



“Advancing Policies to Improve the Mental Health of Canadians”

Notes for remarks by

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to the

**Centre for the Study of Living Standards / Institute for Competitiveness and Prosperity’s
Conference on the Implications of Happiness Research for Public Policy in Canada**

Ottawa, Ontario

December 1, 2010

Thank you and good afternoon everyone. Merci beaucoup et bonjour tout le monde. J'aimerais remercier les organisateurs de me donner l'occasion de vous rencontrer.

On behalf of the Mental Health Commission of Canada, I want to thank organizers Jim Milway and Ian Stewart for their kind invitation to speak this afternoon. It is an honour to among so many enlightened men and women.

In preparing for my remarks today, I looked at what some of the world's great thinkers have said about happiness and was struck by how many mentioned good health as a prerequisite.

For example, Albert Schweitzer said, "Happiness is nothing more than good health and a bad memory." But as we all know, or at least those who have lived with a mental illness or worked in the mental health field, *there is no health without mental health*, and that is why good mental health is also a prerequisite for happiness.

Accepting this as true —and I do— it is fair to also assert that we have a problem —both here in Canada and internationally.

This year alone, more than seven million Canadians will experience a mental illness. That is one in five Canadians. It is important to understand that this figure captures only those who have chosen to self-identify. Every Canadian has a colleague, neighbor, a son or daughter with a mental illness. Were it not for the stigma this figure would be much higher.

Research suggests that one in two people will experience a mental health issue of some degree at least once in their lifetime. Looking globally, the World Health Organization says depression is already the leading cause of disability world-wide and by 2020 will be the second leading contributor to the global burden of disease. This is a huge challenge to policymakers because people with poor mental health report very low levels of life satisfaction.

I hope that it comes as some relief that I am here this afternoon to share that the Commission is taking tangible action to combat stigma, to improve workplaces, to help Canada's children and seniors, and to address the issue of homelessness. Our goal is an ambitious one: to give all Canadians living with mental illness real hope, real support, and real solutions for treatment and recovery. I will outline what we and others are doing to improve the lives of people who live with mental illness so that they too can enjoy fulfilling and productive lives.

MHCC BACKGROUND

First, let me provide some background regarding the Commission.

The Commission is relatively young, created only in 2007 by the Government of Canada. It grew out of the most extensive consultations on mental health and mental illness ever conducted in this country. In 2003, my now colleague, but then Senator Michael Kirby led a national mission to gauge the scope of the challenges before Canadians.

The members of the Senate Committee on Social Affairs heard the testimony of thousands of Canadians and consulted with hundreds of organizations. They listened to those with mental

illness and to their families, who often spoke from a place of desolation and despair, but just as often expressed resilience, hope and common sense.

From this testimony, and from testimony supplied by experts from governments, communities, academia and research, the Senate Committee released Canada's first-ever national report on mental health —titled *Out of the Shadows at Last*.

One of its central recommendations was to create a national organization to address mental health issues. We are now fully engaged with moving ahead with our ambitious plans. Our goal is clear: to take mental illness “out of the shadows — forever” and bring into being an integrated mental health system that places people living with mental illness at its very centre.

FIVE KEY INITIATIVES

It is important for everyone to understand that we are not a Commission of inquiry, but a Commission of action. As proof, the Commission is tackling five major areas. We are:

1. Creating the first-ever national, coordinated strategy on mental health;
2. Addressing stigma and discrimination through an innovative program we call *Opening Minds*;
3. Tackling homelessness through our national *At Home/Chez-Soi* research initiative;
4. Building a Knowledge Exchange Centre, an online resource providing information and useful tools, all addressing mental health and mental illness; and,
5. Raising awareness and inspiring action on mental health by laying the foundation for a broad-based social movement called *Partners for Mental Health*.

The Commission's work is supported by eight advisory committees comprised of experts from across Canada. These committees currently have twenty-four projects in the field. They are studying the mental health of children and seniors, of First Nations, Inuit and Métis. They are examining our courts, prisons and police forces; the workplace and mental health; the delivery of services; and the roles of science and family caregivers. These studies will serve as a catalyst to offering better programs, to generating superior outcomes, and to reducing untold suffering.

Let me provide a few highlights.

NATIONAL MENTAL HEALTH STRATEGY

One year ago yesterday, the Commission released *Toward Recovery and Well-Being*, a framework for change. It is available on the Commission's website; if you have not read it yet, I strongly encourage you to do so.

