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‘Out of the Shadows’ Redux

CONTEXT AND INTRODUCTION

Since the release of the final report of the Standing Senate Committee on Social Affairs, Science and Technology in 2006: *Out of the Shadows at Last - Transforming Mental Health, Mental Illness and Addiction Services in Canada*, there have been significant positive developments. The report’s recommendation for a Mental Health Commission has been implemented, and this body is now poised to begin planning a national mental health strategy for Canada as one of its three key initiatives. Now that the agenda is moving forward, the Canadian Mental Health Association, National Office (CMHA) has gone back for another look at the final Senate Committee report, but this time through a different lens, to determine how it can best serve the process of developing a national strategy.

The CMHA has already joined the national dialogue. In the past year, we submitted position papers to the Commission on its other key initiatives, Knowledge Exchange and Anti-stigma, as well as a third paper on Mental Health Promotion as a recommended foundation for all the Commission’s work. That process has informed this latest paper, which offers new qualitative analyses and recommendations to help build a bridge from *Out of the Shadows* to a blueprint for a national strategy, using CMHA’s **Framework for Support** model as a foundation.

Our positive first impressions haven’t changed. We support both the spirit and basic direction of the report. People’s own words give it credibility, and its vision for recovery, with pillars of choice, community, and integration, resonates powerfully with CMHA’s own vision. The chapters of the report cover many components that need to be addressed in a reformed system. However, to be an effective tool for building a national strategy, the report’s components need a more coherent integration, and that is the focus of this paper.

What is missing from this analysis

The proposals that follow take their cue from *Out of the Shadows* in focusing on mental illness and addictions issues, with the emphasis on mental illness. They are based on CMHA’s Framework for Support model for people with mental illness (page 2) which articulates the range of formal services and informal supports that should be available in community. But there are two dimensions outside the scope of this paper that will need to be addressed separately.

First of all, it will be important to explore the formal service dimension in more detail, and, in particular, to create a policy framework that can serve as a guide for developing a transformed, integrated, recovery-oriented service system. Fundamental policy questions, such as whether mental health services are consistent with the principles of the Canada Health Act, and how public services are delivered, also need to be carefully considered. CMHA is currently

examining these issues, and will be preparing a follow-up discussion paper for the Commission's consideration. Secondly, there needs to be more clarity around the scope of the Commission's interests: the whole population, or just those with mental illness and mental health problems? CMHA believes the benefits of mental health promotion should be available to all Canadians, and, as a future step, would be pleased to work with the Commission in exploring the ways a national strategy can encompass the mental health needs of the broad population.

CMHA Framework for Support

The Framework for Support's Community Resource Base (CRB, below) provides a foundation for this current discussion. By rethinking the traditional approach to mental health policy and service development and the many factors that impact people's lives besides mental health services, it introduces a more comprehensive notion of what policy should seek to influence. While fully recognizing the importance of mental health services for those with mental illness, the Framework goes further to include the roles of families and friends, generic services and supports, and people with mental illness themselves, supporting one another or working together on their own behalf. It also acknowledges determinants of health: housing, education, income and work – some fundamental elements of community to which everyone should have access. Taken together, these components comprise the various elements that people with mental illness need in order to live a full life in the community and maximize their potential for recovery.



In this paper, CMHA starts the discussion of bridging from *Out of the Shadows* to a national strategy by proposing components of a more coherent approach that:

1. uses the recovery vision in *Out of the Shadows* as a unifying thread to connect all the pieces, and
2. develops a theoretical framework that distinguishes services and supports throughout the document, highlighting determinants of health and other community-based approaches (such as the role of NGOs) outside the realm of formal government services.

We present these key recommendations below, along with examples of related gaps in the *Out of the Shadows* report, and some specific suggestions for action.

RECOMMENDATION 1: Weave the recovery vision through all the components of the strategy

Out of the Shadows talks about many programs that contribute to recovery; helping people find employment, deal with medications, or support their peers are some examples. But recovery is about more than programs, and even more than policy. It entails an underlying mindset that supports people's need for hope, their capacities to help themselves and each other, and their ability to change, grow, and determine their own destiny. This spirit should be the starting point, to guide the process of building a strategy. It must explicitly underpin the strategy and all its components.

1.1 Begin by exploring the different sources of knowledge

Out of the Shadows was brought to life by quotes from a variety of perspectives, including experiential, cultural, traditional, and community knowledge. But it does not always draw on these perspectives in its analysis and conclusions. A broad knowledge base grounding the entire discussion would keep it better aligned with the recovery vision, through personal insights into recovery, and identification of creative approaches that may be operating under the radar. Ultimately, bringing together different kinds of knowledge can lead to a transformed understanding of mental health and mental illness, as a foundation for a recovery-based system that meets the needs of the people it serves.

