

**SUBMISSION TO  
THE SENATE SUBCOMMITTEE ON POPULATION HEALTH**

**FEDERAL GOVERNMENT ROLE IN DEVELOPMENT AND  
IMPLEMENTATION OF POPULATION HEALTH POLICY  
IN RELATION TO MENTAL HEALTH**

**FROM THE  
CANADIAN MENTAL HEALTH ASSOCIATION, NATIONAL OFFICE**

**WHO WE ARE**

The Canadian Mental Health Association (CMHA) is a national voluntary association that exists to promote the mental health of all people and the resilience and recovery of those with mental illness. In existence for close to 90 years, we have an established infrastructure of 12 provincial/territorial divisions and approximately 130 local branches and regions.

We accomplish our mission through education, research, advocacy, and service delivery, working with service providers, government, community organizations, and consumers of mental health services and their families. CMHA has followed population health principles in its many program and research endeavours. These have built on a common process directed toward the goal of improving mental health status through intersectoral action that addresses the range of determinants that influence health.

**ABOUT THIS SUBMISSION**

The CMHA commends Senator Keon and the Senate Subcommittee on Population Health for tackling this critical concern, which has a prominent place on CMHA's agenda. There is no doubt that the case is clear and your commitment is strong.

But we would still like to bolster the case and validate your efforts by taking this opportunity to tell you a story you may not have heard. It is based on a project implemented by CMHA between 2002 and 2004, involving the voluntary sector in Canada and their views about mental health issues. The story ends with surprising and significant findings about Canadians' perspectives on the determinants of health. In the second part of our submission, we will apply the implications of these project findings and lessons learned to two selected possible options for federal government action on population health. And we will conclude with linkages to some new elements in the current context.

## **PART ONE: THE STORY OF CITIZENS FOR MENTAL HEALTH**

### **Background**

From June 2002 to March 2004, the CMHA implemented “Citizens for Mental Health”, a project funded by Health Canada through the Voluntary Sector Initiative, Sectoral Involvement in Departmental Policy Development (SIDPD) envelope. The purpose of the “Citizens” project was to enhance the capacity of the voluntary sector to participate in developing federal policies related to mental health.

### **Citizens process**

In order to enhance policy capacity, the CMHA facilitated a national conversation amongst a wide variety of health and social service groups across the country. To catalyze the conversation, we posed two key questions (with selected follow-up interviews) to over 700 representatives from these groups at the community level. The questions were:

- What are the mental health issues of significance for the communities you work with?
- What federal policy directions would you recommend for dealing with these issues?

After sorting through the more than 400 responses to our initial questions, we conducted follow-up interviews with selected respondents. We then held a series of facilitated forums in five regions of Canada where the various voluntary sector participants discussed the above questions and developed joint recommendations for federal action. The regional forums culminated in a national synthesis forum where participants began to build the regional recommendations into a draft policy framework.

It may be helpful to provide a sense of the vast range of groups that participated in the process, as this helps to underscore the significance of the findings. Besides mental health and addictions organizations, they included groups focused on issues related to women, gays/lesbians, diverse cultures, human rights, employment, Aboriginal people, poverty, physical health, housing, disabilities, rural life, seniors, parenting/children/adolescents, justice, and immigrants/ refugees, among others. (Please see attached report, *Mental Health Priorities of the Voluntary Sector*, for a complete list of the groups.)

### **Unexpected results**

As the results of the consultations started emerging, we were taken with two surprising findings. First of all, we had worried that the community-level groups might have difficulty making the shift to thinking about health policy at the federal level. We knew the federal policy context of the project was not familiar territory for most of the groups, given that health programs generally fall under provincial/ territorial jurisdiction. But most were able to think in federal policy terms fairly quickly and easily.

Secondly, we had wondered whether the variety of groups across the country would come up with such a wide range of issues and recommendations for federal policy that it would be close to impossible to draw meaningful conclusions or conduct analyses. We had expected isolated recommendations specific to groups' immediate concerns, such as refugees who had experienced torture, or people with mental illness in the justice system, and we had anticipated difficulty clustering the results. But it turned out that, to a very great extent, the groups - with different interests, at different levels, and from different regions of the country - were all talking about similar themes.

