



CITIZENS FOR
MENTAL HEALTH

Mental Health Priorities
of the Voluntary Sector:
**Development of a
Framework for Action**



CANADIAN MENTAL
HEALTH ASSOCIATION

L'ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

Acknowledgements



CITIZENS FOR
MENTAL HEALTH

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The views expressed herein do not necessarily represent the official policies of Health Canada.

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REPORT SUMMARY

THE ENCOMPASSING IDEALS: TRANSFORMATION, INCLUSION AND ACTION

At the local forums, through regional and national synthesis meetings, much of the discussion focused on ideas of transformation, inclusion and action:

- Transformation of traditional relationships, systems and ways of “doing business” is seen as an essential pre-requisite for necessary change – this includes the need for new ways of connecting and working cooperatively interdepartmentally, interjurisdictionally and intersectorally; also the transformation of social and health systems so that they are more non-discriminatory, accessible, equitable
- The transformed system is then better equipped to be inclusionary in its attitudes, processes and products
- Finally, action is needed now; there is much cynicism and weariness regarding processes such as these; talk is cheap.

GUIDING VALUES AND PRINCIPLES UNDERPINNING THE FRAMEWORK

- **Value mental health** as much as physical health
- Develop the political will to **break down barriers** within government – among departments at the federal level; jurisdictionally between federal and provincial governments and municipal levels as required and appropriate
- **Work collaboratively** with all partners: various levels of government, voluntary sector organizations, private interests
- **Support community capacity and individual empowerment** and promote the development of caring communities by providing appropriate resources and tools for knowledge and skill development; acknowledge the value of experience and expertise at the community level
- Acknowledge and support the key role of basic necessities of life such as **housing and sufficient income** in supporting the (mental) health needs of the population and the prevention of (mental) health problems
- Ensure **equitable access** to appropriate housing, training and education, employment opportunity, and health services as a basic right
- **Maximize consumer engagement** in policy and planning process, and development and delivery of programs and services
- **Respect diversity** in the development and provision of appropriate programs and services; consideration to include consumer status, gender, life stage, race, ethnocultural uniqueness, resident status, urban/rural and regional needs
- **Work against stigma** through all policy and program areas
- **Ensure non-discriminatory policy and practices**; ensure that all government policies and practices comply with international standards of human rights
- **Provide adequate and sustained funding** to make it all work.

CALL FOR A NATIONAL STRATEGY ON MENTAL ILLNESS AND MENTAL HEALTH

The main overall proposal that emerged throughout the consultations was a call for a national strategy, consistent with the message in the Canadian Alliance on Mental Illness and Mental Health's (CAMIMH) *Call for Action*. The following proposals constitute a policy framework that can help to guide such a strategy. Note that these proposals do not in any way reflect all of the ideas that came forward in the consultation, but represent broad recommendations encompassing key principles from the discussion.

KEY COMPONENTS OF A MENTAL HEALTH POLICY FRAMEWORK

It is recommended that the federal government, in conjunction with the provinces and territories, work in the following areas to address the mental health needs of Canada's population.

Housing

- In recognition of the fact that housing is an essential pre-requisite for health, work with provincial and municipal partners to develop and lead a comprehensive, long term pan-Canadian housing strategy that will ensure a continuum of affordable housing options
- Ensure that a national housing policy has the capacity to meet a continuum of needs, including those of our most vulnerable populations, such as people with mental illness; take into account the need for respite, emergency care and home care supports.

Criminal Justice

- Recognize that mental illness and addictions are health issues, not criminal issues. The federal government should work with voluntary sector and other mental health stakeholders to ensure that preventive programs and alternatives to incarceration are priority strategies and adequate assessment, support and treatment exist at the community level
- In consultation with the provinces, develop pan-Canadian standards for assessment, sentencing and standards of care while incarcerated
- Create a national advocate's office, which should collaborate with provincial advocate offices to develop national standards for the delivery of advocacy and rights advice services.

Employment

- Ensure that every person has access to equal employment opportunity regardless of disability
- Develop and promote a workplace health strategy to create working conditions that support positive mental health including the creation and provision of appropriate accommodations for persons with mental illness
- Support consumer-run businesses with the help of, for example, subsidies
- Implement a national child care strategy.

Income

- Ensure an adequate minimum income level for all
- Harmonize income support programs and ensure an adequate minimum income for all persons, including those with mental illness
- Ensure that income programs are accompanied by incentives to work, rather than disincentives.

Culture

- Recognize and include Canada's many diverse populations in the development of mental health-related policy and programs
- Ensure that culturally and linguistically appropriate mental health services are available across Canada
- Ensure the availability of well-trained, culturally-sensitized professionals who also represent the varied cultures and communities of Canada.

Immigration/Settlement

- Recognize that immigration itself can be a mental health issue; special mental health needs exist for immigrant and refugee populations and mental health policy and programs are needed to support them
- To assist settlement of newcomers, recognize the need for and work to integrate immigration and settlement services with community-based mental health programs and services
- Work with health partners to ensure access to appropriate, specialized mental health services that address the experience of trauma and torture.

Mental Health Promotion

- Develop and promote mental health literacy to all communities across Canada
- Create and coordinate ongoing public awareness campaigns
- Develop and lead a national suicide prevention strategy in collaboration with other stakeholder groups
- Actively promote the participation of consumers of mental health services and their families in policy and program development and delivery.

Health Services

- Work with other levels of government and the voluntary sector to ensure that health services promote early detection and recovery from mental illness, and support community-based services that can assist consumers to live and thrive in their own communities
- Ensure that service development and delivery be appropriate to the needs of our diverse communities and be developed with their input, e.g. an Aboriginal mental health strategy and services, a strategy for immigrants and refugees, etc.
- Ensure equitable access to mental health services
- Develop a national health human resources strategy
- Promote and support best practices
- Support model programs.



FINAL PROJECT REPORT

INTRODUCTION

PREAMBLE

The Canadian Mental Health Association's (CMHA) *Citizens for Mental Health* project (2002-2004) was a voluntary sector consultation intended to build sector capacity to engage in national level mental health policy initiatives. As a means of capacity building, a national level policy framework was developed. The purpose of this report is to present the process and outcomes of the *Citizens for Mental Health* project, including final recommendations to the federal government regarding the key components of a policy framework necessary for the further evolution of a comprehensive national strategy on mental illness and mental health. Two other reports specifically required for evaluation purposes were earlier prepared and submitted to the funder.

In the end, *Citizens for Mental Health* has opened the door to new ways of approaching both problems and solutions related to the mental health and well-being of our many, diverse communities. It has created new understandings, new networks for action and new ideas for answers. And it has done so through a broad-based process involving over 400 voluntary sector stakeholders.

The *Citizens* consultative process was itself central to the project purpose of voluntary sector capacity building in the context of federal policy development. Given the focus on capacity building, the project did not attempt to write policy per se. Rather, voluntary sector stakeholders were invited to participate in the construction of a broad, federal level policy framework that could address the needs of those with mental illness and create a firm foundation for the promotion of mental health for all. In the end, both increased sector capacity and the emerging policy framework constituted interrelated outcomes of interest.

The key components of the emerging framework were governed in large part by the project's emphasis on the broad determinants of health and with it the participation of a wide range of voluntary organizations from within the mental health sector and beyond. Given this mix of interests, the framework's focus is largely outside the clinical or service system realms and, as a "determinants-based" framework, expands upon the directions set by the Canadian Alliance on Mental Illness and Mental Health's (CAMIMH) *Call for Action*.

This report presents a set of guiding principles and recommendations to the federal government intended to inform the development of mental health-related policy and practice and encourage further the cross-sectoral dialogue initiated through the *Citizens* process. It is an important next step forward in the development of a comprehensive national action strategy for mental illness and mental health, complementing the research and advocacy activities of CAMIMH and others.

The essence of the findings of the *Citizens* consultations might best be captured in the following three interdependent concepts: transformation, inclusion and action.

Participants were calling not just for a reformed system, but for a transformation of relationships and systems that can accommodate and value an inclusionary process that ultimately promotes concerted, meaningful action in the interests of the mental well-being of all Canadians.

PROJECT GOAL AND OBJECTIVES

Citizens for Mental Health was a two year project (2002-04) funded through Health Canada as part of the Sectoral Involvement in Departmental Policy Development (SIDPD), Voluntary Sector Initiative. SIDPD projects were focused specifically on strengthening the capacity of the voluntary sector by promoting the development of policy-related skills and collaboration in the policy process.

In keeping with the SIDPD mandate, the goal of the *Citizens for Mental Health* project was to:

- Strengthen the capacity of voluntary sector stakeholders for meaningful participation in national level policy initiatives by engaging them in the process of developing a mental health policy framework.

Thus, development of the policy framework was viewed as a means through which capacity of the sector could be strengthened, as well as constituting a meaningful end in itself.

Specific capacity-related objectives were to:

- Promote awareness and understanding of existing federal policy directions
- Create and strengthen voluntary sector alliances that can engage in the development of a vision for national-level policies that promote and support mental health
- Build networks and connections between the federal government and mental health stakeholders throughout Canada
- Develop strategies for sustaining the momentum of stakeholder participation and connections with the federal government.

Desired outcomes were to develop:

- A national mental health policy framework addressing the determinants of health
- Enhanced capacity of the voluntary sector to partner with the federal government in ongoing mental health policy initiatives.

CONTEXTS

There were multiple contexts informing the conception and implementation of the project. These contexts help to explain how the project made sense in its time and place. Several aspects of the strategic, political environment were conducive to the project's federal mental health policy focus. And several aspects of the conceptual context further directed the scope and content of the project.

The Strategic Context

CAMIMH

Since 2000, the Canadian Alliance on Mental Illness and Mental Health (founding groups: CMHA, Canadian Psychiatric Association, Mood Disorders Society of Canada, Schizophrenia Society of Canada and the National Network for Mental Health) has called for a national action strategy on mental illness and mental health with the help of its advocacy document, *A Call for Action*. It was anticipated that the *Citizens* project would build on this material in regard to possible federal government action, which could in turn inform CAMIMH's evolving agenda, so that the *Citizens* initiative and CAMIMH's agenda would be mutually reinforcing. CAMIMH continued to be an important piece of the context as the project unfolded. Meetings with CAMIMH throughout the project helped maintain the lines of communication and exchange of ideas.

