Out of the Shadows and Toward Recovery… Are we getting there?

CMHA Response to draft framework for a national strategy

April 16, 2009

Background: CMHA positions to date

In June 2008, CMHA responded to the 2006 *Out of the Shadows* report with a position paper, "Out of the Shadows Redux". Now that the Commission has released its draft framework for a national strategy, we are returning with a follow-up submission. We begin with a brief summary of CMHA's previous messages.

Mental health promotion vision, recovery-oriented policy goal, and population scope

In our 2008 submission, CMHA maintained that effective strategic action on mental health requires integration of mental health promotion as a sustained, overarching vision for a national strategy and incorporated throughout all its steps. Given the strong consistency of mental health promotion and recovery, CMHA defined the central problem as a need for effective recovery-oriented policy and practices across the country. CMHA also called on the Commission to clarify its reach, whether the whole population or just those with mental illness and mental health problems. We recommended that the strategy should encompass the mental health needs of the broad population, with emphasis on those with mental illness.

Clearer articulation of what is meant by services and supports

For many years, CMHA has called for recognition of the range of resources besides formal mental health services. These include community organizations that deliver social services, as well as peer and family groups, and generic structures such as religious institutions and interest groups that

mediate people's connection to community. We believe all these resources must be clearly defined in policy, standards and funding, and linked equitably and sustainably with formal mental health services in a broad mental health system.

Moving in the right direction

The Mental Health Commission's January 2009 draft framework, *Toward Recovery and Well-Being*, addresses most of the key points CMHA has been making. Mental health promotion concepts are more transparently integrated throughout the strategy framework and it is clear that the scope encompasses the whole population. The challenge is now framed in terms of achieving positive mental health, with the recognition that it is possible to have good mental health even with a diagnosis of mental illness, and that resources beyond mental health services are valuable. Within the context of people with mental illness and mental health problems as the central concern, there is acknowledgment that we all experience varying levels of need related to mental health at different times during our lives.   CMHA agrees: there is no "us and them".

Building a stronger foundation

The Introduction sets the stage by articulating the Commission's assumptions about mental health, recovery, well-being, and the kind of transformation that is needed. In order to make a strong case for a unified strategy that is relevant to everyone, the Commission now needs to take a further step back and begin by delineating the principles that support the goals. In particular, CMHA would want to see the goals and subsequent actions built on a foundation consistent with a population health framework that recognizes people's common mental health needs, promotes intersectoral approaches, and fosters citizen engagement.

Strengthening Everyone's Mental Health

If we are to achieve "good mental health …for everyone", and "overcome the *us* versus *them* attitudes" that separate those with mental illness from everyone else (p. 6), then it is important to understand the mental health needs we all share. The Mental Health Commission can challenge stigmatizing beliefs by articulating some of the common elements all people need for good mental health and recovery: social inclusion, belonging, contributing, sense of purpose and meaning, sense of control, positive sense of self, and a practical understanding of our mental health strengths and challenges. While there is a reference to some of these "protective factors" in the Goal 2 discussion (p. 28), they should be seen as foundational concepts to guide the entire framework.

Taking Intersectoral Action

When CMHA engaged a wide variety of health and social organizations to talk about mental health issues for the communities they work with (*Mental Health Priorities of the Voluntary Sector*, 2004), there was an overwhelming

consensus on the social determinants of health as mental health policy issues. The groups' responses echo what people with mental illness have long been saying about what they need for quality of life: a home, a job, a friend.

There are many places where the draft framework acknowledges that mental health is affected by social variables, and that "…mental health issues cannot be confined to health departments, but… (should be) addressed across many social and economic portfolios" (p. 6). However, the critical point that an effective strategy must be intersectoral in nature needs to be more prominent. Not only can it be easily missed among the many themes in Goal 2, but the importance of "a whole of government approach" is weakened by stressing its application to communities that have lived through major adversity or discrimination (p. 29). Social factors influence mental health and mental illness of all people, and collaboration among different government departments is equally necessary at all levels, and in all kinds of communities. This too is a foundation for achieving all the goals.

Supporting Citizen Engagement

Participation in system planning, implementation and evaluation is addressed in the document, but the strong connection between broad citizen engagement and mental well-being does not come through. People with mental illness and mental health problems, like all individuals and groups, need to be supported to identify their own mental health issues, determine what is needed to address them, and be part of the solution. This is not only the path to recovery and appropriate and effective strategies, it is also critical to everyone's mental health. Participation and engagement are integral to the entire framework; they must underpin any efforts to respond to Canadians' diverse needs, create an effective system of services and supports, support families, tackle discrimination and stigma, and, of course, build a broader mental health movement (where engagement would make a more appropriate vision statement). Engagement should be clearly identified as a key operating principle of the strategy, and its place in all the goal areas more clearly articulated.

