

A Call for Action

Building Consensus for a National Action Plan on Mental Illness and Mental Health

A discussion paper prepared by



CAMIMH

*Canadian Alliance on Mental
Illness and Mental Health*

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PREFACE

Mental illness and mental health have been neglected in Canada for far too long. Consider these alarming statistics:

- At least one in five people will be affected by mental illness during their lifetime.
- Four thousand people commit suicide in Canada each year.
- Depression will be the single most expensive cause of loss of workplace productivity due to disability by 2020.

Preserving and promoting mental health can contribute to healthy families, productive workplaces and nurturing communities.

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Now consider these startling facts about Canada:

- The need for care, treatment, rehabilitation, community integration and support programs and services far exceeds what is available in most communities.
- Mental health promotion and prevention issues have been placed near the bottom of the priority list of health care initiatives undertaken by all levels of government.
- The stigma associated with mental illness and lack of public awareness about mental health issues prohibits open discussion, a co-coordinated approach to finding solutions and often, help for the people who need it the most.
- Canada does not have a national information collection and reporting system to allow for the accurate estimation of the incidence and prevalence of mental illnesses or to evaluate mental illness and mental health programs, services and policies.
- There is no organized mental illness and mental health research agenda in Canada.
- The level of consumer involvement in mental illness care and prevention and mental health promotion falls well below best practices.
- Canada, unlike most other developed countries, does not have a *national* action plan for mental illness and mental health.

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) calls for significantly increased attention to mental illness and mental health promotion at all levels of Canadian society. This paper is CAMIMH's tool to engage a broad range of stakeholders in generating ideas and building consensus on a national vision and action plan for mental illness and mental health. It is hoped that this discussion paper will inspire many new partners and allies to WORK TOGETHER to achieve this vision through one strong voice.

We propose four main issue areas for change to improve the current situation:

- Public Education and Awareness
- A National Policy Framework
- Research
- Information/Data System.

Some initial goals and options for action are suggested within each issue area. Please engage your constituencies in dialogue regarding these issues and provide CAMIMH with your feedback.

The time to take action to redress the serious lack of attention to mental illness and mental health issues is now!!! CAMIMH looks forward to hearing from you.



I. WHY?

■ INTRODUCTION

... a call for a fundamental shift in how Canada deals with mental illness and mental health issues ...

This Call for Action is presented by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH). Five national organizations concerned with mental illness and mental health founded CAMIMH*:

- Canadian Mental Health Association
- Canadian Psychiatric Association
- Mood Disorders Society of Canada
- National Network for Mental Health
- Schizophrenia Society of Canada

Representatives met regularly between late 1998 and 2000 to build a common vision for the future, in which:

- those with a mental illness and their families receive the care, supports and attention they deserve from our society and our health care system
- mental health promotion is undertaken as a co-ordinated and regular educational and awareness building activity
- mental illness and mental health hold a higher priority on the health and social policy agendas.

Before we proceed, we want to be clear about a few things this document is NOT:

It is not a discussion of substantive issues relevant to mental illness and mental health, such as suicide, homelessness, care and treatment modalities, specific mental illnesses and specific mental health promotional considerations.

It is not a health policy discussion, but rather an attempt to shine the spotlight on mental illness and mental health and their vast but underrated importance.

It is not a guide to service system reform, but a call for a much more fundamental shift in how Canada deals with mental illness and mental health issues.

*In January 2003 a number of other national mental health groups agreed to work with the five founding members of CAMIMH to expand the national coalition, beginning with opening the invitation to those groups who participated in the October 2002 National Summit on Mental Illness and Mental Health. The seven additional groups participating in the January 2003 agreement were: Autism Society of Canada, Canadian Association for Suicide Prevention, Canadian Coalition for Seniors Mental Health, Canadian Federation of Mental Health Nurses, Canadian Medical Association, Canadian Psychological Association, Native Mental Health Association of Canada.

CAMIMH's approach represents a major shift in at least three ways.

1. A Common Perspective

Our Call for Action came out of nearly two years of consensus building. Despite some basic differences in perspectives among the consumers, families, core professional service providers and community organizations represented in our organizations, we have clear collective vision based on the goals on which we agree.

2. A Focus on the Place of Mental Illness and Mental Health

This paper begins to position mental illness and mental health prominently within the health and social policy fields.

3. A Broad Vision of Mental Health Reform

Our vision for change involves a holistic notion of reform consistent with the Canada Health Act, which calls for "reasonable access to health services," as well as protection, promotion and restoration of physical and mental well-being.

Our task is enormous, but we had some essential help in taking this first step. CAMIMH would like to acknowledge the financial assistance of the Federal/Provincial/Territorial Advisory Network on Mental Health in helping CAMIMH lay the groundwork for this paper. However, the views expressed in this paper are entirely those of CAMIMH and in no manner are intended to reflect, presuppose, or compromise the positions or views of those who provided financial support to CAMIMH.

We hope this document will inspire other individuals and groups who care about mental illness and mental health to begin asking questions, talking about the issues and promoting policy and attitudinal change.

***... public prejudice
is the number one
problem that the
mentally ill face in
this country today.***

■ STIGMA: AN OVERRIDING CONCERN

Stigma by definition is a 'mark of shame or discredit.' People with mental health problems are often stigmatized and discriminated against due to lack of knowledge, misinformation and fear on the part of the public.

"This study [first US national survey of county-based health programs for the mentally ill] indicates that public prejudice is the number one problem that the mentally ill face in this country today. It, like the Surgeon General's December 1999 report on Mental Health, shines light on a corner of health that has been kept in the dark for far too long."—U. S. Deputy Surgeon General Dr. Kenneth P. Moritsugu (National Association of County Behavioral Health Directors, 2000)



**A National Action
Plan must address
and eliminate
stigma**

“Our findings show that the stigma surrounding mental illness is just as disabling as the disease itself, and that needs to be abolished, since we now have the new medical treatments.” —*Robert C. Egnew, Spokesperson for the NACBHD (National Association of County Behavioral Health Directors, 2000)*

CAMIMH believes that persons with depression, schizophrenia, severe anxiety, or any other mental illness should be free to deal with their issues as openly as persons suffering from heart diseases or diabetes. Research demonstrates that stigma all too often results in people delaying seeking treatment and families denying that a family member may have a mental illness.

Stigma continues to “infect” every issue surrounding mental illness.

Due to stigma and the inadequacy of services available to meet the needs of individuals and families affected by mental illness, there has been a feeling of powerlessness among the “grassroots” to change the situation.

The framework for a National Action Plan that follows deals with the need to address and eliminate *stigma*.

