



Peer Based Mental Health Services



Agenda

- Context and factors that should motivate ACTION and INNOVATION
- The backdrop – The CF Non clinical MH experience
- A new National Project
- Call to Action



Context and factors that should motivate ACTION and INNOVATION

- Only 41% of employees feel they can acknowledge an illness and still get ahead in their careers
- 45% of benefits managers and middle managers reported knowing little or nothing about depression as an illness

Source:
University of Michigan's Depression Center



Context and factors that should motivate ACTION and INNOVATION....

“..... the longer someone is ill, the more treatment resistant their illness becomes.....”

Source:
Dr. Diane McIntosh (Psychiatrist)



Context and factors that should motivate ACTION and INNOVATION....

Only 35% seek treatment while the remaining 65% do not

Source:
Dr Richard Earle of the Canadian Institute of Stress



Context and factors that should motivate ACTION and INNOVATION....

Over a 9-year period;

- Rates for major mental health disorders increased by 15%.
- Rates for minor mental health disorders increased by 31%

Source:
The Canadian Journal of Psychiatry



Context and factors that should motivate ACTION and INNOVATION....

#1 reason for not seeking help



Between 84 and 96% of CF members who could benefit from mental health help **do not even know they need it.**



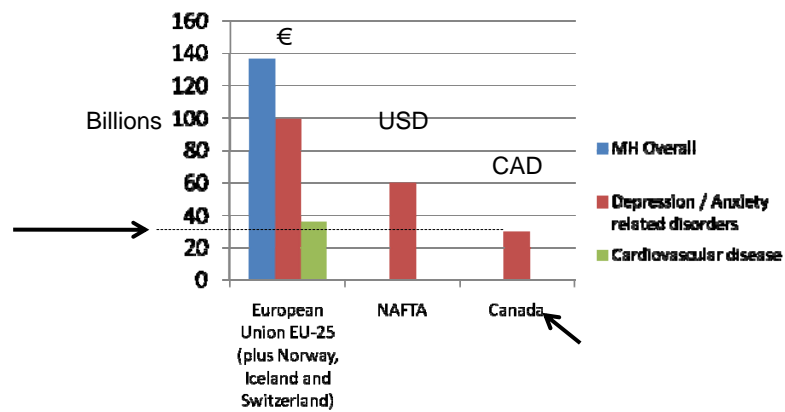
Context and factors that should motivate ACTION and INNOVATION....

- Disability represents anywhere from 4% to 12% of payroll costs in Canada
- Mental health claims (especially depression) have overtaken cardiovascular disease as the fastest growing category of disability costs in Canada



Context and factors that should motivate ACTION and INNOVATION....

Productivity Loss – 2008 trends



Sources :
•McDaid (Ed). (2008). Mental Health in Workplace Settings. Consensus paper. Luxembourg; European Communities, 2008
•Business and Economic Roundtable on Mental Health
•Great West life Centre for Mental Health in the Workplace



Context and factors that should motivate ACTION and INNOVATION....

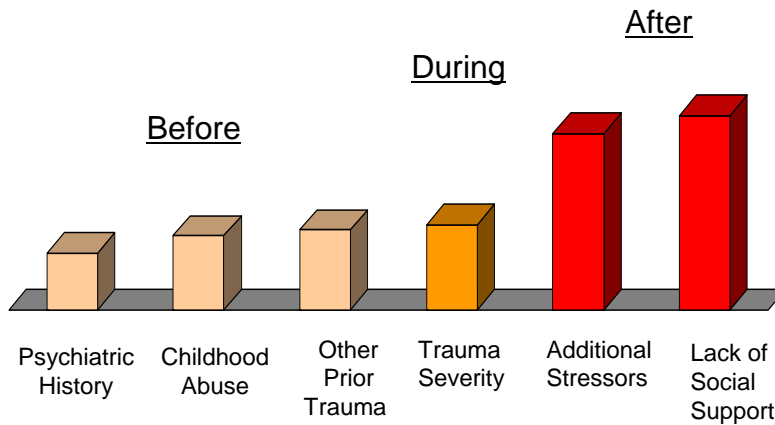
Productivity Loss – 2010 trends

Mental illness is linked to more lost work days than any other chronic condition, costing the Canadian economy **\$51 billion** a year in lost productivity

Source:
Centre for Addictions and Mental Health 8 Sept 2010
Journal of Occupational & Environmental Medicine



Risk Factors



Journal of Consulting & Clinical Psychology - Brewin et al, 2000

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What do we do about it?

According to Dr. Carolyn Dewa, head of CAMH's Work and Well-being Research and Evaluation Program and lead investigator of the 2010 study

“Companies should invest in early intervention strategies, access to support systems to help cope with stress.....”

