116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Mental Health Toolkit

This toolkit has three main objectives:

- **To engage and educate** self-identified women on the mental health issues that affect the daily lives of Canadians from coast to coast to coast.
- **To enable** women across Canada to explore different ways to take action, make change, and become a strong voice for mental health advocacy.
- **To provide** strategies for engagement, resources, and tools for engaging in politics and policy on mental health issues in Canada.

Content warning: suicide, substance abuse, self harm…

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Table of Contents

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

The development of this toolkit was led by delegates **Kayleigh Erickson** and **Khadija Waseem** and is the collective effort of dozens of Daughters with the encouragement many more.

Thank you!

A sincere thank you to all of the Daughters of the Vote who contributed and supported this project with their commentions, questions, suggestions, personal and professional experience, expertise, and encouragement. Thank you to **Zafreen Jaffer, Sabrina Andrews, Mary Go, Rebecca French, Kayleigh McGregor, Samantha Mackenzie, Kristy Frenken-Francis, Harmonie Eshk, Leah Fearman, Olivia Villebrun, Leslie Anne St.Amour, Amanda Bain, Angela Zhu** and so many more!

The Daughters of the Vote are a diverse and dynamic group of passionate and engaged young women from across Canada. Mental health was an issue identified as a critical issue by many of us. During the historic sitting in the House of Common, Daughters rose to speak on suicide in the Inuit community, mental health care for immigrant communities, and the need for non-Indigenous allies in the fight against mental health in Nunavut. There are Daughters of the Vote who have and do live with mental illness, Daughters who work in mental health care, are advocates for awareness and care, and far too many who've lost someone to suicide.

This Mental Health Toolkit is *not* designed to support you or others in times of need or crisis.

If you or someone you know is in crisis, reach out. For students, Good2Talk is a phone line that provides counselling 24/7. This website can help you find a crisis line in your province or territory. If someone is in immediate danger, call 9-1-1.

For tips on looking after yourself and practicing good self-care, see our *Making Change: Self Care* toolkit.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Overview

A mental illness is any disorder in the brain that affects mood, thinking or behavior, and is believed to be "the result of a complex interaction among social, economic, psychological, biological and genetic factors." Mental illnesses may affect a person's ability to cognitively function, relate to, and communicate with others. The condition may be temporary – lasting a few months or years- or it may be chronic and affect the person their entire life. Mental illnesses affect people of all ages, education levels, income levels and cultures.

Mental health, according to the Public Health Agency of Canada, is "the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity."

According to The Centre for Addiction and Mental Health, 1 in 5 Canadians will suffer from a mental illness at least once in their lifetime. By age 40, 1 in 2 Canadians will have experienced or will have a mental illness. Despite growing acceptance of mental health and having open conversations about mental illness, there continues to be barriers to talking about mental health due to stigma.

Mental health and mental illness, and their causes and consequences, are complex and important policy issues. For example, substance abuse, family and workplace stress can cause mental illness. Poor mental health can contribute to poor academic success, inability to gain or maintain employment, social isolation, and can be exacerbated by living in poverty. Due to the immense stigma associated with mental health, many individuals are left unable to seek care due to the fear of being ostracized or ridiculed. In addition to the significant impact on individuals, families, and communities, there are costs and concerns for Canadians as a whole. In 2016, the Canadian Medical Association and the Canadian Psychiatric Association released a statement showing that mental illness costs the Canadian healthcare system $50 billion dollars annually. Yet, despite this significant yearly cost, it is estimated that only one-third of individuals with a "mental health disorder" seek treatment. The Canadian Mental Health Commission reported that within the next three decades, the economic cost of mental health will be $2.5 trillion dollars. With the costs continuing to increase and some necessary services still uninsured, there needs to be a shift in the way mental health care is approached.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Scope

We are not able to cover all issues related to mental health in this toolkit. We've focused on three areas that young women identified as important to them and their communities - 1) mental health of students, 2) access to care, and 3) addictions and mental health. The information on key decision makers, impacted groups, and other community and government actors can, however, can help you get engaged on other mental health issues.

Approach

This toolkit was developed through consulting 140 Daughters of the Vote from across Canada on the topic of 'Mental Health' who have shared their knowledge and experiences on this subject. The development of each section of the toolkit was researched and written through engaging with Daughters who self-identified as 'experts' in this field through email correspondence and social media engagement. Our collective goal in creating this toolkit is to equip young women with the tools they need to advocate for improved policies, services, and resources, and to support their mental health advocacy in Canada.

To support this goal, our toolkit advances three key issue areas pertaining to Canadian mental health issues, including key stakeholders, political party platforms and current strategies utilized by Federal, Provincial, Territorial and Municipal governments to address these issues. It is through the inclusion of this information that we hope to provide a broad understanding of the current mental health landscape, how the issues are currently being approached, and an overview of the affected groups being impacted by these decisions. It is our hope that this toolkit will spark conversations, lead to bold and innovative policy ideas, and provide youth with the materials they need to pursue change.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

The Economic Costs of Mental Health: They are staggering!

The economic burden of mental illness in Canada is estimated at $51 billion per year. This includes health care costs, lost productivity, and reductions in health-related quality of life.

- The economic impacts of mental health are demonstrated through Statcan data which reports, 'costs to cover mental health disability leave is double that of a leave requested due to a physical illness.'
- The Centre for Addictions and Mental Health reports the unemployment rates among people with severe mental illnesses is as high as 70%-90%.
- According to research compiled by CAMH, "at least 500,000 employed Canadians are unable to work due to mental health problems on a weekly basis."
- CAMH reports, 'patients with high mental health costs account for 30% higher costs than other high cost patients. The report further explains, "a small proportion of all health care patients account for a disproportionately large share of health care costs."

For more information please refer to the CAMH [Centre for Addictions and Mental Health] website.

Affected Groups

Mental health affects everyone; people of all ages, incomes, education, ethnicities, and cultural backgrounds can and do experience poor mental health and mental illness. At the same time, some individuals are more vulnerable than others and not everyone is equally able to access the care they need. **Youth** aged 15-24**,** for example, are the most likely to experience mental illness and/or substance misuse. There has been an increase in the number reaching out for help; a recent study found a 344% increase in calls to one crisis line in Ontario. Another found a 50% increase in depression and anxiety among Ontario University students. Access to care is far lower in **remote and rural communities,** particularly in Canada's north. **Poverty** is also associated with mental illness - Canadians in the lowest income group are between 3 and 4 times more likely to report poor mental health and those experiencing homelessness have extremely high rates of mental illness.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Affected Group	Reasons to be Concerned:
Youth	Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group. Suicide is the main cause of death for youth in this age bracket, leading to over 4,000 premature deaths every year.
Those experiencing poverty	The link between poverty and mental health is complicated. Canadians in the lowest income group are 3 to 4 times more likely to report poor mental health than those in the highest income group. Counselling can also be difficult to access at low or no cost. Individuals who experience homelessness have extremely high rates of mental illness. At the same time, the stigma associated with mental illness and the inability to access sufficient care can leave individuals vulnerable to poverty, a lack of housing and employment insecurity. Additionally, those who are experiencing poverty often experience more challenges to accessing the supports that are available (i.e. lack of telephone access to phone crisis line, lack of telephone access to connect to services, lack of internet access to research resources in their area, lack of transportation to attend appointments with counsellors, psychiatrists, etc.).
Indigenous Communities	The legacy of colonialism and residential schools continue to be felt through intergenerational trauma, which has had mental health impacts amongst some First Nations, Inuit, and Metis communities. At the same time, Indigenous Canadians both on and off reserve are more likely to seek help than the rest of the Canadian population. Indigenous youth are 5 to 6 times more likely to take their own lives than non-Indigenous youth, with Inuit suicide rates estimated to be “11 times the national average.” Access to mental health facilities on reserves are often difficult to access and indigenous peoples off reserve may face racism when they seek care. Institutional and societal racism has is also present in the mental health care system in various ways, resulting in a lack of culturally relevant supports available to Indigenous peoples. Moreover, the majority of mental health care services across the country focus on westernized ideals of care. Individuals may have more cultural appropriate resources and mental health strategies that are overlooked due to colonization and cultural insensitivity.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

First Responders, Veterans, and Military Personal,	Military personnel, veterans, and first responders such as police, paramedics, firefighters, and 911 operators are over 4 times more likely to develop mental illness than the general population due to operational exhaustion and stress. Nearly half (45%) of first responders screen positive for one or more mental health disorder. A University of Regina lead research team has found that mental health issues increase with the number of years serving as a first responder and that paramedics report they experience very high rates of exposure to human suffering, for which they often feel responsible.
Rural, Remote or Northern Canadian Communities	Communities outside major metropolitan areas often have limited access to healthcare services due to a lack of appropriate services available and barriers to access such as travel costs. Rural populations are more likely to experience isolation, significant wait times, and less support in comparison to large urban centres. In British Columbia, an estimated "10% of rural communities" have been deemed "communities in crisis" due to inadequate staffing levels. Whether individuals in rural communities seek support is connected to their access to mental health service, stigma associated with inability to receive anonymous or confidential care, wait times, and information gaps.
Immigrant/Refugee Populations	Immigrant and refugee populations are disproportionately at risk for psychiatric disorders if they have experienced or been exposed to "war, violence, torture, forced migration and exile and to the uncertainty of their status in the countries where they seek asylum." They are ten times more likely to experience PTSD, as well as heightened rates of chronic pain and depression. The change that comes with being new to a country, including shifts in social networks, and a shift in socio-economic and cultural system, can affect mental health. Research shows that racism and discrimination also impact mental health. Immigrants and refugees access mental healthcare less frequently than the rest of the population, which is due to both structural and cultural barriers, including language barriers, stigmatization, lack of culturally relevant services, etc. Cultural norms may also play an important role.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

