



CITIZENS FOR **MENTAL HEALTH**

Citizens For Mental Health is a national project of the Canadian Mental Health Association

National Synthesis Forum Final Report

December 8, 2003



CANADIAN MENTAL
HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

TABLE OF CONTENTS

INTRODUCTION.....	1
Background.....	1
Process.....	1
<i>Dissemination of the “Participatory Guide”</i>	1
<i>Follow up contact: Key Informant Interviews</i>	1
<i>Local and Regional Forums</i>	2
NATIONAL SYNTHESIS FORUM	3
Agenda.....	3
Vision	4
Key Issues.....	5
<i>Housing</i>	6
<i>Criminal Justice</i>	7
<i>Employment/Income Support</i>	8
<i>Immigration/Cultural Needs</i>	9
<i>Stigma/Health Promotion</i>	10
<i>Capacity/Empowerment</i>	11
<i>Services</i>	12
Some Overarching Principles	14
Link with <i>A Call for Action</i>.....	14
Capacity Building Strategies.....	15
Closing Circle	16
Appendix A - Participating Organizations.....	i
Appendix B – Agenda.....	ii
Appendix C - Research, Best Practices.....	iv
<i>General Recommendations</i>	iv
<i>Mental Health Research Institute</i>	iv
Appendix D -	v
References	vi

INTRODUCTION

BACKGROUND

In June 2002, CMHA National, building on work by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), embarked upon an ambitious 22-month project - Citizens for Mental Health (*Citizens*). One of six projects funded by Health Canada through the Voluntary Sector Initiative, *Citizens* has had two primary objectives:

- 1) To strengthen the capacity of the voluntary sector for sustained partnership in national level policy initiatives;
- 2) To engage voluntary organizations in building a vision for a national mental health policy framework.

Recognizing that the social determinants of health have a significant impact on the mental health status of the population, *Citizens* adopted a broad definition of “mental health policy” that includes policy related to such determinants as housing and employment.

To implement this project, CMHA entered into contracts with five of its 13 provincial/territorial divisions to serve as lead sites for each of five regions across Canada. Coordinators in each region used a variety of strategies to consult with a broad spectrum of voluntary sector organizations.

PROCESS

Dissemination of the “Participatory Guide”

The Project created a “Participatory Guide” to stimulate stakeholder thinking about the mental health issues that concern their communities and the kinds of responses required by the federal government to address such issues. Well over a thousand copies of the guide were distributed to mental health service-related organizations, and to a wide range of other groups such as housing associations, settlement groups, justice-related organizations and anti-poverty groups.

Follow up contact: Key Informant Interviews

Coordinators contacted several hundred stakeholders by telephone to elicit their responses to the following main questions:

- ◆ How important are mental health issues to the communities served by your organization?
- ◆ What are these issues and how significant is their impact?
- ◆ Are there any mental health-related issues on your organization’s agenda?

What do you think the federal government should do to respond to the mental health needs of the communities served by your organization?

Key informants with keen interest in the project and expertise in one or more relevant topical areas (e.g., mental health service, housing, etc.) were then invited to attend one of a series of forums organized in each region.

Local and Regional Forums

Local forum series, in which participants shared information and prioritized key issues, were followed by regional synthesis forums. Despite some minor, and not unexpected, variations among regions, these consensual priority setting exercises resulted in a remarkably consistent set of key issues across the country. Taken forward from the regional level to the national synthesis forum were the following issues:

- housing
- criminal justice
- employment/income support
- immigration/cultural needs
- stigma/health promotion
- capacity/empowerment
- services for people with mental illness

NATIONAL SYNTHESIS FORUM

On September 19-20, 2003, 28 participants from across Canada (*see Appendix A – Participating Organizations*) met in Toronto to further refine the recommended actions related to the common issues identified through the regional forums and, through this process, contribute to the development of a national mental health policy framework. This report documents that two-day session.

AGENDA¹

The session opened with a formal welcome to the Forum by Bonnie Pape, Director of Programs and Research, and Bill Gaudette, Past President, CMHA.

Phil Upshall, Chair of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) then described the context within which Citizens for Mental Health was developed. In particular, Mr. Upshall noted the close connection between the current initiative and *A Call for Action*ⁱ, a consensus-building document produced by CAMIMH in 2000. In addition, he summarized critical elements of Romanow's reportⁱⁱ, Senator Kirby's reportⁱⁱⁱ and the recently released report from Statistics Canada^{iv} on the mental health of Canadians.

Following a presentation by Mary Jane Lipkin², Director, Voluntary Sector, Health Canada, on the Voluntary Sector Initiative, Steve Lurie, Executive Director, CMHA Metro Toronto, offered a review of international developments in mental health policy.

