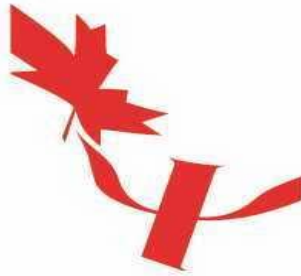


CANADIAN
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Recommendations to the Senate Standing Committee on Social Affairs, Science and Technology July 2005

National Action Plan

CPA strongly supports the recommendations of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), a group that has worked closely with the Senate Committee. CAMIMH is the largest and most comprehensive mental health consortium in Canada and its call for a national action plan is critical.

The Canadian Mental Health Transition Fund

The Federal Government seeded change in primary health care through the eight hundred million dollar Primary Health Care Transition Fund (PHCTF). The provinces and territories received a population-based proportional amount and agreed to spend the money only on primary health care initiatives. Many experiments and interesting activities are occurring across the country, helping to strengthen capacity, seed change and build momentum. In addition, a percentage of the funding is reserved for pan-Canadian initiatives which were negotiated with the provinces and territories through the federal/provincial/territorial committee structure to ensure provincial/territorial support.

CPA is both the signatory organization with Health Canada for, and the Chair of, the Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative (www.eicp.ca) and a member of the Steering Committee of the Canadian Collaborative Mental Health Initiative (www.CCMHI.ca). These initiatives are raising and resolving issues, building consensus and providing direction and momentum for meaningful change.

The Canadian Mental Health Transition Fund (CMHTF) proposed here could do for mental health what the PHCTF is doing for primary health care:

1. Make a substantial federal contribution to mental health renewal through a specific and time-limited transfer to the provinces and territories.
2. Seed and support change in mental health promotion, prevention and service delivery simultaneously across all provinces and territories thereby

demonstrating a commitment to, and building momentum for, sustained change across the country.

3. Reserve an amount of the CMHTF for initiatives in federal jurisdictions (criminal justice, immigration, First Nations, armed forces, Royal Canadian Mounted Police etc).
4. Provide accountability by ensuring that the transfer will be spent in mental health but as is deemed most useful by each jurisdiction.
5. Develop a catalogue of best practices in promotion, prevention, diagnosis, treatment, rehabilitation and chronic mental illness management to share among the jurisdictions, including the Federal Government.
6. Respond to the call for change from consumers, families, communities and providers of mental health services.
7. Reserve an amount of the CMHTF for pan-Canadian initiatives to address education issues and to gain the support and commitment for meaningful change from the national associations that represent patients and families, service providers and mental health professionals.
8. Continue the search for solutions internationally over the five year life of the CMHTF. These international knowledge transfer mechanisms will be part of the legacy of the fund.

Mental Health Canada

Canada needs a large and effective national mental health charity of the size and stature of those that represent cancer, heart and stroke and diabetes. There are currently a number of organizations and charities that do a good job in their specific areas. The Canadian Psychological Association Foundation is one of them. What the country lacks is a large, inclusive and robust foundation. The purposes of Mental Health Canada (MHC) would include, for example:

- **Public Education:** To increase awareness of mental health issues in general, to address stigma and discrimination and to increase promotion, prevention and early detection.
- **Research:** To increase the amount of money spent on mental health research, particularly at the psychological, social and societal levels. In addition, Canada needs to increase funding for research that addresses the important mental health factors in physical illness and injury, chronic physical illness, disability management and the workplace. Finally, Canada needs more comprehensive pan Canadian mental health data.

- **Education and Training:** To support mental health education and training content that is developed in concert with patients and their families at the pre and post licensure levels for health professionals (physicians, nurses, dentists etc) and mental health content for professionals in other human services such as primary and secondary school teachers, corrections staff, social welfare professionals, lawyers, judges etc. In addition, education and training support for families and communities who live with and/or care for a person with a mental health problem are essential.
- **Public Policy Advice:** To assist and advise governments, the human services sectors and their infrastructures (health, education, housing, social welfare, criminal justice, etc) and business and industry (healthy workplace, return to work, EAP etc) regarding mental health issues.
- **National Voice:** To provide an independent and well resourced national voice for mental health in Canada.
- **Patients and Family Members:** To ensure the inclusion and full participation of Canadians with a mental health problem and their family members and care givers as a central partner in the “National Voice” and advocacy.
- **Sustain Momentum:** To provide a large and robust vehicle to build a strong grassroots network across Canada which focuses exclusively on mental health.
- **Fundraising:** To hold regular fund raising events to develop a strong financial base to support the aforementioned activities, to raise awareness, to sustain energy and momentum and to involve a large number of Canadians as volunteers.

