



Short report

Engaging civil society through deliberative dialogue to create the first Mental Health Strategy for Canada: *Changing Directions, Changing Lives*Gillian Mulvale^{a,*,1}, Howard Chodos^{b,1}, Mary Bartram^{c,1}, Mary Pat MacKinnon^{d,e,1}, Manon Abud^{e,1}^a DeGroote School of Business, McMaster University, 1280 Main Street West, DSB 426, Hamilton, Ontario, Canada L8S 4M4^b Mental Health Strategy, Mental Health Commission of Canada, 100 Sparks St., Suite 600, Ottawa, Ontario, Canada K1P 5B7^c Carleton University School of Public Policy and Administration, 1125 Colonel By Drive, Ottawa, Ontario, Canada K1S 5B6^d Graduate School of Public and International Affairs, University of Ottawa, Ottawa, Ontario, Canada^e Hill + Knowlton Strategies, 55 Metcalfe Street, Suite 1100, Ottawa, Ontario, Canada K1P 6L5

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ABSTRACT

Citizen engagement through deliberative dialogue is increasingly being used to address ‘wicked problems’ in policy-making, such as the development of national mental health policy. In 2012, the Mental Health Commission of Canada (MHCC), a national organization funded by and operating at arm’s length from the federal government, released the first Mental Health Strategy for Canada: *Changing Directions, Changing Lives* (Mental Health Commission of Canada, 2012). Despite much-needed reform, Canada, unlike most other industrialized countries, had never previously developed a national Mental Health Strategy (the Strategy). This was due to a mix of policy factors, including a federalist system of government where primary responsibility for healthcare resides with provincial and territorial governments and a highly diverse set of stakeholder groups with diverging core ideas for mental health reform that were rooted in deeply held value differences. In this case study, we review the essential role that engagement of civil society played in the creation of the Strategy, beginning with the efforts to create a national body to shine the light on the need for mental health reform in Canada, followed by the development of a framework of specific goals based on core principles to guide the development of the Strategy, and ultimately, the creation of the Strategy itself. We discuss the various approaches to civil society engagement in each step of this process and focus in particular on how deliberative approaches helped build trust and common ground amongst stakeholders around complex, and often contentious, issues. The nature and outcomes of the deliberative processes including the key tensions between different stakeholder perspectives and values are described. We close by highlighting the lessons learned in a process that culminated with a Strategy that received strong endorsement from stakeholders across Canada.

Mental Health Commission of Canada (2012). *Changing Directions Changing Lives*, The Mental Health Strategy for Canada. Calgary, AB: MHCC.

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1. Background

Policy makers increasingly recognize that civil society’s diverse perspectives and lived experiences are crucial for inclusive framing of ‘wicked’ societal issues that seem incomprehensible and resistant to solution (Head and Alford, 2013) and to co-create solutions that will have traction and legitimacy (Lenihan, 2012; Rittel and Webber, 1973). This has contributed to the tremendous growth over the past 20 years in the theory, practice, and study of civil society engagement in health policy and broader policy development (Abelson and Gauvin, 2006; Adams et al., 2009; Allon and

Service, 1999; Bohman, 1998; Boyko et al., 2012; California Speaks, 2011; Dryzek, 2000; Entwistle et al., 1998; Kahane et al., 2013; Maxwell et al., 2003; Natabachi et al., 2012; New Economics Foundation, 1998). Mental health policy is an example of such a 'wicked problem' with inherent tensions across clinical approaches, institutions of government and stakeholder ideas and values that have traditionally kept it been 'beneath the radar screen' of policy makers (Rocheffort, 1999).

In many countries, a national approach to mental health policy has emerged over the past 20 years (Adams et al., 2009; Commonwealth of Australia, 1992, 2009; European Union, 2008; Her Majesty's Government, 2011; Minister of Health, 2005; President's New Freedom Commission on Mental Health, 2003; Scottish Government, 2012; World Health Organization, 2013) in order to shine a powerful public spotlight on policy matters such as the impact of mental illness and poor mental health on people's quality of life and on the social and economic fabric of societies (Mental Health Commission of Canada, 2013) that had too long remained 'in the shadows' (Kirby and Keon, 2006). A national approach was also seen as necessary to address issues of relevance to the entire population, including the need to overcome stigma and discrimination and to recognize the full citizenship rights of people living with disabilities of all kinds (UN Committee on the Rights of Persons with Disabilities (CRPD), 2009).

