

# **Mental Health in Canada – Navigating the Sea of Opportunity**

**By Michael Howlett**

**President**

**Mental Health Commission of Canada**

**Blue Cross Mental Health Symposium**

**Moncton, New Brunswick**

## **Introduction**

In 1993 -- for the first time since the industrial revolution unfolded -- more telecommunications equipment was sold than industrial hardware. The brain economy was born.

Now we are living in a time when our growing 'brain-based' economy is converging with brain-based illness as the leading source of employee disability.

Canadians are no longer just 'hewers of wood'. Even those whose careers have a physical component – such as the Canadian Forces, the RCMP and our Police Services -- require mental agility and knowledge to do their jobs well.

Yet mental disorders today are concentrated among men and women in their prime working years. The results of a survey of 4,000 Canadians and 2,000 Americans by Ipsos Reid were an eye-opener. For one thing, they showed that the prevalence of depression was significantly higher in the workforce than the general population. And in the general population, you can expect one in four or five of us to experience mental illness in our lifetime.

Not to lessen the personal impact, there is also an economic cost to mental health. For example, claims relating to mental illness are the fastest-growing of all disability insurance claims. And 75% of other cases of long-term disability due to injury and various illnesses exhibit depression as a secondary diagnosis.

Furthermore, access to medically-necessary physician care – promised by the Canada Health Act – has remained elusive to the vast majority of Canadians living with serious mental illnesses. Only 24% of those diagnosed with these conditions received guideline care.

As a country, we have a lot to learn about dealing with mental illness. And we can learn much of it here at home – from you!

## **Learning from our Forces**

Military, police and civilians are living with a dramatic shift in the incidence of mental illness.

For example the number of Canadian veterans with Post-Traumatic –Stress Disorder or PTSD has tripled. This workplace condition is now getting the respect and attention it deserves. We are also learning that PTSD is more common than we had realized, and it affects civilians who have experienced trauma in their lives – not just soldiers and police officers.

But when you add in the physical risk associated with protecting our country and communities as well as the potential for PTSD – our country’s heroes face more significant mental health issues than the general population. Their families, too, face significantly more stress than the average Canadian family.

The good news is that the employers of our heroes are developing leading edge programs and tools to help them. For example, we can turn for inspiration and wisdom to initiatives now underway in the Canadian Forces, Veterans Affairs and RCMP.

One example is Veterans Affairs Canada’s new national strategy focused on the mental health of military and RCMP personnel. I salute the enlightenment, candor and honesty underscoring this initiative. For example, the clear recognition of “a lack of capacity across Canada to meet the needs of those suffering from mental conditions.”

In 2006, the New Veterans Charter was introduced – creating a platform for reforms in the quality and nature of clinical and vocational supports available to Canadian veterans.

Veterans Affairs has introduced a mental health conceptual framework which uniquely and clearly draws together – on one page – all the factors which affect the development of and recovery from mental health problems among veterans. This is a model the civilian community can – and will – learn from.

The Canadian Forces is also expanding its mental health services all across the country. By the end of this fiscal year, the CF will have hired an additional 218 mental health professionals such as psychiatrists, psychologists, social workers, mental health nurses, pastoral counselors and addiction counselors. The total CF team will then be 447 mental health professionals, and by the end of this fiscal year, the CF will have one psychiatrist for every 2,000 CF members, compared to one per 8,000 in the civilian sector. The CF is

also expanding its Case Manager Program to better support members with complex health care issues;

And there is yet another example: a model of qualified peer support for operational stress injuries, called OSISS, introduced by the Canadian Forces and also available to the RCMP. This is a powerful success story in progress. Friendship and understanding are as important as prescribed medications in the ultimate recovery from mental illness. OSISS embodies this great insight. And I commend them for it. Especially Lt. Col. Stéphane Grenier who initiated this program, and who is also an advisor to *your* Commission.

The growing acceptance and advancement of mental health in the military and police communities will contribute significantly to de-stigmatizing mental illness in civilian Canada. Stigma is one of the biggest challenges facing those living with mental illness.

Further, the development of a national system of integrated care and strategic case management for mental health is a vivid and well-timed initiative the rest of Canada can learn and build from.