Mental Health Summit

In early October 2002, the Canadian Psychiatric Association, Canadian Psychological Association and Canadian Medical Association held a “Summit” of CAMIMH and provider organizations to explore the potential for common goals and actions. The Summit resulted in considerable agreement about the need for national action on mental health, and the production of a consensus statement. The organizations at the Summit expressed a commitment to continue their efforts in support of a national action strategy. The fact that these provider groups as well as consumer organizations in CAMIMH were starting to promote the same messages about the need for national action lent further support to the directions set out by the *Citizens* project.

Standing Senate Committee on Science, Social Affairs, and Technology

The Standing Senate Committee on Science, Social Affairs, and Technology, chaired by Senator Michael Kirby, followed up its earlier consultations on Canada’s health care system with a special set of hearings on mental health during the time the *Citizens* project was occurring. Many submissions, including that of the Canadian Mental Health Association, followed the lead established by CAMIMH in its *Call for Action* by calling for a national action strategy on mental illness and mental health. CMHA drew on the emerging findings of the *Citizens* consultations to inform and illustrate its recommendations to this Committee. While the *Citizens* project did not relate directly to the work of the Committee, project participants noted that it represented an opportunity to ground the project’s findings in a political process.

The Conceptual Context

The Federal Sphere of Action

The federal policy context was in itself a significant frame for the project. For many, it represented a novel policy context, given the generally closer links between health-related programs and provincial/territorial jurisdiction. Many of the organizations consulted were not used to thinking of mental health policies at the federal level, though most were quickly able to make that shift.

Health Canada: Population Health and the Determinants of Health

Given Health Canada’s comprehensive population health approach to prevention and health promotion, the project identified the need to address the impact of the broad determinants of health on mental illness and mental health. The determinants of health include:

- Income, income distribution and social status
- Social support networks
- Education
- Employment and working conditions
- Social environments
- Physical environments
- Healthy child development
- Personal health practices
- Individual capacity and coping skills
- Biology and genetic endowment
- Health services
- Gender and culture.

In turn, this focus on the determinants helped to point the way to the inclusion of a broad spectrum of determinants-based, voluntary sector organizations in the consultation.

Further, addressing the broad determinants of health from a federal perspective demanded consideration of policy across a number of federal departments in addition to Health Canada. So, for instance, income security programs, settlement services and housing initiatives are areas in which federal level policies originating from a number of different departments can have significant effects on the mental health of our communities.

PROJECT PROCESS

NATIONAL AND REGIONAL COORDINATION

While the project was managed at the national level throughout its course, consultative activities were pursued through five regional sites that took responsibility for consulting with local groups and organizing a series of local and regional forums. The five CMHA provincial divisions that assumed regional lead positions through the work of regional coordinators were:

- Alberta (Alberta, BC and the Territories)
- Manitoba (Manitoba and Saskatchewan)
- Ontario
- Quebec
- New Brunswick (Atlantic provinces).

CONSULTATION MATERIALS: PARTICIPATORY GUIDE

One of the early challenges was to develop materials that could engage stakeholders in the project. To serve this end, a *Participatory Guide* was created.

The *Participatory Guide* served several functions and emerged as a useful resource through the entire life of the project. The *Guide* was designed to:

- Provide an introduction to the *Citizens* project
- Stimulate dialogue with voluntary sector stakeholders on the topic of mental health issues and the potential for action at the federal level.

The *Guide* provided a complete and concise overview of the project, including a description of the various contexts that informed project development and the project plans. It also included questions for readers to consider related to mental health. The two key questions posed were:

- What are the main factors affecting the mental health of the communities served by your organization?
- What should the federal government do to respond to these needs?

These guiding questions were deliberately open-ended in order to encourage the widest possible range of responses. To assist participants in thinking about the broader federal level action areas specific to (mental) health, the *Guide* built on CAMIMH's *Call for Action* to suggest possible areas of action: research; data collection and illness surveillance; public education; standards/guidelines/evaluation; model programs; and, legislation/regulatory mechanisms.

In the end, 7000 English and 1500 French *Participatory Guides* were printed and distributed prior to and during the project forum consultations. The *Guide* was also available to download from the *Citizens* web pages.

CONSULTATIONS: PHASE ONE

Over the course of several months, starting in November 2002, regional coordinators contacted a wide range of provincial and local voluntary organizations representing mental illness, mental health, and determinants-based interests. The purpose was to engage a broad range of stakeholders in the consultative process through electronic and telephone contact accompanied by widespread distribution of the *Participatory Guide*.

Early contact by regional coordinators was intended to:

- Collect information from a broad range/number of stakeholders regarding the mental health issues facing their communities
- Inform the development of additional consultation materials
- Assist in the identification of interested key informants for a series of face-to-face forums (Phase Two).

Over 700 groups and organizations received a copy of the *Participatory Guide*. Regional coordinators collected and summarized input from several hundred of these groups regarding their sense of key mental health issues.

Input from these groups helped to direct the development of a series of “backgrounders”, created to be generally informative and to provoke discussion at the upcoming forums. With feedback from contacts in relevant federal government departments, backgrounders were created on the following issues: Mental Illness in Canada, Mental Health, Housing and Homelessness, Framework for Support, Income Security, Immigrant & Refugee Mental Health, Home Care, The Social Union Framework, Justice, and Caregiver Support.

CONSULTATIONS: PHASE TWO

In the spring of 2003, each region conducted a series of full-day, face-to-face forums, involving a total of approximately 400 organizations. For the most part, each region held several local forums, followed by a regional synthesis forum, which drew its participants and content from the earlier local forums. Ontario pursued a somewhat different approach, convening a single group of participants over two sessions. Participants for the forum series in each region were selected in order to represent key informants from a wide range of constituencies. There were a total of 23 local and regional forums held.

Local Forums

The objectives of the local forums were to:

- Expand upon the foundation of mental health issues and ideas that emerged during Phase One
- Begin to determine possible federal level actions
- Provide opportunities for information exchange, mutual awareness raising, and create a foundation for further relationship and capacity building.

At each local forum, through facilitated small group and plenary processes, participants generated lists of the key mental health issues experienced by their respective communities. Through a process of prioritization and thematic grouping, a list of 8 to 12 key issues was created by mid-day and small groups then proceeded to develop suggestions for possible federal level responses. Regional coordinators were responsible for creating summaries of each local forum, reporting on the key issues, top priorities and potential actions proposed. Participants received a copy of these summaries.

Regional Synthesis Forums

At the regional synthesis meetings, participants were generally presented with the priority issues from the local forums, along with the respective proposals for federal level action. There was a great deal of consistency across local forums in terms of the issues that had bubbled up to the top of the list at each forum within and across regions.

The objectives of the regional synthesis forums were to:

- Begin to build a framework of the actions proposed at the region's local forums by categorizing the actions in terms of type (e.g. research, education, etc.) and level (e.g. broad vs. specific)
- Begin to develop federal level policy directions from a regional perspective by building on actions proposed at local forums
- Promote capacity of the voluntary sector by identifying strategies for sustaining relationships and maintaining momentum at a regional level.

National Synthesis Forum

On September 19-20, 2003, a national synthesis forum was held in Toronto. The purpose of this meeting was to flesh out a policy framework based on a compilation of the recommendations that emerged from the final round of regional synthesis forums. These findings were used in conjunction with other materials, such as the project Backgrounders and CAMIMH's *Call for Action* in guiding the policy framework development.

CONSULTATIONS: PHASE THREE

Phase Three was intended as a period of open discussion regarding the outcomes of the national synthesis meeting. The original plan called for web-based discussion of the national synthesis findings. In the end, there was only minor web-based discussion activity. The reasons are likely complex, but there were delays in completing the synthesis report and establishing it on the site, as well as some further technical problems that may help to account for the lack of activity.

"I didn't visit the web site. There are too many others competing for my attention. The real strength of this project was to bring everybody into the same room."

Attendee at local forum

PROJECT OUTCOMES

CONSULTATIVE OUTCOMES: CAPACITY POTENTIAL

Following is a brief description of the capacity-related findings. The earlier mentioned evaluation reports provide a fuller analysis of these aspects. However, measuring the capacity for policy development remains a challenge, particularly in the short run.

Understanding the Federal Role

The project attempted to promote understanding of federal roles and responsibilities with the help of information provided in the *Participatory Guide*, the Backgrounder series and through discussion at the forums. Participating organizations gained a greater understanding of the roles, responsibilities and limitations of the federal government in relation to mental health-related policies and programs. Further, as a result of the process, there is increased interest across the sector in communicating their perspectives on mental health-related policies to the federal government and in attending to the federal government's response.

"I have to say I am probably more aware of mental health issues than I was prior to going there. I knew a far bit but it was in the employment realm so I learned a lot more about other issues by going into this forum. If I had an opportunity where I could have a conversation with somebody from the federal government, I could certainly bring up a whole gambit of things as opposed to just the isolated view I had."

Attendee at regional synthesis forum

Building Networks for Action

A significant outcome of the project was the extent to which organizational relationships were spawned and/or strengthened as a means towards ultimately enhancing policy capacity. The project provided a novel opportunity for groups from the mental health sector to connect with determinants-based organizations, often for the first time in an organized way, allowing for significant cross-fertilization of ideas and experience. In addition to this horizontal flow, there was also a vertical sense of relationship formation and knowledge transfer between local, regional and national levels of interest. Following the formal forum process, final regional activities were designed to promote the expansion of these nascent relationships through electronic communications and face-to-face meetings.

“The project reinforced partnerships that already existed and what we are working towards. It gave me the opportunity to see new potential partners with whom we can work on common issues.”

Attendee at local and regional and national forums

Building Relationships with the Federal Government

The project connected with federal government representatives at several junctures. Early on in the project, regional sites began communicating with regional Health Canada representatives, informing them about the project and inviting them to forums. Some Health Canada representatives, from Ottawa and the regions, did attend forums, but sometimes as observers and not as active participants. The project also consulted with Health Canada personnel and federal staff in other departments (e.g. Canada Mortgage and Housing Corporation, Human Resources Development Canada, and others) regarding the development of the Backgrounder series. In addition, government contacts from the provinces and territories were kept informed of the project's progress through regular updates to the Federal/Provincial/Territorial Advisory Network on Mental Health, as well as through invitations to the forums in their respective provinces and territories.

