

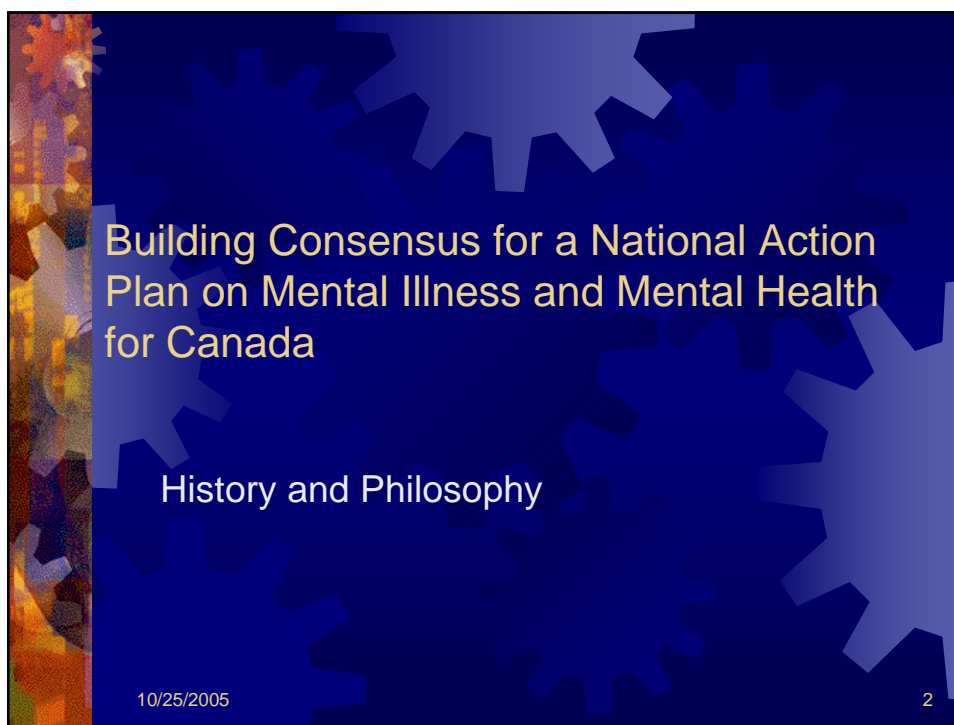
The Canadian Alliance on  
Mental Illness and Mental Health

Lessons in Consensus Building

Canadian Mental Health Association National  
Conference – September 24, 2005

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Canadian Alliance on Mental Illness and  
Mental Health

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Building Consensus for a National Action  
Plan on Mental Illness and Mental Health  
for Canada

History and Philosophy

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## Objectives

Understanding of:

- CAMIMH's role and workings as a coalition
  - The development of the Governance Model
  - The management committee
  - Membership

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## Context : Environment in 1998

- **Fragmentation of sector**
  - Many voices
  - Lack of coherent and unified message from the sector
  - An excuse for governments not to listen to any of the voices.
  - Exclusions from the planning processes
- **Mental health relative to other health issues devalued and not on the health and social policy radar screen**

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## CAMIMH founded October 1998

### Represents historic constituent accord of 5 groups

- Some previous history as steering committee for Canada's Mental Illness Awareness Week Campaign
- Working together on an advocacy strategy more challenging.
- Achieved by focusing on common goals and agreeing not to focus on different perspectives

### Core purpose

- Get mental health on the national agenda
- Generate a national dialogue – “call to action”
- Generate consensus - focus on commonalities, not differences

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## Who are the members ?

- Canadian Mental Health Association
- Canadian Psychiatric Association
- Mood Disorders Society of Canada
- National Network for Mental Health
- Schizophrenia Society of Canada
- Canadian Medical Association
- Canadian Psychological Association
- Canadian Federation of Mental Health Nurses
- Native Mental Health Association of Canada
- Autism Society Canada
- Canadian Association for Suicide Prevention
- Canadian Coalition for Seniors' Mental Health
- Canadian Association of Occupational Therapists
- Canadian Association of Social Workers
- Canadian Psychiatric Research Foundation
- Canadian Psychosocial Rehabilitation Association
- Canadian Healthcare Association
- Canadian National Committee for Police Mental Health Liaison