MENTAL ILLNESS

Mental illness is the single largest category of disease affecting Canadians. Up to 20 percent of the population will experience mental illness at some time during their lives. Mental illness carries a burden of substantial mortality and significant morbidity. The World Health Organization reports that six of the leading causes of years of life with disability are mental disorders (Murray & Lopez, 1996). Despite dramatic improvements in physical health in most countries, “... the mental component of health has not improved over the past 100 years.” (WHO, 1999).

We know that:

- 1 in 5 Canadians will experience, during their lifetime, a mental illness serious enough to impair functioning
- 3% of those or nearly 1 million Canadians suffer from a severe and persistent mental illness
- 1% of Canadians suffer from schizophrenia
- 4,000 people a year die prematurely by suicide
- Disability due to depression seriously affects 10 out of 100 people at some point in their lives along with their families and places of work, and is the leading cause of disease burden among women 15 - 44 years of age in the developed world
- Only 1 out of 5 children who need mental health services receives them

Barriers to early intervention create situations that present high risk to the health of the vulnerable individual. Early symptoms may go unrecognized and long waiting lists often delay access to services.

Since the reforms of the mental health system of the 1960's and 1970's, tens of thousands of institutional beds have been closed, and many individuals with a mental illness have moved from chronic care facilities back into the community with little or no support and without appropriate transfer of institutional resources to community care systems. More recent closures of short-stay hospital beds did not for the most part correspond with an increase in resources for alternative community-based care.

The result? An increasing number of homeless people with mental illness, families and friends “stretched and distressed to the limit,” large numbers of people with mental illness languishing in jail and many others living in substandard housing or receiving their care in poorly-funded group home settings.

With so many individuals not receiving adequate services or supports, the time has come for all stakeholders, including all levels of government, to come together to make a commitment to reform based on a national framework.

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■ THE PROMOTION OF MENTAL HEALTH

For individuals to realize their full potential and contribute in meaningful ways to our society, mental health is essential; yet, the lack of attention to mental health promotion across Canada is notable.

It has been well demonstrated that a mix of psychological and social determinants affects health overall and mental health in particular. Health Canada has listed these determinants as:

- income and social status
- social support networks
- education
- employment and working conditions
- social environments
- physical environment
- personal health practices and coping skills
- healthy child development
- health services

When these determinants of health are strong and in place, mental health is positively impacted. But when they are weak or missing, mental health problems can result. Thus, they suggest directions where interventions are possible.



...the primary objective of Canadian health care policy is to protect, promote and restore the physical and mental well being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers.
—Canada Health Act

At the level of the individual, a sense of control, social support and meaningful participation are important in helping to reduce stress, anxiety, “burnout” and frustration that are common today. At a system level, strategies that create supportive environments, strengthen community action, develop personal skills and reorient health services can help to ensure that the population has some control over the psychological and social determinants of mental health. (Willinsky & Pape, 1997).

It is essential for supports to be in place so that all Canadians, whether young or old, whether living with a mental illness or not, can maximize their mental health.

A greater emphasis on mental health promotion and prevention can reduce the demand on already overburdened systems. System reform is critical for the development of a strong, resilient and healthy population.

■ COLLABORATIVE NATIONAL LEADERSHIP IS REQUIRED

“The burden of mental health related problems in the population has been underestimated. Not only are they linked to certain physical illnesses and increased mortality from suicide, they also bear a complex and poorly understood relationship to many of the most toxic public health problems of our day, such as interpersonal violence, criminality, addictions, homelessness and poverty (Thompson & Bland, 1995). They are associated with significant emotional suffering and disability, and have important but largely unrecognized human and economic costs (Neugebauer, 1999).” (quoted in: Stuart, H. et.al. 1999)

National debates during the ’90s around national health care reform (National Forum on Health, 1997) and around the social security reform (Improving Social Security in Canada, 1994) of the early 1990s were silent about mental illness and mental health issues. While the responsibility for planning and delivering mental health services rests with the provinces and territories, leadership provided by federal/provincial/territorial collaboration could go a long way to begin to address these problems, while positioning Canada as a nation that regards the mental health of its citizens as a priority. Current legislation may indicate a responsibility on the part of the federal government to act on a national strategy.

The Canada Health Act states that:

...the primary objective of Canadian health care policy is to protect, promote and restore the physical and mental well being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers.

The Canadian Charter of Rights and Freedoms states:

*Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination based on race, national or ethnic origin, colour, religion, sex, age or **mental** or physical disability. Section A15. (1) and,*

*...does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex age or **mental** or physical disability. (2) Subsection (1)*

While mental health care accounts for as much as 16% of health care costs and directly affects 20% of the population:

- Health Canada's program spending on mental illness and mental health promotion combined is less than \$500,000 per year.
- No distinct mental health division exists at Health Canada to develop and steer national policy and discussions in this area at a senior management level.
- Only about 4% of all public research dollars go to mental illness and mental health research.
- Canada does not collect, in a systematic manner, national data on the mental health status of Canadians.

Many stakeholders are finding this national "invisibility" intolerable and are uniting to bring about a national presence in mental illness and mental health.



II. WHY NOW?

It has been nearly 40 years since recommendations for reforming mental health care were presented to the Hall Commission.

■ LONG TIME... INSUFFICIENT ATTENTION

It has been nearly 40 years since recommendations for reforming mental health care were presented to the Hall Commission.

“Of all the problems presented before the Commission, that which reflects the greatest public concern, apart from the financing of health services generally, is mental illness...” (*Royal Commission on Health Services, 1964*). This concern resulted in three decades of deinstitutionalization and the closure of tens of thousands of inpatient beds, but without the corresponding funding and development of adequate and appropriate community-based services and supports.

- The City of Toronto report on homelessness, chaired by Anne Golden, describes **homelessness as a significant result of the deinstitutionalization policies**. The homeless have many faces: people who have mental illnesses, people who suffer from alcohol and substance abuse, and the plight of Aboriginal peoples who are over-represented in the homeless population compared to the general population. (*Stuart, et. al, 1999*)
- **It has been ten years since the federal government released: “*Mental Health for Canadians: Striking a Balance*.”** Its policy document linked the national health promotion vision of “Achieving Health for All” to mental health. Other major reports together with numerous provincial and regional policy and discussion documents have recommended significant changes to improve services and programs for: individuals with serious mental illnesses, children’s mental health services, suicide prevention, aboriginal peoples, and offender and prison populations. Few of the recommendations and ideas have been implemented.
- More recently **in 1997, the Federal/Provincial/Territorial Advisory Network on Mental Health (ANMH) commissioned a two-phase study** that focused on a critical evidence-based review of the current state of knowledge related to best practices in mental health reform focusing on chronic and severe mental illness, along with a situational analysis of mental health reform policies, practices and initiatives in Canada that approximated best practices. The reports’ recommendations are aimed at building an integrated system of care for the severely ill. While some provinces are working to adopt best practices approaches, the funding and commitment to support accountability, research and evaluation elements remain elusive.

