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CANADIAN ALLIANCE
ON MENTAL ILLNESS
AND MENTAL HEALTH



ALLIANCE CANADIENNE
POUR LA MALADIE MENTALE
ET LA SANTÉ MENTALE

National Integrated Framework for Enhancing Mental Health Literacy in Canada

Final Report

July 2008

CANADIAN ALLIANCE
ON MENTAL ILLNESS
AND MENTAL HEALTH



ALLIANCE CANADIENNE
POUR LA MALADIE MENTALE
ET LA SANTÉ MENTALE

July 31, 2008

The Canadian Alliance on Mental Illness and Mental Health is pleased to present this National Integrated Framework for enhancing Mental Health Literacy in Canada. We have defined mental health literacy as the knowledge and skills that enable people to access, understand and apply information for mental health. This definition places more of an emphasis on empowerment for health, a key concept in health promotion and health literacy. This National Framework represents the culmination of almost four years of research, planning and consultation across Canada. This project was initiated to research the mental health literacy of Canadians, to compare it with findings from other jurisdictions, to share the findings with key partners and in partnership, to develop an integrated strategy to improve mental health literacy in Canada.

CAMIMH planned and hosted a National Symposium on Mental Health Literacy in February 2008 in Ottawa along with an Inter-Sectoral meeting in March 2008. These meetings resulted in the establishment of priorities for both the short and longer term. For more information kindly visit our website at www.camimh.ca

CAMIMH looks forward to collaborating with its many national and provincial partners including the Mental Health Commission of Canada in moving forward on plans and priorities identified in this framework.

We would like to extend our appreciation to the hundreds of Canadians and national, provincial and regional organizations which supported this important initiative over the years. Our appreciation is also extended to the Public Health Agency of Canada for their financial support.

Constance McKnight
Chair, CAMIMH



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National Integrated Framework for Enhancing Mental Health Literacy in Canada

Background

The National Framework represents the culmination of almost four years of research and planning with regard to mental health literacy (MHL) in Canada. The project was launched in 2005 by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), funded by the Public Health Agency of Canada.

CAMIMH was established in 1998 and serves as the only national coalition representing the mental health sector across the continuum of non-governmental stakeholders. The core purpose of CAMIMH is to put mental illness and mental health on national health and social policy agendas. CAMIMH has been highly effective in forging collaborative national leadership on mental illness and mental health policy through four pillars of public education, research, data collection and reporting, and policy frameworks.

The Mental Health Literacy project was initiated to research the mental health literacy of Canadians, to compare it with findings from other jurisdictions, to share the findings with key partners and in partnership, to develop an integrated strategy to improve mental health literacy in Canada. The research involved a review of relevant literature, a national survey of Canadians and a survey of Aboriginal people, and focus group discussions across the country. Canadian findings were similar to those found in the wider research literature, and the survey results were consistent with focus group results, lending further credibility to the project's findings.

Mental health literacy has been defined as knowledge and beliefs about mental disorders which aid their recognition, management or prevention. Based on the

CAMIMH project findings, we would propose the following definition: mental health literacy is the knowledge and skills that enable people to access, understand and apply information for mental health. The revised definition places more of an emphasis on empowerment for health, a key concept in health promotion and health literacy. As such, enhancing mental health literacy involves more than simply providing people with information—it involves support for skill development and empowerment so that people can understand information and make informed decisions about how to apply it to promote mental health. Enhancing mental health literacy is one of many tools to improve the mental health of people living in Canada.

The National Framework was shaped by the contributions of stakeholders who attended the CAMIMH National MHL Symposium in Ottawa in February 2008 to review and discuss key findings of the MHL project and to provide input on the development of a national strategy to improve mental health literacy in Canada. Participants included people working in the areas of health and mental health, researchers, policy planners, consumers and family members. Their input was shared with the CAMIMH Inter-Sectoral Planning Group in March 2008, who confirmed the principles, goals and objectives put forward by Symposium participants. The result is a truly integrated framework for enhancing mental health literacy in Canada.

