

Current State of Mental Health System

The current state the “Mental Health Highway” infrastructure has lead to sections deteriorating, misguidance, and limited access points to mental health services—preventing individuals and their caregivers from accessing the right types of services at the right time.



Food/Hotel - Basic needs that can offset a mental health crisis if provided at the right points.



Coffee Stop - Quick fix to a problem. i.e.: calling 211 or a Distress Centre.



Gas Station - Full-service stop where an individual or family can get in-person counseling support and referrals to other specialists. However, not all service stations offer the right type of fuel (i.e. emerging adults need different types of supports than seniors) and in some cases the station may be open, but the pump may be empty.



Hitchhiker - Individuals who don't have a car to get on the highway, will go wherever they can be taken, even if it isn't the right solution for their problem. These individuals tend to get stuck in a loop of getting bounced around from service to service because they can't actually get to the service they need.



Semi-trailers or buses - NPOs that provide services along the highway in an ad-hoc way in an effort to fill gaps between the different service stations. They take up a lot of roadway, are hard to maneuver and respond to issues that are ahead on the highway (like a blockade, pothole or detour).



Emergency vehicles - The most expensive mental health services. Once an individual ends up in one of these vehicles, they have a straight line to the end of the highway at the hospital or prison.



Potholes/Barriers/Detours - These are things that prevent the flow of the highway. Some are well marked with clear instructions and others just show-up. Some of these barriers are unintended consequences from overuse or traffic (i.e. heavy trucks on the freeway).



These services have a fee-for-service model or are private.

Re-imagined Mental Health System

A re-imagined “Mental Health Highway” would include multiple “on” and “off ramps” as well as places for “u-turns”. There would be different types of services offered at different price points and services would be grouped together so that individuals would not have to be sent down the highway to re-tell their story.

We believe that a re-imagined mental healthcare system is one where there are no wait lists and clients are not re-traumatized as information and resources are shared between agencies and systems. There would be multiple intervention points preventing individuals from ending up in the most expensive spaces, such as hospitals and justice systems.