RENEWED INVESTMENT IN HEALTH: THE HEALTH CARE FUNDING DEBATE

In the year 2000, health care has become a priority for all levels of governments and the public. At the same time, the burden and cost of mental illness and mental health in Canada are starting to be acknowledged. But reinvestment into health by all levels of governments MUST include significant investments in mental illness needs and mental health promotion supportive of the front line needs and delivery of services for which provinces are responsible.

As part of this reinvestment, mental health human resources must be addressed; the current shortage of specialized professionals and non-professionals will only get worse without strategic planning. Many professional workers are continuing to leave Canada to pursue careers elsewhere. How professionals must work is changing. For example, psychiatrists have been traditionally trained for hospital and private practice, rather than working in community-based agencies or non-hospital centered clinics and shared care models. Some non-professional mental health workers lack appropriate training for new roles. The training of mental health workers focuses little attention on mental health promotion.

A concerted effort must take place to ensure that a balanced mix of services and support are equally comparably available at similar levels of quality in all regions of the country. An infusion of capital funding will ensure that people living with mental illness and mental health can live with respect and dignity in an environment that will reflect a high standard of quality of life. Reform strategies in attracting and maintaining excellent mental health human resources are essential.

A concerted effort must take place to ensure that a balanced mix of services and support are equally comparably available at similar levels of quality in all regions of the country.

A FRAGMENTED VOICE, A FRAGMENTED SYSTEM

Prior to the creation of CAMIMH, there was no co-coordinated and concerted citizen's action around mental illness and mental health issues at the national level. Advocacy in this area was generally illness or population-specific (e.g., related to schizophrenia, mood disorders or children's mental health). There was no clear, common, strong voice to advocate for overall mental illness and health needs. CAMIMH is attempting to fill this void.

There are a variety of factors that led to fragmentation of the non-governmental sector of the mental illness and mental health community, including uneven funding. In part, the NGO sector mirrors the service and policy sector itself. While mental illness care, treatment and support services and mental health promotion initiatives, more than any other health care area, cross over numerous policy and program areas, these too often operate as silos. Moreover, the linkages between health and social policy required for effective mental illness and mental health policy development never developed at the national level.



A healthy public policy approach to mental health policy development would go a long way to mitigate the negative impact of a fragmented sector on mental illness care and the mental health of Canadians.

■ CANADA LAGS BEHIND IN WORLD PROGRESS

The United Kingdom

UK Targets

to improve significantly the health and social functioning of mentally ill people

to reduce the overall suicide rate by at least 15% by the year 2000; and

to reduce the suicide rate of severely mentally ill people by at least 33% by the year 2000.

The United Kingdom (UK) followed its “The Health of the Nation” White Paper in 1992 with action plans in five key health areas, one of which was mental health. The “Mental Health Key Area Handbook” (1994), as the action plan is called, provides practical advice to health system managers on implementing the changes necessary to achieve the targets for the mental illness key area. The primary mental health targets set out in the UK White paper were:

- to improve significantly the health and social functioning of mentally ill people;
- to reduce the overall suicide rate by at least 15% by the year 2000; and
- to reduce the suicide rate of severely mentally ill people by at least 33% by the year 2000.

The UK action plan provides action summaries and implementation guidelines based on the best available evidence in the following areas:

- Promotion of mental health and reduction of stigma attached to mental illness
- Systematic needs assessments and reviews of service provision at local levels
- Wide local consultation on developing strategies at the local level
- Effective joint planning and servicing between the health social service systems
- A systematic and planned approach to the transition from institutional to community care using care management approaches
- Development of human skills and resources (staff development, multidisciplinary teams, closer collaboration between primary and secondary care sectors) to increase awareness, detection and treatment
- Implementation of effective mental health information systems.

Australia

In 1992, Australia made a decision to adopt a “National Mental Health Policy and Plan.” This followed an earlier endorsement of a Statement of Rights and Responsibilities, and these two documents together formed a National Mental Health Strategy. This strategy commits all state, territorial and Commonwealth governments within Australia to improve the lives of persons with mental illness.

The aims of the Australian National Mental Health Strategy are to:

- Promote the mental health of the Australian community
- Prevent the development of mental health problems and mental disorders where possible
- Reduce the impact of mental disorders on individuals, families and the community
- Assure the rights of people with mental disorders

The strategy provides a national framework for mental health reform. It addresses such key issues as: the provision of integrated mental health services; intersectoral links; consumer rights; legislation; workforce reform; monitoring and accountability procedures; and the requirements of special needs groups such as people of Aboriginal descent.

New Zealand

New Zealand developed an action plan focused on mental health promotion in 1997, after setting the following core objectives for mental health in that country:

- To promote the mental health of its populations (including specific reference to Aboriginal peoples)
- To reduce the death rates and disability from depression.

New Zealand decided not to set outcome targets until it had established adequate baseline data. Its plan is to develop a series of issue papers that provide program planners with guidelines and overviews of what is known and what works.

New Zealand's plan addresses four main issue areas:

- healthy public policy issues
- public health program issues
- personal health services issues
- research and information issues

United States

The United States' process is the most recent and flows out of its federal government's desire to set a national health agenda for the new millennium. In "Mental Health: A Report of the Surgeon General" (1999), a commitment is made to advance the state of mental health within the country. Key aspects of this initiative are a national anti-stigma campaign, a call to action on suicide prevention and a commitment to improving the accessibility, availability and quality of mental health services. This is envisaged as a decade-long action agenda and is being developed with input from a broad consultation process that includes a state component.

Canada has the legislative and policy tools needed to undertake a national plan and catch up with what these nations have done recently.

Canada must join other countries in their acknowledgment that mental illness and mental health are priorities for the health of any nation!

New Zealand Goals

To promote the mental health of its populations

To reduce the death rates and disability from depression.



THE SOCIAL UNION FRAMEWORK: PARTNERSHIP OPPORTUNITIES BETWEEN THE FEDERAL GOVERNMENT AND THE PROVINCES

A national strategy is long overdue and possible.