Mental Health Literacy Project

Background

Over a four-year period, CAMIMH used a variety of investigative approaches to gain a better understanding of the mental health literacy of Canadians. As the first research project of this type and scope conducted in Canada, the Mental Health Literacy Project is a landmark study, providing critical information about what Canadians know and how they think about mental illness and mental health. The full report is entitled *Mental Health Literacy in Canada: Phase One Report* and is available in English and French at www.camimh.ca

Data sources for the project included an extensive review of the research literature pertaining to mental health literacy, preliminary focus group discussions with Canadian seniors and youth, a national survey of Canadians as well as an Aboriginal survey, and follow-up focus group discussions across the country. The knowledge domains reviewed include understanding of prevalence and perceived causes, capacity to recognize mental health problems, attitudes about interventions and recovery, conceptions of mental illness, stigmatizing attitudes and perceptions of dangerousness, beliefs about protecting and promoting mental health, and perceived linkages between mental and physical health.

Key Findings

Understanding of Prevalence and Recognition of Mental Disorders

Canadians appear to have reasonably good mental health literacy with respect to the prevalence of mental disorders, awareness of warning signs, and ability to identify a mental disorder as such. For example, two-thirds of Canadians know that mental health problems are common and 58% know that depression is the most common mental illness. Canadians are also quite good at recognizing depression: 79% of those surveyed were able to recognize depression from a description of someone with symptoms of the disorder. In the focus groups, people showed a good understanding of the warning signs of a mental health problem, e.g. sleep problems, loss of appetite, changes to normal mood.

There is room for improvement, however: one-third of Canadians surveyed think that mental health problems are very rare, fewer Canadians were able to recognize schizophrenia (45%) or anxiety (39%) compared to depression, and it was not uncommon for focus group participants, especially youth, to confuse other types of disorders with mental health problems.

Perceived Causes

Like people in other countries, Canadians are more likely to attribute serious mental illness to biological causes (genetics or brain disease), while environmental or personality factors (stressful events, poor coping skills) are more often cited as the causes for common mental disorders such as depression or anxiety. For example, 48% of those surveyed think schizophrenia is caused by bio-genetic factors, compared to 27% for depression and 21% for anxiety.

Attitudes about Treatment and Recovery

When compared with other research findings, the mental health literacy project found that Canadians are more likely to recommend medical help for mental health problems. More than one-half (58%) of Canadians for example, would recommend seeing a doctor for symptoms of depression, schizophrenia or

anxiety, while most other studies show that a majority of people are uncomfortable with medical treatment for medical disorders, preferring self-help, lay support and lifestyle interventions.

Canadians are similar to other people studied in that they are more likely to recommend medical care for serious mental health problems like schizophrenia (66%) than for common mental health problems like depression (61%) and especially anxiety (46%). One-third would recommend non-medical help like counseling even for symptoms of schizophrenia. Men, First Nations people and Quebecers are less likely to recommend medical help for mental health problems compared to other Canadians.

As found in other research, many Canadians have a negative view of medication, especially for common mental health problems. More than half of those surveyed said that medications could be harmful (55%) or that medications treat only symptoms and not underlying causes (51%). At the same time, focus groups discussions show that education is needed about different mental health treatment options. For example, few people understand the difference between mental health professionals, such as psychiatrists and psychologists.

Attitudes about Recovery

Most Canadians (59% in the survey) think that people can recover from mental health problems. However, focus group results suggest that people are more likely to think this about common mental health problems than about serious mental illness. This is consistent with other research findings showing people are generally less optimistic about the chances of recovery from serious mental illnesses.

Stigma and Perceptions of Dangerousness

Stigma and discrimination toward persons with mental illness continue to be problematic in Canadian society. Canadians appear to be aware of this stigma—close to half (42%) of those surveyed for example, say they would be uncomfortable revealing a mental health problem to others. Focus group discussions indicated that people are particularly wary of revealing mental

health problems at work for fear of jeopardizing job security or chances of promotion and indeed 44% of those surveyed think that a person with a mental illness would have difficulty holding a full-time job.

Other studies have found that serious mental illnesses carry more stigma than common mental health problems such as depression or anxiety. Much of the stigma is thought to be linked to social rejection, often based on fear of dangerousness. The CAMIMH project results support this: 29% of Canadians surveyed think of a person showing signs of schizophrenia as potentially dangerous, compared to 19% for a person with anxiety and 16% for a person with depression.

Beliefs about Protecting/Promoting Mental Health

Canadians appear to have reasonably good knowledge of prevention strategies, and many of the strategies they recommended to prevent mental health problems are indeed protective, including social support, physical exercise and stress reduction techniques. The focus group participants who attributed mental illness to genetic causes expressed more pessimism about the effectiveness of prevention efforts. This coincides with other research findings that link biogenetic perspectives on mental illness with increased stigma and reduced optimism about recovery, calling for careful construction of key messages in any educational initiatives.