This finding started to emerge in the questionnaire responses, and became even clearer in the regional forums when the groups had a chance to interact with one another. Participants from diverse sectors were discovering that they had more in common than they might have imagined.

### A Consensus on Health Determinants

Once the results were analyzed and sorted, it turned out that, despite some not unexpected regional variations, the mental health issues of concern to those consulted merged in a remarkable consensus that transcended various types, levels, and socio-geographic contexts of organizations. In fact, they settled fairly easily into a small number of categories, all related to health determinants.

The answers to the question of "What are the mental health issues of significance for the communities you work with?" were easily distilled into the following eight key issues consistent with the determinants of health:

- income/poverty
- employment
- housing
- criminal justice
- immigration/settlement/cultural needs
- mental health services
- health promotion
- capacity building/empowerment.

## Summary of major learnings from Citizens for Mental Health

CMHA's Citizens for Mental Health (Citizens) project has given us a significant insight into the way voluntary organizations see mental health issues.

- Voluntary health and social organizations from a wide variety of perspectives and locales across Canada share the same views about which issues impact the mental health of the communities they work with.
- They have come to similar conclusions regarding the importance of health determinants as mental health issues.
- Organizations outside mental health, or even health, have had mental health on their agendas (although not explicitly)
- This project legitimized new ways for voluntary organizations to think about federal policies related to mental health. Reaching beyond the obvious need for specific mental health policies related to illness and for consequent action by the federal Department of Health, the project clarified the need to address broad determinants of health as well, and to focus on the various federal departments that deal in these determinants.
- In regard to people with mental illness, this new focus helps to make the case that health services and treatments cannot work adequately in poor social conditions.
- It highlights the importance of equality, empowerment, inclusion and capacity building for the mental health of all populations, including those with mental illness.

## **PART TWO: IMPLICATIONS IN RELATION TO POPULATION HEALTH POLICY: ISSUES AND OPTIONS**

### ***Fourth Report of the Subcommittee on Population Health of the Standing Senate Committee on Social Affairs, Science and Technology***

#### Reorienting government policy

##### ***Possible Option: Strengthen intersectoral action; engaging communities***

*The Issues and Options paper asks how the government can collaborate with non-governmental partners, such as community based organizations, in addressing determinants of health in an effective way.*

The surprising consistency with which health determinants emerged in our consultations with community-based organizations across Canada suggests that there is already an implicit consensus on these issues. It is safe to conclude that community-based organizations represent a rich resource just waiting to be tapped. The federal government can mobilize this resource by supporting communities to engage in intersectoral action, as it has done in the past through the Population Health Fund. CMHA can attest to the value of this way of working; for many years this has been CMHA's general template for rolling out national projects, and is an area of expertise we would be happy to share in more detail with the Subcommittee on Population Health.

The process must start by acknowledging the value of community expertise and experience. The federal government's role in enhancing the health of the people of Canada is to draw on their strengths, and work with them to determine what we can all do together to build healthier communities. Moving from the critical assumption that the expertise lies in communities, groups would be supported to create intersectoral partnerships which will jointly identify common health-related needs. In the case of CMHA, partners have included groups of people with mental illness, families, health service providers or planners, and non-health community organizations such as poverty and faith-based groups.

The next step for the partners is to develop and deliver programs to address their identified needs. Federal government support can ensure that the communities' activities are enhanced with appropriate resource people and resource materials as needed, as well as opportunities to interact across the different communities to share their knowledge and experiences as they proceed.

If successful, these community projects will enhance the health of their respective communities, but the impacts need to go farther than that - the federal government will want to see that the outcomes can inform government policy. To help ensure that local action is translated to policy directions at all levels, the communities' progress and interactions should be tracked and the lessons analyzed.

