

# Mental Health Commission of Canada

## Issue Identification

The Standing Senate Committee on Social Affairs, Science and Technology has recommended the creation of a Canadian Mental Health Commission in Canada. The purpose of the Commission will be to provide a much needed national (not federal) focal point that will keep mental health issues in the mainstream of public policy debates in Canada until effective solutions are developed and implemented. Notwithstanding the fact one of the key principles of the Commission will be to: ***“make those living with mental illness, and their families, the central focus of its activities”***, Canadian consumers must take an aggressive and pro-active strategy to ensure that this principle is met.

## Why is this an issue and what needs to be addressed?

Who will be speaking for and representing the best interests of consumers, family members and caregivers at the Canadian Mental Health Commission? There is a need to speak with one voice about the need for policies, legislation and funding mechanisms to facilitate access to services in a timely and culturally sensitive manner.

## Guiding Principles and Mission/Mandate of the Canadian Mental Health Commission

In order to effectively address this issue, it is important that we examine the key principles and mission/mandate of the proposed Commission:

### Guiding Principles:

- Be an independent not-for-profit organization at arms-length both from governments and all existing mental health “stakeholder organizations”;
- Make those living with mental illness, and their families, the central focus of its activities;
- Build on and compliment initiatives already underway and avoid duplicating the roles and activities of those currently working in mental health;
- Establish partnerships with governments employers, mental health research organizations and service providers, other health care organizations, and with the spectrum of national and international mental health stakeholders;
- Put its emphasis on evidence-based mental health policies and methods of service delivery;
- Rigorously evaluate, assess, and report on its own activities in order to ensure their appropriateness and efficacy and to maintain the Commission’s credibility with governments, its collaborating stakeholders and the Canadian public.

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## Mission/Mandate

- To act as a facilitator, enabler and supporter of a national approach to mental health issues;
- To be catalyst for reform of mental health policies and improvements in service delivery;
- To provide a national focal point for objective, evidence-based information on all aspects of mental health and mental illness;
- To be a source of information to governments, stakeholders and the public on mental health and mental illness;
- To educate all Canadians about mental health and increase mental health literacy among them, particularly among those who are in leadership roles such as employers, members of the health professions, teachers etc;
- To eliminate the stigma and discrimination faced by Canadians living with a mental illness, and their families.

## Method of Operation of the Commission

To achieve its mission, the Commission will form collaborative relationships amounting to partnerships with governments, employers, mental health stakeholder organizations, treatment professionals, researchers **and, in particular, those Canadians living with mental illness and their families**. Such relationships will be developed with existing organizations such as the Canadian Institute of Health Information, the Canadian Mental Health Association, the Canadian Psychiatric Association, the Canadian Mental Health Alliance (I believe this should read the Canadian Alliance on Mental Illness and Mental Health), the Business Roundtable on Mental Health and Addiction, the Centre for Mental Health and Addiction, the Canadian Centre on Substance Abuse, the Public Health Agency of Canada, the F/P/T Committee on Substance Abuse, all F/P/T health departments and other relevant organizations concerned with mental health and addiction.

In order to discharge its collaborative mandate, the **Commission will establish in addition to partnerships, a number of advisory committees**. While it will be up to the Commission to decide on their number and composition, two advisory committees are obligatory – one composed of every federal, provincial and territorial government and another of representatives from Canada's aboriginal communities.

## Consultations with Consumers and Family Members in 2005

In April 2005, the Canadian Collaborative Mental Health Initiative (CCMHI) retained the services of two professional mental health consumers who held a series of focused group discussions with consumers and caregivers across Canada. Two group discussions were held in each of the following locations: Halifax, Montreal, Sudbury, Winnipeg, Saskatoon, Whitehorse and Vancouver. One hundred and forty-five consumers and caregivers participated in these 14 cross-Canada consultations. One of the nine charter principles stated

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that:

The majority of participants agreed that there was a national need to speak with one voice. Some wondered however if it is really possible to have one voice. A participant in Winnipeg suggested that while it may not be possible to speak with one voice, there could be many voices speaking in unison.

In many of the groups, people expressed some concern about one voice being the only voice and therefore not fully inclusive. In Montreal, the Francophone group was particularly uncomfortable with the statement because as translated, it said “the only (seule) and same (même) voice”. They were supportive of the idea of the same message being communicated to government, as long as the voice is inclusive of **varying perspectives in the mental health and mental illness communities**. Participants acknowledged the potential power of one voice and they wanted assurances that individual and marginalized voices will not be overshadowed and will continue to be heard.

Consumers from all regions of Canada were unanimous in that they would like to have more choice about what kind of help they can access and, along with this, enough services to be able to make a choice. Services must also be available close to home.

Beyond conventional medical services, the services and supports that participants would like to be able to access within a model for collaborative mental health services include:

- Psychotherapy
- Social work
- Addiction services
- Community-based peer support/consumer advocates
- Physical exercise (e.g. health clubs)
- Alternative health care (acupuncture, massage therapy, naturopathy, yoga, meditation, etc.)
- Spiritual support
- Support/assistance with basic needs (housing, employment, education)
- Traditional Aboriginal Healers and Elders (for First Nations).

A range of resources implies a *holistic approach to treatment* and many of the participants emphasized the importance of treating the whole person. Consumers do not want to be viewed as a disorder or diagnostic label; they want to be seen as the diverse and individual human beings that they are. Closely related to this, services must be responsive to diverse individual needs and oriented toward improving quality of life. As such, they will provide access to resources to meet physical, social, economic and spiritual needs regardless of the individual's economic status, level of functionality or race. Participants emphasized the linkages between mental health, physical health and broader determinants of health such as socioeconomic status and education. Basic needs such as housing and nutrition are considered critical influences on overall health and well-being. For First Nations, a holistic approach is inherent to their traditional worldview.