In Canada, the mental health stakeholder community had been sounding the call for action on mental health for many years; however, the context for developing mental health policy at the national level was challenging. Although the federal government contributes funding in areas of provincial jurisdiction, healthcare is largely a provincial responsibility in Canada. The federal government has in the past played an important role in establishing legislation that contained guiding principles for action on public health insurance to be taken at the provincial level (Maoni, 2002), but it did not have a clear mandate to develop or, what is more, to implement a national Mental Health Strategy. Mental health stakeholders supported the idea of a national Strategy, but they held diverging core ideas about its content. In addition, poorly resourced and more stigmatized stakeholder groups such as people with lived experience of mental illness and their families were marginalized in policy-making.

In this context, civil society engagement offered an opportunity for all voices to be heard, key tensions to be addressed and to build wide-ranging support for mental health policy development at the national level. We use the term 'civil society engagement' to mean the bringing together of diverse stakeholders – including affected and/or interested publics and heterogeneous stakeholders that are formally or loosely affiliated with organizations – to learn about issues, exchange perspectives, deliberate on values and priorities, and make recommendations that shape policy.

Our approach to civil society engagement reflects the principles of deliberative democracy (Fearon, 1998). Deliberative democracy is "a broad theoretical and practical movement that has at its core a normative aim of fostering engaged citizenship, collaborative problem solving, and the direct involvement of diverse publics in decision-making" (Kahane et al., 2013). We define deliberative approaches to be those that aim to foster particular kinds of structured conversation that feature informed and reasoned discussion, attentive listening to understand the values underlying different views, weighing of reasons for and against a proposed action or policy (deliberation) and a desire to build towards common understanding and action. Deliberative approaches are uniquely suited to building common ground across jurisdictional and values-based divides to create policy solutions that hold legitimacy (Blomgren Bingham et al., 2005; Gutmann and Thompson, 2004; Yankelovich, 1999).

While civil society engagement has been an important aspect of national mental health policy development in other countries (President's New Freedom Commission on Mental Health, 2003; Smith-Merry et al., 2009; Substance Abuse and Mental Health Services Administration, 2004), this has been particularly true in the Canadian context. In this case study we discuss how deliberative approaches to civil society engagement were used as an essential lever to overcome the policy and attitudinal barriers that had contributed to Canada being the last of its counterpart countries to develop a national Mental Health Strategy. The lessons learned may be relevant to other areas of health policy where the jurisdictional mandate is complex and/or in addressing multifaceted and value-laden policies complex problems. We discuss two key milestones in mental health policy development at the national level in Canada: the creation of the Mental Health Commission of Canada in 2007; and the release of the first Mental Health Strategy for Canada: *Changing Directions, Changing Lives* (Mental Health Commission of Canada, 2012) in 2012.

2. Methods

We adopt a case study approach to examine the strategic use of civil society engagement in developing mental health policy at the national level in Canada. Several of the authors of this paper were involved in planning, consultation design, leading face-to-face consultations, data analysis and report writing that first contributed to the recommendation to create a Mental Health Commission at the national level, and they all contributed to development of the Strategy. The findings presented here are drawn from three sources: (i) the authors' lived experience and discussions over the course of six meetings to achieve consensus on the most compelling illustrations of the importance of civil society engagement in national mental health policy development and overall lessons learned; (ii) secondary analysis of a purposive sample of data gathered during the consultations and used in the drafting of the Strategy; and (iii) literature on civil society engagement, deliberative dialogue and mental health policy-making.

3. Findings

The case study findings suggest that civil society engagement played two key roles in mental health policy development in Canada. First, it contributed to the creation of a national voice, the MHCC, and helped to build broad support for the development of the Strategy. Second, deliberative processes were essential for achieving a balanced approach to key tensions that could otherwise have prevented the successful completion of the Strategy.

3.1. Enabling a national role in mental health policy making

Prior efforts of mental health stakeholders to focus attention on mental health crystallized during a two-year study of the mental health system by a Standing Committee of the Canadian Senate that culminated in the release of a landmark document in mental health policy in Canada, *Out of the Shadows at Last* (O/S) (Kirby and Keon, 2006). O/S combined research evidence with testimony from civil society, an approach used in earlier national reports on the state of the broader healthcare system in Canada (Kirby and Lebreton, 2002; Romanow, 2002). More than 2000 Canadians living with mental illness provided input through personal appearances before the Senate Committee or by sharing their perspectives and stories via the Committee's online consultation website. This robust engagement of civil society was used to leverage political support among Health Ministers across the country for the report's recommendation to create a new national institution to shine the

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