

# **Mental Health In Canada:**

## ***A Consumer Perspective***

**Presentation to the Standing Senate Committee on Social Issues,  
Science and Technology**

**Constance McKnight, National Executive Director  
National Network for Mental Health**

**May 11, 2005**

**Honourable Members of the Senate,**

**On behalf of the National Network for Mental Health I would like to extend to you our sincerest appreciation for our invited presence here to speak.**

**In an effort to utilize my time effectively, I will speak about the organization I represent and the number of issues we have identified and the way in which we are attempting to support our constituency.**

**Many Canadians with mental health issues and/or illness and resulting disabilities, are living lives of quiet desperation, often socially isolated as a consequence of their mental health status, neglected by family, friends, and society at large. Many are unable to participate meaningfully in the work force because of negative attitudes, low self-esteem, and limited accommodations by employers. This results in their living a life in poverty and at the margins of society. Silenced by the shame and the stigma attached to psychiatric illness, consumer/survivors and their supporters become dissatisfied and disenchanted with their communities, and have no choice but to take on a leadership role in creating and shaping important programs and supports, and to become actively involved in policy decision making which affect their lives, and those of their peers.**

**The National Network for Mental Health is the only non-diagnostic specific consumer driven organization which is national in scope. We are committed to ensuring that the voice of persons with mental health issues, disability, and/or illness is accurately understood and communicated on issues of national importance, as well as to supporting and networking with community, regional and provincial consumer driven organizations.**

**In the late 1990's, the National Network for Mental Health set out to understand and articulate the needs of the community at large, mental health consumer driven organizations, and mental health consumers. These needs have been expressed in the**

**National Network for Mental Health's "Model for Community Inclusion".**

**We understand through the focus groups who informed the organization that the general public is in need of information about the importance of good mental health and the realities of mental illness.**

**As individuals working in mental health and bureaucracies, we also need to better include the general public in policy and program development, and the design of community supports.**

**It was recognized that persons in the general public need to have access to skills development opportunities when engaging persons in crisis.**

**Resources need to be developed, perhaps by national consumer driven organizations and broadcast over the internet so that individuals in communities across Canada will have answers to their questions available to them when they are required.**

**Education programs need to be created and executed for the general public. Higher levels of course content throughout the continuum of education needs to be developed and employed. Courses need to concentrate on the teaching of positive strategies to maintaining good mental health.**

**In terms of Consumer driven organizations, key informants recognized two matters. Peer support is a very valuable resource for recovery because two or more people discussing issues of experience offer a more empathetic and sincere sharing of issues. As one consumer so appropriately explained, "Doctors, psychiatrists and other professional team members, when they decide to take on a health care career, they should know that what they say to a person is so important. They can change a person's life by how they respond to him or her in one moment." *Winnipeg Consumer***

**The second matter is that organizations mandated to do peer support are under resourced, face stigma, and yet contribute to a better quality of life for those who utilize their services.**

**As a former Executive Director of two regional consumer initiatives in Northern Ontario I can testify to the hardships placed on these organizations.**

**Consumer staff are expected to do everything that other community organizations are expected to do in terms of administration, community involvement and organizational programming with less staffing. Individuals working in these organizations must continually face the stigma of having to admit that they are a consumer at all community based meetings, in the public, and internally within their organizations. We as consumers are trying to maintain our own mental health, and it can become quite stressful. Like the women's movement consumer organizations and their staff have to do twice the work for half the pay and respect.**

**It became evident when interviewing key informants that both human and organizational resource development are a key priority. Reasonable staff salaries and benefits as well as reasonable budgets are greatly needed for these organizations to continue working and growing to meet the need of the communities they serve.**

**Skills development and tools are needed, as are Leadership development opportunities for the staff and volunteers of these organizations as well as real partnership opportunities. Often the staff and volunteers of these organizations are included as participants to decision making but their input is often minimized by other stakeholders who discriminate against them based on the fact that they are an "out of the closet" consumer. My belief is that often these other stakeholders are so concerned with building empires and are so threatened by our success, that they forget the people they are attempting to serve. This view is supported by a caregiver in Halifax, "There is often more stigma in the health care world than outside it."**