CONSULTATIVE OUTCOMES: BUILDING POLICY

Priority Issues from the Regions

The following table presents the mental health-related issues that were selected as most significant at the local forum level and taken forward to each region's synthesis meeting. The table illustrates the considerable extent to which regions prioritized largely the same issues, though they are not listed here in any particular order. These issues then formed the foundation for the issues taken forward from the regional synthesis meetings to the national synthesis level.

The table also illustrates the range of issue types. Mental health service needs, with special reference to human resources and specialized service needs of vulnerable populations could be viewed as one type. Some issues are more about process and address the nature and ongoing needs of individuals and communities; consumer involvement, empowerment, and community capacity building are some examples of these types of issues. Others are more concrete and perhaps more amenable to specific policy interventions; for example, housing, income security and rights protection. Also clearly present is the need to appreciate and respect diversity and cultural characteristics in mental health policy, particularly in relation to the needs of Aboriginal communities and newcomers.

Key priority issues taken forward to regional synthesis forums

Western	Prairies	Ontario	Quebec	Atlantic
<ul style="list-style-type: none"> National Mental Health Strategy Human rights, equity (overarching) 			<ul style="list-style-type: none"> Human rights (overarching) 	
<ul style="list-style-type: none"> Housing 	<ul style="list-style-type: none"> Housing 	<ul style="list-style-type: none"> Housing 		<ul style="list-style-type: none"> Housing
<ul style="list-style-type: none"> Poverty Employment & Income 	<ul style="list-style-type: none"> Employment & Income 	<ul style="list-style-type: none"> Income support Supported(ive) employment Support for informal caregivers 	<ul style="list-style-type: none"> Employment 	<ul style="list-style-type: none"> Income/economics/ income support programs/poverty Employment
	<ul style="list-style-type: none"> Justice 	<ul style="list-style-type: none"> Revamping criminal justice system 		<ul style="list-style-type: none"> Legal/justice issues/ criminalization of persons with mental illness
<ul style="list-style-type: none"> Cultural/linguistic relevance for newcomers and people of Aboriginal origin Recognition of Aboriginal traditional knowledge 		<ul style="list-style-type: none"> Respect for diversity (should be used as a lens) 	<ul style="list-style-type: none"> Cultural characteristics 	<ul style="list-style-type: none"> Immigration
<ul style="list-style-type: none"> Target 100% of population in mental health Stigma Workplace health 	<ul style="list-style-type: none"> Stigma 	<ul style="list-style-type: none"> Public education/ health promotion/ social marketing 	<ul style="list-style-type: none"> Prevention, promotion & education 	<ul style="list-style-type: none"> Stigma/public education
<ul style="list-style-type: none"> Citizen/consumer involvement Invest in community capacity building 		<ul style="list-style-type: none"> Consumer need as the focus of the system (should be used as a lens) Protecting consumer rights 	<ul style="list-style-type: none"> Empowerment 	
<ul style="list-style-type: none"> Access to service; recruitment/retention of qualified staff in rural areas/the north Specialized services (e.g. women, families, children and youth) 	<ul style="list-style-type: none"> Services 		<ul style="list-style-type: none"> Human, material & financial resources 	<ul style="list-style-type: none"> Lack of appropriate comprehensive services
				<ul style="list-style-type: none"> Children
<ul style="list-style-type: none"> Research & data collection 		<ul style="list-style-type: none"> Research/ best practices/ knowledge transfer 		

Diversity Needs

In addition, the references to, for example, women, Aboriginal peoples and/or children highlight the concerns expressed by participants throughout the process for vulnerable at-risk communities. While the *Citizens* process could not begin to sufficiently address the unique concerns of each these groups, comments regarding the need to develop appropriate and responsive policy and practice pervaded the consultations. It was proposed at a number of the forums, including the national synthesis forum, that in the context of the *Citizens* project, these significant perspectives might be considered the “lenses” through which a policy framework be viewed and adapted. That is, each and every aspect of a mental health policy framework will require analysis and adaptation according to the special needs and circumstances of each population group.

Issues vs. Strategies

In parallel with the framework for action presented by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) in their *Call for Action* (2000), the *Citizens* participants also stressed the need for research and evaluation, public and professional education, and data collection and monitoring. These were seen as cross-cutting strategies, necessary and applicable to each of the issue areas. Following are just a few examples of the types of ideas that emerged in relation to these strategic categories.

Research and Evaluation

- Develop indicators for best practice
- Implement practices based on positive research/evaluation findings
- Support demonstration projects
- Create a centre of excellence.

Education

- Enhance mental health literacy in regard to promoting mental health
- Educate the public and key stakeholders on the links between housing and mental health
- Increase awareness of the employability of people with mental health disabilities
- Enhance mental health literacy in regard to promoting mental health.

Data Collection and Monitoring

- Establish performance indicators for mental health services
- Monitor services, recognizing legitimacy of alternative approaches
- Create report card to assess accessibility of services.

NATIONAL SYNTHESIS: FOUNDATIONS OF THE FRAMEWORK

For the work of the national synthesis forum, the issues from the regional synthesis meetings were presented as the following eight key issues:

- Housing
- Income/Poverty
- Employment
- Criminal justice
- Immigration/cultural needs
- Stigma/health promotion
- Capacity/empowerment
- Services for people with mental illness.

The main task at the forum was the development of a policy framework for each of the above issue areas that could encompass a range of initiatives from broad, macro level strategies to more specific implementation actions. To aid in the conceptualization of the framework, the image of a pyramid was used as a graphic tool. The framework structure begins with the overarching recommendation for a national action strategy on mental health at the top of the pyramid, then branches to issue-specific macro level strategies for the various content areas, and on to more detailed action steps as it widens toward the base.

Outcomes from the forum were documented in the *National Synthesis Forum Final Report*. See Appendix A for an abridged version of the *Report* with pyramid; the full version of the *Report* is available at www.cmha.ca/citizens. On its completion, the *Report* was posted on the CMHA *Citizens* web pages and announced to all participating organizations.

FINAL PROJECT RECOMMENDATIONS

INTRODUCTION

Throughout the project there existed a tension between the need to elicit and lend respect to a multiplicity of proposed issues and actions, and the practical reality of formulating a set of federal level recommendations that are clear and actionable. So, while the *National Synthesis Forum Final Report* will always constitute the full account of the national level forum findings, this present report consolidates the more macro ideas and attempts to shape them into a set of guiding principles and recommendations that can lead the next round of discussion with our federal partners.

THE ENCOMPASSING IDEALS: TRANSFORMATION, INCLUSION AND ACTION

At the local forums, through regional and national synthesis meetings, much of the discussion focused on ideas of transformation, inclusion and action:

- Transformation of traditional relationships, systems and ways of “doing business” is seen as an essential pre-requisite for necessary change – this includes the need for new ways of connecting and working cooperatively interdepartmentally, interjurisdictionally and intersectorally ; also the transformation of social and health systems so that they are more non-discriminatory, accessible, equitable
- The transformed system is then better equipped to be inclusionary in its attitudes, processes and outcomes
- Finally, action is needed now; there is much cynicism and weariness regarding processes such as these; talk is cheap.

GUIDING VALUES AND PRINCIPLES UNDERPINNING

THE FRAMEWORK

- **Value mental health** as much as physical health
- Develop the political will to **break down barriers** within government – among departments at the federal level; jurisdictionally between federal and provincial governments and municipal levels as required and appropriate
- **Work collaboratively** with all partners: various levels of government, voluntary sector organizations, private interests
- **Support community capacity and individual empowerment** and promote the development of caring communities by providing appropriate resources and tools for knowledge and skill development; acknowledge the value of experience and expertise at the community level
- Acknowledge and support the key role of basic necessities of life such as **housing and sufficient income** in supporting the (mental) health needs of the population and the prevention of (mental) health problems

- Ensure **equitable access** to appropriate housing, training and education, employment opportunity, and health services as a basic right
- **Maximize consumer engagement** in policy and planning process, and development and delivery of programs and services
- **Respect diversity** in the development and provision of appropriate programs and services; consideration to include consumer status, gender, life stage, race, ethnocultural uniqueness, resident status, urban/rural and regional needs
- **Work against stigma** through all policy and program areas
- **Ensure non-discriminatory policy and practices**; ensure that all government policies and practices comply with international standards of human rights
- **Provide adequate and sustained funding** to make it all work.

CALL FOR A NATIONAL STRATEGY ON MENTAL ILLNESS AND MENTAL HEALTH

The main overall proposal that emerged throughout the consultations was a call for a National Strategy, consistent with the message in CAMIMH's *Call for Action*. The following proposals constitute a policy framework that can help to guide such a strategy. Note that these proposals do not in any way reflect all of the ideas that came forward in the consultation, but represent broad recommendations encompassing key principles from the discussion.

KEY COMPONENTS OF A MENTAL HEALTH POLICY FRAMEWORK

It is recommended that the federal government, in conjunction with the provinces and territories, work in the following areas to address the mental health needs of Canada's population.

Housing

- In recognition of the fact that housing is an essential pre-requisite for health, work with provincial and municipal partners to develop and lead a comprehensive, long term pan-Canadian housing strategy that will ensure a continuum of affordable housing options.
- Ensure that a national housing policy has the capacity to meet a continuum of needs, including those of our most vulnerable populations, such as people with mental illness; take into account the need for respite, emergency care and home care supports.

Criminal Justice

- Recognize that mental illness and addictions are health issues, not criminal issues. The federal government should work with voluntary sector and other mental health stakeholders to ensure that preventive programs and alternatives to incarceration are priority strategies.
and adequate assessment, support and treatment exist at the community level
- In consultation with the provinces, develop pan-Canadian standards for assessment, sentencing and standards of care while incarcerated.
- Create a national advocate's office, which should collaborate with provincial advocate offices to develop national standards for the delivery of advocacy and rights advice services.

Employment

- Ensure that every person has access to equal employment opportunity regardless of disability.
- Develop and promote a workplace health strategy to create working conditions that support positive mental health including the creation and provision of appropriate accommodations for persons with mental illness.

- Support consumer-run businesses with the help of, for example, subsidies.
- Implement a National Child Care Strategy.