Canada's adoption of the Social Union Framework in February 1999 has created a vehicle by which the provinces and the federal government can work together on issues of national importance. It has potentially broken the longstanding impasse or inability to develop 'collaborative national' (federal, provincial and territorial) strategies on social and health issues. The framework's commitment to begin this work by addressing child and disability issues, together with Canadians' and governments' recognition and support for reinvestment in health, provide an excellent opportunity for using the Social Union Framework to advance a national mental illness and mental health agenda.

The *Children's Agenda* that was initiated by a few provinces has now become a priority endorsed by all provinces and the federal government using the Social Union Framework approach, enabling the development of a national position and implementation process.

National leadership in partnership with the provinces can be implemented in a number of other ways. For example, following the calls for action by municipalities and community agencies for national leadership on the homeless crisis, the federal government launched the "*Supporting Communities Partnership Initiative*." It includes a substantial federal investment to engage all levels of government and partners to develop the tools needed to tackle the problem of homelessness and to put in place the seamless web of services and supports that people need to make a successful transition from the street to a more stable and secure life. Minister Bradshaw stated, "Community groups want the Government of Canada to be a partner in a national effort to eliminate homelessness. This effort, in order to be successful, must be a partnership between all orders of government and the private and voluntary sectors." (*Minister of Labour, December 1999*). Prior to the Social Union Framework Agreement, the federal government developed national strategies in collaboration with the provinces, territories and community stakeholders on a range of important national health issues, such as AIDS, women's health and tobacco. The Federal/Provincial/Territorial Advisory Network, consisting of senior mental health managers in each province and territory and which is once again linked to the Federal/Provincial/Territorial Health Ministers' Committee structure, can also be instrumental in facilitating the cross jurisdictional collaboration needed for the development of a 'national action plan on mental illness and mental health' in Canada.

With national leadership and provincial partnerships as well as successful completion of the consultation process associated with this discussion paper, CAMIMH believes it is possible to devise and implement a coordinated national action plan for mental illness and mental health in Canada.

While respecting the jurisdictional issues involved in the provision of mental health services and for the implementation of mental health promotion strategies, a national strategy is long overdue and possible.

III. A FRAMEWORK FOR ACTION

■ INTRODUCTION

This discussion paper is the first step toward the development of consensus for a national action plan on mental illness and mental health. The process for coming to a consensus among the representatives of CAMIMH on what should be put forward in this paper started with a consensus on core values, and a vision for the future as a foundation to strategies for action. These are appended at the end of the document.

Each component of this framework section includes a brief discussion of the current situation and what is needed, followed by some suggested goals and options for action. These goals and options for action are intended to facilitate discussion, stimulate new ideas and build consensus during a national consultation process. We invite your own ideas and comments.

The four components or ‘anchors’ of the framework for national action are:

- Public Education and Awareness
- National Policy Framework
- Research
- National Information – Data System

■ A. PUBLIC EDUCATION AND AWARENESS

Goal A1:

Reduce the stigma associated with mental illnesses in Canadian society.

Options for Action

Develop an effective national public awareness strategy that would include initiatives to:

- Develop national education materials and dissemination strategies about the nature of mental illnesses and the impacts on individuals, their families and Canadian society.
- Encourage and support ministries of education to integrate mental illness and mental health issues into school curricula.
- Involve consumers of mental health programs and services in the development and implementation of national strategies.



-
- Work with members of the justice system to increase their awareness of the nature of mental illnesses and to develop and provide alternatives to the incarceration of individuals with mental illnesses.
 - Work with members of the media to provide responsible public information and raise awareness regarding mental illness including its prevention.
 - Create a national clearinghouse for information on mental illness and mental health.

Goal A2:

Increase public knowledge and awareness about effective practices in the fields of mental illness and mental health.

Options for Action

- Develop a national campaign to raise people's awareness regarding mental illness and health programs and services and when and how to access appropriate care and support.
- Develop and promote an interdisciplinary Speaker's Bureau.
- Co-ordinate a national public education and awareness campaign that provides regular 'snapshots' of the state of mental health and mental illness policies, programs and outcomes for Canadians.
- Develop a national campaign to educate the public on the value of mental health and well-being.

B. NATIONAL POLICY FRAMEWORK

An essential component of the discussions leading toward a National Action Plan, a comprehensive cross jurisdictional policy framework, need not intrude on provincial powers; rather it can and should evolve out of a consensus among all stakeholders including governments.

Goal B1:

Legislative/Policy Initiatives—Ensure that the impact on mental illness and mental health is considered in the development and implementation of every federal policy and legislative initiative.

Option for Action

- Guided by the provisions of the Canada Health Act, empower a federal/provincial/territorial working group (working in collaboration with a stakeholder advisory group) to develop and adopt criteria that can be used to assess the mental illness and mental health impact of new and current policy and legislative initiatives.

Goal B2:

National Guidelines, Benchmarks & Accountability—Establish and adopt national guidelines or benchmarks for key outcome areas of a desired mental health system and for mental health promotion.

Guidelines or benchmarks can be developed in a manner that respects provincial jurisdiction over health services while helping to assure Canadians, no matter where they live or what their economic circumstances, similar access to professional and community supports and programs based on local need and culture.

Options for Action

- Develop guidelines for stakeholder involvement (e.g., consumers, families, providers) to ensure their input into policies and programs that have a mental illness care or mental health component.
- Develop guidelines that ensure an appropriate balance of services/supports is available according to community need.
- Develop guidelines for effective (best) practices/outcomes for mental illness care systems, as well as mental health prevention and promotion programs.
- Develop outcome guidelines or targets for research, evaluation and innovation.
- Develop national mental health benchmarks or guidelines that ensure access to mental illness services and mental health promotion programs are consistent with the provisions of the Canada Health Act.
- Develop a national report card that would include a regular review of provincial mental health services & Acts and their use.
- Encourage the utilization of accreditation systems that measure adherence to best practice standards, guidelines & benchmarks.
- Develop guidelines for mental health promotion strategies for all Canadians.
- Evaluate the extent to which public health programs deliver mental health promotion programs.

Goal B3:

Integration and Collaboration—Develop collaborative and cooperative partnerships that will enhance systems of care and mental health promotion opportunities.

Options for Action

- Build on the call for policy co-ordination contained in *The Mental Health of Canadians: Striking a Balance* (1988).
- Harmonize policies that affect mental illness care services and mental health promotion strategies across all levels of government.



-
- Promote the formation of interdisciplinary partnerships among health professionals working together with mental illness and mental health communities by:
 - i. Developing incentives that support partnerships among mental health professionals, caregivers, consumers, families and community support services in the planning and delivery of mental illness and mental health programs and services.
 - ii. Developing cost-sharing arrangements for specific services among community agencies.
 - iii. Promoting community participation in the planning and delivery of mental illness and mental health programs and services.