### **The Formation of the MHCC**

Now let me share with you a little bit about what the Commission is doing. Last year, the Canadian government announced the formation of the Mental Health Commission of Canada. The commission grew out of the most extensive consultation on mental health ever conducted in this country. That consultation became the basis of a report by a Senate Committee chaired by Senator Mike Kirby called *Out of the Shadows At Last*. One of the recommendations of this report was to establish a national organization to address mental health issues. Why was this needed? There is no concrete strategy to deal with mental illness on a national basis. In fact, Canada is the only G8 country that doesn't have a mental health strategy.

Mike Kirby stepped down as senator and, in a demonstration of his personal commitment to the cause, became the Chair of the Commission. I was brought on as President and CEO in February of this year.

Once we realized the enormity of the challenge we were facing, we began building infrastructure and capacity. I'd like to give you a brief overview of what we've accomplished in our few short months of existence.

### **Infrastructure and Capacity**

The Commission is non-profit organization with a mandate to focus national attention on mental health. We're funded by the federal government, but operate at arm's length from all levels of government. We've had to build our organization from scratch. And we've given careful thought to the skills and types of individuals we need.

Our Board of Directors includes 11 non-government members and 7 members appointed by the federal, provincial and territorial governments.

There was a lot of interest in the 11 non-government positions. Nearly 500 applications were received from people across the country who were excited at the prospect of helping bring the Commission into being. This widespread support told us that there is a real opportunity to create a national movement dedicated to improving the health and social connections of people living with a mental illness.

The make-up of the Board reflects the diversity of Canadians involved with mental health issues. Three members of the Board live with a mental illness. Two represent Canada's Aboriginal people – one First Nations and one Inuit. Others are family caregivers, peer support workers, and service providers at the community level, in hospitals and in private clinical practice.

In addition to appointing our Board and growing our executive and staff team, we established eight advisory committees with specialists from all over the country dealing with specific target areas. Each advisory committee has already embarked on a number of projects – 24 projects in all. Of most interest to you will likely be the Advisory Committee on Mental Health and the Law.

#### *Mental Health and the Law*

The Advisory Committee for Mental Health and the Law is examining how society considers the rights of people with mental health issues, especially the legal system. The committee has a number of projects already underway. One project will look at the protection of human rights for people living with mental illness. This will involve a review of legislation with a special analytical framework, followed by recommendations to upgrade human rights protection legislation where required.

The Police Project involves a review of police services across the country to determine best practices for interaction between police officers and people living with mental illness. Out of this review will come guidelines and best practices for police training and a common set of principles and guidelines to help police services develop comprehensive and appropriate response strategies.

Another project will review procedures involving those found 'not criminally responsible' to help ensure they get the help they need before they are involved with the criminal justice system. Gaps in the correction system will be the focus of yet another project, which will make recommendations to ensure the best mental health services for both incarcerated youth and adults.

I'll review the other committees briefly. You can check out our website for more information. ([www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca))

### *Child and Youth*

About 70 percent of adults with mental health issues have their onset in childhood or early adolescence. The Child and Youth Advisory Committee believes that identifying children and youth at risk -- and intervening as close to onset as possible -- are critical to improving life trajectories and productivity -- and to reducing the prevalence of mental health issues in adulthood. Successful intervention with children and youth will also help create a long-term change in attitudes and behaviours related to mental illness.

### *Seniors*

Mental illness is not a normal consequence of aging and all seniors have the right to receive services and care related to their mental health needs. The mission of the Seniors Advisory Committee is to ensure that the mental health of seniors is addressed through the inclusion of a lifespan perspective in all the Commission's work.

### *Workforce*

The Workforce Advisory Committee's goal is to ensure that workforce leaders make mental health a priority in the workplace. The committee is also focusing on identifying and removing the barriers related to: job re-entry, finding employment, sustainable income, skill development, and even housing for people with mental health issues.

### *First Nations, Inuit and Metis*

The First Nations, Inuit and Métis Advisory Committee is dedicated to promoting overall mental health and reducing the threats to well-being among Indigenous people living in communities on and off reserves in Canada. There will be many challenges to overcoming historical issues that have destroyed the substance of family and community, and have contributed to mental health issues in the Aboriginal population. The committee will help increase knowledge and understanding of issues related to cultural safety, social justice, ethical accountability and diversity competency.

### *Family Caregivers*

The Family Caregivers Advisory Committee's vision is that families -- and other supporters -- will be provided with all the relevant information, education, guidance and support needed in a culturally sensitive way, so they can best help relatives living with mental illness. The hardships that come with long-term care often affect the caregiver's own well-being. Proper support is required so that families can carry out their responsibility as caregivers, while maintaining the integrity of their own well-being.