Balancing vision with reality

A compelling vision…

This document builds an inspiring framework for the national strategy; the ideal future it describes for Canada is the end point we all desire. Recognizing that success measures for the goals will be part of a future step, CMHA is in agreement with the direction of all the goals taken together.

…But the goals should point it toward realization

This initial framework is visionary, as intended. But, while some of the goals are actionable (e.g., Goal 2: "Action is taken to…."), others seem more like vision statements (e.g., "…stigma is not tolerated, discrimination is eliminated, and hope of recovery is available to all".) They describe a dream worth pursuing for the gains we can make along the way, but they are unlikely to be achieved as stated. As the Commission's process moves into identifying action steps, all its goals will need to point the way to a strategy with concrete results, and the vision will need to be more clearly distinguished from the goals. For example, while the vision of ending discrimination and stigma is the right one, the goal could be mental health and mental illness understood and accepted on an equal plane with physical health and physical illness.   For "hope of recovery available to all", the goal could refer to a system that builds on people's capacities in order to support their recovery and well-being. Ultimately, to be effective, vision and goals must be expressed in policies, legislation, practices, standards, funding, governance, accountabilities, planning, engagement, and professional development processes.

Finding the right words

More Clarity: Services and supports

Picking up a theme from CMHA's "Redux" paper, services and supports still need to be better defined. The Commission's draft strategy framework refers to formal and informal services in some places, services and supports in others. The same terms are used for both formal services related to social needs (such as employment, housing and recreation) and supports entirely outside the realm of formal services (such as peers, family, religious or recreation organizations).

It is good to see all these examples included, but their differences matter. In formal services, professional service providers have particular expertise to help meet their clients' needs; supports outside formal services are built on more equal relationships that help people connect directly to community, irrespective of a "client" or "patient" identity.   Because both approaches must have a recognized policy place within a broad system for recovery and well-being, clear distinctions are necessary. CMHA suggests consistent use of the term "services" for any that are delivered by a professional provider to a client (whether in mental health or social service systems); and "supports" for those resources that support people's mental health *outside* the realm of formal services.

Change "Cultural Safety" goal title

The concept of cultural safety is rich with many profound implications, but most people are not yet acquainted with the term. Until it is better incorporated into the general lexicon, stakeholders will have difficulty seeing

its relevance to age, gender and sexual orientation. The discussion in this section appropriately introduces the term and its key elements. But since goal titles may be used without the accompanying text, CMHA suggests wording the title in a way that everyone can easily interpret now, such as "the mental health system is a safe place for all communities and cultures, and responds to the diverse needs of Canadians."

Move from Negative to Positive

CMHA recognizes that there are different perspectives on the use of the terms "burden" and "suffering" in regard to mental illness and its costs, but nonetheless recommends avoiding these terms where possible. To be consistent with recovery and well-being, the strategy should focus on strengths and capacities, not only in direction, but also in language.

Some additional specific points

Goal 1 Recovery

In the discussion of the recovery concept as opposed to other approaches (p. 22), spirituality should be acknowledged as one of the distinguishing elements of recovery. Employment and housing, mentioned on page 24, should be more strongly emphasized as critical paths to social inclusion.
In the summary page (13), the list of services to choose from in a transformed system (necessarily incomplete) should be replaced by a simple statement about people having choices amongst a range of services and supports. The details should come later where they can be explained more fully.

Goal 2 Mental Health Promotion

In the discussion of factors that have a strong influence on mental health and mental illness, there are some key pieces missing. Social cohesion and engagement of individuals and communities are both critical components of health promotion in general, and especially significant for mental health.

Goal 3 Culturally safe, responds to diverse needs

The summary discussion mentions socioeconomic disparities (p.15) and how they can be addressed, but why not other social factors that affect mental health outcomes, such as homelessness, isolation, and marginalization? Clearly, effecting broad structural change is an enormous challenge beyond the scope of the Mental Health Commission, but the Stigma and Discrimination section provides some useful ways to think about intersectoral and interdepartmental collaboration as first steps. That type of information could be referenced here.

Goal 4 Families

There should be some acknowledgement of how all families influence the mental health of their family members (positively or negatively), rather than identifying them just as caregivers of a relative with a mental health problem or a mental illness. For those who *are* caregivers, the importance of family organizations should be noted. They offer families mutual support, respite,

information for navigating the system, and even resource materials. Their role should be recognized and supported as an integral part of a transformed system.

