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Happenings

The Mental Health Commission of Canada Is Three Years Old: An Update and Reflection

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The Mental Health Commission of Canada (MHCC) came formally into existence in September 2007, created by the federal government as a not-for-profit national corporation at arm's length from Health Canada, its principal funder. Recommendations for the creation of such an organization were embedded in the Senate Standing Committee on Social Affairs, Science and Technology's report on mental health in Canada, titled *Out of the Shadows at Last*. This publication, reporting on the most comprehensive study of mental health in Canada in many decades, brought together, among other findings, what many people with lived experience of mental illness, family members, health-care providers, social service agencies, and researchers already knew — that Canada lacks an integrated system of care and a national strategy on mental health and mental illness and that the burden of stigma and discrimination is overwhelming.

The MHCC was given funding and a mandate to engage in three principal tasks over the course of 10 years: (1) develop a national mental health strategy (Canada is the only G8 nation that lacks one); (2) develop, implement, and evaluate a sustained and multidimensional anti-stigma, anti-discrimination campaign (Canada is far behind other Western nations in this regard); and (3) create a national and virtual knowledge exchange centre (leveraging technology to overcome Canadian geography and to take advantage of our highly wired status as a nation, providing both a single portal of entry and a filter for quality of information). At the same time, the MHCC does not provide direct clinical services and does not monitor government performance. It does not do direct advocacy with government. It exists outside the federal/provincial/territorial constitutional framework of health, acting as a catalyst and collaborator at multiple levels.

After countrywide consultations, a framework document on the high-level goals of a national strategy was released in December 2009, and it has already had an impact on provincial government planning. The next phase of the national strategy relates to implementation and will produce results by 2012.

The anti-stigma initiative, academically informed by Professor Heather Stuart of Queen's University, an international authority in this area, is currently evaluating more than 40 programs in Canada judged by an international panel as worthy of further scrutiny and dissemination. Rather than being a universal campaign, the current phase of the anti-stigma efforts is targeted towards attitudes and behaviours of children, youth, and health professionals. Changing the attitudes and behaviours of young people can lead to a more enduring benefit, and the MHCC has heard repeatedly that one of the areas where people with mental illnesses most commonly experience stigma is health-care settings — offices, emergency rooms, inpatient units, and so forth — from a variety of health professionals.

The knowledge exchange project has developed more slowly; there has been trepidation around the potential for duplication, the rapidly advancing pace of Web technology, and the potential for information technology to consume significant financial resources (as is the case in electronic health records).

The MHCC board composition reflects its values. Government appointees form the minority of members and are largely deputy ministers of health from the three levels of government (federal, provincial, and territorial). Non-government appointees represent a range of constituencies and competencies, with particular emphasis on people with lived experience of mental illness, family members, and health professionals from a variety of disciplines. The MHCC's president and CEO, Louise Bradley, is a highly regarded psychiatric nurse and seasoned administrator.

The MHCC's eight Advisory Committees (Science; Children and Youth; Seniors; Workforce; Family Caregivers; Service System; Mental Health and the Law; and First Nations, Inuit, and Métis) reflect organizational priorities and include academic experts from across the country as well as people with lived experience and family members. The Advisory Committees have already generated 25 important MHCC-funded research projects, many of which are now nearing completion. Details of these and all other MHCC initiatives and activities are available on the MHCC Web site (www.mentalhealthcommission.ca).

Since 2007, the MHCC has taken on two additional projects: the At Home/Chez Soi Project on homelessness and mental illness, and the

creation of a social movement called Partners for Mental Health. Both of these bear elaboration.

The At Home Project received a grant of $110 million from Health Canada to conduct action research on homelessness and mental illness in five Canadian cities — Vancouver, Winnipeg, Toronto, Montreal, and Moncton — each of which faces its own contextual problems related to homelessness. This study, which will run to 2013, will involve more than 2,000 participants who will take part in a randomized design comparing a "housing first" approach with treatment as usual, with further experimental variations adapted to the local context of each city. Hundreds of individuals have already been enrolled and housed. This is the largest experimental-design research project on homelessness and mental illness in the world, and European countries are already looking to the model for replication. In each city, new collaborations have been forged among health-care providers, social service agencies, housing operators, and others to make this project a success. The At Home Project reflects the catalytic ability of the MHCC across many dimensions — in receiving a substantial grant from the federal government to implement a five-city research design academically led by a senior nurse scholar, Paula Goering, in rapidly coalescing consortia to deliver the housing and clinical services, and in ensuring that appropriate quantitative and qualitative measures will advance knowledge and ultimately care and quality of life for affected individuals. For a national organization that did not exist just 3 years ago, this project alone reflects vertical take-off.

Our country has seen many initiatives come and go. The question of sustainability must be considered at the beginning, not simply at the end. In that regard, the MHCC has committed to fostering a social movement that will endure long beyond its own mandate and will keep mental health and mental illness "out of the shadows" forever. One of the lessons learned from breast cancer, HIV, and other health and political causes is that broad-based social movements strong on advocacy and community education can have a profound impact in raising awareness, enhancing clinical services, and augmenting research funding. We at the MHCC also believe that this is a superb opportunity to provide anti-stigma programming in a local context. The Partners for Mental Health Program will be launched in the next 12 months and will engage Canadians coast to coast to coast.

In its 3 short years, the MHCC has gone from a full-time staff of two people to over 60 full-time equivalents; it has secured 10 years of operational funding and additional money for the homelessness initiative; it has opened national offices in Calgary and Ottawa. It is collaborating with other mental health commissions internationally as well as with all levels

of government and a variety of mental health and professional organizations. It is on the cusp of a major campaign to engage all Canadians.

Expectations are high. At the same time, in the words of one of the MHCC Advisory Committee chairs, we cannot expect to "boil the ocean" in solving all the problems of the determinants of mental health and illness. The opportunity is unprecedented. Despite the constitutional reality of responsibility for health care, the response from all levels of government to the MHCC's mission has been very positive and the recent priority placed on mental health is encouraging. The challenge relates to resource allocation, competing priorities, and shifting professional and public attitudes and behaviours.

For Canadian health professionals, the question is not *What will the MHCC do for me in helping people with mental illness?* but, rather, *How can I contribute to and take part in the work of the MHCC?* The mission is clear: to promote mental health in Canada, to change the attitudes of Canadians towards mental health problems and mental illness, and to work with stakeholders to improve mental health services and supports. The task is huge, but the status quo is unacceptable.

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