



“Toward Recovery and Well-Being”
An Update on Mental Health Strategy Development
Mary Bartram
Winnipeg, May 14, 2010



MENTAL HEALTH COMMISSION MANDATE

- Non-profit, at arm's length from all levels of government, funding from Health Canada.
- Five strategic initiatives:
 - ❖ Mental health strategy for Canada
 - ❖ Anti-stigma/discrimination initiative – *Opening Minds*
 - ❖ Knowledge exchange
 - ❖ Homeless research demonstration projects – *At Home/Chez Soi*
 - ❖ Partners for Mental Health
- MHCC as “catalyst” for mental health system transformation
 - ❖ Not involved in service delivery or monitoring



WHAT A MENTAL HEALTH STRATEGY FOR CANADA CAN DO:

- Set a vision for a transformed system:
 - ❖ State overarching vision, goals
 - ❖ Develop strategic directions and suggest actions to realize the vision and goals
 - ❖ Propose benchmarks and targets
 - ❖ Identify examples of successful models and practices that are consistent with the vision
 - ❖ Build consensus across diverse sectors and stakeholders



TWO-PHASE PROCESS

- The transformation of the mental health system is a complex, multi-faceted undertaking
- Two-Phase Approach
 1. Framework: Build support for the vision, WHAT we are trying to achieve.
 - a framework ensures a coherent, consistent approach across the many topic areas that will need to be addressed
 - helps build consensus on broad goals needed before tackling HOW to achieve them
 2. Next phase is HOW to achieve the vision
 - potentially more difficult
 - need to make choices, set priorities, realize change.



HOW THE FRAMEWORK CAME TO BE

- Over a year in the making, launched in November 2009
- Review of Canadian and international mental health policies
- Public consultations (February – April, 2009)
 - ❖ 15 stakeholder meetings (approx. 450 participants)
 - ❖ online public (1700) and stakeholder (350+)
- Internal consultations with MHCC Board, Advisory Committees, Consumer Council
- Other consultations
 - ❖ key provincial, territorial, and federal officials
 - ❖ conferences such as Mental Health Promotion Think Tank, Clifford Beers conference, etc.



From the “Public Consultation Report”

“On the whole, feedback on the Framework, and on the Commission’s work and approach, was very positive and enthusiastic. Moreover, the congruence in results across qualitative and quantitative feedback, and across the in-person and online consultation streams, is striking. While there are nuanced differences in perspectives on some issues [...] the overall messages heard for each goal, and for the 8 goals taken together, is extremely consistent, unequivocally pointing to a consensual basis for moving forward.”