Out of the Shadows Example of a Specific Gap: Chapter 11, Research

The research discussion in *Out of the Shadows* was limited mainly to medical/clinical perspectives. If, instead of research, the starting point were the question of how to develop mental health knowledge from a variety of sources, it would have captured some key missing issues. These include how various kinds of knowledge might be viewed as legitimate within the academic community, how to support the development, translation, and exchange of this wide range of knowledge, the need for flexibility around academic credentials and community partnerships with universities, or diverse strategies for knowledge translation for a range of audiences.

1.2 Build on Mental Health Promotion to articulate the recovery vision

The report provides a good discussion of recovery and its pillars, but mental health promotion, an important piece of the picture of recovery, is missing from the vision. Although mental health promotion is well defined in the report, it is positioned as a minor separate category on the margins of the discussion, and described mainly in terms of two key elements: public education and determinants of health. The problem with reducing it this way, and minimizing the importance of determinants of health by focusing on a dearth of evidence, is that we are squandering an opportunity for effective strategic action on mental health. If the Commission continues to understand the complex concept of mental health promotion in such a limited way, we will lose its vast potential to inform the full scope of a national strategy.

In fact, mental health promotion offers a framework that supports self-determination and participation, is consistent with recovery, and relevant to all the goals of a national strategy. It directly responds to what people have been saying about the importance of the social

determinants of health to their quality of life, and the need for initiatives in the service system, and beyond, that strengthen protective factors, resilience, and the potential for quality of life. It is also not difficult to act on; voluntary sector and public organizations, when adequately resourced, can influence the social determinants of mental health, promote peer support, and facilitate inclusion in community. Mental health promotion principles can help to decrease stigma, support recovery, and ensure that approaches taken will enhance the assets and strengths of individuals and communities. They should be an integral part of a sustained overarching vision for a national strategy, and incorporated throughout all its steps.

***Out of the Shadows* Example of Specific Gap: Chapter 10, Peer Support**

Peer support is a critical mental health promotion resource, and its inclusion in *Out of the Shadows* makes an important statement. But a more consistent focus on promotion will enrich the analysis by adding the value of reciprocity. Much of the “magic” of self-help comes from the ability of people who are usually recipients of services to assume the helper role, using their strengths and capacities to help others. It is a critical step on the road to recovery, and important to include when incorporating self-help and peer support into a national strategy.

1.3 Define the problem and the solution in the context of the recovery vision

To be consistent with the recovery vision and maintain it throughout the planning of a national strategy, *Out of the Shadows* needs to recognize the lack of effective, recovery-oriented policy and practice across the country as the central problem. It currently states the problem in terms of the institutional/community dichotomy, and the need for completing the shift from an institutional to a stronger community-based system to deal with mental illness and addiction. The solution is seen in terms of mechanisms (the Commission and Transition Fund) for making this transition.

Both a stronger system and the mechanisms for getting there are certainly needed, but if recovery is the desired end point, a hospital vs. community perspective is the wrong frame. Recovery transcends the locus of care; regardless of setting, services and supports can be provided in a way that connects people to the natural community, values their choices and believes in their strengths. In fact, many hospitals or mental health centres (as well as community services) would now say they support a recovery focus. The issue is: how is it translating into action? More specifically, how is the principle implemented in policy, process, and accountability?

Much of the evidence in *Out of the Shadows* suggests the recovery concept is generally not well understood across the board, and far from being universally applied. Addressing that problem requires a shift in policy and practice to more inclusive, empowering approaches in a reformed system, and mechanisms that draw on the collective wisdom of diverse perspectives to facilitate this shift. The re-framed problem and solution need not affect the basic content of the current report – many of the elements are already present. Rather, the re-framed approach would provide a foundational philosophical framework grounded in a mental health and recovery perspective. This in turn would play a critical role in defining the policies that are the basis for implementation.

RECOMMENDATION 2: Create a theoretical framework for distinguishing formal services and approaches that operate outside the service system

If the national strategy aims to create a comprehensive system focused on recovery, it will follow the lead of *Out of the Shadows* in including both formal services and supports that are outside the service system. But it will have to make the distinctions clearer, and take a more comprehensive view of supports. With its focus on system reform and formal government services, *Out of the Shadows* has overlooked the significant role of NGOs or generic community resources (such as interest or faith-based groups) that are not part of the mental health service system. Some of these resources are not in the report at all, others are subsumed under government services, and there is nowhere to find a unified and coherent discussion of the social determinants of health (such as housing, income, education, employment, peer support) outside the context of the formal service system. CMHA's *Framework for Support* model, a comprehensive exploration of services and supports and the differences between them, can help inform the development of a theoretical framework to anchor the discussion.

2.1 Apply the framework to distinct services and supports in particular topic areas

Once the differences in these approaches and their unique functions are articulated, they can be organized more systematically throughout all the topic areas. For example, housing is often addressed in the report within a service context, without explicit acknowledgment of the many approaches to housing that operate outside the formal service system. In fact, family and friends as well as non-mental health community organizations and groups may all play a role in enhancing the range of housing options or directly helping people to find and keep shelter. A theoretical framework would serve to distinguish the different approaches to these issues so that they are clearly identified in a consistent way throughout the report.

