

# Introduction to Part 2 of the Second Special Issue

When we were asked to take on the guest editorial opportunity to examine the formulation, challenges, and potential impacts of *Changing Directions, Changing Lives*, it was a bit like Genesis ... “in the beginning” ... (the Bible, not the band!). The strategy was out, but we weren’t sure what the creation would be.

As demonstrated in Health Minister Ginette Petitpas Taylor’s Foreword, she and the federal government are seized with trying to improve the lives of Canadians who live with mental health issues. While the MHCC’s Mental Health Strategy for Canada can’t claim all the credit for this, it has helped change the conversation in our country. Before the Strategy, Canada was the only OECD country without one. Now we have one and a federal government that has dedicated \$5 billion to partnering with provincial and territorial governments to improve access to mental health services and also take action on the social determinants of mental health, consistent with the Strategy’s vision.

This final installment of the second special issue on mobilizing the mental health strategy focuses on implementation issues.

We begin with an article by **Tyler Frederick and colleagues**, which challenges the concept of “community” mental health policy, research, and practice in Canada. They present arguments that mental health policy, research, and practice should move away from the term “community” in favour of a framework that addresses basic needs, disability, justice, intersecting social identities, and the structural forces that impact the lives of people with psychiatric disabilities as they “recover” in settings outside of hospital.

**Nick Kates** notes that for 20 years mental health and primary care providers have been working collaboratively to improve access to care, the skills of providers, and the person’s experience. His paper presents principles underlying successful projects and ways that mental health and primary care services can work together more effectively, including integrating mental health providers into primary care, and suggests how better collaboration can address wider issues facing all of Canada’s healthcare systems.

**Tara Anderson and colleagues** note that 94% of individuals with FASD have mental disorders. This requires the implementation of the FASD inclusive strategies recommended by the Truth and Reconciliation Commission.

**Tiwalola Kolapo** argues that in this era of increased globalization and immigration, policies and practice must become culturally competent to support the delivery of mental health services. Achieving this requires innovation to transform commissioning practices towards creating accessible and improved services.

**Shelley Hymel and colleagues** note that social and emotional learning is increasingly recognized as playing an important role in the promotion of positive mental health in schools. Their paper highlights the multi-faceted approach undertaken in British Columbia over the past decade to promote positive mental health through social-emotional learning in schools.

**Ashley McAllister** compares the approach and policy challenges in designing disability support programs in Ontario and Australia. Using a grounded theory approach, she reviews five challenges: validating duration, proving an illness, (un)differentiating mental illnesses, managing mental illnesses, and separating the person from the illness.

**Philip Jacobs and colleagues** note that since 2000, several studies have been published estimating the aggregate national mental health costs in Canada. There were wide variations in how these studies arrived at estimated costs, although they all purported to measure the economic impact of mental health. They propose a framework that can be used to build a shared understanding of cost concepts in estimating the economic impact of mental health, and guide analysis of cost components and budgets in the mental health sector.

Our final commentary is a reflection on the Strategy's development and implementation that comes from **Howard Chodos** who worked with Senator Michael Kirby on *Out of the Shadows at Last* and was both the director and special advisor to the MHCC for the development of the mental health strategy. Howard reflects on the work undertaken with thousands of people from across the country to develop mental health policy for Canada. He identifies a number of strategic issues that confronted attempts to set out mental health policy at a national level, and draws a few conclusions about the successes and limitations.

This project has involved four years of dedicated commitment from the journal editorial board and staff, our reviewers, and of course the authors themselves. We believe we have put together a collection of articles that will stand the test of time and help us advance the goal of better mental health services in Canada. Thank you for joining us on this incredible journey.

*Steve Lurie, Gillian Mulvale, and Tania Lecomte*