People with Disabilities	In 2012, 14% of Canadians aged 15 and over reported living with a disability, and within this group, 4% reported that their disability was mental-health related. The most frequent mental health challenges reported were: "anxiety, depression, and bipolar disorder." Folks with mental-health related disabilities usually have co-current disabilities, and have reported "lower levels of educational attainment," make up less than half the employment rate for those without disabilities, and receive half the income level of their colleagues. A majority of individuals surveyed believed their disability factored into not receiving jobs, not receiving promotions, and feeling overall disadvantaged when it comes to employment.
Seniors	In 2016, over 1.8 million seniors over the age of 60 were experiencing a mental health issue or illness. Seniors are faced with multiple stigmas relating to their age, which is compounded when also dealing with a mental illness. The Canadian Coalition for Seniors' Mental Health reports that delirium and depression are commonly found in senior citizens, with depression being the most common mental health issue among adults as they age. It is estimated that by 2031, senior in long-term care will have quadrupled, which is cause for concern due to the fact mental health challenges are common in long-term care facilities. Another cause for concern is the significantly high suicide rates among older adults, globally.
People of Colour	People of colour are severely underrepresented in discussions of mental health, as well as in the portrayal of mental illness by the media. "Articles, personal stories and pop-culture references in mainstream media are often focused on white bodies, which creates stereotypes about mental illness as a non-coloured issue." This exclusion has further stigmatized and silenced people of colour in their fight for mental health care, in addition to the barriers experienced when trying to find a "culturally sensitive healthcare provider," or when attempting to access safe spaces, additional challenges reveal themselves through "issues of racism, sexism, [and] classism…" These barriers further compound the stigma associated with seeking mental health care, and uphold systems and structures of oppression within the healthcare field.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

LGBTQ2*	Large Canadian studies indicate that LGBT people are more likely than heterosexuals to report unmet mental health needs and were more likely to consult mental health practitioners. Stigma, discrimination, and marginalization plays a central role to LGBTQ2* experiences of mental health and mental health care. Higher rates of depression, anxiety, obsessive-compulsive and phobic disorders, suicidality, self-harm, and substance use are common among LGBT people. They experience double the risk for developing post-traumatic stress disorder (PTSD) than heterosexual people. For more information, see what Ontario Health is saying.
Survivors of violence & trauma	According to Canadian Women's Health Network and Canadian Women's Foundation, experiences with violence and trauma can be related to mental health.

Decision Makers

Health care is primarily the responsibility of the provinces. Provincial health ministers, education ministers, and premiers are some of the key decision makers that affect mental health policy. There are, however, important exceptions to provincial responsibility for health. Health Canada is responsible for the health care of Indigenous peoples living on reserves and Corrections Canada looks after the care of those who are incarcerated in federal prisons. Other important ministers and government agencies include the Minister of Veteran Affairs (responsible for the care of stress-related illnesses in service members), ministers responsible for Indigenous Relations, and provincial education ministers, since prevention and stigma reduction are key components of a mental health strategy.

You can read more about the role of the federal government's role in mental health in this Library of Parliament publication.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

The federal government also has significant influence on legislation that impacts mental health-related areas, for example, determining "fitness to stand trial under the Criminal Code, regulating narcotics and other drugs under the *Controlled Drugs and Substances Act* and compelling mental health treatment of young people convicted of certain offences under the *Youth Criminal Justice Act.* The federal government may also legislate on health matters that could impact other provinces if one province fails to address a health issue, and may use their federal spending power on "initiatives of concern." The *Canada Health Act* outlines the conditions that provinces/territories must meet in order to qualify for federal contributions for "insured health care services through the Canada Health Transfer," under which mental health is a priority. However, provinces/territories have jurisdiction over most aspects of the delivery of mental health services.

A summary of the Federal Government's mental health client groups include: First Nations peoples on reserve and Inuit communities, prisoners in the federal correctional system, the Canadian forces, veterans, the RCMP, some classes of resettled refugees, and federal public service employee, and can be found here.

The table below outlines some of the key decision makers and their responsibilities.

Minister	Portfolio
Prime Minister of Canada / Provincial Premiers	As the head of government, the Prime Minister of Canada has the role and responsibility to set the priorities for his government. They direct their ministers, including the ministers responsible for portfolios which can impact mental health care in Canada. Provincial premiers similarly direct their cabinet and set the policy priorities for their government

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Federal and Provincial Ministers: A cabinet minister is responsible for a government department. They receive information and advice from the public service and are held accountable for their decisions in Parliament and the country. You can learn more from the Privy Council Office or at this site from ThoughtCo. The number of ministers and what exactly they are responsible varies over time and across provinces; it depends on the needs of the jurisdiction and the premier or prime minister at the time.

A list of ministries and their respective ministers can be found by region here:
Federal British Columbia Alberta Saskatchewan Manitoba Quebec Ontario New Brunswick Newfoundland and Labrador Prince Edward Island Nova Scotia Yukon Northwest Territories Nunavut

Here are some of the key ministers for this issue:	
Federal, provincial and territorial ministers of health Federal Minister of Health: Hon. Ginette Petitpas Taylor	According to this mandate letter, the accessibility of mental health care is among the federal minister of health's top priorities. The minister is responsible for working with provinces and territories to develop the specific action plans and performance indicators that will be used to improve access to mental health and addiction services. In British Columbia, a stand alone Ministry for mental health and addictions has been established. The new minister is responsible for developing an immediate response to the opioid crisis, and for creating a mental health and addictions strategy to transform the healthcare system. The strategy will focus on early prevention and youth mental health.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Ministers of Indigenous services, and Crown-Indigenous Relations and Northern Affairs. Federal Ministers: Hon. Jane Philpott, and Hon. Carolyn Bennett	At the federal level, there are two ministers whose work directly impacts indigenous Canadians - the Minister for Indigenous Services and the Minister for Crown-Indigenous relations and Northern Affairs. The mandate letter for these two ministers do not mention mental health care, but given the disproportionately high rates of mental illness and suicide in indigenous communities, the work of these two ministers have important implications for mental health care. At the provincial and territorial level, there is significant variation on this file. For example, in Nova Scotia and Nunavut, the Premier is the minister responsible for aboriginal affairs, while Alberta, Ontario, have individual ministers.
Leader of the official opposition, other political party leaders. **Critics, Shadow Ministers** **Members of Parliament or Legislative/ National Assembly**	In the Canadian political system, leaders of parties, especially the official opposition (the party with the **second** most seats), play a critical role in holding the government accountable. Through Question Period, debates on legislation, debates on bills, and by speaking to the media, party leaders and other Members of Parliament or provincial or territorial Legislatures hold the government to their promises or raise concerns about policy decisions. Members of the official opposition and other opposition parties often have specific roles related to ministries or key issues. You can look at the profiles of MLAs, MPPs, and MNAs to see who holds the critic post for health, mental health, youth, or other key areas related to mental health. Note that Nunavut and the Northwest Territories do not have parties and use a consensus style government. There are no leaders of the official opposition. Look out for representatives who have expressed an interest in the issue you care about.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Parliament or provincial/ territorial legislature Committees	A committee is a group of Members of Parliament or provincial legislatures from all parties who work on a specific policy area, they can examine bills, budget estimates, and/or look into other matters that relate to its specific mandate. They hear from witnesses, including experts and individuals affected by an issue, review tabled documents, write reports to the government, and make recommendations to the House. The Senate of Canada also has committees. Parliament has a Standing Committee on Health. This committee looks at health related issues, which vary across the country. For example, the Bill 149, Ministry of Mental Health and Addictions Act, 2017 was referred to the Standing with Committee on Financial and Economic Affairs. British Columbia has a specific committee on health. In Alberta, issues of health are referred to the Standing Committee on Families and Communities.Prince Edward Island has a Standing Committee on Health and Wellness. You could also look at the activities of other committees, like those that focus on social policy, youth, veterans, or issues relating to Indigenous communities. A list of committees, their mandates, membership, and contact information can be accessed here for the federal government and at the following links for the provinces and territories: NFLD PEI NS NB QC ON MB SK AB BC YK NWT NU
Municipal Governments	The mental health commission of Canada argues that municipalities can provide first responders with tools needed to appropriately respond to mental health issues, improve integration of services and increase quality of life, create healthy workplaces, reduce stigma, change municipal policies to support citizen's mental health, and take into consideration a "Housing First approach" to end chronic homelessness. More information can be found here.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

An overview of Federal, Provincial, and Territorial ministries and their respective ministers can be found here:

