

**Submission to the Mental Health Commission of Canada
From the Manitoba Society of Occupational Therapists**

The Manitoba Society of Occupational Therapists (MSOT) appreciates the opportunity to respond to this invitation to provide input. This response is based on information gathered from interested occupational therapists in Manitoba.

1. *What would you like to see the Commission accomplish over the next three years?*

Incorporating all three identified priorities of anti-stigma, knowledge exchange centre, and national mental health strategy we suggest that priorities include:

- Normalizing the brain based disability of mental illness. Much work has gone into developing resources for people with physically based chronic illnesses. Mental illness needs to be seen and provided for in similar ways. Often children and adults with various forms of mental illness live with the invisibility of their illness. How much more could an adult or child be connected to and a part of society if the need for supports for the limitations caused by their illness were recognized and available? Making supports acceptable to people within a child's environment including parents, caregivers, and teachers is important to allow for early interventions. A mega media advertising campaign to promote to the public that there is a continuum of mental health that runs from mental wellness to mental illness and that all human beings live at some point on that continuum is suggested. The point on the continuum at which we reside is not static; it changes from time to time in our lives depending upon life circumstances and supports/resources available. The point at which mental health melts into mental illness is also not a specific defined point, but varies from individual to individual, and also varies for any one individual at different points in life, and under different life circumstances. The point at which function becomes dysfunction is thus variable and very individual. Viewing mental health / mental illness in this way promotes an understanding that all human beings are vulnerable to mental health problems (moving away from the 'us and them' mentality) thereby 'normalizing' mental illness and reducing stigmatization.
- Decreasing the actual or perceived fragmented nature of mental health services, and provide seamless assistance for the person and his/her supports. It can be very complicated for people with mental health issues or their supporters to know about and/or access resources across the continuum of hospital based, out patient or community. Information access across systems can be a huge challenge. As a result, persons seek services from multiple providers or none and providers often end up reinventing the wheel, with regards to individuals they support.
- Increasing supports to people with mental illness. Supports can include accommodation in the environment, specific connections to peers or professionals to support their daily activities and access to their community, access to information and resources, or a having a place to belong. In the mental health environment supports need to have the personal touch and are often labour intensive. Appropriate training and pay should reflect the level of importance we as a society hold for mental health. Working towards the collaborative care model would be an important step to providing a continuum of care and information. Improving access to a comprehensive range of services delivered by the right person, in the right place, and at the right time to improve care and outcomes is critical.
- Ensuring access to safe and affordable housing and thereby provide the secure base needed for persons with mental illness to continue their recovery journey. Recurring issues relate to housing and the supports to maintain and keep a residence, considering that a person's ability fluctuates related to his/her recovery state. The homeless include children who also need access to shelter and mental health services. Without safe shelter, enough food, and a chance to socially interact, it is difficult for people living with mental illness to focus their energies on recovery and become part of society rather than simply surviving. Having a mental illness impacts all of the person's life and there are too many people leading socio-economically disadvantaged lives and living on the fringe of society rather than as a part of it. Living in poverty also stigmatizes a person and impacts his/her ability to be valued in society. Accommodations for the functional level that a person is living within the broad spectrum of life including housing, work, school, and social areas need to be developed. A continuum of supports for employment is needed. Services need to extend beyond employment preparation programs and include specialized supports to obtain and maintain employment and liaison with employers. There should be a spectrum of supports available from

invisible integration to fully supported services. These should reflect the shared care model that is interdisciplinary and integrated with other social services.

- Addressing the needs of the child and adolescent population is important. In particular the needs of children, who have been within the child welfare system, displaced aboriginal children who move from rural reserves to urban centres, and the refugee populations all of whom may have been witness to traumatic events in their young lives and now live with the after effects.
- Ensuring availability of formal programs and supports to persons living throughout Manitoba. Rural and northern communities have less access to the multidisciplinary team members than those living in Winnipeg or Brandon. Accessibility to all Canadians should be looked at within your mandate.
- Enhancing services that address the functional limitations caused by the co-occurring disabilities of substance abuse, intellectual disabilities and other cognitive based issues such as acquired brain injury, and/or chronic illnesses faced by people who also live with a mental illness. Services for these groups are essential and underdeveloped.

Benefits of placing the emphasis on normalizing the mental health to illness continuum may include:

- A greater recognition by Canadians of all ages that each person may in his/her lifetime face mental health challenges and that that supports will be in place to meet the level of care required.
- Stigma reduction methods that include raising awareness and decreasing the distance between “us and them”
- An increase in the acceptability of supports by both the person living with a mental illness and his/her community. People may start to recognize symptoms earlier and not wait to get help. Behaviours may be seen earlier, decreasing frustration and preventing crisis situations.
- Services may become more open to the drop-in nature of the client, providing further linkages as needed and become more transparent in what they can offer. Promotion of mental wellness should be a priority at all levels.

2. How could your organization help the Commission and the mental health community to achieve the objectives?

Occupational therapy is based on “being through doing” and we develop “skills for the job of living”. As such we are a profession that supports people to do the things they need to or want to in life. The occupational therapist looks at the Person-Environment-Occupation fit and suggests enabling supports for the way these interact with the individual or an organization. The person is seen to have personal abilities, values, beliefs and areas that may require support. The environment is taken as larger than the physical space that a person wants to accomplish something in but also may include the societal, institutional, spiritual, or socio-cultural components of his/her life. The occupation is an activity within the realms of self-care, productivity, or leisure that is important to that person.

Occupational therapists (OT) work one-to-one and in groups with people from childhood to the elderly stages of life who live with mental health issues to enable their recovery and connection to the community. The OT may also consult to caregivers, programs, proctors or frontline workers, and treatment teams in various settings to support one or several clients. By supporting, advocating, and sharing information with our clients we are working towards normalizing mental health issues. OT can support engagement in life whether that is in the hospital, home, school, work, or community. We work with people to find a role in society and providing hope through discovering meaning in life.

The Manitoba Society of Occupational Therapists would be happy to share opportunities for consulting, exchange of information, developing strategies, or dissemination of best practise guidelines. Additionally the MSOT could support development of services by reading drafts or reviewing other suggestions. The MSOT may be able to support a media advertising campaign aimed at decreasing stigma, could link to a knowledge exchange centre, provide information on evidence-based occupational therapy practise, and provide access to linkages with mental health occupational therapy clinicians who have years of experience, research and/or evaluation skills.

End Note

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