Perceived Linkages between Mental and Physical Health

In recent years, a significant body of research has been accumulating with regard to the relationship between mental health and physical health. It is now known for example that stress and depression can contribute to the development and progression of chronic illnesses such as cardiovascular disease, and that certain physical illnesses tend to give rise to depression.

Focus group discussions reveal that Canadians have a good intuitive understanding of the mind/body linkage. They believe that mental health problems can lead to physical health problems and vice versa. They do not clearly understand how these linkages work, however.

Health Literacy and Mental Health Literacy

Context is required to understand the implications of the Canadian findings for the development of an effective national strategy to enhance mental health literacy. Mental health literacy is a relatively recent area of investigation and much of the work to date has taken place in Australia, with Anthony Jorm having coined the phrase mental health literacy in 1997.¹

However, the definition of mental health literacy as proposed by Jorm—i.e. “knowledge and beliefs about mental disorders which aid their recognition, management or prevention”²—is in our view somewhat limited, as it does not specify which knowledge and beliefs represent good mental health literacy. There is a tendency among professionals to assume the mental health literacy of the public will increase as it aligns with professional thinking³ but there are many reasons for caution about adopting this approach. These include its inability to encompass the complex and evolutionary character of health literacy⁴, its limited explanatory power for the broader social and situational determinants of mental health⁵ and its emphasis on medical perspectives, which can be associated with disempowerment, pessimism, and increased stigma.⁶

Perhaps more importantly, the current definition does not provide a conceptual framework for understanding how mental health literacy evolves to support empowerment and action on the broader social as well as individual determinants of mental illness and mental health.⁷ An expanded definition for mental health literacy, using a population health perspective, could be the basis for a comprehensive range of strategies to enhance personal skills and capacities for informed choice as well as for critical analysis and collective empowerment. This would build social capital, promote social and economic development⁸ and

¹ *Jorm et al, 1997*

² *Jorm et al, 1997*

³ *Heginbotham, 1998; Link et al, 1999; Read and Law, 1999 Prior et al, 2003; Jorm et al, 2006a; 2006b*

⁴ *Nutbeam, 2000*

⁵ *Summerfield, 2001*

⁶ *Read and Law, 1999; Martin et al, 2000; Walker and Read, 2002; Mann and Himelein, 2004; Lauber et al 2004; Phelan et al, 2006*

⁷ *WHO, 2001; Summerfield, 2001; Kickbush, 2002; WHO, 2004*

⁸ *Kickbusch, 2002*

ultimately result in improved individual and population mental health outcomes.⁹

Research in the area of health literacy has produced a body of work that includes a population health / health promotion conceptual framework for understanding what health literacy is and how it evolves.¹⁰ We have applied this framework to our mental health literacy research findings to enhance our understanding of what mental health literacy is, how it develops over time, and how to support its development. As a result, CAMIMH is proposing that mental health literacy be more broadly defined as the knowledge and skills that enable people to access, understand and apply information for mental health.

Mental health literacy involves a range of skills and abilities that develop over time, within individuals and communities. As people gain more knowledge and become more adept at critically analyzing information, personal and social empowerment increases. Ultimately, this builds capacity for informed personal choice as well as collective action on the broader social and environmental determinants of mental illness and mental health.

Because people are at different starting points at any given time, a national strategy to support the development of mental health literacy in a population needs to involve a variety of approaches. These would include addressing issues related to basic literacy (ability to read, write and understand written materials), supporting personal skill and knowledge development about mental illness and mental health including the ability to act on that knowledge and supporting the capacity to critically analyze and use information to mobilize for social and political as well as individual action.¹¹

⁹ *Nutbeam, 2000*

¹⁰ *Nutbeam, 2000; Kickbusch, 2002.*

¹¹ *Nutbeam, 2000*

Mental Health Literacy Framework

Principles

Strategies to enhance mental health literacy will:

- Be holistic, taking into consideration all aspects of a person's health and mental health, including spirituality;
- Normalize the need to attend to one's mental health and mental illness and legitimize help-seeking behaviour;
- Be respectful of and responsive to individual and group diversity, and be culturally appropriate and relevant;
- Focus on the social determinants of mental health and mental health literacy to address root causes and build capacity.
- Recognize the intergenerational effects of residential schools and colonization on Aboriginal people;
- Actively support meaningful engagement of consumers, family members and caregivers;
- Be collaborative, long-term, sustainable, and action-oriented;
- Follow and promote evidenced-based, best and promising practices.
- Recognize that recovery is an active process, in which the affected individual takes responsibility for the outcome, with success depending primarily on collaboration among helping friends, family, the community, and health care providers.