### Reflect the core constituencies & spectrum of the grass roots side of the “system”

- Family and consumer advocates around the 2 largest mental illnesses
- Caregivers
- Self-help
- Community mental health agencies-services
- Specialized (medical) services – providers & researchers
- Mental health promotion and advocacy

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CAMIMH - CALL FOR ACTION  
 Call for Action: Building Consensus for a National Action Plan on Mental Illness and Mental Health

## What is CAMIMH?

- \* A national coalition
  - First of its kind in this sector
- \* Reflects grass roots perspectives
  - Canadians living with mental illnesses, their caregivers, and promoters of positive mental health
- \* Encompasses both mental illness & health
- \* Focuses on commonalities

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## What are CAMIMH's priorities?

impetus for its formation

- \* A higher priority accorded to mental illness & mental health on the health and social policy agendas
- \* Building broad stakeholder consensus --- relationships -- unifying the voices
- \* Development and implementation by Canada of a comprehensive National Action Plan reflecting both mental illness and mental health issues --the need is urgent

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## CHALLENGES TO COLLABORATIVE ACTION

- SPARSE RESOURCES
- INCLUSIVENESS (PROCESS) VS NEED FOR RESULTS
- MAINTAINING A NATIONAL FOCUS ON THE VERY BROAD OBJECTIVES
- FOCUSING ON TARGETS THAT NO ONE MEMBER COULD ACCOMPLISH ALONE
- MAINTAINING AUTONOMY OF MEMBERS – UNIFIED WITH DIFFERENCES
- PHILOSOPHICAL DIFFERENCES

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## STRATEGIES FOR WORKING TOGETHER

- **STARTING SMALL**
  - KEEPING IT DOABLE -- SHARING THE LOAD
- **FOCUSING ON THE BIG PICTURE**
  - ONE MAJOR GOAL: AN ACTION PLAN
- **DECISION MAKING BY CONSENSUS**
- **ENSURING BALANCE OF VOICES AT THE TABLE**
  - ESPECIALLY THAT NO ONE VOICE DROWNS OUT THE OTHER-- CONSUMER, PROVIDER, FAMILY, COMMUNITY
- **INFORMAL NETWORKING**
  - FOSTERING GROWING UNDERSTANDING ABOUT DIFFERENCES AND APPROACHES.

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## STRATEGIES FOR WORKING TOGETHER (2)

- \* **“NOT CREATING ANOTHER NGO”**
  - .. A COALITION OF EXISTING LEGITIMATE GROUPS WHO HAVE A MANDATE TO ADVANCE IN THEIR OWN RIGHT
- \* **KEEPING EYE ON THE CORE PURPOSE OF ALL THE WORK:**
  - CHANGED ATTITUDES AND SERVICES & POLICIES THAT WILL MAKE A GENUINE DIFFERENCE IN THE LIFE OF THE CONSUMER/PATIENT

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## WHY IS “A NATIONAL ACTION PLAN ” CAMIMH’S MAIN GOAL?

- \* WE MUST BREAK DOWN THE PERSISTENT BARRIER OF STIGMA
- \* WE NEED A FRAMEWORK THAT PULLS THE SECTORS AND PLAYERS TOGETHER TO WORK IN SYNERGY TO ADDRESS THIS INCREASINGLY SIGNIFICANT AND LONG NEGLECTING PUBLIC HEALTH CONCERN
- \* WE NEED TO BRIDGE THE CONTINUED LACK OF CLARITY ON WHAT IS MENTAL ILLNESS VS MENTAL HEALTH?

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## What have we done so far?

- \* 1. Advocacy around the need for a national action plan
  - Developed core discussion paper—A CALL TO ACTION (with seed support from FPT-ANMH)
  - Developed a new, more detailed “Call For Action” in 2005
- \* 2. Developed a framework for a national “data” gathering, tracking and reporting (surveillance) program
  - outcomes to date: representation on CHS Mental Health Supplement (2003) and CIHI indicators design advisory committees.

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## What have we done so far?