The introductory section of the agenda concluded with Liz Lines, Project Director, Citizens for Mental Health, presenting a review of outcomes from the regional forums.

The remainder of the Forum was devoted to the development of a national mental health policy framework based on the regional outcomes. Through a series of interactive plenary exercises participants identified the key principles for such a framework and the values that relate to them. Those principles and values were depicted visually as related building blocks. (See Fig. 1)

¹ See *Appendix B: Agenda*

² It is with deep regret we must note the sudden passing of Mary Jane Lipkin as the result of a tragic accident. Inquiries regarding the Voluntary Sector Initiative should be directed to Susan McCunn, Senior Program Analyst, Office of the Voluntary Sector, Health Canada Susan_McCunn@hc-sc.gc.ca.

VISION

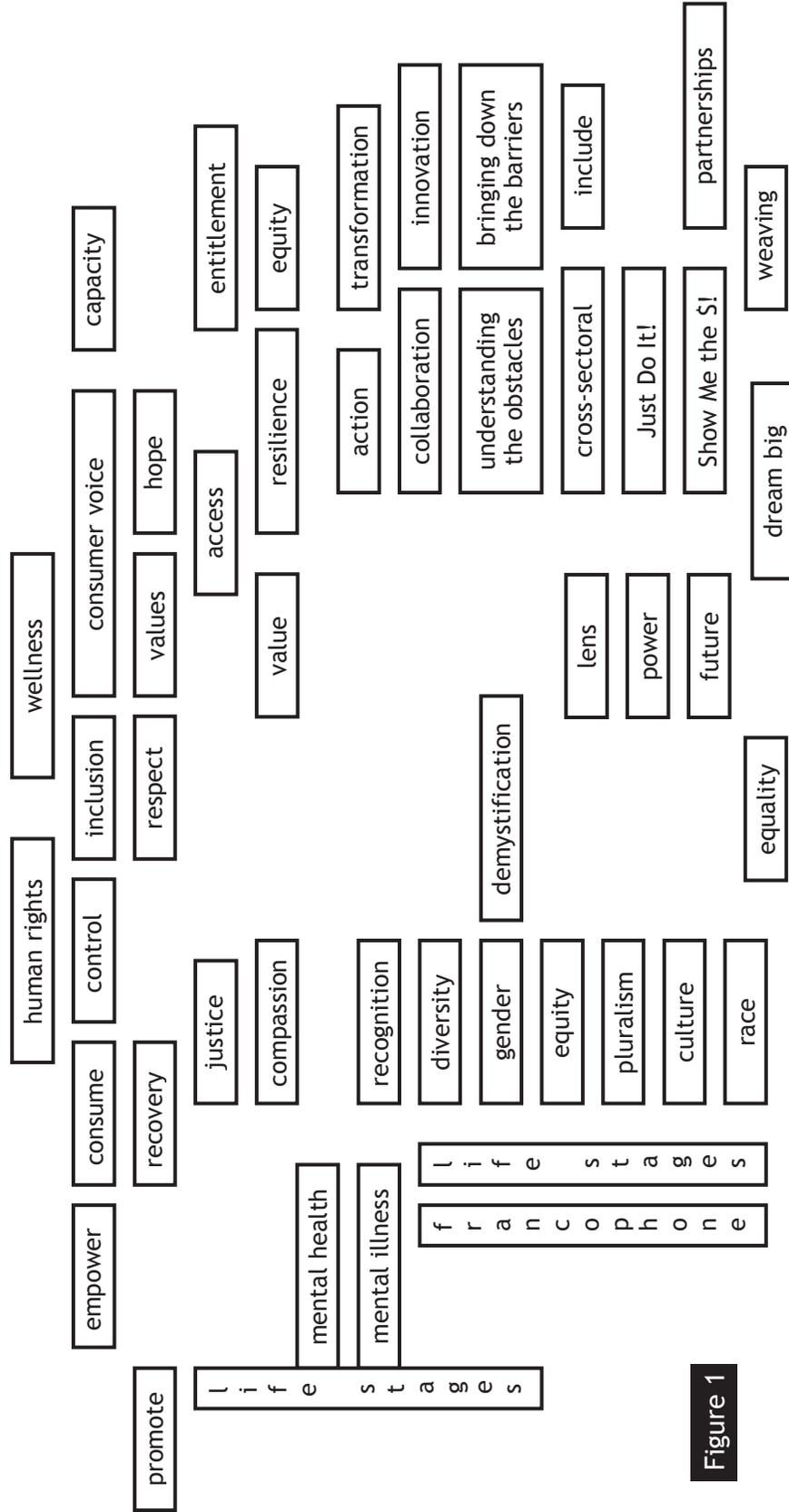


Figure 1

KEY ISSUES

Small and large group discussions throughout the next two days allowed participants to draft, refine and confirm topic-related visions, strategies and actions pertaining to seven issue areas:

- housing
- criminal justice
- employment/income support
- immigration/cultural needs
- stigma/health promotion
- capacity/empowerment
- services for people with mental illness

The outcome of each of those discussions is summarized below. Appendix D provides a graphic depiction of the emerging policy framework.