**When we consider the needs of mental health consumer survivors, there are many. We recognized during our consultations that most importantly all mental health consumer survivors wanted to be valued as contributing members of society and there are a number of issues which must be addressed before that feeling within them comes to fruition.**

**We know that appropriate employment, appropriate housing, informed choice and appropriate and available treatment are all necessary components to mental health and well-being. One consumer from Vancouver recently stated about his choice and treatment, “Diagnosis is one thing, but there is no plan. They just give you medication. I have had to take responsibility for managing my own health care.” Another consumer from Winnipeg aptly stated, “[Appropriate is] not just a medical/clinical/medication approach. You need to look at the whole person and their life experience and context.”**

**Consumers also spoke about the need to feel included in society without the fear of stigma and injustice. This would contribute to their value in the community.**

**Skills development, education, support, and advocacy opportunities would aid them in their endeavour to recover from their illness and contribute to society in a meaningful way.**

**We, as Canadians, need to support alternative treatments and therapies. In a recent focus group a consumer from Montreal stated that, “It means appropriate for you – it is different for everyone – not everyone fits the same model.”**

**The Model for Community Inclusion is the basis of the National Network for Mental Health, and as such all foci undertaken by the organization are reflective of at least one component of that model.**

**Currently the organization has two major foci, those being individual capacity building and systemic change.**

**Individual capacity building is done by way of the Consumers in Action capacity building modules, workshops facilitated by staff and volunteer leaders, and through our BUILT Network Program. Systemic change occurs through the many coalitions we have founded or belong to, and are active within communities, provincially and federally, to allow our voice to be heard.**

**The Consumers In Action program includes six modules which have been circulated nationally and which has trained 69 individuals from across the country in April 2004. These individuals are now active in their communities teaching others about mental health maintenance, self-help group development, public speaking, and systemic and personal advocacy.**

**The BUILT Network project supports individuals into the workforce and is costing approximately half the cost to operate as is realized in savings by governments across the country. Through the BUILT Network program there are currently 97 people with mental health issues who have returned to or entered the workforce in the 2004-2005 fiscal year. The governments within Canada will see a cost savings of income benefits and revenue generation from taxes in the amount of approximately \$1,905,018.00 in the coming year. In addition to those who have returned to the workforce, 13 have returned to school with the confidence that they have the ability to learn new knowledge and skills.**

**Understanding that there is a need for a New Model of Leadership in mental health in Canada the National Network for Mental Health has embarked on two key projects. One is the Canadian Coalition of Alternative Mental Health Resources which is a coalition of almost thirty community, regionally, provincially, and nationally based consumer organizations. The Second is the Mental Health Coalition of Canada which is a coalition of national consumer driven organizations including the Native Mental Health Association of Canada and the Mood Disorders Society of Canada. We understand as consumers that there must be a paradigm shift in mental health in Canada. Instead of token participants at decision making tables we believe that in order for the mental health system in Canada to**

**suit the need of our constituency, we should be driving the agenda at all policy and decision making tables.**

**We are working hard to meet the needs of persons with mental health issues/illness and disability in Canada. Change needs to happen, money needs to be invested in consumer driven expertise, and people need to have options for recovery. We can no longer support a system that entrenches lives and keeps them entrenched in order to profit from them. People need to be taught that they can thrive in Canada and I believe that the National Network for Mental Health is setting an example in terms of people returning back to the workforce, while regaining and maintaining good mental health. Individuals who have taken our programs have gone from lives of no hope and quiet desperation, to lives where they are buying homes, cars, and looking forward to the future.**

**Eugene Leblanc, who spoke this morning, put mental illness in context when he spoke after receiving the New Brunswick Human Rights Award in 2003. He said at that time, "Mental illness is not about a broken mind such as most people believe, but rather it is about a broken spirit."**

**We, at the National Network for Mental Health and our peers across Canada are restoring hope, one person at a time, in numerous communities nationally. Hope... such a simple concept...**

**Honourable Senators, Margaret Mead once said, "Never believe that a few caring people can't change the world. For, indeed, that's all who ever have." We the consumers of the system are those few caring people – we have to care, our lives depend on it – the world will change eventually and I have the utmost confidence that this committee will be at the forefront of that change in Canada.**

**Thank you.**