Source:
Centre for Addictions and Mental Health 8 Sept 2010
Journal of Occupational & Environmental Medicine



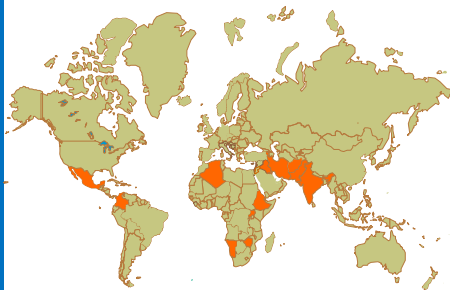
Agenda

- The backdrop – The CF Non clinical MH experience

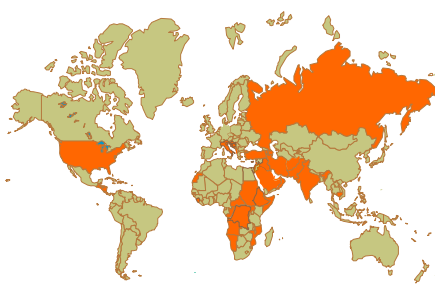



Canadian Military Precipitating factors to innovation in MH

January 1980 – January 1989



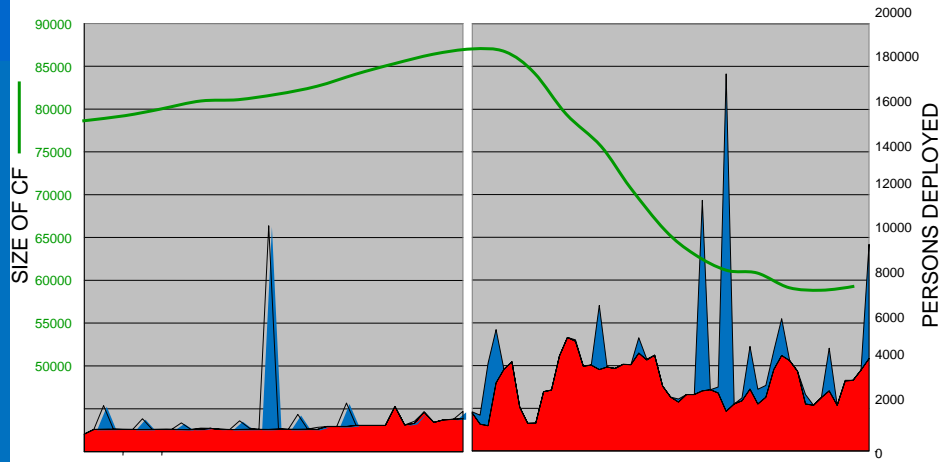
Post 1990



 Indicates Countries where the Canadian Forces have been involved



Canadian Military Precipitating factors to innovation in MH



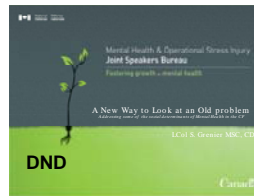
Need to do more Need to Innovate

2001
INTERVENTION



- Peer Support:**
- Military (2002)
 - Veterans (2002)
 - Families (2004)
 - Bereaved (2006)

2005
PREVENTION



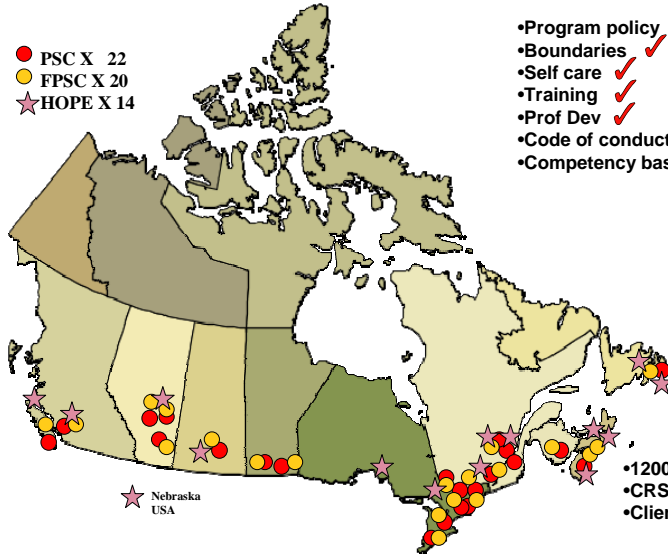
- Education:**
- Military Leadership Followership
 - Families



Peer Support network



- PSC X 22
- FPSC X 20
- ★ HOPE X 14



- Program policy ✓
- Boundaries ✓
- Self care ✓
- Training ✓
- Prof Dev ✓
- Code of conduct ✓
- Competency based hiring process ✓

