

White Paper - On the Assurance of Proper Mental Healthcare

To the ministries of such legislative authorities responsible for the education, health, and law in their designated state.

Background

The history of mental illness in Canada is well-documented. Nevertheless, we see that the retelling of this history, time and again, has been insufficient in creating an ounce of political willpower towards establishing meaningful and sustainable solutions. So once more, we must reiterate the background of the issue at hand and the initiative we have created, a last-ditch attempt to express the sorrow and grievances felt by roughly 20% of Canadians in any given year.

Advocacy around mental health care is not a modern thing but began over a century ago, ultimately the founding spirit of the Canadian Mental Health Association. Inaction may be forgiven for many of the decades in between as there was at times insufficient knowledge and at times bigger issues to tackle, but in the modern-day, the problem has become so pressing that it has called on a broad coalition of forces across the country to demonstrate through collective action.

A vast number of academic and grey literature highlight the prevalence and extreme magnitude of the crisis we have been facing for decades. Even prior to the pandemic which has forced Canadians to isolate themselves, suicide rates in Canada were upwards of 11.3 per 100,000, but with the onset of the pandemic, rates of suicidal ideation have increased by 300%. And the crisis goes far beyond the numbers. It only takes discussion with a few victims to understand the sheer pain, dread and terror that mental illness causes.

This is the next stage of the decades-old advocacy.

Let this white paper and this initiative be a demonstration of the democratic will of the population, to demand to their representatives in a non-partisan and multilateral manner to champion such reform as would allow for the safety, security, happiness, and overall well-being of the entire people of Canada.

Desired Results

In the next sections of this white paper, as recognized in the summary, we express our exigencies of mental healthcare policies as they relate to 3 concerns of governing institutions, caring, education and safety. The desired results of these policies are simple but filled with nuances which often are ignored, so they are laid out carefully here.

The policies specified, you will find, are not completely associated with the desired results as the policies recommended are directed towards care for students in specific. The purpose of this deviation is to encourage, at the very least, a gradual establishment of the necessary support systems in respect to mental healthcare and to, in the meantime, target care policies towards the population with greatest risk of short term and long term negative impacts.

All individuals who face mental illness must be able to access support regardless of their financial status, geographical location, personal identity or requirement for a specific form of care that is tailored to their situation.

All individuals must be provided with the necessary knowledge to access the care they so require. There must be limited to no barriers in accessing care with ease and as needed. Individuals must be able to access to appropriate mental health support in a timely fashion while experiencing no delays.

Awareness must be raised in such a manner that destigmatizes mental illness and the access of care. This does not simply mean awareness that the issue is one that exists, but an in-depth understanding must be available to the public of the causes and symptoms of barriers to mental wellness and ways to support those in a positive manner. This awareness must especially be clear to those community leaders to play a pivotal part in individuals' processes of overcoming such barriers.

No individual should face discrimination in regards to their race, sex, gender, sexuality or other variables of identity in their efforts to access care and all must be able to get care tailored and personalized to them to an extent so that they may overcome their challenges with aid considering the past challenges which they may have faced.

All individuals who face such barriers to wellness must have support in developing a path to recovering from all manifestations of their affliction without their need of fear for a full restoration to former or possible prosperity, including in issues of career, education or the fulfillment of needs of esteem or self-actualization.

The policies recommended are made to deal with the perpetual symptoms of the mental health crisis, but they must also come with a broader refocus on public policy in general, towards the minimization of the occurrence of mental illness. While spoken of frequently, such a view of the necessary actions is scarcely seen. Such a change in political outlook will entail cooperative behaviour and inquisitorial discourse as opposed to adversarial debate. The incorporation of such realpolitik into future policy decisions will enable citizens to be supported in all factors of life that impact their mental sanity, from housing to childcare to economic growth and beyond. The

need for this shift, however, should not be used to downplay the immediate need for action to deal with symptoms of the crisis at hand as it often is.

Studies of economics and accounting alike demonstrate that such programming will, if properly established, enable both budgetary savings and savings to the general populace in vast sums. Should this not be enough motivation, one should also consider the lives such programming may save, the pain it will prevent and the contributions it will bring to the wellbeing of society in general.

Together, our legislative assemblies must mobilize immediately and to their fullest capabilities to implement policies which may accomplish not a few, but all of these goals, and for their efforts, they will witness popular support and, more importantly, the steady rise in the well-being of their communities.

Provision of Care

Such policies that may be specific to accomplishing the goals, or at least moving towards their accomplishment, laid out by the initiative in respect to ensuring all individuals have access to the mental healthcare services they require are laid out below.

Students must be assured access to bi-weekly sessions of therapy without charge to their, or their parents' pockets directly in the form of Cognitive Behavioural Therapy, Psychodynamic Psychotherapy or Dialectical Behavioural Therapy as is best suited to them, through channels of their preference, in person, by phone or online, through schools or through community systems.

Aligned with this should be the provision of one mental health check-in per year for students. This should be a session in which a student and registered therapist are able to discuss mental illness, considerations of symptoms to look for, what can be done to overcome barriers and to support peers and to make students aware of the resources made available to them. It will additionally serve to the benefit of destigmatization access to services by normalizing the process of signing out of class or events for check-ins.