Fostering political will

***Possible Option: Mobilize and engage the non-health sector in population health action***

*The Issues and Options paper asks about ways of convincing other sectors outside health that they have a stake in improving the health of the population. It provides examples of possible strategies for engagement, including the use of champions, evidence, or arguments.*

The point in the previous section about an underlying philosophy of building on community strength and capacity, and seeing community organizations as a rich resource, is relevant in this section as well. It begins to answer the question of how to engage the non-health sector.

The experience of the Citizens project suggests that strategies based on arguments, or on trying to convince the target group through champions or evidence, may be starting from the wrong assumption. In fact, judging from the Citizens project participants, the non-health sector may not need to be convinced. Although they may not all have this explicitly on their agendas, many diverse organizations outside the health sector such as educators, churches, service groups, and peer support groups already share the population health perspective and are well aware of the impact of determinants such as poverty and homelessness on their communities. They understand the determinants of health as factors that impact mental health (and health) and as issues on which they can take joint action. They just need support and leadership for taking that action.

In light of these findings, there is a need to shift our perspective of the non-health sector from a passive audience that needs to be converted to the cause, to an experienced potential partner that already shares many of the population health goals of the health sector.

At the national level, one of the best ways to engage them initially may be to work with voluntary organizations to conduct an interactive process across sectors, similar to the one used in the Citizens project. There needs to be an opportunity for the non-health sector to be an active participant in the conversation, and for its members to bring their own experiences and expertise into the process.

This process should be accompanied by a parallel intersectoral engagement initiative at the community level, as described in the previous section, “Reorienting Government Policy”. This initiative would deliberately include the non-health sector in community engagement, where they will be supported to participate with other sectors in population health action.

## **PART THREE: MOVING FORWARD AND CONCLUSION**

### **Engaging allies in the voluntary sector**

The lessons of *Citizens for Mental Health* were too dramatic to be forgotten. Voluntary sector groups, both within and outside health, are on board with population health principles. In particular, they have demonstrated a cross-sectoral consensus about the importance of health determinants for people's lives, and the capacity to develop mental health policy directions, using the determinants as building blocks. They will be important partners to bring into the discussion and the action as the agenda moves forward.

### **Funding intersectoral community action**

There are some new challenges in the context to consider. In the interim period since the Citizens project ended in 2004, the Population Health Fund has ceased to exist. But if communities are to be engaged in intersectoral action and the non-health sector mobilized, there will need to be a focal point for support for this kind of community activity. A Population Health Fund will be needed, or a similar grants and contributions mechanism developed, that allows for collaboration with non-government organizations to support action according to the goals and principles of population health.

### **Aligning with the Mental Health Commission of Canada**

The past few years have also brought some new positive developments, with implications for future action. The goal of a national mental health strategy, a remote dream of the final synthesis forum of the Citizens project in 2004, is now much closer to becoming a concrete reality with the existence of the Mental Health Commission of Canada.

The strategy, as well as many of the Commission's other key initiatives, such as decreasing stigma, research on housing, and creating a national movement on mental health by working through communities, is consistent with the options proposed for a Population Health approach. No doubt there are already informal linkages between the Senate Subcommittee on Population Health and the Mental Health Commission, which share the same roots, but it will be important to have formal mechanisms for collaboration so that the policy directions of both are coherent and integrated.

### **Paying attention to the Federal Task Force on Mental Health**

In another encouraging development, immediately after the Citizens project ended, Health Canada struck a federal interdepartmental working group on mental health issues. This Task Force on Mental Health continues to the present day and now represents twenty-two departments whose agendas touch on mental health issues, departments such as Health, Corrections, National Defense, HRSDC, Justice, and Veterans Affairs.

Part of its current agenda is the development of a response to the “Out of the Shadows” report of the Standing Senate Committee on Social Affairs, Science and Technology – a response that is sure to be of interest to this Subcommittee on Population Health. More generally, the Task Force on Mental Health is an excellent model of horizontal interdepartmental collaboration, a model that could also be applied vertically across levels of government.

