

07-11-291

October 15, 2007

The Honourable Michael J.L. Kirby  
Chair  
The Mental Health Commission of Canada  
1145 Carling Avenue, Suite 5400  
OTTAWA, ON K1Z 7K4

Dear Mr. Kirby:

We congratulate the Mental Health Commission of Canada on choosing three fundamentally important tasks – anti-stigma, knowledge exchange centre and national mental health strategy – on which to focus in its first three years. The Canadian Mental Health Association (CMHA) in Alberta is pleased to offer its services to assist in developing all three areas.

We understand that each must be in place before key objectives can be achieved in specific mental health endeavours. All three areas require the Commission to get extensive feedback from players in the mental health field across Canada and beyond in order to access what is being done now and what needs to be done.

1. **Stigma** has been identified by most mental health organizations, (including CMHA) and people in the field, as being a major barrier to people seeking help, support for, and even diagnosis of, mental illness. This must be addressed to better meet the needs of a large number of people, who are unable to face their illness and seek help for it. This greatly increases the risk for those individuals to have their condition worsen. Stigma and discrimination are also contributing factors to individuals with more serious mental illness being able to get housing and jobs and to perceive that they are of value in our society.

Many organizations have run anti-stigma campaigns but they tend to be fragmented geographically and in their timing. A unified, collaborative approach would be of great benefit. By its third year, we would expect the Commission to have assessed what is out there now and in the past, put together a plan to address the need and take advantage of existing resources and establish new, additional resources to have in place a major, ongoing national anti-stigma strategy and campaign. It could be possible to complete the assessment and planning in one year and have a campaign in place for year two.

**CMHA** in Alberta has an excellent, provincial anti-stigma campaign called **My Mental Health**. It includes media advertising across Alberta and an extensive web site ([mymentalhealth.ca](http://mymentalhealth.ca)). It was introduced in Alberta this year but we discovered that, even with good corporate sponsorship, we do not have the resources required to fulfill the substantial potential impact of this material over an extended period of time. **CMHA** would be pleased to partner with the Commission to make better use of this material.

2. Establishment of some form of **Knowledge Exchange Centre** would also be of great value. At present, many organizations have collections of materials (both physical and electronic, in the form of web sites) but there is no singular, comprehensive source for either consumers, professionals or the general public to readily access.

We would hope that within three years, such a centre (physical and virtual) could be established, taking advantage of existing materials as well as adding additional new knowledge. This material would be readily available for wide ranges of use, both lay and professional.

**CMHA** in Alberta can contribute directly to this process. We have existing resource centres (including one in our Division office with a wealth of older written materials) and web sites that also contain a great deal of quality material. We also have a **Centre for Suicide Prevention** (located in Calgary) which is the best of its kind in Canada when it comes to resource materials relating to suicide. We have also been involved in a national online project called **Lifelines** ([depressionlifelines.ca](http://depressionlifelines.ca)), which an extensive array information on traditional as well as alternative ways of treatment for depression.

We would be pleased to work with the Commission to create an expanded, more comprehensive centre (both physical and electronic).

3. The absence of a national **Mental Health Plan** has long been a missing link for a consistent, effective approach to mental health and treatment of mental illness across Canada. This has been a great barrier to Regions sharing their knowledge and programs with one another and resulted in great losses of efficiency and creation of overall capacity. There is much great work being done but without optimal use of resources and a plan of action, it is without optimal results.

We would anticipate that within three years, the Commission could develop such a plan, with substantial contribution and buy-in from individuals, organizations and all levels of government.

**CMHA** in Alberta has many great programs and individuals with much to share in the development of such a plan. We would welcome the opportunity to take an active role in

its development, particularly as we are perhaps the only national organization to provide a strong link between the full scope of users of mental health services and their service providers. We are well networked across the country with governments, hospitals, mental health professionals and service providers and those living with mental illness. CMHA would be proud to have the Commission walk with us over the many mental health bridges we have built across Canada.

We would anticipate that this plan will not only deal with direct mental health services but also build in support and interaction with such critical needs as: supportive, affordable housing; interaction with the justice system; plans for assertive community treatment and the integral role of not-for-profit and community organizations serving those with mental illness and their families.

Thank you for requesting our participation in this discovery process. We look forward to taking an active role in working with you to create a better Canada for those living with mental illness.

Yours very truly,

Tom Shand  
Executive Director

TRS/jrd