p. iv

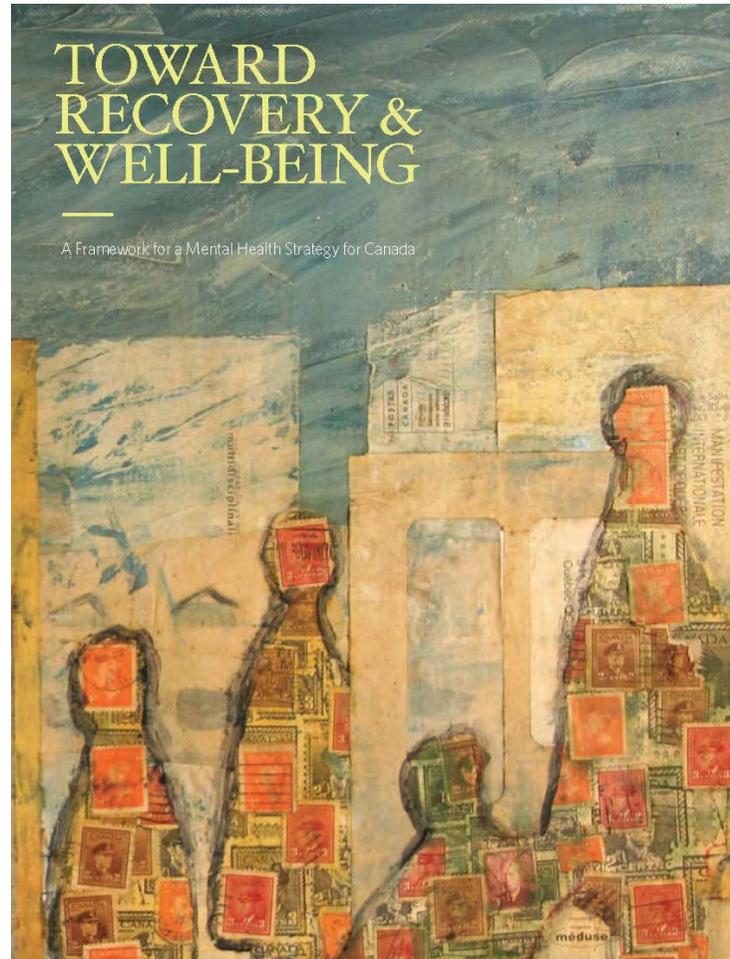


The Big Day...





Toward Recovery & Well-Being



Timbre et affranchis, 2005
Mireille Bourque

Collection permanente
Vincent et moi

Photographie
Simon Lecomte



A vision for everyone



The vision for change in *Toward Recovery and Well-Being* must not remain the vision of the MHCC alone.

It must become a vision embraced by everyone.



There is no “US” and “THEM”

All people in Canada have the opportunity to achieve the best possible mental health and well-being.