Federal British Columbia Alberta Saskatchewan Manitoba

Quebec Ontario New Brunswick Newfoundland and Labrador

Prince Edward Island Nova Scotia Yukon Northwest Territories Nunavut

Other Key Players:

Organization	**Services**	**How to Engage:**
Mental Health Commission of Canada (MHCC)	In 2007, the Canadian government funded a non profit organization, Mental Health Commission of Canada was created in response to a senate committee tasked to study mental health, mental illness and addiction. The Mental Health Commission of Canada (MHCC) leads the development and implementation of innovative programs and tools to support the mental health and wellness of Canadians.	➔ Join the Board of Directors ➔ Apply to be on the Advisory Council ➔ Apply to be on MHCC's Hallway Group ➔ Use the resources and materials provided to gain a more in-depth understanding of mental health issues in Canada ➔ Attend their events ➔ Sign-up for Mental Health First Aid (MHFA) Training.
Canadian Mental Health Association (CMHA)	The CMHA was established as a volunteer-based charitable organization in 1918, and currently supports over 1.3 million Canadians annually within 330 communities. The CMHA provides a multitude of tailored services within each community to support folks with mental illness develop "personal tools to lead meaningful and productive lives."	Follow this link to get involved by: ➔ Donating to CMHA ➔ Registering online ➔ Hosting a fundraising event ➔ Finding a career within their national, provincial or regional branches ➔ Signing up to Volunteer!

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Centre for Addictions and Mental Health (CAMH)	The CAMH is a teaching hospital and research centre.	➔ They have extensive information about mental illness and addiction. ➔ They have important resources & tips for frontline workers.
Canadian Alliance on Mental Illness and Mental Health (CAMIMH)	The CAMIMH is a non-profit organization comprised of health care providers as well as organizations which represent individuals with lived experience of mental illness. There are volunteer run and aim to facilitate a national conversation on mental illness.	➔ They can provide you some resources for reducing stigma and leading conversations about this important issue.

There are many organizations that are dedicated to specific disorders, mental illnesses, or vulnerable populations. A few of which are the:

- Canadian Psychological Association
- Schizophrenia Society of Canada
- Mood Disorders Society of Canada
- National Association of Anorexia Nervosa and Associated Disorders
- Canadian Coalition for Seniors' Mental Health
- Alzheimer Society of Canada
- National Initiative for Eating Disorders

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Colonialism and Indigenous Health

Colonialism is a "social determinant of health," meaning that it's part of a wider social force that impacts Indigenous people's health. As Sarah Nelson argues, "mental health services and values in Canada have been informed by the colonial foundations of the nation," which has displaced and marginalized Indigenous communities, and perpetuated stereotypes about Indigenous identity. Mental health is part of a colonial framework due to its adherence to a "western point of view," and to the interrelation between the "colonial conceptions of mental illness," and colonialism's goals. An example of this is the Post-Traumatic Stress Disorder section of the Diagnostic and Statistical Manual (DSM), which Peter Menzies argues "ignores the role of culture and intergenerational or community trauma." As Karina Czyzewksi articulates in her 2011 article *Colonialism is a Broader Social Determinant of Health,* Canada has engaged in a politics of erasure, which is reflected in ignorance of residential school trauma and discriminatory practices and laws put in place to prohibit recourse. The example of Fetal Alcohol Syndrome is particularly salient as it has been constructed as a "public health issue," which has "blamed impoverish Aboriginal women," while simultaneously ignoring broader "historical, social and environmental factors that could account for the same outcomes." This has shifted the blame from structural and systemic issues to individual responsibility.

Our history of colonialism has caused intergenerational trauma and has both limited Indigenous access to resources, while also politically disempowering, socially isolating, and repressing self-determination. While factors of mental health vary between communities, Indigenous communities on-reserve experience suicide rates that are "five to six times greater" than Canadians in general. Northern and remote communities are even more vulnerable to higher rates of suicide, where substance misuse, "isolation, poverty and language barriers" are more common. Concurrent disorders within Aboriginal communities is believed to be 70%, with youth "two to six times more likely to use alcohol" than non-Indigenous youth. "Health disparities realized by Indigenous peoples," according to Czyzewksi, "stem from or are related to colonial disruptors and ongoing erosion of human rights." This erosion can be seen in the forms of unemployment, poor housing, educational inequality, and subpar healthcare services, which all contribute to an increased probability of substance misuse. Colonialism can also be seen in the "strange indifference" to Indigenous health, which would otherwise be classified as a "national scandal" if the health of another population was impacted in a similar way. Thus, as Waldram argues, today's mental health issues experienced by Indigenous peoples can be traced to "the traumatic effects of colonialism, including geographic and economic marginalization, and attempts at forced assimilation."

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

It is important to note that Indigenous views on health, including mental health, and treatment can be vastly different and are often more holistic. To read more, please check out: Sharing Our Wisdom: A Holistic Aboriginal Health Initiative" International Journal of Indigenous Health; Victoria Vol. 11, Iss. 1, (2016): 111-132.

Party Positions and Platforms: (Federal, Provincial, Municipal)

Understanding party positions are often important for political engagement. First, it can help you to think about which party might be best aligned with your values and interests. Better understanding party positions can help you choose who to vote for or which party you want to become a member of. You can check out party positions in their platforms; issued during elections, platforms outline priorities and plans for government. Second, it can raise awareness of policy gaps within parties, thus allowing for the advancement of new ideas to tackle issues. Influencing policy decisions at the party level occurs primarily at policy conventions, where members can propose and vote on policies and positions.

Liberal Party of Canada

In their 2015 party platform, **"**Real Change: A Plan for a Stronger Middle Class**"** the Liberal Party of Canada promised Canadians "A New Health Accord," which included accessible home care, increased affordability of prescription drugs, and more accessible mental health care. In particular, the Liberal party promised to engage in collaborative leadership and a long-term funding agreement with the provinces and territories, and a pan-Canadian collaboration on health innovations, particularly on the accessibility of prescription drugs. Specifically related to mental health, the Liberal party committed to a centre for care specializing in mental health, PTSD, and other issues for both veterans and first responders and promised to increase the availability of "high-quality mental health services".

While not specifically outlined as *mental health* issues, the Liberal Party committed to prioritizing affordable housing, eliminating the Labour Market Impact Assessment Fee, and increasing the Canada Student Grant in their platform. These points are important to include as they all impact mental health care.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Conservative Party

The Conservative Party's 2015 platform entitled 'Our Conservative Plan To Protect Our Economy', contained several policy promises related to mental health and addictions. For example, the platform committed to set priorities for the Mental Health Commission to "study community suicide-prevention program[s]," and to prioritize working with communities who experience disproportionate levels of mental illness, which include Indigenous peoples and veterans. They also vowed to increase funding for Indigenous Canadians by 31%, and to ask the Mental Health Commission of Canada and the Canadian Centre for Substance Abuse to collaborate on the integration of initiatives on substance abuse and mental health.

While not explicitly linked to mental health in their platform, the Conservative party included promises to raise awareness about the consequences of drug use and to establish a toll-free support line to provide drug prevention advice.

New Democratic Party (NDP)

As part of their 2015 election platform, the NDP indicated that they would create a youth mental health initiative fund to reduce wait times, including dedicate attention and funds to high risk communities. Their platform also spoke to the importance of collaborating with front line service providers, like police. They also indicated they would work with Correctional Investigator of Canada to ensure appropriate care, treatments and procedures are available in prison for offenders with mental illness. Another area of focus was mental health in the military, in particular, access to service for vets and those still serving, and uniformed psychologists as part of deployments.

Green Party

In their "Vision Green" Section 4.7, the Green Party of Canada hopes to promote a comprehensive approach to mental health with several related policies. Included in their policy promises was funding for a comprehensive mental health strategy for all Canadians and a requirement to involve those dealing with mental health problems in any planning, research, policy development or implementations. Among their specific recommendations was a ten-year extension to the mandate of the Mental Health Commission and an increase in payments to provinces to support mental health patients and to provide adequate community-based support by mental health professionals.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

The **provinces and territories are the main government responsible for health care**. Across the country, they have diverse strategies for addressing mental health.

You can find out what the parties in your province or territory think about mental health issues and what can be done to address them by looking at their websites, announcements or releases, platforms around election time, or by checking out their convention. Below is a list of the parties that currently hold seats, but you may want to also see if there are new or smaller parties that have ideas to contribute.

