

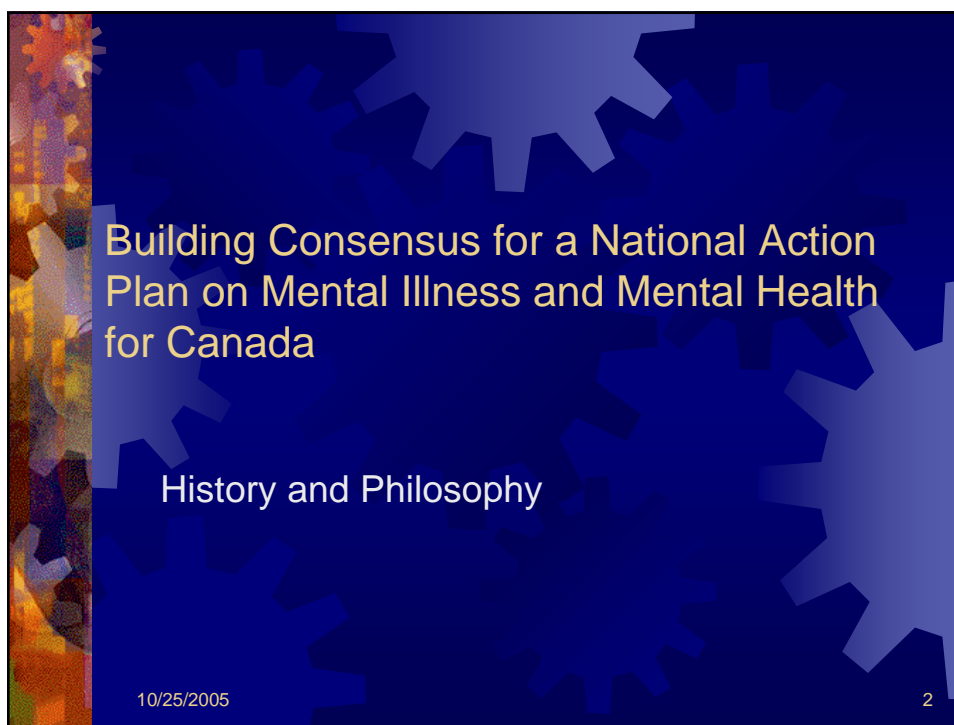
The Canadian Alliance on
Mental Illness and Mental Health

Lessons in Consensus Building

Canadian Mental Health Association National
Conference – September 24, 2005

Phil Upshall, National Executive Director
Canadian Alliance on Mental Illness and
Mental Health

10/25/2005 1



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

History and Philosophy

10/25/2005 2

Objectives

Understanding of:

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

10/25/2005 3

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**

10/25/2005 4

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

10/25/2005
5

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

10/25/2005
6

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

10/25/2005

7

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

10/25/2005

8

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

10/25/2005 9

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.

10/25/2005 10

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

10/25/2005 11

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?

10/25/2005 12

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.

10/25/2005 13

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

10/25/2005 14

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

10/25/2005 15

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

10/25/2005 16

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

10/25/2005 17

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)

10/25/2005 18

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; 3rd highest (Infectious 1st, 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)

10/25/2005 19

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

10/25/2005 20

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.

10/25/2005 21

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**

10/25/2005 22

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

10/25/2005 23

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*

10/25/2005 24

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.

10/25/2005

25

ON PUBLIC EDUCATION & AWARENESS - main targets

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

10/25/2005

26

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

10/25/2005 27

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

10/25/2005 28

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

10/25/2005 29

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

10/25/2005 30

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"

10/25/2005

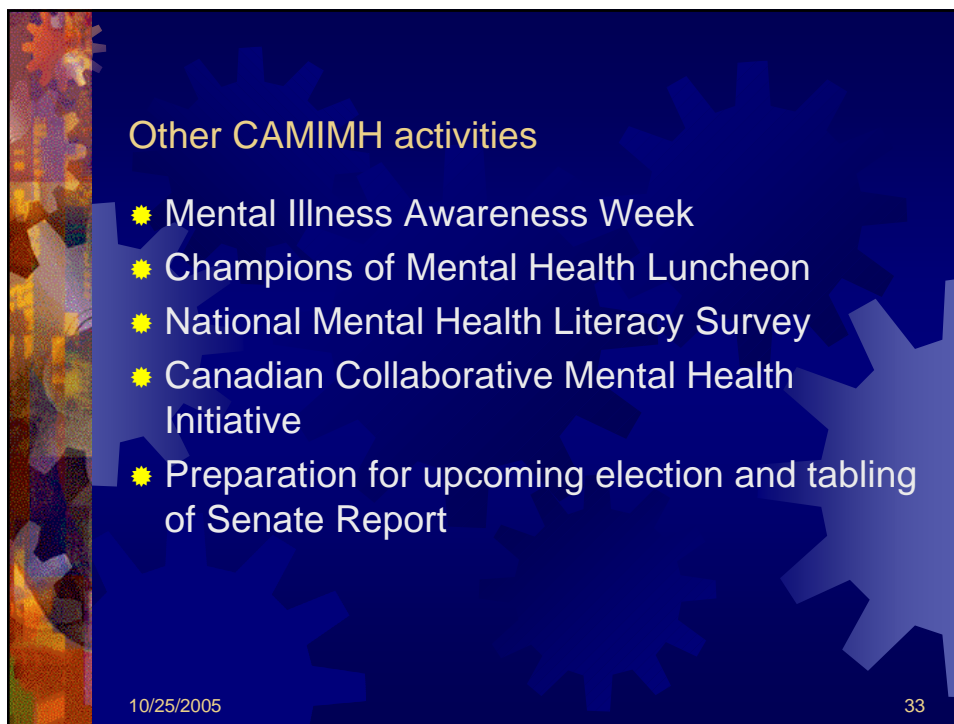
31

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)

10/25/2005

32



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

10/25/2005 33