NOTE: Minor variations in the structure of the summaries reflect the preference of each of the small groups for organization of their own material.

Housing

Vision

Every person in Canada has a place to live that fully enables them to participate in community life.

Goal

A National Housing Policy for People with Mental Illness and Mental Health Issues

Strategies

- ◆ Develop a national housing policy that incorporates and addresses federal, provincial and municipal initiatives
- ◆ Develop the political will necessary to break down silos within government
- ◆ Create joint mechanisms to negotiate shared responsibility and funding for programs involving both housing and services
- ◆ Ensure a continuum of housing options and provide choice
- ◆ Develop an awareness-raising strategy to educate the general public and key stakeholders on the links between housing and mental health
- ◆ Build caring communities with knowledge, skills, resources and tools
- ◆ Recognize best practices
- ◆ Develop mechanisms for knowledge transfer, including an information clearinghouse
- ◆ Provide incentives for private sector involvement

Actions

- ◆ Create Housing:
 - Increase housing stock and affordability through Federal/Provincial/Territorial and municipal government agreement to invest \$1 billion in supportive and affordable housing over the next 10 years
- ◆ Research and Evaluation:
 - Audit current housing strategies and identify gaps
 - Consider developing housing report cards
 - Identify/synthesize what works, then translate into action
 - Develop indicators, supported by best practices
- ◆ Communications/Education
 - Develop sustainable, collaborative, electronic communications network
 - Develop a campaign with specific targets
 - Engage policy makers
 - Use branding
 - Identify the changes you want, ensuring that desired outcomes are realistic

Criminal Justice

Vision

People with mental health issues, substance use issues and/or mental illness are not criminalized and have access to appropriate services and supports outside of the criminal justice system including access to appropriate diversion programs. We live in a society in which people with mental illness, mental health issues and addictions receive sensitive, appropriate responses and in which the criminal justice system is used only when strictly required.

Critical Success Factors

The success of any change strategies related to the criminal justice system depends upon two conditions:

- ◆ A strong and sensitive social safety net and comprehensive health services must be in place so the justice system does not become the default
- ◆ Strategies must apply to the entire spectrum: from prevention, through the responsibilities of the criminal justice system, to the needs of individuals returning to the community

Strategies

- ◆ Diversion – alternatives to incarceration
- ◆ Education at all levels, starting in the community
- ◆ Appropriate responses and sensitivity
- ◆ Collaboration – a multi-pronged, cross-jurisdictional, pan-Canadian strategy:
 - Correctional Services Canada with provincial systems
 - Mechanism to facilitate collaboration and create linkages between jurisdictions
 - Charge the Federal/Provincial/Territorial Ministers of Justice to develop and fund a strategy using the social union framework and incorporating diversion, education and services

Actions

- ◆ Provide community supports to reduce the intersection of those with mental illness or mental health issues, and/or substance use issues, with the criminal justice system
- ◆ Develop diversion programs at police and court juncture points, with particular alternative measures for youth
- ◆ Fund drug and mental health courts to connect people with services as alternatives to incarceration and hospitalization
- ◆ Develop assessment and treatment services in jails and prisons and fund post-release programs
- ◆ Create a process to facilitate evidence-based best practice approaches to the development of diversion programs
- ◆ Prevent involvement with the criminal justice system through assertive outreach
- ◆ Educate all stakeholders at all levels regarding issues, alternatives to incarceration and connection to services in the community
- ◆ Consider restorative justice strategies as an alternative to incarceration

Employment/Income Support

Vision

Every person has equitable access to employment opportunities. Workplace conditions support mental health for all.

Goal

An equitable employment opportunity strategy

Strategies and Actions

- ◆ In the Workplace
 - Develop a global workplace health strategy, focusing on mental health and creating working conditions that do not undermine mental health, including
 - accommodations in the workplace for people with mental illness
 - universal access to Employee Assistance Programs
- ◆ Income and taxation programs
 - Provide tax incentives to employers who want to employ people with mental illness
 - Provide incentives to return to work
 - get rid of disincentives
 - adjust disability benefits to assist recovering consumers and facilitate fluid transition into the labour market fluid
 - harmonize income support programs (CPP, EI, etc.)
 - Integrate mental health fully into generic disability programs and employment strategies
- ◆ Adopt collaborative approaches
 - Inter-departmental collaboration between Health and other employment-related departments at the federal level
 - Work with provinces to identify best practices and ensure consistency of programs across Canada
- ◆ Support consumer-run initiatives
 - Provide subsidies to consumer businesses
- ◆ Training and education
 - Improve access to training and education, including accommodation and supports
- ◆ Public Education and Awareness:
 - Increase awareness of the employability of people with mental health disabilities
 - Create a media campaign to educate the public and employers about the need for employment for people with mental illness
- ◆ Research
 - Ask Human Resources Development Canada to develop a strategy that includes demonstration projects
 - research focused on putting people with mental illness into the workplace
 - education about the impact of employment and unemployment on the general population, including families and communities