- \* 3. Advocacy to strengthen research capacity
  - Developed a working model during CIHR design phase
  - Continued liaison via representation on the IAB.
- \* 4. General awareness raising of parliamentarians – via committee hearings, one on one meetings, etc.
- \* 5. Dialogue with provincial (ANMH) and federal officials (HC, PHAC, SDC, CCHS, CHN, CIHR).
- \* 6. Regular liaison with Senate Standing Committee on Social Affairs, Science and Technology

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## Part 2 –

- ☀ CAMIMH MESSAGES
- ☀ RECALL -- Core purpose
  - Get mental health on the national agenda
  - Generate a national dialogue – “call to action”
  - Generate consensus - focus on commonalities, not differences

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## Call to Action is:

- ☀ A proposal on the fundamentals of a national strategy
- ☀ Basis for dialogue to build consensus--engaging many more constituencies
- ☀ Provides an expanded vision of mental health reform that include:
  - Better access to services,
  - Address determinants of health,
  - Address critical role of social support and self help, inclusion- citizenship
  - Combating stigma
  - Building an effective research and information infrastructure

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## CHALLENGES TO BUILDING A NATIONAL PLAN

- VOICES STILL RELATIVELY FRAGMENTED
  - CAMIMH A BEGINNING
  - NEED TO INVOLVE AND MOBILIZE MANY OTHERS IN THE SECTOR
  - NEED TO BUILD A STRONG POLITICAL VOICE
- CANADA'S MENTAL HEALTH "SYSTEM" FRAGMENTED
  - EVOLVED DIFFERENTLY IN DIFFERENT JURISDICTIONS
  - INVOLVES HEALTH AND SOCIAL SERVICE AND NUMBER OF OTHER POLICY COMPONENTS
- DEFINING A NATIONAL ROLE
  - THAT RESPECTS JURISIDICIONAL POWERS WHILE ADDRESSING THE REAL ISSUES
- COMPETING PRIORITIES ON THE HEALTH AND SOCIAL POLICY AGENDAS

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## WHY NOW ?– why does CAMIMH think it has a case? (1)

- CANADA LAGS BEHIND OTHER WESTERN COUNTRIES
- SIGNIFICANT POTENTIAL IMPACT ON POPULATION HEALTH (SEE SLIDES ON SOME INDICATORS)

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## WHY NOW ?

- a public health issue & social burden (1a)

- \* MI affects 20% of the population (adults and children).
  - Most common = anxiety, mood and substance abuse disorders. Rates of suicide & substance abuse in some rural & remote areas among highest in the world
  - 3% of Canadians affected by severe illnesses with profound and persistent disablement
- \* Results in profound burden (suffering, disability, hospitalization, 4000 suicides per year)
  - 10.5% of total burden of human disease attributed to mental illnesses; 3<sup>rd</sup> highest (Infectious 1<sup>st</sup>, injuries at 11.% is second)
  - Of the 10 leading causes of disability, 5 are mental illnesses
  - Costs of Schizophrenia alone – 2.3 B in 1996
- \* Broader burden – prisons, homelessness, family caregivers, lost lives, meaningful role in civil society, etc. (source: Goldner, et al 2001)

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## WHY NOW ?

- A social policy concern (1b)

- \* A matter of social values: How we treat mentally ill reflects on society as a whole – persistence of stigma must be broken
- \* An economic issue: Impact of lack of positive mental health and of appropriate or timely diagnosis and treatment becoming increasingly understood by industry
  - Advocates emerging from industry (*Global Business and Economic Roundtable on Mental Health and Addiction*)
  - MI among the most costly of all conditions – estimates include 14.4 B & 14 % of Corporate Canada's net operating profits
  - By 2020, depression leading cause of disability

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## WHY NOW ?

— *Consider impact on health care system (1c)*

- Cost of not putting in place the policies and programs research recommends: of inappropriately or inadequately diagnosed & treated mental illness? of late intervention?
- Is system able to handle burgeoning cases of dementia as population ages?
- Direct cost of one attempted suicide? Of preventable hospitalizations?
- Disconnects between mental health & primary care reform: 25% of patients visiting family physicians have diagnosable mental illness.
- Opportunity costs of lack of comprehensive efforts on prevention and promotion of positive mental health, of inadequate social supports, etc.