#### In conclusion....

The ground is fertile for the Senate Subcommittee on Population Health both to engage potential partners identified in the Citizens project, and to seize new opportunities in the current context for developing a comprehensive population health approach in Canada. The Canadian Mental Health Association shares your passion for this work, has much experience in exploring population health strategies, and would be pleased to join you in the important initiative ahead.

We have kept a quote from 2005 from former Minister of Public Health, Carolyn Bennett, because it reflects our own beliefs so strongly. She said:

"Keeping as many Canadians healthy for as long as possible means looking beyond health departments to broader determinants of health, such as poverty, violence, environment, shelter, education and equity. Involving Canadians in this process will ensure the goals we set will be relevant and responsive to increase our understanding of the complexity of health."

## APPENDIX A

### Recommendations from voluntary groups about federal mental health policy for particular issue areas

At a final synthesis forum, representatives of project participants from all regions of Canada took preliminary steps in identifying needed directions for federal government action. The summary that follows has been adapted from the outcome of the final synthesis forum in the Citizens project. It translates well into recommendations for directions the federal government can take in reorienting policy to encompass population health measures that support mental health.

#### Housing

- Develop a comprehensive long term pan-Canadian strategy to ensure a continuum of affordable housing options
- Create a national housing policy with the capacity to meet a continuum of needs, including those of our most vulnerable population

#### Criminal Justice

- Recognize that mental illness and addictions are health issues, not criminal issues. Work with voluntary sector and other stakeholders to build preventive programs and alternatives to incarceration
- Create a national advocate office to collaborate with provincial advocate offices in developing national standards for delivery of advocacy and rights advice services

#### Employment

- Ensure every person has access to equal employment opportunity, regardless of disability
- Develop a strategy to create working conditions that support mental health and accommodations for those with mental illness
- Support community economic development initiatives, including businesses run by people with mental illness
- Implement a national child care strategy

#### Income

- Ensure an adequate minimum income level for all, including those with mental illness
- Harmonize income support programs; ensure they are accompanied by incentives to work, rather than disincentives
- Create an integrated poverty reduction strategy that coordinates existing social, health and labour market services at all levels of government, and involves a comprehensive plan for roll-out that includes realistic and measurable targets, timelines and financial investment (*This last point is taken from a paper on poverty from CMHA, Ontario Division.*)

## Culture

- Recognize and include Canada's diverse populations in development of mental health-related policy and programs
- Ensure culturally and linguistically appropriate health services are available across Canada, delivered by culturally-sensitized professionals who represent the various communities in Canada

## Immigration/Settlement

- Recognize that immigration can be a mental health issue, requiring specialized policies and programs; integrate immigration and settlement services with mental health programs and services
- Ensure access to appropriate specialized mental health services to address experiences of trauma and torture

## Mental Health Promotion

- Promote mental health literacy; work to reduce stigma
- Strengthen self-help/ mutual support approaches through a national technical assistance centre
- Develop a national suicide prevention strategy in partnership with stakeholder groups
- Promote participation of consumers and their families in policy and program development and delivery

## Health Services

- Work to ensure early detection and recovery from mental illness, and assistance to live and thrive in one's own community
- Ensure services are appropriate to the needs of diverse communities and developed with their input
- Ensure equitable access to services
- Develop a national health human resources strategy
- Promote and support best practices and model programs

The Citizens project representatives also identified a vision to guide the federal government when implementing the above directions:

- Mental health is valued as much as physical health
- There is acceptance that the basic necessities of life such as housing and sufficient income play a role in supporting the health and mental health of the population and the prevention of health and mental health problems
- Diversity is respected in the development and provision of appropriate programs and services, including consumer status, gender, life stage, race, ethnocultural uniqueness including Aboriginal peoples, resident status, urban/rural and regional needs

## **APPENDIX B**

### **Attached documents**

- Mental Health Priorities of the Voluntary Sector: Report of the Citizens for Mental Health Project, CMHA National Office
- Housing, Health and Mental Health, CMHA National Office
- Income Security, Health and Mental Health, CMHA National Office