Goal B4:

Consumer and Family Participation—Strengthen consumer and family participation in national policy development affecting mental illness services and supports as well as mental health promotion.

Options for Action

- Strike a federal advisory group or expert panel of consumers and family members to provide ongoing input into the mental illness and mental health components of federal policies.
- Develop guidelines that encourage meaningful participation of stakeholders in mental health policy development.
- Identify the increased resources needed to support meaningful and effective consumer and family involvement in mental health policy development.
- Set up round tables including federal/provincial/territorial/aboriginal/consumer/family representation to develop the targets or benchmarks

Goal B5:

Promotion of Self-Help—The federal government recognizes consumer and family self-help as a significant and vital mental health resource.

Options for Action

- Develop federal guidelines to ensure that consumers and families are supported to develop their own groups and organizations.
- Build on the recommendations regarding consumer and family self-help in the Best Practices reports (1997).
- Develop guidelines for effective practice mechanisms that help increase the knowledge and skills of consumers and families.

Goal B6:

Innovative Models of Service Delivery—Encourage and facilitate the piloting and testing of, and dissemination of information about new and innovative models of delivering mental illness/health services based on effective practices.

Options for Action

- Support the development, implementation and evaluation of innovations in the provision of services for people with mental illness and for mental health promotion.
- Investigate the need for, and support the development, implementation and evaluation of, new approaches to support interdisciplinary collaborative practice and make recommendations on the nature of the required changes. (E.g., “Shared Care,” Kates et al., October 1997). Issues that should be explored include: alternate methods for remunerating psychiatrists; changes to provincial fee schedules to cover services rendered by family physicians, psychiatrists, nurse clinicians etc. that do not involve direct patient care; and providing incentives to encourage family physicians to spend time with patients who have complex psychiatric disorders and other emotional problems.

Goal B7:

Human Resources—Develop a national mental illness and mental health human resource plan to the year 2005.

Options for Action

- Establish a multi-stakeholder task force that reports to the Federal Provincial Territorial Advisory Committee on Health Services to develop a mental illness and mental health human resource plan for Canada, so that high quality appropriately trained mental illness and mental health service providers are available to meet the health needs of Canadians. For example:
 - i. identify the numbers of current mental health workers (professional and non-professional) in Canada
 - ii. identify the mental health human resource needs for the next 25 years
 - iii. develop recommendations for a detailed national human resource plan for mental health workers (professional and non-professional)
 - iv. develop standards/guidelines for front-line mental health workers related to basic education/experience, number and service mixes
 - v. involve mental health consumers in the education and training of mental health care workers.
- Create a national task force to review and make recommendations on improving the training and knowledge of mental health intervention strategies including multidisciplinary approaches to mental illness, and effective mental health promotion strategies. The task force should subsequently monitor or steer the



implementation of these recommendations. The areas for review would include such strategies as:

- i. the extent to which mental health issues and mental health promotion are part of the curricula of training of all health professionals
- ii. the extent to which Continuing Education programs (CE) provide mental health promotion topics in an integrated manner
- iii. the exposure of students to effective practice role models
- iv. the extent to which undergraduate education on mental health promotion and prevention is available within the health disciplines at the university and college levels, as well as related education and social work programs
- v. the extent to which there are interdisciplinary opportunities for joint education (undergraduate, graduate and continuing education).

C. RESEARCH

Mental health research commands less than 5% of Canadian health research dollars, yet mental illnesses directly affect 20% of Canadians. There is a lack of co-ordination among research funding bodies, and no organized mental illness and mental health research agenda in Canada. Few private research institutions or community organizations/foundations fund mental illness and mental health research, and universities tend to favour placing their fundraising dollars into physical health and illness research. As other research sectors also argue, Canada must do much more to foster the interest and careers of its young researchers and the research community in general in Canada. This is especially needed in the mental illness and mental health research fields, where support remains fragmented and woefully inadequate. We must set higher targets for research funding and in this area, so that it reflects the burden of mental illness and the contributions to population health that improved knowledge and practices in mental health promotion can offer.

Goal C1:

Establish and support a national research agenda.

Options for Action

- Under the Canadian Institutes of Health Research (CIHR) ensure co-ordinated development and appropriate funding for mental illness and mental health research.
- Create a set of priorities and research questions for mental illness and mental health on an annual basis. Proactively encourage researchers and funders to address the annual research questions.
- Monitor funding levels for mental illness and mental health research in Canada on an annual basis.
- Foster collaborative networks of research across sectors.

Goal C2:

Establish and implement a public education and awareness strategy to support comprehensive and sufficient research funding and value research.

Options for Action

- Facilitate the establishment of communication strategies that include a national research newsletter discussing all aspects of national research.
- Facilitate the development and the dissemination of an Annual Research Report Card.

Goal C3:

Strengthen the voluntary fundraising sector so that it demonstrates a unified commitment and enhanced support for mental illness/health research.

Options for Action

- Create an umbrella of research foundations to address mental illness and mental health research fundraising in a co-ordinated manner.
- Work with existing fundraising foundations and university institutes to establish annual fund-raising campaigns with specified funding goals to support mental illness and mental health research.

Goal C4:

Increase the cadre of new mental illness and mental health researchers.

Options for Action

- Identify, strengthen and support research-training programs through scientist support programs, fellowships, and postgraduate and graduate support programs.
- Nurture community researchers and promote the creation of annual community research awards in mental illness and mental health.



Goal C5:

Create a more supportive environment for Canadian researchers in mental illness and mental health research.

Options for Action

- Establish an annual scientific symposium showcasing research in mental illness/health.
- Advocate for national and provincial funders to allocate a fair share of their money to mental illness and mental health research.
- Encourage universities to allocate more dollars toward mental illness and mental health research.
- Foster collaborative partnerships and networks across research sites and sectors.

Goal C6:

Ensure that mental illness and mental health research informs policy development in all areas of health.

Options for Action

- Ensure mental illness and mental health researchers identify the policy implications of their research findings as a condition of funding.
- Facilitate the dissemination of research findings in the mental illness and mental health area to policy makers.

Goal C7:

Increase the involvement of consumers, other stakeholders and their organizations and the voluntary sector in the development, implementation and dissemination of the knowledge acquired through enhanced mental illness and mental health research.

Options for Action

- Establish and support a national consumer/family members participatory research strategy focusing on non-medical/clinical methods to assist recovery and maintain well-being.