Many school mental health workers pointed to two major gaps in mental healthcare systems. First, severe underfunding of necessary resources persists across all sectors, from community provider support to school board and the university hired mental health to support institutions like Kids Help Phone. This leads to long wait times that make systems virtually useless in their ability to support students. Immediate and substantial funding must, therefore, be prioritized.

The second gap pertains to the lack of mental health support for teachers, professors and other community leaders who regularly engage with students. Because students' mental health impact

their own mental health and vice-versa, it is vital that they are adequately supported in acquiring the care they need just as students are.

The policies in this section will likely be considered problematic by legislators due to the overwhelming costs, but significant research, again in both academic and grey literature, demonstrates that, implemented properly, without shortcuts, care will bring in far more income economically and budgetarily than will be spent. It is thus in the best interest, even financially, for care to be provided.

It is also expected legislators will point to existing supports and the gradual development of new supports that is underway. It should be clear that the members of this initiative have explored all resources made available across Canada, even testing the benefits these systems bring, and as repeated consistently, we have found that the supports are not enough. The maintenance, and in fact exacerbation, of the crisis demonstrates this fact. Significantly more supports need to be in place, implemented without shortcut, for success to be witnessed in our objectives as outlined.

Together, these policies will establish the gradual process of providing care in such a manner that is sustainable for Canadians that require care.

Provision of Education

Such policies that may be specific to accomplishing the goals, or at least moving towards their accomplishment, laid out by the initiative in regards to ensuring there is adequate awareness of mental health, the crisis, the resources available and how to support community members.

At the core of the process of destigmatization is making individuals aware of mental illness, the dangers, the signs, the ways to cope, the ways to support others and the supports available. It is necessary that students are taught this by mandate as a part of their curriculums. Not only should this lighten the burden of the crisis but it will enable ease in finding solutions to individual situations.

Teachers and professors must also be trained in the aspects of mental illness, the dangers, the signs, the ways to cope, the ways to support others and their students and the supports available to them and their students so that they can identify, when necessary, how to support students who are facing barriers to mental wellness.

Finally, other community leaders must also be taught as they are a pivotal part of students' and citizens' lives and directly impact their mental health. This includes police officers and healthcare professionals who are often found, in academic research, to have inadequate knowledge of mental illness to support citizens who deal with it properly.

Students and citizens need to know what barriers to wellness are and how to effectively overcome them and support others. These simple policies ensure this.

Provision of Safety

Such policies that may be specific to accomplishing the goals, or at least moving towards their accomplishment, laid out by the initiative in regards to the gradual process of destigmatization and encouragement of discussion around mental health and access to care.

Students ought to be given mental health days off without the need for a doctor's note. This will ensure students have the time they need to overcome their barriers to wellness and can recover while also allowing for students who face barriers to accidentally instill barriers in others. This should also contribute to the process of destigmatization of mental health and taking care of mental health. An expected argument against this policy will be that students will abuse mental health days to avoid school but a simple, yet effective rebuttal can be found in the fact that normal sick days are also available for students and they too can be abused but scarcely are because of the desire to learn or parental control. An example may also be made of many employers who provide mental health days and see large increases in productivity among employees.

Mental healthcare professionals delivering care through counselling or any other form must also be given culturally responsive training so that they are aware and understanding of the various backgrounds of clients. This has been identified before as an important issue and individuals of various backgrounds often find their conditions to become worse by provision of care which is not sympathetic to their situation.

Once care has been accessed, individuals must have assurances that it will not prevent them from participating in life as they would have without. As such, there must be an explicit prohibition of discrimination on the grounds of accessing care for the purpose of employment, educational ventures or the desire to access public services. While minor in contrast to some of the other policies, this is a vital part of the process of the alleviation of distress in the care systems as many individuals do not access care for fear of stigmatization or marginalization.

Such policies will ensure that individuals who face barriers to wellness and access care may be well and supported without fear of retaliation or other threat.

The Process from Here

To direct legislators for where to proceed with the knowledge of the crisis and the knowledge of solutions to implement, we have allocated this conclusion. Some recommended policies should have legislation written and funded immediately, others may suffice with a pilot program which, should it be successful, should be implemented province-wide. We encourage legislators of all

governments, of any stripe or party to engage with initiative members to discuss the application of this white paper into reality. Until such a time as when the initiative can expect that adequate measures will be taken, the initiative will continue to pursue such action to promote the endeavour among the general populace.

Yours Truly,

The Equal Access Initiative

1. Ontario Undergraduate Student Alliance
2. Ontario Student-Trustees Association
3. Young Canadians Roundtable on Health
4. University of Ottawa Students Union
5. University of Windsor Students Alliance
6. McMaster Students Union
7. University of Toronto Students' Union
8. Canadian Centre for Gender and Sexual Diversity
9. Peace of Mind Ontario
10. Horizon Ottawa
11. Rideau Students' Union
12. Core of Healthcare