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## WHY NOW – why does CAMIMH think it has a case? (2)

- **MAJOR HEALTH AREA IGNORED FOR TOO LONG**
  - HALL COMMISSION REPORTED IN THE EARLY 60'S:
    - *OF ALL THE PROBLEMS PRESENTED BY THE COMMISSION, THAT WHICH REFLECTS THE GREATEST PUBLIC CONCERN, APART FROM THE FINANCING OF HEALTH SERVICES, GENERALLY IS MENTAL ILLNESS...*
- **FEDERAL PRESENCE DIMINISHED TO LOWEST POSSIBLE LEVEL**
- **NEED FOR TARGETED INTER-JURISDICTIONAL COLLABORATION TO ADDRESS GOALS FOR THE COUNTRY**

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## WHY NOW? NEW OPPORTUNITIES FOR BUILDING A NATIONAL ACTION PLAN (3)

- FOR NATIONAL LEADERSHIP & INTERJURISDICTIONAL COLLABORATION
  - SOCIAL UNION FRAMEWORK
  - MOST RECENTLY, AGREEMENT ON RENEWED INVESTMENT IN HEALTH
- CONSUMER-FAMILY VOICE STRENGTHENING – NGO SECTOR COALESCING
- SPEECH FROM THE THRONE TAGGED MENTAL HEALTH PROMOTION AS AN EMERGING PRIORITY
  - NEW HOPE THAT FEDERAL GOVERNMENT IS LISTENING

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## SUGGESTED FRAMEWORK FOR THE ACTION PLAN -- 4 AREAS

- PUBLIC EDUCATION & AWARENESS
- RESEARCH
- INFORMATION - REPORTING SYSTEM
- NATIONAL POLICY FRAMEWORK
  - *FIRST 3 = CLEAR FEDERAL ROLES*
  - *FOURTH = TO FIND A WAY TO GET AT CORE DELIVERY & FRONT LINE ISSUES, I.E. PROVINCIAL RESPONSIBILITY RECOGNIZED BUT FRAMED FOR LEGITIMATE NATIONAL - CROSS JURISDICTIONAL COLLABORATIVE ROLES*

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Scope: Federal-national approach must be inclusive, effective, and comprehensive

CAMIMH's Call for Action argues that we need a national strategy that both **PROMOTES POSITIVE MENTAL HEALTH** AND **TARGETS MENTAL ILLNESS** through a 4-point action plan that:

- Targets stigma and the need for information about positive mental health via public awareness and information
- Significantly builds mental illness and mental health research capacity in Canada
- Ensures mental illness and mental health are considered in every policy area -- beyond the health care system and also provides a framework to address - via national goals and strategies - front line-service issues from self help to human resources
- Undertakes to systematically gather, track and report on the state of mental illness and mental health in Canada.

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## ON PUBLIC EDUCATION & AWARENESS - main targets

- **REDUCE STIGMA**
  - AWARENESS BUILDING STRATEGIES
- **BETTER UNDERSTANDING ABOUT EFFECTIVE PRACTICES AROUND MENTAL ILLNESS SERVICES & PROGRAMS**

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## ON RESEARCH - main targets

- NATIONAL RESEARCH AGENDA
- PROMOTE MORE RESEARCH FUNDING
- BUILD A VOLUNTARY RESEARCH FUND RAISING CAPACITY
- SUPPORTIVE ENVIRONMENT FOR RESEARCHERS
- ENCOURAGE MORE RESEARCHERS IN THIS FIELD
- RESEARCH INFORMS POLICY
- CONSUMERS AND OTHERS INVOLVED IN KNOWLEDGE DEVELOPMENT & DISSEMINATION

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## ON NATIONAL INFORMATION SYSTEM - main targets

- NATIONAL INFO COLLECTION SYSTEM
  - BENCHMARKS FOR DATA COLLECTION WITH PRIVACY PROTECTIONS
  - FRAMEWORK FOR DATA COLLECTION ACROSS JURISDICTIONS
- REPORT CARDS - SNAP SHOTS

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## ON A NATIONAL – INTERJURISDICTIONAL POLICY FRAMEWORK - 7 goals

- 1. CONSIDER MENTAL ILLNESS/HEALTH IN ALL FEDERAL POLICIES
- 2. GET AGREEMENT ON NATIONAL GUIDELINES & BENCHMARKS: FOR MENTAL ILLNESS CARE & SUPPORT SYSTEM & FOR MENTAL HEALTH PROMOTION
- 3. PROMOTE - FACILITATE INTEGRATION & COLLABORATION ACROSS & WITHIN FRONT LINE SERVICE COMPONENTS

