

2022 MDSC.CA



THE MOOD DISORDERS SOCIETY OF CANADA (MDSC) IS A NATIONAL, REGISTERED, NOT-FOR-PROFIT, VOLUNTEER HEALTH CHARITY COMMITTED TO ENSURING THAT PEOPLE AFFECTED BY MOOD DISORDERS ENJOY THE FULLEST, MOST PRODUCTIVE LIVES POSSIBLE, WITHIN A HEALTHY, STIGMA-FREE ENVIRONMENT.

The Mood Disorders Society of Canada (MDSC) has evolved to become one of Canada's best-connected mental health Non-Governmental Organizations (NGOs) with a demonstrated track record for forging and maintaining meaningful and sustained partnerships with the public, private and non-profit sectors throughout Canada.

MDSC was formally launched and incorporated in 2001 with the overall objective of providing people with mood disorders with a strong, cohesive voice at the national level to improve access to treatment, inform research, and shape program development and government policies with the goal

of improving the quality of life for people affected by mood disorders.

MDSC has grown out of the vision and drive of persons with direct lived experience and leaders from across Canada who, in 1995, saw the need for a broad-based structure to bring People with Lived Experience together and who believe that we have a key role to play with regard to education and advocacy at the national level.

PURPOSE

In 2021, the Mood Disorders Society of Canada, initiated a Pan-Canadian dialogue with community-based peer-led mental health organizations from coast to coast to coast. The purpose of this dialogue was three-fold:

- 1. Discover the innovative programs and services offered by community organizations across Canada in the hopes of sharing best practices and resources with a wider national network.
- 2. Listen to the challenges that these community organizations face in delivering high-quality, accessible, and impactful mental health programs and services.
- Discuss opportunities for collaboration and improving the sharing of resources and programs for creative solutions to common barriers faced by these organizations.

THIS REPORT SERVES TO HIGHLIGHT
OUR PRELIMINARY FINDINGS AND MAKE
RECOMMENDATIONS ON HOW WE CAN
BETTER SUPPORT COMMUNITY PATIENT
ORGANIZATIONS ACROSS CANADA THAT
WORK HARD EACH DAY TO IMPROVE THE
QUALITY OF LIFE FOR THOSE DEALING
WITH MENTAL HEALTH CHALLENGES
AND MENTAL ILLNESS. MDSC HOPES
TO ELEVATE THE VOICE OF THESE
COMMUNITY ORGANIZATIONS TO A
NATIONAL AUDIENCE IN HOPES OF
BRINGING ABOUT MEANINGFUL ACTION.

COMMUNITY

MENTAL HEALTH ORGANIZATIONS

Community mental health organizations offer a wide variety of mental health-related services for persons impacted by mental illness as well as their families. These organizations support people through personal and professional development, rehabilitation, employment assistance, counselling, social and recreational opportunities, housing supports, and peer support programs. Many offer psychological services and referrals. Peer-led organizations refer to organizations run by and for people with lived experience of mental health issues. Some refer to these as Consumer/Survivor organizations.

For many decades, peer-led community mental health organizations have been crucial in addressing the mental health and mental illness needs at the local level across Canada. Historically speaking, mental illness has been very stigmatized. Over the past 25 years we have, as a society, made great strides forward in understanding and accepting mental illness, and how it impacts almost every family. As stigma reduced, we have witnessed a significantly higher number of citizens acknowledging their illness and taking steps to reach out for help.

Unfortunately, our health care system, which has never adaquately funded mental health, is now trying to catch up and meet this surge in healthcare demand. Community mental health organizations have been a foundational option available for Canadians seeking help. Ensuring those in their community have available and accessible resources is a core principle of these peer-led organizations.

These organizations are run by dedicated community members who have a vested interest in supporting their fellow neighbours. These charities and non-profits in most cases offer their services at no charge to the user. The commitment that the staff and volunteers bring to these groups is truly impressive.

MDSC gathered a group of community mental health organizations from across Canada to meet in a series of roundtables from December 2021 to February 2022. The community mental health organizations that MDSC consulted with include:

HEALTHY MINDS COOPERATIVE

- Halifax, Nova Scotia

RELIEF

- Montreal, Quebec

THE POTTLE CENTRE

- St John's, Newfoundland & Labrador

NORTHERN INITIATIVE FOR SOCIAL ACTION

- Sudbury, Ontario

LIVED EXPERIENCE RECOVERY NETWORK

- North Bay, Ontario

PROSPER PLACE

- Edmonton, Alberta

MOOD DISORDERS ASSOCIATION OF BRITISH COLUMBIA

- Vancouver, British Columbia

MENTAL HEALTH RECOVERY PARTNERS

- Victoria, British Columbia

SSCOPE

- Winnipeg, Manitoba

FAMILY ENRICHMENT CENTRE

- Fredericton, New Brunswick



ROUNDTABLE DISCUSSION

During MDSC's roundtable discussions and in subsequent follow-up data collection, three areas were discussed by The Organizations:

- 1. What programs (new or existing) has your organization implemented to support members of your community who are impacted by mental illness?
- 2. What do you see as some of the most prominent barriers facing your organization in delivering services?
- **3.** Could you envision a more effective approach, and how would that benefit your community?