D. NATIONAL DATA/ INFORMATION SYSTEM

Canada currently lacks a national information base to enable us to accurately identify both the incidence and prevalence of mental illness, to measure the mental health status of Canadians and to assist in the evaluation of our mental health/illness policies, programs and services. We need to collect and assemble data (surveillance system) that protects individuals' confidentiality, as well as develop a system for ongoing accountability (report card). The information collected nationally would be used to help Canada monitor and report periodically (e.g. annually), how well we are meeting the needs of persons with mental illnesses and in promoting the mental health of Canadians. This reporting process in turn would inform policy and program choices nationally, provincially, regionally and locally. It would also ensure the information that is collected is broadly disseminated and accessible to anyone who needs or desires it.

Goal D1:

Create a national public health surveillance and reporting program in collaboration with other stakeholders, including the Laboratory Centre for Disease Control (LCDC).

Options for Action

- Develop benchmarks or standards for the collection of mental illness and mental health data that include privacy provisions.
- Develop a framework for data collection and reporting on mental illness and mental health in Canada.
- Improve the co-ordination of information collection across provinces and across regions in Canada.
- Support and collaborate with a national public education and awareness program to provide regular 'snapshots' of the state of mental health and mental illness policies, programs and outcomes for Canadians.



IV. CONCLUSION

... Today in Canada many individuals with mental illnesses are living lives of desperation, fear and pain. We know that Canadians would care if they were aware of the critical nature of the situation. Our governments are aware of the issues, but have not placed a high priority on mental illness and mental health ...

The important role of self-help groups in contributing both to the healing and restorative processes, as well as to the positive mental health of people during times of crisis and in enhancing coping with chronic illness, is only now being recognized and acknowledged as having real value. Voluntary organizations focusing on mental illness and mental health issues, whether regrouping consumers, families, front line providers, community agencies or professionals, have a wealth of knowledge to be tapped.

Civil Society is commonly defined as the social sphere outside of government and the private sector that is composed of groups or associations of people that have been formed to further the interests of their members. For NGOs (non-governmental organizations), “Building civil society involves citizens working in partnership with government and business at all levels of society.” Many NGOs act as “bridge builders”, as facilitators and as catalysts for change to advance the interests of ‘marginalized’ groups. They engage people on issues that are important to them, commit to action, generate new ideas and solutions to issues of common concern and build public support for collective decisions and action. (*Burbidge, 1997; Canadian Council for International Cooperation, 1996*).

CAMIMH is an example of five NGOs, reflecting a range of perspectives and roles in mental illness care and mental health promotion, that have joined together to advance the interests of Canadians with a mental illness, their families and caregivers and to advocate for the principle that all Canadians are entitled to good mental health. Today in Canada many individuals with mental illnesses are living lives of desperation, fear and pain. We know that Canadians would care if they were aware of the critical nature of the situation. Our governments are aware of the issues, but have not placed a high priority on mental illness and mental health.

Just as broad-based strategies by government and stakeholders have been able to counter the initial response of fear and stigma to HIV/AIDS, we are looking for a similar collaborative process facilitated by government. We know what needs to be done and we know how to do it! What we need now is the political will and support to make it happen.

*This framework paper is our beginning to foster a national consensus building process. We need your feedback on our work. We need your best thinking. Please help and share your views on our **CALL FOR ACTION**. We invite your input! We ask for your support!*

Please send your comments to CAMIMH by:

E-mail: camimh@cpa-apc.org

Fax: 613 234 9857

Mail: 441 MacLaren Street, Suite 260, Ottawa, Ontario, K2P 2H3

Website: <http://www.cpa-apc.org>

Glossary of Some Key Terms

Mood Disorder - disturbance in mood as predominant feature (major depressive, dysthymic, other depressive, bipolar I, bipolar II, other bipolar, mood disorder due to medical condition, mood not otherwise specified). (*DSM IV, American Psychiatric Press*)

Consumer - “A person who has experienced significant mental health problems and has used the resources of the mental health system.” (*Canadian Mental Health Association, National Consumer Advisory Council, 1991*) - “... an individual who has, or has had at some point in his/her life, a personal mental health problem and had occasion to use formal or informal mental health services.” (*Mental Health Consumer Advocacy Network Nova Scotia and the Self-Help Connection, 1992*).

Determinants of Health - include the following: income and social status, social support networks, education, employment and working conditions, physical environment, biologic and genetic endowment, personal health practices and coping skills, healthy child development and health services. (*Health Canada, 1994*).

Individual Empowerment - “refers to an individual’s ability to make decisions and have control over his or her personal life” (*Israel et al., 1994*).

Incidence - is the number of new cases of a particular illness or disease within a given population.

Integration - is the linking of services offered by two or more organizations or agencies. This may involve the offering of joint or combined services. (*The Report of the Working Group on Mental Health, NS, 1992*).

Mental Health - “By definition, mental health refers to a state of psychological well-being and integration.” (*The Report of the Working group on Mental Health, NS, 1992*).

Mental health problem - “... is a disruption in the interactions between the individual, the group and the environment. Such a disruption may result from factors within the individual, including physical and mental illness, or inadequate coping skills. It may also spring from external causes, such as the existence of harsh environmental conditions, unjust social structures, or tensions within the family or community.” (*Health and Welfare Canada, 1988*).

Mental health promotion - “... is the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health.” (*University of Toronto, Centre for Health Promotion, 1997*). “Mental health promotion is oriented towards building strengths, resources, knowledge and assets for positive health, with the people concerned controlling issues and processes. It focuses on the enhancement of well-being, rather than on illness.” (*Joubert, N., Taylor, L. & Williams, I., 1996*).

Mental illness or mental disorder - “... may be defined as a recognized, medically diagnosable illness that results in the significant impairment of an individual’s cognitive, affective or relational abilities. Mental disorders result from biological, developmental



and/or psychosocial factors, and can - in principle, at least, be managed using approaches comparable to those applied to physical disease (that is, prevention, diagnosis, treatment and rehabilitation).” (*Health and Welfare Canada, 1988*).

Prevalence - is the total number of cases of a particular illness or disease within a given population.

Prevention in the Mental Illness Field - “... seeks to eliminate those factors that cause or contribute to the incidence of mental illness.” (*Willinsky & Pape, 1997*).

Public Policy - is the broad framework of ideas and values within which decisions are taken and action or inaction is pursued by groups, agencies and governments in relation to some issue or problem.

Resilience - “... is the ability to bounce back from life’s difficulties.” (*Willinsky & Pape, 1997*).

Schizophrenia - is a biological brain disease that affects thinking, perception, mood and behaviour. Its exact cause is unknown, but overwhelming scientific evidence points to faulty brain chemistry or structural abnormalities in the brain.

