

POSITION STATEMENT ON MENTAL HEALTH SERVICES

CNA POSITION

CNA values recovery-oriented approaches in the care of people who experience mental health problems and illnesses — care that fosters dignity and respect for the person.

CNA promotes the formal inclusion and involvement of families, caregivers, consumers and consumer groups in the planning, delivery and evaluation of mental health services, including the provision of care and self-management.

CNA supports a rights-based approach to advocacy with respect to mental illness.^{1, 2}

CNA recognizes that improving mental health literacy serves to strengthen health empowerment.

CNA recognizes that stigma lies at the root of discrimination related to mental illness and believes that all health-care professionals must seek to resolve this social injustice where people work, live and play.

CNA believes that the mental health of individuals and communities is best supported through cross-ministerial and intersectoral collaboration, such as cooperation between health, housing, social services, criminal justice, non-profit and private sector partners.

CNA believes that registered nurses demonstrate strong clinical expertise and leadership in providing mental health services to Canadians, including health promotion, illness prevention, early detection, diagnosis, intervention, crisis management, rehabilitation and recovery.

CNA believes that timely access to appropriate mental health services can be strengthened through effective collaboration among health professionals.

CNA believes that collaborative mental health-care³ services should be provided in a way that respects the cultural beliefs and preferences of individuals, their families and caregivers — recognizing each as decision-making partners in the health and care that is given.

CNA recognizes that access to mental health services in primary and community-based care settings must be improved and is committed to supporting the development of policies, legislation and funding mechanisms that facilitate timely and equitable access to mental health services across a functionally integrated continuum of care.

CNA believes that health professionals should inform individuals, families and caregivers about the full range of available mental health service options and modalities, while advocating for broader service coverage within publicly funded not-for-profit health and social welfare systems.

CNA supports increased access to housing for people living with mental health problems, specifically, the expansion of programs that take a Housing First approach to homelessness.⁴

¹ (United Nations General Assembly, 2007)

² (Canadian Nurses Association, 2010)

³ (Kates et al., 2011)

⁴ (Stanhope & Dunn, 2011)

BACKGROUND

In the preamble to its constitution, the World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”⁵

Currently, one in five Canadians experience a mental health problem or illness, with an estimated annual cost to the economy of approximately \$50 billion.⁶ This cost represented 2.8 per cent of Canada’s 2011 GDP.⁷ Together, the six most common adult mental health problems and illnesses cost \$20.7 billion in annual lost labour-force participation alone.⁸

More than half of those seeking help for an addiction are experiencing a mental illness, and 15 to 20 per cent of those seeking help from mental health services are living with an addiction.⁹ The challenges related to stress, coping and suicidal behavior, in addition to serious mental illness and substance abuse, are more commonly experienced by people who are homeless.¹⁰

In many countries over the last two decades, the concept of *recovery*, which in part emphasizes social inclusion, has become the overarching principle guiding mental health service provision.¹¹ The process of recovery involves developing “new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.”¹² Underscored by a “set of values about a person’s right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms,”¹³ recovery focuses on hope, personal identity, power and control, quality of life and personal responsibility.¹⁴ Embracing the recovery paradigm involves appreciating self-management capabilities while valuing choice, empowerment and autonomy.¹⁵

The need to augment mental health literacy — the “knowledge and skills that enable people to access, understand and apply information for mental health”¹⁶ — has been identified as an important factor for improving mental health in Canada.¹⁷ Mental health literacy interventions, such as peer support initiatives, can therefore be useful for increasing empowerment, improving social capital and health outcomes, decreasing the burden of illness, and providing potential role models that support hope and recovery.¹⁸

Transforming the delivery of mental health services to improve access to promotion, prevention, early intervention, community support and treatment programs is a priority for many provincial and territorial governments.¹⁹ To do so, we need the information provided by systems performance indicators, which help to determine the effectiveness

⁵ (World Health Organization, 2006, p. 1)

⁶ (Lim et al. 2008; Smetanin et al., 2011)

⁷ (Statistics Canada, 2012)

⁸ (Conference Board of Canada, 2012)

⁹ (Canadian Centre on Substance Abuse, 2009)

¹⁰ (Canadian Institute for Health Information [CIHI], 2007)

¹¹ (Provencher & Keyes, 2011)

¹² (Anthony, 1993, p. 15)

¹³ (Shepherd et al., 2008, p. 1)

¹⁴ (Bonney & Stickley, 2008)

¹⁵ Ibid.

¹⁶ (Canadian Alliance on Mental Illness and Mental Health, 2008, p. 8)

¹⁷ (Standing Senate Committee on Social Affairs, Science and Technology, 2006)

¹⁸ (Lawn et al., 2008; Miller & Stiver, 1998; Nutbeam, 2000; Schillinger et al., 2002; Schwartzberg et al., 2005)

¹⁹ (Ontario Ministry of Health and Long-Term Care, 2011)



and appropriateness of mental health services. Recently developed evaluation measures include: the self-injury hospitalization rate, the 30-day readmission rate for mental illness and the percentage of patients with repeat hospitalizations for mental illness.²⁰ This information provides insight into how our health systems are performing and can be used to inform the future planning, implementation and evaluation of programs and services.²¹

In 2006, CNA endorsed the *Canadian Collaborative Mental Health Charter*. The principles and commitments reflected in this charter remain relevant and will continue to guide CNA's activity on mental health.²²

In 2012, the Mental Health Commission of Canada released the country's first national mental health strategy, entitled *Changing Directions, Changing Lives*. CNA participated in the strategy's development and strongly endorsed its advancement of a population-oriented and person-centred approach to mental health. The initiative calls for the promotion of mental health across the lifespan; the reduction of disparities in risk factors; the improvement of access to the right combination of services, treatments and supports, when and where people need them; the increase of comprehensive community-based services and recovery-based approaches; and the acknowledgement of the pivotal role consumers and front-line providers have in implementing system change.²³ Since its release, a number of provinces and territories have followed up with their own strategies for mental health and/or addictions.^{24, 25, 26}

Approved by the CNA Board of Directors

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Replaces position statement:

Mental Health Services (2005)

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²⁰ (CIHI & Statistics Canada, 2011)

²¹ (Sandoval et al., 2012)

²² (Canadian Collaborative Mental Health Initiative, 2006)

²³ (Mental Health Commission of Canada, 2012)

²⁴ (Northwest Territories Department of Health and Social Services, 2012)

²⁵ (Ontario Ministry of Health and Long-Term Care, 2011)

²⁶ (Government of Manitoba, 2011)



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