- 1200 active clients
- CRS Review 2003 - 2008
- Client satisfaction survey 2006



MH Education A JOINT program



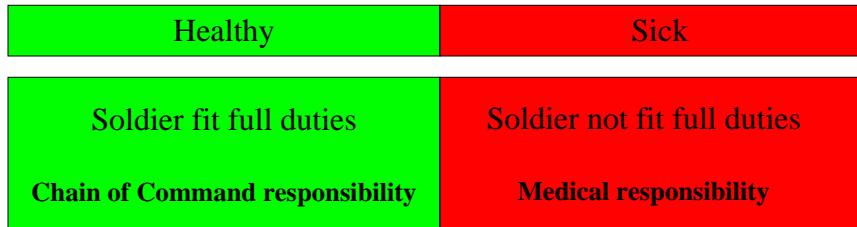
- Program policy ✓
- Culturally sensitive curriculum ✓
- Self care ✓
- Educator Training & Standards ✓
- Prof Dev ✓
- Competency based hiring process ✓



2008	2009	2010
183	403	>500
7,800 students	13,000 students	>18,000 students



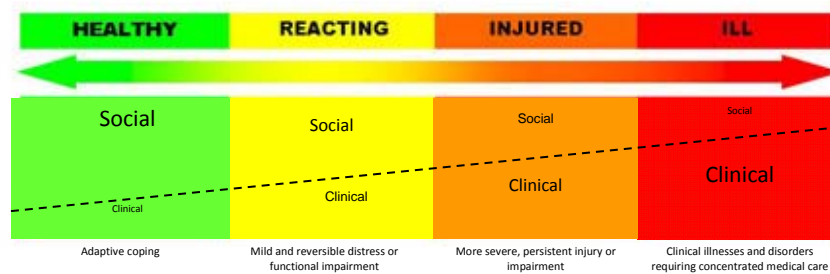
Old view of Health



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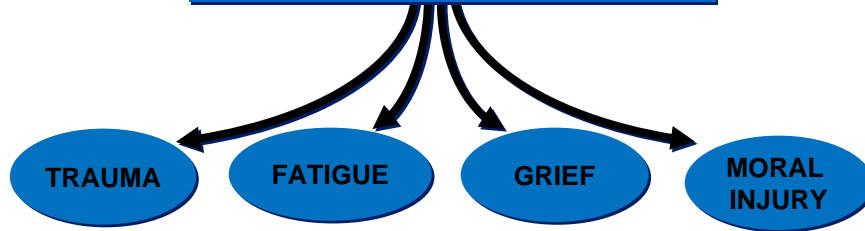


Mental Health Continuum Model



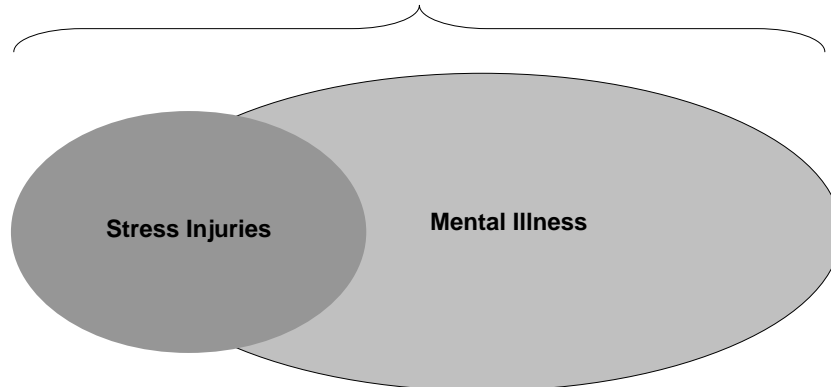


Stress Injury



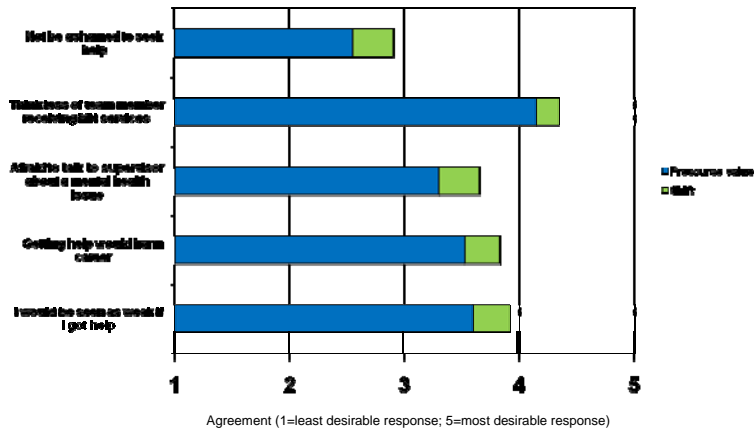
MH / SI. The same or not?