Keep in mind that parties differ across the country, especially Progressive Conservative and Liberal parties, so you'll want to look into the party in your own province or territory

British Columbia
- British Columbia Liberal Party
- British Columbia New Democratic Party
- Green Party of British Columbia

Alberta
- Alberta New Democratic Party
- Alberta Party
- United Conservative Party
- Alberta Liberal Party

Saskatchewan
- Saskatchewan Party
- Saskatchewan New Democratic Party

Manitoba
- Progressive Conservative Party of Manitoba
- Manitoba New Democratic Party
- Manitoba Liberal Party

Ontario
- Progressive Conservative Party of Ontario
- Ontario New Democratic Party
- Ontario Liberal Party
- Green Party of Ontario

Quebec
- Quebec Liberal Party
- Quebec Progressive Conservatives
- Bloc Quebecois
- Quebec NDP

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Newfoundland and Labrador-
- Newfoundland and Labrador Liberal Party
- Progressive Conservatives
- Newfoundland and Labrador New Democratic party

New Brunswick
- New Brunswick Liberal Party
- New Brunswick Progressive Conservative Party

Nova Scotia
- Nova Scotia Liberal Party
- Progressive Conservative Association of Nova Scotia
- Nova Scotia New Democratic Party

Prince Edward Island
- PEI Progressive Conservatives
- PEI Liberals
- PEI Green Party

Yukon
- The Yukon Party
- The Liberals
- The Yukon NDP

Northwest Territories & Nunavut have consensus model for government and no parties. Check out what your local candidates have to say about mental health.

Current Government Strategies

While we aren't able to cover all government strategies, funding, or projects, we want to provide a small look at some of the things that the provincial, territorial, and federal governments are up to.

The Federal Government is currently addressing mental health issues in Canada in a myriad of ways, including: taking action on mental health in Indigenous communities, addressing the current opioid crisis, and providing a framework for suicide prevention. In 2016 the Prime Minister of Canada committed to investing $1.2 million towards the creation of two mental wellness teams in Northern Saskatchewan, and to providing funds for mental health services in remote Indigenous communities.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

This includes two permanent mental health workers in Attawapiskat, a 24-hour crisis line and a crisis response team available to most at risk areas in Ontario, Manitoba, and Nunavut, and an increase in mental wellness teams from 11 to 43 communities. The Federal Government in collaboration with multiple provincial government have committed to taking specific action to address the current opioid crisis, such as the ear marking of $75 million to address the crisis, and the establishment of a minister specifically responsible for addiction in BC.

The provinces, as the governments primarily responsible for mental health, have diverse approaches and policy. This section covers some basic and recent examples of policy approaches and initiatives.

British Columbia

In 2017, the new government in BC developed created the 'Ministry of Mental Health and Addictions' to "improve the access and quality of mental health and addiction services for all British Columbians, as well as develop an immediate response to the opioid public health emergency." The BC government has also invested in the opening of the "Victoria Foundry mental health centre," which provides care to youth, and in September of 2017, the government dedicated $322 million over the span of three years to "accelerate the response" to the public health emergency of drug overdoses.

Alberta

In Alberta, comprehensive review of Alberta's mental health services was completed by the Alberta Mental Health Review Committee in 2015. Their findings were released in 2016 in "Valuing Mental Health: Report of the Alberta Mental Health Review Committee," which included 32 recommendations. The follow-up "Valuing Mental Health: Next Steps" turned these recommendations into eighteen action items. The priority groups were youth, children, people with complex needs, and those with addictions, and Indigenous peoples and communities. More recently, the government has emphasized the importance of providing funding for mental health services in educational institutions by committing $25.8 million dollars over three years to providing mental health services at the post-secondary level.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Saskatchewan

In Saskatchewan, in 2014, the Commissioner of the Mental Health and Addictions Action Plan released a ten-year strategy to address addictions and mental health in Saskatchewan, called "Working Together for Change." This document included 16 recommendations within 7 broad categories, and 30 actionable items.

The Government of Saskatchewan responded to the ten-year strategy with newsletters updating citizens on the implementation of the recommendations. In 2017, the newsletter mentioned than an "inter-ministerial improvement plan" was being established to address the recommendations.

In 2016-17, the newsletter reported that the Ministry of Health in Saskatchewan invested $356,000 into supporting the University of Regina's "Internet-delivered Cognitive Behavioural Therapy (I-CBT) program, which allows for adults with depression and anxiety to access "online clinic treatment." This program has been provided to over 1,500 individuals in the province since 2010. During this time period, the government also began working on 'The Maternal Wellness Program' to support mothers with postpartum anxiety or depression, and started 'The Take Home Naloxone program'.

Manitoba

The Government of Manitoba is currently creating a provincial strategy on Mental Health and Addicts (MHA), information on the consultation process is available online.

In 2017, the province signed a funding agreement for health-care with the Federal government, which increased funding for "home care, mental-health services and addictions treatment" by $400 million over 10 years. A 5- year strategic plan for mental health and wellness was created, called 'Rising to the Challenge,' and includes a strategic plan for health care, goals and objectives, and recommendations. This document has allowed for further initiatives on eating disorders, the establishment of a Mental Health Court, and prevention measures for youth suicide.

There is a report card available on the performance of the government in different areas of health care, including mental health.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Ontario

In 2017, the province announced new initiatives around mental health, including hubs where youth can access walk-in mental health and addictions services. The announcement included more services for those with anxiety and depression to facilitate success in their daily lives.

Beginning in January, 2018 the province now covers prescription medication for all youth under 25, including those for the treatment of mental health, through the OHIP+ Children and Youth Pharmacare program.

There has also been a recent expansion of psychotherapy available to those in Ontario. Programs can be accessed through a primary care provider or through addictions services.

Quebec

In 2015, Quebec introduced a 5-year mental health action plan investing $70 million to address need. The program has been aimed at improving clinical management and has focused explicitly on services for youth with mental health concerns.

A 2017 announcement focused on those with severe mental health issues, and included crisis care and training for teams to engage in follow up and intervention, particularly with youth. There was also plans to create more spaces for care in the system for individuals needing mental health care.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Newfoundland and Labrador

Adopted in 2007, the Mental Health Care and Treatment Act represented a new approach in providing interventions and services for people with severe and persistent mental illness . The Act expanded the roles of nurses, nurse practitioners and peace officers and introduces changes to the roles and operations of their mental health care services. There have, however, been concerns around forced treatment.

The province has The Provincial Mental Health and Addictions Advisory Council which is comprised of people with diverse backgrounds, knowledge and experience in mental health and addictions, including community service providers, advocates, social activists, health care providers and persons with lived experience.

A New Mental Health and Addictions Plan, Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador, was announced in 2017 and includes short, medium, and long term objectives.
Newfoundland and Labrador also has drop-in counselling sessions to provide support to individuals who need a single appointment. In addition, they have created a "Downtown Healthcare Collaborative," which is an interdisciplinary team that provides outreach services to various community organizations, and an interdisciplinary mobile crisis team, which is available in St. John's.

New Brunswick

The Action Plan for Mental Health in New Brunswick includes an emphasis on mental-health promotion, change in service delivery of all sectors, early identification of mental illness and effective intervention, and a shift in the attitudes and values of residents. Specific initiatives involve greater collaboration between government, educators, employers and non-governmental organizations.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Nova Scotia

In 2016, the government released a report on their progress on addressing mental health in the province. According to the document, the government invests $270 million dollars annually to mental health, addictions, prevention, treatment and supports. Through 'The Strongest Families' program, 900 families have received coaching through the telephone for children (ages 4-12) with anxiety and behavioural issues. The wait times for children and youth needing access to community-based mental health care services have dropped dramatically "from 501 to 118 days," and "mental health clinicians" have been placed in schools through the 'School Plus Program' to identify and treat students with mental health issues. Nova Scotia now has "104 Gender and Sexuality Alliance" programs in schools, and $2.7 million has been provided to "community-based organizations"focused on mental health. For more information you can read the report.

Since 2016, community groups have been able to apply for grants (up to $150,000) to address mental health and addictions. The Province of Nova Scotia in 2016 created a new and transparent grants process for community groups interested in mental health and addictions.

Prince Edward Island

Prince Edward Island residents can access mental health walk-in clinics without needing to be referred by a doctor. The province also has a mental health strategy that covers 2016 to 2022. You can see some of their other programs here.

Nunavut

In 2015, the Government of Nunavut asked local Inuit for advice regarding the creation of a new Mental Health Act. Nunavut also has a Embrace Life Council; the Council's third suicide prevent action plan - Inuusivut Anninaqtuq (United for Life) - covers the five years between 2017 and 2022. All resources are available in English and Inuktitut.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Yukon

In 2016, the Yukon government released a 10-year mental wellness strategy meant to better deliver mental health and substance use care in the territory. Documents released by the government say 7,500 Yukoners out of a population of about 37,000 struggle with mental health or substance use each year.

As part of federal and provincial/territorial agreements on health care funding in 2017, the federal government is set to give $5.2 million to support new initiatives for mental health in the territory.

Northwest Territories

The Government of the Northwest Territories has developed a Mental Health Framework (2016-2021) to build on community and culture to develop a territory wide strategy to deal with the mental health crisis. The strategy focuses on early detection and prevention, is recovery-centred, and aims to better integrate all government services to support mental health needs. You can find the strategy here and a summary here. The Framework includes three action plans: Territorial Mental Wellness Action Plan, a Territorial Addictions Recovery Action Plan, and a Child and Youth Mental Health and Addictions Action Plan.

As the level of government closest to citizens and responsible for many services that affect people's daily lives and well being, cities and other municipal governments often engage on the issue of mental health. Here are some noteworthy examples.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Vancouver: Mayor Gregor Robertson established a mental health and addictions task force, which released its reported, "Caring For All," in September of 2014. This document outlines youth outcomes, ways to enhance the mental health care system, increasing access to services, ways to address gaps in services, creating a 'peer-informed system' and fighting stigmatization.