#### *Service Systems*

The Service Systems Advisory Committee's mission is to provide advice on the necessary components to create high performing mental health systems that meet the needs of people living with a mental illness. Such components will include: diversity, peer support and consumer-operated programs, supportive housing, human resources planning, the ability to deal with multiple issues, and the interface between primary health care and mental health systems.

#### *Science*

The Science Advisory Committee provides advice to the Commission about research methods and findings to support the work of the Commission and the other Advisory Committees. Through its Consumer Research Network Development project, the committee is developing a network for people with mental health issues to engage in research projects and to evaluate resources, including online materials and national networking strategies. Another project will develop and evaluate the impact of specific resources to address issues of cultural diversity in mental health care.

### **Four Major Initiatives**

The Advisory Committees will provide input to the Commission as it sets out to accomplish four key initiatives:

1. facilitating the development of a national mental health strategy,
2. conducting a 10-year anti-stigma campaign
3. building a Knowledge Exchange Centre and
4. Addressing the issue of mental health and homelessness through five research projects

With each of these initiatives – in fact, in everything we do – we intend to work collaboratively with all stakeholders and existing organizations.

I will now review these four initiatives briefly.

## 1. National Strategy

Let me reiterate that we are the only G-8 country that does not have a national mental health strategy? As we get down to business, we are very aware that a national strategy must be useful and practical. A strategy that sits on a shelf does no one any good.

Our Chair Mike Kirby likes to say that the Commission's national strategy must be "just inside the outer edge of political feasibility." That is, we must push the system as hard as possible while still ensuring progress is achieved. It must be a challenge, but do-able. A strategy that is perfect -- but never implemented because it's not politically feasible -- is useless.

There is an additional reason that the national strategy must be practical. As you all know, the delivery of health and social services in this country falls to the provinces and territories, although the federal government does have important responsibilities towards specific populations such as First Nations and Inuit and immigrants and refugees.

However, the Commission itself operates at arm's length from all levels of government, and cannot impose its vision on anyone. This means that when it comes to implementing the national strategy, we will need to convince all stakeholders, including government, of its merits.

We will not be able to do that unless we have a very practical strategy that shows the way forward. Nor can we afford to wait until the end to know that our plan has broad support. In order to succeed, we need to build that support as we go, to engage with stakeholders every step along the way. We support the Canadian Forces/Veteran Affairs and RCMP efforts to build a mental health strategy. We have much to learn from others who have led the way.

We plan to begin a conversation in earnest this fall with a draft statement that will propose a foundation for building the strategy. This statement will reaffirm our commitment to the fundamental orientation contained in the Senate Committee report that gave birth to the Commission -- to a wellness and recovery orientation that includes the need to deliver mental health care in the community, and to support people so they can live in the communities of their choice.

Based on the feedback we receive over the course of the fall, we'll finalize this foundation statement. We'll then begin a conversation on how best to turn the vision into reality -- sector by sector, constituency by constituency -- until we have a workable plan. The exact timeline remains to be worked out, but we are hopeful we can get the job done by early 2011.



The strategy will provide a blueprint for implementing an effective, comprehensive approach to mental health and mental illness in Canada. The strategy will help make Canada a society in which people living with mental health problems can participate in the community to the full extent of their abilities and in which they receive timely access to quality services, regardless of where they live.

People living with mental illness have the right to obtain the services and support they need. They have the right to be treated with the same dignity and respect accorded people living with other illnesses.

## **2. Stigma**

The national strategy is not the only initiative on the Commission's agenda, however. A second – but not less important -- task is to undertake a major, national 10-year anti-stigma and discrimination reduction campaign. A systematic effort to reduce the stigma associated with mental illness -- and to combat the discrimination that people with mental illness experience -- are key elements in the Commission's mandate.

People living with a mental illness say that the stigma and discrimination they experience are sometimes worse than the mental illness itself.

Stigma creates a major barrier to accessing treatment, maintaining employment and full community participation for people with mental health issues. If stigma and discrimination are reduced, people with mental health issues will be more likely to seek support and treatment earlier. They will also be more likely to keep their housing and employment, continue educational pursuits, and maintain social and community networks. All of these can contribute to their recovery.

The anti-stigma campaign will take a multi-pronged approach that will include education, promoting contact with those living with mental health issues, and challenging discriminatory policies and practices.