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Another important issue is the need to be *treated with dignity, respect and compassion by mental health professionals*. People want to be open with their doctors about their concerns, needs and preferences, they want to be heard, and they want to feel safe with professionals. Consumers continue to experience considerable stigma and discrimination within the health care system. For those who are First Nations/Aboriginal, the stigma is compounded by racism.

Across the groups, many people talked about the need to recognize *faith and spirituality as key elements in healing and wellness*. Beliefs and practices related to faith and spirituality must be treated with as much respect as cultural beliefs and practices. At the same time, the issue needs to be handled delicately. While spirituality plays a significant role in health and healing, providing many consumers with hope and sense of meaning, it is also associated with some risks. People made a distinction between healthy spirituality, which promotes mental health, and unhealthy religiosity.

Participants generally agreed that collaborative mental health services should *respect the cultural beliefs and preferences of consumers*. While it is not always possible to provide services appropriate to every cultural tradition, it is important for service providers to respect these traditions. Cultural competency is essential for First Nations – any model for mental health care for First Nations communities must be developed with an understanding of the history and realities of First Nations including the impact of racism, and in the context of what is important to First Nations in health and wellness.

### **Creation of the Canadian Coalition of Alternative Mental Health Resources – 2005**

Late in 2003, the National Network for Mental Health (NNMH) embarked upon an intense planning process aimed at positioning the organization to meet the many complex challenges and to take advantage of the opportunities that lie ahead in serving the needs of mental health consumers in Canada. The NNMH is the only non-diagnostic, consumer driven organization of its kind in Canada or in the world for that matter.

The NNMH further recognized that dealing with the myriad of major health, social and economic issues associated with mental illness and mental health could not conceivably be considered the exclusive domain of any one given national organization. The Board of Directors, management, staff and senior volunteers felt strongly that the major challenges facing consumers in Canada could only be effectively dealt with under the present fragmented consumer/survivor community in all areas of Canada. Subsequently in June 2004, the NNMH as part of its three-year strategic plan committed to actively support and take a leadership role in developing a national coalition of provincial/regional and national organizations and actively seek out strategic alliances aimed at dealing with specific issues within the sector. The overarching purpose of this coalition is to strengthen the national mental health/illness sector and subsequently pave the way for a robust, strong and unified voice for consumer/survivors on priority issues in Canada.

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The NNMH immediately set out to implement this major cornerstone of its strategic plan and by December 2004, was successful in obtaining approval for a two and a half-year major national initiative funded by the Office for Disability Issues of Social Development Canada. The expressed purpose of this initiative was to bring together key stakeholders representing the national, provincial/territorial, and regional organizations, as well as community leaders to begin to develop a national coalition to work on key issues that affect persons with mental health issues/illness/disability. This project would also include information sharing between all participants about programs/projects currently being offered in their jurisdiction by mental health consumer/survivors, barriers being faced by these same organizations, and a priority list of what the coalition can do to support their need.

Since January, 2005 the Canadian Coalition of Alternative Mental Health Resources has flourished and evolved to become the only consumer driven national alliance and coalition in Canada. It has developed its own governance structure and is led by four very active committees with representation from coast to coast to coast in Canada.

### **Mission Statement**

The Canadian Coalition of Alternative Mental Health Resources is a National forum that embraces best practices, alternative programs, learning opportunities, knowledge transfer and resource sharing.

### **Vision Statement**

Canadian society will embrace the dignity, integrity, strength and self-determination of all persons living with mental health issues.

### **Goals**

- To create a consumer-driven research agenda
- Encourage participation and leadership development of persons with Mental Health issues that is inclusive and reflective of the social and cultural mosaic
- Promote positive change for persons with Mental Health issues ***through a unified voice***
- Create a clearinghouse for the gathering and distribution of information
- To generate policy and position papers
- To develop an effective communication strategy

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## The Question Re-Stated – Who will represent consumers and family members?

A review of the proposed composition of the Committee does not adequately clarify this major issue. Basically the Board of the Commission will consist of:

- Five provincial government nominees and one member nominated by the three territorial governments;
- One member nominated by the Federal Government;
- Eleven nominees at-large **chosen by the seven government nominees to represent a wide range of stakeholders** involved in mental health issues including those living with mental illness, their families, caregivers, service providers, the professions, employers etc. No nominee can represent a specific organization; each must be widely considered to reflect the mental health community at large;
- A non-governmental chair (The Canadian Mental Health Commissioner) chosen by the seven government nominees.

### Summary

It is readily apparent that the eleven (11) members at large which will include some mental health consumers and family members, will be chosen by representatives from the federal, provincial and territorial governments.

The Mental Health Commission of Canada is committed to ensuring that those living with mental illness, and their families are the central focus of its activities and are further committed to forging meaningful and sustained relationships with stakeholders throughout Canada. The Commission is further mandated to form at least two advisory councils. Do the stakeholder organizations noted earlier in this paper represents the best interests of Canadian consumer and family members?

The Commission is further committed to working with existing institutions. In 2005 the Federal Government saw a need to invest considerable resources and subsequently funded the Canadian Coalition of Alternative Mental Health Resources with strong consumer representation from a broad cross-section of Canadians.

### Recommendation

The CCAMHR supports the mission/mandate and goals of the Mental Health Commission of Canada and further recommends that the CCAMHR, a federally-supported body that includes people/leaders who have experienced mental illness, treatment, and recovery serve as a national advisory council to the Mental Health Commission of Canada.

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