We hope that the Federal Government will seed the Foundation with one hundred million dollars. There are precedents. In previous budgets the Federal Government gave the Rick Hanson ‘Man In Motion Tour’ fifteen million dollars and the Terry Fox Foundation ten million dollars in recognition of their twenty-fifth anniversary.

‘Office of Mental Health’ or Coordination of Mental Health Issues Throughout Health Canada and the Canadian Public Health Agency of Canada

Health Canada and the Public Health Agency of Canada (PHAC or the Agency) need to enhance their capacities in mental health policy. As you have so clearly pointed out, there are but a few individuals charged with the sole and direct responsibility for mental health issues. It is true that many portfolios include mental health. This is both important and commendable. However, in the absence of adequately resourced, accountable and designated coordination, mental health all too often becomes a secondary or tertiary priority or falls completely off of the radar screen.

By establishing an office or role for the coordination of mental health issues, Health Canada and PHAC can develop sound mental health policy and effectively address the mental health factors so important to so many of their activities. Without this type of office or role, mental health will continue to languish with inconsistent and insufficient attention

The mental health office or role will also help co-ordinate the various activities of the Federal Government that relate to mental health (see Mental Health Interdepartmental Policy Development below) and mental health policies and programs with the provinces and territories. It will give the Federal Government a more robust mental health policy potential.

Mental health coordination may take several forms. One option is an Office of Mental Health that straddles the Department and the Agency. This formal administrative structure has the advantage of a clear identity and transparent accountability. On the other hand, it might run the risk of becoming an “administrative silo” with limited impact.

Another option is a well-resourced and supported role within the two departments to coordinate mental health issues across all activities. This more integral second option may allow mental health issues to be more seamlessly incorporated into the government’s activities in health. However, seamless runs the risk of being invisible, impotent, and eventually cancelled. To work effectively, coordination will depend on access and communication (integral approach) and have designated authority, responsibility and accountability (office approach).

A third option is to develop a Mental Health Advisory Group peopled with representatives and experts from government and the community. The Advisory Group would need to be adequately resourced and the members committed to providing a significant amount of time to the project over the terms of their appointment. The Advisory Group would be charged with making policy recommendations and coordinating attention to mental health issues across the health activities undertaken by the Federal Government. The Advisory Group

would have responsibility and accountability for its activities and, being at arms length, its commitment to role and objectives would be readily transparent.

The Canadian Alliance on Mental Illness and Mental Health has recommended a Blue Ribbon Panel on Mental Health to advise the Department and the Agency. The Blue Ribbon Panel could be the Advisory Group and the members could be drawn from the CAMIMH membership and others.

These ideas are not without precedent. For example, the Canadian Institutes of Health Research have four integrative offices or roles that enjoy administrative accountability and support. Other examples include Canada's Chief Public Health Officer, Chief Dental Officer and Health Canada's Office of Nursing Policy.

Mental Health Interdepartmental Policy Development

All governments undertake many activities that contain a significant mental health component. In the Federal Government, for example, mental health issues are important to:

1. Health Canada
2. Public Health Agency of Canada
3. Indian and Northern Affairs
4. Industry Canada (healthy workplace, productivity, innovation)
5. Canada Revenue Agency (eg. Disability and Medical Expense Tax Credits; Canada Pension Plan - Disabilities)
6. Canadian Centre on Substance Abuse
7. Citizenship and Immigration
8. Corrections Service of Canada
9. Human Resources and Skills Development Canada

Many departments would profit from a consultative structure that supports collaboration and information sharing regarding mental health issues relevant to interdepartmental and/or intradepartmental activities. We understand that this is presently occurring "informally" in Health Canada.

Provincial and territorial governments have an interest in trans-departmental structures as well. A most poignant example is children's mental health that can include health housing, child welfare, social welfare, primary health care (both publicly and privately funded and delivered), primary and secondary education, youth court, etc.

The Mental Health Council of Canada

The provincial and territorial ministers of education have developed the Council of Ministers of Education in Canada (<http://www.cmec.ca/index.en.html>) with the following mandate:

“CMEC is the national voice for education in Canada. It is the mechanism through which ministers consult and act on issues of mutual interest, and the instrument through which they consult and co-operate with national education organizations and the federal government. CMEC also represents the education interests of the provinces and territories internationally.”