Goal

To enhance the mental health literacy of all Canadians, across the lifespan.

Expected Outcomes

- Increase mental health knowledge and awareness to increase personal and collective empowerment of Canadians.
- Reduced stigma and discrimination.
- An improved systems capacity that promotes and supports mental health.
- Increased mental health literacy of care providers.
- Increased access by First Nations, Métis and Inuit people to programs and services that build upon their cultural foundation and strengths.
- Increased implementation of cross-cultural, life affirming, and across the lifespan approaches.
- Improved support from politicians and policymakers.
- Increased engagement in and support of research, evaluation, and education.
- More partnerships and increased integration of mental health literacy into other initiatives.

Specific Objectives Linked to Key Outcomes

1. Increase mental health knowledge and awareness to support personal and collective empowerment of people living in Canada.

In order to accomplish this, we must normalize mental health and mental illness and create environments where people can talk about mental health freely and seek help as easily as they talk about or seek help for the common cold. Mental health needs to be considered an integral part of health. We also have to ensure all Canadians are familiar with the facets/components of mental health and recognize there are choices – a basket of interventions they can access when mental health problems arise.

We must identify and promote the positive components of mental health. This means that we need to articulate our baseline understanding of positive mental health so that related concepts can be better defined.

At the same time, we need to see and relate to people living with mental illness as people, not as diagnoses or labels. Labels do not define who people are.

We also have to clearly articulate the call to action. Just putting out information is not enough. We have to be clear about what we want people to know, believe and do.

Objectives:

- To develop simple, consistent key messages.
- To engage with consumers and family members to ensure approaches are relevant and appropriate to their needs.

- To identify and use key messengers.
- To use different approaches and a variety of vehicles for disseminating information.
- To research, pilot and evaluate results.

2. Reduced stigma and discrimination.

The overall thrust of all national mental health literacy activities must be positive, with an emphasis on mental health and de-stigmatization of mental illness. Stigma and discrimination continue to serve as barriers to early identification, intervention and treatment of mental health problems. Making progress on rights recognition and protection is integral to stigma and discrimination reduction. We also need to work in partnership to connect our initiatives to those of others working on this issue, including researching stigma and discrimination and learning from the successes of campaigns on other social issues: gay rights, HIV/AIDS, cancer etc. We can also advocate for the inclusion of strategies to enhance mental health literacy as part of stigma reduction campaigns.

Our messages have to deliver hope; this will aid empowerment. Words matter. It will also be important to de-stigmatize words that we may today be uncomfortable using in society, i.e. cancer used to be a taboo word and is now commonly used. We should remove disparaging terms and labels from the language of mental health literacy if we want to empower people.

Objectives:

- To connect plans that address stigma and discrimination to the issue of mental health literacy.

- To identify existing myths/misinformation/stigmas so that we can develop messaging to address these.
- To work in partnership to research how to measure stigma, including the effect of diagnosis and labeling on stigma.
- To research/examine the strengths of other advocacy campaigns which represent success stories in changing public perceptions and reducing stigma.

3. Improved systems capacity to support mental health.

We need to advocate for the creation and maintenance of healthy environments, so that each level of a community (from family to schools to workplaces, etc.) can thrive from a mental health perspective. We also need a greater commitment of funds to community-based mental health services. Building infrastructure is essential because the establishment and provision of good service is more important and prerequisite to marketing. The web of services and supports needs to be expanded to include educators, housing, social services, justice, etc. Our approach needs to be realistic, recognizing that there are multiple barriers (policy/legislative, financial, social, cultural) that must be addressed and overcome, in order to move forward.

Objectives:

- To identify and develop a plan to address the multiple barriers (policy/legislative, financial, social, cultural).
- To build an “upstream” strategy: identify institutions and policies that exacerbate mental illness, and normalize mental health institutes/policies/funding.
- To advocate for adequate and appropriate infrastructure.