Mental Health





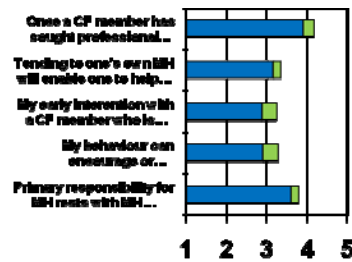
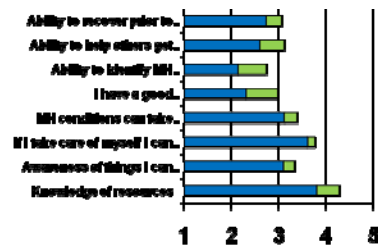
Stigma



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MH Knowledge & Leadership



Agreement (1=least desirable response; 5=most desirable response)

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Agenda

- A new National Project



Strategic Intent

Create the conditions by which we can leverage, on a wide scale, the acquired skills of people who have lived mental health experience.

Provide a robust enabling framework for organisations and systems to enhance current peer programs or launch new peer initiatives, build capacity and reverse the current trends.



The Peer Project

- Defining the word Peer
- Two main components:
 1. **Peer Support Practitioners:** enhance the utilization of peer support through the creation and application of national standards of practice.
 2. **Peer Educators:** encourage a change in societal attitudes towards mental illnesses through peer based education strategies specifically targeting adults in workplaces and later youth in schools.
- ***Current focus on Peer Support standards of practise (SoP)***



End Objective of the Peer Project

- Creation of a standardized national practice for peer-support (certification)
- Workplace readiness assessment for introducing a peer support systems
- Peer support worker selection, training and professional development
- Peer educator training and development
- Custom workplace mental health curriculum development
- A national, web-based peer support community of practise
- Peer Support mentoring and peer support case management / advice



Standards of practice first!

- Standards of practice based on knowledge, competencies, training/education, experience and values providing the framework of proficiency required for peer support workers to carry out their responsibilities with due care and skill
- The standards of practice will permit the voluntary certification of peer support workers who meet the standards requirements
- The standards will be established based on a nationwide, comprehensive consultation process tapping into the wealth of knowledge and experience in this field

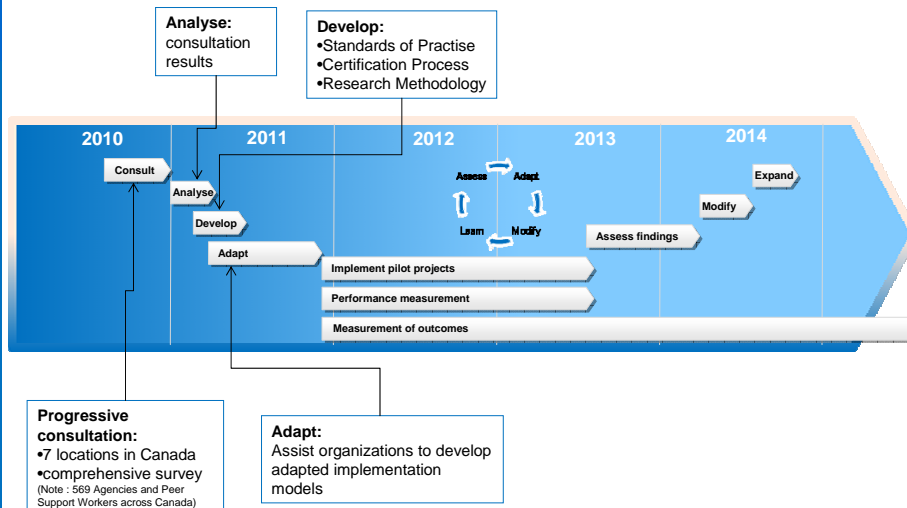


Research based project

- The gathering of evidence-based data is required to promote the expanded use of peer support
- A reliably consistent standard methodology (standards of practice) is required to allow the gathering of empirical data based on project evaluation results
- Both peer based project components will be underpinned from the outset with outcomes based performance measurement and evaluation strategies



How will we get there Broad Project Timeline



Call to action

- Let's reboot the workplace



Invest in workplace Mental Health transformational change activities

Create a workplace peer support program

- ❑ Reinforce treatment seeking behaviours
- ❑ Continuity between clinical appointments
- ❑ Re framing and support
- ❑ Enhance management (remains arms length)

Workplace wide MH education

- ❑ Set new paradigms
- ❑ Create new skills, competencies and language
- ❑ Early recognition
- ❑ Climate of Acceptance / understanding



Call to action

Contact us :

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www.mentalhealthcommission.ca

Google : MHCC peer project



Development of Non Clinical Programs