Immigration/Cultural Needs

Vision

Our transformed, inclusive mental health system provides comprehensive, equitable mental health services and supports to all diverse populations of Canada. This diversity reflects unique differences and variability across language, race, ethnicity and culture of origin, sexual orientation, gender, spiritual practice and geographic location.

Strategies

- ◆ Transform the system horizontally and vertically
 - Develop a national policy to build linkages and to break down barriers between departments (e.g. Citizenship and Immigration, Health Canada and their provincial counterparts)
- ◆ Encourage community involvement in policy development
- ◆ Create a human resources strategy to ensure that the necessary resources are available
- ◆ Understand that government must recognize cultural diversity and involve every person in the development of an inclusive policy/framework

Actions

- ◆ Develop programs that respect all cultures
- ◆ Develop flexible programs based on cultural/community needs (eg. Sweat lodges vs. group therapy)
- ◆ Accept diverse healing practices
- ◆ Ensure well-trained, culturally-sensitized professionals who also represent the varied cultures of Canada
- ◆ Establish standards for training
- ◆ Develop ways of recognizing and validating credentials from professionals trained abroad
- ◆ Ensure access by all cultures to services in their own language
- ◆ Develop public education campaigns to increase understanding of diversity and promote acceptance
- ◆ Recognize diversity of needs based on location e.g. urban/rural/remote communities
- ◆ Conduct research into diverse cultures to distinguish between safe and harmful practices in a cultural context
- ◆ Allow every person of Canada to help build vision using their own knowledge
- ◆ Unify voices of all groups
- ◆ Encourage peer-based training and support

Note: The observation was offered that the concept of culture, in the sense that it is being used here, might be better positioned as the context within which all other issues and actions should be considered.

Stigma/Health Promotion

Vision

We envision a national community where there is recognition, acceptance and valuing of diversity. Every person has acquired an understanding of emotions, identity and themselves. By 2005, we have no discrimination. Every Canadian understands that mental health is as important as physical health.

Goal

A national mental health education and promotion strategy

Strategies

- ◆ Comply with international standards re: rights and discrimination
- ◆ Ensure that the human rights of those with mental illness are respected
- ◆ Implement a strategy to increase the comfort and competency level of leaders with respect to mental health and mental illness
- ◆ Create a centre of excellence
- ◆ Develop a national suicide prevention strategy

Actions

- ◆ Promote understanding of mental health and mental illness
- ◆ Develop an education program with/for consumers focusing on the elimination of stigma and shame
- ◆ Mandate education about mental health and mental illness in school curricula:
- ◆ discuss with Ministers of Education
- ◆ Ensure that message includes 'ownership' by all and emphasizes that 'it can happen to anyone'
- ◆ Educate and build capacity among professions (teachers, physicians, police, etc.) to deal with people with mental illness
- ◆ Ensure that mental health literacy includes;
 - knowledge of mental illnesses
 - awareness of services available for people with mental health problems
 - knowledge of basic emotional development, mental health and self-care
 - school programs ranging from self-esteem, through mental illness – e.g. Roots of Empathy, Head Start, etc.
- ◆ Educate the media
- ◆ Promote:
 - coupling programs
 - parenting programs
 - recreation programs
 - outreach programs
- ◆ Promote healthy communities/engaging communities
- ◆ Strengthen the mental health aspect of existing programs
- ◆ Encourage best practices for education
- ◆ Promote peer support
- ◆ Develop a national, partnership-based 'movers and shakers' campaign (including such public figures as Michael Wilson)
 - use stories and personal testimony

Capacity/Empowerment

Vision

We live in a society where individuals and communities feel empowered and have the capacity to fully participate in society as they choose to do so.