KEY FINDINGS

In our discussions with these community mental health organizations, MDSC has identified a set of preliminary findings that are consistent across groups. These findings include:

- Community organizations are strong innovators when it comes to developing new programs and services.
- 2. These community mental health organizations struggle across the board; peer-led charitable and non-profit organizations struggled to secure core, operational and sustained funding.
- 3. Community organizations face structural difficulties when recruiting and retaining talent.
- Improved coordination and referrals between community organizations and primary care providers strengthen mental health care strategies and improve accessibility.
- Improved communication and coordination between community organizations would strengthen available programs and services.
- 6. Closer working relationships between health care providers and community mental health organizations would lessen primary care demands, lower wait times, would increase access to ongoing crucial support resources for citizens.

COMMUNITY

ORGANIZATIONS AS INNOVATORS

Community mental health organizations across the country are constantly working to understand the needs of their communities and evolve to creatively address those changing priorities. These organizations use their knowledge of the issues and the gaps in existing resources to tailor their services and programs. In many ways, they work with partners inside and outside of health care settings to provide innovation, care and compassion. MDSC would like to highlight a small sample of the programs and services that these organizations provide to demonstrate the unique ways they servicing the health care needs of their communities:

- The Mental Health Recovery Partners in British Columbia has launched peerconnectbc.ca to provide full peer support training that is open source and free.¹
- Relief in Montreal offers self-management workshops that help people learn to live with anxiety, depression, or bipolar disorder, as well as to improve their self-esteem or achieve a better balance at work.²
- Prosper Place in Edmonton offers a recovery college program providing classes which are co-developed and co-led by people with lived experience.³ The setting is intended to create a comfortable environment to work with peers.
- The Mood Disorders Association of British Columbia offers a 'Food as Medicine' program that combines basic psychotherapy with better diet practices that contribute to the reduction in inflammatory responses to depression.⁴
- The Family Enrichment Centre in Fredericton offers a phone support program that connects high school students with a counselling session within 24 hours.
- NISA in Sudbury offers peer support directly in hospitals, in partnership with the hospitals, for those waiting up to 12 hours to see a psychiatrist.
- Lived Experience and Recovery Network in North

- Bay offers trauma-informed training for high school students over 16 years old to be peer support ambassadors.
- The Pottle Centre in St John's has created a partnership with horticulturalists and occupational therapists, providing in-person support creative care for community members.

THESE PROGRAMS DEMONSTRATE THE RANGE AND INNOVATION THAT THESE ORGANIZATIONS OFFER. THESE INITIATIVES ARE NO COST OR VERY LOW COST TO THOSE UTILIZING THEM. IT IS THE BELIEF OF THESE COMMUNITY ORGANIZATIONS THAT IN CANADA, ALL WHO NEED SUPPORT SHOULD RECEIVE SUPPORT, REGARDLESS OF FINANCIAL ABILITY.

- 1. https://peerconnectbc.ca/
- 2. https://myrelief.ca/relief-1/self-management-workshops
- 3. Prosper Place Recovery College Program
- https://mdabc.net/additional-medical-treatments/food-as-medicinenew-treatment-for-depression-at-mdabc/

CORE, OPERATIONAL AND SUSTAINED FUNDING

The most consistent issue faced by community organizations regardless of their location in Canada was a lack of dependable, sustained core operational funding. To build and provide programs that are innovative and meet the needs of Canadians, these charities and non-profit organizations need to rent space, hire employees and cover administrative and office maintenance costs.

In discussions, groups cited significant barriers in getting this core operational funding from government grant programs or corporate sponsorships. They rely heavily on fundraising and donations. Many stated that funding that does come in must go towards programs and resources, with no funds available for administrative and operational costs. Constantly needing to seek out and apply for grants and fundning requires significant steps that can create extra barriers to charities, with no guarantee that they will receive the funding requested. Without secure operational capacity, creating programs becomes a significant challenge. One group summarized the frustration, comparing the situation to our primary care system: "hospitals and other health care setting, do not need to fundraise just to keep the lights on."5

This often leads these groups to rely primarily on fundraising for a significant amount of their operational needs. Two key issues were identified with the heavy reliance on fundraising: One, it is difficult for an organization to grow when they are spending a large proportion of their time and efforts on fundraising and finding programs to develop applications to submit for partial funding. Spending time on fundraising takes away from providing and delivering services. Second, fundraising applications are not a reliable and sustainable model. Successful fundraisers may bring money in one year, but very little in the next. Groups also explained that there are only so many

times that you can ask the same people for donations until they become doner fatigued.