Self-help - “...Self-help is one way to deal with the problems that everyone faces from time to time in their lives. Talking our problems over with other people who have lived through similar ones can provide support and help us cope with today’s difficulties. Self-help is really mutual aid. When we give of ourselves, we not only help someone else, we help ourselves as well.” (*Self-Help Connection “How to” Manual, Halifax, 1990*). “Self-help or mutual aid is a process wherein people who share common experiences, situations or problems can offer each other a unique perspective that is not available from those who have not shared these experiences.” (*International Network for Mutual Help Centres*).

Stigma - is defined as a ‘mark of shame or discredit.’ People with mental health problems are often stigmatized due to lack of knowledge, misinformation and fear. Negative stereotypes and discrimination towards people who experience mental health problems continue to exert an unfortunate influence on us all. (*Canadian Mental Health Association, Nova Scotia Division, 1993*).

Public Health Surveillance - “ is the on-going, systematic collection, analysis and interpretation of health data in the process of describing and monitoring a health event closely integrated with timely dissemination of information to those who need to know. This information is used for planning, implementing and evaluating public health interventions and programs. Surveillance data are used to determine the need for public health action and to assess the effectiveness of programs.” (*Centres for Disease Control and Prevention, Guidelines for Evaluating Surveillance Systems*)

Bibliography

- Burbidge, J. (Ed.) (1997, July). *Beyond Prince and Merchant: Citizen Participation and the Rise of Civil Society*. New York: The Institute for Cultural Affairs.
- Canada. Royal Commission on Health Services (1964). *Volume 1*. Queen's Printer. Ottawa.
- Canadian Council for International Cooperation (1996, April). *Public Engagement: Selected Readings*. Ottawa: CCIC.
- Canadian Council for International Cooperation (1996, September). *Global Citizenry: A New Way Forward*. Ottawa: CCIC.
- Canadian Mental Health Association (CMHA) (1991). *National Consumer Advisory Council Terms of Reference*. Toronto: CMHA.
- Canadian Mental Health Association, Nova Scotia Division, (1993). *Mental Health and the Media*, Halifax.
- Canadian Alliance on Mental Illness and Mental Health (CAMIMH), National Working Group for an Institute on Mental Illness and Mental Health Research (2000). *A Working Model for a Canadian Institute of Mental Illness and Mental Health Research*. Ottawa.
- Canadian Mental Health Association (1999) Building a Framework for Support and (1993) A Framework for Support for Persons with Serious Mental Health Problems. Toronto.
- Department of Health, (UK) (1994). *Key Area Handbook Mental Illness* (2nd ed.). Norwich: HMSO Copyright Unit.
- Driscoll, L. (1998). *Mental Health Policy: A Discussion Paper*. Mental Health Promotion Unit, Health Canada. Ottawa.
- Golden, A., et al, (1999). *Taking Responsibility for Homelessness: An Action Plan for Toronto*. Report of the Mayor's Homelessness Action Task Force, City of Toronto
- Government of Australia, National Mental Health Strategy www.health.gov.au.hsdd/mentalhe/nmhs/.
- Federal, Provincial and Territorial Ministers Responsible for Social Services. (February 4, 1999). *A Framework to Improve the Social Union for Canadians: An Agreement between the Government of Canada and the Governments of the Provinces and Territories*.
- Government of the UK (1992, July). *The Health of the Nation* (White paper). Norwich: HMSO Copyright Unit.
- Health and Welfare Canada (1984). *Canada Health Act*. Ottawa: Government of Canada.
- Health and Welfare Canada (1986). *Achieving Health for All: A Framework for Health Promotion*. Ottawa: Government of Canada.
- Health and Welfare Canada (1988). *Mental Health for Canadians: Striking a Balance*. Ottawa: Government of Canada.
- Health Systems Research Unit Clarke Institute of Psychiatry (HSRU) (1997). *Best Practices in Mental Health Reform: Discussion Paper*. Ottawa: Minister of Public Works and Government Services of Canada.
- HSRU (1997). *Best Practices in Mental Health Reform: Situational Analysis*. Ottawa: Minister of Public Works and Government Services of Canada.
- HSRU (1998). *Review of Best Practices in Mental Health Reform*. Ottawa: Minister of Public Works and Government Services Canada.
- Israel, B., Checkoway, B., Schultz, A. & Zimmerman, M. (1994). Health education and community empowerment: conceptualizing and measuring perceptions of individual, organizational and community control. *Health Education Quarterly*, 21(2), 149-176.



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- Joubert, N., Taylor, L. & Williams, I. (1996, June). *Mental Health Promotion: The Time is Now*. Ottawa: Health Canada.
- Kates, N., Craven, M. et al. (1997, October). Shared Mental Health Care in Canada. *The Canadian Journal of Psychiatry*, 42(8).
- Lalonde, M. (1974). *A New Perspective on the Health of Canadians*. Ottawa: Health and Welfare Canada.
- Mental Health Consumer Advocacy Network Nova Scotia and the Self-help Connection (1992). *Burning Issues: Concerns, Observations and Experiences of Mental Health Consumers Attending the Voices for Choices Conference*. Halifax.
- Minister of Supply and Services Canada (1994). *Strategies for Population Health: Investing in the Health of Canadians*. Ottawa: Minister of Supply and Services Canada.
- Murray CJL, Lopez AD. (1996). *The Global Burden of Disease. Vol.1*. Cambridge MA: Harvard U. Press.
- National Association of County Behavioral Health Directors. (March 2, 2000). *Stigma, Access to New Drugs Are Top Problems for Severely Mentally Ill* (Eliza Bussey). Press Release announcing results of the first national study of county-based health programs for the mentally ill. Washington, DC.
- Nova Scotia Department of Health (1992). *A Vision of the Future, The Report of the Working Group on Mental Health*. Halifax, NS.
- Public Health Group (1997, May). *Mental Health Promotion for Younger and Older Adults - The Public Health Issues*. Wellington, New Zealand: Ministry of Health.
- Stuart, H. et al. (1999, October). Mental Health Institute Design. Unpublished paper.
- The Harwood Group (1993). *Meaningful Chaos - How People Form Relationships with Public Concerns, A report prepared for the Kettering Foundation*.
- Torjman, S. (1998, October). *Strategies for a Caring Society*. Ottawa: The Caledon Institute of Social Policy.
- UK Department of Health. (1994) *Health of the Nation: Key Area Handbook: Mental Illness*, 2nd edition. London , England.
- University of Toronto, Centre for Health Promotion (1997). *Proceedings from the International Workshop on Mental Health Promotion*. Toronto: University of Toronto.
- US Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General*. Washington: US Government.
- Willinsky, C. & Pape, B. (1997). *Social Action Series on Mental Health Promotion*. Toronto: CMHA.
- World Health Organization. (1999). *World Health Report 1999-Making a Difference?* Geneva, Switzerland. WHO.