Victoria: The municipal government funds two Victoria police officers assigned to an integrated mental-health team for a two-year pilot project.

Airdrie: Funded largely through the city's Family and Community Supports, *Viewpoints* is a "youth mental health and wellness project," to support youth, increase awareness and access of resources and decrease stigma. It also provides youth, parents, and caregivers the tools they need to deal with mental health before it becomes a more serious issue.

If you want to read more, Feeling Better Now provides an interesting blog update annually on mental health initiatives in canada - check it out here.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Issue 1: Student Mental Health/Campus Supports

Overview

Statcan reported over 2 million students enrolled in postsecondary programs nationally. This age group is often overlooked and considered 'healthy', but mental illness is on the rise. The Canadian Institute for Health Information reports that 'emergency department visits by children and youth from 5 to 24 seeking mental health or substance [use] treatment rose 63 per cent and hospitalizations jumped 67 per cent between 2006 and 2016.' Despite the deteriorating mental health of Canadian youth, supports for students on campus remains an extreme cause of concern, with counselling intakes taking years in some cases.

Post-secondary education often marks a transitional phase in a student's life. For many, the cost of tuition and the costs associated with commuting or living on one's own for the first time means taking out their first student loan. This financial pressure lumes above the 'new' environment requiring one to make new friendships and bonds as well as being away from current relationships. It is a time of conflict and change in terms of identity, new friendships, and life-long career decisions.

The financial stress associated with post-secondary education can also have detrimental impacts on student mental health. Many students are unable to survive on student loans alone to afford their education, and thus must find one or more jobs to sustain themselves. This stress is compounded if an unpaid field practicum or unpaid internship is required to gain experience or to complete a degree program. Often practicum opportunities are in addition to full-time studies, and may be a course within itself. For students who must complete one or more co-op semesters, there is a high cost associated with participating, and many co-ops are low paying endeavours.

According to a survey done by the American College of Health Association, between 2013-2016 there was a 50% increase in anxiety, 47% increase in depression and 86% increase in substance abuse among post-secondary students in Ontario . Furthermore, suicide attempts amongst students is now at an all time high, increasing by 47% during the same 3 year period. Other studies find similarly troubling results; a Maclean's survey of more than 17,000 students across every campus in Canada found that 14% students say they have poor mental health, 31% states their mental health prevented them from succeeding, and 10% rated their schools mental health services as 'poor or horrible. The difficulties of finding a mental health support specialist has resulting in massive increases in the use of helplines - for example, there has been a 344 percent increase in calls to the Mental Health Helpline run by ConnexOntario (a toll-free mental health services information line) since 2010 by people 25 or younger.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Students come from all types of backgrounds and some students experience multiple vulnerabilities to mental health issues and barriers to accessing care. For example, students moving from rural areas to urban cities, or Indigenous peoples moving from their reserves, or students immigrating to Canada for education may experience additional challenges, such as culture shock. Racialized students and students experiencing poverty may also experience more difficulties in accessing care and accommodation. For more information on access to care, check out Issue 2.

Key Stakeholders

Students, parents, families, on and off-campus health services & counselling services, counsellors, physicians, student society's health plans, universities.

Want to read more from some of the key players?

In November 2017, The College Student Alliance, the Ontario Undergraduate Student Alliance, Colleges Ontario and the Council of Ontario Universities wrote a report with central principals and key recommendations. For a brief outline you can see the press release of the Council of Ontario Universities.

In October 2017, student organizations in Nova Scotia, New Brunswick, and Prince Edward Island called on their respective governments to fund innovative mental health intervention programs to improve the mental fitness and wellbeing of postsecondary students in the Maritimes. You can read it here.

On January 9, 2018, the Canadian Alliance of Student Associations (CASA) published a policy paper entitled, *Breaking Down Barriers: Mental Health and Canadian Post-Secondary Students*. This paper delves into what mental health looks like currently on post-secondary campuses in Canada, and what steps the federal government can take to make improvements in the lives of those struggling. Check out the release and summary here.

Some universities have dedicated services and awareness buildings - you can check out the University of Manitoba as an example.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Decision Makers

Post-secondary education and health are mainly the responsibility of provincial governments. The federal government also plays a role, particularly when it comes to funding for post-secondary education and in setting some standards for health care across the country. You can reach out to key ministers, critics and other representatives who you know are invested in the importance of youth, mental health, and student well-being. Universities and student bodies may also be important decision makers.

Provincial governments

- Ministry of Education (Provincial/territorial)
- Ministry of Health (Provincial/territorial & federal)
- Minister of Youth Affairs (Provincial and Federal)
- Student Societies with health plans
- Department of Student Services
- Board of Governors at Post-secondary Institutions

Current Policies, Government Strategies

In June 2017, the Alberta provincial government provided a report on current practices and next steps to address this important issue. You can read about it here.

The mandate letter for British Columbia's Minister for Mental Health and Addictions includes clear direction to focus on prevention and services for youth.

In the Fall of 2017, seven Canadian universities and colleges took part in a Mental Health Commission of Canada (MHCC) led pilot project to teach students how to better understand and manage their mental health. Initially developed at the University of Calgary and piloted at the universities of Calgary and Mount Royal, The Inquiring Mind pilot expanded to the campuses of the University of Lethbridge, MacEwan University, Memorial University of Newfoundland, Dalhousie University, the Nova Scotia Community College and Dalhousie Medical School, which is planning to train all their first-year students. Read more here.

The Centre for the Mental Health Association has released a report called Post-Secondary Student Mental Health: Guide to a Systemic Approach.

In Ontario, the provincial government funds a Mental Health Innovation Fund (MHIF) which has led to the creation of the Centre for Innovation in Campus Mental Health.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Issue 2: Access to Care

Access to mental health services is an issue that impacts those living with mental illnesses or those seeking support across Canada. According to the Centre for Addictions and Mental Health (CAMH), only about half of Canadians experiencing a major depressive episode receive ‘‘potentially adequate care.’’ Of Canadians aged 15 or older who said they needed care the past year, one-third state that their needs were not fully met. Wait times for counselling and therapy can be long, especially for children and youth. In Ontario, wait times of six months to one year are common.

While mental illness accounts for about 10% of the burden of disease in Ontario, it receives just 7% of healthcare dollars. Relative to this burden, mental health care in Ontario is underfunded by about $1.5 billion and the Mental Health Strategy for Canada recommends raising the proportion of health spending that is devoted to mental health to 9% by 2022.

To learn more about how, when, and if Canadians access mental health care you can check out this infographic from Stats Canada.

Accessing care with mental illness - the role of stigma

Stigma is one of the most significant barriers to receiving appropriate mental health care. According to a 2008 survey just 50% of Canadians would tell friends or co-workers that they have a family member with a mental illness, compared to 72% who would discuss a diagnosis of cancer and 68% who would talk about a family member having diabetes. More than half (55%) of Canadians said they would be unlikely to enter a spousal relationship with someone who has a mental illness and nearly as many (42%) of Canadians were unsure whether they would socialize with a friend who has a mental illness. Some Canadians still have negative views of mental illness - 46% say they think people use the term mental illness as an excuse for bad behaviour, and 27% said they would be fearful of being around someone who suffers from serious mental illness.

The stigma around mental health in Canada may be improving. In 2015, 57% of Canadians believe that the stigma associated with mental illness has been reduced compared to five years ago. More than 8-in-10 say they are more aware of mental health issues compared to five years ago and 70% believe attitudes about mental health issues have changed for the better compared to five years ago.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

But stigma remains a barrier: 64% of Ontario workers would be concerned about how work would be affected if a colleague had a mental illness and almost 40% indicated that they would not tell their managers if they were experiencing a mental health problem. The stigma and implications for care may be even more significant for those with some types of illnesses. The Mental Health Commission says that patients with certain disorders, such as personality disorders, tend to be particularly rejected by healthcare staff and are often felt to be difficult, manipulative' thus less likely to be perceived as deserving of care.

Stigma is not the only barrier to accessing care. Canada is one of the most socio-economically and ethnically diverse country in the world, with a large immigrant population residing in urban hubs and other spread across vast rural expanses. Access to care coast to coast to coast is critical, but there remains ongoing inequalities based on geography, rural/urban divides, socioeconomic status, race, gender, and Indigeneity.

Income, Poverty, and Social Status

The Mental Health Commission of Canada shows a strong connection between 'low income levels, income inequality, financial insecurity, poverty and mental health problems and illness'. The CAMH (Centre for Addictions and Mental Health) reports Canadians in 'the lowest income group are 3 to 4 times more likely than those in the highest income group to report poor to fair mental health.'