To begin, there will be a national public awareness campaign, a contact and education strategy that will include a Speakers' Bureau, and a media watch program. We have chosen a social marketing team to help point us in the right direction. The long-term anti-stigma campaign will ultimately encourage change in individual attitudes and behaviour, as well as help governments and organizations develop policies and practices to prevent discrimination.

## **3. Knowledge Exchange Centre**

Our third major initiative is the creation of a web-based Knowledge Exchange Centre. The Knowledge Exchange Centre will provide a user-friendly, national gateway to information and knowledge about mental health and mental illness. It will promote the development of a national conversation on mental health issues and policy, and help the Commission achieve its mandate.

People living with mental health issues and their families, as well as the public, service providers and decision-makers, will be able to access general information about mental illnesses as well as the latest findings of the researchers. There will be a strong focus on promoting information, knowledge and skills that are based on evidence, experience, and promising practices.

#### **4. Mental Health and Homelessness**

Finally, our fourth major initiative is in the area of mental health and homelessness. Over the last few years we've all become increasingly aware of the growing number of homeless people in our cities. As many as 80 percent of the homeless also have mental illnesses. Because of this, the Federal Government is providing 110 million dollars for research demonstration projects related to mental health and homelessness in Vancouver, Toronto, Winnipeg, Montreal and Moncton. In each of these cities there will be an emphasis on a different demographic population. For example, in Vancouver, the emphasis will be on homeless mentally ill people who also have addiction problems. In Winnipeg, there will be emphasis on Aboriginal people. Right here in Moncton, our research project will study the effects of a rapidly growing community.

These projects will take place over a period of five years and the information gained will help Canada become a leader in addressing the needs of homeless people living with mental illness.

#### **Early Success Projects**

The Commission's four key initiatives are large undertakings that will take a number of years to complete. But each year, shorter-term projects will also be undertaken. These projects may be proposed by Commission staff, Board members or by outside individuals and organizations who want to partner with the Commission. Part of the work of our advisory committees is to identify projects where the Commission can partner with other groups. Your group may be interested in participating in some of these projects and we look forward to your expressions of interest. Partnering and collaboration are key to the Commission's ability to be effective. We need your help to achieve our goals.

## Engaging Canadians

No matter how good our overall national mental health strategy is, it will be useless without the political will to implement it. Given the magnitude of the changes required, this political will must exist across multiple jurisdictions and over a sufficiently long period of time to allow us to get the job done.

It is critical to the success of the Commission that it engage stakeholders and the Canadian population at large. The Commission must earn the support of all Canadians in order to achieve its mission.

Throughout my career, I have been drawn to social and health-related causes, serving on the boards of The Children's Aid Foundation, The Institute for the Prevention of Child Abuse, Meritus, Portage, and the United Way. Most recently, I served as President and CEO of the Canadian Diabetes Association.

I bring my own personal family experiences to my new position with the Commission.

I plan to use the experiences I have gained during my career – as well as my personal and family experience -- to help build a robust volunteer network for the Commission and establish a not-for-profit charitable organization. These initiatives will help us acquire the human and financial resources we need to establish a strong presence across Canada.

Actions to engage Canadians will focus on four areas:

1. Engaging stakeholders, by soliciting input on the development of the national strategy, the anti-stigma and discrimination campaign, and the Knowledge Exchange Centre;
2. Engaging Canadians, through a volunteer program that will attract a large number of individual Canadians to support the Commission's goals;
3. Engaging the private sector -- particularly large corporations -- as funding sources; and mentors.
4. Engaging governments, by initiating discussions on how to actively involve them in developing and implementing the national strategy and other initiatives.

The Commission has already undertaken a number of activities to reach out, including:

- Conducting a stakeholder consultation
- Preliminary work on the design of the volunteer program, and
- Speaking at public events and conferences such as this one. Our Chair, Michael Kirby, Vice Chair David Goldbloom, myself, and members of our Advisory

Committees and Board have travelled across this country to talk about the Commission's work.

## **Conclusion**

We do not want to be just another Commission. Nor are we a service provider. We intend to be the catalyst for change when it comes to mental illness across this country. The M H C C intends to work collaboratively with the mental health community, including the public, stakeholders and professionals. Our goal is to be a catalyst for reform -- to enable others to act. We'll create new partnerships and engage a new generation of volunteers who will build a great social movement to ensure that mental health stays out of the shadows *forever*.