- To encourage a movement towards team-based care, involving mental health workers, with consideration of the reality of shortages in health human resource and other challenges of the health care system such as access to service.
- To engage with care providers to improve access to community-based services.

4. Increased mental health literacy of all health care providers.

Increasing the mental health literacy of care providers who interact frequently with the public will support them in becoming effective catalysts and agents of change. This can be achieved through supplying non-health care providers such as emergency service workers with high quality information resources regarding mental health and mental illness. It is also important that the education and training curricula of regulated health care providers such as physicians, psychiatrists, clinical psychologists, all nurses and other practitioners include evidence based, best and promising practices for hospital and community mental health services and to recognize the unique needs of people with whom they work. There is also the need for effective health human resources planning to meet the requirements for effective mental health services and programs in Canada.

Objectives:

- To provide high quality resources for educational programs for all health professions.
- To support and promote the education and training of practitioners that includes evidence-based, best and promising practices for hospital and community mental health services.

- To provide information and resources to non-health care providers who interact frequently with the public, e.g. police/emergency services/judiciary.
- To develop tools of understanding and make more effective use of existing tools that are evidenced-based with the expressed purpose of assisting individuals and families to understand their needs and access care.
- To advocate for team-based collaborative mental health care.
- To advocate for full access to the complete continuum of mental health services such as social work and psychology.

5. Increased access by First Nations, Métis and Inuit peoples to programs and services that build upon their cultural foundations and strengths.

Programs and services must recognize the sovereign treaty and inherent rights to health care of First Nations, Inuit and Métis peoples. When developing initiatives, First Nations should not be “lumped in” with Inuit and Métis or vice versa. There are some similarities, but also important cultural differences. Each of these groups must be approached within the context of their unique cultures. Linguistic barriers also have to be addressed.

The importance of promoting a holistic approach to mental health cannot be overstated when working with Indigenous peoples. This encompasses all parts of a person—bio-psycho-social-spiritual. The legitimacy of spirituality must also be incorporated into mental health literacy initiatives. Before attempting to work with Indigenous communities, it is critical to gain an understanding of why things are the way they are: to understand the context, background and history. This means going beyond notions of “cultural sensitivity” and “cross cultural

education” to truly understanding the specific needs within a culture and community, including a recognition that racism exists, and that certain groups may not be trusting of the systems.

Cultural safety is especially important for Indigenous peoples because of historical factors that have and continue to shape their lives, their core cultural values and a unique paradigm for health and wellness. (see glossary)

Objectives:

- To build on the best of traditional knowledge and Western knowledge.
- To develop/leverage relationships of trust and engage community leaders first.
- To engage with communities to develop a knowledge exchange model that works for them.
- To focus on early intervention.
- To encourage practical behaviours and messages which speak to wellness.

6. Increase implementation of approaches that are across the lifespan, cross-cultural and life-affirming.

All strategies to enhance mental health literacy must be life-affirming, emphasizing hope and using positive messaging. In addition, approaches to enhance mental health literacy must be respectful of and responsive to cultural, ethnic and gender differences. Consideration must be given to targeting activities to critical periods of change during the lifespan, and to addressing the different stages of change that people can be in at any given time.

In terms of messaging and access to services, many lenses need to be considered – culture, ethnicity, diversity, general literacy. There is no “one size fits all” approach. Vehicles of dissemination will have to be different for different groups. The web may work for some, community radio for others. Literacy levels need to be taken into account, and information must be culturally appropriate and culturally relevant. To ensure information is appropriate, there must be participation by those affected, by involving them in discussions about their needs and the preferred outcomes of any activities.

Objectives:

- To involve diverse cultural groups in developing (and evaluating) initiatives to enhance mental health literacy, including identification of needs, key messages, best vehicles for dissemination and preferred outcomes.
- To ensure all information and activities are sensitive and safe to culture, ethnicity and gender.
- To develop positive messages that inspire hope and indicate that mental illness can be effectively managed and to identify and promote the positive components of mental health.
- To meet information needs by recognizing and respecting the “stages of change” and to target “stages of change” in life: age-related (children, youth, middle-aged, seniors) as well as stressful life transitions.
- To examine other models of evidence-based best practices, by making connections with other groups/networks to share information about what works.