Individuals suffering from mental illnesses often live in chronic poverty as reported by the Canadian Mental Health Association. Stigma, and discrimination in low income communities not only prevents individuals from seeking help but also from securing long term employment. The CMHA states, 'A lack of secure employment, in turn, affects one's ability to earn an adequate income' thus implicating them further into a mental ill state. This cycle is highlighted in a CAMH study of various Canadian cities 'indicating that between 23% and 67% of homeless people report having a mental illness.' It's important to acknowledge that mental illness is present in all socioeconomic status, and that living in poverty does not mean an individual has a mental illness, and vice versa.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Immigrant and Migrant Communities

For Canadians moving from rural areas to urban cities, or Indigenous peoples moving off of reserves, or new Canadians immigrating to Canada, significant challenges associated with these changes can affect mental health and ability to access care.

A significant problem for immigrant groups is the fact that social support networks may be broken or lost upon resettlement. It takes considerable energy and time to reconstitute these networks and though there is a history of immigrant groups organizing to provide support, this support may be limited compared to the extensive networks that have been left behind.

The mental health of immigrant and refugee Canadians is also often affected due to perceived or real racial discrimination and language difficulties. Access to health care services has often overlooked immigrant women who face considerable barriers accessing mental health services, and the care received is often poor or inadequate. The immigrant's legal status is related to the access and quality of help, therefore, undocumented migrants access services less than other Canadians. Services for immigrant women may exist, but there is issues with accessing these services. It is reported that migrant groups have twice the risk of schizophrenia, psychological distress, post-traumatic stress disorder and depression, and other mental illnesses than local residents. These mental health issues are heightened for refugees, and individuals struggling with unemployment, financial insecurity, poverty and poor housing.

Language Barriers

Statcan reports that Canadian immigratns who are not fluent in either national language, French or English, may experience more severe isolation which can lead to higher rates of depression and alcohol dependence. There are also considerable language barriers in explaining and detailing one's mental health to medical practitioners. This situation leaves practitioners unable to deliver culturally and contextually sound treatments without imposing their own culture and biases. Furthermore, the taboo of mental health in some immigrant communities can result in not accessing mental health care, not recognizing mental illness among family members, as well as feelings of ostracization.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Rural Communities

In rural Canadian communities there is low population density, with individuals spread across over vast areas of land. Per capita funding for health care may result in inadequate funding for folx living in large geographic regions. For example, the Northwest Territories has the highest rate of suicide in Canada, but does not receive funding in accordance to the need but rather in accordance to the number of people living in that geographical region.

It is reported by the Canadian Mental Health Association that 'individuals living in rural and northern areas have higher than average rates of major depressive disorder.' Despite having higher than average rate of mental illness, rural Canada experiences 'barriers to accessing primary health care and psychiatrists beyond the limitations of being in an underserved area.'

Residents of rural, and northern communities are often forced to travel to urban hubs to receive access to mental health support, as well as other psychiatric services. Territorial mental health supports are often located hours away from peoples in need, and the support is not guaranteed upon arrival.

Indigenous Communities

Almost every Indigenous person has been affected by suicide in some way, whether it's a friend, family member, classmate, or they've experienced suicidal thoughts themselves. Due to lack of accessible resources and counsellors in Indigenous and northern communities, there are constantly states of emergency declared in those communities. Mental Health is vastly underfunded for Indigenous communities, which results in Indigenous youth not having adequate resources and supports, as well as the chronic underfunding of staff at care facilities.

Nunavut has rates of suicide that are ten times the national average in Canada. The most recent Statistics Canada data shows that the suicide rate "among children and teens in the Inuit homelands was 30 times that of youth in the rest of Canada (between the five-year period from 2004 to 2008). This is unacceptable especially in light of "The United Nations Declaration on the Rights of Indigenous People, [which] states that: "Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right."

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Substance Use

The co-occurrence of substance use and mental illness can also impact individuals ability to receive appropriate care, due to the added stigma surrounding substance use. See Issue 3 for more substantive information.

Treatment Centres/Support for Addictions/ Trauma Informed Approaches

In 2012, Statistics Canada reported that individuals diagnosed with mental illness and substance use disorders were more likely to seek and receive support than individuals with one diagnosis. However, 39% of individuals with concurrent diagnoses who sought consultation with a health care provider reported that they "had an unmet or only partially met need for mental health care." Overall, many Canadians with mental health and substance use disorders lack access to the supports and resources they need, with only a small proportion of individuals with substance use issues accessing "evidence-informed treatment." This is due primarily to "[s]tigma, gaps in services and practice inconsistencies," across mental health care, which is identified and discussed in the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada,* located here.

Taking Stock: A Report on the Quality of Mental Health and Addictions Services in Ontario, which can be found here, examined the current quality of care and services Ontarians are receiving for mental illness and addictions, and finds that there are "substantial differences in access to care due to gender, age, income, immigration status, or whether a person lives in a rural or urban area."

It is critical that treatment and support is trauma informed. According to the Substance Abuse and Mental Health Services Administration a trauma-informed approach:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist *re-traumatization*."

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Key Decision Makers:

When it comes to access to care, there are several key decision makers you can engage with.

- Provincial, territorial, and federal Ministers of Health
- Provincial and territorial Ministers of Education have an influence
- Ministers responsible for Indigenous services or relations have specific responsibilities related to access to care for Indigenous Canadians
- The Mental Health Commission of Canada

There are several elected representatives who have been very public about their own mental health struggles, including Celina Caesar-Chavannes (MP for Whitby) and Lisa MacLeod (MPP for Nepean—Carleton). They make great allies and if they are your MP or MPP - lucky you!

Issue 3: Addictions and Mental Health Care

Addictions and substance use often accompany mental illness, increasing individual's vulnerabilities, risk to illness and poverty, and barriers to receiving care. Moreover, substance use is reported by some as a form of self-medication when they are unable to receive the mental health care they need.

According to Statistics Canada, in 2017, compared to the Canadian populous, individuals suffering from mental illnesses are twice as likely as their counterparts to experience substance use problems. It is estimated that 20% of mentally ill individuals have 'co-occurring substance use problems,' which is heightened to 50% for individuals experiencing schizophrenia.

Individuals who experience the co-occurrence of addiction and mental illness "often experience poorer physical health and greater psychological distress" than those with one disorder, and are reported to receive "less-than-optimal health care."Addiction and mental health correlate to heightened stress and impairment of cognitive functioning, which may result in illnesses which range from mild to severe. While mental illness and addictions have been associated with the reduction of life expectancy by up to 20 years, as well as premature death, most individuals impacted by a dual diagnosis will recover if they receive the "appropriate treatment and support."

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

The Canadian Centre on Substance Abuse (CCSA) released a report in 2014 called '*Childhood and Adolescent Pathways to Substance Abuse Disorders*' which explore the interplay of "genetic, biological, social and environmental experiences and vulnerabilities" children face, internalizing and externalizing factors, and it provides intervention strategies. To view this report, click here.

The term "substance use" is used throughout this section instead of "drug abuse," as the latter terminology perpetuates societal stigma, and can further isolate and marginalize people in need of support.

There are many interplaying factors when it comes to mental health and addictions, some of which are outlined below:

Housing and homelessness

Substance use and homelessness has a complex relationship, as "many people who are addicted to substances never experience homelessness," however, someone with unstable housing, often as a result of financial hardship, "has an increased risk of losing their housing if they use substances." Once homeless, access to healthcare, which includes specific substance use supports such as recovery and treatment services, becomes much harder. For those able to receive treatment, upon discharge from the hospital or the center where they were getting treatment, many experience a lack of housing options which jeopardizes their recovery process. Transitional housing is one approach to "addressing substance use problems," however, many do not qualify for facilities that require abstinence.

The Canadian Observatory on Homelessness (COH) has classified "the homeless population into three categories: the unsheltered, the emergency-sheltered, and the provisionally accommodated." In 2014, it was approximated that at least 235,000 Canadians would be homeless by the end of the year. A study on hidden homelessness, defined as "ever having had to live temporarily with family, friends or in their care because they had nowhere else to live," showed that a tenth of Canadians "have experienced hidden homelessness."

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Men and Indigenous people in particular are disproportionately impacted by hidden homelessness, as well as those who were physically and/or sexually abused during their childhood. Those who had been "the legal responsibility of the government" experienced hidden homelessness three times more than those who had not, and those with a disability are significantly more likely than those without a disability to experience hidden homelessness. Hidden homelessness is also disproportionately experienced by those with a weak social network due to moving multiple times within a five year period, as well as those who are non-heterosexual.

The Child Welfare System and Vulnerable Youth

In 2016, a national survey entitled "Without a Home: the National Youth Homelessness Survey,' was released which showed that almost three of every five youth who are homeless were in the child welfare system during their lives, "a rate almost 200 times greater than that of the general population." They survey indicated that two of every five youth respondents became homeless due to aging out of care within their province or territory, thus losing supportive housing access. This has culminated in youth, between the ages of 13 to 24, making up one-fifth of the homeless population in Canada. This translates to there being 6,500 homeless youth "on any given night." Foster care has repeatedly been linked to homelessness later in life, which significantly impacts Indigenous youth who are overrepresented in our child welfare system. In British Columbia, for example, 62.7% of children in care are Indigenous, despite Indigenous children making up only 9% of BC's population. Choices for Youth, based in Newfoundland and Labrador, did a "point in time" count and determined that 43% of respondents indicated they became homeless within one year of leaving child protective services and 80% said that CPS was not helpful in their transition to independence.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Opioid crisis

Opioids are "a class of powerful drugs that are primarily prescribed to treat severe pain," which create intense feelings of pleasure when misused, which can lead to "fatal overdose, along with other medical, legal and social problems." Tolerance to opioids builds up quickly, thus increased amounts are needed to experience euphoric effects, which can lead to physical and psychological dependence. According to CAMH, the risk factors which may lead to an opioid addiction include: personal history of substance use issues involved any substance, including alcohol; family history of substance use problems or addiction; history of preadolescent sexual abuse; and/or a history of psychiatric problems. The current treatments available are: substitution drug therapies, and addiction treatment counseling.