Goal

A National Community Capacity Building Strategy that includes all of Canada's diverse populations

Strategies

- Include broader concept of capacity to address health in an integrated, comprehensive way (i.e., integrating mental health with physical health for the whole population)
- Cooperate with other stakeholders to create a definition of, and an integrated approach toward community capacity building
- Promote cross-sectoral collaboration on mental health/mental illness issues
- Promote empowering approaches by service providers and policy makers
- Develop policies and strategies, which require consumer/survivor/ex-patient (CSX) participation in program development, research, etc.
- Focus capacity-building and empowerment initiatives on the mentally ill in order to get government buy-in
- Encourage the expansion of community groups with missions to empower individuals
- Support capacity building for community organizations
- Strengthen community organizations financially
- Encourage each stakeholder group to develop an empowerment strategy

Actions

- Develop tools to build capacity in communities (e.g. the Voluntary Sector Initiative)
- Maximize use of the Health Promotion Tool Kit and other existing resources
- Transfer funds from formal to informal services/organizations
- Create a national self-help clearinghouse
- Establish community resource centres for capacity and skill building
- Develop policies and practices, which enshrine CSX participation in personal care plans
- Develop a charter of rights for consumers by consumers
- Renounce practices that encourage decision-making by third parties in favour of practices that encourage decision-making by/with consumers
- Promote self-help approaches, consumer controlled initiatives, consumer-run businesses and entrepreneurship
- Use model based on Alternative Resources of Quebec for consumer empowerment
- Promote consumer skill-building and training
- Develop capacity among families (through revisions to tax laws, etc.)
- Recognize, support and incorporate natural and/or traditional healing practices in all policies and activities
- Provide training to workers from all sectors that focuses on examining and improving their practice

Services

Vision

All levels of government and Non-Governmental Organizations work together to create a future that promotes early detection and recovery and ensures that people have a choice of effective treatments and supports that enable them to live, work and learn in their own community.

Goal

A National Mental Health Care Transformation Strategy that recognizes the unique needs of all populations, including children and youth, seniors, aboriginal populations, immigrants and refugees, rural and remote.

Strategies

- ◆ Situate and understand the transformation of the mental health service system within the broader context of primary care reform
- ◆ Encourage federal and provincial governments to establish funding targets according to national benchmarks;
 - fund through transfer mechanisms in the Health Accord and Social Union Framework
 - attach conditions to the use of funds, i.e. transfers with uses clearly targeted
- ◆ Create environments and stimulate discussion to promote the development of mental health-related non-governmental organizations (NGOs) to provide community-based service within each province
- ◆ Develop specific aboriginal mental health care strategies, and specific strategies for refugees and immigrants
- ◆ Properly resource programs for refugees, immigrants and the aboriginal community
- ◆ Create a national human resources strategy
- ◆ Encourage Human Resources Development Canada and Canada Customs and Revenue to ensure that income security programs and tax policies support home-based care
- ◆ Address data collection, monitoring and standards;
 - establish performance indicators and monitoring through the Health Council, including recognition of alternative approaches
 - develop health status/outcome measures that are consistent across the country
 - establish a national mental health research body at arms length from government, to advise the federal government
 - Include mental health related topics as part of reporting requirements under the Health Accord
 - Create national service standards through development of best practices shared among provinces

Actions

- ◆ Establish First Nations mental health program
- ◆ Develop programs for all ages
- ◆ Implement and expand shared care models, specifically for mental health and mental illness

Build on work of non-governmental organizations to further support development (web site development, for example)

Set up a centre of excellence to support rural and remote communities

Support community-based research

Support consumer involvement in the development of programs

Develop services for immigrants and refugees that address trauma and torture

Provide technical assistance

Dialogue with the research community regarding research needs and interpretation/application of findings

SOME OVERARCHING PRINCIPLES

Following presentation of the summaries, participants reviewed all seven of the issue areas, then met in plenary to identify overarching principles for action that cut across all subject areas. That analysis yielded agreement with respect to the following principles:

- ◆ The National Mental Health Policy Framework should reflect:
 - consideration of all life stages, from children's mental health services to the elderly
 - a commitment to portable services (i.e. consistent access to the same services across the country)
 - urban/rural and regional differences
 - a population health approach
 - support for local initiatives
- ◆ Services should reflect:
 - a consumer-focus
 - a commitment to "seamlessness"
 - an emphasis on recovery and choice
- ◆ The service delivery system should be:
 - supported by research
 - evidence-based
 - accountable
- ◆ All policy development initiatives should be:
 - collaborative
 - inter-jurisdictional
 - intersectoral
- ◆ Benchmarks should be developed through the Federal/Provincial/Territorial process
- ◆ Effective policy development should be supported by public education:
 - see AIDS strategy
 - see Aboriginal Research Institute

Research too was considered an overarching principle and a summary sheet of research directions developed at the regional forums was available to participants. (see Appendix C)

LINK WITH A CALL FOR ACTION

Participants also considered the connection between the recommendations developed through this process and those contained in CAMIMH's *Call for Action*, concluding that many of the recommendations are substantively similar, although they are organized differently.

