



Centre for Addiction and Mental Health
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CAMH Response to Mental Health Commission of Canada Consultations

Notes for Gail Czukar Executive Vice-President of Policy, Education and Health Promotion

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*A PAHO/WHO
Collaborating Centre*

*Un Centre collaborateur
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The Centre for Addiction and Mental Health (CAMH) is grateful for the opportunity to participate in these consultations on our aspirations for the Mental Health Commission of Canada. We are also grateful that the Commission has invited a number of CAMH staff who are leaders in clinical care, research, health promotion and knowledge exchange to participate in these meetings.

Like many involved in the area of mental health, we are excited by the creation of the Commission and the hope it represents to improve the lives of Canadians who live with mental health problems. We are particularly encouraged that those with a direct personal experience with mental health problems and their families are playing a prominent role with the Commission.

In responding to the two questions you posed in the invitation, we offer the following responses. Please note that CAMH staff will be able to expand on these points and enrich these discussions with more detailed information about their particular areas of expertise.

1. *What would you like to see the Commission accomplish over the next three years?*

CAMH is excited by the opportunity presented by the Commission's mandate and priorities to fundamentally improve the lives of those with mental health problems. We believe the following accomplishments would make a difference for our clients, and change the way Canadians view mental health:

The Commission should focus first and foremost on developing a national mental health and addictions strategy/plan that is:

- **pan-jurisdictional – one that both federal and provincial/territorial governments can adopt as a blueprint for better mental health**
- **based on a truly holistic view of health – including clear roles for the primary care sector and the place of social determinants of health**
- **based on evidence and knowledge about what works in treatment, prevention, systems, and policy**
- **prioritized – according to need and congruent with realities of implementation**
- **funded – so that mental health and addictions begin to attain funding at a level that is commensurate with the burden of disease they carry**

It is critical that this plan focus on access to service, health promotion and prevention, and the social supports that are critical for our clients. Adequate income supports are critical to promoting a credible recovery model for people with mental health problems, and supportive housing is required to allow consumers to live in the community. No significant progress can be made in mental health without investments in these areas. The Commission must also be bold in recommending strategies within areas of federal jurisdiction where action is needed to address mental health and addictions problems. This is most acutely needed in developing effective strategies for supporting Canada's aboriginal people.

This plan is crucial also because a successful anti-stigma campaign will raise expectations and demand for services. Without a clear, implementable plan in place, and some visible steps taken toward increasing the capacity to respond to these demands, the anti-stigma campaign could dissolve into cynicism and the mental health and addictions sector might be worse off in 3 years' time.

Support can be built, and action taken, quickly by engaging existing organizations from across the mental health and addictions spectrum and across the country in developing it and committing to action. It will also be important for the Commission to forge connections and alliances between existing networks to increase the effectiveness – the whole will be greater than the sum of the parts.

Implement a successful anti-stigma campaign that

- **produces a measurable, sustained change to the opinions that Canadians have about mental health**
- **presents people living with mental illness and their families as ordinary people with full rights of citizenship in our communities**

The objectives of the campaign should be to make Canadians more mental-health literate; to reduce the difference between those with mental health problems and the general community; and to build support for evidence-based mental health treatments. It is worth noting that the significant investments in mental health recommended by the *Out of the Shadows at Last* report ultimately depend on the willingness of Canadians to accept mental illness, to join the call for improved access to treatment, and to fund the housing and other social supports required to support people with mental health problems. That is why the success of the anti-stigma initiative is critical.

The Commission should facilitate the integration of mental health and addictions.

The Centre for Addiction and Mental Health is in the fortunate position of housing considerable expertise in both mental health and addictions. This is one reason why we have been able to make significant progress in the treatment of clients with concurrent disorders, a population that represents a very significant portion of the clientele in each of our sectors. CAMH understands very well that this can be difficult. But we believe that the clients who depend on both our systems are better positioned to access treatments when these two systems work collaboratively. With its new mandate and high profile, the Commission can play a key role in engaging cross-sectoral dialogue.