Income

- Ensure an adequate minimum income level for all.
- Harmonize income support programs and ensure an adequate minimum income for all persons, including those with mental illness.
- Ensure that income programs are accompanied by incentives to work, rather than disincentives.

Culture

- Recognize and include Canada's many diverse populations in the development of mental health-related policy and programs.
- Ensure that culturally and linguistically appropriate mental health services are available across Canada.
- Ensure the availability of well-trained, culturally-sensitized professionals who also represent the varied cultures and communities of Canada.

Immigration/Settlement

- Recognize that immigration itself can be a mental health issue; special mental health needs exist for immigrant and refugee populations and mental health policy and programs are needed to support them.
- To assist settlement of newcomers, recognize the need for and work to integrate immigration and settlement services with community-based mental health programs and services.
- Work with health partners to ensure access to appropriate, specialized mental health services that address the experience of trauma and torture.

Mental Health Promotion.

- Develop and promote mental health literacy to all communities across Canada
- Create and coordinate ongoing public awareness campaigns.
- Develop and lead a national suicide prevention strategy in collaboration with other stakeholder groups.
- Actively promote the participation of consumers of mental health services and their families in policy and program development and delivery.

Health Services

- Work with other levels of government and the voluntary sector to ensure that health services promote early detection and recovery from mental illness, and support community-based services that can assist consumers to live and thrive in their own communities.
- Ensure that service development and delivery be appropriate to the needs of our diverse communities and be developed with their input, e.g. an Aboriginal mental health strategy and services, a strategy for immigrants and refugees, etc.
- Ensure equitable access to mental health services.
- Develop a national health human resources strategy.
- Promote and support best practices.
- Support model programs.

SIGNIFICANCE OF THE RECOMMENDATIONS

For the most part, the above guiding principles and recommendations are not necessarily new ideas. But they are now all the more significant since they have been voiced with such consistency by so many. In addition, by reaching across departmental interests, they provide a broad-based foundation for the development of a comprehensive and coherent national strategy for mental illness and mental health.

In the end, the *Citizens* approach, while broader and focused differently than that of CAMIMH, nonetheless has resulted in proposals that are very compatible with the messages in the *Call for Action*. Specifically, the *Call for Action* is organized around a set of strategies while the *Citizens* project has identified the issues for which the strategies are needed, and broadens the scope of concern to include the determinants of health. The two perspectives together are quite complementary. Ongoing discussions with CAMIMH are helping to ensure that potential synergies continue to be optimized.

SUSTAINING THE MOMENTUM

REGIONAL WRAP-UP MEETINGS

Project activities returned to the regions early in 2004 in an effort to further enhance regional capacity for participating in policy initiatives at the federal level. The main formal activity was a small, one-day wrap-up meeting with stakeholders in each region in order to re-focus the project at the regional level where follow-up sustainable action could take place.

The immediate purpose of this final regional meeting was to:

- explore the regional implications of the national synthesis findings
- identify significant priorities for the region
- identify next steps for pushing the priorities forward
- assess current capacity status in the region and strategies for enhancing
- discuss project outcomes in relation to possible election strategies
- hold a final evaluative discussion of the project process and outcomes.

Based on the issues emerging from the national synthesis forum, the meeting plan was as follows:

- Identify the three issues of greatest current significance for the region
- Identify the key elements of each of the three issues and most regionally relevant recommendations or strategies at the federal level
- Identify a plan for moving forward on these issues
- Identify a strategy for bringing other organizations into the process.

REGIONAL COMMUNICATIONS

Following the regional wrap-up meetings, regional sites were encouraged to engage in one final set of activities intended to strengthen capacity and help to sustain momentum. Each site was given resources and national staff support to:

- Develop and manage an email list/database of regional organizations
- Develop regional web sites with regional resources and links
- Teleconference with other regional sites
- Organize meetings – meet with relevant groups not yet included who represent key topic areas; assist groups in establishing plans for meetings among themselves and/or with elected officials, media, etc.
- Develop regionalized messages based on materials developed by national
- share regional findings with other groups and coalitions.

NATIONAL ACTIVITIES:

EXPANDED HOUSING AND INCOME BACKGROUNDEERS

At the regional wrap-up meetings across the country, there was further consensus expressed as to the key significance of housing and income to the mental health of our communities. As a result, the project produced expanded (8 page) backgrounders on these topics. As with earlier project materials, it is hoped that they will be informative and useful to both the mental illness/health sector and determinants-based groups.

NATIONAL COMMUNICATIONS

Web site activities continued at the national level through to the project end with a redesign of the site and the regular addition of new resource materials and links. Communications were maintained via electronic mail with all participating organizations; several updates were sent out to keep organizations informed of project news. Participants will be informed of this report and its availability on the *Citizens* web pages.

CONCLUDING REMARKS

CAVEATS AND IMPLICATIONS OF THE CITIZENS APPROACH

The consultations engaged key informants rather than a statistical sample.

The project did not pursue a statistical sample of voices from the sector, but rather chose a key informant approach, and acknowledges that the outcomes may not fully represent the sector's perspectives on mental health issues.

A broad determinants perspective means that clinical issues were not emphasized.

In that the groups and organizations that participated tended to reflect a focus on the social determinants of health, the emergent issues (e.g., housing) reflect this fact. Thus, clinical or service issues were not the priority they may have been with a more clinically-oriented group of participants.

While focused federally, the data also have specific regional/local implications.

In the end, a substantial amount of rich qualitative data was collected through the regional forum processes. Analysis of these local data, in all of their specificity, should prove useful at the regional level, in terms of pointing to regionally-specific needs and appropriate federal level responses.

Prioritizing the issues means some important issues may seem to have been lost.

The forum procedure of prioritizing mental health issues and building actions only around those issues that rose to the top of the list meant that some issues were "left behind". However, that said, a review of all issues that emerged at local forums indicated that, in general, virtually all of them could be viewed as particular aspects or examples of the main priority issues that did move forward to the synthesis level.

The unique needs of specific groups were not particularly documented.

Given the focus of the project and its extensive consultative process, there has been enduring concern from the start that this project would raise expectations that could not be realized, particularly in relation to the unique mental health needs of specific groups such as, for example, our Aboriginal communities, rural and remote populations, women, or children and youth. But the project did not have the capacity to do justice to the elaboration of mental health policy needs of specific communities of interest. Rather, we would hope that each community might examine the emergent policy framework and explore its fit and its policy implications in relation to its own specific mental health needs.

Adequate framing of topic areas requires issue-specific expertise.

The issues as framed are limited by the parameters of CMHA's own areas of expertise. Many of the content areas in the project fall under the mandate of other organizations, and there

is still need to consult further with such groups to hone the most salient and specific ideas for action. Ideally, partnerships between CMHA, specific issue-based voluntary organizations (e.g. housing groups), and relevant federal departments could be developed that would ensure meaningful outcomes for all.

CONTINUING CHALLENGES

The *Citizens* project, while clearly expansive in scope and significant in its outcomes, is merely a foundation for a series of “next steps” essential to the realization of its potential. First and foremost is the need on the part of the voluntary sector and government to find ways to grow and strengthen their relationship in the context of broad-based mental health policy development. This will require building opportunities for real dialogue. And this requires resources. As with so many initiatives, a lack of adequate resources – human and financial – and the draw of competing priorities for both government and the voluntary sector can stop the momentum short.

OPPORTUNITIES

The momentum is here now. Adding the distinct voice of the voluntary sector to the discussions started by CAMIMH, the *Citizens* project has identified and confirmed the existence of a strong joint common agenda among a wide range of groups and organizations concerned about the mental health of their communities in all their diversity across all regions. With support from Health Canada, CMHA is already moving on to partner with the Canadian Public Health Association and the Canadian Association of Elizabeth Fry Societies to further sectoral capacity at the national level for addressing the determinants of health as mental health issues. As a policy model consistent with the directions established by the *Citizens* project, the CMHA *Framework for Support* can help to direct these discussions.

In addition, while the *Citizens* project was not able to flesh out specific policy directions for particular populations, voluntary sector partners who daily address the needs of these groups should find the results useful as a foundation for their policy development and advocacy activities. We hope the findings will inspire further analysis across the sector.

CONCLUSION

The key purpose of the project was to build capacity of the voluntary sector to engage in mental health policy initiatives at the federal level. The development of a policy framework was the means through which we sought to enhance this capacity. We suggest that this policy framework provides an essential tool for the collaborative development of federal policies that can support the mental health needs of the population. This is a very important step forward. It is now time for the voluntary sector and government partners to engage in meaningful and sustained dialogue and move forward in the interests of mental health for all.

“Because of my involvement with HIV/AIDS, I’ve seen the level of commitment the federal government is willing to make. They’ve contributed millions of dollars and have fairly well developed strategies at that level. The federal government has a responsibility – mental health affects far more people than HIV/AIDS does. So it enhances my expectations because of the breadth and the depth of the issues that were coming out. It reinforced my expectations. It makes sense that the government should have a national strategy for mental health. I think in many ways I was the optimist in the group. So many people were saying this would never happen, but I could say it already is happening with HIV/AIDS. HIV/AIDS is different but there are a lot of parallels - what with stigma, etc. If government can buy into a strategy on HIV/AIDS, they will buy into a strategy on mental health.”

Attendee at national syntheses forum

Appendix A – National Synthesis Forum – Abridged Report

BACKGROUND

On September 19-20, 2003, 28 participants from across Canada (list of Participating Organizations follows) met in Toronto to further refine the recommended actions related to the common issues identified through the regional forums and, through this process, contribute to the development of a national mental health policy framework.

Despite some minor, and not unexpected, variations among regions, the forum process, which consisted of a series of consensual priority setting exercises, resulted in a remarkably consistent set of key issues across the country. Taken forward from the regional level to the national synthesis forum were the following key issues:

- Housing
- Employment/income support
- Criminal justice
- Immigration/cultural needs
- Stigma/health promotion
- Capacity/empowerment
- Services for people with mental illness.

Through a series of interactive plenary exercises, participants identified the key principles for such a framework and the values that relate to them. Those principles and values were depicted visually as related building blocks. (See Figure 1)

KEY ISSUES

Small and large group discussions throughout the two days allowed participants to draft, refine and confirm topic-related visions, strategies and actions pertaining to the seven key issue areas noted above. The outcome of each of those discussions is summarized below. A graphic depiction of the emerging policy framework follows. (See figure 2)

NOTE: Minor variations in the structure of the following summaries reflect the preference of each of the small groups for organization of their own material.