The Framework is the culmination of a year-long process that drew from thousands of Canadians. It outlines our vision for change — seven broad goals for transforming the delivery of mental health care in this country.

Over the next eighteen months, the Commission will continue to work toward turning the Framework into a comprehensive strategic plan, a process that translates the 'what' to the 'how'.

We are confident that our broad, inclusive approach will continue to motivate politicians, policy makers and other stakeholders to actively promote recovery and well-being for Canadians. The Commission's work is already having an impact.

We are seeing a real awakening, an eagerness to create a caring society where people who live with mental illness have the opportunity to recover and lead fulfilling lives. And at the same time the Commission is taking real action to influence and create policy that promotes recovery and well-being.

OPENING MINDS – ADDRESSING STIGMA AND DISCRIMINATION

For example, our *Opening Minds* initiative is tackling stigma and changing attitudes. Launched just last year, our 10-year anti-stigma/anti-discrimination initiative will change the negative attitudes and behaviours that Canadians, often unconsciously, exhibit toward people experiencing mental illness.

Stigma and discrimination remain major barriers to people even TALKING about their illness, much less seeking help or receiving treatment.

Opening Minds is the largest program of its kind ever undertaken in Canada. During year one, we have been working to open minds among two groups:

1. First, youth — because we want to change attitudes where it will have the biggest downstream impact, getting more young people to seek help will stimulate enormous progress in prevention.
2. Our second target, somewhat surprisingly, is healthcare professionals. Many people living with mental illness have spoken passionately about how frontline health care sometimes do not extend the dignity and respect they deserve.

Through *Opening Minds*, we are evaluating existing anti-stigma programs across the country and transplanting successful ones to where they are needed most.

The early results show that the program is having a positive impact in 'moving' attitudes and behaviours. In its second phase, *Opening Minds* is targeting Canadian media and the workforce to recruit them in the fight to end stigma.

WORKPLACE MENTAL HEALTH

Also, the Commission is addressing mental illness in the workforce by tackling mental health safety. This past October, we issued a report entitled "Tracking the Perfect Legal Storm", written by Dr. Martin Shain. The report estimates that between 10% and 25% of workplaces are characterized by conditions and environments considered mentally injurious.

According to the report, over the past five years something unprecedented has transpired —an increase in damages awarded for workplace mental health injury of up to 700%.

The courts are now recognizing that conditions in the workplace can precipitate mental illness. They are recognizing that depression, anxiety and burnout are not a normal part of any job.

This is why, together with our Workforce Advisory Committee, we are considering the development of a national voluntary standard for psychological health and safety in the workplace. Given that companies have standards for physical safety, they appreciate how benchmarks and best practices lead to a physically safer workplace. There is no reason why employers should not have similar tools for providing psychologically safe workplaces, too.

CHILDREN AND YOUTH

Turning to the subject of children and youth, the Commission is trying to create a system that is better immediately. It is obvious why this is a priority: about one in five Canadian children and adolescents — approximately 1.2 million young people — experience some form of mental disorder that affects their daily lives.¹

On the positive side, there is a foundation of hope and recovery on which we can build. We know that recovery is possible for the vast majority of people living with a mental illness. This is especially true for children and youth. We also know that for more than 70% of the adults living with mental illness, onset occurred when they were younger than eighteen.

That is why early diagnosis and effective treatment are of critical importance and why we need to address stigma — to make it easier for young people so they will not hesitate to seek help and treatment. As part of developing a national mental health strategy, this year the Commission's Child and Youth Advisory Committee published what we are calling our *Evergreen* document, a vision for child and youth mental health in Canada.

The *Evergreen* document is a resource that can be used today to help develop child and youth mental health initiatives. It can be used by young people, parents, professionals and others to assist them in informing their thoughts, choices and priorities regarding child and youth mental health policies, plans, programs and services.

SENIORS

At the other end of the age continuum, we also know that many seniors are experiencing a great deal of distress.

While we know that mental illness is not a normal consequence of aging, the Commission's Seniors Advisory Committee is working to ensure all seniors receive services and care that responds to their mental health needs. For example, the Committee has endorsed an analytical tool called The Seniors Mental Health Policy Lens, which is posted on the Commission's website.