7. Improved support from politicians and policymakers.

When developing an approach to engage with and influence politicians and policymakers, it is important to recognize and address the fact that the issues are broader than mental health or health literacy. Progress must be made on rights recognition and protection, for example, and a human rights perspective must be brought to discussions with politicians.

The web of services and supports needs to be expanded to include educators, housing, social services, justice, etc. We must encourage politicians to pay attention to the need for a greater commitment of funds to community-based mental health services, with the goal of having a bill to provide support mechanisms in health, community and workplace settings.

The approach must be realistic, recognizing that there are multiple barriers to be addressed and overcome, in order to move forward. Timetables are often an issue so working with policymakers to ensure the project has longevity is important.

Developing a government media relations strategy is a key step and personal stories should be included as key messages. Issues need to be presented in terms of how they could help to address political priorities. Evidence-based arguments and particularly economic arguments can be effective (e.g. impact of mental illness on the economy, labour market shortage, etc.).

Objectives:

- To establish ongoing communications/positive relationships with the politicians and their various offices.

- To implement a communications strategy based on proven approaches.
- To identify and support political and other champions of mental health literacy.
- To advocate for politicians to be part of a cross-jurisdictional and collaborative approach to MHL and mental health services.
- To demonstrate an ability to engage the private sector.

8. Increased engagement in and support of research, evaluation, and education.

More research is needed to deepen understanding of mental health literacy and of what works to improve it, with an emphasis on participatory and grounded research i.e. research focused on program development. There are some partnerships that could be pursued in this regard. In addition, evaluation mechanisms need to be developed and applied to all mental health literacy initiatives, so that the effectiveness of strategies can be measured. Evaluation is also important for sharing results/lessons learned/best practices, and for supporting continual improvement. Consumers and families must be involved in the design and implementation of evaluation tools.

Work done in collaboration with researchers will help to bridge the disconnection between mental health research and services, and to break down barriers of elitism that sometimes exist in the academic world. Linkages could be developed with the Canadian Institutes of Health Research (CIHR) for specific research projects, for example.

Objectives:

- To identify what is already working, e.g. research what works best in terms of messaging (best practices and models), identify the current benchmarks for self-empowerment etc.
- To apply appropriate and effective evaluation tools to all interventions/initiatives.
- To collaborate with researchers on specific projects.
- To support participatory research and research focused on program development.
- To work in partnership to research appropriate and effective measurement tools i.e. how to measure stigma, inclusiveness, quality of life. Validated tools are needed to measure these concepts as well as the impact of any campaign implemented.

9. More partnerships and increased integration of mental health literacy into broader inter-national, national, provincial, territorial and regional initiatives.

It is important that this work builds on natural linkages with the work of the Mental Health Commission of Canada. Mental health literacy should also be connected to broader national health strategies, such as the health literacy initiative. It is also important to maintain a connection with what is happening at the international level with respect to mental health literacy.

In addition, there are other disability groups that share some of the same issues. Where appropriate (e.g. workplace policies) a cross-disability approach should be adopted. Developing these partnerships and alliances will confer some benefits including “strength in numbers”, access to wider networks, appeal to a

larger voting constituency, and opportunities to exchange knowledge and to learn from battles others have fought, e.g. against stigma. In particular, collaboration on issues concerning human rights and discrimination is critical. Joint initiatives must be managed carefully however. Partnerships must be equal to ensure mental health is not subsumed by other issues. All activities should include consumers and family members; for example, any cross-disability integration should be consumer-driven.

Objectives:

- To develop and maintain a connection to the work of the Mental Health Commission.
- To strategically integrate mental health literacy into broader national health initiatives.
- To involve consumers/family members as key partners in the work.

Priority Groups for Interventions

The following tentative list of priority groups was determined based on input from the Mental Health Literacy National Symposium.

- Patients/consumers and their families
- Service providers (includes health care providers and educators)
- Policymakers/policy planners (including politicians and bureaucrats)
- Children and youth (along with parents, schools and peers)
- Seniors
- Aboriginal peoples (First Nations, Métis, Inuit)
- Cross disabilities e.g. chronic diseases, episodic disabilities
- Corrections
- Armed Forces
- New Canadians

The use of tools outlined in Centre of Excellence for Public Sector Marketing report will assist in identification of defined segments of the priority groups for specific activities. Activities will be implemented where there is some readiness for change, where funding opportunities exist, and where a cost-benefit analysis is suggestive of a high level of effectiveness. Activities will be built on existing initiatives where possible.