1. Housing

Vision

Every person in Canada has a place to live that fully enables them to participate in community life.

Goal

A National Housing Policy for People with Mental Illness and Mental Health Issues.

Strategies

- Develop a national housing policy that incorporates and addresses federal, provincial and municipal initiatives
- Develop the political will necessary to break down silos within government
- Create joint mechanisms to negotiate shared responsibility and funding for programs involving both housing and services
- Ensure a continuum of housing options and provide choice
- Develop an awareness-raising strategy to educate the general public and key stakeholders on the links between housing and mental health
- Build caring communities with knowledge, skills, resources and tools
- Recognize best practices
- Develop mechanisms for knowledge transfer, including an information clearinghouse
- Provide incentives for private sector involvement.

Actions

Create Housing:

- Increase housing stock and affordability through Federal/Provincial/Territorial and Municipal government agreement to invest \$1 billion in supportive and affordable housing over the next 10 years.

Research and Evaluation:

- Audit current housing strategies and identify gaps
- Consider developing housing report cards
- Identify/synthesize what works, then translate into action
- Develop indicators, supported by best practices.

Communications/Education

- Develop sustainable, collaborative, electronic communications network
- Develop a campaign with specific targets
- Engage policy makers
- Use branding
- Identify the changes you want, ensuring that desired outcomes are realistic.

2. Employment/Income Support

Vision

Every person has equitable access to employment opportunities. Workplace conditions support mental health for all.

Goal

An equitable employment opportunity strategy.

Strategies and Actions

In the Workplace

Develop a global workplace health strategy, focusing on mental health and creating working conditions that do not undermine mental health, including:

- accommodations in the workplace for people with mental illness
- universal access to Employee Assistance Programs.

Income and taxation programs

- Provide tax incentives to employers who want to employ people with mental illness
- Provide incentives to return to work:
 - Get rid of disincentives
 - Adjust disability benefits to assist recovering consumers and facilitate fluid transition into the labour market fluid
 - Harmonize income support programs (CPP, EI, etc.)
- Integrate mental health fully into generic disability programs and employment strategies .

Adopt collaborative approaches

- Inter-departmental collaboration between Health and other employment-related departments at the federal level
- Work with provinces to identify best practices and ensure consistency of programs across Canada.

Support consumer-run initiatives

- Provide subsidies to consumer businesses.

Training and education

- Improve access to training and education, including accommodation and supports.

Public Education and Awareness

- Increase awareness of the employability of people with mental health disabilities
- Create a media campaign to educate the public and employers about the need for employment for people with mental illness.

Research

- Ask Human Resources Development Canada to develop a strategy that includes demonstration projects
- Research focused on putting people with mental illness into the workplace
- Education about the impact of employment and unemployment on the general population, including families and communities.

3. Criminal Justice

Vision

People with mental health issues, substance use issues and/or mental illness are not criminalized and have access to appropriate services and supports outside of the criminal justice system including access to appropriate diversion programs. We live in a society in which people with mental illness, mental health issues and addictions receive sensitive, appropriate responses and in which the criminal justice system is used only when strictly required.

Critical Success Factors

The success of any change strategies related to the criminal justice system depends upon two conditions:

- A strong and sensitive social safety net and comprehensive health services must be in place so the justice system does not become the default
- Strategies must apply to the entire spectrum: from prevention, through the responsibilities of the criminal justice system, to the needs of individuals returning to the community.

Strategies

- Diversion – alternatives to incarceration
- Education at all levels, starting in the community
- Appropriate responses and sensitivity
- Collaboration – a multi-pronged, cross-jurisdictional, pan-Canadian strategy:
 - Correctional Services Canada with provincial systems
 - Mechanism to facilitate collaboration and create linkages between jurisdictions
 - Charge the Federal/Provincial/Territorial Ministers of Justice to develop and fund a strategy using the social union framework and incorporating diversion, education and services.

Actions

- Provide community supports to reduce the intersection of those with mental illness or mental health issues, and/or substance use issues, with the criminal justice system
- Develop diversion programs at police and court juncture points, with particular alternative measures for youth
- Fund drug and mental health courts to connect people with services as alternatives to incarceration and hospitalization
- Develop assessment and treatment services in jails and prisons and fund post-release programs
- Create a process to facilitate evidence-based best practice approaches to the development of diversion programs
- Prevent involvement with the criminal justice system through assertive outreach
- Educate all stakeholders at all levels regarding issues, alternatives to incarceration and connection to services in the community
- Consider restorative justice strategies as an alternative to incarceration.

4. Immigration/Cultural Needs

Vision

Our transformed, inclusive mental health system provides comprehensive, equitable mental health services and supports to all diverse populations of Canada. This diversity reflects unique differences and variability across language, race, ethnicity and culture of origin, sexual orientation, gender, spiritual practice and geographic location.

Strategies

- Transform the system horizontally and vertically
 - Develop a national policy to build linkages and to break down barriers between departments (e.g. Citizenship and Immigration, Health Canada and their provincial counterparts)
- Encourage community involvement in policy development
- Create a human resources strategy to ensure that the necessary resources are available
- Understand that government must recognize cultural diversity and involve every person in the development of an inclusive policy/framework.

Actions

- Develop programs that respect all cultures
- Develop flexible programs based on cultural/community needs (eg. Sweat lodges vs. group therapy)
- Accept diverse healing practices
- Ensure well-trained, culturally-sensitized professionals who also represent the varied cultures of Canada
- Establish standards for training

- Develop ways of recognizing and validating credentials from professionals trained abroad
- Ensure access by all cultures to services in their own language
- Develop public education campaigns to increase understanding of diversity and promote acceptance
- Recognize diversity of needs based on location e.g. urban/rural/remote communities
- Conduct research into diverse cultures to distinguish between safe and harmful practices in a cultural context
- Allow every person of Canada to help build vision using their own knowledge
- Unify voices of all groups
- Encourage peer-based training and support.

Note: The observation was offered that the concept of culture, in the sense that it is being used here, might be better positioned as a context within which all other issues and actions should be considered.

5. Stigma/Health Promotion

Vision

We envision a national community where there is recognition, acceptance and valuing of diversity. Every person has acquired an understanding of emotions, identity and themselves. By 2005, we have no discrimination. Every Canadian understands that mental health is as important as physical health.

Goal

A National Mental Health Education and Promotion Strategy.

Strategies

- Comply with international standards re: rights and discrimination
- Ensure that the human rights of those with mental illness are respected
- Implement a strategy to increase the comfort and competency level of leaders with respect to mental health and mental illness
- Create a centre of excellence
- Develop a national suicide prevention strategy.

Actions

- Promote understanding of mental health and mental illness
- Develop an education program with/for consumers focusing on the elimination of stigma and shame
- Mandate education about mental health and mental illness in school curricula;
 - discuss with Ministers of Education
- Ensure that message includes “ownership” by all and emphasizes that “it can happen to anyone”
- Educate and build capacity among professions (teachers, physicians, police, etc.) to deal with people with mental illness
- Ensure that mental health literacy includes:
 - Knowledge of mental illnesses
 - Awareness of services available for people with mental health problems
 - Knowledge of basic emotional development, mental health and self-care
 - School programs ranging from self-esteem, through mental illness – e.g. Roots of Empathy, Head Start, etc.
- Educate the media
- Promote:
 - Coupling programs
 - Parenting programs
 - Recreation programs
 - Outreach programs
- Promote healthy communities/engaging communities
- Strengthen the mental health aspect of existing programs
- Encourage best practices for education
- Promote peer support
- Develop a national, partnership-based “movers and shakers” campaign (including such public figures as Michael Wilson);
 - use stories and personal testimony.

6. Capacity/Empowerment

Vision

We live in a society where individuals and communities feel empowered and have the capacity to fully participate in society as they choose.

Goal

A National Community Capacity Building Strategy that includes all of Canada's diverse populations.

Strategies

- Include broader concept of capacity to address health in an integrated, comprehensive way (i.e., integrating mental health with physical health for the whole population)
- Cooperate with other stakeholders to create a definition of, and an integrated approach toward community capacity building
- Promote cross-sectoral collaboration on mental health/mental illness issues
- Promote empowering approaches by service providers and policy makers
- Develop policies and strategies, which require consumer/survivor/ex-patient (CSX) participation in program development, research, etc.
- Focus capacity-building and empowerment initiatives on the mentally ill in order to get government buy-in
- Encourage the expansion of community groups with missions to empower individuals
- Support capacity building for community organizations
- Strengthen community organizations financially
- Encourage each stakeholder group to develop an empowerment strategy.

Actions

- Develop tools to build capacity in communities (e.g. the Voluntary Sector Initiative)
- Maximize use of the *Health Promotion Tool Kit* and other existing resources
- Transfer funds from formal to informal services/organizations
- Create a national self-help clearinghouse
- Establish community resource centres for capacity and skill building
- Develop policies and practices, which enshrine CSX participation in personal care plans
- Develop a charter of rights for consumers by consumers
- Renounce practices that encourage decision-making by third parties in favour of practices that encourage decision-making by/with consumers
- Promote self-help approaches, consumer controlled initiatives, consumer-run businesses and entrepreneurship
- Use model based on Alternative Resources of Quebec for consumer empowerment
- Promote consumer skill-building and training
- Develop capacity among families (through revisions to tax laws, etc.)
- Recognize, support and incorporate natural and/or traditional healing practices in all policies and activities
- Provide training to workers from all sectors that focuses on examining and improving their practice.

7. Services

Vision

All levels of government and non-governmental organizations (NGOs) work together to create a future that promotes early detection and recovery and ensures that people have a choice of effective treatments and supports that enable them to live, work and learn in their own community.

Goal

A National Mental Health Care Transformation Strategy that recognizes the unique needs of all populations, including children and youth, seniors, aboriginal populations, immigrants and refugees, rural and remote.