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## POLICY FRAMEWORK - 7 goals

- 4. INCREASE CONSUMER & FAMILY PARTICIPATION IN NATIONAL POLICY DEVELOPMENT
- 5. PROMOTE SELF HELP
- 6. SUPPORT INNOVATIVE MODELS: HELP IMPLEMENT NEW KNOWLEDGE ON GROUND: BASED ON BEST PRACTICES, PILOT, TEST & SHARE INFO ON NEW MODELS OF SERVICE DELIVERY
- 7. DEVELOP NATIONAL HUMAN RESOURCE PLAN

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**Besides adopting a national approach for Canada, CAMIMH is asking Health Canada to place more visibility and attention on mental illness and mental health internally by:**

- Consolidating its own activities at a senior level for more focus & accountability, by establishing a national secretariat or bureau for MIMH
- Facilitating interdepartmental linkages & collaboration to address the many facets of the issues that fall outside of department's own mandate (such as justice, prisons, new Canadians, armed forces) & to encompass social policies beyond health meaningfully
- Ensuring citizen engagement in the development of policies relating to mental illness and mental health – such as by supporting grass roots initiated consultations on a national approach and through the creation of an ongoing advisory council or roundtable
- Moving forward immediately on implementing a few doable, federally- oriented, initiatives suggested within our framework: surveillance system, public education strategies, "Quick Wins"

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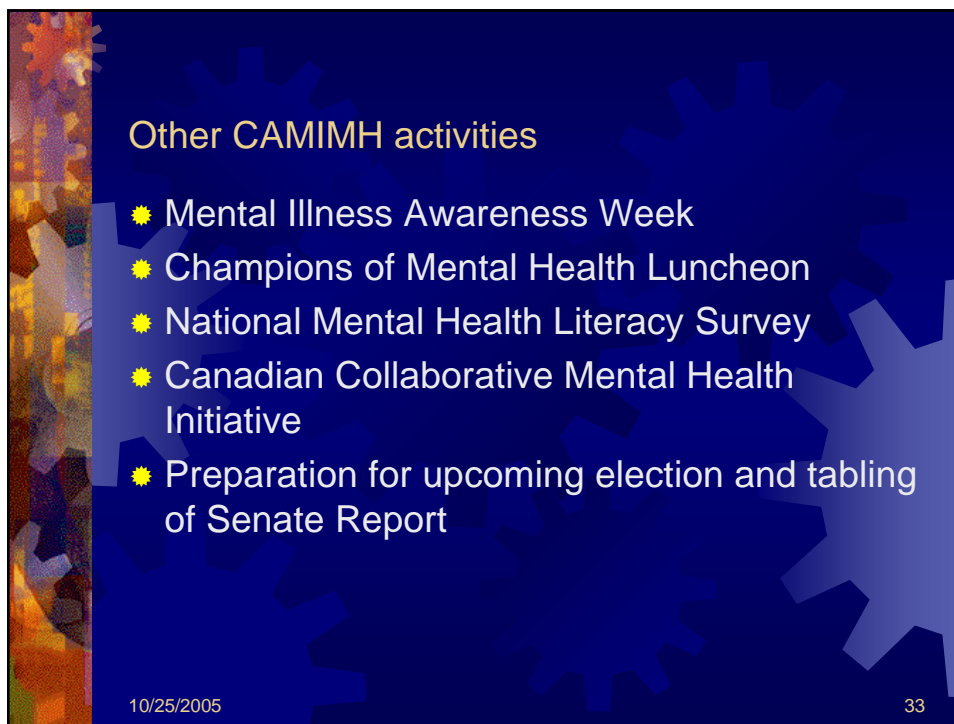
**CURRENT NEXT STEPS –**

- Sustainable resourcing - support
- Expanded membership
- Influencing relevant federal health decision areas (Kirby, Health Canada in light of Romanow, Statistics Canada, HRDC, Finance, etc)

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Other CAMIMH activities

- Mental Illness Awareness Week
- Champions of Mental Health Luncheon
- National Mental Health Literacy Survey
- Canadian Collaborative Mental Health Initiative
- Preparation for upcoming election and tabling of Senate Report

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