Sustainable program funding was a key issue in discussions. Charitable and non-profits have difficulty planning medium to long-term because of the unpredictability of their funding. One group who had introduced an innovative program that was well used by the community explained that they won't be able to commit to its continuity long-term for fear of a lack of funding to operationally provide it. This is a cyclical problem faced by community organizations that prevent them from growing and keeping up with the increasing demand for services.

DIFFICULTIES IN RECRUITING AND RETAINING TALENT

One of the key barriers cited by non-profit community mental health organizations in delivering quality supports and resources was a difficulty in recruiting and retaining talent. Those who choose to work in the non-profit sector for community mental health organizations are usually underpaid and overworked. A key issue is, from the patient perspective, we need all sectors, including health care providers, researchers, and businesses to recognize of the important service these organizations provide, and for them to be fairly and equally supported by governments.

Consider the working environment they exist in: with no core operational funding, relying heavily on donations, these groups are required to create proposals to submit to funders or businesses. This itself takes funding to have staff develop these. As a charity, many offer basic non-profit wage rates. Which is to say ~ at a minimum of 30% below government or academic rates and upwards with for-profit companies. Many work with no pension plan available, simply because as a patient charity, many do not have the revenues to afford one. Imagine if any other sector did not have a pension plan. Yet, as a patient group, it is somehow an acceptable reality.

The real result here is that it is impacting patient services now, and it will hurt them even more as we continue to reduce capacity. How are these organizations expected to attract, recruit, and maintain dedicated and capable people to join our organizations and become the patient leaders and voices for the next generation? How are they expected to have university graduates join their organization as their career of choice when the costs of purchasing a house, food, cars and other necessities are rising, yet the charitable patient groups cannot come anywhere close to meeting expected salary coverages for talent?

Limited funding and high turnover of employees due to burnout limit these organizations' abilities to compete with larger organizations that can pay employees more with better work conditions. Therefore, young talent is often not retained, and community organizations are caught in a difficult re-occuring cycle. Due to a lack of adequate sustained funding, these organizations need to make ongoing tough choices when it comes to providing resources and hiring employees. The structure of these organizations often includes few employees who are stretched thin in their professional capacities. As has been seen across the country, COVID-19 has also exacerbated burnout and has placed significant mental health strains on the workforce. This is significant for community peer-led charitable and non-profit organizations, which have seen an increase in demand for their services while struggling themselves.

THIS COULD HAVE A LONG-TERM NEGATIVE IMPACT ON RECRUITING AND RETAINING NEW YOUNG TALENT TO COMMUNITY ORGANIZATIONS WILL HAVE LARGER IMPLICATIONS FOR CANADA'S ABILITY TO PROVIDE PATIENT CARE AT THE COMMUNITY LEVEL.

INTEGRATION AND COORDINATION

WITH COMMUNITY PRIMARY CARE



The way some areas of the healthcare system in Canada is structured currently does not prioritize collaboration and coordination between primary care providers and community organizations offering mental health supports which would lessen the demand for higher tertiary services. Across the board, in all provinces, community organizations cited the continuing "siloed" approach to healthcare as being one of the biggest barriers to effective care. A more integrated collaborative healthcare model would allow for more efficient services for Canadians and provide a wider range of options for those seeking mental health resources. Many community organizations offer services that are not delivered by primary care providers, and by working together in a more coordinated way, these community groups can help alleviate some of the strain on primary care providers and a quicker, more accessible system.

One example of effective collaboration from the roundtable meetings was where a peer support organization worked in partnership with the local hospital in the emergency department to provide psychiatric services to patients who are coming to the emergency room looking for help. By offering their services in the hospital, the organization can quickly support patients who are seeking psychological support to offer help, all while alleviating the burden on the emergency room personnel. It also provides quicker access to the necessary support, without having to deal with long wait times, or be turned away due to high demands.



BEST PRACTICES AND COORDINATION BETWEEN ORGANIZATIONS WILL STRENGTHEN SERVICES

In adopting a more coordinated and integrated community-wide approach to mental health services, we can reduce wait times and offer a greater range of services for those who need these programs. Community organizations are a vital part of the health care system. The services, programs and supports they provide helps people recover and maintain their wellness. These groups are always there to support them, through good times and challenging times. Their community care efforts reduce dependence on accessing primary and higher levels of care where longer waits lists and other barriers impact access. These organizations provide support for so many, while greatly reducing the overall health care costs.

RECOMMENDATIONS AND CONCLUSION

Based on these conversations, we are offering the following recommendations on how the governments can better support these community organizations in the important work that they do:

- 1. Support Pan-Canadian network of peer-led community organizations
- 2. Support this network to develop a mechanism and process to share knowledge training, resources, and programming throughout the network
- Encourage expanded membership within the network to grow a pool of available resources and programs for all to access
- 4. Provide community peer-led organizations with sustained funding support enabling their organizations to solidify their capacity to meet community demands and alleviate burdens they face

Community mental health organizations offer a variety of benefits to Canadians and the Canadian healthcare system. Without adequate, sustained core funding, and increased support from the federal government, these organizations will not be able to continue their important work, which will negatively impact Canadians in the long term.