Strategies

- Situate and understand the transformation of the mental health service system within the broader context of primary care reform
- Encourage federal and provincial governments to establish funding targets according to national benchmarks;
 - fund through transfer mechanisms in the Health Accord and Social Union Framework
 - attach conditions to the use of funds, i.e. transfers with uses clearly targeted
- Create environments and stimulate discussion to promote the development of mental health-related non-governmental organizations (NGOs) to provide community-based service within each province
- Develop specific Aboriginal mental health care strategies, and specific strategies for refugees and immigrants
- Properly resource programs for refugees, immigrants and the aboriginal community
- Create a national human resources strategy
- Encourage Human Resources Development Canada and Canada Customs and Revenue to ensure that income security programs and tax policies support home-based care

- Address data collection, monitoring and standards:
 - Establish performance indicators and monitoring through the Health Council, including recognition of alternative approaches
 - Develop health status/outcome measures that are consistent across the country
 - Establish a national mental health research body at arms length from government, to advise the federal government
 - Include mental health related topics as part of reporting requirements under the Health Accord
 - Create national service standards through development of best practices shared among provinces.

Actions

- Establish First Nations mental health program
- Develop programs for all ages
- Implement and expand shared care models, specifically for mental health and mental illness
- Build on work of non-governmental organizations to further support development (web site development, for example)
- Set up a centre of excellence to support rural and remote communities
- Support community-based research
- Support consumer involvement in the development of programs
- Develop services for immigrants and refugees that address trauma and torture
- Provide technical assistance
- Dialogue with the research community regarding research needs and interpretation/application of findings.

SOME OVERARCHING PRINCIPLES

Following presentation of the summaries, participants reviewed all seven of the issue areas, then met in plenary to identify overarching principles for action that cut across all subject areas. That analysis yielded agreement with respect to the following principles:

The National Mental Health Policy Framework should reflect:

- Consideration of all life stages, from children's mental health services to the elderly
- A commitment to portable services (i.e. consistent access to the same services across the country)
- Urban/rural and regional differences
- A population health approach
- Support for local initiatives.

Services should reflect:

- A consumer-focus
- A commitment to "seamlessness"
- An emphasis on recovery and choice.

The service delivery system should be:

- Supported by research
- Evidence-based
- Accountable.

All policy development initiatives should be:

- Collaborative
- Inter-jurisdictional
- Intersectoral.

Benchmarks should be developed through the Federal/Provincial/Territorial process.

Effective policy development should be supported by public education:

- See AIDS strategy
- See Aboriginal Research Institute.

RESEARCH, BEST PRACTICES

Research too was considered an overarching principle and a summary sheet of research directions developed at the regional forums was available to participants as follows:

General Recommendations

- Need to improve research and data collection so that best practices are shared and innovation is encouraged
- Develop a national mechanism for collecting data
- Introduce a national award system, recognizing innovation and better practices from many categories of service provision from professionals to grassroots.

Mental Health Research Institute

The Federal Government should create and fund a Mental Health Research Institute (considering current context of CIHR). The Mental Health Research Institute should:

- Form an advisory committee of all relevant stakeholders, including organizations to which the research institute will be linked
- Identify mental health research needs
- Disseminate research findings to the field
- Synthesize research findings and disseminate literature in plain language to the broader population
- Develop a comprehensive “library” of best practices, evidence-based care, and population health information and disseminate
- Create database of initiatives
- Use the media to showcase initiatives and highlight issues
- Release twice-yearly report card (linked to survey), focused on structural issues
- Ensure that the necessary technical assistance is available to communities using the knowledge disseminated by the Institute
- Ensure that marginalized communities have a voice in setting the research agenda, and in participating in the conduct of research
- Establish benchmarks and research standards for Canada
- Endorse a broad spectrum of methodological approaches to research, with a greater emphasis on participation.
- Sustain the momentum of voluntary sector involvement in the policy-making process; ensure that marginalized/unheard voices are heard and funded
- Link to all institutes and other agencies
- Use community animators to facilitate dissemination and uptake
- Conduct regular mental health surveys through Stats Canada
- Conduct annual evaluations of its own activities.

CAPACITY BUILDING STRATEGIES

During the final section of the formal agenda, in an exercise to identify strategies for moving forward, the following action ideas emerged, loosely categorized here:

Communications and Advocacy

- Develop a communications network
- Inform our own constituencies (including substance abuse services) of this process
- Use a national networking system to give weight to what we ask for
- Identify potential spokespeople within government who have consumer/family experience to open doors in the corridors of power
- Use all available tools (e.g. the ethnic press)
- Link to other issues (e.g. policy initiatives)
- Share the distribution list: identify our audience and develop strategies to get our document into their hands
- Bring the report of this policy forum to local, regional, provincial and federal government representatives
- Bring this issue to local forums and advocate for space on the agenda for local discussion
- Enter public debates: ask questions, put people on the spot
- Sit in! (if all else fails)
- Leaders of this process should:
 - meet with all editorial boards
 - approach our political leaders re: need for national strategy, noting that other countries have one
- Recognize our value as a group and feel confidence in ourselves to effect change
- Continue networking to stay abreast of developments across the country.

Tools and Research

- Undertake targeted analysis of relevant existing data sources
- Develop a database of facts that can be used across systems/sectors and jurisdictions
- Package existing data on effectiveness of available interventions (e.g. Assertive Community Treatment)
- Emphasize frequency of mental illness as a secondary diagnosis
- Come to an agreement around basic data/info to be used
- Create tools that promote intersectoral collaboration and bring community together around common goals within the provinces

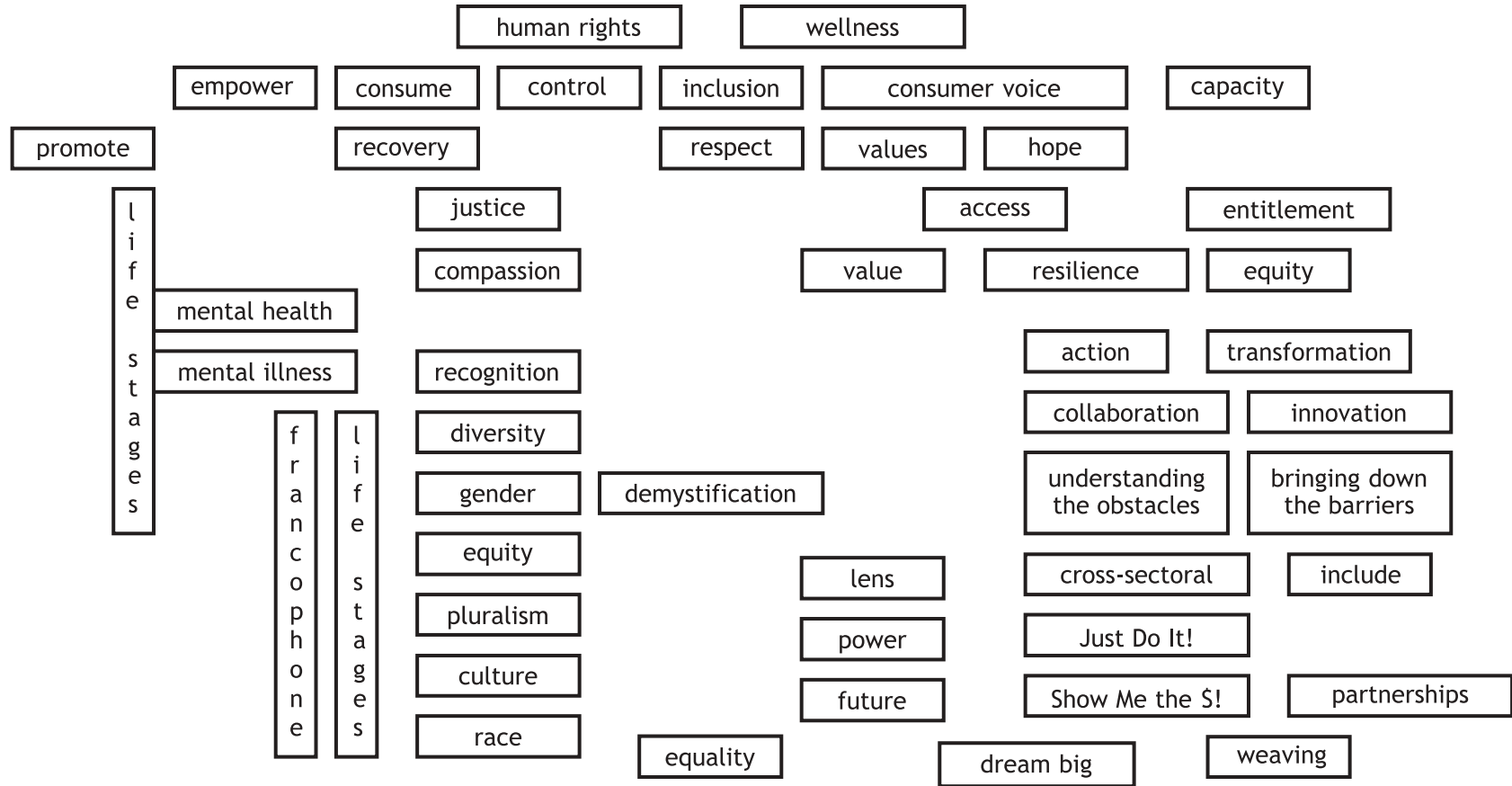
- Develop a strategy to build a strong, succinct case based on the literature, re: effectiveness of treatments and interventions and consumer-run initiatives. Refer to data produced through the Community Mental Health Evaluation Initiative.
- Develop an information outreach package for these groups, summarizing strategies in other countries and highlighting what could be done in Canada.

Roles and Collaborative Action

- Research shows that only central government can act effectively on intersectoral/pan-Canadian issues
- The federal government has a responsibility to lead
- Support development of provincial levels of CAMIMH and other mental health coalitions
- Create CAMIMH link with Quebec
- Note that our proposed mental health strategy is a rallying point among all provinces
- Encourage BC Premier to approach Paul Martin and Michael Wilson in support of collaboration on mental health and mental illness
- Consult with Business and Economic Roundtable on Addictions and Mental Health to work toward a common message
- Stabilize and strengthen the CAMIMH coalition and other emerging partnerships such as those in this project
- Engage other non-mental health groups (e.g. teachers' federations, unions, police chiefs, other professions, corporate groups, spiritual communities) who don't usually participate in these consultations
- Engage the grass roots level
- Ensure community representatives have a voice at the table to negotiate funding
- Approach local leaders to help get this issue on the national agenda.