APPENDIX A

A Consensus Among Non-Governmental Stakeholders on Underlying Values and Vision.... A New Basis For Mental Illness and Mental Health Reform

A new voice has emerged in Canada - a unified consumer, family, community and professional national voice that came together through CAMIMH (the Canadian Alliance on Mental Illness and Mental Health) out of a common desire to get mental illness and mental health on the national health and social policy agendas.

CAMIMH's MISSION

To facilitate and promote the establishment and implementation of a 'Canadian action plan on mental illness and for mental health' that reflects a shared national vision for meeting the needs of persons with mental illnesses and enhancing the potential for the positive mental health of Canadians.

Core Values*

We Believe:

1. in a Canada free of the stigma and discrimination associated with mental illness.
2. in people's capacity to help themselves and each other.
3. in preserving confidentiality and in informed consent (for treatment purposes).
4. in promoting optimal mental health for all Canadians.
5. that the knowledge base ABOUT mental illness and mental health must reflect a variety of perspectives (e.g., different disciplines, consumers and families).
6. that mental health and illness programs and services should be based on effective (best) practices.
7. in the meaningful participation of people with mental illness, together with their families and with professionals, at all levels of mental health planning, policy development and service delivery.
8. that all Canadians with mental illnesses have an equal right to access and continuity of quality health care, social supports** and the elements of citizenship.***
9. mental health and mental illness are the responsibility of all governments and their departments and agencies.
10. in a publicly funded and equitable health care system serving all Canadians including those with a mental illness, their families and caregivers.
11. that our mental health and illness programs and policies need to reflect the diversity of cultures in Canadian society, as well as the uniqueness of each individual.
12. in the importance and availability of a wide range of resource options (e.g., self-help groups, families, hospitals and community clinics) for the promotion of mental health and for the prevention of disability, treatment and support to wellness, and rehabilitation of persons with mental illnesses.

* Revised January 2003

** Social Supports are family, friends and self-help groups.

*** Elements of citizenship include work, housing, education and income.

CAMIMH'S Mission

To facilitate and promote the establishment and implementation of a 'Canadian action plan on mental illness and for mental health' that reflects a shared national vision for meeting the needs of persons with mental illnesses and enhancing the potential for the positive mental health of Canadians.



Vision*

By 2005, we see

- A national policy framework for mental illness and mental health.
- Canada-wide objectives and priorities for mental health promotion and mental illness prevention and care.
- An appropriately resourced, integrated, accessible system that provides the continuum of care (i.e., mental health promotion, mental illness prevention, treatment, rehabilitation, consumer initiatives, community care and support) that is supported by research, an information base, as well as public and professional education.
- A system that focuses on meeting the diverse needs of individuals and families.
- A system based on meaningful partnerships among consumers, families, professionals and communities.
- A system accountable to its stakeholders by providing an annual mental health progress report.

*Revised January 2003

Appendix B

This discussion paper is the first step toward the development of consensus for a national action plan on mental illness and mental health. It is a tool to facilitate discussion, stimulate ideas and build a strong national coalition to promote its implementation by all levels of government.

The process for coming to a consensus among the representatives of CAMIMH started with coming to a consensus on core values and a vision for the future of how Canada will meet the needs of persons with mental illnesses and promote the positive mental health of Canadians.

Please engage in discussions around this paper to join CAMIMH's consultation process with a broad range of stakeholders to help expand, strengthen and build on the initial ideas in this paper and to develop a wide consensus on an action plan for Canada.

■ QUESTIONS FOR DISCUSSION

Part 1: Values, Vision, Desired Future

1. Which of CAMIMH's values do you most strongly support and why?

2. Which values do you least support and why?

3. What changes (if any) would you suggest so that these better reflect your own values or those of your organization/group?

4. Are there any elements of this desired future to which you are less committed than others? If so, which ones are you the least committed to and which are you the most committed to/attached to?



5. Are there any other elements that you would like to see added to the desired future?
If so, what are they?

6. Do you believe this vision is achievable? ☐ Yes ☐ No
If yes, why? If not, why?

7. Does the vision capture the most important changes to the system you/your
organization would like to see to further mental health and illness in Canada?
Yes ☐ No ☐ If yes, why? If no, why?

8. Is there anything you would change about this vision?
Yes ☐ No ☐ If yes, why? If no, why?

9. What changes would you suggest to make this vision more relevant to you and/or
your organization/group (e.g, what would you add, remove or modify)?

Part II: Framework for Action

10. *Of the four Areas for Action suggested for the Framework for Action above, the one that is most relevant to my organization's or community's priorities is:*

11. Do you think the four areas capture the most critical areas for action that can be taken at a national level?

Yes ☐ No ☐ If not, what other areas would you like to see included?

12. Are there goals you would like to add to any of the four areas? If so please specify.

☐ Public Education and Awareness:

☐ Policy Framework:

☐ Research:

☐ National Information-Data System:

13. Are there any goals you would like to see removed in any of the action areas, and if so which ones and why?

☐ Public Education and Awareness:

☐ Policy Framework:

☐ Research:



☐ National Information-Data System:

14. Are there options for action you would like to add to any of the goals, and if so please specify?

☐ Public Education and Awareness:

☐ Policy Framework:

☐ Research:

☐ National Information- Data System:

15. Are there any other gaps or concerns you or your organization has regarding the suggestions in any the above Areas for Action? If so, please outline which ones and your suggestions for change.

16. I/we would offer the following suggestions to improve the Framework for Action:

17. Do you have suggestions with regard to getting a meaningful national mental illness and mental health action plan adopted in Canada? What are the barriers and how do you think these can best be overcome?

18. I/we would like to offer the following thoughts or suggestions on the future work and organization of CAMIMH:

Hold a workshop or take some time out of your group's regular agenda to discuss the paper. Report on the results using this questionnaire as a guide. A copy is also available on the web at: [http:// www.cpa-apc.org/public/camimh.asp](http://www.cpa-apc.org/public/camimh.asp). Feel free to provide general comments as well.

Please return your comments to CAMIMH by:

E-mail: camimh@cpa-apc.org

Fax: 613 234 9857

Mail: 441 MacLaren Street, Suite 260, Ottawa, Ontario, K2P 2H3

Web site: <http://www.cpa-apc.org/public/camimh.asp>



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