Out of the Shadows Example of Specific Gap: Chapter 8, Employment

This chapter discusses employment exclusively in the context of formal employment services. As a result, supports such as workplace accommodations and employer awareness are seen as components of the service system, when in fact they are not services delivered by professional providers. Rather, these functions are often delivered by NGOs and almost always located in the community, where there is the potential for employers and community organizations to collaborate with formal services, individuals, and their families, in creating a more caring environment. Consideration of the community perspective in the context of employment would address not only psychosocial rehabilitation services, but also the role of community partners, such as the voluntary sector, in engaging employers in hiring people with mental health problems.

2.2 Apply the framework to a separate analysis of approaches outside the service system

Because many mental health issues, such as stigma and exclusion, have their roots in community processes, community approaches besides formal services are needed. These are included in *Out of the Shadows*, but, with few clear distinctions from services, their significance gets lost in the mix. A separate discussion of non-service approaches, informed by a theoretical framework, is needed. It could highlight their potential, capture any that may not fit into one of the chapters,

and begin exploring ways to integrate such approaches within a comprehensive system of formal services and community supports.

Elements of many of the topics in *Out of the Shadows* could be included in this kind of discussion. For example, it could explore families' key role as an essential resource for their family member and for one another, and ways for recognizing and integrating this role into the system. Similarly, housing, employment, income security and peer support, determinants of health for people with mental illness as well as the entire population, are addressed in the report, but as separate issues. There also needs to be a place for a comprehensive look at determinants of health in general, and a critical analysis of the growing pool of literature in this area in order to evaluate the evidence.

Anecdotal evidence from CMHA about determinants of health

In its Citizens for Mental Health project (2003), CMHA consulted with over 400 voluntary health and social organizations within and outside the mental health sector to learn about the mental health issues of significance to the communities they work with. The results from this wide variety of sources revealed a surprising consensus. Overwhelmingly, people regarded the determinants of health as issues directly affecting mental health, with housing and income as the most pressing.

Generic community groups and organizations such as YMCAs, service clubs, religious and faith-based groups, interest clubs, all help people connect to mainstream work, leisure, housing and education outside an explicit mental health context. They are not acknowledged in *Out of the Shadows*, yet we know that with adequate resources they can be critical partners in creating meaningful solutions for people with mental illness. By promoting and modeling inclusion, they are also powerful tools in the efforts to combat stigma. Not only should their potential for helping people connect to community and move toward recovery be explored, but strategies for these various kinds of community resources to connect with one another and with the formal service system in order for a systemic and seamless system to be in place will need to be clearly delineated.

Conclusion: toward a system approach

A clear articulation of the vision and its components is a necessary precursor to mapping the parts into a coherent mental health system of services and supports. A policy framework will be needed to provide clear direction for this initiative, and this will be explored in a future paper. In general, and consistent with *Out of the Shadows*, CMHA sees the reformed system centred on the goal of mental health and recovery, with internal linkages that connect community action and formal services, and external links to broader health and social services systems. As an organization with a long and proud history advocating for a strong community system, CMHA is clear that the strategy should be based in communities. Nevertheless, we would not position it in opposition to hospitals, which increasingly place themselves on the full continuum of service delivery, and should be engaged as partners in our efforts.

***Out of the Shadows* Specific Gap: Chapter 5, Toward a Transformed Delivery System**

The *Out of the Shadows* report sets the stage for a mapping exercise by calling attention to a transformed delivery system. It discusses the important and complex issue of integration, but frames the transformation in terms of completing the shift from hospital to community services. CMHA believes the key to transformation lies in focusing on *how* services should be delivered: in an integrated, collaborative manner that supports mental health, resilience and recovery.

The *Out of the Shadows* report and the formation of the Mental Health Commission of Canada have brought stakeholders in the Canadian mental health field to an exciting point. There is finally the real potential to make a difference: the possibility of a national mental health strategy that will create an integrated system of services and supports to help people build on their own strengths, access determinants of health, and participate in the community. Now that we know change can happen, CMHA looks forward to a continuing dialogue with the Mental Health Commission of Canada to help turn this dream into a reality.

Resource Materials from CMHA:

- Position papers on Mental Health Promotion, Stigma, and Knowledge Exchange, 2007 (Available on CMHA website)
- A Framework for Support, third edition, 2004
http://www.marketingisland.com/mi/tmm/en/cataloguemanager/CMHA/CMHA_Framework3rdEd_EN.pdf
- Mental Health Priorities of the Voluntary Sector, 2003
http://www.marketingisland.com/mi/tmm/en/cataloguemanager/CMHA/CMHA_citizens_report_EN.pdf