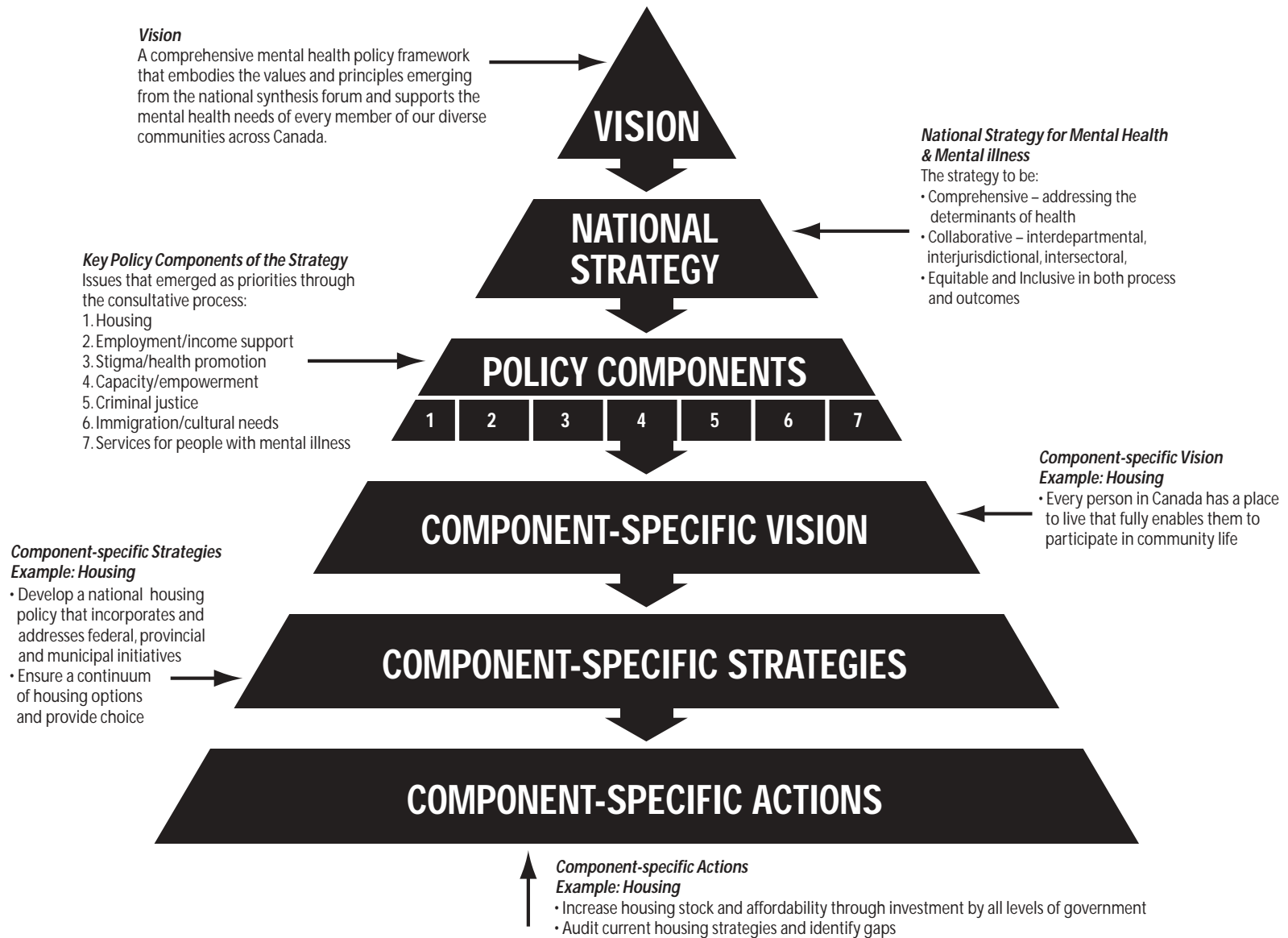
VISION

Figure 1



Emerging Mental Health Policy Framework

Figure 2



NATIONAL SYNTHESIS FORUM: PARTICIPATING ORGANIZATIONS

Regional Representatives

AIDS Saskatoon, SK
Alberta Alliance on Mental Illness and Mental Health, AB
Alcohol and Drug Recovery Association of Ontario, ON
Association for New Canadians, NL
Boyle Street Co-op, AB
CMHA, Alberta Division Board, AB
Canadian Traumatic Stress Network, NL
Centre for Addiction and Mental Health (CAMH), ON
Community Action on Suicide Project, The Help Line Society of Nova Scotia, NS
Eden Health Care Services, MB
Elizabeth Fry Society of Cape Breton, NS
Hispanic Development Council, ON
Kaiser Foundation, BC
Libre Espace Orléans, PQ
Little Shuswap Indian Band, BC
Northern Inter-Tribal Health Authority, SK
Our Voice, NB
Ressources d'Aide et d'Information en Défense des Droits de l'Abitibi-Témiscamingue, PQ
Vancouver Coastal Health Authority, BC

CAMIMH Representatives

CMHA National
Canadian Psychiatric Association (CPA)
Mood Disorders Society of Canada (MDSC)
National Network for Mental Health (NNMH)
Schizophrenia Society of Canada (SSC)

Health Canada

Mental Health, Healthy Communities Division, Mental Health Promotion Unit, Health Canada
Voluntary Sector, Health Canada

CMHA Staff and Forum Facilitators

CMHA Metro Toronto
CMHA National
CMHA Newfoundland and Labrador
CMHA Ontario
Citizens for Mental Health - Atlantic Regional Coordinator, Ontario Regional Coordinator, BC Regional Coordinator

Translation Services

Traductions à la page

Appendix B – Organizations Attending Local Forums

Note: This list understates the actual number of individual forum participants. On several occasions, more than one representative attended on behalf a particular organization, but the organization is listed once only. Also, there were some cases where individuals representing particular expertise or interests were in attendance, but they were not representing a particular group or organization. The names of individual attendees do not appear below.

ATLANTIC

ST. JOHN'S, NEWFOUNDLAND

APRIL 25, 2003

CMHA Newfoundland and Labrador Division
Women's Health Network, NL & Labrador
Salvation Army Wiseman Centre
Seniors Resource Centre
Community Youth Network, St. John's
Stella Burry Community Services
Choices for Youth
Genesis Employment Corporation
Canadian Traumatic Stress Network
Provincial Association Against Family Violence
NL & Labrador Human Rights Association
Newfoundland Native Women's Association
Coalition of Persons with Disabilities,
NL & Labrador
St. John's Native Friendship Centre
Daybreak Parent Child Centre
Labrador Native Women's Association
Schizophrenia Society of NL & Labrador
Association for New Canadians
Salvation Army Harbour Light
John Howard Society of Newfoundland
Consumer Health Awareness Network,
NL & Labrador
Survivors of Suicide
CMHA Nova Scotia Division

HALIFAX, NOVA SCOTIA

APRIL 30, 2003

CMHA Nova Scotia Division
Stepping Stone
Metropolitan Immigrant Settlement
Association
Eating Disorders Action Group
Adsum House
Society for Women Healing from Addiction
and Abuse
Network for Entrepreneurs with Disabilities
Lake City Employment Services Association
Centre for Diverse Visible Cultures
Schizophrenia Society of Nova Scotia
Salvation Army Correctional & Justice Service
Mental Health Consumers in Action Project/
The Self-Help Connection
Elizabeth Fry Society of Mainland Nova Scotia
Elizabeth Fry Society of Cape Breton
Reach Ability
Help Line Society of Nova Scotia
Metro Food Bank Society-Nova Scotia
Metro Community Housing Association
Laing House
Multicultural Association of Nova Scotia

MONCTON, NEW BRUNSWICK

MAY 7, 2003

From New Brunswick:

CMHA New Brunswick Division
NB Mental Health Consumer Network
Our Voice/Notre Voix-Groupe de support
émotionnel Inc.
Family Service Moncton & Family
Service Atlantic
Alternative Residences Alternatives Inc.
Moncton Youth Residences Inc.
New Brunswick Community Residences Inc.
Moncton Volunteer Centre du Bénévolat Inc.
CMHA Saint John Branch
Moncton Community Residences Inc.
John Howard Society of New Brunswick
Laubach Literacy NB
New Brunswick Association for
Community Living
Fredericton Emergency Centres
Association acadienne et francophone
des aînées et aînés du NB
New Brunswick Department of Health and
Wellness

From Prince Edward Island:

John Howard Society of PEI
Prince County Family Services Bureau
Community Connections
PEI Dept. of Health & Social Services

QUEBEC

QUEBEC CITY, QUEBEC

APRIL 24, 2003

Centre Holland
Centre de parrainage civique
Centre de la famille Val-Cartier
Association canadienne pour la santé mentale
(ACSM) Division du Québec
Havre L'Éclaircie inc.
Centre la Barre du Jour
Ebyon
Centre international des femmes de Québec
Service d'aide à l'adaptation des immigrants
et immigrantes (S.A.A.I)
Ressources d'Aide et d'Information en
Défense des Droits de l'Abitibi-Témiscamingue
(RAIDDAT)
Tel-aide
Fédération des organismes communautaires
et bénévoles d'aide et de soutien aux
toxicomanes du Québec (FOBAST)
Comité des usagers Robert Giffard –
Centre hospitalier Robert Giffard

RIMOUSKI, QUEBEC

MAY 15, 2003

Service spécialisé de main d'œuvre (SSMO)
Élan
Plaidd-bf
L'Arrimage
ACSM Bas-du-Fleuve
Centre Mitissien de santé et de services
communautaires
Rayon de Partage
Regroupement des lesbiennes et Gais
de l'Est du Québec
Libre Espace Orléans
Droits et recours en santé mentale
Auberge du cœur Le Transit
La Bouffée d'air du KRTB
Société Alzheimer du BSL
Association "Les Perliers"

MONTREAL, QUEBEC

MAY 29, 2003

Maison multiculturelle Myosotis
Société québécoise de la schizophrénie
Fédération des familles et amis de la personne
atteinte de maladie mentale (FFAPAMM)
Centre Mansau des aînés - Service à la
famille chinoise
Alliance des Communautés Culturelles pour
l'Égalité dans la Santé et les Services Sociaux
(ACCESSS)
Association des centres d'écoute
téléphonique du Québec
Société de la schizophrénie de la Montérégie
Front commun des personnes assistées
sociales du Québec (FCPASQ)
Société Elizabeth Fry
Femmes Autochtones du Québec
Association des psychiatres du Canada
Association canadienne pour la santé
mentale Haut-Richelieu
Association québécoise pour la réadaptation
psychosociale (AQRP)
ESPACE VAL-D'OR
Centre de santé de la communauté Wemotaci