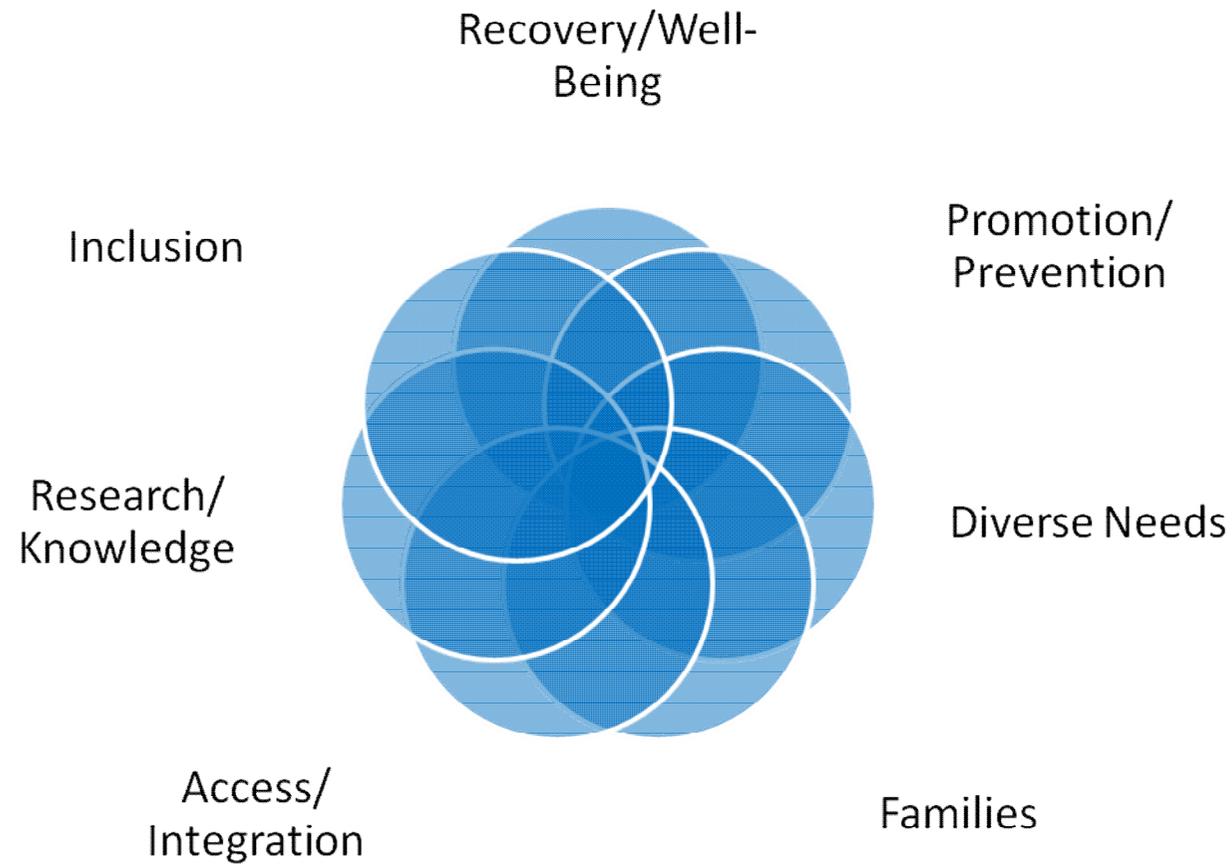


A transformed mental health system

- Is founded on recovery and well-being for all
- Incorporates promotion and prevention
- Is responsive to diverse needs
- Recognizes and supports the role of families
- Reduces inequities and barriers to access, and promotes seamless integration around needs
- Is based on knowledge from multiple sources
- Strives to create a society that is inclusive



All goals needed for transformation



From Framework to Strategy



Strategy
will be HOW
to achieve them

Framework sets
vision and goals



WHAT WILL THE STRATEGY LOOK LIKE?

1. Framework Document: sets the vision and goals for transformation – Nov 2009
2. HOW to achieve this vision and goals in diverse settings and population groups – 2010-2011
 - ❖ 8 Roundtables March-July 2010, currently reassessing best mix as we move forward
 - ❖ Roundtables, Policy Papers, Online Consultation, Conferences, Advisory Committee Research Projects
3. Final Strategy Document: pulls it all together – Early 2012
 - ❖ Sets priorities and measurable objectives for achieving the goals, balanced across diverse settings and population groups
 - ❖ Sets benchmarks, targets, evaluation framework



A FEW HIGHLIGHTS AFTER 5 ROUNDTABLES

RECOVERY AND WELL-BEING

- Need for a **true shift**: person-directed, choice, peer support, involvement of people with lived experience and their families at all levels, hope, power, partnership, safety.

MENTAL HEALTH PROMOTION/MENTAL ILLNESS PREVENTION

- Need a **strong business case and a clear goal**, with distinct objectives for promotion and prevention.
- Engage **multiple sectors** by adapting, tailoring approaches.
- Participants largely focused their “priority actions” on **children and youth**.



A FEW HIGHLIGHTS AFTER 5 ROUNDTABLES

FAMILIES/CIRCLES OF SUPPORT

- **Emerging vision** of families and circles of support as part of transformed, recovery-oriented mental health system.

MENTAL HEALTH SYSTEM

- Transform **BOTH** specialized mental health services **AND** broaden to health, social, private, voluntary sectors.
- Consider reframing “person-centred” to **relationship-centred**.
- Focus on **primary health care** as the starting point of a comprehensive mental health system.



A FEW HIGHLIGHTS AFTER 5 ROUNDTABLES

SENIORS

- **Strong overall consensus** on how to move forward, more clarity needed regarding **dementia**.
- **Advanced directives** as a process involving family members, substitute decision-makers early on.

KEY QUESTIONS FOR COLLABORATIVE CARE



RECOVERY AND WELL-BEING

- CHOICE and PERSON-DIRECTED: Does collaborative care facilitate people to direct their collaborative care plans, and choose from a range of options – formal, informal, peer support...?
- MEANING: Does collaborative care facilitate a meaningful life in the community – a home, a job and a friend?



PROMOTION AND PREVENTION

FIVE WAYS TO WELL-BEING:

- Connect
- Be Active
- Take Notice
- Keep Learning
- Give

new economics
foundation, UK





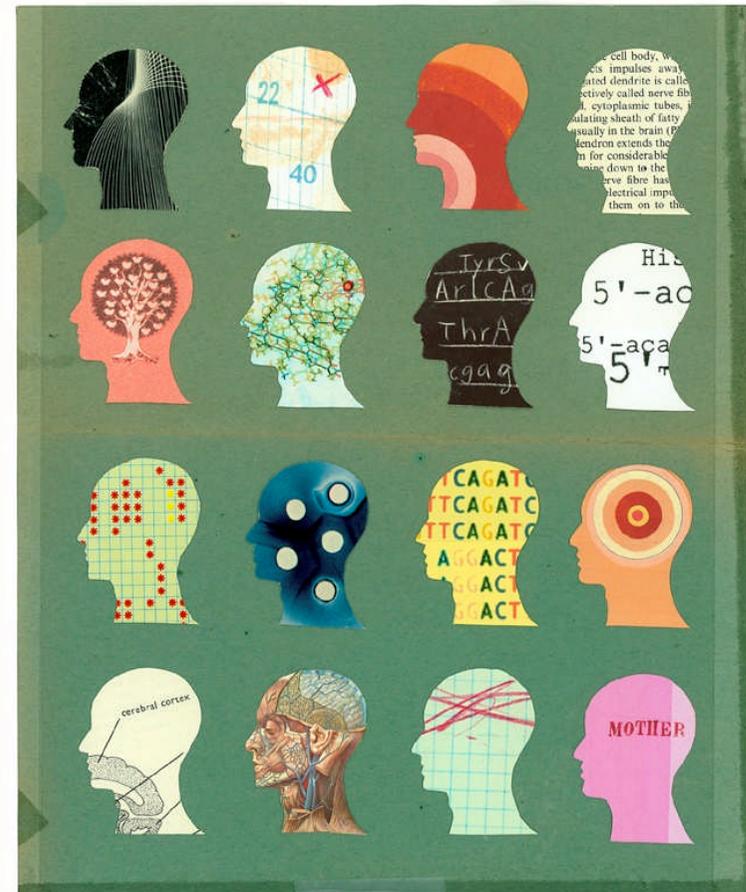
PROMOTION AND PREVENTION

- **MENTAL HEALTH AND WELL-BEING:** What is the role for collaborative care in promoting something akin to the 5 ways to well-being?
- **PREVENTION:** How could emerging prevention practices in collaborative care be strengthened?
- **DISPARITIES:** What is the role for collaborative care in addressing health and social disparities, in housing, income, education and employment?



DIVERSITY

- **CULTURAL SAFETY:** To what extent are collaborative care providers reflecting critically on their own cultural values, and taking historical contexts and power imbalances into account?
- **LANGUAGE:** Does collaborative care facilitate working with interpreters and cultural liaison workers?





FAMILIES

- **FAMILY SUPPORT:** Does collaborative care support families – broadly defined –to promote well-being, provide care, and foster recovery, as well as to meet their own needs?
- **FAMILY INVOLVEMENT:** To what extent is collaborative care integrating families into decision-making in a way that respects consent and privacy?
- **ADVANCED DIRECTIVES:** Does collaborative care work with individuals and families to support the use of advanced directives, for treatment of illness and end-of-life care?



MENTAL HEALTH SYSTEM

- **ACCESS:** How can collaborative care's advances in improving access be further strengthened? What promising practices could the MHCC build recommendations around?
- **INTEGRATION:** How is collaborative care building on the integration of primary health care and specialized mental health care to reach out to other sectors: community mental health, public health, peer support, acute care, education, housing, corrections, long term care...



MENTAL HEALTH SYSTEM, continued

- **NORTHERN AND REMOTE:** How are collaborative care models reaching northern and remote communities?





KNOWLEDGE AND RESEARCH

- **DIVERSE SOURCES OF KNOWLEDGE:** Does collaborative care facilitate drawing on and contributing to scientific knowledge, knowledge from lived experience, and traditional and customary knowledge?
- **KNOWLEDGE MOBILIZATION:** How is collaborative care working to accelerate knowledge into practice?
- **DATA:** How is collaborative care supporting comprehensive data collection on mental health and mental illness?
How can collaborative care programs help in measuring progress toward the framework goals?



SOCIAL INCLUSION



- **STIGMA AND DISCRIMINATION:** How are stigma and discrimination being addressed within collaborative care teams? How can the role of collaborative care be strengthened, in overcoming stigma as a barrier to access?
- **SOCIAL INCLUSION:** What is the role for collaborative care in fostering the full participation of people living with mental health problems and illnesses in their communities?



Thank you – www.mentalhealthcommission.ca