So despite the fact the *Citizens* project has assumed a broader focus than the *Call for Action*, participants suggested that the *Citizens* initiative could reasonably build upon and support directions set in the *Call for Action* while taking care to preserve the integrity and uniqueness of each process and its respective outcomes. There was the attendant acknowledgement that any ensuing actions based on the considerable commonalities between the two initiatives will be that much stronger.

CAPACITY BUILDING STRATEGIES

In the final section of the formal agenda, John Trainor, Chair, CMHA National Mental Health Services Work Group and Steve Lurie, Executive Director, CMHA Toronto, led the group in an exercise to identify strategies for moving forward. The following action ideas emerged, loosely categorized here:

Communications and Advocacy

- ◆ Develop a communications network
- ◆ Inform our own constituencies (including substance abuse services) of this process
- ◆ Use a national networking system to give weight to what we ask for
- ◆ Identify potential spokespeople within government who have consumer/family experience to open doors in the corridors of power
- ◆ Use all available tools (e.g. the ethnic press)
- ◆ Link to other issues (e.g. policy initiatives)
- ◆ Share the distribution list: identify our audience and develop strategies to get our document into their hands
- ◆ Bring the report of this policy forum to local, regional, provincial and federal government representatives
- ◆ Bring this issue to local forums and advocate for space on the agenda for local discussion
- ◆ Enter public debates: ask questions, put people on the spot
- ◆ Sit in! (if all else fails)
- ◆ Leaders of this process should:
 - meet with all editorial boards
 - approach our political leaders re: need for national strategy , noting that other countries have one
- ◆ Recognize our value as a group and feel confidence in ourselves to effect change
- ◆ Continue networking to stay abreast of developments across the country

Tools and Research

- ◆ Undertake targeted analysis of relevant existing data sources
- ◆ Develop a database of facts that can be used across systems/sectors and jurisdictions
- ◆ Package existing data on effectiveness of available interventions (e.g. Assertive Community Treatment)
- ◆ Emphasize frequency of mental illness as a secondary diagnosis
- ◆ Come to an agreement around basic data/info to be used
- ◆ Create tools that promote intersectoral collaboration and bring community together around common goals within the provinces
- ◆ Develop a strategy to build a strong, succinct case based on the literature, re: effectiveness of treatments and interventions and consumer-run initiatives. Refer to data produced through the Community Mental Health Evaluation Initiative.
- ◆ Develop an information outreach package for these groups, summarizing strategies in other countries and highlighting what could be done in Canada

Roles and Collaborative Action

Research shows that only central government can act effectively on intersectoral/pan-Canadian issues

The federal government has a responsibility to lead

Support development of provincial levels of CAMIMH and other mental health coalitions

Create CAMIMH link with Quebec

Note that our proposed mental health strategy is a rallying point among all provinces

Encourage BC premier to approach Paul Martin and Michael Wilson in support of collaboration on mental health and mental illness

Consult with Business and Economic Roundtable on Addictions and Mental Health to work toward a common message

Stabilize and strengthen the CAMIMH coalition and other emerging partnerships such as those in this project

Engage other non-mental health groups (e.g. teachers' federations, unions, police chiefs, other professions, corporate groups, spiritual communities) who don't usually participate in these consultations

Engage the grass roots level

Ensure community representatives have a voice at the table to negotiate funding

Approach local leaders to help get this issue on the national agenda

CLOSING CIRCLE

To recognize the relationships developed over the two days of the forum, to honour the process and the individuals who participated in it, and to ease participants' return to their own organizations, three of the participants led the group in a closing circle. Borrowing from a variety of Aboriginal traditions, members of our temporary community shared their impressions of the past two days, their appreciation for the opportunity to contribute, and their hope that this session will mark the beginning of an ongoing process.

APPENDIX A - PARTICIPATING ORGANIZATIONS

Regional Representatives

AIDS Saskatoon, SK
Alberta Alliance on Mental Illness and Mental Health, AB
Alcohol and Drug Recovery Association of Ontario, ON
Association for New Canadians, NL
Boyle Street Co-op, AB
CMHA, Alberta Division Board, AB
Canadian Traumatic Stress Network, NL
Centre for Addiction and Mental Health (CAMH), ON
Community Action on Suicide Project, The Help Line Society of Nova Scotia, NS
Eden Health Care Services, MB
Elizabeth Fry Society of Cape Breton, NS
Hispanic Development Council, ON
Kaiser Foundation, BC
Libre Espace Orléans, PQ
Little Shuswap Indian Band, BC
Northern Inter-Tribal Health Authority, SK
Our Voice, NB
Ressources d'Aide et d'Information en Défense des Droits de l'Abitibi-Témiscamingue, PQ
Vancouver Coastal Health Authority, BC