ONTARIO

ONTARIO – MAY 2, 2003

ARCH, A Legal Resource Centre for Persons
with Disabilities
Alzheimer's Society of Ontario
Parkdale Community Health Centre
Association of General Hospital
Psychiatric Services
Centre for Addiction & Mental Health

CMHA Halton Region Branch
 CMHA Lambton County Branch
 CMHA Metro Toronto Branch
 CMHA Ottawa Branch
 CMHA Thunder Bay Branch
 CMHA Windsor-Essex County Branch
 Elizabeth Fry Society of Toronto
 Family Association for Mental Health Everywhere
 Family Mental Health Alliance
 Grey-Bruce Community Health Corporation
 Hispanic Development Council
 Northeast Mental Health Centre Northern
 Health Information Partnership
 Ontario Association of Patient Councils
 Ontario Council of Alternative Businesses
 Affordable & Supportive Housing
 Ontario Prevention Clearinghouse
 Psychiatric Patient Advocate Office
 Ontario Psychiatric Association
 Schizophrenia Society of Ontario
 Start Me Up
 Wellness Network
 Public Partner Inc.
 Across Boundaries
 Centre for Health Promotion,
 University of Toronto
 Children's Mental Health Ontario

PRAIRIES

WINNIPEG, MANITOBA

APRIL 25, 2003

Needs Centre for War Affected Families
 John Howard Society of Manitoba
 Social Planning Council of Winnipeg
 Independent Living Resource Centre
 Mood Disorders Association of Manitoba
 Anxiety Disorders Association of Manitoba
 CMHA Winnipeg Branch
 Council of Canadians with Disabilities
 Association for Community Living,
 Manitoba Division
 Evolve
 College of Registered Psychological Nurses
 Winnipeg Gay and Lesbian Resource Centre
 Sexuality Education Resource Centre
 Canadian Psychiatric Association
 Seneca House
 Eden Health Care Services
 North End Women's Centre
 Elizabeth Fry Society
 Women's Health Clinic
 MacDonald Youth Services
 New Directions for Families,
 Youth and Children
 Aboriginal Health and Wellness Centre
 Citizenship Council of Manitoba
 (International Centre)
 Needs Centre for War Affected Families
 Manitoba Schizophrenia Society

SASKATOON, SASKATCHEWAN

APRIL 30, 2003

Catholic Family Services of Battleford
 Saskatchewan Abilities Council
 CMHA Saskatoon
 Al Ritchie Health Action Centre
 Crocus Co-op
 Friends and Relatives of Those with a
 Mental Illness (FROMI)
 Self Help and Recreational Education (SHARE)
 Bi-Polar Support Group
 Mood Disorders Society of Canada
 Saskatoon Housing Coalition
 Saskatoon United Way
 Canadian Psychiatric Association
 Saskatoon Crisis Intervention Service
 Research and Education for Solutions to
 Violence and Abuse (RESOLVE)
 Tamara's House
 Canadian Association of Elizabeth
 Fry Societies
 Alzheimer Society of Saskatchewan
 Metis Addiction Council of Saskatchewan
 Four Directions Community Health Centre
 Northern Inter-Tribal Health Authority
 Saskatchewan Intercultural Association
 Welfare Rights Centre

YORKTON, SASKATCHEWAN

MAY 14, 2003

Focus on Employment
 CMHA Swan Valley Branch
 CMHA Moose Jaw Branch
 CMHA Weyburn Branch
 CMHA Yorkton Branch
 Farm Stress Line
 Partnership for Rural Family Support
 Badlands Recreation Association
 MacKenzie Society
 Manitoba Farm and Rural Stress Line
 Community Limited Income Centre (CLIC)
 Society for the Good Involvement of
 Neighbours (SIGN)
 Southeast Rural Resource Committee
 Parkland Victims Services
 Parkland Mental Health Housing Corporation
 Women's Safe Haven and Resource Centre
 Yorkton Partnership Against Violence
 Parkland Alcohol and Drug Abuse Society
 Manitoba Women's Institute
 Yorkton Child Action Plan Committee
 Yorkton Tribal Council
 Health Canada – Regional

THOMPSON, MANITOBA

MAY 20, 2003

CMHA Thompson Region
 CMHA Norman Branch
 Thompson Crisis Centre
 Manato Wihikimak Homeless Shelter
 YWCA of Thompson

Thompson Seniors Resource Council
 God's Lake First Nations
 Norway House Cree Nation
 Cree Nation Tribal Health
 Cross Lake First Nation

THE WEST AND TERRITORIES

VANCOUVER, BRITISH COLUMBIA

MAY 14, 2003

BC Coalition for People With Disabilities
 BC Council for Families
 BC Non-Profit Housing Association
 BC Psycho-Social Rehabilitation Association
 BC Schizophrenia Society
 BC Society of Training for Health &
 Employment Opportunities (Theo BC)
 CMHA BC Division
 CMHA National, Citizens for Mental
 Health Project
 CMHA, Cowichan Valley Branch 1992
 Coast Mental Health Foundation
 Community Legal Assistance Society/
 Mental Health Law Program
 Covenant House Vancouver
 Cowichan Valley Intercultural
 Immigration Society
 Family Services of Greater Vancouver
 First Call
 Fraserside Community Services Society
 Kaiser Foundation
 Lookout Emergency Aid Shelter
 Ministry Of Health, Mental Health
 and Addictions
 Planned Lifetime Advocacy Network
 Share Family & Community Services
 The John Howard Society of the Lower
 Mainland of BC
 Vancouver Coastal Health Authority
 Vancouver Community Mental
 Health Services

KELOWNA

MAY 21, 2003

Advocacy Outreach Society
 CMHA Kelowna
 Women's Centre & CMHA
 South Okanagan Women in Need Society
 Kootenays – Volunteer Bureau /CMHA
 Regional Forensics
 CMHA BC Division
 RCMP Kelowna
 Ki-low-na Friendship Society
 Aids Resource Centre
 Penticton Women's Resource Centre
 Little Shuswap Indian Band
 Okanagan Elizabeth Fry Society
 Interior Health – Penticton Mental Health
 Interior Health – Kelowna Mental Health
 Interior Health – Vernon Mental Health
 Family Resource Centre Vernon
 South Hills Centre For Psychiatric
 Rehabilitation

PRINCE GEORGE**MAY 28, 2003**

Independence Networking Services
Northern Health
University of Northern British Columbia
Intersect
Active Support Against Poverty
Elizabeth Fry Society
Prince George Crisis Line
Employment Action
Alcohol & Drug Services
BC Schizophrenia Society, Prince George
BC Schizophrenia Society
Child Development Centre
Aids Prince George
Environmental Planning, UNBC
Central Interior Native Health Centre
Immigrant & Multicultural Service Society
Prince George United Way
Canadian National Institute for the Blind
Canadian Mental Health Association
Carrier Sekani Nation
Lake Babine Nation
Central Interior Native Health Centre

EDMONTON, ALBERTA**MAY 16, 2003**

Alberta Alliance on Mental Illness
and Mental Health
Alberta Association of Registered Nurses
Alberta Health and Wellness
Alberta Mental Health Self Help Network
Alberta Psychiatric Association
Catholic Social Services
Child and Adolescent Services Association
CMHA North Central Region
CMHA Central Region
Edmonton City Centre Church
Edmonton John Howard Society
Edmonton Social Planning Council
Friends of Medicare
Friendship and Support Program
for Consumers
Mennonite Centre for Newcomers
Mental Health Services, David Thompson
Health Authority
Multicultural Health Brokers Co-op
Registered Psychiatric Nurses' Association
of Alberta
Schizophrenia Society of Alberta
Schizophrenia Society Edmonton
The Support Network
CMHA Alberta Division
Child & Family services, Athabasca
Tribal Council
Fort McMurray Public School District

**YELLOWKNIFE, NORTHWEST
TERRITORIES****MAY 23, 2003**

Dene Nation Health & Social Programs
Inuvik Family Counselling Centre
Fort Smith Health & Social Services Authority
GNWT Department of Justice – Corrections
Hay River Community Health Authority –
Community Counselling Services
GNWT Health and Social Services
Inuvialuit Regional Corporation –
Community Development Division
Native Women's Association – President
NWT Council for Persons with Disabilities
Office of the Public Guardian
Tulita Wellness Agency
Yellowknife H&SSA and Stanton Territorial
Health Authority
Yellowknives Dene First Nation, Health
and Social Development Program
CMHA National Board
Independent Club House
CMHA NWT Board
Healing Drum Society
GNWT Education – Early Childhood and
School Services
Disabled Persons Work Strategy
CMHA NWT
CMHA Alberta Division
Rae-Edzo Friendship Centre

CALGARY, ALBERTA – MAY 30, 2003

Alberta Mental Health Board – Provincial
Programs
Calgary Association of Self Help
Calgary Housing Company
Centre for Depression & Anxiety
Centre for Suicide Prevention
CMHA Regional & SIEC/SPTP –
Calgary Region
Community Inclusion Support Team –
University of Calgary
Health Communications –
Calgary Health Region
O.B.A.D.
Opportunity Works
Schizophrenia Society of Alberta
Trinity Place Foundation of Alberta
William Roper Hull Child & Family Services
Population Health Section, Population Health
Branch Health Canada AB/NWT Region
Alberta Mental Health Board
Alberta Mental Health Self Help Network
Population Health – Alberta
CMHA Regional & SIEC/SPTP – South Region
AADAC
Palliser Health Region Brooks Mental
Health Clinic
CMHA Regional & SIEC/SPTP –
South East region
Yukon Family Services Association
CMHA Alberta Division

GRANDE PRAIRIE**JUNE 13, 2003**

Crossroads Shelter
AADAC Northern Addiction Centre
AADAC Tobacco Cessation
CMHA Alberta North West Region
P.A.C.E.
Peace Country Health, Mental Health
R-Work Group (private company –
job development)
Suicide Prevention