Future Direction of Mental Health Literacy

What we have learned

CAMIMH's research relating to mental health literacy reinforces the fact that the social, health and economic burden of mental illness is a major public health problem for persons using mental health services in Canada and indeed for our society as a whole. We have also learned that a high level of mental health literacy confers a range of benefits such as prevention, early recognition and intervention, as well as the reduction of stigma and discrimination associated with mental illness.

CAMIMH further recognizes that collaborative and sustained strategies and national courses of action are necessary to understand mental health literacy in this country and to formulate public policies and programs which challenge perceptions of mental illness, increase knowledge of mental health issues and provide support to Canadians in need. These investigations will serve as a model and foundation for cross-sector collaboration and relationship building in understanding and ultimately enhancing mental healthy literacy in Canada.

Recommendations

- CAMIMH recommends the development and implementation of a multi-faceted national strategy to improve knowledge, understanding and capacity to act to prevent and manage mental disorders. This would include partnership initiatives and programs that engage government and non-governmental organizations, consumers, family members, researchers and others working in the areas of health and mental health
- CAMIMH recommends that mental health literacy serve as an integral component of any national strategy on mental health/mental illness in Canada.
- CAMIMH further calls for a comprehensive and holistic approach to the development of a national strategy which also takes into account and engages recent major national and international initiatives in health and basic literacy.
- CAMIMH recommends that funding be provided to support the research, design and implementation of evidenced-based pilot projects which would cross multiple domains simultaneously and would:
 - increase community awareness of mental disorders and implement prevention and early intervention strategies with families, schools and workplaces
 - support active consumer participation, in research, public education and advocacy
 - develop new models of primary care, including collaborative care and training of primary care providers
 - advocate for progressive policies and adequate funding for research and for prevention, treatment and supportive services.

Glossary

Evidence Based: These are practices which have demonstrated effectiveness in the recovery of people living with serious mental illness. Effectiveness has been demonstrated by positive outcomes in independent research studies.

Best Practices: Those which have a strong research evidence base and/or are based on the consensus of experts.

Promising Practices: Those which appear effective but for which strong research evidence or consensus has yet to be developed.

Cultural Safety: Ramsden, a Maori nurse leader, developed the concept of cultural safety in nursing education to draw attention to *colonizing processes* in Aotearoa/New Zealand (A/NZ). She was not only concerned with how *colonization* had affected the health of Maori people, but also with *neo-colonial* processes that perpetuated inequalities in the present system. The dominant health care culture in A/NZ disregarded the health and illness belief systems of the Maori, and instead, privileged those of the dominant "Euro-white" culture. Nurses in A/NZ are now required to meet standards of both cultural safety and clinical safety. Unlike cultural awareness, cultural competence, or cultural sensitivity, cultural safety "enables safe service to be defined by those who receive the service."

Mental health is a term used to describe either a level of cognitive or emotional wellbeing or an absence of a mental disorder. From perspectives of the discipline of positive psychology or holism mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience.

The World Health Organization states that there is no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined.

Holistic health: is a philosophy addresses body, mind and spirit. It views physical, and emotional aspects of life as closely interconnected and equally important approaches to care. While frequently associated with alternative medicine, it is also increasingly used in mainstream health practice as part of a broad view of patient care.

Recovery: The Recovery Model is an approach to mental health that emphasizes and supports an individual's potential for recovery. Recovery can be seen within the model as a personal journey requiring hope, a secure base, supportive relationships, empowerment, social inclusion, coping skills, and finding meaning.

Empowerment: Empowerment is an issue of basic human rights. It is an issue of social justice, dignity, autonomy, responsibility, and self-determination. Empowerment refers to the process that people go through to gain or regain the power and control over their own lives that is necessary for dignity and self-determination. It requires that people have access to the means and opportunity to assume responsibility for their own lives and well-being. The concept of empowerment in mental health grew out of the ex-patients / psychiatric survivor/ consumer dissatisfaction with services and systems which had abused, marginalized, and warehoused people while calling it "helping them". While originally focused on individual / human rights, empowerment has become a critical element of a person's process of recovery from mental illness.

For First Nations people, empowerment is identified mainly with addressing effects of historical and intergenerational trauma, and other aspects of colonization, and thereby enhancing self-care and self-determination.

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