CAMIMH Representatives

CMHA National
Canadian Psychiatric Association (CPA)
Mood Disorders Society of Canada
National Network for Mental Health (NNMH)
Schizophrenia Society of Canada (SSC)

Health Canada

Mental Health, Healthy Communities Division, Mental Health Promotion Unit, Health Canada
Voluntary Sector, Health Canada

CMHA Staff and Forum Facilitators

CMHA Metro Toronto
CMHA National
CMHA Newfoundland and Labrador
CMHA Ontario
Citizens for Mental Health - Atlantic Regional Coordinator, Ontario Regional Coordinator, BC
Regional Coordinator

Translation Services

Traductions à la page

APPENDIX B - AGENDA

CITIZENS FOR MENTAL HEALTH POLICY FORUM Friday September 19, 2003, 8:15 a.m. to 3:45 p.m. King Room, 2nd Floor Marriott Hotel - Eaton Centre 525 Bay Street, Toronto		
Agenda		
1.	8:15 – 9:00	Continental Breakfast
2.	9:00 – 9:05	Welcome and Orientation
3.	9:05 – 9:20	The Big Picture: CAMIMH and the Federal Scene
4.	9:20 – 9:35	The Voluntary Sector Initiative: Overview
5.	9:35– 9:50	Mental Health Policy: The International Context
6.	9:50 – 10:00	Review of Regional Outcomes
	10:00 – 10:15	<i>Break</i>
7.	10:15 – 11:00	Introductions and Development of Vision and Guiding Principles for the Emerging Framework
8.	11:00 – 12:00	Four Key Issues: Review of relevant materials, Analysis and Framing of Issues (small groups)
	12:00 – 1:00	<i>Lunch</i>
9.	1:00 – 1:30	Gallery Tour
10.	1:30 – 2:00	Small Groups Report Back/Feedback
11.	2:00 – 2:30	Four More Key Issues: Review of relevant materials, Analysis and Framing of Issues (small groups)
	2:30 – 2:45	<i>Break</i>
12.	2:45 – 3:30	Four More Key Issues (cont'd.): Groups complete work on these topics
13.	3:30 – 3:45	Evaluation and Planning for Tomorrow
	3:45 p.m.	<i>Adjournment</i>

		CITIZENS FOR MENTAL HEALTH POLICY FORUM Saturday September 20, 2003, 8:15 a.m. to 3:00 p.m. King Room, 2nd Floor Marriott Hotel - Eaton Centre 525 Bay Street, Toronto
		Agenda
1.	8:15 – 9:00	Continental Breakfast
2.	9:00 – 9:15	Reflections on Yesterday
3.	9:15 – 9:45	Gallery Tour
4.	9:45 – 10:15	Small Groups Report Back/Feedback
	10:15 – 10:30	<i>Break</i>
5.	10:30 – 10:45	The Vision Revisited
6.	10:45 – 11:15	Reviewing the Framework
7.	11:15 – 12:00	Fine Tuning the Framework
	12:00 – 1:00	<i>Lunch</i>
8.	1:00 – 1:30	What's missing? Other issues and their place within the framework
9.	1:30 – 2:00	Remaining questions and concerns
	2:00 – 2:15	<i>Break</i>
10.	2:15 – 2:45	Evaluation Discussion
11.	2:45 – 3:00	Closing – final thoughts, forum evaluation and next steps
	3:00 p.m.	<i>Adjournment</i>

APPENDIX C - RESEARCH, BEST PRACTICES

General Recommendations

- Need to improve research and data collection so that best practices are shared and innovation is encouraged
- develop a national mechanism for collecting data
- Introduce a national award system, recognizing innovation and better practices from many categories of service provision from professionals to grassroots