Clearly the mandate for a Mental Health Council of Canada (MHCC) would be different. The federal government has significant legislative, public safety, funding and service delivery responsibilities in the area of health and health care generally, and in mental health specifically, that are not the case in education. The MHCC partnership would be between the provincial/territorial and federal levels of government. The MHCC mandate might be worded as follows:

“MHCC is the national voice of the federal, provincial and territorial governments in Canada regarding mental health. It is the mechanism through which ministers consult and act on issues of mutual interest, and the instrument through which they consult and co-operate with national mental health organizations.

This type of mechanism would be much more functional than the current F/P/T committee system. It has the advantage of providing a permanent administrative infrastructure for pan-Canadian collaboration and planning.

A mood, thought or conduct disorder is the same in Port Alberni as it is in Moose Jaw, Quebec City or Halifax. This speaks to the necessity of enhanced pan-Canadian collaboration. Cultural and local delivery issues would be addressed by tailoring initiatives and programmes to local realities in each of the provincial, territorial and federal jurisdictions with responsibility for mental health.

The Council would work with stakeholders to develop best practices regarding system infrastructures, data collection, methods of addressing population mental health needs and the determinants of mental health etc. It could be a clearinghouse for the best and most up-to-date information and could support “experiments” and “pilot projects” in specific areas so that all can profit from the results. The advantages of collective action are clear.

One might argue that this type of activity is best housed in the Health Council of Canada (HCC). The Health Council currently has a mental health table or committee. However, the HCC’s mandate is to report to Canadians. The

mandate of the MHCC envisioned here is broader and more proactive. In addition, having a separate Council will ensure that history does not repeat itself in our neglect of mental health issues and services. Since the best predictor of future behaviour is past behaviour, the MHCC will not allow other important health issues (eg physical illness, pharmaceuticals, tertiary care, new diagnostics) to eclipse the work of the Council or its attention to mental health.

Canada's Mental Health Guide

Canada's Food Guide has been very successful. It has given Canadians a common and trusted reference point for nutrition and healthy eating. Canada's Mental Health Guide will accomplish the same goal for mental health. In addition, it will help reduce stigma and discrimination by recognizing that mental health is part of everyday life, promoting and supporting psychological resilience, enhancing early detection and so on. The Guide would not be diagnosis or treatment focused. Rather it will give concrete advice about topics such as:

1. Mentally healthy activities for all ages.
2. Early warning signs of psychological stress and what to do about them.
3. Normal reactions to life events such as death, tragedy, failure, loss etc.
4. Ways to improve psychological resilience.
5. What is normal in terms of sadness, anxiety etc and how to recognize when normal reactions might become an illness.

Office of Behavioural and Social Sciences Research: Canadian Institutes of Health Research

CPA and its CAMIMH partners are very supportive of CIHR. The institutes fund world class research that holds great promise for the health of Canadians. In particular, CPA has worked closely with several institutes and none more than the Institute for Neuroscience, Mental Health and Addictions.

Bill C-13, known as *The Canadian Institutes of Health Research Act* (the Act), is explicit in several places regarding the development of a broad research base that includes a wide range of disciplines in each of the institutes and places significant emphasis on research at the behavioural, social and societal levels. The CIHR has done a good job in its transition from the Medical Research Council and in funding bio-medical and clinical research.

Now that the CIHR has been operating for five years, it is time to significantly expand research activity in the behavioural and social sciences and to integrate this research in a much more meaningful way into the agendas of each of the thirteen institutes. Psychological research is very important in health (physical and mental) and across the continuum from health promotion and injury/illness prevention to palliation.

We must find the biological silver bullets to treat disease. However, few would argue that health and illness are not just about biology. Further, many diseases do not have a definitive biological resolution. Silver bullets or not, psychological and social factors lead people to navigate the same diseases differently. Research clearly tells us that how we cope with our health and illness can have tremendous impact on outcomes. We must find better ways of helping people to stay healthy and help them and their families to adjust to the diseases and conditions some will inevitably get.

The Congress of the United States instructed the National Institutes of Health (NIH) to develop an Office of Behavioural and Social Sciences Research (OBSSR) <http://obssr.od.nih.gov/about.html> which opened on July 1, 1993. The Office is located in the Office of the Director of NIH "...in recognition of the key role behavioural and social sciences often play in illness and health". The Office's "...mission is to stimulate behavioural and social sciences research throughout NIH and to integrate these areas of research more fully into others of the NIH health research enterprise, thereby improving our understanding, treatment and prevention of disease."

A Canadian Office of Behavioural and Social Sciences Research within CIHR will provide an in-house capacity to assist institutes in expanding the scope of their research to better include these important areas of investigation. The Office will be an agent for constructive change, helping CIHR better meet its legislative mandate, for which it is accountable to Canadians through Parliament.