this challenge, be closed.[42]

Fighting stigma and discrimination must become a daily battle for all Canadians. There are many ways to do this, many of which are not difficult to do. For example, each of us can refrain from using language that labels and demeans people living with a mental health problem or illness, and talk with friends or family about our own or family members' experiences with mental health problems and illnesses. We can question the portrayal of people confronting mental health challenges in the media, and we must do whatever we can to create an open, accommodating and supportive atmosphere for people living with a mental health problem or illness at work, at school or in the community.

Each of us must also take care of our own mental health, and the mental health of those closest to us. The more that all Canadians succeed in improving their mental health and well-being, the more likely it is that those with mental health problems and illnesses will also be supported.[43] We must overcome the 'us' versus 'them' thinking and realize that we are all the same. It is only the types and levels of support needed to foster recovery and well-being that differ – not the people themselves.

Changing attitudes and behaviours towards people living with mental health problems and illnesses is the challenge that must be taken up by all individuals, communities and organizations in Canada, starting today.

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[42] From a Canada Mortgage and Housing Corporation letter to the Standing Senate Committee on Social Affairs, Science and Technology, as cited in Kirby, M., & Keon, W. (2006). *Out of the shadows at last: Transforming mental health, mental illness and addictions services in Canada.* Standing Senate Committee on Social Affairs, Science and Technology. Government of Canada.

[43] Friedli, L., & Parsonage, M. (2007). *Mental health promotion: Building an economic case.* Northern Ireland Association for Mental Health.

# Goal 8

## A BROADLY-BASED SOCIAL MOVEMENT KEEPS MENTAL HEALTH ISSUES OUT OF THE SHADOWS – FOREVER.

*There is a sustained national effort to improve health and social outcomes for people living with mental health problems and illnesses, and to improve the mental health and well-being of all Canadians. A broad and dynamic social movement actively contributes to the achievement of all the goals set out in this framework and helps to keep mental health issues out of the shadows forever.*

It has been rightly observed that over the course of a lifetime virtually no one is left untouched by mental health issues. The corollary of this observation is that all Canadians must join in the efforts to improve the health and social outcomes for people living with mental health problems and illnesses and to improve the mental health and well-being of all Canadians.

It is not simply a question of doing what is right for "others." Many of the conditions that will foster and support the recovery of people living with mental health problems and illnesses will also contribute to enhancing mental health and the quality of life for everyone, in our communities, schools, workplaces, and homes. Developing supportive, caring, socially-inclusive communities can help to promote the mental health of all Canadians, as well as create the best conditions for fostering recovery for those living with mental health problems and illnesses. Building such a society is a job for everyone.

Change is never easy, and no one should have any illusions about the extent of change that is required. Working towards the kind of mental health system embodied in the goals set out in this framework will require substantial change on the part of everyone – especially those involved in the planning, funding, organization and delivery of mental health services and supports from coast to coast to coast. No one will be exempt from seeking ways they themselves can contribute to changing attitudes, to changing behaviour and to changing the way the system itself is run.

In considering how to achieve the profound transformation that is required, the Commission examined other areas of health care that have succeeded in establishing a strong presence in Canadian life and a place on both the public and private sector agendas. It is clear that there is much to be learned from the success of illness-specific organizations, such as the organizations of volunteers – or social movements – that exist for breast cancer, diabetes, heart and stroke, AIDs and so on.

There are two critical features that all these illness-specific initiatives share in common: they each have a strong organization of dedicated volunteers and they each have a charitable body that enables the volunteers to raise money for research and other purposes.

Through a variety of means – including broad education campaigns as well as making knowledge and information more easily accessible to those who could use it – each of these illness-specific organizations, or social movements, has made the health cause they champion better understood by all Canadians, and in particular by public and private sector policy makers. In addition, these organizations have made public discussion of personal experiences with these illnesses – some of which, such as breast cancer and AIDs, were once highly stigmatized – acceptable, and have alerted people to the fact that no one is immune from their potential effects.

The organizations that are at the heart of these social movements are made up of committed and passionate volunteers, who do many different things. They raise money; they volunteer in health institutions; they mount campaigns to persuade government to increase funding for treatment and research; they openly talk about their experiences to anyone who will listen; and they make sure that the public never loses sight of their concerns.

We can and must duplicate the success of these social movements by creating one that is focused on mental health and mental illness. **Without a broadly-based and dynamic social movement, without a well-organized grassroots group of volunteers, it will not be possible to transform the mental health system.**

There are many ways that a social movement is essential to achieving the goals described in this framework. For example:

- Imagine the impact that active campaigning around mental health issues would have on public attitudes in communities across the country – there is no better way to challenge stigma and to fight discrimination, as the movements around AIDS and around breast cancer have demonstrated **(Goal 7)**.
- Think about the effect a vast network of mental health volunteers would have not only on the public at large, but also in each and every workplace across the country – encouraging measures that promote mentally healthy work environments and ensuring that people with mental health needs are accommodated at their place of work **(Goal 2)**.
- Consider the influence a dynamic social movement would have in pressing governments to make sure there are adequate resources for all Canadians to have equitable access to the programs, services and supports they need to improve their mental health, while urging both governments and service providers to overcome the fragmentation of the current mental health system and break down existing silos **(Goal 5)**.
- A social movement would help to ensure that mental health research was adequately funded not only by helping to raise funds for research itself, but also by making it clear that both governments and the private sector must do their share **(Goal 6)**.
- An inclusive and broadly-based social movement that involved Canadians from all ethnic, cultural and racial backgrounds would itself illustrate the importance

of addressing the diverse mental health needs of all Canadians, while providing a strong platform for addressing inequity and discrimination **(Goal 3)**.