¹ Dr. Stanley Kutcher, The Sun Life Financial Chair in Adolescent Mental Health newsletter, Spring 2007; and *Problems with access to adolescent mental health care can lead to dealings with the criminal justice system* by S Kutcher and A McDougall, *Paediatrics & Child Health*, The Journal of the Canadian Paediatric Society, January 2009.

Developed for the B.C. Psychogeriatric Association, this tool can be used to design or review policies and programs that directly or indirectly affect seniors and identify any unintended negative impacts on seniors.

HOMELESSNESS AND MENTAL ILLNESS

The Commission is also tackling the issue of homelessness and mental illness with our *At Home/Chez Soi* research project.

The concurrence of mental health and homelessness is staggering.

Thus, through *At Home/Chez Soi*, we are determining the most effective ways to help homeless men and women living with a mental illness using a Housing First approach.

Over 2,200 homeless mentally ill people are participating in the research project in five cities — Moncton, Montreal, Toronto, Winnipeg and Vancouver. The five projects share a common goal — to find new, practical and dignified ways to help our fellow Canadians who are homeless and mentally ill.

The research will offer an understanding of which services and supports achieve the best health and social outcomes for homeless people living with a mental illness. And in turn, we will be able to develop best practices to inform new public policies and service programmes to address mental health and homelessness across Canada.

I should also add that *At Home/Chez Soi* is the largest research project of its kind in the world and we hope that Canada will become a leading expert in this field. In fact, we are already fielding calls from Europe. They want to learn from us, and want to replicate the program.

RECENT DEVELOPMENTS

I am confident about claiming that we are well on our way to laying a solid foundation for a genuine, integrated mental health system in Canada that is both person-centred and comprehensive in scope.

The Commission has already moved the discussion forward and we will continue to do so, working with grassroots organizations, academics, mental health practitioners and governments.

We have just seen the majority of Canada's thirteen provinces and territories launch major mental health initiatives. They are developing new plans, shaping new strategies based on the latest knowledge and coming together to share ideas.

For example:

In late October, the Commission took part in the Atlantic Mental Health Summit, which brought together ministers, deputy ministers and stakeholders. Their goal was to begin building consensus for a common vision and a common agenda.

At the other end of the country, British Columbia just released "Healthy Minds, Healthy People," a 10-year plan to address mental health and substance abuse.

In Ontario, all provincial parties were unanimous in endorsing a recent and ambitious report on mental health and addictions titled “Navigating the Journey to Wellness”.

In Québec, over the past five years the province has been implementing a new action plan for mental health that integrates mental and primary healthcare.

And just yesterday in Ottawa, I spoke to a workshop of First Nations and Inuit Mental Wellness Teams that are working to improve mental health outcomes for First Nations and Inuit across the country.

And this only scratches the surface.

CONCLUSION

Notwithstanding my very brief overview, I am hopeful that you now share our belief that the Commission and other like-minded organizations across Canada are facing a time of historic change. The Commission has an unprecedented opportunity and we are committed to not letting it pass us by.

The initiatives we are taking and the reports we are authoring are all about accumulating valuable knowledge and applying it to effect change. Clearly one of the first barriers to reform is eliminating stigma.

But doing the right now will ensure that our children and our children’s children who develop a mental illness can expect more thoughtful treatment than my brother Peter, whose journey fuels my passion for my advocacy, or any Canadian irrespective of their socio-economic status, heritage or culture.

Stigma and bigotry must end so that happiness and well-being can flourish. I believe that the suffering—largely in silence by millions of Canadians— can be stemmed by public policies that engender greater levels of happiness.

A wise man once said that:

“Each time a person stands up for an ideal or strikes out against injustice, that person sends forth a tiny ripple of hope. And those tiny ripples of hope, from a million different centres of energy, help build a current which can sweep down even the mightiest walls of injustice.”

Those words were spoken by Bobby Kennedy in 1966, whose purpose then was to help end the injustice of racial inequality in South Africa. And while we stand here today—some 40 years later—to fight the injustice of another inequality, namely the stigma faced by men and women living with mental illness, I believe that the sentiment and the purpose of today’s conference is no less relevant.

As much as our research is often empirical and in all but exceptional cases exact, creating hope and happiness, while sometimes intangible, is an everlasting task for us all.

Thank you very much for your attention and for inviting me to be among you this afternoon.