According to the Canadian Addiction Treatment Centre, Canada's "opioid addiction epidemic is fueled by prescription addiction, synthetic drugs, and the extremely addictive heroin drug." Synthetic fentanyl has been reported to sometimes contain a higher potency level than regular fentanyl, with "bootleg fentanyl" being 40 times "more potent than heroin and 100 times more potent than morphine." Fentanyl, thus, is potent, deadly, versatile, and highly profitable due to the ease and low costs of producing it in relation to heroin. In 2016, opioid-related deaths reached 2,861, and in 2017, the death toll reached 1,460 within the first five months. In 2018, opioid-related deaths are expected to exceed 4,000 according to public health experts. A majority of these deaths were male victims, and individuals between the ages of 30-39, however, these categories vary across territories and provinces. In Ontario, "1 in every 8 deaths is related to opioid use," for those between the ages of 25 to 34. A breakdown of opioid-related deaths in 2016-2017 by province or territory can be found here.

According to Michael Heitshu, chairman of the Coalition for Safe and Effective Pain Management, rising rates of addiction and opioid overreliance is due in part to "a lack of affordable alternatives." Currently, "Canada is the second leading consumer of opioids in the world," with 19 million opioid prescriptions written in in 2016. In the Yukon, Northwest Territories, Alberta and BC, this has resulted in "apparent opioid-related death rates of more than 10 per 100,000." The Global News reported that in their survey of over 5,000 Canadians, one in five said they had received a written prescription for opioids, while one in eight said they have a family member or a friend who "has become dependent on opioids in the last five years."

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

To combat substance use and to provide a supportive and safe environment for those using substances, “Canada’s first supervised injection site (SIS)” was opened in the Downtown Eastside in Vancouver 15 years ago. This was followed by a second SIS opened in the summer of 2017, one opened in Surrey, plans to open one in Victoria, and in August of 2017 an “interim” SIS was opened in Toronto. Despite these openings, “local health officials conceded that Insight doesn’t-or simply can’t- provide enough service to satisfy local harm reduction needs,” and that the current budgets allocated to their operation are too low. In the Downtown Eastside, deaths due to overdose unrelated to fentanyl have declined, and “the spread of infectious diseases” has been reduced, however, due to “the appearance of fentanyl,” overdose deaths have risen from 100 to 231 between 2014 and 2017. In addition to promoting public health and safe use, Insite also has a detox on the second floor and provides space and opportunity for individuals to connect with other services and support.

Criminal Justice System/Incarceration/Corrections

Most individuals experiencing mental illness do not have a relationship with the criminal justice system and are never incarcerated, however, those with illnesses such as “psychosis, depression, anxiety, and substance-use disorders are over-represented in Canada’s correctional facilities.”

In 2010, the Standing Committee on Public Safety and National Security released a report entitled ‘Federal Corrections: Mental Health and Addiction,’ which reviews the capacity of Canada’s correctional system to respond and address mental illness, incidents that have occurred in prison, alternatives to the criminal justice system, as well as new strategies and approaches to implement within corrections. Within this report, it is noted that the 1867 Constitution Act delineates responsibilities for correctional services between federal, provincial and territorial governments based on sentence length. Federal inmates are adult offenders who are sentenced to at least two years in prison, in which case their medical care is covered by Correctional Service Canada (CSC) as stipulated in the Corrections and Conditional Release Act (CCRA). Based on testimony to the Committee, “[t]he overwhelming majority of offenders suffering from mental illness in prison do not generally meet the admission criteria that would allow them to benefit from services provided in the regional treatment centres. They stay in general institutions, and their illnesses are portrayed as behavioural problems or…are labelled as disciplinary as opposed to health issues.”

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

These concerns regarding the capacity of the CSC to respond to mental health problems is well founded as the Committee was told that "correctional officers who work with federally sentenced offenders on a daily basis cannot recognize the symptoms of mental health problems and illness," and that "corrections officers at [Regional Treatment Centres] do not receive specialized training. This is particularly concerning as the "demand for mental health services in the federal correctional system has increased considerably in recent years." The Globe and Mail acquired a letter sent to the CSC in July of 2017, which summarized 33 prisoner's experiences in Canada's federal corrections system in the Pacific region. Many of the prisoners said that they were unable to access "basic treatment for the highly addictive class of drugs that includes fentanyl and oxycodone," and that opiate substitution therapy waiting times fluctuated from months to years.

Don Head, the CSC Commissioner, revealed that one tenth of male offenders and one fifth of female offenders admitted to detention have serious mental health issues, which is thought to be an underestimation due to the fact that the CSC only recently started "tracking mental illness upon admission." This means that mental disorders in federal prison is three times more common than in the general population, of which some told the Committee that they have been victims of violence and intimidation within federal corrections, which further contributes to an increased likeliness of offenders with mental health issues to self-harm. Four fifths of offenders "admitted to CSC correctional institutions have serious drug or alcohol abuse problems."

Indigenous populations are overrepresented among segregated offenders, and have higher rates of "mental disorders and addiction issues than non-[Indigenous] offenders, are younger upon admission into custody, [and] serve more of their sentences in the institution before initial release. Therefore, Indigenous communities are more likely to feel the effects of lack of mental health care and supports in Canada's federal correctional system.

Mental health courts, like those used in Ontario for example, offer a particularly interesting and promising solution. You can read more here and here.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Stigma

Two thirds of adults experiencing mental illness who require treatment or services do not access it due to the stigma associated with having a mental health issue. The stigma associated with having an addiction is even higher, as the CIHR reported that 58% of people said they would interact with a friend with a mental illness, while only 32% said they would socialize with a friend who is addicted to alcohol, and 26% responded by saying they would associate with a friend who had a drug addiction. Stigma has been reported to negatively impact individuals "willingness to attend treatment and access to healthcare, harm reduction, self-esteem and mental health." Due to stigma, those with substance use disorders face barriers seeking treatment, which has significant "economic, social, and medical costs." For example, in the United States, untreated addiction costs $510 billion annually. Perceived stigma also has detrimental impacts, which include chronic stress, discrimination, exclusion, and in some cases, can cause an increase in drug use.

The internalization of stereotypes as well as structural stigma can lead to self-stigma. This can occur due to the blame that substance user's face for their disorder, the association of violence and unpredictability with mental illness, a lack of knowledge about mental and substance use disorders, biased and harmful media portrayals of substance use and mental health, as well as discrimination based on race, ethnicity and/or culture. An elaboration on all of these structural stigmas can be found here. Stephanie Knaak, Ed Mantler & Andrew Szeto argue that stigma also exists within the healthcare system itself as well as amongst healthcare providers, which create barriers to recovery as well as inadequate care for individuals with mental illnesses. They conceptualize stigma as "a complex social process of labeling, othering, devaluation, and discrimination involving an interconnection of cognitive, emotional, and behavioural components," which can occur on an intrapersonal, interpersonal, and/or structural level.

Within the mental health care profession, Knaak et al., argue that healthcare staff see the illness rather than the person when it comes to certain disorders, that there is a lack of awareness, therapeutic pessimism, lack of skills, and stigma in workplace culture. Thus, stigma is systemic and structural within our society.

The medicalization of substance use disorder and mental illness can also generate and perpetuate stigma, according to T.L. Anderson, Brittany Lynn Scott & Philip R. Kavanaugh. They argue that while medicalization is believed to lead to "more humane and democratic treatment," it may also "perpetuate existing inequalities."

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

To support this claim, they analyzed 64 documentary films or drug addiction between the years of 1991 and 2008. They found symbolic inequality in how individuals are defined as either "patients" or "junkies," and how people of color are often triaged into the criminal justice system rather than the health-care system, which is a further level of inequity. Drawing from the research of Clarke, who suggested that "racial minorities have historically suffered from what they term "stratified biomedicalization,"" it is argued that inequality is structural and it impacts race, class, gender, and other sites. They show that there is unequal medicalization in part due to media portrayals which continually attempt to associate "genetic determinism and genetically based racism." For an overview of the racist criminalization of opiates and cocaine in the United States, click here. Thus, the medicalization of mental illness and substance use disorder has roots in racial stereotypes, which continue to exist within society today in the form of intensified stigma towards people of colour.

Key Stakeholders:

Affected Groups: First Responders, those experiencing mental illness and substance use disorders, the families and loved ones experiencing mental illness and addiction, Canadian Correction Services, and service providers.