Goal 5 System of programs, services and supports

The elaboration of this goal makes it clear that "system" is interpreted broadly to include a variety of programs, services and supports, professionals and non professionals. This is a significant positive direction, and it should be identified at the outset.

As this goal is fleshed out further, it will have to address all the spheres of major public policies, including funding, accountability and legislation. The success of the strategy will hinge on a robust funding framework that ensures mental health services are funded on as solid a set of principles as Canada's medicare-funded services, a clear accountability framework to show our efforts are making a difference, and on protection of legal and human rights. In particular, the call for creative funding and financing mechanisms (p. 42) needs clarification. How would this be achieved? Is the framework in fact advocating a two-tiered system?

The issue of human resources is noted, but its urgency should be highlighted, and the need to address shortages made explicit on the summary page (17). In fact, CMHA would go even farther to suggest a national human resources strategy as a component of the larger strategy. This should encompass professional training and development, the roles of public and voluntary sector services, as well as links with human resource planning in health and social services.

CMHA agrees with the list of range of services that need to be available (p. 41), but, given the strong interconnections between physical and mental health, a clear statement is needed about the need to link primary care and mental health care more effectively.
The discussion of integration of mental health promotion and mental illness prevention in the mental health system (p. 41) should not be restricted to primary health care provision, community mental health programs, workplace and education sectors and mental health literacy programs. This section could reference the discussion of recovery-oriented services to demonstrate how mental health promotion can inform all aspects of service delivery, by engaging service recipients as full partners in their care, and helping them connect to community.

Goal 6 Evidence base

Instead of relying on mental health literacy as the example for research related to the promotion of mental health and well-being (p. 46), why not also refer to the strong content on the next page about what works best to promote recovery, well-being, and cultural safety (p. 47)? The paragraph about engaging people with lived experience as partners in research and

evaluation and valuing different kinds of knowledge is absolutely relevant to mental health and well-being. Making that link would stretch the reader's perspective beyond the usual default to public education as the main way to promote mental health.

Goal 7 Discrimination and stigma

Community inclusion is missing from this discussion of multi-pronged approaches to stigma. Direct contact with people with mental health problems can occur not just through public education (p. 51), but also more naturally through their inclusion in community. Rather than a vague and unrealistic challenge to all Canadians to join the fight against discrimination and stigma on a daily basis (p. 19), it would be more feasible to focus on supporting communities to take action on their own mental health issues. Engaging community groups to work together across sectors in order to promote access for people with mental illness and mental health problems to income, education, employment, and housing will take us a long way toward reducing stigma and discrimination.

Goal 8 Social movement

The last goal, calling for a broadly-based social movement, seems more an action step than a goal, but even the action cannot succeed as stated unless it is based on collaboration with the voluntary sector in order to build on the movement that is already in place. The main value of this goal is its alignment with the concepts of participation and engagement that are fundamental to all the goals, and it would work better if framed in those terms. The goal statement might read, "People are supported to participate in all aspects of system transformation and engaged to take charge of their mental health", and the action steps should begin with engaging the existing movement across the country.

Conclusion

CMHA supports the general direction the strategy framework is taking, and thanks the Mental Health Commission for the opportunities to contribute to its development. The scope encompassing all Canadians makes sense, the emphasis on people with mental illness and mental health problems is the right one, and the vision for wellness is compelling. We hope our latest suggestions will help strengthen the framework even further as it continues evolving into the more formal blueprint Canadians need for optimal recovery and well-being. We look forward to working closely with the Mental Health Commission of Canada in developing priorities, success measures and action steps as the process unfolds.

Resource Materials from CMHA

- *Out of the Shadows Redux*, 2008
  http://www.cmha.ca/data/1/rec_docs/1962_CMHA%20FINAL%20OutofShadows%20Redux.pdf

- *Position papers on Mental Health Promotion, Stigma, and Knowledge Exchange*, 2007
  http://www.cmha.ca/data/1/rec_docs/1961_Mental%20Health%20Promotion.pdf http://www.cmha.ca/data/1/rec_docs/1959_Stigma.pdf;
  http://www.cmha.ca/data/1/rec_docs/1960_Knowledge%20Exchange.pdf

- *A Framework for Support, third edition*, 2004
  http://www.marketingisland.com/mi/tmm/en/cataloguemanager/CMHA/CMHA_Framework3rdEd_EN.pdf

- *Mental Health Priorities of the Voluntary Sector*, 2004
  http://www.marketingisland.com/mi/tmm/en/cataloguemanager/CMHA/CMHA_citizens_report_EN.pdf