- By being part of a unified social movement, families and other caregivers would be able to build networks of support while making sure that meeting their specific needs is always on the agenda **(Goal 4)**.
- Finally, a social movement that embraces the message that recovery is possible would reinforce the sense of hope that a better quality of life is possible for everyone and provide a vehicle for the active participation of people living with mental health problems and illnesses in all aspects of system transformation **(Goal 1)**.

Mental health organizations have worked hard over the years to bring mental health issues into the public eye. But they have long faced an uphill battle against stigma, and against the fragmentation of the system that makes it hard to develop a powerful common voice. Moreover, they have lacked the infrastructure and resources – financial, human and technological – that would be required to move everything to the next level.

**This is why this Goal calls for the entire mental health community to join together and to launch a truly national social movement that can successfully engage all Canadians.** This framework has set out a strategic direction for change. A broadly-based social movement is the dynamic vehicle that is **essential** to realizing the vision of a profoundly transformed mental health system.

The Mental Health Commission of Canada will collaborate with existing organizations in order to bring into being a vast network of volunteers to be called Partners for Mental Health. It will also work with the recently created charitable organization, Mental Health Partnerships of Canada, to ensure that the mental health community has the fundraising infrastructure in place that will allow it to replicate the success of other illness-based social movements.

Working together, it will be possible to achieve all the goals that the Commission has set out in this framework, as well as to attain the Commission's overriding objectives: promoting recovery and well-being for all Canadians by keeping mental health issues out of the shadows – **forever.**

# List of Goals

## Goal 1

*The hope of recovery is available to all.*

Recovery is understood as a journey of healing that builds on individual, family, social and cultural strengths, and enables people living with mental health problems and illnesses to lead meaningful lives in the community, despite any limitations imposed by their condition. Family caregivers, service providers, peers and others are partners in this journey of recovery.

## Goal 2

*Action is taken to promote mental health and well-being and to prevent mental health problems and illnesses.*

Factors that strengthen wellness and the ability to face life's challenges – such as a balance of body, mind and spirit, resilience, nurturing families and vibrant communities – are promoted. Factors that increase risk of mental health problems and illness – such as bullying at school or stressful work environments – are reduced. Joint action is also taken to address the many social and economic factors that influence mental health and well-being, such as housing, income, education and employment.

## Goal 3

*The mental health system is culturally-safe, and responds to the diverse needs of canadians.*

In a transformed mental health system, programs, services and supports are culturally-safe, and respond to the diverse needs of Canadians, including those arising from migration, ethno-racial background, age, language, gender, sexual orientation, or geographic location.

## Goal 4

*The importance of families in promoting recovery and well-being is recognized and their needs are supported.*

The unique role of family relationships in promoting recovery and well-being is recognized and supported through education and programs such as parenting support, peer support and respite care. With the consent of adults living with mental health problems and illnesses, and in their role as parents of dependent children and youth, family members are partners in the recovery process and are integrated into decision-making. Family caregivers are also supported to meet their needs that arise from their role as caregivers.

## Goal 5

*People of all ages have equitable access to a system of appropriate and effective programs, services and supports that is seamlessly integrated around their needs.*

People of all ages have access to effective programs, services and supports in their community, or as close as possible to where they live. The system is centred on meeting people's needs, and seamlessly integrated across the public, private and voluntary sectors and across the lifespan. In addition, the special needs of Canadians living in northern, remote and rural areas are addressed.

## Goal 6

*Actions are based on appropriate evidence, outcomes are measured and research is advanced.*

Mental health policies, programs, services and supports are informed by appropriate evidence that is based on diverse sources of knowledge. They are evaluated on the basis of their contribution to improving the mental health of all Canadians and the health and social outcomes of people living with mental health problems and illnesses and their families. The support provided for mental health and mental illness research is in keeping with the economic and social burden of mental health problems and illnesses on society, and the translation of this research into practice is accelerated.

## Goal 7

*Discrimination against people living with mental health problems and illnesses is eliminated, and stigma is not tolerated.*

People living with mental health problems and illnesses and their families are fully included in community life. They are accorded the same respect, consideration, rights and entitlements as people dealing with physical illnesses and as all Canadians, and mental health service providers are similarly respected. Mental health programs and policies are funded and supported at a level that is based on the economic and social burden of mental health problems and illnesses and is consistent with the funding provided to the rest of the health and human services sectors.

## Goal 8

*A broadly-based social movement keeps mental health issues out of the shadows – forever.*

There is a sustained national effort to improve health and social outcomes for people living with mental health problems and illnesses, and to improve the mental health and well-being of all Canadians. A broad and dynamic social movement takes root that keeps mental health issues out of the shadows forever.


MENTAL HEALTH COMMISSION OF CANADA
COMMISSION DE LA SANTÉ MENTALE DU CANADA