Federal Government

- The Prime Minister: The Right Honourable Justin Trudeau
- The Minister of Health: The Honourable Ginette Petitpas Taylor:

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Provincial Government

- BC: The Minister of Mental Health and Addictions, the Minister of Children & Family Development, and six regional health authorities: The Honourable Judy Darcy; The Honourable Katrine Conroy.
- Alberta: The Minister of Health: The Honourable Sarah Hoffman
- Saskatchewan: The Minister of Health, with 12 regional health authorities: The Right Honourable Jim Reiter & Greg Ottenbreit.
- Manitoba: The Minister of Health, Senior and Active Living, with 5 regional health authorities: The Honourable Kelvin Goertzen.
- Ontario: Minister of Children and Youth Services, and the Minister of Health and Long-Term Care: The Honorable Michael Coteau. The Honorable Dr. Eric Hoskins.
- Quebec: Minister of Health and Social Services, with 18 health regions: The Honourable Gaetan Barrette.
- Newfoundland and Labrador: Minister of Health and Community Services, and is administered by the 4 health authorities: Honourable John Haggie.
- New Brunswick: Minister of Health, and run by 2 regional health authorities: Honourable Victor Boudreau.
- Nova Scotia: Minister of Health and Wellness, delivered by 9 district health authorities: Honourable Randy Delorey.
- Prince Edward Island: Minister of Health and Wellness, delivered through Health PEI and governed by a Board of Directors: Honourable Robert Henderson.

Territorial Governments:

- Nunavut: Minister of Health, with 26 health centres: The Honourable George Hickes.
- Yukon: Minister of Health and Social Services: Honourable Pauline Frost.
- Northwest Territories: Minister of Health and Social Services, with 8 Health and Social Services Authorities: Honourable Glen Abernethy.

Other Key Players:

- Centre for Addictions and Mental Health
- Canadian Mental Health Association
- Mental Health Commission of Canada
- Canadian Centre for Substance Abuse
- Canadian Centre on Substance Use and Addictions
- Health Authorities
- Health Canada

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Party Platforms and Positions:

Liberal Party of Canada: Platform
The Liberal Party of Canada has vowed to create a New Health Accord, which will reduce the costs of prescription drugs. The Liberal Party also promised to decriminalize and legalize marijuana use for adults, and to invest in home-care. More information can be found here.

Conservative Party of Canada: Platform
Support Brain Canada in treatments, cures, and diagnostics for brain disorders. Create a National Anti-Drug Strategy with mandatory minimum sentences for some offences, raise awareness amongst youth of drug use consequences, and support those with addictions. Mandate "the Mental Health Commission of Canada to focus on addiction and suicide prevention with particular attention on Canada's First Nations communities." More information can be found here.

New Democratic Party of Canada: Platform
In 2015, the NDP platform said it would "increase access to rehabilitation programs and mental health treatment in prison." More information can be found here.

Bloq Quebecois: Platform & Positions

Green Party of Canada: Platform
The Green Party commits to: "establish a federal Crown corporation to build buy prescription medication to drive down the cost to provinces." The Party will reduce Pharmacare costs, reduce use of psychoactive drugs, increase involvement of people with mental health problems in decision-making, "address drug addiction as a health problem…, augment funding to the provinces earmarked to increase the number of detoxification facilities and treatment beds…, establish more safe injection clinics, harm-reduction strategies, and needle exchange programs…, develop educational prevention programs, and combat fetal alcohol syndrome."

If you want to read more check out here and here.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Current Policies, Government Strategies:

Federal Government of Canada:

- In 2017, the Minister of Health announced an increasing in federal funding for the Centre of Excellence for Women's Health in BC's 'Trauma- and Gender- Informed Approaches in Substance Use Practice and Policy project.' This project will now include opioid use, and will continue to take gender and trauma into account when creating resources for substance abuse.
- The Government's approach to the Opioid crisis can be found here.

Provincial/Territorial Governments:

Here are just a few examples of current and past governments strategies and policy.

British Columbia created the Ministry of Mental Health and Addictions in 2017, and released a "ten-year plan to address mental health and substance use in British Columbia," entitled "Healthy Minds, Healthy People."

In 2011, Alberta released an addiction and mental health strategy and action plan, called "Creating Connections".

In 2014, Saskatchewan released decade long mental health and addictions plan. The province also introduced a list of initiatives involving cross-ministry support.

In 2009, Manitoba introduced policy to address services to individuals with dual diagnoses of mental health and substance use disorders. Manitoba Healthy Living, Seniors and Consumer Affairs released 'Rising to the Challenge: a strategic plan for the mental health and well-being of Manitobans' in June 2011.

Ontario released the document "Open Minds, Healthy Minds"in 2011, which includes a comprehensive strategy on mental health and addictions.

Quebec's most recent 5 year, $70 million dollar mental health plan was released in 2015, and includes improvement management of clinics, expansion of services, and enhanced accountability measures.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

In 2005, Newfoundland and Labrador released the document 'Working Together for Mental Health: A Provincial Policy Framework for Mental Health & Addictions Services in Newfoundland and Labrador' was released by the Department of Health and Community Services. The government's budget in 2011 increased mental health and addiction services funding, including funds for replacing a mental health facility, as well as finances for a web-based tele-health services, as well as an anti-stigma campaign. These funds were also put towards increasing the capacity of treatment through staffing in rural areas.

New Brunswick released a report in 2009, which included "strategic priorities for renewing the mental health system in the province." This report led to the 2011 "mental health action plan," which proposed "several commitments, including using multi-disciplinary teams and collaborative case management, enhancing capacity to treat mental-health issues in primary health care, and to integrating housing into case planning for people with mental and addiction issues."

In 2010, Nova Scotia released a report on mental health services, including a statement by their Auditor General, who found a lack of oversight as well as no effective monitoring or compliance with the Department of Health's mental health standards. After the release of this report, the government promised to develop a strategy for mental health and addictions, which was released in 2012. A recent update can be found here.

Prince Edward Island is currently developing a mental health strategy. In 2010, PEI "created one overall agency responsible for the delivery of health services, Health PEI." PEI has integrated "inpatient and community based Mental Health and Addiction Services, [created a] medical leadership structure," and created a youth addiction strategy.

In 2002, the government in Nunavut introduced a mental health and addictions strategy through the Department of Health and Social Services. In 2011, The territorial government unveiled the 'Nunavut Suicide Prevention Strategy.'

The Yukon introduced a ten-year mental wellness strategy called "Forward Together" in 2016. This strategy includes improving access to "mental health, trauma and addiction integrated services," reports on addiction and mental health, specialized programs for fetal alcohol syndrome, and reducing stigma." In 2014, "A Child and Youth Mental Health and Addictions Framework for the Yukon" was released.

The Northwest Territories' action plan was published in June 2012, titled "A Shared Path Towards Wellness (2012-2015): Mental Health and Addictions Action Plan," which focuses on community engagement, collaboration, and consistency.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Policy Options and Innovations

Option 1: Tie funding for mental health based on prevalence of mental illness and barriers to care (like vast geography and remote communities) rather than population.

Option 2: Increase mental health education and literacy by incorporating mental wellness and illness into school curriculum.

To think more about this, check out this media report.

Option 3: Expanding healthcare coverage to include psychotherapy under provincial and territorial health plans.

To think more about this option you could read these articles from the Globe and Mail and the Huffington Post.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Strategies for Engagement

There are so many ways to get involved and make change in your community. The table below gives some suggestions on who, when and how to engage. Check out the *Making Change* toolkits for other ideas, suggestions, and tips from other engaged youth.

Who to engage with	**When to engage**	**How to engage**
Premier/PM	When you would like to submit your perspective on issues, with little requirement for a response or dialogue	Letters, social media, and campaigns
Cabinet Minister	When you have an issue that is specific to their portfolio and would like to raise it	Look at the mandate letters of the ministry (found in the links below) to determine if the issue is relevant to their portfolio Write a letter or email, request a meeting, or use social media to contact the appropriate minister(s)
Mayors and City Council	When you have an issue in your local community that you feel can be best addressed by local government.	Attend a city council meeting; this is a benefit that isn't available working with provincial or federal governments. You can also call your city councilor office, as local politicians can be much more accessible than MLAs/MPPs/ MPs.
Your MP or MLA/MNA/MPP	When you have an issue you want to bring forward that involves the provincial/territorial or federal government.	Check out the making change toolkit on ideas about how to get a meeting.

116 rue Albert Street, Suite 803
Ottawa, ON K1P 5G3
613.236.0302
info@equalvoice.ca

Standing Committees at the House of Commons or your provincial/territorial legislature	A committee is a group of Members of Parliament or provincial legislatures from all parties who work on a specific policy area, they can examine bills, budget estimates, and or look into other matters that relate to its specific mandate. They hear from witnesses, including experts and individuals affected by an issue, review tabled documents, write reports to the government, and make recommendations to the House. The Senate of Canada also has committees You can engage when there is a committee looking into an issue or reviewing legislation on an issue you care about.	You can write letters or try to set up meetings with your local Member of Parliament or committee members, including the chair of committees. If the committee is conducting hearings, you can apply to be a witness or submit a written brief Committees also often have reports that may contain information important to you. **The Parliament of Canada has more information about Committees, appearing, writing a brief.**