



Mental Health Commission of Canada

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Mental Health Commission of Canada

- Creation of the Commission was recommended in the first national report on Mental Health (*Out of the Shadows at Last*, May 2006)
- Federal government funding provided in March 2007 budget
- Commission is a not-for-profit corporation at arm's length from government



Mental Health Commission of Canada

- Improving the health and quality of life for people living with mental health problems is the Commission's purpose
- The Commission is a catalyst, but not a service provider
- Includes eight diverse Advisory Committees



Advisory Committees

Eight Diverse Advisory Committees/ Chairs:

- Family Caregivers – Ella Amir
- Child and Youth – Simon Davidson
- Science – Elliot Goldner
- First Nations, Inuit and Métis – William Mussell
- Service Systems – Steve Lurie
- Mental health and the Law - Ted Ormston
- Seniors – Marie-France Tourigny-Rivard
- Workforce - Ian Arnold



Advisory Committee Projects

- 24 Projects funded for \$5.1 million
- Child and Youth
 - developing a vision for child and youth mental health
 - evaluating various child and youth anti-stigma programs
- Mental Health & the Law
 - protection of human rights for people living with mental illness
 - reviewing best practices for interaction between police officers and people living with mental illness



Key Initiatives

- National Mental Health Strategy
- Anti-stigma campaign
- Knowledge Exchange Centre
- Homelessness research projects



National Strategy

- Canada is the only G8 country without a national strategy
- Organization and delivery of publicly-funded health care is a provincial/territorial responsibility in Canada
- Need to tailor a national strategy to the reality of Canadian federalism



National Strategy

- World Health Organization prediction: by 2020 depression will be second after heart disease as the leading cause of disability worldwide
- Change from an agrarian economy to a knowledge-based economy. Our bodies used to do the heavy lifting, now we use our brains
- Current economic cost to Canadian economy is \$33 billion per year



National Strategy

- Focus: improvement of health and social outcomes for people living with mental health issues and illnesses
- Useful and practical
- Adaptable to the differing realities of each jurisdiction
- Process will involve stakeholders
- Phase I : establish broad goals with a focus on recovery and well-being. Draft will go out for public consultation in the next few months
- Phase II : focus on how to achieve these goals across each sector and constituency



Anti-stigma Campaign

- 10 year anti-stigma, anti-discrimination campaign
- Stage 1 targets - **Children and youth:** 70 % adults say illness onset occurred before age18. **Health care professionals:** people seeking help say they often face discrimination on the front lines
- Focus: change attitudes and behaviour - view mental illness as just another disease
- Stigma often prevents treatment - for many, it is worse than the illness itself
- Reducing stigma and discrimination is everyone's job



Anti-stigma Campaign: You can help

- Media is key to shaping and changing attitudes: How are people with a mental illness portrayed?
- Words are key: Why do people “suffer” a mental illness but “have” a kidney disease?
- Fall 2008, a “consensus meeting” created a vision, principles, and statement to help guide the campaign
- Participants included mental health consumers, professional and not-for-profit organizations
- Read document, join the consensus:
www.mentalhealthcommission.ca



Knowledge Exchange Centre

- Internet-based
- Up-to-date information
- Will allow sharing of knowledge
- Accessible by everyone



Knowledge Exchange Centre

- Focuses on the needs of people living with mental health issues and their families
- Provides information for public, service providers, decision makers and researchers
- Currently working out the technology platform, information sources, etc.
- Operational next year



Homelessness and Mental Illness

- Between 25% - 50% of the homeless have a mental illness
- 50% - 70% of homeless persons with severe mental illness also abuse substances
- An estimated 11% of the homeless population meets criteria for schizophrenia compared to the national rate of 1%
- An estimated 30% to 50% of people using homeless shelters have jobs
- Homeless women 18-44 years of age are 10 times more likely to die than women in the general population



Cost of Homelessness in Canada

- Homelessness costs Canadian taxpayers between **\$4.5 and \$6 billion annually** (Based on a core, Canada-wide homeless population of 150,000 people, as estimated by the Canadian government)



Cost of Homelessness in Canada

- The recent CARMHA (Simon Fraser University) study estimates the current financial cost to taxpayers for hospital care, correctional services, etc, for homeless adults with severe addictions and/or mental illness is \$55,000 a year per person.
- Providing such people with adequate housing and supports costs about \$37,000 a year per person
- Total savings = \$211 million a year.



MHCC's Homelessness Initiative

- Focuses on mentally ill homeless people
- \$110 million allocated in February 2008 federal budget
- Five demonstration research projects, over five year period
- Vancouver, Winnipeg, Toronto, Montreal, Moncton
- Each city addresses a specific population group



MHCC's Homelessness Initiative

- **Vancouver:** people with a mental illness who struggle with substance abuse and addictions issues
- **Winnipeg:** urban aboriginal population
- **Toronto:** ethno-cultural diversity including new immigrants who are non-English speaking
- **Montreal:** different mental health services provided to homeless people in Quebec; may also look at French speaking immigrants from other countries
- **Moncton:** one of Canada's fastest growing cities, with a shortage of services for English and French speaking people with a mental illness



National Charity

- Will operate separately from the MHCC
- Will be funded by private sector donors
- Will focus on funding programs geared towards helping people with a mental illness
- Similar to a “United Way” for mental health
- Early stages



National Volunteer Movement

- Canadian volunteers at the core
- Raise awareness and organize national/ local activities
- Early stages



Progress Report

ACTIVITY	SEPTEMBER 2007	SEPTEMBER 2008
Revenue	\$54 million for 1 st 5 years from federal government	\$130 million for 1 st 10 years plus \$110 million for homelessness research
Full-time staff	2	21
Management Team	Glenn Thompson, interim CEO; Howard Chodos, Director, National Strategy	Howlett, CEO; Directors Pietrus, Barker, Chodos,; Stokdjik; Thompson
Advisory Committees	None	8 with 120 members, each with established work plan and projects
Office space	Temporary in Ottawa	HQ est. in Calgary and permanent office in Ottawa



Progress Report

ACTIVITY	SEPT 2007	SEPTEMBER 2008
Research projects	None	24 projects proposed by advisory committees internally funded for \$5,116, 448;17 for 08/09, 5 for 09/10, 2 for 10/11. Homelessness research initiated
National Mental Health Strategy	None	Draft framework approved by Board prior to Fall consultation broadly across Canada
Anti-stigma	None	International review done. Operational Plan developed. Social Marketing firm selected. Consensus Meeting. Partnerships to be developed with other MH organizations
KEC	None	Consultation done and strategy done Firm soon to be chosen to lead development; work to start in Fall
Foundation	None	Legal documents filed and mission being



Progress Report

ACTIVITY	SEPTEMBER 2007	SEPTEMBER 2008
National volunteer movement	None	Concept in development, to be launched in 2009
Media	None	Extensive
Speeches	Few	Many



Canadians becoming involved

- Governments beginning to pay attention
- Social organizations, church groups and the general public becoming involved and taking action
- We are gathering the critical mass to effect real change
- Each homeless person is someone's child, someone's brother or sister, someone's father or mother.
- The cost in both human and economic terms far too great for us to do nothing.
- Check our progress: www.mentalhealthcommission.com