Mental Health Research Institute

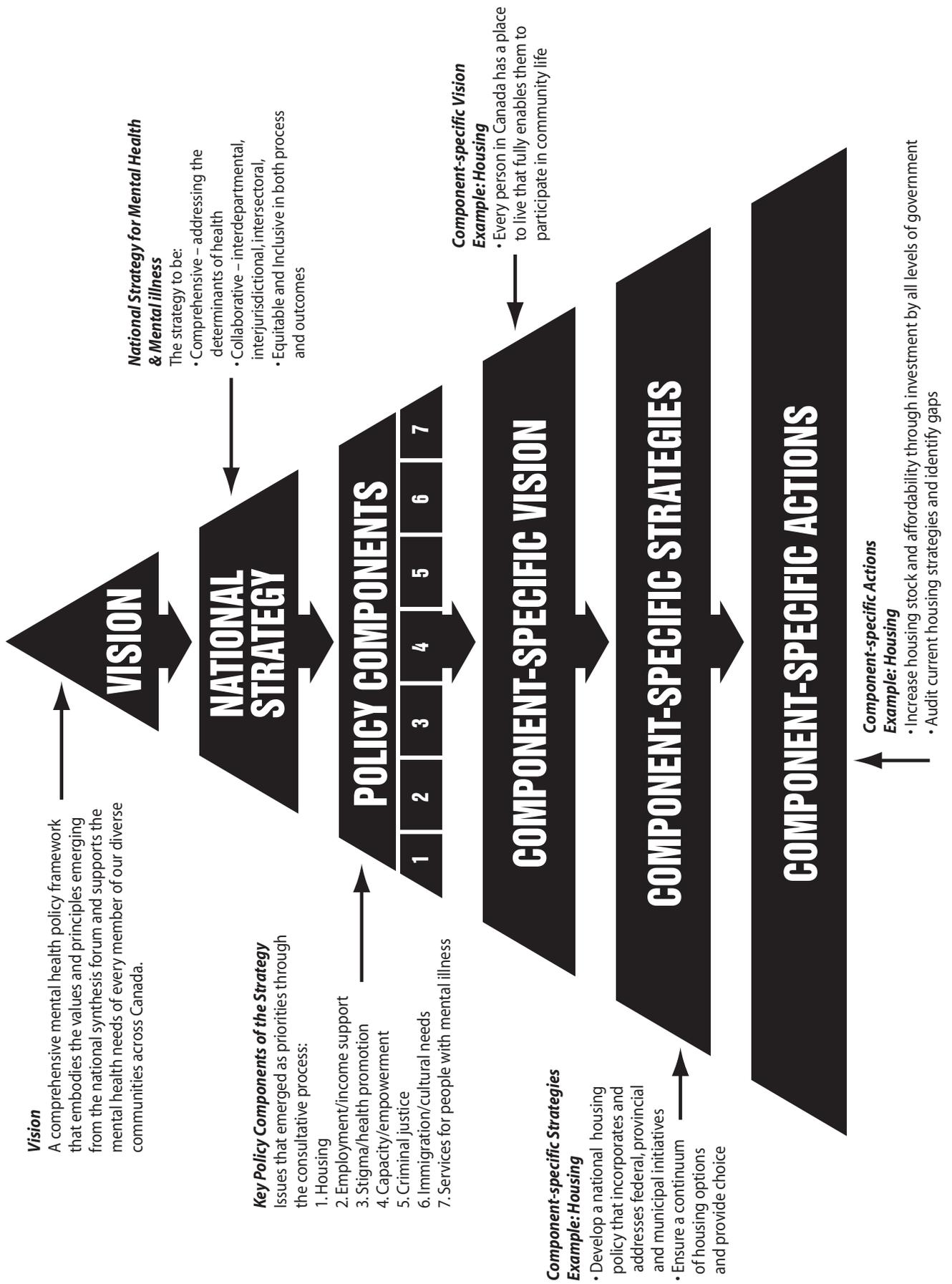
The Federal Government should create and fund a Mental Health Research Institute (considering current context of CIHR)

The Mental Health Research Institute should:

- form an advisory committee of all relevant stakeholders, including organizations to which the research institute will be linked
- identify mental health research needs
- disseminate research findings to the field
- synthesize research findings and disseminate literature in plain language to the broader population
- develop a comprehensive “library” of best practices, evidence-based care, and population health information and disseminate
- create database of initiatives
- use the media to showcase initiatives and highlight issues
- release twice-yearly report card (linked to survey), focused on structural issues
- ensure that the necessary technical assistance is available to communities using the knowledge disseminated by the Institute
- ensure that marginalized communities have a voice in setting the research agenda, and in participating in the conduct of research
- establish benchmarks and research standards for Canada
- endorse a broad spectrum of methodological approaches to research, with a greater emphasis on participation.
- sustain the momentum of voluntary sector involvement in the policy-making process; ensure that marginalized/unheard voices are heard and funded
- link to all institutes and other agencies
- use community animators to facilitate dissemination and uptake
- conduct regular mental health surveys through Stats Canada
- conduct annual evaluations of its own activities

Emerging Mental Health Policy Framework

Appendix D



REFERENCES

ⁱ *A Call for Action: Building Consensus for a National Action Plan on Mental Illness and Mental Health*. Canadian Alliance on Mental Illness and Mental Health, September 2000.

ⁱⁱ *Building on Values: The Future of Health Care in Canada*. Commission on the Future of Health Care in Canada, Roy J. Romanow, Q.C., Commissioner, November 2002.

ⁱⁱⁱ *The Health of Canadians - The Federal Role: Final Report*. The Standing Senate Committee on Social Affairs, Science and Technology. the Honorable Michael J. Kirby, Chair, October 2002

^{iv} *Canadian Community Health Survey: Mental Health and Well Being*, Statistics Canada, September 2003.