The knowledge exchange efforts of the Commission should build on existing knowledge exchange activities and networks. CAMH is committed to connecting the sources of discovery and innovation with the clinicians who deliver mental health and addiction services. It is also important to remember that system administrators, policy makers and decision-makers are a critical audience for research in mental health. It will be important for the Commission to establish strong relationships with the major centres of mental health research, and to build on existing knowledge exchange infrastructure.

The Commission should consider the adequacy of mental health and addictions human resources capacity across Canada, and consider this an issue that must be a key element of each of the Commissions initial priorities. An effective anti-stigma campaign will increase demand for services, as more Canadians understand the importance of seeking assistance. Without adequate human resources, this assistance cannot be made available. The Commission should consider a national workforce development strategy for those working in mental health and addictions, because both pre-service and in-service education and training is a critical element of a health human resource strategy. Included in this strategy should be a consideration of the training in cultural competence required to respond to the needs of Canada's increasingly diverse population. It is worth noting that the Commission should be careful to recognize peer counselors and the role they play in the provision of service.

The Commission should play a leading role in the support of research in mental health. The federal government plays a key role in supporting medical research and related research infrastructure. The transformation of mental health care, the development of community-based services, and the widespread adoption of a recovery model have all been facilitated by medical, technological and pharmacological developments that are rooted in research. The Commission can play a key role in mobilizing support for mental health research, and building a coherent national research agenda.

Finally, within each of its priority areas, the Commission must demonstrate a commitment to developing strategies that respond effectively to the different cultural and linguistic needs that all clients and stakeholders bring to their interactions with the health, mental health and addictions sectors. As an important adjunct to this, the national strategy developed by the Commission must recognize the patterns of health inequity that are revealed both by disparities in health outcomes, as well as in access to services. Addressing these disparities must be a concern of a national strategy, and meaningful engagement with diverse communities must be an element of all the Commission's work.

2. *How could your organization help the Commission and the mental health community to achieve these objectives?*

CAMH would be delighted to contribute to the work of the Commission. We have broad research and experiential knowledge in the area of mental health and addictions, including in the priorities identified by the Commission. CAMH's *Transforming Lives* advertising campaign has had a significant effect on the profile of addictions and mental health in the Greater Toronto Area, and we would be pleased to work with the Commission on the development of its anti-stigma campaign.

Another key contribution that CAMH can offer the Commission is the ability to connect efficiently with mental health and addictions stakeholders in Ontario. At a provincial level, CAMH works in partnership with provincial organizations in mental health and addictions in a policy and advocacy collaborative, and this could be a useful network for the Commission. CAMH program consultants in offices across the province participate in regional planning tables that have developed within each of Ontario's regional health administrations, the Local Health Integration Networks (LHINs). CAMH staff facilitate the Concurrent Disorders Ontario Network that could assist the Commission in facilitating the integration of mental health and addictions services for that group of clients. CAMH also works closely with a broad network of representatives from diverse and marginalized communities, and can assist the Commission in establishing, nurturing and maintaining a working relationship with these communities. We would be pleased to provide you with further information on these and other networks where CAMH is a participant.

CAMH and others centres of clinical care, research and health promotion in Canada are a key resource for the Commission. In addition to housing deep and broad expertise in mental health and addictions, CAMH staff and board members are enormously hopeful about the promise that is represented by the creation of the Commission; the promise that mental health care – and, we would argue, addictions – can escape the stigma that has denied access to needed treatment, and that it will cultivate champions for mental

health who can speak boldly about the possibilities for recovery. The Commission's aspirations – shared by so many who live and work in our complex and often fragmented sector – must be firmly rooted in the experiences of those with mental health and addictions problems, the families who care for them, and the systems that seek to support them. CAMH can help make this happen.